<table>
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<th>ACRONYMS</th>
<th>FULL FORM</th>
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<tr>
<td>HIV/AIDS</td>
<td>Human Immuno Deficiency Syndrome</td>
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<tr>
<td>FAWE</td>
<td>Forum for African Women Educationalists</td>
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<tr>
<td>PCP</td>
<td>Pneumocystis Carinii</td>
</tr>
<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
</tr>
<tr>
<td>CBO</td>
<td>Community Based Organization</td>
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<tr>
<td>BASS</td>
<td>Behavioural Surveillance Survey</td>
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<tr>
<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>MOE</td>
<td>Ministry of Education</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>ICDR</td>
<td>Institute for Curriculum Development and Research</td>
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<tr>
<td>IEC</td>
<td>Information, education and communication</td>
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Chapter 1

Background of the Study

Introduction

According to the International HIV/AIDS Conference in Barcelona Spain July 2002 the number of people suffering from HIV/AIDS world wide has topped 40 million and Sub-Saharan Africa remains the region more severely affected with a number more than 28.5 million cases of which 58% are young women (FAWE News Vol.10 No.3, July - Sept. 2003).

In Ethiopia to date approximately 2.9 million adults and 250 000 children are living with HIV /AIDS. About 90% of the reported AIDS cases are between the age 20 and 49 and this age group is among the productive sector.

In many cultural environments people refuse to talk about sex, AIDS and aspects of sexual health. Some people think that talking about sex and sex education will result in a corresponding increase of promiscuous behaviour.

However, research has revealed (UNESCO Prospect Vol. XXXIII No. 2 June, 2002) that education about sex, AIDS and health in general particularly with children and young people, does not result in increased sexual activity but, on the contrary, leads to protective behaviour.

HIV is a virus that directly attacks a group of white blood cells, which play a central role in the proper functioning of the body’s system. As the disease progresses, these defensive cells are almost entirely destroyed. The immune system collapses and the individual falls prey to one infection after another. Many patients develop rare types of cancer and suffer brain damage.

HIV is transmitted by high risk sexual behaviour and by contaminated blood and blood products. It can be prevented by avoiding the above. However, recently scientists have discovered medicines that can prolong life.
We need to develop values and attitudes that would bind us together as citizens in the fight against the monster disease. We cannot afford to neglect this crucial area when educating ourselves and our children about HIV/AIDS. HIV/AIDS in general, is a severe obstacle to development as well as to meeting the EFA (Education For All) goals.

The objectives of this study are as follows:

- To identify the infected female students and the reasons why they become HIV carriers.
- To sift out the problems they have encountered.
- To find out the solutions to the problems and make appropriate suggestions.

**Basic Questions Underlying the Study**

- What is the number of female students affected by HIV/AIDS in Addis Ababa? In fact we were unable to find sufficient information on this.
- What are the possible reasons for such students to be caught by HIV/AIDS?
- What are the impacts particularly that are related with the schooling of female students infected by HIV/AIDS?
- How can the problems faced by such students be solved?

**Significance of the Study**

- It investigates how the girls became infected with HIV.
- The study investigates the extent HIV/AIDS affects the girls' lives in terms of their health, education, social life and economic condition. This provides an opportunity for the emergence of possible practical solutions.
- It lays the foundation for further research on the impact of HIV/AIDS on girls’ education at a national level.

**Limitations of the study**

The case study focuses on seven high school girl students who are HIV positive. Since the study was so limited it is necessary to have a larger more statistically valid follow up study.
Getting adequate numbers of respondents was one of the major problems for this study. Guidance counselors from several secondary schools (Menilik, Tikur Anbessa, Abiyot Kirs), student councils, the Center for Research and Training of Women in Development (CERTWID), and NGOs were contacted, but could not provide adequate data on HIV positive people because such people are hesitant to expose themselves. However, the Dawn of Hope Association, Addis Ababa Branch, was very helpful in organizing high school girl respondents who are HIV positive.

The evidence is provided by the girls themselves. No attempt was made to verify or check up on the information they gave from other sources.

It was not possible to get the overall percentage of students, particularly, girls who are affected by the virus.

**Methods Used in the Study**

The methods used included an initial survey to identify the HIV infected girls, development of guidelines for writing the diary writing, obtaining volunteers prepared to participate in writing a diary, interviews based on the diaries, and analysis of the data based on the diaries and interviews.
Chapter 2
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Literature Review

HIV/AIDS, Modes of Transmission and Factors that Lead to the Disease

HIV/AIDS consists of two abbreviations -- HIV (Human Immuno-Virus) and AIDS (Acquired Immuno-Deficiency Syndrome). HIV weakens the body system that defends the body from diseases. Those who are infected with HIV, may look and feel well for a number of years before any symptoms of AIDS develop. The letter A in AIDS stands for Acquired (something one gets rather than is born with), I stands for Immune (the system which defends the body from diseases), the letter D for Deficiency (becomes weakened by a virus), and S stands for Syndrome (the body shows a variety of symptoms). Hence AIDS is a combination of illnesses as caused by a virus that can break down the body’s immune system and lead to fatal infections and some forms of cancer. HIV is a transmitted disease.

Its modes of transmission are: sexual intercourse (the virus is passed through semen, blood and vaginal secretions), re-use of contaminated syringes, infection via birth or nursing from mother to child, re-use of needles, and transfusion of contaminated blood or blood products. The main mode of transmission world-wide is through sex. Once HIV is transmitted, it can stay in the body for some time without making the person become ill. Eventually, because the immune system is weakened, diseases take hold and the body cannot fight them off.

People who have become infected with HIV have been described as seropositive, HIV positive or that they have seroconverted. Such people may remain well or they suffer from swollen lymph glands, weight loss, sweating, diarrhea and many other minor infections that may continue for longer than three months. It is possible to say such people have AIDS at this stage. Eventually the virus destroys the immune system to such an extent that the infected person may become ill.
Alcamo (1993:80) categorized the symptoms of the disease into three:

- Some symptoms of HIV infection: fatigue, mild fever, sore muscles, occasional diarrhea, swollen lymph nodes (lymphadenopathy).
- AIDS-related complex: extended and extensive lymphadenopathy; weight loss of as much as 10% of normal body weight; constant low-grade fever (about 37.8 C, or 100 F); extensive diarrhea over several weeks; overwhelming fatigue; saturating night sweats; thrush from candida albicans.
- Acquired Immune Deficiency Syndrome (AIDS). Persistent lymphadenopathy; constant low-grade fever; substantial nausea and fatigue; vomiting; severe psychological stress; saturating night sweats; extensive headaches; possible wasting syndrome (unrelenting diarrhea, dramatic weight loss, severe fluid imbalance, chronic weakness and fever); possible AIDS-dementia complex (difficult muscle co-ordination, confusion and apathy, loss of concentration, sudden and strong emotions, memory loss, difficulty in sleeping, headache and disorientation); possible kaposi’s sarcoma (slow-growing tumors in blood-vessel linings); possible opportunistic disease (pneumonia, esophageal disease, blindness, brain infection, cholera-like diarrhea, spinal meningitis, liver and kidney disease, tuberculosis, and many others).

According to the League of Red Cross and Red Crescent Societies (1990) the infected person may suffer from all or some of the symptoms.

In North America many people with AIDS become ill with a particular form of pneumonia called “Pneumocystis Carinii” (PCP). In Africa tuberculosis is frequently seen. The person with AIDS recovers from some of these illnesses. Some can be treated with antibiotics and radiotherapy. However, AIDS usually proves fatal within a few years after the first illness appears.

Young People and HIV/AIDS

Young people are highly affected by HIV. Because this is so it is essential to understand the concept and characteristics of youth, the importance of sexual maturity, and the problems youth encounter, so as to be able to take both preventive and post-infection actions in order to overcome the problem.
Youth is a rather new concept and its definition is actually very broad. Baizerman and Magnuson (1996) state that everyday life understandings use frames for youth derived from human services, law, the socio-behavioral sciences, and from the mass media. To the same authors, youth sine qua youth is a cultural symbol, a population group, an age category, and has its own definition and interpretation.

Youth is associated with adolescence. It is necessary to understand the similarities and differences of these interrelated concepts in order to have an explicit picture about youth. Adolescence is a critical phase of life, a time for crucial decisions and key experiences that resonate throughout the remainder of the life course (Hurrelmann & Hamilton, 1996). The same authors go on to say that adolescence and youth have distinct characteristics in nearly all known cultures where they are recognised as a period between childhood and adulthood. Change makes adolescence an intriguing area of inquiry where, it is a phenomenon that has implications in the definition of the phase, and in the prevailing roles and images of adolescents. A central much current developmental research particularly emphasizes developmental transition -- it is a period of life in which there is a great deal of change, both within the individual and within the social environment for studying adolescence.

According to Eichhorn et al. 1981 in Petersen et al., 1996: 5-6, some of the major changes include: sexual maturation which produces dramatic changes in emotions; cognitive development which yields new forms of thought; the increasing autonomy that accompanies these changes enable young people to act and interact in ways that were not possible for them when they were younger; and adolescents become acutely sensitive to the societal forces surrounding them. The movement from childhood to adolescence and from adolescence to adulthood has been considered developmental transitions (Connell & Furman, 1984; Peterson & Ebata, 1987 in Petersen et al., 1996). The authors indicate that the transition into adulthood from adolescence is much more variable as to age and the markers of this change; in addition, legal conventions and social traditions for identifying adult status vary from country to country.

One quality of adolescence that seems almost universal in modern societies is that adults view adolescence as a problematic time of life. Adults complain of adolescents being indisciplined, moody, and self-indulgent. "The problem of youth" is a perennial topic of researchers, practitioners, and policy makers. Certain kinds of behavioural problem, such as violence, illicit drug use, sexual behaviours, aggressiveness against fellow students, addiction to alcohol and delinquency are more common during adolescence
than in other periods of life. The social context of adolescence makes the issue more serious. This includes the declining capacity of families to nurture and support adolescents; divorce and the escalating demands of working life have made parents less able to protect and guide their sons and daughter in the right direction; the larger social context has become more threatening, including drugs, violence, and sexually transmitted disease.

Youth is viewed as someone under 22 years old (Baizerman & Magnuson, 1996:1). Others consider it an age from 15 to 25 (with slight variations), and youth is described not merely as the opposite of the aged but as a prolonged period of immaturity and lamentable irresponsibility. The definition of UNESCO considers youth as first, people aged from 15 to 25 years; second, pupils, students and those who neither have yet begun to work nor established their own household; third, people who are "young minded"; fourth, those who have that position defined by the society. Like the other life stages now recognized, youth has certain characteristics, distinguishing it from the neighboring life phases of adolescence and young adulthood. These changes are predominantly psychological and/or social in nature. Probably youth is much more a socio-cultural development phase than it is a physiological or psychological one.

Development is also taken as a method to understand children and youth. The proponents of this approach advance biological reality as a basic psychosocial metaphor for understanding children and youth. They argue that the stage structure of a life course assumes a developmental point of view. For instance, the youth work and social welfare fields accept and adopt the dynamic conception of growth represented by the developmental metaphor, because it allows for new ways of thinking about behaviour and cognition and it carries within it rationales for both intervention and protection. For example, it makes practical sense to believe that youth are not ready for some life responsibilities, tasks, and commitments, while they are ready for others.

The International Convention on the Rights of the Child (CRC) (which considers a child aged from 1-18) and the laws of a country also explain the concepts. As Fornäs (1995:3) indicated, youth is a social category, framed by particular institutions – especially school, but certain rituals as well as confirmation or marriage, legislation directed towards age limits and coming of age, and social acts such as leaving home, forming a family, getting educated and finding a profession. In other words it is culturally determined. This shows the role culture plays in determining what youth is. Therefore, it is necessary to look thoroughly at the meaning attached while analysing youth issues.
Fornäs (1995) believes that encouraging youth research is essential for the following reasons. First, youth is what is young and what belongs to the future - with future hopes, promises of a new life and the progress of modernity, some of them will wield power and be decision-makers - and young people have repeatedly been associated with what is new in culture. Secondly, on the negative side, youth is often associated with the dangers of the future, when fear of the unknown is coupled with a culturally pessimistic diagnosis of degeneration in which the morals and norms of youth become signs of the sins and transgressions of modernity. Hence, the emphasis given to overcoming the problems of this group is indispensable.

One of the threats these days is HIV/AIDS. Young people are highly affected by HIV. According to the League of Red Cross and Red Crescent Societies (1990) some of the factors that lead to HIV include peer pressure to have sexual experience, lack of self-confidence, unprotected sexual intercourse, attraction to risk, inability to communicate with partners and adults, no access to counseling, less use of condoms, no access to information, denial of risk and rape (for girls).

Similarly, many studies on HIV/AIDS reveal that women are more vulnerable to HIV than men. The same sources indicate that some of the factors that may lead to the infection of the disease in a "sex worker" are poverty at home, too many girls in the family, lack of formal education, untreated sexually transmitted disease, fear of lack of ability to support a child, many partners, low wages, inability to negotiate condom use, no access to health care, move to city, lack of employment, no access to information, lack of skills, low self-esteem, lack of stable partner, no access to counselling, fear of male violence, isolation and pregnancy.

According to the National AIDS Council (2001) the youth (the sexually active group) in Ethiopia comprise about 30 percent of the population. The same source stressed that this group requires more information and education on reproductive health and sexually transmitted infections. Sex and AIDS education, it is suggested, may lead to a delay in the onset of sexual activity and to the use of safe sex among sexually active youth. Youth in school is easy to reach and target for intervention while reaching the out of school youth often proves more difficult (National AIDS Council, 2001). One of the strategies is to introduce HIV/AIDS into school curricula starting from the middle grades of primary school as most children may leave school after only three or four years of schooling. Obviously efforts made to bring a change in sexual behavior of this group can have a positive impact on the reduction of the overall HIV incidence rate in the country.
Many studies indicate that women in Ethiopia are more vulnerable to HIV infection than men for biological, cultural and socio-economic reasons. The major risks facing women are: unwanted pregnancy, unsafe abortion, rape, abduction, early marriage and sexually transmitted infections which all expose them to HIV (National AIDS Council, 2001). According to the National AIDS Council (2001) the strategies to overcome the problem of women in this regard are:

- Establishing HIV/AIDS forums in women’s associations, Kebele associations, NGOs and community based organizations (CBOs)
- Promoting the economic empowerment of women
- Reinforcing laws that promote the rights of women
- Promoting access to vocational and technical training centers in non-medical settings
- Involving people living with HIV/AIDS in information, education and communication (IEC) interventions.

The Role of Education in Combating HIV/AIDS

Education plays a tremendous role in overcoming the threat of HIV/AIDS. Awareness among the young people is so needed that they should develop a set of personally held principles and guidelines that will help them make the right choice. According to the Institute for Curriculum Development and Research ICDR (2002) in Addis Ababa, the issue of HIV/AIDS is considered both in the curriculum and extra-curricular activities. Based on the curriculum, reference books have been produced on HIV/AIDS. Furthermore, it is contained in the different subjects. The overall objective of the curriculum (reflected in the different subjects) in this regard is to bring about behavioural changes in protecting oneself from HIV/AIDS. The objectives are to enable the students to:

- recognise the different ways of the transmission of HIV/AIDS.
- identify the symptoms of HIV/AIDS and understand the importance of medication and counselling services.
- differentiate between wrong and right sources or information from the reliable sources.
- arrive at the right decision on HIV/AIDS that are useful for alleviating the problem.
- take care of and respect the rights of people living with HIV/AIDS.
Regarding the knowledge and attitude of parents and youth towards HIV/AIDS and the role of parents in transferring their knowledge to their children, Frewoin's (2000) study (the study covers 40 selected household heads located in Nifas-Silk area in Ethiopia and 50 young people in the same location) came up with the following useful findings.

- 46% of the youth respondents (between 13 and 24 years of age) out of 50 youth have started sexual activities, and out of these, the girls started their sexual intercourse earlier than boys. Over 50% of the girls started sexual contact while they were below 15 years of age and both sexes started at the age of 17 or below.
- 90% of the youth believe that the disease really exists, while, 10% of them are against this belief.
- 66% of the young respondents have lovers of the opposite sex. More than 24% of them responded that they are not satisfied with their lovers, while 42% are not sure of whether their lovers are loyal to them. Thirty five percent of the young respondents have had more than one opposite sex friend (lover) over the past 12 months.

A study made of the secondary school students of the Addis Ababa indicates the following (ICDR, 2002):

- Almost all students (94%) knew that HIV is transmitted through blood and sexual intercourse and they got the information from television, radio and school.
- They knew its prevention mechanism. However, most of the students did not know that HIV carriers may seem to be healthy.
- Only 33% of the students knew that HIV/AIDS is at present an incurable disease. This shows that there is not a good and clear understanding on the transmission of the disease.

According to the same source a problem with regard to teaching HIV/AIDS issues is discussed. First, teachers have problems in teaching the issue because they only provide simple information on HIV/AIDS and they do not have adequate skills and knowledge on the mode of delivery. Second, teachers’ understanding about those affected by the disease and those who are healthy is mixed.

According to ICDR (2002: 8) contents that consist HIV/AIDS issues in the different subjects – environmental science, basic science, biology (see table 1).
Table 1. Contents of HIV/AIDS considered by Units and Subjects

<table>
<thead>
<tr>
<th>Subject</th>
<th>Grade</th>
<th>Units</th>
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<tbody>
<tr>
<td>Environmental</td>
<td>4</td>
<td>Diseases transmitted through blood</td>
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<tr>
<td>Science</td>
<td></td>
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<tr>
<td>Basic Science</td>
<td>5</td>
<td>Harmful traditional practices</td>
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<tr>
<td></td>
<td>6</td>
<td>Unit 2: Diseases</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unit 6: Reproduction system</td>
</tr>
<tr>
<td>Biology</td>
<td>7</td>
<td>Unit 6: Circulation system</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>Unit 1: Reproduction system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unit 2: Human being and disease</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Unit 6: Germs and diseases</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>Unit 5: Reproduction system</td>
</tr>
</tbody>
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Note: My own translation from Amharic to English.

Whilst the topic is covered within the school curriculum, it is to be noted that only about half the children are presently enrolled in primary school, and that many of these children also drop out at Grade 3. Moreover the academic presentation of facts in a classroom situation may not be sufficient to effect behaviour change within the society, particularly so if other important social institutions such as the family, the church and mosque, the police and the health services are not sufficiently supportive of both prevention and control after infection.

The Ethiopian Situation

The AIDS pandemic is undermining social and economic structures and reversing the fragile gains already made in the socio-economic areas. Africa has the highest number of HIV infections in the world where 24 million people are already infected with this disease. In some parts of Africa, AIDS is killing one in every three adults, making orphans out of every tenth child and decimating entire communities, directly affecting health and life expectancy, the labour force, and household security. Most deaths in young adults aged 25-45 is associated with AIDS. Since the start of the epidemic, some 12.1 million children have been orphaned in Africa, out of the global estimate of Africa. HIV/AIDS has become pandemic affecting and killing many people in African continent. It has so far not been possible to bring it under control.
According to Fewoin (2000), the first international conference on AIDS in Ethiopia co-sponsored by Harvard AIDS Institute showed that the three Sub-Saharan African countries, South Africa, Ethiopia and Nigeria contribute to the highest number of HIV/AIDS cases in Africa, totaling 25% of global HIV infection.

The HIV/AIDS epidemic is an extremely serious problem in Ethiopia. The number of HIV/AIDS cases in Ethiopia has escalated since the first evidence of HIV infection was identified in 1984. According to Hailegnaw Eshete and Tefera Sahilu (1996:179) the rate of HIV infection in 1985 was 0.6 percent among the general population (blood donors), where this is raised to 3.6%, 5.2 %, 7.4%, 8.3% in 1989, 1990, 1991, 1992 and 1994 respectively.

Only recently has HIV/AIDS become a serious concern in Ethiopia. Two years ago the National AIDS Council (2001) explained the magnitude of the problem as follows:

Globally, Ethiopia has the 16th highest HIV/AIDS prevalence of any country and the third largest number of people living with HIV/AIDS. This means one out of every eleven people is living with HIV/AIDS in Ethiopia. Life expectancy is already falling, and the epidemic is systematically undermining the country's effort to reduce poverty, especially its investments in health, education, and rural development. Beyond its vast toll in suffering and death, AIDS is costing Ethiopia significantly in its economic growth every year, further reducing the scope for poverty alleviation. Consequently, HIV/AIDS, poses the foremost threat to Ethiopia's development.

According to the same source if the problem is not altered, it jeopardizes the country's development by retarding growth, weakening human capital, discouraging investment, exacerbating poverty and inequality, and leaving the next generation increasingly vulnerable to the impact of the epidemic.

According to the MOH (2002: 32), HIV/AIDS situation in Ethiopia is as follows.

- The prevalence rate for the country as a whole is estimated at 6.6 percent in year 2001
- The estimated HIV prevalence rate for urban areas is 13.7 percent.
• Prevalence rates for some urban centers other than Addis Ababa are much higher than the rate for Addis Ababa.
• The estimated rural prevalence rate is 3.7 percent, which is 25 percent of Addis Ababa’s rate.
• HIV seems to be driving the TB epidemic in Ethiopia.
• The highest prevalence of HIV is seen in the age group 15 to 24.
• There are some encouraging signs that the HIV prevalence is leveling off in some areas of the country.

The Behavioural Surveillance Survey (BSS), a second generation surveillance tool, was introduced in Ethiopia in 2001 to complement the extensive sero-prevalence and HIV surveillance systems instituted nationally (MOH, 2002). In fact a new framework for HIV surveillance known as Second Generation HIV surveillance, stresses the need to design a surveillance system that includes an assessment of attitudinal and behavioural factors that tend to feed the epidemic (MOH, 2002). According to the same source, because of high level of HIV in Ethiopia and the size of the target groups and the groups’ importance to the national economy, the following population groups received high priority in the prevention and control of HIV/AIDS in Ethiopia: a) school and out-of-school youth, b) female sex workers, c) military personnel, d) farmers and pastoralists, e) long-distance drivers, and f) factory workers.

The findings of BSS Round 1 particularly concerning youth which was conducted in Ethiopia from December 2001 to June 2002 revealed the following (MOH, 2002: 20):

• Nearly two out of three young people out of school reported that they are sexually active and had sex with two or more partners in the last year.
• In some areas, sexually active girls out of school are even more likely than boys to report multiple partners.
• Non-commercial sex is relatively very high among in and out of school youth.
• Misconceptions about HIV/AIDS transmission remain high in almost all groups and regions.
• Misconceptions about HIV/AIDS are high irrespective of level of knowledge.
• Own-risk perception is very low in almost all target groups.
• Despite a high level knowledge, a significant proportion of the population, particularly the young, is at high risk of HIV infection.
According to the Ministry of Health (2002:15-16) the situation of AIDS is as follows (the analysis is based on the Disease Prevention and Control Department of the Ministry of Health).

- About 91 percent of infections occur among adults between 15 and 49 years. By and large the age range encompasses the most economically productive segment of the population. The high number of cases in this broad age group adversely affects labour productivity and hence economic development. Furthermore the age range represents that period of life when investments in education are just beginning to pay off.

- The number of male and female cases is roughly equal because most infection is, by and large, acquired through heterosexual contact.

- The peak ages for AIDS cases are 25 to 29 for both males and females. Given that the average incubation period between the time of infection and the emergence of full-blown diseases is about eight years, the mean age at which people become infected must be 15 to 24 years for females and 25 to 34 years for males.

- The number of females infected between 15 to 19 years is much higher than the number of males in the same age group. The discrepancy may be attributable to earlier sexual activity among young females and the fact that they often have older partners.

- There have been a significant number of AIDS cases reported among young children. Most of these may have received it from their mothers during gestation or at the time of birth or through breast-feeding.

- Children between the ages of five and fourteen represent few cases of AIDS; they are the “Window of Hope”. If these children can be taught to protect themselves from HIV infection before they become sexually active, they can remain free of HIV for their entire lives. But action must be taken now, because rates of new infection are high once children reach 15 to 19 years of age.
Chapter 3
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Case Studies

The diaries were collected from the Dawn of Hope Association, Addis Ababa Branch. Seven HIV positive girls, who are secondary school students, wrote diaries. In fact the diaries were written in Amharic and translated into English for discussion.

Respondent 1

I am now a Grade 10 student studying through evening class. I willingly had an HIV test some years ago when I was seriously ill. I had many boyfriends with whom I had sex without use of condoms. As a result the virus caught me. When I was informed for the first time that the virus is with me I was frightened. I thought I would die. However through the advice I got from the counselling service I managed to control my emotions. Since 2001 I have been in good condition, because, first I visit a physician continuously whenever I feel uncomfortable, second I go to Church and pray to God. Prior to becoming HIV positive I never thought of HIV. I did not take any care. I did not know anything about it.

After I became HIV positive I have taken care of myself as well as others. I quit both drinking alcohol and having sex with different people. I am now healthy and live peacefully.

The advice of physician that I am strictly following continuously and prayer I practice have stopped the virus from multiplying in me.

I do not have sex with many people. I have a boyfriend who is also HIV positive.

Nobody knows that I am HIV positive in school as well as in my village. I have not faced any problem with regard to humiliation.

When I was first informed about the existence of the virus, I was upset. Immediately I quit my education at Grade 9. However, once I came to terms with myself and this disease, I immediately resumed my education.
Being HIV positive to me does not create any negative problems on my education. I am following my education like any other ordinary students. I am scoring good results.

Regarding my future, I want to continue my education. I want to live in wedlock where I would like to marry with my boyfriend. I want to have a child. As long as I have a strong belief in Jesus Christ, I hope, I will be cured one day.

I am now a member of the Dawn of Hope Association where I have been taking part in teaching people on the issue. Whenever I tell to people in my village about the disease and its consequences, they do not give due attention.

To protect the spread of the virus the ways could be: using condoms, not to have sex with different people, live alone even without having sex with anybody.

To overcome the problem, it is necessary to give education on the issue for girls' continuously. Providing counselling service for them is vital. Breaking the silence is also useful.

**Respondent 2**

I have now completed tenth grade, where I took the national exam recently. The existence of the virus in my blood was identified through a blood test. I had the blood test as a requirement to get a visa to go to abroad, particularly in the one of the Arab countries.

Before I became HIV positive I was a virgin. I had sex with my boyfriend where he deflowered me. I did not know whether he made blood test or not, whether he had the virus or not. My boyfriend passed away, so I realized later the reason for his death was caused by HIV/AIDS.

Prior to becoming HIV positive, although I had got information about the virus, indeed I did not have a good understanding about it. I got the true picture of the virus only after I had already been infected with the virus. I do not want to destroy the lives of others. Now I do not have sex with anyone without a condom.

The existence of the virus in me has created a negative impact on me. First, because of introducing the problem to some of my teachers they are pointing their fingers at me by telling other teachers. Indeed this is a pity. Second because I informed my parents, they ridiculed and belittled me. My parents
used to say that you have brought the problem to yourself, so you have to solve it yourself. This has really upset me and made me nervous. In fact they had expressed their sympathy when I first told them the problem. They gave me invaluable advice. But this did not last. Eventually they developed a hatred against me. Sometimes they say to me “Go away to wherever you want to go”. No one is on my side to understand my problem and provide me with a moral support.

When I first discovered the existence of the virus in my blood, I thought I would die soon. Even I had the intention to kill myself.

Respondent 3

I am a Grade 8 student. The story began when I was working as a maid in Dessie. While I was working there my employers decided to educate me. I didn’t have the certificate with me at that moment. It was kept in Assaita. I went there to get my certificate. To return to Dessie there was no bus. I was in hurry to be back to Dessie and continue my studies. The only alternative I had was to travel by truck, which is what I did. In this truck the only persons were the driver and myself. Knowing that I was helpless, this driver raped me. The driver was 67 years old and my age was 16. I developed a hatred and rage against men. I considered them as wild animals. I did not want to have any affair with any body.

After two weeks of these tragic and inhuman happenings, I got a sexually transmittable disease or STD where I had serious pain around my reproductive organ. Although I continuously visited the physician I was not cured. Once the nurse I visited gave me a brochure that contains issues on HIV/AIDS. After reading this brochure I realized that perhaps I had got the virus. At that time there was no system for testing the blood in Dessie. For various reasons I stayed there for two years. Finally my employers sent me to Addis for blood test. My blood was tested at the Mary Joy clinic, where the virus was identified.

I had good understanding about the disease before the happening of this problem. While I was a child, my grand mother told me that my mother died because of this disease. She worked at the bar. I was also a member of anti- HIV/AIDS club in the school when I was a sixth-grade student. After my mother died I went to my father to live with him and continue my schooling. However, he once created a problem by making me not to sleep peacefully. Immediately, I ran away from my father which has resulted me to live with this problem. The effort I have made to protect my self was that
I developed self-reliance, I used to eat whatever I got, I make a follow-up whenever I feel discomfort.

After getting counselling service, I comforted myself and have become a member of the Dawn of Hope Association, Addis Ababa Branch.

Although it is possible to live with the virus, my mind is not at ease, because it seems that my future is dark, and I don’t have good prospects. It also has created a very serious impact on my education.

My mind is not settled and I am always disturbed. In other words my mind is not free. This has not enabled me to follow my education properly. The teachers consider me as an odd student, rather than providing me with support and encouragement.

Families are also unhappy with people like me. Hence I suggest that if the Government provides job opportunities for those who are victimized by the virus our worries will be reduced and we will consider ourselves as human beings.

**Respondent 4**

I am now at Grade 10. The existence of the virus was identified through a blood test which I was required to take as evidence that I was HIV free for going abroad, particularly in one of the Arab countries. When I was first told that I was HIV positive, I comforted myself. I have become a member of the Dawn of Hope Association through the suggestion made by my physician who is a woman. This has given me an opportunity to comfort myself and continue my life.

Prior to becoming an HIV positive, I had a good understanding about HIV because I was a member of an anti-AIDS club in my school. However, I got the virus unexpectedly. After I became HIV positive, I started to lead my life through the advice given by the physician. I am now leading my social life particularly with those who are living with HIV.

I take care of my family – I believe that to have a boyfriend is necessary. To sustain my life I was following the advice of the physician. I tell the truth to the physician whenever I feel uncomfortable about my health. By and large, I have greatly benefited from doing this.

People are suspicious about me i.e. whether I am living with HIV or not. Some suspect me of being HIV positive because they know I was refused
a visa for entering the Arab country I intended to go to. On the other hand since I am in good health people are in a dilemma to consider me as living with HIV. However, I have been HIV positive since 1999. Those who were sponsoring me to take me to the Arab countries were very suspicious about the matter, although they did not openly talk about it. As a result they isolated me. This is expressed through various ways: not shaking hands with me, differentiating drinking glasses, avoiding to eat together, etc.

After hiding myself for four years I have become the member of the Dawn of Hope Association organized for HIV positive people. Carrying the banner of the association i.e. “Let the next generation be saved” I am taking an active part in teaching people, but my friends were unhappy while I was doing this. As a result they are no longer my friends. They have stopped their friendship. Whether my friends like it or not, I do not stop teaching different people about the virus.

Women should not be cheated by men while having love affairs. Blood test is important before marriage. My experience shows me that many people, including those in wedlock, have cheated to have sex with them. They promised to get me a job, but they were lying to me in order to seduce me into having sex with them. This has resulted in my becoming HIV positive.

The society should not say that HIV is not the concern of the society. At least each member of the society should have a good understanding about his health. Let people stop pointing their fingers at us.

Regarding the impact of the disease, I feel drowsy in class. However, I am striving to excel in some subjects.

Whenever my friends used to talk or discuss about HIV I feel very happy because I wanted to know their understanding about the issue.

When I failed in Grade 10 I was disappointed. I became pessimistic. I stayed for three years without education. Then I decided to pursue my education. The school in which I enrolled has contributed to me for my studies. They admitted me by thoroughly understanding my situation. I thank the unit leader of Menelik II School for doing this. I also would like to thank the NGO which has been providing me with learning materials and encouraging me to score good results in my studies.
Respondent 5

I was in Grade 10 when the virus was identified in me. As soon as I was informed that the existence of the virus in my blood, I stopped my education. I was not able to support myself.

The virus was identified in me in 2003 at Balcha Hospital when I was asked to produce the result for getting a visa to travel abroad particularly in one of the Arab countries.

I started to work in a bar to support my parents and my brothers. After working here for some time I decided to change my work. I became a maid working with a couple. Soon the wife of the owner died. The doctor told me that the death of the woman whom I worked was because of HIV/AIDS. He advised me to take care of myself not to be infected by the virus. Immediately, after the woman’s death the employer requested me to keep his house until he came back from visiting relatives living in the countryside. The reason he gave to me was that he would like to go to the countryside to inform them of the death of his wife to his relatives. I was in a dilemma, to accept the offer or not. I discussed the issue with my family and friends and all of them insisted that I should accept the offer to remain in charge of the house.

I was afraid that the man might rape me. My family and friends told me that he might not rape you, and even if he rapes you the disease cannot be transferred from a man. It simply comes from God. Do not panic. It is up to God whether you are infected by the disease or not. Just go and resume your job. I told them that the way this person approached me was not good. In response to this, they said to me that they would be forced to pay the man as they had guaranteed I would remain as a worker. They had signed a guarantee and would be in trouble if I broke the contract. According to this relative of mine even if he offers you a marriage do not miss this opportunity. God is with you. However, they did not convince me. Since my family is so poor, I did not have any alternatives, so I decided to continue the job. What I feared then happened. This man raped me. I told this horrific happening to one of my friends. She tried to convince me by saying that nothing would happen to you. Her friend too referred to her own case. She told me that the doctor had told her that even though her boyfriend had got the disease and died later, nothing has happened to her. Do not afraid, nothing will happen to you. Finally, I did not stay with the person, I left the job, as I managed to get another job. Here after working for five months I got a job in an Arab country through my sponsor. To get a
visa it is a must to produce evidence that one is free of HIV. That was when I found out that the virus was contained in my blood. When I informed this to my mother she was indifferent.

I did not have a good understanding about the virus prior to my infection. Sometimes I was afraid of the disease. When I was first told that I had the virus I was devastated. I did not believe it was possible. I had the test three times, and each time I was HIV positive. The impact on my life mentally, morally and on my health is tremendous. My parents and brothers know that I am a carrier of the virus, but they have isolated me. When I was told for the first time that I was the carrier of the virus, I hid myself, I stopped my education, because I thought I would die immediately. Lately I joined the Dawn of Hope Association. I do not want the virus to be transmitted to others.

To overcome the problem the Government should give equal attention for all infected by the virus. The support given by the Dawn of Hope Association is not enough.

**Respondent 6**

I am a Grade 10 student. I did not have any understanding and awareness on HIV/AIDS until the virus was identified in my blood. All thin and ill people were considered to me as HIV positive.

When I was at Grade 8 I had a boyfriend whom I really loved. However, it is pity that he raped me. After that he started to shun me. For the reason that he had promised to marry me, I was trying to make him keep his promise. He rarely used to come and visited me. Later on, that is, after 9-12 months, a peculiar phenomenon happened in my vagina -- itching and vaginal fluid occurred. After several hesitations, I told the problem to my boyfriend. However, he was angry. He advised me to visit a physician but I told him frankly that I did not have money for treatment and it is shame to tell the problem to my family in order to get money for treatment. Then he suggested that I go to the Family Planning Guidance office. Then I left school for three years. I was afraid I might have HIV, and I did not go.

Although, I was a very good student I lost hope. It is only because of fear that I quit my education from Grade 11. In order to get money I started to have sex with different people. That was how I got STD. I took the treatment. But as long as I had sex with many men without taking safe measures, there was no way to escape from contracting STD. While I was
in this situation my parents died. One of my brothers brought his wife in my parent's house where we started to live together. I had a disagreement with my brother's wife. As a result I became miserable and had to leave. I then started to work in the bar. I worked here for three years. As a result I was seriously sick and went to the hospital for medication. It was here that the existence of HIV in my blood was identified. I did not attribute this to anybody because it was entirely my mistake.

After being affected by the virus, as much as possible, I avoid not to be hungry. Again, I started live with my brother. I have stopped having sex. I have shared my problems with a few of my friends, and I usually discuss issues related to HIV/AIDS with them. When some people asked me for sex, I told them my case openly, sometimes I ignored them. Whenever I did not feel healthy I visited a physician. The Dawn of Hope has provided me with money to buy medicine. Currently my weight has increased from 52 to 58 kgs. Since I shared my problems with those people who had a positive attitude towards me, they have been very positive and helpful towards me. I usually select people to whom I tell my problem.

Earlier, fearing that the virus lives with me I quit my education from Grade 11, and it was difficult to continue my study and plan for the future. However, I thought and decided that whatever problems I face, learning is still possible and I can go back to school. I am now in Grade 10 according to the new Education Policy.

The impact of the disease is, first I lost hope when I was unhealthy. Secondly, since my conscience does not allow me to have sex with people, I do not want to marry and have children. If I have sex, it is almost like killing innocent people with a weapon.

The virginity of a woman is lost once in her lifetime. She does not have a second chance to regain her virginity. But males have no such problem even until their old ages i.e. no one asks them for their virginity. Girls face various cultural impediments or obstacles. Some of them are: lack of good quality clothes, paying less attention to attend their schooling, working at home on house chores, shyness etc. They are forced to marry and this results in them depending on their husbands. These and others cultural barriers make females dependent, develop low self-esteem and become poor. For instance, if I cite my case, I was a very good student. However, there was no open discussion with my family, I did not read some issues related with HIV, and as a result I became a victim of the problem. The death of my parents pushed me to become
a bar waitress. Considering that I got HIV as a result of STD, which was communicated, from my first boyfriend, since then I have lived in destitution for six years.

On the other hand my boyfriend did not face a problem that destroyed his normal life because of our relationship. But my life was destroyed after being raped:

I belittled my self for losing my virginity. My boyfriend had promised to marry me and I trusted him. However, he did not keep his promise.

When I first got STD I thought I was infected with HIV, but this turned out not to be the case. After treatment for STD, I used to have sex with different people and ended up with HIV/AIDS.

In order to overcome these problems:

- Provide various opportunities of education for women in order to develop self-confidence.
- Provide counseling services for girls who are at the age 12 or above. Family should provide special attention regarding fashion, decoration and make up in order for girls not to be cheated by men for sex.
- Furthermore, the family should ensure that they are close to their daughters, rather than belittling and exploiting them.

**Respondent 7**

The virus was identified in me through a blood test. I had sex with my boyfriend without taking any safety measures. The disease was transmitted to me. My boyfriend knew that he was HIV positive. However, he did not tell me or insist on using a condom so as to protect me from this disease. I considered his deed as revenge against me. The awareness I had about the virus then was little, but now I have a good understanding.

When my boyfriend knew that I had got the virus, he turned his face away from me and deserted me. I am now alone. My family knows about this problem, they have provided me with the necessary support. They have kept the disease a secret.

The problem has created a tremendous impact on my life. I did not have an optimistic view in my future life. I lost hope and as a result I stopped my education. I took part in the Dawn of Hope Association activities
particularly in educating the society. However, the society has not changed, and we are still not accepted by society as a whole, and this has had a negative impact on my morale. I decided to quit the association.

When I was first told that I got the virus, I was in despair and totally lost hope. However, after four years I decided to continue with my schooling.

The society and health professionals isolated us. When we exposed ourselves they pointed their fingers at us. For this reason our motivation regarding teaching the society about the disease has greatly diminished.

The disease has greatly spread in women because they are poor and do not have a regular or permanent income. Women, even knowing that they are HIV positive, still indulge themselves in commercial sex in order to support themselves — saying that “war is better than famine”. The transmission of the virus is rapid. The disease has a more negative and disastrous impact on women than on men. Most of the women are dependent on men. Women must be empowered and have economic freedom in order to overcome male dependence.

Although I have got the virus I feel happy with the support given by my family. Those who had been commercial sex workers, and who live with the virus are supported by The Dawn of Hope Association in order to minimize the transmission of the disease. However, when the financial support was stopped they immediately started their previous work as sex workers. How do the government and health professionals see this serious problem? The Government has insisted that we teach the people about HIV but at the same time we are stigmatized. I myself do not have any job. However, once I applied for employment in a pastry shop, and they requested me to bring a blood test result. As I am HIV positive, I was rejected.

One thing that upsets me is that when Ethiopians go abroad, they are requested to produce HIV results. Contrary to this how come foreigners who are HIV positive can come to Ethiopia without any difficulty? Why should such opportunities not be given to us?

We spent a lot of money thinking that we could get visas to certain foreign countries. But because of the virus we got we weren’t issued the visas. We are able to work, however we are denied that work. It was better not to be told that I got the virus, so that I can lead my life without distress like other ordinary people. I go to school without interest. I do not know what I am learning. I feel disappointed and distressed whenever the HIV issue is
raised. In general since I have got the virus I have not been happy. I have continued my education because of my parent's insistence, and I wanted to satisfy their wishes. I consider going to school as a way of spending my time rather than just sitting at home which is very boring.

The advertisements about HIV/AIDS put in different places and transmitted through the radio distress me. Particularly the advertisement that was posted at Legahar: "Due to HIV/AIDS we lost our child, we do not have supporters" really upset me. Whenever I see this advertisement everything becomes dark. Advertisements should not harm us like this one does.

The HIV/AIDS secretariat said that they support those who are seriously sick and are bed ridden. What was designed for those who are commercial sex workers? Unless work opportunity is given to women the disease will not be eradicated.
Chapter 4

Analysis of the Case Studies and Conclusion

It was not possible to get a picture of the overall number of secondary school students who are affected by the disease. Nevertheless, although the number of case studies is small, there are some useful lessons to be learnt. The seven cases were identified through the Dawn of Hope Association, an NGO which has given itself the responsibility of helping HIV/AIDS victims.

Family Situation and Support

Most of these girls appear to come from low income poor families. The girls are unable to have sufficient parental support and advice. Nor are they able to enjoy financial support from their parents. The situation in Ethiopia seems to be the contrary of many countries where HIV/AIDS may be a disease of the more opulent middle classes, who have more time and money to indulge in multiple sex partners. Out of the seven case studies only one, Respondent 7, appears to be from a middle class family, and she has been able to enjoy the continued support of her family. The low status of the family, particularly their low level of education, made it more likely for these girls to be easily infected by the disease. Poverty, particularly unemployment, appears to be one of the major causes for the rapid transmission of the virus.

One of the saddest cases is that of Respondent 5, a house maid who was actually warned by the family doctor of her employers that the wife had died of an HIV/AIDS related disease. The doctor actually took the trouble to speak to her about the disease and its consequences, and warned her to take care of herself. Despite this warning, she was advised by her family and friends to remain at her job. This was because her family had signed a contract with the house owner obliging her to work for him for a certain period, and if she broke this contract her family would have to pay the
Analysis of the Case Studies and Conclusion

house owner some money. The labour contract laws in Ethiopia require to be critically examined and changed. Laws which allow house servants to be penalized and in some cases even imprisoned for deciding to leave their jobs are relics of the feudal past where workers' rights were totally ignored. Her family exposed her to the disease in return for some financial remuneration: this is obviously a transgression against basic human rights, but the family has not suffered any form of sanctions.

The girl was even afraid of being raped by the house owner, but this fear was dismissed by her advisors, who instead thought that being a housekeeper for a widower may actually lead to marriage, a happy prospect for the penniless young girl. In other words, for the poor, marriage into a richer family is considered one of the few ways in which they can escape from poverty.

The family also totally dismissed the idea that HIV/AIDS could be spread by sex, and instead believed that disease is caused by God. The outcome was that the girl was raped and infected with HIV/AIDS. The house owner suffered no punishment either for rape or for knowingly infecting the young girl with HIV/AIDS.

The role of the family and friends in advising the girl to remain in a dangerous position points not only to the poverty of the family, but also to their total ignorance regarding how diseases are spread. They continued to advise the girl to expose herself to what was clearly a dangerous situation socially and physically.

Whilst the eradication of poverty is a long term challenge, the desperation evident in families who expose their young daughters to dangerous social and disease situations needs to be urgently addressed, through social institutions such as churches, mosques, women's clubs, and primary and secondary schools. Parents need to be approached from the earliest stages of primary school so that their children are not knowingly exposed to danger. These danger include travelling long distances alone with truck drivers, living alone in a house with a single man or widower, and having unprotected sex with boyfriends. None of the educational programmes discussed seem to involve the parents.

Rape: Police and Legal Responses

Three of the seven cases involved rape of young girls, demonstrating the vulnerability of these girls. These girls were raped by a long distance truck driver, by an employer and by a boyfriend respectively. Rape therefore appears to be a serious source of the infection for many girls. Moreover
the traditional value that a girl who has lost her virginity, even if it is through rape, can no longer be respected and can no longer expect to make a good marriage, means that once a girl is raped, she is likely to have lower self esteem, and is more likely to indulge in having multiple sex partners, probably as a sex worker. Thus the rape is not only a personal temporary trauma, but a life sentence to low status and loss of opportunity for upward social mobility.

The issue of rape has not been seriously tackled within the society. Apparently girls and their family will hide the rape in order to protect the girl. The men who have perpetrated this crime are not reported to the police, and few are brought to trial despite the fact that this must be a very common occurrence. The scarcity of women police in the society must also make it difficult for a young girl to report such a crime by herself, and given that loss of virginity means loss of respect for the girl and her family, the crime will go unreported.

One response would be to have women police officers made available in easy-to-reach localities specifically to enable girls to report this crime, with legal assistance from women lawyers being made available. This is now institutionalized in a number of countries, such as Italy. Girls who make these reports should be protected from revenge attacks. They should be provided with protection and counseling, and immediately treated for sexually transmitted diseases and with anti-retroviral drugs to prevent further infection. Unless this problem is addressed it is likely that the crime of rape will continue to infect the society, bringing with it the dual evils of an increase of prostitution as these girls are ostracized by society and of HIV/AIDS infection.

Sexual Values and Self-Esteem

One of the most evident problems in the seven case studies is that of the relationship between men and women, particularly between older men and younger women. In all cases the young girls put their trust in older men, leading them into unsafe situations. A girl travelling hundreds of kilometres on her own and dependent on lifts from truck drivers is very vulnerable. Similarly a girl working as a house servant, particularly in a home where she is alone with the male owner of the house, can become vulnerable. One reason Respondent 5 exposed herself to danger was that she was persuaded that she was in a good position to be married by the house owner. Other girls were promised marriage by their boyfriends. This did not
happen, and in fact once it became known that the girl was infected with HIV/AIDS, she became a pariah. Even if she was not infected, the fact that she was no longer a virgin meant that her chances of making a good marriage had severely diminished.

This situation is related to the position of girls and women in Ethiopian society, where girls are not expected to make decisions about their own lives. The girls in the case studies placed their trust in their family values and in senior respected men such as an employer or a boy friend, and this trust was betrayed. Much more work needs to be done regarding the type of values which lead to girls being placed or placing themselves in vulnerable and compromising positions, and the ways in which such challenges could be tackled. For example there is no systematized support system to protect house maids from being molested by their employers. Girls do not insist on the use of condoms when they agree to have sex with their boy friends, thus placing themselves in danger of having unwanted pregnancies and sexually transmitted diseases including HIV/AIDS. Probably it is not acceptable for girls to insist on the use of a condom, but on the other hand it is clearly irresponsible for men to have unprotected sex if they are not prepared to accept the pregnancy or to prevent infection with sexually transmitted diseases. Research work needs to be done on what sexual values lead to the high infection rate and how this can be tackled.

Ethiopia is a highly religious society, with Orthodox Christianity and Islam being the dominant religions. Both religions stress abstinence from sex before marriage. Both religions stress the importance of virginity of the woman at marriage. However the reality of the situation is that a very large percentage of the society are unable to adhere to these important values. One reason is that men are usually unable to marry until they reach their mid-thirties because of the high cost of marriage. Marriage customs which make it impossible for the majority of men to marry until they are middle aged should be reviewed: either the demands made on men before they are able to marry should be lightened, or else the use of condoms should be accepted as essential protection for all sexual encounters outside of marriage. These men do not remain virgins for one or two decades before they marry. Their sexual partners may be sex workers or girl friends. Continuous and concerted campaigns and small group work are needed to ensure that men with multiple sex partners remain responsible for their own health as well as that of their partners. They should also be responsible for their children born out of wedlock. The churches and mosques have clubs where such issues can be dealt with seriously.
The issue of girls who have lost their virginity needs to be dealt with. The NGO, Dawn of Hope, which has been supporting these girls, is an example of the support that can be given to such girls, who would otherwise be totally isolated. In this case the support is given to girls who have been infected with HIV/AIDS. Apparently when such support was withdrawn, most of the women returned to being sex workers.

It is notable that all the girls interviewed had developed low self-esteem. This was very much due to their loss of their virginity, although in 3 out of the 7 cases this was as a result of rape, and not due to a decision made by the girl herself. In some cases, after losing their virginity due to rape, the girls began to indulge in dangerous sexual activities with multiple partners, and may have acquired the HIV/AIDS infection after the rape rather than through the rape. This is linked to the important issue of sexual values within Ethiopian society. Whilst virginity and purity in girls are highly valued, they are not considered important for boys. Under the Literature Review in Chapter 2, two sources (Frewoin, 2000 and the Behavioural Surveillance Survey 2001 – 2002) identify that two thirds of youths aged 13 – 24 were sexually active, and that 35% of the sexually active had had more than one partner over the past 12 months. These surveys indicate that a major social change has taken place regarding sexual values within Ethiopian society, with the traditional values related to virginity and purity being either ignored or rejected by the majority of young people. Yet these young people do not have the advantages of open discussion of their traditional values in comparison with their new values. Nor do they have the advantages of freely available condoms or access to good health facilities once they contract sexually transmittable diseases (STDs). In fact in a number of the case studies, the girls contracted STDs, and were unable to deal effectively with these diseases. One girl describes having the symptoms of STD for over six years before she was able to find a cure. Their infections made them more vulnerable to HIV/AIDS infection.

Nearly all the girls had heard about HIV/AIDS, but their knowledge appears to be very superficial, and unrelated to the real challenges they faced. Thus even when they knew that HIV/AIDS can be transmitted through sex, this did not prevent them from being exposed to the virus. This may be because the knowledge was transmitted in a factual and academic manner, and the girls could not relate this to the actual situations they faced in life. The knowledge may also have been isolated from the family, so that the family did not share the experience. This is painfully clear in the case of Respondent Number 5, whose family urged her to expose herself to the
dangerous HIV/AIDS danger in the belief that she might benefit from it. It is therefore important that the girls’ knowledge should be re-inforced and integrated into the family’s knowledge.

The study did not look at the knowledge and values of the men who infected these school girls. What were the values of the men who raped the girls, and how can these values be addressed? Presumably it is socially acceptable to rape girls who travel alone or who work as maids. It may be socially acceptable for boyfriends to have sex with girl friends, as long as they don’t use condoms. A study of the values underlying the behaviours may be enlightening.

The issue of behaviour change is a difficult one. Social advertising may be one approach. Another may be the utilization of important social institutions such as the church and the mosque. Social institutions have not been sufficiently harnessed to address the moral and social problems which lead to HIV/AIDS infection. The school can also play an important role in changing behaviour, not only through classroom teaching and HIV/AIDS clubs, but through many other school activities such as religious clubs, drama clubs, and social welfare clubs. Schools are some of the best organized social institutions in Ethiopia with the potential to reach almost every child and every family.

Health Care

Until they were assisted by the Dawn of Hope Association, most of the girls were not able to access good health care, remaining with STDs for long periods without cure. One respondent says she remained with STD for six years. One problem was the cost of health services. The other was the unavailability and social unacceptability of the use of condoms. Before they were assisted by the Dawn of Hope Association, these sexually active girls were not using condoms. There is clearly a need to ensure that youths are able to access good health services, in particular prevention and cure of STDs. If common STDs were quickly and effectively dealt with, this may have a major impact on the prevalence of HIV/AIDS. As the statistics indicate that two thirds of youths are sexually active, this is clearly an area of intervention that could have a huge impact on the spread of HIV/AIDS. A multi-faceted approach can be adopted. One is providing Government and donor support to NGOs such as Dawn of Hope. Another could be having children and youth clinics attached to ordinary clinics where the service is free or the cost is minimal, such as 1 birr, and where condoms can be made freely available to sexually active youths. Primary and secondary schools can also establish clinics so that the children can be cured of STDs and can get condoms.
One of the most important interventions is the education of youths on how to deal with their sexuality, and in particular to develop more appropriate sexual values. Health facilities should introduce proactive health education linked to the development of values so that young people can take a more responsible role regarding their own health.

**Education, Communication and Information**

Although already much has been done in the areas of education, communication and information in Ethiopia, nevertheless much more needs to be done. More creative and popular ways of discussing these issues, in particular linked to values creation, need to be established. Use of television, videos, radio, popular music, and computers for HIV/AIDS education can bring the issues closer to reality. Peer and popular models, and the involvement of parents and community organizations such as kebeles or local authorities and the powerful church and mosque institutions in Ethiopia, can provide strategic support to the campaign. In particular there is need to move from information dispersion to behaviour change. Young people need to be profoundly involved in what is affecting them, including in decision making to prevent and control the disease.

Schools can play a critically important role, integrating HIV/AIDS education into all subjects at all levels of primary, secondary and tertiary education. The approach needs to move from dissemination of information by the teacher to active involvement by learners in problem solving and role play approaches so that real challenges that they see and face in life are dealt with. The issue of values development, in this case related to sexual behaviours, is of critical importance.

Parents need to support the teaching that is taking place in the school, particularly in terms of HIV/AIDs linked to the sexual mores and practices within the society. Although this area is taboo, it can be dealt indirectly through drama, role play and case studies, so that real solutions can be found for real problems.

The education of boys and men is important, as they presently have higher social status and more decision making power than girls and women. Their behaviour and the values which underlie these forms of behaviour need to be examined and critiqued.

A number of the respondents referred to the unfriendly attitude of teachers in their schools when they came to know that the girls was HIV positive. There has been little training of teachers themselves on how to deal with HIV positive pupils. This is an area for research, development and training.
Teachers could play an important part in helping such pupils as well as in the prevention and control of the disease.

Education will need to focus on the values of the society, and of the relationship between the sexes within the society.

**Employment Opportunities**

The majority of girls found out about the HIV status when they tried to obtain visas to work in Arab countries. Many Arab countries are recruiting workers, in particular house maids, from Ethiopia, and an HIV free certificate is a pre-requisite. It appears that lack of employment may be a major reason for women indulging in both non-commercial and commercial sex. Girls and women suffer from lower social status in Ethiopia. They are also unlikely to enjoy an independent income. It is clear that a major effort needs to be made to enable women to find employment outside of the sex industry. Possible approaches include:

- Increase the educational opportunities of girls and women so that they are able to access better paying jobs.
- Ensure that there is a quota in government as well as private sector for women to be employed.
- Provide legal rights and protection for women working in vulnerable jobs such as bar maids and house servants.
- Establish NGOs and unions to protect women in vulnerable work so that their basic human rights are not contravened, in particular that they are not sexually molested.
- Establish industries where large numbers of women can be employed. A good example of this is Bangladesh which has established thousands of factories making shoes and clothes for the US market. This has led to large numbers of women becoming factory workers, and has made literacy an important skills for such women.
- Increasing access to job training for women. There are a number of areas where women can become self-employed, such as catering, weaving, carpet making, tailoring, etc. Government, NGOs and the private sector can work together to promote such industries, for example through state grants for employment creation by NGOs and the private sector.
- Providing micro-credit to women’s enterprises along the lines of the Grameen Bank in Bangladesh. This is an area for state, donor and private sector collaboration, in particular the collaboration of existing banks which could open a window for women run enterprises.
Conclusion

In general, young women are often more prone to HIV than adult women because of the immaturity of their reproductive organs. HIV/AIDS transmission is more efficient from boys to girls, indicating that girls may be more biologically susceptible to HIV than boys. Besides, girls are more likely to have their education disrupted than boys and girls are more likely than boys to be expected to take over responsibility for orphan brothers and sisters.

Therefore, in order to halt the epidemic, we need to develop in girls the ability to interpret and challenge the conflicting messages especially from their peers, male teachers, the community, male friends, advertisement that confuses them from leading healthy and pleasant life. We need to empower girls, increase their confidence in order to develop self esteem and assertiveness and encourage their effort for achievement by strengthening school girls’ clubs, providing information and materials on quality preventive education and care.

Finally, more research is required on young girls, who are hard to reach so as to minimize the infection living with HIV. Furthermore, the inclusion of quality education on HIV/AIDS in the curriculum has to be considered as a priority starting from the primary level.
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