

Chapter Seven

The University's Responses to the HIV Epidemic

This chapter examines official and unofficial responses to the HIV epidemic at the UZ. Here, I have in mind the interventions by the Student Health Services (SHS), which is that arm of the university that attends to the health care needs of registered students, and SHAPE Zimbabwe Trust,²⁷ a non-governmental organisation that focuses specifically on prevention work in Zimbabwe's universities. Because it is a university department, I regard the intervention by the Student Health Services as representing the university's 'official' response. On the other hand, given its 'non-governmental' status, I regard the intervention by SHAPE as representing the university's 'unofficial' response to HIV on campus.

My broad objective in this chapter is to examine the frustrating and complicated processes involved in implementing HIV interventions at a university campus. I will also draw attention to the unintended consequences of some of the strategies that organizations like SHAPE have employed in their work with students. By unintended consequences, I mean the effects of prevention work—often unexpected, unforeseen and counter-intuitive—that might well undermine the stated aims of the projects. My discussion focuses extensively on the experiences of SHAPE because it was the main organisation doing HIV prevention on the UZ campus when I conducted fieldwork. The last part of my discussion will briefly examine SHAPE's positioning on the UZ campus

²⁷ SHAPE is an acronym for Sustainability, Hope, Action, Prevention, Education.

and its relations with various regimes of power at the institution, which control and determine the organisation's access to university students. Before delving into these specific issues, I start off the chapter with an historical overview of HIV interventions in Zimbabwe.

Denial, Stigma and AIDS Fatigue in Zimbabwe 1980's to 2006

According to Ray and Madzimbamuto (2006), the Zimbabwean government initially denied that HIV and AIDS were serious problems in the country. Consequently, by the end of the 1980s, ten percent of the adult population had contracted the disease (Illife 2006). However, the government relegated responsibility for the management of the disease to medical professionals whose major response was simply informing the infected that they had a terminal and incurable disease. A number of AIDS activists recalled how , in the 1980s, doctors simply informed them that they were HIV positive and had only months or weeks to live. Many infected individuals therefore simply went home and waited to die. Gundani (2004) attributed this initial response to the government's fear that openly admitting the extent of the epidemic would scare away potential investors and thus affect the country's economy. By the mid-nineties, however, denial gave way to a haphazard flurry of HIV education and awareness-raising activities by the government. This was in large part because the disease had spread significantly and approximately twenty-five percent of the adult population was infected (Illife 2006).

Again, as in many other countries in the continent, Zimbabwe's awareness-raising programmes portrayed HIV and AIDS as a deadly and shameful disease. It was during

these early educational programmes therefore that the process of ‘othering’ firmly took root in the country and particular types of people came to be strongly associated with the virus and with ‘promiscuity’. These groups included female sex workers, the poor and uneducated, rich old men (the so-called sugar daddies) and migrant workers, especially truck drivers and casual farm workers (Epstein 2007). As a result, many Zimbabweans displayed ‘low personal risk perception’ as well as ‘feelings of invulnerability’ (Pisani 2009) as they associated the epidemic with particular categories of people that did not include them. The nineties have been described as ‘the panic stage’ (*Zimbabwe Human Development Report 2003*: 21) because, despite the flurry of awareness activities, the government’s response ‘lacked clarity and specificity on who did what, how and when’ (ibid, 20).

At the start of the new millennium, the tendency to associate the epidemic with particular ‘risk-groups’ gave way to a sense of fatalism and so-called ‘AIDS fatigue’ (Epstein 2007). Many Zimbabweans felt that was just too much information on the epidemic. This can be attributed to the following factors: the high rates of AIDS-related deaths that were reported in the national press (i.e. approximately three thousands deaths a week); the government and AIDS service organisations’ endless referencing of the annual statistics that were released by the UNAIDS on the global state of the epidemic and which showed that young people between the ages of 15-24 accounted for half of all new infections in 2000; and the fact that just about every Zimbabwean had lost someone they knew to the epidemic. This barrage of information caused many people to feel that they were not immune to the virus and that there was very little that they could do to protect themselves. It was not uncommon to hear people express the view that ‘we are all

infected’ in everyday conversations. Ironically, even though the government had introduced a National AIDS Policy in 1999 and established a National AIDS Council in 2000 to coordinate prevention efforts, ‘fatalistic attitudes and AIDS fatigue prevented many people from engaging in the kinds of protective behaviour that were being encouraged. By the year 2004, HIV prevalence had grown to thirty-three percent (Ray and Madzimbamuto 2006).

The last five years (2005 to present) have been characterized by a shift away from merely educating people on HIV transmission patterns to promoting what is referred to as ‘behaviour change communication’. In fact, the 1999 national AIDS policy was replaced in 2006 with the Zimbabwe National HIV and AIDS Strategic Plan (ZNASP) and the National Behaviour Change Strategy, which are both meant to inform prevention programmes for the next five years. The new strategies place emphasis on partner reduction, increased utilization of HIV testing and counseling services as well as increased access to anti-retroviral treatment drugs. In the policies, the government also acknowledged the importance of a multi-sectoral approach, decentralized and coordinated response to HIV prevention in the country. A key feature of the government’s response to HIV since 2005 has been its focus on HIV treatment. This was spurred by the ‘3 by 5’ access to treatment that was initiated by UNAIDS, with generous funding from the Bill and Melinda Gates Foundation. The aim of the initiative was to ensure that three million people living with HIV would be on anti-retroviral drugs by the year 2005. In 2006 only twenty-three out of an estimated three hundred and fifty thousand HIV positive people were accessing treatment (*The Herald*, 26 May 2010²⁸). But by 2009 the number of

²⁸ Prevention better than cure-Paidamoyo Chipunza, *The Herald*, 26 May 2010.
<http://www1.herald.co.zw/inside.aspx?sectid=19267&cat=1>

Zimbabweans using anti-retroviral drugs had increased to two hundred thousand. Despite the focus on increasing access to treatment, prevention remains a top priority in the country. The recent decline in Zimbabwe's HIV prevalence to just under sixteen percent has largely been attributed to the country's focus on behaviour change. Youth remain at the core of the HIV prevention response while adults are the main beneficiaries of treatment programmes.

Although the government has laid down the broad framework for addressing HIV in the country, on a practical level, it is the four hundred plus AIDS service organizations that are ultimately doing most of the HIV prevention, care and support work in the country. This is because most donor organizations (with the exception of a few like the Bill and Melinda Gates Foundation) have begun channeling their funds directly to non-governmental organizations and not through the government as was the case during the eighties and nineties. However, AIDS service organisations have to contend with the following two key questions: *how* to do HIV prevention work and *who* to involve in this work. The first question is concerned with ensuring that HIV messages and educational methods are 'appropriate' for intended audiences while the second question is concerned with ensuring that the most 'appropriate' individuals are identified to lead and assist in the implementation of programmes. Determining what is an 'appropriate' intervention is a highly contested process (UNAIDS/WHO *AIDS Epidemic Update* 2005; Rivkin-Fish 2005; Nguyen and Peschard 2003; Farmer 2002; Pigg 2001). In Zimbabwe, the process has often pitted AIDS service organisations in direct opposition to the state as well as against community members, particularly parents, religious leaders and other adults (Marindo et al 2003). As far as the Zimbabwean government is concerned—and this

continues to be reflected in its various policies— ‘appropriate’ responses are those which promote sexual abstinence for young people (Muparamoto and Chigwenya 2009), mutual monogamy for married couples and then condoms, but only as a last resort (Francis-Chizororo and Matshalaga 2003). For some AIDS service organizations that are involved in HIV prevention with young people, the anti-condoms stance is especially problematic as it conflicts with their own versions of what constituted an ‘appropriate’ intervention.

In chapter two, I alluded to the ‘parental’ and ‘adult’ outrage that accompanied the Population Services International’s social marketing campaign of condoms. The organisation was forced to withdraw a condom advert that some Zimbabweans found especially offensive. Negative attitudes towards condoms have been widely documented in many African countries and are said to result from people’s tendency to associate them with sexual immorality and promiscuity (Schoepf 2003), interference with sexual pleasure (Kaler 2004) and infidelity by those in more committed long-term relationships (Schatz 2005; Francis-Chizororo and Matshalaga 2003; Feldman and Maposhere 2003). It also seems that much of the angst regarding condoms revolves around the concerns about the ‘appropriateness’ of publicly talking about and promoting them. In a Foucauldian sense, therefore, concerns over condom education in Zimbabwe and many other African countries are essentially concerns over ‘rendering [sex] too visibly present’ (Foucault 1978:2). Of all the prevention approaches, condom education campaigns thrust sex into the public domain and make it impossible to conceal. In contrast, ‘abstinence only’ programmes tend to foreclose any opportunity for frank and detailed talk around sex and sexuality (Kirby et al 1994; Baldo et al 1993).

Condom education in Zimbabwe is often extremely graphic. During fieldwork I attended numerous off-campus training workshops organized jointly by the Zimbabwe AIDS Network (a consortium of over 400 AIDS service organisations) and the German Development Society. The aim of these workshops was to assist AIDS service organisations develop more ‘innovative’, ‘non-threatening’ and yet ‘effective’ ways of promoting behaviour change among young people. One of the main topics covered in these workshops pertained to the correct use of female and male condoms. The facilitators used a wooden replica of the penis and a plastic replica of the vagina to demonstrate correct condom use. What I found particularly interesting about these sessions was the awkwardness that the wooden penis produced among both facilitators and the workshop participants. Part of this awkwardness arose from the very obvious fact of having genital organs—even if they were replicas—displayed in a public forum such as a workshop and to mixed-sex and mixed-age audiences.

Workshop facilitators often tried to ameliorate this awkwardness by prefacing the introduction of the wooden penis with the statement ‘*pamusoroi*’ [Shona], which translates loosely to ‘excuse me’ or ‘pardon me’. Among the Shona, the word is used in a variety of contexts, such as when one is addressing or interacting with the elderly or with one’s seniors or when seeking permission to eat from the women of a household before meals. What is especially significant about the term, however, is that it is a discursive precursor that allows individuals to engage in particular actions. It is also performative in that it produces the space that makes particular actions possible (see Goffman 1997). By prefacing the introduction of the wooden penis with the term ‘*pamusoroi*’, workshop facilitators were therefore able to produce a space that made it ‘proper’ for them, and

workshop participants, to talk about sex in such public and detailed ways. Secondly, this action served to position the speakers as individuals who were respectful of societal norms regarding ‘who speaks in what manner about what topic with whom’ (see Rodlach 2006). Finally, the term served as a request for workshop participants to understand the words and actions that followed within a particular frame, thereby excusing the speaker for any offence that their words might cause.

As previously stated, condom education in Zimbabwe involves very detailed and explicit talk about sex and the naming of specific sexual organs as well as demonstrating ‘correct’ condom use (Pigg 2001). For instance, AIDS educators often stressed the following points in these educational sessions: that a condom should only be worn on an ‘erect penis’; that the correct way of wearing a condom was ‘rolling it down the shaft of the penis’; finally, that a condom had to be removed ‘soon after ejaculation and while the penis was still erect’. In contrast to some countries that have no specific words for the ‘penis’ and the ‘vagina’ (see Pigg 2004), in Zimbabwe the Shona words for these body parts are *mboro* (i.e. penis), *machende* (i.e. testicles) and *beche* (i.e. vagina). From my personal experiences, these words are never used in HIV and AIDS education as this would be considered offensive. Rather, more ‘neutral’ references to ‘male organs’ (*nhengo yababa/yechirume*, Shona) and ‘female organs’ (*nhengo yamai/yechikadzi*, Shona) were typically used to refer to the penis and vagina respectively in workshops. Sometimes Shona totems, such as *murehwa* or *sinyoro*, were used as euphemisms for the penis in order to make it that much easier for those involved in HIV education to talk about sex in public spaces and for those being addressed to participate in otherwise awkward and difficult conversations.

Condom demonstration sessions were often accompanied by giggles from the women and outbursts of laughter from the men. This behaviour intensified when workshop facilitators invited participants to demonstrate condom use for the group. Younger participants usually volunteered while older participants declined. Many of the organizations that attended the training workshops confessed that they had never done condom demonstrations with their respective target groups and that they might consider it on a one-on-one basis rather than in a group setting. Participants also pointed out that their organisations merely served as condom distribution points; others did not distribute condoms but referred community members to government-run centres where they could access free condoms. They felt that they therefore had no reason to delve into the nitty-gritty's of condom use. By contrast, organizations such as SHAPE that worked with young people were usually of the view that such frank and graphic talk was necessary to overcome the silence and shame associated with sex and sexuality. Unfortunately, by adopting this stance, such organizations often risked becoming unpopular within their communities.

HIV prevention at the UZ in the nineties

The official response to HIV on the UZ campus was evident in the interventions offered by the student health services. Prior to the establishment of SHAPE in 2000, the Student Health Services was the main organisation responsible for HIV prevention at the institution. Its activities were largely confined to the training of students to be peer educators. When I trained as peer educator in the mid-nineties, the training was held over

two consecutive weekends. In accordance with the national AIDS policy, the training was intended to equip the peer educators with basic facts regarding the transmission of the virus as well as making them aware of the three key prevention methods, namely abstinence, faithfulness and condom use.

After training, the peer educators were required to ‘raise awareness’ about the epidemic by randomly approaching groups of students that they saw around campus and talking to them about HIV and AIDS and about how they could avoid getting infected. There was very little coordination of the on-campus activities of the approximately fifty peer educators trained annually and only a small proportion of them were ever truly active on campus. This was in part due to the stigma attached to the epidemic and to the AIDS fatigue that many people experienced. In fact, peer educators were branded ‘the AIDS people’ and they encountered hostility when they tried to talk to students about the epidemic. For many students, HIV and AIDS simply had no place on campus. This is not to say that students did not believe that some of their peers could already be infected, but rather that students were responding to the epidemic the same way that everyone else in the country was responding to it: with denial, shame and secrecy.

It is not surprising, therefore, that the peer education programme was less visible on the UZ campus than it was in the high schools, where peer educators regularly conducted awareness-raising activities. There was one exception: in 1996, the student health services ran a competition on campus in which each hall of residence was invited to develop an artistic expression of the impact of HIV in the country. Funds were allocated to the hall committees and interested students were invited to participate. This event was the only time, prior to the formation of SHAPE, that I saw issues of HIV and

AIDS being addressed so publicly on the UZ campus. Over a two month period, many students participated in planning and creating their artistic displays. These displays were to be mounted on open trucks that the student health services had hired, and students were then to march to the town hall where they would be addressed by government representatives and health officials. The best display would also be awarded a prize. I remember that this initiative generated great excitement on campus—admittedly among only those students who were not worried about being associated with the disease—and on the day before the march, students worked late into the night putting the final touches on their displays. There were hundreds of students who turned out for the march, again not so much because they were genuinely concerned with HIV and AIDS issues, but mainly because of the excitement involved in marching to the city centre which many students associated with *chi-UBA* performances. Although the Student Health Services worried that male students would use the march to confront government officials, the event went on as planned and no such incidents occurred.

In addition to the peer education training and awareness raising activities on and off-campus, student health services also supplied free condoms as well as treated sexually transmitted infections. As in the rest of the country, HIV prevention on campus was addressed from a bio-medical perspective, hence the emphasis on providing students with basic facts on the epidemic. Furthermore, the HIV prevention programme was housed in the student clinic and was coordinated by a nurse. Towards the end of the nineties, the major donor, the Southern African AIDS Training, stopped funding the university's HIV prevention programme. What was already a relatively weak intervention became even more so. From 2001 onwards, SHAPE replaced the student health services as the main

HIV prevention agency on the UZ campus. It is for these reasons that the rest of this chapter focuses exclusively on the activities of SHAPE.

Making HIV ‘Fun’: SHAPE and HIV prevention at the UZ (2001-2007)

SHAPE desired to get university students more actively involved in HIV prevention in the country. The pioneers of SHAPE, who included myself, were of the view that UZ students were uniquely positioned to be agents of social change and wanted to tap into this potential. Perhaps naively, we strongly believed that society would listen to university students much more than they would to government officials. With support and guidance from a visiting Fulbright scholar who was teaching at the institution, we set about to establishing a fully functional AIDS service organisation. After the organisation’s first fundraising meeting with a representative from USAID, SHAPE decided to direct its attention to promoting behaviour change among university students as opposed to simply using university students to influence the behaviours of other people, as had been its initial focus. Dr. Osewe, the USAID representative had pointed out there were numerous interventions that were targeted at in-school and out-of-school youth, and yet hardly any that were specifically targeting tertiary institutions and university students. Since then, SHAPE has branded itself as an organisation that works with university students and universities in the fight against HIV and AIDS.

Having clearly defined its target audience, SHAPE’s next priority was to develop an intervention that university students would find exciting enough to participate in. I vividly recall the many months in 2000 that I spent brainstorming with the twelve other

founder members on how to make the SHAPE intervention different from what was currently being offered by most AIDS service organizations in the country. We all agreed that young people were sick of being lectured to about the dangers of HIV and that more creative approaches would have better success at overcoming the fatalism, AIDS fatigue and denial that still existed on campus. Six years later, when I began fieldwork, I was struck by just how much SHAPE had succeeded in this regard. When I asked students, particularly those who were members of the various SHAPE Associations, why they had joined the organisation, the answers given shared one common thread: the SHAPE approach to HIV prevention was fun and innovative. The following quote from a male student is illustrative:

“SHAPE was introducing AIDS from a different perspective. I thought the issue of AIDS had been exhausted, but when these people came and used discos and debates during orientation week, I was thrilled”.

At the start of 2001, SHAPE organized a couple of public discussion sessions termed ‘talk-shows’. These were modeled around popular American television shows, such as the Oprah Winfrey Show. The talk-shows explored what SHAPE considered to be controversial topics such as pre-marital sex and the benefits of undertaking an HIV test. Students who held strong views about these issues were invited to be panelists and to debate the issues in front of their peers. Talk-shows were very popular because they gave students a platform for dialogue and debate on matters that were of concern to them. This was in contrast to the lecture method that most AIDS service organizations used. A brief description of talk-shows is essential as it was one of the key features of the SHAPE intervention.

In the formative years of the organisation, SHAPE staff facilitated most of the talk-shows. With time, however, this responsibility was handed over to trained peer counselors. When I conducted fieldwork, the SHAPE Interact Club was solely responsible for organising and facilitating talk-shows on a weekly basis. The main aim of the talk-shows, according to SHAPE staff was to ‘encourage open and frank discussions around sex and sexuality issues’ (*The Shaping Times Magazine*²⁹, 2003). Talk-shows were also meant to provide a ‘safe’ space where students could talk freely, amongst their peers, about all sorts of ‘youth issues’. Following Foucault (1978), it was through the talk-shows that SHAPE ‘induced’ university students to speak about sex *and* it was through the talk-shows that the ‘truth about sex was laid bare’. Indeed, there was a ‘discursive explosion around and apropos sex’ (Foucault 1978:61) at these talk-shows: nothing was censored, euphemisms of the sort that I described earlier were actively discouraged and students were challenged to ‘say it like it is’. I attended a SHAPE talkshow in October 2006 on ‘Sex on Campus’ in which a male participant was pressured, against his will, to specifically use the word ‘sex’. In contributing to the topic under discussion, the male student had made the following statement: ‘When I am in a relationship I expect, you know...’ Although he did not complete the sentence, it was clear to all thirty students in attendance that he was referring to sex. The two facilitators insisted that he tell it like it is. ‘You want *what?*’ questioned the male facilitator. ‘You know what I mean’, responded the culprit. ‘No, we don’t’, and the facilitators turned to the audience and rhetorically asked ‘Do we know what he *wants?*’ The audience played

²⁹ Only one edition of the magazine was ever produced. This was made possible through a generous grant that the organisation had successfully applied for from the US-based Pfizer Pharmaceuticals. Unfortunately, none of SHAPE’s subsequent donors have been willing to finance the production of a magazine because of the exorbitant costs involved.

along and responded with a resounding ‘No!’ The culprit—for that is what he had become—grinned uncomfortably at the audience, no doubt seeking their compassion, but the shouting continued. ‘We don’t know what you mean! Tell us!’ The facilitator flatly refused to continue the discussion until the ‘culprit’ mentioned the dreaded word. After what was almost a whole minute, the male student blurted out: ‘I want sex, guys! I want sex!’ His capitulation was received with thunderous applause and laughter.

Five minutes later, another opportunity for ‘frankness’ presented itself. The male facilitator posed the question: ‘Are we having sex on campus?’ Participants responded with ‘They are!’ The facilitator repeated loudly: ‘Are we having sex on campus, guys?’ ‘They are!’ the audience shouted back at him. ‘We are busy doing it in our rooms, and yet we won’t talk about it! Does anyone want to share their own experiences?’ The facilitator proceeded to pick on a female student whose hand was raised. ‘Well’, she began haltingly, and in a strong *mu-nose* accent, ‘I don’t want to personalize this because this is not about me, *per se*’ she continued, rolling over her ‘r’s’ as she said the word ‘per se’ and eliciting murmurs of disapproval among some of the male students, as a result. It was these features—the awkwardness, the frankness, the accents, the jesting, the loudness, the facilitation—that made SHAPE talk-shows ‘fun’.

Furthermore, SHAPE talk-shows functioned as ‘speech communities’ in which students were encouraged to talk openly and frankly about all matters sexual, in the belief that this would be liberating and hence facilitate behaviour change. SHAPE considered the lack of opportunity, the inability and refusal to talk openly about sex as one of the key drivers of the HIV epidemic among young people. ‘Most of us don’t want to talk openly about sex and yet, when we leave this place, many of us will go to our *UBA*’s and *USAs*’

rooms and do it!’ a SHAPE staff member declared in a talkshow once. In addition to being spaces where interested students (attendance was voluntary) could converse freely on all matters sexual, without having to worry about what others would think of them, SHAPE talk-shows were also spaces in which difficult social issues, such as masturbation, sexual violence, HIV-related stigma etc, could be tackled.

Scholars like Butt (2008) and Pigg (2005), have criticized such approaches for their ‘relentless attention...to the act, the behaviour, the practice, the precise naming of body parts and desires’ (Pigg 2005:50). They argue that this turns the epidemic into a biomedical problem rather than a socio-cultural one. However, this particular approach appeared to work rather well at the UZ, if the numbers of students who attended SHAPE talk-shows and the jovial mood at these talk-shows were anything to go by. Furthermore, students considered SHAPE talk-shows ‘fun’ precisely because of the ‘relentless and precise naming of body parts’, which, for many signaled that the organisation was ‘in touch’ and understood the ‘real needs’ of students in particular, and young people in general. ‘SHAPE talks of real issues, such as sex and the youth...things that are practical and interesting for campus’, was the response I often received when I asked students why they had joined SHAPE.

In addition to the talk-shows, SHAPE also offered a number of training workshops, namely peer counseling, lifeskills, gender equity and masculinities training. With the exception of the peer counseling, these workshops were held over two-and-a-half days long, usually on weekends. Finally, SHAPE also ran an ‘edutainment’ programme, which I will discuss in greater detail later in the chapter. At the time of my fieldwork, SHAPE no longer offered the peer counseling and life-skills programmes

because of funding limitations. It had also suspended certain aspects of its edutainment programme, again because of funding limitations. In 2006 and 2007, SHAPE had three major funders: Oxfam Australia, HIVOS and the Norwegian People's Aid. This was a drastic drop³⁰ from its earlier years when it enjoyed funding from a variety of organizations, such as the Canadian International Development Agency, Pfizer Pharmaceuticals, Park Nicollet Institute, the United Nations Children's Emergency Fund and the US Public Affairs Section. SHAPE's peer counseling programme equipped students with basic counseling skills. This was a marked departure from the traditional peer education model that had been offered by the student health services which trained students only to provide basic facts on HIV and AIDS. In its first training in 2001, SHAPE received close to five hundred application letters from interested students and it selected only one hundred and fifty students to be trained. Never had UZ students expressed such great interest in an HIV related event before and the selected students were greatly envied by their peers. Students' interest in the peer counseling can be attributed to many factors, although the counseling component and the fact that UNICEF, which was funding the programme, had also endorsed the curriculum were the major ones.

The SHAPE edutainment programme was known as the 'Promoting Responsible Fun' Project and was implemented via the various SHAPE Associations. Vaughn et al (2000:148) define 'edutainment' as 'a communication strategy consisting of the insertion of educational messages into an entertainment media'. This usually takes the form of

³⁰ Fundraising is usually an ongoing activity for most non-governmental organizations in the country because of most donors' reluctance to commit funds over more than a one-year or two-year period. The unstable political situation in the country since the 2002 elections has contributed immensely to this situation. In fact, during the most recent elections in 2007, many donors (and non-governmental organizations) were forced to shut down their offices as they were accused of funding the opposition party.

music, song, dance and sport, among other things. In 2006, there were six functioning SHAPE Associations, namely Music, Interact, Soccer, Ballroom Dancing, Poetry and Drama. There were on average between ten and twenty members in each association. SHAPE associations played two key roles. Firstly, they were the means by which the organisation ensured that students actively participated in planning, designing, implementing and evaluating its intervention. Participation of this nature is strongly recommended by UNAIDS, the Population Council and other global institutions involved in HIV prevention. (Marindo et al 2003). Second, through the associations, SHAPE could respond to the ‘problem’ of lack of adequate recreational activities at the UZ,³¹ another factor that the above institutions have also blamed for sexual risk-taking by young people. The common belief is that, when young people have nothing better to do then they will use sex for recreational purposes (Campbell et al 2002). University authorities and students subscribed to this view and often complained that the only recreational activities available to students on campus were sports and church events. ‘High-school was even better’, many students declared before proceeding to reminisce about the many discos, talent shows, beauty pageants and related ‘fun’ activities that their high schools had regularly organized. Students who registered to be members of SHAPE were expected to join at least one of these associations, as it was through these that they could be more actively involved in HIV prevention on campus. In 2006, five hundred students

³¹ Although a number of hall committees organized annual parties for hall members, SHAPE was essentially the only organisation on campus to organize campus-wide discos and parties, even though it too managed to do this no more than once a year, on average. This was in large part because male students had a reputation for destroying property at such functions, which made it virtually impossible to secure venues on campus for any ‘fun’ event—unless an organisation was willing to take responsibility for, and replace any property that would be destroyed. In its early years, SHAPE resorted to using outdoor venues, such as the basketball courts, where very little property could be destroyed; in later years, SHAPE used venues halls in the surrounding Mt Pleasant neighbourhood; occasionally, some residences availed their common rooms, on condition that adequate security arrangements would be arranged.

completed membership forms although only a fraction of these actually participated in the associations. Despite this, most SHAPE activities attracted large numbers of students. I counted almost two hundred students at a disco that SHAPE organized during the 2006 orientation week and SHAPE talk-shows usually attracted as many as forty or fifty students at a time.

SHAPE's most popular edutainment activity, however, was its use of music to promote behaviour change on and off campus. Between 2002 and 2004, SHAPE produced three music albums, two of which received extensive airplay on national radio and television stations. In 2003, three songs from the second SHAPE album made it into the national Top 100 Music Videos of the Year (see Terry 2006). The three songs were also regularly featured as musical interludes on national television. The third SHAPE album was produced in 2004 and it too received great publicity in the media. This album was different in that it involved students from several other universities in the country. In many ways, therefore, the SHAPE programme was similar to South Africa's LoveLife Campaign (see *SafAIDS News* September 2000) and Soul City (Hutchinson et al 2007) in that it not only promoted active youth participation in the design of HIV interventions, but also sought to integrate HIV and AIDS issues into those activities that youth were said to find enjoyable such as sports and music, among others.

The music project was unique in many ways. First, it was the first project of its kind in the history of the university. Second, SHAPE identified talented students to write songs that promoted behaviour change and then paid the recording costs involved in the venture. Overnight, therefore, ordinary students were transformed into recorded artistes and their music was being played on national radio and television. Third, through its

launch activities, SHAPE managed to market itself to the rest of the country and to establish strategic partnerships with key figures such as the Minister of Health, Dr. S. Parirenyatwa, who attended two such launch events as the guest of honor. The then Minister of Higher Education, Dr. H. Murerwa, the UZ Vice Chancellor, representatives from the donor community and the media all attended the various launch events³².

As with the peer counselors, students who were involved in the music project were envied by their peers. SHAPE was seen as the place where dreams came true and where one could become a celebrity. For instance, students belonging to the music club were often invited by different institutions to perform at youth functions. They were also invited to speak and perform on television programmes targeting the youth. Some of the students had shared the stage with Zimbabwean musical giant, Oliver Mtukudzi, at the 2003 and 2004 album launches and a student had done a duet with Andy Brown—another local big name. Many other students had shared the stage with Roy and Royce and Plaxedes Wenyika, three artistes whose songs were doing very well in the local charts and at local clubs then. The list was endless. In 2007, a female student who was a member of the music club explained what the organisation meant to her by observing:

“I am famous here on campus. Everyone knows me, all because of SHAPE! I was still only in first year when I performed at the SHAPE party last year...that’s where most people saw me and now everyone knows me! I also got an opportunity to go to a recording studio last year, imagine. There are many people who are talented out there who do not have the money to record, and yet here I am, recorded and all”.

³² Students were generally well behaved at these events and did not heckle the government officials and university authorities who attended. This was largely because of the high regard that students had for SHAPE. It was also partly because students considered the presence of government and university officials to be an attestation of student power and hence a form of student victory over government arrogance.



A male student claimed that being an ‘artiste’ as he referred to himself, had made female students that much more interested in him. ‘They recognize me from performing at SHAPE functions’, he explained. Even though at the time in conducted fieldwork, SHAPE was having problems raising funds for the production of its fourth album, members of the music club remained hopeful that the money would be found and that their music would soon be playing on national radio and television stations, as had happened to their predecessors. With this conviction, members of the music club met weekly like everyone else for the purposes of helping each other with lyrics as well as practicing their performances. For many SHAPE students, not just music club members, the tasks involved in organising and implementing SHAPE activities made them feel truly important and special. SHAPE students were also often invited to give the ‘student voice’ when SHAPE executives met with current and potential donors. A first year female student asked rhetorically:

“Here I am, a mere first year and yet I have already facilitated talk-shows on campus and I am one of the leaders in my club. I have also represented SHAPE at many meetings here on campus. Which other organisation allows students so much room to do as they please as SHAPE does?”

The final point I want to raise in this part of the discussion is the fact that, in addition to its innovative intervention, students were also attracted to the organisation because its staff members were young. As a matter of policy, SHAPE deliberately employed recent graduates, preferably former SHAPE students, as its strategy of ‘keeping the office young’ and hence ‘approachable’. This was in the belief that students would find it easier to participate in SHAPE activities if SHAPE staff were closer in age to students. This strategy seemed to work well as SHAPE staff were seen as role models and many

students aspired to be like them: employed by an NGO and living a life of travelling, staying in hotels, meeting important people and earning a good income, among other things. The extravagant lifestyles that NGOs seemingly promote, as indicated by the large amounts spent purchasing expensive four-wheel drive cars, convening endless meetings and conferences in expensive hotels and resort towns as well as paying exorbitant per diems, have been the subject of intense debate in academic circles (see Epstein 2007; Rodlach 2007) and in the local media. However, many students equate these same features with success and hence feel inspired when they see their peers working for SHAPE and living such a life. Indeed, one SHAPE staff member had attended a couple of meetings in neighbouring South Africa while still a SHAPE student, and one meeting in the United States since becoming a full-time SHAPE employee six months earlier. SHAPE thus reinforced students' middle-class aspirations and was viewed by some students as an elitist organisation.

'Working for an NGO'—be it an AIDS service organisation or not—was something that most SHAPE students aspired towards, particularly those in the social sciences. Through their participation in SHAPE activities, and especially through the SHAPE Associations, many students got to be inducted into the world and workings of the non-governmental community. Many students thus equated involvement in SHAPE activities with high marketability in the job sector. 'It's good for your CV. And you know gender and HIV is where the money is these days', many SHAPE students I spoke to acknowledged. SHAPE was thus fed into many students' ideas of success and prosperity.

SHAPE and the frustrations of HIV programming on campus

If the HIV epidemic has taught us anything at all, it is that individuals do not uncritically absorb ideas and messages that they are exposed to. Instead, they will often try to make sense of given messages and adapt them for their own needs, uses and purposes. In the discussion that follows I show how students' ideas of what a 'fun' intervention entailed were often at odds with SHAPE's ideas. I also explore the frustrations that this caused on both sides. Every Tuesday over lunch-time, the SHAPE official responsible for the SHAPE associations met with all association leaders for weekly updates. During these meetings, club leaders reported on the following: (a) activities that they had conducted in the previous week; (b) challenges and successes they had faced in implementing the said activities and (c) planned activities for the coming week(s). These meetings were key sites in which not only the concept of 'youth participation' was given life, but where also the concept of 'responsible fun' was constantly negotiated.

Each week, club leaders expressed their frustration at the bureaucracy involved in getting planned activities accepted by SHAPE staff. Clubs were expected to submit brief proposals, with accompanying budgets. A SHAPE official would then examine the proposal to ensure that proposed activities had sufficiently integrated gender and HIV and AIDS messages. All proposals falling short of these requirements were rejected. Also, many of the budgets submitted by students tended to be way above what SHAPE could afford or was willing to spend. Therefore students always had to revise their budgets downwards. Every week I observed, and assisted club members, adapt their proposals to be 'more relevant to SHAPE's core agenda of gender equity and HIV prevention' as well as to be within acceptable budgetary limits. Many times weeks went by before proposals

and budgets were approved. In one incident, the Ballroom Dancing Association submitted a proposal whose budget included the purchasing of a radio, ballroom dancing music CDs and ballroom dancing outfits. The proposal was rejected on the basis that SHAPE would have a difficult time justifying such expenses to its donors. Members of the association challenged—unsuccessfully—this decision on the basis that SHAPE had purchased jerseys and balls for the soccer association. In fact, there was a full set of soccer jerseys that had been purchased for female students, but which was not being used. How, members of the ballroom dancing association enquired, had this expense been justified to the said donors?

The soccer association, in turn, submitted a proposal in which they requested that lunch be provided to players after its weekly games. Until then, SHAPE supplied only juice and biscuits to players. A compromise was reached in which SHAPE would provide lunch only for those games in which space was created to discuss gender, HIV and AIDS issues. This would allow SHAPE to draw the needed resources from its ‘talk-shows’ budget. At another time, the Music Association submitted a proposal to host a ‘promoting information and morality party’, which they referred to as the ‘Pimp’ party. The proposal was approved, by the SHAPE Director, who was known to have a rather soft spot for all things related to music, even though the budget was double that of the Ballroom Dancing Association. Many students, and some SHAPE staff, also doubted the value of the Music Association as an HIV prevention strategy. This created enormous tensions between different clubs and I was often called upon by both SHAPE staff and students to help diffuse such tensions.

Tensions between associations sometimes threatened to derail SHAPE's activities. Because students who were members of the music association considered themselves to be celebrities, members of the music club often refused to perform at functions organized by other associations unless they were paid. Towards the end of 2006, I observed an altercation in that vein between members of the Music, Interact and Soccer Associations. The Interact Association was planning to convene a 'fun day' for children from a number of orphanages. To this end, the association had arranged for members of the soccer association to coordinate soccer matches between the children. It had also planned to have the music association perform at the event. Unfortunately, the latter wanted to be paid for their participation. One of the music members explained that it was the 'policy' of the association to only perform for a 'fee'. When the Interact Association submitted a budget to SHAPE that had a line item for the payment of the Music Association, it was rejected. After fruitless negotiations between the different associations and some SHAPE staff, the SHAPE Director was called upon to address the issue. In a rare show of displeasure the director reminded members of the Music Association that their association only existed because of SHAPE. 'Without SHAPE there is no music club!' he lashed out, 'You are the property of SHAPE! If you don't like our rules you can go off and start your own music club!' The SHAPE Director was generally very charismatic and affable and many students found him easy to relate to despite the fact that he was in his early forties. Ninety-percent of the time he could be found listening intently to students' ideas and laughing with them; the remaining ten percent was for difficult moments like these when he had to firmly remind students who

the boss was. The planned event went ahead, but with minimal participation from the Music Association.

In addition to the bureaucracy involved in budgeting, associations were also required to submit weekly activity reports. This meant that students had to make time during the week to use the word processor in the SHAPE office to type up these reports. One word processor was allocated for this purpose but high demand (caused, among other things, by poor typing skills among students and computer viruses that students carried on their flash-drives) meant that there was often a backlog of reports. SHAPE responded to this demand by allowing students to work late in its offices, under the supervision of the Finance Manager who often worked till 8pm. However, the office of the Dean of Student Affairs expressed security concerns about this arrangement and forced SHAPE to withdraw this facility. It did not, however, withdraw its requirement for club reports, although it allowed clubs to submit handwritten reports. SHAPE used these reports to keep track of the various Associations' activities and it also used these to compile reports for its various donors.

Another frustration experienced by club leaders and members was the requirement placed on all clubs to attract 'reasonable' numbers of female students to their activities or risk not receiving financial support from SHAPE. A long history of sexual harassment, sexism and various forms of gender violence on campus had contributed to low levels of participation in campus activities by female students (Someraï 2003). As illustrated in the various chapters, interactions between female and male students tended to be very frosty, hence many female students avoided those spaces that were prone to *chi-UBA* performances such as discussion forums, including SHAPE talk-shows. In

addition to preventing HIV infection among students, SHAPE was also interested in promoting gender equality at the UZ. This is because the organisation firmly believed that power imbalances between men and women in the country were responsible for fuelling the epidemic (see Terry 2006). Consequently, SHAPE associations were required to promote gender equality into their daily activities by employing the following tactics: ensuring that female students also held key leadership positions in the clubs; encouraging female students to participate in deciding club activities; ensuring that female students played an active role in the implementation of club activities and that club membership consisted of equal numbers of female and male students.

As a proponent of SHAPE's gender equality focus, I spent considerable time assisting students with ideas on how they could better integrate gender issues into their activities. I did not succeed in convincing SHAPE students that they might get better results if they advertised their activities through door-to-door visits in the female residences or sticking posters in female residence toilets, or by tasking each male SHAPE member to bring a female colleague to club meetings. 'You must try and figure out where female students spend most of their time and what types of activities they find interesting' I advised. 'Do you think many female students will be comfortable attending a 'pimp' party?' I probed members of the Music Association when I first saw their proposal. 'Will any female students be performing at this party', I continued to probe. It was always to no avail and I always got the same responses. Female students are afraid to perform. They lack confidence. They are not interested. Furthermore, male SHAPE members resented the idea of going to these extra lengths just to convince female students to participate in their events. A male student expressed the following view,

which was shared by many, ‘What’s so special about them [i.e. female students]? If they won’t come to our functions we will not beg them to!’ Towards the end of 2006, a club leader resigned in frustration at the bureaucracy involved in getting proposals approved and funded. He was also upset at what he described as the ‘lack of appreciation for the sacrifice involved in organizing SHAPE events’. Three committee members from two different clubs also threatened to resign citing similar reasons.

What these various examples illustrate is that the bureaucracy involved in managing and implementing an HIV intervention often ran counter to, and conflicted with students’ ideas of ‘fun’. Students associated ‘fun’ with spontaneity and simplicity. Another component to the conflicts narrated above is that, in the absence of alternative sources of income, some students saw SHAPE as a resource for financing social activities that had little to do with HIV prevention.

So, how did the SHAPE intervention fare with regards to reducing sexual risk-taking behaviour among students? From a public health perspective, effective HIV interventions are those that result in ‘behaviour change’. This is usually defined in terms of an increase in the number of individuals who adopt any one of the ABC’s, that is abstinence, faithfulness and condom use (Heald 2002). Many SHAPE students were implicated in the practices discussed in this thesis. For instance, many of the males participated in the ‘gold rush’ and had multiple partners. Similarly, Nakai, one of the ‘active lust seekers’ described in chapter two was a key SHAPE student and she was regularly called upon to facilitate the organisation’s talk-shows. Nakai considered herself an expert on the use of contraceptives and during fieldwork I attended a talkshow on contraception where she was the main facilitator. Nakai demonstrated—correctly—the

use of female and male condoms as well as responded—correctly again—to numerous questions regarding the efficacy of other contraceptives, such as the pill and the loop. Ironically, in April 2007 I found myself driving her to a reproductive health clinic to get a pregnancy test, as her period was ‘late’. She insisted that she was on the pill, but admitted that she never used condoms in her relationships. The pregnancy scare turned out to be false. However, Nakai had fallen pregnant before in her second year but had aborted.

In 2003, SHAPE carried out a cross sectional survey to assess UZ students’ knowledge, attitudes, beliefs and practices regarding various aspects of HIV. Nine hundred and thirty-three students participated in the survey and comparisons were made between the responses given by SHAPE students and those who did not participate in SHAPE activities (Terry et al 2006). While SHAPE students scored highly in terms of their knowledge on various aspects of the epidemic, their actual risk-taking behaviour was not very different from the rest of the student population. For instance, close to thirty percent of both SHAPE and non-SHAPE students who indicated that they were ‘currently sexually active’ reported that they had not used condoms during their last sexual encounter. These figures are comparable with national statistics, which show that thirty percent of young men and nearly fifty percent of young women between the ages of 15-24 reported that they had not used condoms during their most recent ‘higher risk’ sexual encounter (*Zimbabwe Demographic Health Survey 2005-6:197*). ‘Higher risk sex’, in this case, was defined as ‘sexual intercourse with a partner who neither was a spouse nor who lived with the respondent’ (*ibid*).

The Politics of implementing an HIV intervention on campus

At the time I conducted fieldwork, SHAPE had already been implementing its HIV intervention at the UZ for six years, yet it still faced the challenge of having to regularly negotiate its continued presence on the UZ campus. These negotiations were typically done with the following key university authorities, to whom its existence on campus was dependent: (a) the Vice Chancellors, of whom there had been two since SHAPE appeared on campus in May 2000; (b) the Deans of Students, who are responsible for the non-academic, welfare needs of students, and of whom there had already been six ‘acting’ in as many years; (c) the nursing ‘sisters’ from the SHS, who are directly responsible for the health needs of students, and of whom there had been at least three since 2000; (d) the senior security officers, who are responsible for maintaining ‘order’ on campus; and (e) other key officials in the Student Affairs Department (e.g. deputy deans, accommodation officers etc).

The fact that SHAPE needed to negotiate its presence at the UZ at all and on such a regular basis was evidence of its rather precarious positioning in the broader structures of the institution. This constant negotiation was despite the fact that SHAPE had been granted permission to operate on campus by the Office of the Vice Chancellor itself, which represents the highest decision-making authority for the day-to-day operations of the institution. Indeed, it was also because of the directive by the same office that SHAPE had been allocated office space in the strategically located Student Services Building, which housed the other key departments concerned with student’s welfare and well-being. With the direct backing of the Office of the Vice Chancellor, SHAPE had expanded from one office in 2000 to occupying almost one-third (i.e. seven) of the

available office space in the building, three years later. Even though the university claimed back three offices, SHAPE continued to be the only ‘outside’ organisation to take up that much office space in the building. Indeed, it was also the only ‘outside’ organisation permitted to set up base and operate from within the university.

Most ‘outside’ organizations, the majority of whom were religious in nature, had a ‘campus branch’ through which they operated. Even political parties had satellite branches at the institution, through which they accessed students. A good number of organizations had resorted to establishing student-run campus-based satellite branches, after having failed to secure the necessary permission to set up fully functioning offices on campus. While inadequate office space was obviously an issue, anxieties over what the government referred to as ‘regime-change organizations disguised as NGOs’ (Batsell 2005; Kagoro 2005; Rutherford 2004), appear to have been the main reason behind this particular response to the presence of non-governmental organizations on the UZ campus by UZ authorities. The latter worried that if civil society organizations were allowed to operate on campus, they would use the opportunity to fan anti-government sentiments and hence make the university ungovernable.

A brief background discussion of the government’s relations with civil society organizations is useful. Since 1999, civil society organizations in the country have grown in number and influence and become very vocal and critical of the government. In fact, in February 2000 civil society organizations, with funding from various donor agencies, had successfully mobilized the Zimbabwean population to reject the new constitution that the government had drawn up (Masunungure 2004). The perceived partnership between civil society organizations, the opposition and some donor agencies contributed to the

government's distrust of all three groups. In 2002 the government changed the law regarding the registration of non-governmental organizations in order to make them harder to establish. Furthermore, these organizations were placed under the jurisdiction of the Ministry of Social Welfare, thereby making them directly accountable to the government. By 2008, government intolerance had grown to incredible levels and during the June run-off elections, it issued a directive for all non-governmental organizations and some donor agencies to close their offices with immediate effect (Matyszak 2009). This directive affected all organizations, including those involved in HIV prevention work such as SHAPE.

From its early days onwards, therefore, SHAPE came to measure its popularity within the corridors of power at the UZ—and by implication, its security of tenure at the institution—in terms of the number of offices it had at any given moment. In the absence of a formal (i.e. written) memorandum of understanding with the UZ, which would have clarified and sealed the organisation's role and positioning on campus, SHAPE had to rely on this rather indirect, but key, form of acknowledgment.

Three reasons explain why SHAPE was allowed to operate on the UZ campus. In the first instance, the fact that it was an initiative by former students was a major advantage. In 1998, a number of the founding members of SHAPE had organized a highly successful fundraising initiative for a fellow student who had suffered complete renal failure. This initiative had been covered extensively by the media and resulted in Grace Mugabe, the First Lady of the country, becoming involved. University authorities were therefore familiar with some of the individuals at SHAPE and this could have made them less suspicious of the students' intentions. In fact, one of the key individuals that

SHAPE consulted as it was still trying to set up the organisation was the Pro-vice chancellor's wife, Dr Nyagura. She was an academic at the institution and a few of the SHAPE founders had taken classes with her. The Vice Chancellor's wife was very supportive and it can be concluded that she played a key role in securing permission for SHAPE to operate at the institution. Over the years, SHAPE continued to establish strategic partnerships with key individuals both on and off-campus. Some of these, as previously discussed, involved inviting key government ministers and key university authorities to officiate at its functions, such as during the launch of the music albums. The organisation also regularly held joint activities with the student health services and the student council. In addition, academic staff, health personnel and other strategic individuals were invited to facilitate at training workshops. During the 2006 orientation week, for instance, SHAPE organized a series of seminars on sexual harassment on campus. The organisation invited a number of 'experts' to speak on various aspects of sexual harassment, such as an academic from the law faculty, a member of the Zimbabwe police and a representative from the non-governmental organisation, the Women's Action Group. The director of campus security and a few security officers were also invited to the seminars. These partnerships strengthened SHAPE's positioning on campus.

The second reason why SHAPE was allowed to continue operating on the UZ campus was that its activities, many of which were covered extensively in the national media, helped to clean up the badly battered image of the institution. At the time of SHAPE's formation, and indeed even well before then (see Gaidzanwa 1993), the media coverage that the UZ had been receiving was overwhelmingly negative. Through

SHAPE, however, students at the institution could be shown in a new light as engaged, concerned and responsible citizens.

The third factor had to do with the fact that the organisation enjoyed tremendous support and respect from students. Besides its ‘fun’ intervention, students also seemed quite taken in by the fact that SHAPE was an initiative of former UZ students as well as by the fact that SHAPE seemed to genuinely care for students’ welfare. Unlike the university administration, whose approach to managing students was impersonal and seemingly aimed at ‘containing’ students and their destructive passions, SHAPE’s mode of governance was the exact opposite: it was liberal, democratic and very personal. Indeed, the organisation maintained an ‘open door’ policy and students could just walk into the SHAPE reception, request to see the Director and see him as soon as he was available. This is because SHAPE appreciated the basic fact that its intervention would fail if it did not have strong student support. Also, as former students themselves, the SHAPE staff empathized with students’ frustration at being infantilized and not listened to by university authorities. SHAPE was therefore seen as contributing, however indirectly, to campus stability and university authorities seemed to appreciate that.

Finally, in addition to establishing the strategic partnerships discussed above, SHAPE sometimes had to literally ‘buy’ its way into the hearts of the authorities. This typically took the form of financially supporting various university events. In 2004, for instance, SHAPE sponsored the top three prizes for the annual inter-universities athletics competition held at the UZ by the sports department. Between 2003 and 2007, it consistently sponsored the main prize for the annual inter-faculty soccer games. These games were one of the major highlights in the social calendar of the UZ and they

attracted participation from both students and staff. Occasionally though, SHAPE was quite blatant in its use of money. In 2003, SHAPE paid for the installation of security bars on the windows of all the offices that were located in the Student Affairs Building. The windows had been destroyed in a student demonstration. SHAPE had its offices in the building and, for the first time since its inception, the organisation's windows had also been destroyed. This was unusual because, until then, the organisation's windows had always been spared as students considered the organisation to be sympathetic to students' issues. In fact, members of the student council apologized to the SHAPE director and assured it that only students who were unfamiliar with the organisation would have committed such a reprehensible deed.

However, the deed having thus been done, SHAPE realised that it was politically expedient for it to replace all the shattered windows in the building as well as have security bars fitted on all windows for future protection. Although the costs involved in this undertaking were enormous, SHAPE came up with the money and all windows were replaced and secured. Unfortunately, while 'buying' its way served its intended purposes, it had a major downside. SHAPE came to be viewed as an extremely well-funded organisation and requests for financial assistance started pouring in from other sectors of the university community. One of these requests came from the student council which needed at least USD30,000 (then about Z\$7.5 million at the official exchange rate of Z\$250:1USD and easily twice that at the parallel market rate) for the refurbishment of the students union building—which included revamping the derelict plumbing system and plastering and repainting the whole building (a huge complex that included a dining hall that sits at least a hundred students, two gyms and close to twenty offices).

Conclusion

Student expectations from HIV interventions often conflict with those of implementing agencies. This is the case even when implementing agencies try to employ creative and fun approaches to HIV prevention, as the SHAPE experience shows. The greatest challenge perhaps of implementing an HIV intervention with university students is that those who volunteer as peer educators do so primarily to gain skills that will make them employable in the non-governmental sector. Furthermore, many students who volunteer as peer educators are often much more interested in changing the behaviours of other students rather their own. Finally, students may participate in HIV interventions largely because they find them entertaining and not because of any real desire to engage in protective behaviours. In the next chapter I explore the implications of all this for HIV prevention in the country, and on the UZ campus.



Chapter 8

Conclusion

Thus far, this thesis has been silent on the issue of HIV positive students and access to treatment and care at the UZ campus. This is because few Zimbabweans know their HIV status and even fewer are willing to publicly disclose an HIV positive status. According to the *Zimbabwe Demographic Health Survey* (2005-6), young people between the ages of fifteen and twenty-four account for the lowest uptake of HIV testing services. Only seven percent of young women and five percent of young men in this age group have been tested for HIV and are aware of their test results (*ibid*). Across all age-groups, only twenty-one percent of women and twelve percent of men in Zimbabwe who took an HIV test actually collected their test results. The social stigma that is attached to HIV and the general lack of treatment options are the main reasons behind the low uptake of HIV testing services. Stigma in Africa generally emanates from two sources: the disease's association with 'sexual immorality' (Whiteside 2008; Illife 2006) and its association with social death (Niehaus 2009). As pointed out in the previous chapter, anti-retroviral drugs were only made available in government-run hospitals and health centres as recently as 2006. Until then, anti-retroviral drugs were only accessible from private hospitals and were beyond the reach of most. Consequently, many people associated HIV infection with death and they preferred not to find out their HIV status. However, even in countries like South Africa where treatment for HIV is widely available, few people chose to learn their HIV status (Hutchinson et al 2007; Simbiya et al 2007; Medley et al 2004).

Students at the UZ have displayed similar reluctance with regards to learning their HIV status. Organisations like SHAPE have regularly invited HIV positive individuals from ‘The Centre’ (a non-governmental organisation that works with, and provides care and support to HIV positive individuals) to its various activities to share their experiences of living with the virus. During the 2006 orientation week, SHAPE invited HIV positive individuals from ‘Clear Vision’, another organisation that works with and cares for the infected, to speak to first year students about the benefits of HIV testing and the possibility of living positively with the virus. Although many students indicated that they found such events beneficial, they still expressed great fear at learning their HIV status. This was because they equated an HIV positive status with the collapse of their dreams and future plans. Some students also worried about the potentially toxic effect of anti-retroviral drugs and did not therefore see the latter as a sustainable option. Despite the numerous advertisements that aired on the national television on how to ‘live positively’ with HIV and AIDS, the disease continues to be associated with imminent death in the minds of many. Cairns et al (2006) note that one of the major challenges facing universities is that students are only on campus for a limited period. Consequently, HIV positive students begin to show signs of infection only after they have left the institution, which makes the provision of anti-retroviral drugs to students a very costly exercise. It is clear from the above that a major gap exists in the literature regarding the experiences of HIV positive youth, in general, and university students, in particular.

I set out in this thesis to investigate how ‘campus cultures’ shape university students’ perceptions, and experiences, of love and romance, as well as their sexual practices. The thesis, however, should not be viewed as a mere cataloguing of the sexual

practices of university students, but rather should be read as an exploration of the various meanings that the latter attach to sex, love and romance. More importantly, perhaps, the thesis should be read as offering an account of the role that *institutions* play in structuring youth sexuality. A key point that I make in the thesis is that where individuals are located—spatially and temporally—is just as important to understand as are the other ‘risk’ factors, such as socio-cultural beliefs and poverty, for instance. Many HIV interventions in Zimbabwe have traditionally focused on ‘at risk’ populations rather than on ‘risky contexts’. The problem with focusing on the former, as Campbell (2003) pointed out, is that it places emphasis on individual behaviour change and not enough on the social and environmental contexts in which sexual and romantic partnerships are formed. Some HIV and AIDS activists have begun to call for ‘social change’ programmes in addition to ‘behaviour change’

The university students that I investigate offer particularly striking examples of how youth sexuality, and indeed sexual risk-taking behaviour, is the effect of a complex interplay of factors. While age, cultural beliefs and economic factors continue to be important factors, they take on vastly different meanings on a university campus. This is because these factors are mediated by students’ own perceptions of themselves as youth who are in the process of transitioning to adulthood. I have tried to show throughout the thesis that this idea of university as a transitional (and hence liminal) phase presents students with many opportunities to temporarily suspend and even subvert some societal norms. It is because of this, for instance, that the female students I discussed in chapter two and three constructed their sexuality in the ways that they did: by prioritizing sexual pleasure and using their sexuality to re-construct themselves as modern and successful in

their peer groups. Male sexuality, on the other hand, was heavily influenced by their perceptions of themselves as ‘male university students’ and not just by their perceptions of themselves as young Zimbabwean men. In particular, even though many male students lacked the necessary economic resources to attract romantic and sexual partners (just like most young Zimbabwean men), their specific responses to this position of powerlessness were guided by the *chi-UBA* principles of militancy, radicalism and rebelliousness. It is therefore impossible to fully understand male student sexuality, or even design an effective HIV intervention, without examining how masculine identities are created on the UZ campus.

Beyond its specific focus on young people in institutions of higher learning, the thesis generally seeks to expand contemporary knowledge regarding youth sexual agency within the context of HIV and AIDS. More often than not, young people—particularly young women—are portrayed as lacking any agency whatsoever in their relationships and with regards their sexual lives. This is especially common in studies of transactional sex and intergenerational relationships. I have, however, tried to challenge the idea that power always works uni-directionally and that men are always fully in control in these relationships. As the experiences of the female students in this study show, young women often exercise considerable agency, and power, in these relationships. Female students, for instance, successfully employed strategies that enabled them to avoid having to reciprocate sexually for the ‘gifts’ that they received from their male partners. Where this was not possible, female students could usually exercise some level of control over the frequency and timing of sex in these relationships. The thesis has further illustrated that transactional sex relationships are a strategy that both young women and the men they

date use to compete for social status in their peer groups. Consequently, these relationships are often beneficial in non-sexual ways to both parties.

A second aspect of youth sexual agency that is ignored by most studies and HIV prevention practitioners pertains to how young people make sexual decisions. It is generally believed that, because of their ages, young people are incapable of making the ‘right’ choices regarding their bodies and sex. The decisions that youth eventually make, especially when they do not conform to the ‘ABCs’ (abstain, be faithful, condom use) of HIV prevention, are often dismissed as ‘irrational’ and poorly thought out. This thesis, however, proves otherwise. For many students in this study, the decision to be sexually active was often carefully thought out and was weighed against other factors. For instance, both female and male students prioritized pleasure over protection. As one of my female participants acknowledged, ‘I know that there isn’t much of difference between having sex with a condom and having sex without a condom, but condoms are too clinical. I like to know that it is just me to him, not me to him via a plastic!’ A male student, in turn, admitted that ‘in that moment, you don’t think of condoms. I have had unprotected sex many times even though I had condoms in my pockets the whole time!’ Again pleasure trumped protection. Dismissing young people’s decisions as ‘irrational’ is problematic because it forecloses any opportunity for gaining any in-depth understanding of young people’s particular social realities and how these shape their sexual practices and choices.