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Misconceptions, Folk Beliefs, Denial Hinder Risk Perception among Young Zambian Men

KEY WORDS: HIV/AIDS, sexual behavior, youth, Africa, risk assessment

A study of young Zambian males revealed that their risk perception of sexually-transmitted infections (STIs) and HIV/AIDS was low due to misconceptions, folk beliefs and denial, which impeded personal risk assessment and interfered with the adoption of safer sexual behavior.

Background

Zambia is one of the nine African countries hardest hit by the AIDS epidemic, where over 21% of 15- to 49-year-olds are HIV positive. While condom use is increasing, consistent use remains low. The frequency of STIs, which can increase the transmission of HIV, is disproportionately high among Zambian youth. In some parts of the country, up to half the youth population is positive for herpes simplex virus 2. Recent research suggests a decline in HIV/AIDS prevalence among youth and educated Zambians, while a less dramatic decline is shown amongst the poor and less educated groups.

Methodology

Thirty interviews were conducted in May and June 2001 in ten compounds in Lusaka, Zambia with out-of-school males aged 15-19. Participants were asked about young men's knowledge of prevention and transmission of STIs and HIV/AIDS, sources of information, patterns of sexual behavior and risk perception.

Common Beliefs, Misconceptions and Folk Explanations

While participants displayed a wide range of STI/HIV knowledge, they often mixed correct information with misconceptions. Folk explanations linking HIV infection to the strength of individuals' blood, menstruation or sorcery were common, as were misconceptions about HIV being transmitted through kissing and mosquito bites. Some participants believed that people with "weak blood" are more likely to become infected and exhibit symptoms earlier than those with "strong blood." Some participants also believed that women could shed the virus during menstruation and therefore take longer to display symptoms of HIV infection. Participants who attributed infection to sorcery said that people infected with HIV act as if they have been bewitched and display bizarre behavior. Despite acknowledging that a healthy-looking person can be infected with STIs or HIV, respondents continue to rely on outward appearance as a means of identifying infected individuals.

Nearly all participants, when asked to name symptoms associated with STIs and HIV/AIDS,

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described symptoms of the later stages of AIDS. Only a few acknowledged that outward appearance alone cannot indicate if an individual is infected. Some believed that youth are at greater risk of infection because of their high levels of sexual activity. Others felt that adults, who have been sexually active longer and with more partners, are at greater risk. The overall belief among participants was that sexually promiscuous individuals are at the greatest risk for STIs and HIV/AIDS, and most agreed that women are more promiscuous than men. Only a few participants noted that anyone who is sexually active can contract STIs and HIV/AIDS.

Sources of Information

Although almost all participants reported acquiring information about sexual matters indirectly from friends or family members through overheard conversations and gossip, direct questioning about HIV/AIDS was impeded by shyness, embarrassment or fear. Such hearsay can result in the spread of inaccurate information and furthers misconceptions about transmission and risk. Radio was the most frequently mentioned mass medium from which participants receive information.

Stigma, Shame and Denial

Denial of possible infection can occur when behaviors that lead to infection, and the infection itself, are highly stigmatized or if a conflict exists between an individual's behavior and the values of the local culture. Such was the case when participants spoke about sexual activity among youth. Even though most agreed that sexual abstinence is one of the most effective methods of STI/HIV prevention, they believed it unreasonable to expect youth to abstain. Participants expressed that sex is a fundamental human need, pleasurable and essential for emotional and physical development. Some viewed multiple partners as a means to establish their manhood and demonstrate their prowess.

Participants' comments included rationalizations for risky sexual behavior that suggest a reluctance or denial to admit that current behavior increases their risk for STIs and HIV/AIDS. Infection can be viewed as punishment for moral shortcomings or a lack of self control because transmission is associated with deviant sexual behavior. Due to such associations, many participants said that they are hesitant to approach adults for information about STIs and HIV/AIDS, not wanting their curiosity to be interpreted as an admission of guilt.

How Misconceptions, Folk Beliefs and Denial Affect Risk Perception

Young men's reluctance to adopt effective prevention strategies, such as abstinence and condom use, or to be tested for STIs and HIV, appear to be extensions of their denial. Participants considered monogamous sexual relationships to be risk-free, despite the fact that the majority of their relationships lasted less than six months. None of the participants recognized the link between past sexual encounters and potential risk in current relationships, nor did they admit the risk serial monogamy presents. By associating the threat of infection with promiscuous, careless or unhygienic individuals, participants placed the responsibility for behavior change on others.

Strategies for Avoiding Infection

Most participants said that they avoid unhygienic and promiscuous looking females as an STI/HIV prevention strategy, while some suggested church attendance or marriage as strategic alternatives to sexual fidelity. Overall, the importance of consistent condom use with all sexual partners was not recognized by participants. Some rationalized non-use of condoms because they considered them ineffective at preventing STIs and HIV infection. Others thought that condoms could prevent STIs, but not HIV. Trust in one's sexual partner was the most common rationalization for not using condoms. Participants used trust as both a bargaining tool, convincing partners that condom use signifies a lack of trust, and a justification for risky behavior, stating once sexual fidelity had been established condom use was no longer necessary. As for testing services, many of the participants harbored misconceptions, received incomplete information about the testing process, had never heard of testing or were poorly informed about the availability and cost of testing. Some participants spoke candidly about their fear of being tested and how a positive HIV diagnosis could be interpreted as a death sentence, leaving them despondent about the future.

Conclusions

Because young people rely heavily upon interpersonal contacts for STI/HIV information, peer-based interventions should be increased to ensure that youth have access to accurate information. Communication campaigns should also target adults, encouraging them to talk openly to their children about sex, STIs and HIV/AIDS. Campaigns should correct incomplete knowledge, challenge misconceptions, communicate the availability of HIV and STI testing and stress the importance of knowing one's serostatus. To decrease the likelihood of denial, programs should work with communities to decrease the stigma associated with STI/HIV infection.

A full copy of Working Paper No. 53 entitled "Misconceptions, Folk Beliefs, & Denial: Young Men's Risk for STIs & HIV/AIDS in Zambia" can be ordered from PSI by mail or through the PSI web site at www.psi.org. Click on "*Research*," then "*Published Works*," then type in the title of the Working Paper.

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