

ZJER

ZIMBABWE JOURNAL OF EDUCATIONAL RESEARCH

Volume 25 Number 1
March 2013



UNIVERSITY OF ZIMBABWE

The Zimbabwe Journal of Educational Research is published three times a year by the University of Zimbabwe (UZ), Human Resources Research Centre (HRRC).

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Printed By Tallantyre Enterprises

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The Prophylactics Debate: Is *Unhu/Ubuntu* an Alternative for Zimbabwe?

Godfrey Museka, Morrin Phiri, Darmarris Kaguda, & Barbra C. Manyarara, University of Zimbabwe

Abstract

In view of the high prevalence of HIV and AIDS infection among Zimbabwean school children, liberals have been calling for the distribution of prophylactics, commonly known as condoms/sheath, to pupils. This, however, has sparked a great deal of controversy as the conservatives, guided by the religio-cultural and moral philosophy of unhu/ubuntu, strongly feel that while it is necessary to curb the spread of HIV and AIDS among pupils, distributing prophylactics to pupils is an anathema. Using data collected through focus group discussions, interviews and document analysis, this article explores the merits and demerits of issuing these prophylactics to school children in the religio-cultural context of Zimbabwe. In doing this, empirical evidence from countries such as Zambia, Uganda, United States of America and Britain, have been cited in an attempt to demonstrate the appropriateness or inappropriateness of distributing prophylactics to pupils. The study revealed that instead of prophylactics, a curriculum that promotes unhu/ubuntu moral philosophy has the potential to offer a more appropriate response to the problem of HIV and AIDS among pupils. The philosophy requires us not only to reconsider, but also to radically transform the socialisation of the boy child and men.

Introduction

In 2012 the National AIDS Council (NAC) announced that it would propose various legislative amendments to enable teachers to distribute prophylactics in schools to help curb the spread of HIV and AIDS (*The Chronicle*, 6 August 2012). This proposal has sparked a heated debate amongst various stakeholders who can be broadly categorised as liberals and conservatives. In this study, liberals refer to individuals or institutions who are advocating the distribution of prophylactics in schools. They include, among others, the United Nations Population Fund (UNFPA), Chief Gambiza of Chiwundura

and The Ministry of Health and Child Welfare (Chateta, 2011; Marizani, 2012; *Newsday*, 22 September 2012). For these liberals, distributing prophylactics is the logical thing to do given the fact that children nowadays know a lot about sex and some of them are even engaging in sexual activities. On the other hand, conservatives are those against the provision of prophylactics to pupils, these include inter alia, the Zimbabwe Teachers' Association (ZIMTA), the Child Parliament and the Ministry of Education, Sport, Arts and Culture (MoESAC). Guided by the religio-cultural and moral philosophy of *unhu/ubuntu*, they argue that, schools should teach values, self-discipline and self-control. Prophylactics distribution, therefore, to this section of the society, is seen as going against the grain, it is actually unthinkable. This paper therefore, seeks to explore this controversial issue in the religio-cultural context of Zimbabwe.

Contextualising the study

The contemporary world is characterised by the co-existence of two paradoxical human realities, that is, sex and Human Immune Deficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS), referred to as HIV and AIDS in the rest of the paper. According to Gudorf (1999), sexual licentiousness has become the order of the day ever since the 1960s sexual revolution. Sexual liberation has continued to grow despite the high prevalence of HIV and AIDS. The African traditions, values and codes of conduct which served to channel sexual orientation and sexual practice, ingrained in the philosophy of *unhu/ubuntu*, appear to be melting and evaporating on the twin altars of sexual libertinism and freedom of expression.

Although difficult to define, *unhu/ubuntu* is used in this discussion to refer to a collective personhood and responsibility in which humanity can only be realised through sound relationships with others. In ChiShona, this philosophy is aptly captured by the phrase *munhu munhu nevanhu* or in isiNdebele, *umuntu ngumuntu ngabantu*, meaning a human being is human because of others. Similarly, the Nziramasanga Commission (1999:62) defines *unhu/ubuntu* as “a concept that denotes a good human being, a well behaved and morally upright person, characterised by qualities such as responsibility, honesty, justice, trustworthiness, hard work, integrity, a cooperative spirit, solidarity, hospitality, devotion to family and the welfare of the community”.

The enthrallment with sexual matters which is totally alien to *unhu/ubuntu* is so strong that the majority are left confused and disorientated. Thus, the 2009 World Council of Churches (WCC) series on Faith and HIV and AIDS (Igo, 2009) acknowledges that sex has become ubiquitous across all ages and is now a multi-million dollar industry. Through advertisements, music and pornographic material humanity has become so sexualised that casual short-term sexual relationships have become common place. Commitment and responsibility, as required by the philosophy of *unhu/ubuntu*, have become secondary. This is reflected by the statistical figures from the High Court of Zimbabwe which show that 1,551 divorce cases were handled in 2011, a 21% increase from 1,216 cases in 2010 (Nyoni, 2012). A confession by a young female university student (as cited in Igo, 2009: 127), that when approached, "I simply ask, is it sex you want or a relationship? We need to know the ground rules before we start", speaks volumes about the morality index of Zimbabwean youths.

Sexual liberation has, however, coincided with the outbreak of HIV and AIDS pandemic. The first warning bells in Zimbabwe were sounded in the early 1980s, but were not taken seriously. Zimbabweans were in a socio-sexual frenzy which was catalysed by the attainment of independence in 1980. As such, when the first case of HIV and AIDS was reported in 1985, the government and the generality of the population dismissed the report. The acronym AIDS was jocularly interpreted as the 'American Idea of Discouraging Sex' (Gundani, 2004). From this period and the subsequent years HIV and AIDS became silent killers. Increased evidence and mortality due to HIV and AIDS related illnesses eventually compelled the government and ordinary people to accept the reality of this pandemic. The National HIV and AIDS estimates of 2009 show that HIV prevalence peaked around 1997 at around 26.5% in the adult population and it was at 23.7% in young women.

This licentiousness explains why HIV and AIDS is one of the biggest challenges Zimbabwe face as a nation and also why the country is one of the worst affected by HIV and AIDS in sub-Saharan Africa. According to the United Nations General Assembly Special Session (UNGASS) Report on HIV and AIDS of 2010, HIV prevalence was estimated at 14.3% among adults (15 years and above). The same source estimates that 1,187,822 adults and children are living with

HIV and AIDS. The high prevalence of HIV and AIDS forced the government to adopt, together with 188 other countries, the UNGASS Declaration of Commitment in HIV and AIDS of June 2001. This is a comprehensive programme of national commitment and action to fight the HIV and AIDS pandemic. Because of limited space the finer details of these Western initiatives cannot be given here, suffice to say that they condemned many African sexual practices, such as, polygamy, *virgo intacto*, levirate and sororate marriages.

The call by some non-governmental organisations (NGOs), the National AIDS Council, UNFPA and HIV and AIDS activists to distribute prophylactics in Zimbabwean schools (*The Sunday Mail*, 23-29 October 2011; *The Chronicle*, 6 August 2012) ought to be understood in the context of Euro-centric attempts to protect pupils from HIV and AIDS. Although statistical records of pupils infected with the HIV and AIDS virus are not available, the fact that some pupils are sexually active and at risk of contracting the pandemic while others are living with it cannot be questioned. This is confirmed by the 2010 UNAIDS estimates that HIV prevalence among young women and men (15-24 years), the bulk of whom are pupils of school going age, stands at 3.2% and 6.9% respectively. Although some of these pupils may have contracted the virus from birth, the majority could have been infected through sexual activity.

In support of the view that pupils at both primary and secondary school levels are indulging in sexual activities, the MoESAC Primary and Secondary Education Statistics Report (2007) reveals that 1.3% of the primary school pupils dropped out due to marriage and pregnancy related reasons. The report also highlights that 9% of the secondary school pupils dropped out due to the same reasons. Two years down the line, the United Nations Development Fund (UNDP) through the 2009 Multiple Indicator Monitoring Survey reported that 16% of primary school girls dropped out due to pregnancy and early marriages (<http://www.org.zw/...goals/goal-two-universal-education>). This is an alarming rate of increase, given that most of the primary school pupils are below 13 years of age and culturally not expected to be indulging in sexual activities at all.

Research questions

- Are prophylactics an ideal preventive and or protective strategy?
- Is there no need to revive some rituals or practices that demonstrate a great deal of moral wisdom?
- Can prophylactics address the real issues surrounding HIV infection or they merely mask the root cause?
- Is it possible to eliminate HIV through prophylactics without uprooting the actual causes of the pandemic among school children?

The research questions were asked in the African context where the people's world view and sexuality are governed and determined largely by religio-cultural beliefs, practices and values. This discussion wrestles with these questions and provides some tentative suggestions which are based on the *unhu/ubuntu* philosophy.

In answering the above questions, the study was guided by the United Nations Educational, Scientific and Cultural Organisation (UNESCO) and the Joint United Nations Programme on HIV AND AIDS (UNAIDS) observation (as cited in Somma, 2003), that the cultural approach to HIV and AIDS could provide relevant preventive strategies to this epidemic because religio-cultural beliefs and practices are the cradle from which emanate people's behaviours, attitudes and perceptions about sexuality. This observation heralds a major climb-down and a paradigm shift from Euro-centric strategies to strategies centred on *unhu/ubuntu* in the fight against HIV and AIDS. The cultural approach to HIV and AIDS prevention and care means that:

Any population's cultural reference and resources (ways of life, value systems, traditions and beliefs, and the fundamental rights of persons) will be considered as key references in building a framework for strategies and policies and project planning, but also as resources and basis for building relevant and sustainable actions (Somma, 2003).

Therefore, any lasting solution to this pandemic should be based on African and indeed Zimbabwean culture, values and life philosophy.

Current practices

Guided by the goals of the National Behavioural Change Strategy (NBCS), the Ministry of Education, Sport, Arts and Culture (MoESAC), within which falls the largest percentage of sexually active population, devised mechanisms to consolidate HIV and AIDS prevention. These are in line with the country's objectives and those of the Millennium Development Goals (MDGs) that is, reducing HIV and AIDS prevalence to less than 10% by 2010. Some of the strategies include allowing entry into schools the drama groups with HIV and AIDS awareness plays, sourcing and broadcasting of videos with HIV and AIDS themes as well, as the distribution of pamphlets on HIV and AIDS awareness, prevention and care strategies.

The most important strategy, according to UNGASS, was the enactment of a policy on life skills based HIV and AIDS education in school (Circular 16 of 1993). The policy aimed at ensuring that all schools provide life skills based HIV and AIDS education to pupils. In this regard, a pre-service training on life skills curriculum was introduced for all student teachers from 1994. Consequently, a total of 2,471,605 pupils were exposed to life skills HIV and AIDS education in 2006 and a total of 22,790 school based peer educators were trained during the same period. The ministry's position is that life skills HIV and AIDS education should be taught for about two hours a week.

The introduction of life skills education entails the teaching of sex education and this has been a contentious issue ever since its inception. This can largely be attributed to the fact that the indigenous people view sex education from the *unhu/ubuntu* philosophical perspective and traditions. These prohibit sex discourses and activity outside marriage and other culturally permissible set ups. According to the philosophy of *unhu/ubuntu*, sex is sacrosanct and sex discourse is an anathema, particularly among children. The government-initiated sex education leans heavily on Western liberalism in that it is not motivated by morality but the Western model of sexual libertinism (Nyaundi, 1993). As a result, the 'liberals' vis-a-vis 'conservatives' have engaged in a war of words and traded accusations and counter accusations concerning the distribution of prophylactics in Zimbabwe's schools.

A brief note on methodology

Given that discussions on sexual matters are sensitive in many African contexts, and sex is generally regarded as a tabooed subject; this study relied on data collected from focus group discussions (FGDs) with twenty three students from the Graduate Diploma in Education, Bachelor of Education and Master of Education programmes (specialising in Religious Education) at the University of Zimbabwe, from 26 March to 21 April 2012. The participants were chosen on the grounds that the researchers had easy access to them. More importantly, these participants are teachers who deal with adolescents on a daily basis; hence they are better placed to talk about the sexuality of the youths. Due to the sensitivity of the subject, the discussants were at times split into male and female only discussions with male and female moderators, respectively.

Twelve pupils (six boys and six girls) from different schools were randomly picked and interviewed. The rationale for interviewing pupils was that they are at the centre of this controversy; therefore, it was critical to get their opinions. In order to reduce bias likely to result from the distance factor between researchers (who are lecturers) and the discussants (their students), telephone interviews were conducted with the headmaster of Murombedzi Secondary School and two teachers stationed at Matoranhembe High School in Zvimba district. For convenience, ideas from the FGDs and interviews were categorised into liberal and conservative views and are presented in the following section as such.

Liberal versus conservative views

As stated before, the suggestion by the NAC, HIV and AIDS activists and some non-governmental organisations that prophylactics be distributed in schools as a strategy to protect pupils from the pandemic, reduce the incidence of sexually transmitted infections (STI's) and unwanted pregnancies has been received with mixed feelings by the generality of the Zimbabwean citizens. The debate has split the society into two that is, 'liberals' and 'conservatives'. While liberals support the distribution of prophylactics in schools, conservatives regard such a move as an anathema.

Liberals posit that because adolescents, (such as youths of school going age), like to experiment, they are fascinated by sexual matters.

It is therefore reasonable to make prophylactics available to them so that they can protect themselves against the aforementioned problems. This argument is based on scientific evidence which suggests that when correctly and properly used, prophylactics can reduce the incidence of underage pregnancy and the spread of HIV and AIDS and other STI's (Reising, 2005). For the liberals, providing prophylactics to pupils is the most ideal moral pragmatic strategy to implement. While educators must refrain from openly endorsing sexual activity among these pupils, they can encourage them to make use of protection if they decide to have sex. This argument is premised on the observation that regardless of religio-cultural insistence on abstinence, these pupils, the majority of whom are at the peak of mid-adolescence crisis, are likely to indulge in sex.

In response to the above arguments, the conservatives contend that prophylactics are not totally effective and accidents can happen. Conservatives argue that providing pupils with condoms encourages early onset of sexual activity. Prophylactics presuppose sex and availing them to pupils imply not only the licensing of sexual activity but also the subjection of some of those children, who are not sexually mature, to material above their maturity level. Furthermore, conservatives posit that distributing prophylactics increases the likelihood of large numbers of teens engaging in sexual acts. Given their age, the young women lack power or the skills to negotiate for safe sex. In reality, they are often sweet-talked and cajoled to give in to unprotected sex by men who use their physical, social and financial muscle for bargaining purposes.

Another argument raised by the liberals is the enormous cost of Antiretroviral (ARV) drugs. Thus, instead of a levy that supports the infected, the government must use proceeds from that levy to support preventative strategies to the sexually vulnerable school going age population. Again this is shot down by the conservatives who contend that taxpayers should not be compelled to support programmes they find morally objectionable.

Findings of the study

In the interviews boys as compared to girls were more comfortable, open and actually bragged about their sexual exploits. The six boys, who were interviewed, concur that it is impossible to use protection in

the first sexual encounter with a girl because of the assumption that she is still a virgin. This is related to the boys' myth that a latexed male organ cannot deflower a virgin girl. This increases the risk of infection because if either of them has indulged or is infected from birth, chances are that they may be caught in the infection and re-infection web. These participants further remarked that the first sexual experience among most adolescents is usually a 'mini rape'. This can be attributed to the fact that while girls are socialised to demonstrate their moral uprightness by 'pretending' to resist sex, boys are socialised to think that a 'no' for girls actually means 'yes'. Given this socialisation, boys often 'force' girls into sexual activity. The idea of 'mini rape' also featured prominently in the FGDs. Since the first sexual encounter is more of a 'mini rape', there is often no room for correct use of prophylactics. Enslaved within a patriarchal ideology, the girls cannot discuss their previous sexual encounters, so they pretend as if they are doing it for the first time. As such, they hardly advocate use of protection because culturally it diminishes their sexual worth. Unfortunately, this increases the risk of either contracting or infecting their partner(s).

Four of the boys posited that sex is not 'real' when it is protected. They feel that it is rather better to masturbate than to have protected sex. In the words of one of these boys, most adolescents use the acronym 'CNN' meaning 'Condoms Not Necessary' implying that protection is not needed especially when a 'beautiful' and 'trustworthy' girl agrees to sexual activity with them and in a long time relationship. The six girls also concurred that use of protection presupposes sexual immorality. This is buttressed by a study conducted by Marindo, Pearson and Casterline (2003) on prophylactic usage by the youths which established that such use is associated with prostitution. In addition, Igo (2009: 190) quoted some youths as saying "... to wear a condom is itself a statement that either you do not trust your partner or, are yourself infected or cheating." This belief, the girls contend, is a formidable barrier for a girl or young woman wishing to use protection.

The headmaster of Murombedzi Secondary School and the two teachers at Matoranhembe High School, aired similar sentiments by stating that prophylactics cannot be consistently used by adolescents because they are keen to experiment with unprotected sex despite known risks. They added that if the relationship has a long lifespan,

people in general and adolescents in particular, begin to trust each other to the point of having unprotected sex, even if they have been using protection before. During the FGDs with male students it also came out that most youngsters think of using protection, though often in their possession, after the event because emotions and sexual desire often overshadow precaution.

These observations show that prophylactics are not an ideal strategy in protecting youngsters against HIV and AIDS. In relation to these observations, it is argued here that youngsters are generally not mature or responsible enough to be entrusted with such life-changing processes, as, sex and use of protection. The constitution of this country recognises this immaturity by placing the legal age of majority at 18. Those under 16 years of age are considered too immature to give consent to sex. Thus underage sex translates to statutory rape. Given this background, distributing prophylactics to school children, most of whom are below the legal age of majority, is tantamount to contravening the country's constitutional provisions. Such provision of prophylactics to pupils results in the sexual manipulation of young women (Gudorf, 1999; Moore, Fohwirth and Miller 2010). This observation is convincing, especially where school girls are involved in cross-generational relationships. Three of the six boys interviewed echoed similar sentiments when they said; "...when equipped with [prophylactics] there will be no need for us to abstain." Thus, apart from reducing girls to sexual objects and propelling sexual aberration, the move is likely to intensify the problem of verbal and non-verbal sexual harassment of girls by boys and vice versa, at school. This problem is rampant not only in schools but in the wider Zimbabwean society (*The Sunday Mail*, 12-18 December, 2010: D4).

In an interview, one of the teachers argued that since a fraction of pupils are indulging; distributing prophylactics may send unintended messages and signals to the innocent ones. He likened the provision of prophylactics to the availing of alcohol and dagga outlets within the school premises simply because some pupils are drinking and smoking. Prophylactics are found almost everywhere, so those pupils who are serious about using them can easily access them from various other outlets instead of distributing them at school, he added.

Marindo et al., (2003), the Child Speaker of Parliament (*The Herald*, 3 November 2011), point out that all groups of youths they

interviewed supported abstinence as the primary and first choice strategy for HIV and AIDS prevention. Furthermore, the respondents, in this study justified abstinence from a Christian perspective, citing the immorality of engaging in pre-marital sex. Moreover, some noted that the African culture encourages moral uprightness. Girls cited the importance of being virgins on marriage to ensure their cleanliness and purity, so that they are treated with respect by their husbands.

Given the strength of these arguments, a holistic approach to education is advocated here, that is an educational curriculum that is framed within *unhu/ubuntu* philosophy. Such a curriculum takes cognisance of local socio-cultural strategies for promoting abstinence, sexual responsibility, good health and well-being. Our argument for a curriculum immersed in *unhu/ubuntu* is supported by experiences of prophylactic failure in the United Kingdom (UK), United States of America (USA), Uganda and Zambia. According to Reising (2005), UK, with one of the most efficient prophylactic distribution mechanisms among pupils, has the highest number of STIs and unwanted pregnancies in the world. In addition, Paton (as cited in the United States Conference of Catholic Bishops, 2011) avers that there is "...no evidence" that "...the provision of family planning reduces either under age conception or abortion rates". Paton captures the UK experience aptly:

...providing more family planning clinics far from having the effect of reducing conception rate, has actually led to an increase....It appears if people have access to family planning advice they think they automatically have a lower risk of pregnancy.

Research by Brown, Pennylegion, and Hillard (as cited in Reising, 2005) also reveals that of the 53% USA pupils who reported having sexual intercourse, 47% failed to use protection. Thus, it is no surprise that 25% of new HIV and AIDS infections occur in people between 13 and 20 years. Reising (2005) notes that, the former Zambian president, Levy Mwanawasa, banned prophylactic distribution in schools after realising that the policy seemed to encourage sexual immorality, thereby exacerbating the spread of HIV and AIDS. Similarly, Uganda reversed the policy and an educational official; Aggrey Kibenge questioned the idea of distributing prophylactics to pupils who are under the age of 18 and who are not trusted to take

independent decisions (Reising, 2005). If this is the situation elsewhere then Zimbabweans must dig deeper into cultural resources for a more suitable and pragmatic response to HIV and AIDS infections among pupils instead of masking the problem by providing prophylactics. The Shona people say, '*kugara nhaka huona dzevamwe*', meaning 'our actions or decisions are guided by other people's experiences'.

***Unhu/ubuntu* as an appropriate response to HIV/AIDS among school-going youths**

As a way of recognising the essential socialising role of schools, the Nziramasanga Commission of 1999 calls upon schools to work towards the development of pupils who have attributes of *unhu/ubuntu*. Pupils grounded in *unhu/ubuntu* philosophy are expected to be socially disciplined and responsible and can choose to remain 'true to self' irrespective of the obtaining socio-economic and religio-political dynamics.

From the philosophical perspective of *unhu/ubuntu*, any strategy to fight or reduce the effects of HIV and AIDS should be guided by the need to remain 'true to self'. Such strategies need to take into cognisance the religio-cultural and moral traditions of the citizens of a country. Thus, within the moral framework of *unhu/ubuntu*, prophylactics are an abomination. Moreover, data collected through interviews, FGDs and document analysis concerning experiences of prophylactics distribution in the UK, USA, Zambia and Uganda show that their availability does not necessarily translate to appropriate, correct and consistent use. Neither does it culminate in the reduction of cases of HIV infection. These data, together with Igo's (2009) research findings in Zimbabwe, consolidate the fact that the protective sheath does not necessarily reduce the likelihood of risky sexual behaviour, instead it encourages it. Against this backdrop, we argue that the government, social organisations, communities and families should join hands to revitalise and reignite the indigenous traditions ingrained in the philosophy of *unhu/ubuntu* as a long term strategy in the fight against HIV and AIDS.

Education and other endeavours aimed at curbing HIV and AIDS infection among school children and all Zimbabweans ought to be informed and undergirded by the philosophy of *unhu/ubuntu*. The

philosophy emphasises responsibility rather than individual rights. Individual rights are subsumed within communal rights. This view is espoused in the African Charter on Human and People's Rights (1982), which, unlike other bills of rights, casts off the conception of a person '...who is utterly free and utterly irresponsible and opposed to society' (Bennett & Patrick, 2011:227). The philosophy calls upon all community members to be sexually responsible, devoted to the family and the welfare of the community.

There is need for a pragmatic approach to this problem, given the rate at which HIV and AIDS is spreading among pupils, an approach that is enshrined within *unhu/ubuntu* philosophy. Pragmatism means revisiting the Western ideas of human rights and coming up with indigenous codes that define human rights in the Zimbabwean context. The traditional reverence to *virgo intacto*, i.e. sexual purity until marriage (Gelfand, 1973) for both girls and boys, should be reaffirmed and promoted in a way that corresponds to African moral philosophy and civilisation. Virginity for both boys and girls should be cherished as a sexual virtue. Such bold strategies require an acceptance of the idea that community rights are much more important than individual rights. In the spirit of remaining 'true to self', Zimbabweans should resist and oppose Western views which try to rationalise premarital sex by equating it with 'premature sex', (Kubo, as cited in Nyaundi, 1993:216).

Given the threat of HIV and AIDS to humanity in Africa, where approximately 1.2 million people died from this pandemic out of the global figure of 1.8 million deaths in 2010 (UNAIDS, WHO & UNICEF, 2011) it is suicidal to legitimise sex among pupils. If people can be legally subjected to body searches at political rallies, football matches, church services, supermarkets, border posts, airports, and so on, there is little reason for rejecting virginity tests of the youths as violation of their individual rights because their lives are at risk if their sexuality is not kept in check. In any case, virginity tests are prevalent in most Pentecostal churches, African initiated churches, cultural groups and within families. Ngwebu (2011), who wrote on Johanne Marange African Apostolic Church in Zimbabwe, alluded to the idea that the incidence of HIV and AIDS are low in such virginity testing, faithfulness and abstinence enforcing communities.

Another cultural practice, which was once condemned by writers like Dolphyne (1991) as barbaric, but has since proved to be an

people in general and adolescents in particular, begin to trust each other to the point of having unprotected sex, even if they have been using protection before. During the FGDs with male students it also came out that most youngsters think of using protection, though often in their possession, after the event because emotions and sexual desire often overshadow precaution.

These observations show that prophylactics are not an ideal strategy in protecting youngsters against HIV and AIDS. In relation to these observations, it is argued here that youngsters are generally not mature or responsible enough to be entrusted with such life-changing processes, as, sex and use of protection. The constitution of this country recognises this immaturity by placing the legal age of majority at 18. Those under 16 years of age are considered too immature to give consent to sex. Thus underage sex translates to statutory rape. Given this background, distributing prophylactics to school children, most of whom are below the legal age of majority, is tantamount to contravening the country's constitutional provisions. Such provision of prophylactics to pupils results in the sexual manipulation of young women (Gudorf, 1999; Moore, Fohwirth and Miller 2010). This observation is convincing, especially where school girls are involved in cross-generational relationships. Three of the six boys interviewed echoed similar sentiments when they said; "...when equipped with [prophylactics] there will be no need for us to abstain." Thus, apart from reducing girls to sexual objects and propelling sexual aberration, the move is likely to intensify the problem of verbal and non-verbal sexual harassment of girls by boys and vice versa, at school. This problem is rampant not only in schools but in the wider Zimbabwean society (*The Sunday Mail*, 12-18 December, 2010: D4).

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***Unhu/ubuntu* as an appropriate response to HIV/AIDS among school-going youths**

As a way of recognising the essential socialising role of schools, the Nziramasanga Commission of 1999 calls upon schools to work towards the development of pupils who have attributes of *unhu/ubuntu*. Pupils grounded in *unhu/ubuntu* philosophy are expected to be socially disciplined and responsible and can choose to remain 'true to self' irrespective of the obtaining socio-economic and religio-political dynamics.

From the philosophical perspective of *unhu/ubuntu*, any strategy to fight or reduce the effects of HIV and AIDS should be guided by the need to remain 'true to self'. Such strategies need to take into cognisance the religio-cultural and moral traditions of the citizens of a country. Thus, within the moral framework of *unhu/ubuntu*, prophylactics are an abomination. Moreover, data collected through interviews, FGDs and document analysis concerning experiences of prophylactics distribution in the UK, USA, Zambia and Uganda show that their availability does not necessarily translate to appropriate, correct and consistent use. Neither does it culminate in the reduction of cases of HIV infection. These data, together with Igo's (2009) research findings in Zimbabwe, consolidate the fact that the protective sheath does not necessarily reduce the likelihood of risky sexual behaviour, instead it encourages it. Against this backdrop, we argue that the government, social organisations, communities and families should join hands to revitalise and reignite the indigenous traditions ingrained in the philosophy of *unhu/ubuntu* as a long term strategy in the fight against HIV and AIDS.

Education and other endeavours aimed at curbing HIV and AIDS infection among school children and all Zimbabweans ought to be informed and undergirded by the philosophy of *unhu/ubuntu*. The

philosophy emphasises responsibility rather than individual rights. Individual rights are subsumed within communal rights. This view is espoused in the African Charter on Human and People's Rights (1982), which, unlike other bills of rights, casts off the conception of a person '... who is utterly free and utterly irresponsible and opposed to society' (Bennett & Patrick, 2011:227). The philosophy calls upon all community members to be sexually responsible, devoted to the family and the welfare of the community.

There is need for a pragmatic approach to this problem, given the rate at which HIV and AIDS is spreading among pupils, an approach that is enshrined within *unhu/ubuntu* philosophy. Pragmatism means revisiting the Western ideas of human rights and coming up with indigenous codes that define human rights in the Zimbabwean context. The traditional reverence to *virgo intacto*, i.e. sexual purity until marriage (Gelfand, 1973) for both girls and boys, should be reaffirmed and promoted in a way that corresponds to African moral philosophy and civilisation. Virginity for both boys and girls should be cherished as a sexual virtue. Such bold strategies require an acceptance of the idea that community rights are much more important than individual rights. In the spirit of remaining 'true to self, Zimbabweans should resist and oppose Western views which try to rationalise premarital sex by equating it with 'premature sex', (Kubo, as cited in Nyaundi, 1993:216).

Given the threat of HIV and AIDS to humanity in Africa, where approximately 1.2 million people died from this pandemic out of the global figure of 1.8 million deaths in 2010 (UNAIDS, WHO & UNICEF, 2011) it is suicidal to legitimise sex among pupils. If people can be legally subjected to body searches at political rallies, football matches, church services, supermarkets, border posts, airports, and so on, there is little reason for rejecting virginity tests of the youths as violation of their individual rights because their lives are at risk if their sexuality is not kept in check. In any case, virginity tests are prevalent in most Pentecostal churches, African initiated churches, cultural groups and within families. Ngwebu (2011), who wrote on Johanne Marange African Apostolic Church in Zimbabwe, alluded to the idea that the incidence of HIV and AIDS are low in such virginity testing, faithfulness and abstinence enforcing communities.

Another cultural practice, which was once condemned by writers like Dolphyne (1991) as barbaric, but has since proved to be an

appropriate response to HIV, is circumcision. According to Storrs (2010) and Bennett (2011), the World Health Organisation (WHO) recommends that circumcision should be part of any strategy to prevent HIV and AIDS in men. The recommendation is based on three random clinical trials in South Africa, Kenya and Uganda, which proved that the incidence of HIV and AIDS is 60% lower in circumcised men. In this regard, it is the contention here that in the long term women will also benefit from male circumcision in that if HIV and AIDS prevalence is lowered among men, then women's risk of exposure to infection is reduced. Due to the hope placed in religio-cultural traditions by organisations such as WHO, UNESCO and UNAIDS, people must resist ethno-centricism which saw some relevant customary laws and practices being condemned and reduced to 'pagan' evils. Thus, the HIV and AIDS menace has succeeded in opening the mindset of people to the value of the indigenous religio-cultural traditions. Such traditions are often denigrated by and substituted with Western Eurocentric practices and knowledge systems rooted in the Newtonian-Cartesian rationality (Goduka, 2000).

From the perspective of *unhu/ubuntu* philosophy, we posit that distributing prophylactics to school children is masking the real problems and causes of HIV and AIDS. Kelly (2010:13-19) cites poverty, gender inequalities, stigma, discrimination, and exploitative global socio-economic structures and practices as the root causes of the continued spread of HIV and AIDS. In short, the causes of HIV and AIDS are patriarchy and structuralism. To this end, one might ask, where does *unhu/ubuntu* come in? *Unhu/ubuntu* comes in as a viable alternative. *Unhu/ubuntu*, as a philosophical principle, is saliently captured in Mbiti's (1969) adage, that 'I am because we are, since we are therefore, I am.' This adage is not discriminatory; it transcends gender, racial and ethnic boundaries. The philosophy sees the hegemonic male power as a monster that needs to be annihilated or a demon that needs exorcism. Women's powerlessness and in particular that of young girls, has been taken advantage of by males who sexually bully them. Since women and girls are socialised to be 'weak' and are less economically stable, it means, males can cajole or entice them into exchanging their sexual capital for gifts they cannot afford. Such insidious and invidious forms of exploitation are steeped in Western values of self-aggrandisement. *Unhuism/ubuntuism* seeks to promote

humanitarian values hence it frowns upon such sexual exploitations. As long as there is power imbalance between males and females, boys and girls, HIV and AIDS will proliferate. Even if young girls are given prophylactics they may lack the necessary skills to negotiate for safe sex because in any sexual relationship they are weakened by a patriarchy and structurally induced inferiority complex. Sexual and economic disempowerments are twin evils society should fight against, for girls to survive the HIV and AIDS scourge. Instead of distributing prophylactics what should be distributed is knowledge of empowerment and gender equity so as to destroy patriarchy and male privilege in our schools and society as a whole. Such education is quite in keeping with *unhu/ubuntu* philosophy in that it advocates the humane treatment of every individual irrespective of gender or class. Values like respect, generosity, love, care, empathy, compassion and so on, are ingrained in *unhu/ubuntu* philosophy, and need to be engraved in everyone's mind, so that they can all relate to each other in a way that keeps HIV and AIDS at bay.

Conclusion

The HIV and AIDS threat requires everyone to adopt and adapt pragmatic and sustainable preventive strategies instead of adopting short-term solutions to a problem that has resisted many material interventions. Any response to HIV and AIDS among pupils ought to be informed by the people's culture because culture is the cradle out of which people's behaviour, attitudes and perceptions about sexuality emanate. The response also needs to consider the pupils' level of cognitive and moral development. Thus, throughout the discussion, it is argued that prophylactics do not constitute an appropriate response to the problem of HIV and AIDS among pupils in Zimbabwe. A holistic education embedded in *unhu/ubuntu* philosophy is what is advocated. This is interwoven with the conviction that such curricula is likely to transform patriarchy, masculinities, male privilege and structuralism, the major causes of HIV and AIDS among pupils.

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