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Adolescent Risk-perception Cognition and Self-assessment in Relation to the HIV/AIDS Pandemic: The Case of Some Selected Schools in Zomba, Malawi

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INFECTIOUS WOMEN: GENDERED BODIES AND HIV/AIDS IN MALAWI

ABSTRACT – Women are at the epicentre of the HIV/AIDS epidemic in Malawi. By 2004, 57 per cent of infected adults were women. Although the gender dimensions of HIV/AIDS are recognised, the issues of how women lack power are not fully understood, and the response fails to effectively engage with the gender context. Drawing upon original data from 44 key-informant interviews, this paper examines how the gendered construction of women's bodies places them at particular risk. The body is the site of risk of infection and where power operates. Where women's embodied experiences of power are usually hidden from 'mainstream' political analyses, this focus challenges the domain of the political and the international. Rather than imposing responses from the top-down, based on 'best practice', policy must be responsive to specific gender contexts. We argue that HIV/AIDS is perpetuated along the gender fault lines of society, it sheds light on how women's embodied experiences of power are oppressive and provides the space to challenge them.

Keywords: Gender, embodiment power, HIV, AIDS, risk, Malawi, women

BACKGROUND

After almost three decades of HIV/AIDS, the epidemic in Malawi is stabilising. However, as it does, women are infected in increasing numbers: by 2004, 57 percent of infected adults were women (NSO and ORC Macro, 2005). In March 2005, the Government formulated the 'Women, Girls and HIV/AIDS Program and National Plan of Action – 2005-2010', recognising that addressing the gender dimensions of HIV/AIDS is essential to an effective response. And yet, 20 years into the epidemic, the issues of how women lack power are not fully understood and the response fails to effectively engage with the gender context.

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Malawi is situated in Sub-Saharan Africa, bordering Tanzania, Mozambique and Zambia. Of the total population of 13.1 million people, 51 per cent (6.7 million) are women (NSO, 2008). Malawi is a country devastated by poverty and HIV/AIDS, and women bear the brunt of both.

Between 2000 and 2008, Malawi ranked amongst the world's seven poorest countries, with gross national income (GNI) per capita fluctuating between 150 and 280 US dollars (World Bank, 2010). 40 per cent of the population are living below the poverty line, equating to approximately 5 million people surviving on less than one US dollar per day (GoM, 2008). Where it is a predominantly agrarian society with 75 per cent of the population living in rural areas, land ownership is important for determining levels of poverty (GoM, 2006: 47; Peters, 2002: 155). Poverty in Malawi has a female face. Both customary inheritance and modern means of land access discriminate against women (White *et al.*, 2003). The incidence of poverty and ultra-poverty is higher in female-headed households (FHHs): 59 per cent of people living in FHHs are poor, compared with 51 per cent in male-headed households (MHHs). This disparity is partially due to gender-based differences in access to resources and bargaining power. The value of assets in FHHs is half that of MHHs and MHHs are more likely to own productive assets for agricultural activities. (GoM, 2006: xx, 33). Where women comprise 70 per cent of full-time farmers,

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Most researchers, on adolescent reproductive health and associated vulnerability to contracting HIV/AIDS, have highlighted the paradoxical misfit between adolescent knowledge of HIV/AIDS transmission dynamics and positive change in behaviour. Popular explanation focuses more on socio-cultural factors such as male chauvinism, peer influence and pressure, and, poverty and calls for responsive HIV/AIDS programmes. We argue that HIV/AIDS vulnerability derived from psycho-social theory is that, as a result of egocentrism and the crisis of adolescence, the period is imbued with confounded perception of risk to the pandemic. This alternative is tested using survey data from adolescent students from some selected schools in southern Malawi. Results show that respondents are typified by adolescent egocentrism. This is consistent with the conception of adolescence as a period of crisis. These results are discussed within the larger context of the applicability of psychodynamic theory to the AIDS pandemic.

Young people have been well documented as a special needs group in the field of sexual and reproductive health, not least for their combination of risky sexual behaviours and frequent lack of information and access to services (Cullen, 2000; McMauley & Salter, 1995). According to Khalokho (2000), their reasons for being unable or unwilling to adopt safe practices reflect a socio-economic and cultural environment that motivates them to begin having sex at an early age. Some aspects of this environment are poverty

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that they are linked to the very nature of adolescence. These include rapid and uneven physical, psychological, and social growth and development and the onset of sexual activity that is often combined with a lack of knowledge and skills with which to make health choices (Gyepi, Garbral, 1985; Ferguson, 1988; Young, 1996).

Adolescence is often characterised by patterns of thinking in which immediate needs tend to take priority over long-term implications and by the initiation of behaviours that may be perpetrated over a lifetime (WHO, 2003). This particular poignancy about adolescent attitudes has also been documented by Awuso-Asare (2003). He argues that the pandemic particularly hits the adolescents because risk-taking is for them part of identity creation, particularly in conditions of lengthening adolescence. In South Africa, Varga (1999) claims that many of the young see no reason for caution because they already regard themselves as the corrupted and doomed generation. For adolescents in Malawi, infection with the HIV virus is one of the most concrete and pernicious risks of unprotected sexual intercourse.

It is quite evident that among the risk-related proclivities and chances being taken by the youth, indulging in unprotected sex, alcoholism, abuse of illicit drugs and substances, above all else connote the most dramatic cases in the continuum of risk-taking. Worth exploring and substantiating further are the reasons as to why some substantial proportion of youth do adjust normally with little stress, yet, confounded risk-perception may still not be overlooked in them.

Research has documented and attributed the dilemma of high incidence or prevalence of HIV/AIDS cases among adolescents to several factors and variables. As stipulated by some renowned authorities (Zimba, 1992; Gulure, 2003) from a rather psycho-social perspective, in order to satisfy the need to belong, to be loved, to be accepted and to experience sex, the youth would wish to have sex with more than one partner, not want to use condoms, not perceive to be at risk and would make love under alcohol and drug influence. Similarly, Maluwa-Banda (1999) posits that prominent features of adolescence such as cognitive immaturity, the struggle for psychological autonomy, susceptibility to peer influence and traumas of physical development heighten the tendency to engage in risk-taking behaviours.

Santrock (1990) further argues from a more radical perspective that the combination of risk-taking behaviours, egocentrism, the inability to think futuristically and an ambivalent contradictory culture makes sex difficult for adolescents to handle. Studies have further chosen the term "optimism" to

express the idea that adolescents frame their view of themselves, the world and the future in positive terms (Bauman & Siegel, 1987). Often adolescents go beyond realistic appraisals and fall prey to positive illusions. This unrealistic optimism pertains to perception of personal invulnerability. It represents a defensive distortion that could undermine preventive action. Further, it is documented that risk groups that employ defensive denial as a coping strategy and are less optimistic about their vulnerability tend to engage in more risky sexual practices and focus on irrelevant precautions to enhance their feeling of safety (Bauman & Siegel, 1987). Other authorities also attribute adolescent engagement in risk-taking sexual behaviours to widespread culturally-based beliefs and behaviours (Ngugi, 2004).

The evolutionary ideologies include, as quoted by Ngugi, linking male heterosexual intercourse to overall health and well-being (Orubuloye, 2002); disdain for condoms (MacPhail and Campbell, 2001); the notion that one's time of death is preordained and therefore, unaffected by behaviour change; and the belief that death occurs from multiple causes, invalidating the idea that a person could die from a simple virus (Caldwell, 1999). In addition, culturally condoned sexual behaviours including male preferences for sexual practices that elevate HIV transmission probabilities, exemplified by artificial vaginal tightening and drying (Brown, 1993; Sandala, 1995), may be highlighted. In sub-Saharan Africa, Malawi inclusive, where 90% of HIV transmission results from heterosexual intercourse, these beliefs and behaviours constitute powerful forces for HIV transmission.

Yet, from a psycho-social or broadly psychodynamic perspective, this constellation of aforementioned factors embodying the evolutionary, biological and psycho-social domains may constitute what biologists (Tindbergen, 1963) call intermediate variables, because they lie between higher order "distal" or "ultimate" variables representing the motivation for behaviour and final biological results, in this case, HIV transmission via heterosexual intercourse.

As the study sought to document the possible alternative explanation to the dilemma of higher incidences of HIV/AIDS cases among adolescents relative to risk-perception, cognition and self-assessment, in Malawi, in general and Zomba, in particular, can thus be postulated from the purview of the crisis at adolescence which might be the true ultimate or distal variable responsible for sexual risky behaviours among the adolescents per se.

With that as backdrop, it is, however, unfortunate that relatively little detailed empirical research has been conducted in Malawi that systematically

investigates the relative high propensity of infection rates among adolescents, not to mention the unequivocal susceptibility of the age group to the dilemma per se. What is not apparent in the research literature is a substantive realm of theoretical dimensions to the case in point, neither have any tangible and viable interventions been fully and strategically implemented in youth policy, as to the mitigation of the discrepancy. Most of the interventions tend to be generic in nature.

Replete in the cases are postulates of apparent solutions that have indefinitely failed to serve their purpose. This dearth of knowledge and information about HIV/AIDS etiology among adolescents in Malawi constitutes a major challenge to the control of this scourge. The need to admit that adolescents are having sex but perceive themselves as not at risk and thus, shun seeking risk aversion/reduction behaviours is particularly significant in the war against the pandemic. Adolescents are at the epicenter and bear a disproportionate burden of the pandemic.

Risk-Perception vis-à-vis Vulnerability to HIV/AIDS

Realising some degree of personal vulnerability is a prerequisite for becoming motivated to counteract threats and avoid risks. Perceived vulnerability to a disease such as HIV/AIDS is a major causal factor for compliance with a health regimen (Becker, 1974). In this context, vulnerability can be defined as the subjective probability of becoming the victim of a disease (Schwarzer, 1993). This equals one's perceived risk of such an event. What one perceives, however, is often not reality but rather distorted views, because one either does not acquire the proper knowledge of the actual risks or feels motivated to play the risks down.

Adolescents are particularly predisposed due to their developmental period characterised by the identity crisis, to harbour some confounded risk-perception. Whether they adapt positively or negatively, the effect is that they tend to play down risks exemplified by the threat to contracting HIV/AIDS This inclination has been subject of empirical research controversy. Elkind (1984) highlights that adolescents are particularly more likely to harbour illusions about themselves and he documents the "personal fable"—the conviction that "I am special; what is true for everyone else is not true for me" (Elkind, 1984, p. 246).

Up to a point, Elkind contends that the personal fable may actually foster psychological well-being and help adolescents to maintain a cheerful, optimistic outlook on life. However, it becomes detrimental when, as is typical in most circumstances, it results in adolescents taking foolish chances, being more drastic and indulging in unprotected premarital sexual debuts. Elkind also ascribes risk behaviours to adolescence egocentrism. This is a state of heightened self-awareness, which is manifested in the belief that other people are interested in the adolescent. The adolescent thus creates what might be attributed as an imaginary audience, thus, acting as if he/she is on stage.

Weinstein (1980) has denoted the bias akin to the "personal fable", a "social comparison" bias, also coined "optimistic" bias. The prototype statement by an adolescent in such a dilemma would be, "A negative event like contracting HIV/AIDS may happen to others but won't happen to me."

In the same vein, as the study sought to document, most adolescents are not willing to acknowledge that their risk of contracting a certain disease like HIV/AIDS is equivalent to the risk carried by their peers. Weinstein (1980, 1982, 1984) and Perloff and Fertzer (1986) have established evidence for such a social comparison bias that reflects the difference between the perceived risk of oneself and the perceived risk of others within the same referent group.

The Research Setting

The study was conducted in Zomba, a municipality town in southern Malawi. Most of the student respondents who participated in the study come from the same Zomba district with the majority of the populace being *Yao* in ethnicity. Like any other ethnic grouping, the *Yao* have their own cultural practices among which are the *jando* and *msondo* initiation ceremonies. These ceremonies are basically rites of passage geared at preparing adolescent boys and girls for adult roles and responsibilities as well as a smooth transition into adulthood. As was expected, most of the respondents had undergone the ceremonial rites which are unfortunately alleged to indoctrinate some practices apt to perpetrate the spread of HIV/AIDS. Another characteristic of the respondent population is that of diverse religiosity with the district commanding a Christian as well as Islamic populace with the latter not only dominating but also capturing the wider majority of the *Yao*.

Sample and Material

The study applied both the quantitative and qualitative paradigms in a triangulative approach in order to come up with tangible data that would explore as many dimensions as there were in the topic of concern, yet, without pre-empting and militating against future research possibilities in the area of adolescent sexuality in Malawi. The respondents who participated in the study were respectively drawn from three secondary schools which were considered accessible. The research sites, chosen basically on grounds of proximity to the researcher as well as to cater for the gender disparity and selected purposively, were:

1. Mulunguzi co-educational secondary school.
2. Zomba Catholic's boy secondary school.
3. St Mary's girl secondary school.

Of the three secondary schools, all were conventional secondary schools with Zomba Catholic being a national secondary school for boys within the town periphery, enrolling a cross section of students from several districts. Mulunguzi secondary school was more urban oriented, with most students being enrolled from primary schools within Zomba and a few from the surrounding rural primary schools. St Mary's girl was a secondary school within the urban milieu, enrolling students from several districts, like Zomba Catholic. The gender aspect was considered as a criterion for sampling, with two of the schools being single sex schools (Zomba Catholic enrolling boys and St Mary's enrolling girls) and Mulunguzi being a co-educational school.

The respondent sample consisted of 180 students. Applying systematic random sampling 60 students from third and fourth forms were selected from each school.

Thirty students were girls and the other 30 were boys at Mulunguzi secondary school. This was done so as to have an overall equal number of boys and girls in the study. Systematic random sampling not only reduced bias and other extraneous variables that were apt to affect the research process but also made the findings representative of the entire targeted population of adolescents in Zomba.

In terms of instrumentation diverse areas concerning HIV/AIDS were assessed in the students' questionnaire. Some of the items were solicited from

a standardised Knowledge, Attitude, and Behavior (KAB) model referred to in Maluwa-Banda (1999), with others being modified Likert items adopted from the Protection Motivation model as utilised by Abraham et al. (1994) in a study conducted in the United States.

The questionnaire was divided into four sections with Part A seeking to solicit data on students' socio-demographic characteristics. Questions concerning age, gender, religion, number of siblings in the family, parental existence and form of family were advanced. Questions in Part B sought to gather data on the knowledge domain of the KAB model. The items sought to solicit information about modes of HIV transmission, prevention as well as care, and ranged from item 8 through to item 15.

Part C items were designed to gather data on the students' attitudes towards HIV/AIDS with most of these items having been adopted from the Protection Motivation model as applied by Abrahams et al. (1994). The response items sought to appraise self-efficacy, response efficacy as well as adaptive and maladaptive cognition relative to the HIV/AIDS pandemic. In all, 9 items were advanced in this section with response items ranging from item 16 through to item 24.

The last part, with questions ranging from item 38, sought to gather data on students' risky sexual behaviours. More of the skein issues unravelled in this section ranged from aspects of sexual experience across the continuum to condom use, modes of HIV/AIDS transmission as well as behaviour change initiatives. Risk-perception, cognition and vulnerability were considered the crux of this section. The uniqueness of this section can be deduced, in part, from its consideration of structured items but above all else, unstructured, open-ended objective items geared at soliciting information on more sensitive issues of adolescent risky sexual behaviors.

Results and Discussion

Analysis of the adolescent respondents' threat appraisal, a variable that was measured through personal and group susceptibility, indicated that 56% of the entire respondent sample did not perceive themselves as being extremely at risk of contracting HIV/AIDS, with only 10.8% accepting extreme vulnerability (80–100% chance). This was the case despite the fact that the majority confirmed indulgence in unprotected sexual debuts. Further inquiry on adolescents' chance of infection within the next five years

startlingly revealed that 43.9% of all the respondents indicated they were not at risk, while at the other extreme only 23% affirmed their risk was extremely high.

Correlation analysis, seeking to depict the magnitude of relationship between respondents' risk-perception and subsequent vulnerability, revealed the existence of a positive relationship ($R = 0.564$, $p < 0.05$). These findings, though modest, augur well with those by Maluwa-Banda (1999) in which, despite their fear and concern about their likelihood of contracting HIV/AIDS, 76.6% of the student respondents indicated they did not see themselves as very much at risk of contracting AIDS; as well as those by UNAIDS (2004) that 90% of adolescent boys feel invulnerable to HIV/AIDS. There is, thus, consistency with the core objective of the current study that prominent features of adolescence, typified by the identity crisis (cognitive immaturity, the struggle for psychological autonomy, susceptibility to peer influence, traumas of physical development), do heighten the tendency to indulge in risk-taking behaviours. Santrock (1985) also posits the inability to think futuristically and an ambivalent contradictory culture as making sex especially difficult for the adolescent to handle.

The findings are also consistent with Bauman et al. (1987) and Hendrix (1999) relative to the concept of "optimism", expressing the idea that adolescents frame their view of themselves, the world and future in positive terms. Accordingly, they go beyond realistic appraisal and fall prey to positive illusions. This unrealistic optimism pertaining to personal invulnerability represents a defensive distortion that could undermine preventive action. Further elucidated is the fact that such risk groups, employing defensive denial as a coping strategy and compounded by optimism about their vulnerability, tend to engage in more risky sexual practices and focus on irrelevant precautions to enhance their feeling of safety (Bauman & Siegel, 1987). This may also represent the defence mechanism of rationalisation relative to cognitive dissonance theory.

Notwithstanding, it is interesting enough that the findings further coincide with the adolescence ideal of egocentrism and subsequent "personal fable" in relation to group susceptibility. Quizzed on how they estimate the chance that an adolescent of their age, chosen at random becomes infected with the AIDS virus in the next five years, only 14.6% indicated that the adolescent would have no risk of contracting HIV/AIDS. On the contrary, an overwhelming 63.3% indicated that the adolescent was extremely at risk. Comparison across gender lines revealed that 53.6% of the male respondents

vis-à-vis 72.7% of their female counterparts accorded a high-risk option to their fellow adolescent.

This augurs with the belief that students seem to perceive that what happens to others cannot happen to them and is akin to the defence mechanism of projection. This mentality, if coupled with denial of risk, has negative ramifications for any programmes targeted at combating the epidemic among adolescents. Weinstein (1980, 1982, 1984) also substantiates, relative to the discrepancy per se that most adolescents are not willing to acknowledge that their risk of contracting a certain disease like AIDS is equivalent to the risk carried by their peers. Perloff and Fetzer (1986) have also established evidence for such a social comparison bias that reflects the difference between the perceived risk of oneself and that of others within the same referent group.

Further appraisal of the controversy may be delved into by referencing Gulure (2003). In his study, conducted in the same site as the current one, findings revealed denial of risk of infection as a factor rendering adolescents vulnerable to HIV/AIDS. In the study, a large proportion (more than 60%) was considered invulnerable to HIV-infection because they perceived themselves at risk of contracting AIDS. On the contrary, those who considered AIDS as no threat were considered as really vulnerable because they are unlikely to take precautions against HIV-infection. It is further alluded that low perception of risk is one reason why secondary school students may fail to practice safer sex such as condom use.

Last, it would be pertinent to consider risk behaviours exacerbating adolescents' susceptibility to contracting HIV/AIDS. Qualitatively, the current study unravelled several factors from multifaceted domains. These encompassed factors affiliated to culture, that is, practices prevalent in the southern region such as *fisi*, *kusasa fumbi*, *kulowa kufa* and *chokolo*. Those factors within the social domain included: peer pressure, multiple sexual partners, prostitution as well as drug and alcohol abuse with poverty being an antecedent of several such factorial domains. Biological factors included: blood transfusion, having unprotected sexual intercourse, using expired condoms, not wearing gloves when treating a patient with AIDS and sharing of sharp objects such as intravenous drug injections, razor blades and needles. Without doubt, this appraisal reflected the depth of knowledge that adolescents have pertaining to the modes of transmitting HIV/AIDS and in extension, ways of prevention.

The findings are concomitant with those unravelled by Maluwa-Banda (1999). Quizzed on why they indulge in casual sex regardless of the spread of

the HIV/AIDS pandemic, adolescent respondents in Banda's study confided such factors as, peer pressure, poverty (especially among girls), just for fun, to experiment, arousal by pornographic material, alcohol and substance abuse, lack of advice from parents and relationships with sugar daddies.

The findings aptly revealed that stoicism towards death and the culture of silence were qualitatively prominent reasons for the mismatch between risk-reduction and the unprecedented knowledge of the dynamics of HIV/AIDS transmission as well as prevention. This augurs well with findings documented by research (Abrahams, 1994; Caldwell, 1994; Gulure, 2003; Ngugi, 2003).

The silence posited owes something to fear of being shunned and isolated, and something to those religious figures who preach that the epidemic is a punishment for sexual sin. Caldwell (1994) argues that stigmatisation does not warrant an absolute appraisal of the misfit per se. He substantiates that the silence in relation to the HIV/AIDS pandemic among Africans, in general, owes a great deal to suspicions that AIDS is more than an ordinary disease, that it has supernatural elements or that it is caused or manipulated by witchcraft. Consequently, individuals seem not to demand more from government because of a sense of guilt, a feeling that they brought the calamity upon themselves, compounded in many by a feeling that death is inevitable, perhaps predestined.

Suffice to say, concerning adolescent risk-perception in relation to subsequent vulnerability to contracting HIV/AIDS there is some wealth of evidence that unless individuals feel susceptible to the threat, they are unlikely to form the intention to act on the recommendations portrayed in AIDS messages and least of all, adopt risk-reduction practices such as condom use.

Conclusion

The whole piece of work warranted being construed and rendered futile if it were not for skein paradoxes unravelled and proven non-wanting and suspect. It has been established by the results and discussion that risk-perception, cognition and assessment display an interplay and relatedness with adolescent risk-behaviour and in extension, sexuality. It can, therefore, be concluded and alluded to from a proactive angle that the crisis typical

of the stage of adolescence as hypothesised by Erickson (1968) in his life-span developmental theory, though varying in severity among individual adolescents and irrespective of ontological and epistemological disparities and dichotomies, is unequivocal and has a stake in determining the susceptibility, vulnerability to and subsequent culmination in adolescent contraction of the HIV/AIDS virus.

The study reflected that adolescents are typified by personal fables, egocentrism and tendencies to play down risks; all of which exacerbate their susceptibility to HIV contraction. All these are peculiarities of the identity crisis. For adolescents in Malawi, vulnerability due to the turmoil at adolescence is further compounded by cultural and sociological domains and as recommendation for further research, the role played by socio-cultural factors in expediting the susceptibility of the age group to the HIV/AIDS pandemic need not be overlooked. This can better be grappled with in the purview of Evolutionary Psychology.

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