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Cultural Practices and the HIV Epidemic in Swaziland: Student's Perspectives and Challenges for School Counsellors

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Abstract
HIV/AIDS is the most devastating experience that Swaziland has had to face in her history. Since the first HIV/AIDS cases were reported in the early 80s, this epidemic has been expanding relentlessly, destroying peoples lives and seriously impacting negatively on the very fabric of society. Time and resources have been expended in trying to slow down the fast advancing epidemic and yet recent statistics indicate that 42.6% of the nation is infected and that the infection rate is expected to increase (UNAIDS 2004). This study examined student's views on Swazi cultural beliefs and practices and how these impact on behaviour change in the light of the HIV/AIDS epidemic. Using focus group discussions with high school and teacher training students this study reports their views on what they believe is contributing to the high infection rate among youths. The paper goes on to discuss the implication of the findings for school counsellor training programmes.

Keywords: Cultural Practices, HIV Epidemic; Behaviour Change.

Introduction

In Swaziland it is estimated that HIV prevalence among pregnant women attending antenatal care clinics is about 42.6%, meaning that approximately one in every two pregnant women is HIV positive. About 29% of young people between the ages 15 and 19 are also HIV positive, and 56% of women between the ages of 25-29 are infected with the HIV virus (The AIDS Information and Support Centre, 2004). It is also estimated that in about 30% of the households in the country there is at least one member who is chronically ill. The reality of the epidemic is that it ravages the most productive section of the population.

The question is why is there such a high prevalence of HIV infections in Swaziland in the age ranges of 15 – 29 years even though so much effort and resources have been mobilized to fight the epidemic. What is it that the country is not doing right in its attempt to educate its youth in this battle for survival? Cultural and traditional practices have also been blamed for the spread of HIV. Kalipen, Chaddock, Oppong and Gnash (2004) have noted that diseases are social processes. They observed that the spread of infection is often embedded within

the social, economic, political and idealogical contexts. As such a number of traditional and cultural practices have been implicated in the spread of the virus. Most of these practices are done in the guise of safeguarding cultural identity.

Purpose of the Study

The purpose of the study was to find out if there were any cultural beliefs and practices that were perceived by youths to contribute to the high infection rate of HIV. The study also sought to find out the specific way the identified cultural beliefs, attitudes and practices were perceived and seen as contributing to the spread of the virus.

Methodology

The study used the qualitative research method, in which semi-structured interviews were carried out with two groups of high school students of ages 16 – 20 and two groups of trainee teachers at a teacher training college. The high school students were composed of one group of 15 female students in their 4th year at high school, while the other was a mixes group of eight (8) girls and six (6) boys in their 3rd and 4th year of high school. The college students were also in two groups, all were doing their final year at a teacher education institution. One group had 13 participants, eight (8) males and five (5) females while the other had fourteen (14) students, nine (9) females and five (5) males.

Key questions that related to the various current HIV/AIDS intervention strategies, behaviours and cultural practices and beliefs were pre-set. The researchers were not known to the participants, and this was important as it enabled us to keep the discussions open and lively. The participants were requested not to reveal their names and each group was informed that whatever was discussed in the group was confidential and could not be revealed to anyone. Permission was sought from participants to tape record the sessions. The two researchers conducted each session, with one researcher conducting the discussion while the other recorded the session, made observations and took field notes. Each session lasted about one hour.

Objectives of the Study

1. To find out the student's perceptions on what they view as the cause of the phenomenal rise in HIV/AIDS infections among youths in Swaziland.
2. To document their views on what they felt needed to be done to bring about a turn around in the spread of the HIV epidemic.

Data Analysis

The open coding process of grounded theory was used. Findings were put under thematic structures which emerged during the process of breaking down, examining and comparing data (Bryman, 2001). Some phrases were taken from the data verbatim to bring out a clearer understanding of the participants' meaning.

Findings

The findings are presented under six themes, namely HIV/AIDS intervention programmes;

cultural events; traditional practices, attitudes and behaviours towards sex; mystery surrounding sex and sexual issues; and the condom and its use.

HIV/AIDS intervention programmes

All the participants in this study agreed that they had been exposed to information and education on HIV/AIDS. They said they get this information from guest speakers or educators who usually visit their schools/colleges. They also get information from pamphlets and posters, the public media, their school books and magazines. They explained that the information covered what HIV/AIDS is, modes of transmission, prevention and how to live positively with the virus. Most of the participants echoed what was expressed by one male participant who said:

> I know what AIDS is, how I can get it and
> how to live longer if I behave myself.

There was no mention of how to protect oneself from getting the virus.

Another participant had this to say:

> Anywhere you go people are talking about this AIDS.

(giving the impression that he was fed up)

It was therefore clear that the participants knew factual information about HIV/AIDS, but they did not seem to give the impression that prevention was an option.

Cultural Events

When asked which cultural events could contribute to the spread of HIV, they named the Umhlanga (Reed) Dance as an event that contributes to the high infection rate among the youths. They said during this event too many girls are gathered in one place for many days with very few adults to supervise them. The girls were also left in a situation where they were exposed to too many strange males at this particular time; those accompanying the girls from their chiefdoms and the soldiers who were assigned to guard and protect them. Some girls were tempted to have sex with these 'guards', while others bribed the 'guards' to have freedom to move around with their old and new boyfriends. One participants shared with excitement that:

> You have all the freedom there which you can't get at home,
> you can try things you have never done before. We always
> look forward to having a good time with our boyfriends.

Asked to elaborate on the nature of the 'good time' the respondent and many of the participants broke into uneasy laughter.

Traditional practices and behaviour

The participants identified practices such as polygamy, inheriting a widow, and forcing a younger sister to marry her brother-in-law as responsible for the spread of HIV. They said these practices encourage multiple sex partners and thus expose many people to HIV infection. On widowhood and remarriage, one participant remarked:

> This is dangerous because you do not know how this
> Person's, husband or wife, died and how they were
> living their lives.

The participants also felt that drinking alcohol is an acceptable and common cultural and social practice in the country. They described how alcohol is used in most socio-cultural activities such ancestral appeasement ceremonies, weddings, most family gatherings and even funerals. Hence, the youth also believe that a good socialite is one who takes alcohol, such that it becomes part of their lifestyle from their early teenage years. Explaining how alcohol abuse contributes to the rapid spread of HIV, one male participant said:

> It makes people to act badly, (silence) mmm… it makes
> you want to have sex and makes you to lose you senses.
> So we get the girls there at the drinking spot and regret
> the next day for giving in. Also when people are drunk
> they can't practise safe sex.

Participants said that women and girls were expected to look after sick family members. Cultural beliefs and social norms prohibited the application of the education most of the women and girls had received on how to protect themselves from infection as care givers. Most of the female participants said they would not wear gloves when attending to their mothers or other close relatives even if they knew they were HIV positive. They all agreed with one of them who said wearing gloves would be like "you do not love them any more and you look down upon them." Another one said:

> If I wear gloves, it will be like I am telling them
> that they have AIDS.

The participants also felt that the Swazi culture which requires children to always give respects to adults, is now being abused by some adults. Most of the female participants described how they could be called by a elderly man who would then propose love to them, or sometimes sexually harass them by squeezing their hands, fondling their breasts and buttocks. They found it to be very difficult to express their feelings to these male adults because of fear of being called disrespectful, especially because most of these adults are family friends or relatives. The female participants also revealed how some stepfathers their sons and male relatives demand sexual favours from them. These girls said they cannot report these cases to their mothers because they might not be believed to be telling the truth.

Another reason for keeping this a secret was that they did not want to destroy their mothers' marriages, thus they suffer in silence. The participants revealed how orphans are not treated well by the relatives who take them in after the death of their parents. They are sometimes made to work very hard and are not fairly provided for, so that they are forced to look for other means of getting support such as 'sugar daddies' or become street children.

Attitudes and behaviour towards sex

The men in the Swazi society are encouraged to get as many girl friends and wives as they want, and this cultural practice is largely responsible for the promiscuous tendencies of the males from a very young age. Culture places a premium on boys. Fathers are concerned if a boy is not seen to be sexually active. He is expected to have many girlfriends. The male participants concurred with one of them who said:

> We the boys talk about our sexual prospects and usually make baits on future conquests. You are viewed as a hero if you conquer or sleep with many girls and as a fool if you fail or you do not want to. It is a crime not to propose to a girl.

In Swazi culture it is an acceptable practice and a social norm for older men to have young girlfriends, as young as their daughters, and this behaviour has contributed to the high HIV infection rate as the virus is passed from the older to the younger generation or vice versa. Whilst the men continue to keep sexual relationships with their wives, the girls also keep boyfriends of their age group. The female participants revealed that they have decided to have many boyfriends too, since the men also have many girlfriends. The prevailing attitude was expressed by one of them who said:

> There is no need to be loyal to a man because he will have other women anyway, so get what you want from as many of them as possible. They do not know what loving someone means.

The high school girls were quite clear about what they wanted from life; the four (4) Cs, they called them, clothes, cellphone, car and cash. If one man could not provide all these, then they said any clever girl should get at least four men, one to provide each identified requirement. Asked if they were of the dangers of being infected by the virus, the view was

> If you are a woman, you will get infected anyway, it does not matter what you do. So, enjoy yourself while you can. No Swazi woman can escape the virus.

The boys on the other hand, are pressurised by their peers to engage in sexual activity at a young age of 15 years or even earlier. They said they feel the need to practise how to have sex from discussions with their friends, so that when they marry they know what to do. One

of them explained that they even sleep with older women and prostitutes because these know what they want and are prepared to teach them if they are clumsy and do not know what to do as long as they get paid. They do not laugh at them when they do not know what to do. One of said

> It is common for the boys to have one girlfriend, who is reserved for marriage, and several sex partners to practise and have fun with.

There was also a tendency of the older college male students to view Swazi fathers as responsible for the dilemma faced by male youths. Virtually all the males admitted that they did not really know their fathers. They neither admired nor respected them but instead feared them. More than half of the participants said they felt pressurised by their fathers to have girlfriends. Their fathers were concerned because they had not gotten a girl pregnant yet and were therefore worried that they might not be able to father a child, something that they saw as threatening the very existence of the family name.

Mystery surrounding sex and sexual issues

The traditional Swazi family and social structures do not encourage free discussions of sex and sexual issues between children and parents. Hence, most of the participants said they cannot talk about sex and related issues with their parents because any attempt to do so would be met with social disapproval or even condemnation. They treat these relationships and activities as well-guarded secrets from family elders. They usually have sex in the dark and other secret places that are not suitable for practicing safe sex. They find themselves infected with Sexually Transmitted Infections (STIs) from these secretive encounters, though they have been taught about dangers of having an STI. The girls said that even if they suspected their partner to be infected with an STI, it would be difficult to negotiate for the use of a condom because the partner "will think I don't trust him". Like most Swazis, they do not engage in such open communication with sexual partners. Some boys have been told that to get infected with a STI "makes you immune to other infections and makes you a real man".

The condom and its use

The male participants said that they generally had a negative attitude towards the condom and most of them do not want to use it. The majority also said they had never tried to use it; they had only seen pictures of how it should be worn so they did not know how to wear and use a condom. There was a belief among the males that the condom actually carried the HIV virus, and besides a male was expected to be daring and unafraid, therefore they avoided protection against the virus as this would make them appear cowardly. The females said that it is the males who should use a condom because they control all aspects of the relationship including the sexual act. They had never bothered to learn about the female condom and they do not even know where to get it. Even if they got it, they could not use it without the male partner's consent. It was observed that condoms were not easily available

at the bars, shebeens and other entertainment places and yet these are places where they were needed most.

Males were of the view that getting a girl pregnant was an advantage for them as they could now have monopoly over her. "She cannot look at other men when she is pregnant by me or when she has my child". Thus making it clear that the intention of the young males was to expand one's territory and therefore using a condom would defeat this end. They also felt that the longer a time they had with a sexual partner, it meant they no longer needed to use a condom, even if they still had multiple partners.

Discussion

Several observations can be draw from the revelations of the focus group discussions with the students. They can be summarised as follows.

1. The spread of HIV among youth in Swaziland is closely intertwined with the complex nature of the culture and beliefs of her people and the youths are an integral part of the group. They too are guided and regulated by the same cultural norms and beliefs.
2. The youths do have factual knowledge about HIV/AIDS, but it has not resulted in positive behaviour change. They continue to expose themselves to situations and behaviours that make them vulnerable to HIV infection. In fact, the impression given was that in Swaziland, women had no way of escaping HIV infection. There was no point in even discussing the issue, the die was cast. This fatalistic view of things was very disturbing. The young women felt that the cultural practices and the attitudes of the men had made them sacrificial lambs. And so there was no need to even think of avoiding the infection, but simply enjoy whatever time one had left, clearly knowing that it was simply a question of time before infection came.
3. The young men on the other hand, felt that the cultural premium and expectations placed on them by their fathers and peers exposes them to HIV infections. To be pressurised to be sexually active and to be an experienced sexual performer during one's teen years or even earlier exposes the young Swazi male to infection, more so that the '*instructors'* are most likely older sexually experienced females who have many sexual partners.
4. Our interpretation was that there were many salient factors that were fuelling the spread of HIV. It may be true that the youth do not know how to use condoms and that these may not be always available, but there could also be other issues such as self esteem, power and desire to control, hidden behind what appears to be a simple argument. For a Swazi young man, pressurised to show that he can perform sexually, getting a girl pregnant may be an indication that all is sexually well with him. This also makes his father happy that his family line will continue to be perpetuated. Thus, getting a girl pregnant may be very important for a Swazi young male. The use of a condom does not only protect one from infection, it also stops a girl from getting pregnant resulting in continued questions about the young man's ability to father babies. Most young men, proud to be Swazis, will avoid putting themselves in such a position of ridicule. Secondly, getting a girl pregnant may mean that '*I now have power over her. She is answerable to me and I am in*

control'. It is our view that socialisation processes and cultural beliefs about what it entails to be a 'real man' in Swazi culture are encouraging unprotected sex and fuelling the HIV epidemic.

5. Cultural events like the Umhlanga (Reed) Dance that were meant to properly socialise the girl-child and usher her into womanhood, now expose the girls to risky behaviours that may result in HIV infections. Some traditional cultural beliefs and practices may contribute to high HIV infection rates among the youth because they tend to encourage multiple partners.

Recommendations

Most of the HIV/AIDS intervention strategies used need to be reviewed since they have not resulted in desired change in sexual behaviour. The women who are mostly targets of current HIV/AIDS interventions programmes are powerless, when it comes to effecting and influencing behaviour change. The strategies used ought to follow what is known about the power structures of Swazi society.

The patrilineal culture in Swazi society means that men are the custodians of culture and their rights are entrenched in that nations customs and traditions. Without men taking a leading role in any initiative that proposes behavioural change all intervention strategies are bound to fail. In the case of HIV/AIDS, men should openly acknowledge that some of the cultural beliefs and practices contribute to the high HIV/AIDS infection rate in Swazi society.

Men have more power and influence, so they should take a lead in initiating positive behaviour change. The acceptability and promotion of the condom as a protective measure against HIV infection and re-infection depends on all the men in Swaziland, but more especially those in positions leadership. The education on the condom usage which should be led and implemented should include practical demonstrations or illustrations of how to put it on and how to dispose of it after use. It is reported that in Uganda, increased condom use, promoted by the men, contributed to remarkable reduction of HIV infections (van Dyk, 2001).

There is need to strengthen the life skills and gender sensitisation components in the intervention strategies so that both men and women, boys and girls realise the value of each other in the fight against this deadly epidemic. Life skills are necessary to apply the knowledge, attitudes and values one has learned, and, they also influence a person's view of himself and others. It was reported that for every 15 – 19 year old male who is infected with HIV, there are five or six girls infected in the same age group (Nyathi, 2002). Whereas traditionally it was acceptable to view the survival of a nation in terms of the ability of its males to produce children, the advent of HIV is bringing a new challenge of whether the young human stock will live long enough to fulfil its function of procreation. The Swazi nation should embark on an epic journey in search of new standards of measuring masculinity in its young men; an active sexual life with many partners is no longer tenable.

Challenges for school counsellors

Whereas school guidance and counselling has been dealing mainly with career guidance, the advent of HIV/AIDS has added a new dimension, the need for counsellors to equip the high school child with the skill to survive long enough to reach the stage of choosing a career. In Swaziland the situation is even more desperate. A research carried out by Nxumalo et al (2006) to assess the skills of school guidance counsellors revealed that teachers selected to play the role of counsellors in schools had no counselling skills. When asked how they would help a child whose parents had died from AIDS the frequent response was "I will tell him/her that life goes on."

Nyakutse and Malindzisa (2005) indicated that there was need to broaden counsellor training programmes to accommodate some indigenous knowledge of counselling. Swazi youths are products of their culture and child rearing practices which value certain personality traits. These young people find themselves powerless to change the life circumstances in which they find themselves. Thus, the school guidance counsellor is called upon to do much more than guide career choices but to delve into positive psychology not only to provide psychosocial support for the children in difficult circumstances but also to be a character strength building agent. The counsellor needs to build young people's self - esteem and equip them with skills that will enable them not only to fight peer pressure but even cultural practices that endanger their lives. Schools need counsellors who will identify and nature the strengths in youths, helping them to make life saving choices and creating in them hope for the future. One skill needed in today's youths is resilience – the positive capacity of people to cope with stress, catastrophe or very difficult circumstances. The challenge is to build in youths psychological and emotional strength and resourcefulness.

Conclusion

Findings from this research paper show that the problems of the school child in Swaziland and perhaps in the whole of southern Africa have changed. The situation therefore calls for a review of counsellor education programmes to build up the skills of the school counsellors so that they have the capacity to empower the youths to meet the psychosocial challenges facing them. The HIV/AIDS has ushered in new demands on the school counsellor and trainers need to respond with relevant programmes.

References

Green, E. C. (2003). *Rethinking AIDS prevention: learning from successes in developing countries*; London: Praeger Publisher.

Bryman, A. (2001). *Social research methods*; New York: Oxford University Press Inc.

Kalipeni, E., Cradock, S., Oppong, J.R., Gnash, J. (2004). *HIV/AIDS in Africa. Beyond Epidemolgy. (Eds) Calton and Blakewell.*

Kell, M. J. (2003). The significance of HIV/AIDS for universities in Africa. HEA/RESA 1 (1):1-23.

National Emergency Response Council on HIV/AIDS (NERCHA) Report 2005.

Nyakutse, G. and Malindzisa, S. (2005) . Integrating Indigenous Knowledge in Guidance Counsellor Training Programmes. *UNISWA Research Journal* 19: 5-17.

Nyathi, K. (2002). *Swaziland; denaial, stigma fuel HIV/AIDS*. http://newsfromafrica.org/newsfromafrica/articles/art. 803.html.

Nxumalo, A.M., Nyakutse, G., Shongwe, A.B., Malindzisa, S., Famuyide, E.O. (2006). *Identification and Assessment of priority needs and skills in special education, guidance and counselling and administration in the education ststem of Swaziland.* Unpublished Research project, Faculty of Education. University of Swaziland.

Shisana, O. (2004). *Gender and HIV/AIDS: focus on southern Africa*. http://www.hsrc.ac.za/media/2004/6/20040607 2.html

Times of Swaziland (2005). 16 June:16.

UNAIDS (2003). *Report on the global HIV/AIDS epidemic.*

UNAIDS (2004). *Report on the global HIV/AIDS epidemic.*

Van Dyk, A. (2001). *HIV/AIDS care and counselling: a multidisciplinary approach (2nd ed*). Cape Town: Pearson Education.