



UvA-DARE (Digital Academic Repository)

Bleak prospects : young men , sexuality and HIV/AIDS in an Ethiopian town

Tadele, G.

Publication date
2005

[Link to publication](#)

Citation for published version (APA):

Tadele, G. (2005). *Bleak prospects : young men , sexuality and HIV/AIDS in an Ethiopian town*.

General rights

It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations

If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: <https://uba.uva.nl/en/contact>, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.

'We are overwhelmed by worry': HIV/AIDS and other plights

There is nowhere where we can find work and we are forced to think of other undesirable alternatives which we would have previously been glad to avoid, things like theft and so forth. We are overwhelmed by worry right now. We have no parents or relatives or anyone who can take care of us. Our labour is our only means of support (our father and mother is our 'labour'). Now that we have even been prevented from earning our bread by our own labour, we can only make a living by theft. This is your work [pointing to the microphone he was holding while being interviewed], if the government prevents you from doing it and even goes as far as to chase you away, you will surely find yourself in a terrible dilemma about how you are going to make a living. What you will do and where you will find work isn't easy were you to find yourself in our situation. Then you would be forced into feeling that you are isolated, and you will lose any respect you might have for society, and this will disturb your peace. You might even be forced to go into politics [he probably meant forceful opposition to the government] rather than thinking of how you can learn or improve your situation in life or how you can contribute to your country. All your plans and goals will be destroyed. Why should I be made to lose all hope of one day becoming a 'person' [wealthy, self-reliant] at such an early age? The government should have been extending its helping hand to us and should have provided us with an education so that we can in turn contribute to our country. But look what it is doing to us; it is making it hard for us to lead even a hand-to-mouth existence (keje wode afe) by our own labour. In place of being given hope and encouragement, we are being forced to surrender all our hope of improvement, and lead an uncaring and hopeless life. Only the government is to blame because it should have helped us to be productive, but we understand that our country is poor and such help could not be extended, so we do not just sit demanding it. But then it shouldn't be cutting us short of any limited income we might have had previously by undertaking such activities. Someone has to do something about this, but we cannot even find the chance to voice our concerns and problems, even when we are oppressed as much as we are (Arega, 23 male street youth).

Some of the young people on the streets involved in the study used to work in the bus station, helping passengers with their luggage (loading and unloading bags) from buses and washing cars. But at the time of the interview, they had been barred from entering the station; forcing them to find any kind of work they could lay their hands on outside, where there was not much work to be had. They explained that to protect the safety of passengers, the administration of the local bus station had selected 15 workers and allowed only them into the bus station. This action had caused great difficulties for those who were not selected to work inside. Those working outside were finding it far from easy to earn any money. Some of them spent a day or a night without any food. The above quotation was spontaneously expressed by one of the young street men in response to a question about their day-to-day concerns and problems. He gave vent to his feelings of insecurity and helplessness, thereby highlighting how difficult life could be for most young people in general and for those struggling to earn a living on the streets in particular. His view seems representative of those of most street youths doomed to struggle against poverty and the lack of opportunities for education or job. This quotation bears on many of the issues that this chapter will explore.

The objective of this chapter is to explore how the underlying (but so far overlooked) socio-economic environment has affected young people and their sexual behaviour. It presents young people's concerns and problems and their knowledge and perception of the socio-economic setting of Dessie and its surroundings in order to investigate the link between young people's sexuality/HIV/AIDS and the socio-economic crisis. By letting them talk on their own terms, the chapter attempts to communicate their worries and fears, how HIV/AIDS compares in relation to other problems, and how significant the health problem is in their daily lives. It became clear that street youths were most preoccupied with obtaining food,

money, and improving their appalling living conditions, and were less concerned about preventing HIV/AIDS infection.

For the majority of school pupils attending public schools, HIV/AIDS was the main preoccupation, but this competed with the problem of later unemployment and their perceived gloomy future lives. This seems to indicate that poverty and other socio-political predicaments create favourable conditions for the AIDS epidemic, and prevent an effective response to reverse the tide. Given that most HIV transmission takes place because of poverty, gender inequality, and other structural factors (beyond the control of individuals), this chapter highlights the need to focus on alleviating the high levels of poverty and unemployment if the spread of HIV/AIDS is to be averted. The chapter specifically addresses the following questions: What do young people aspire to in their daily lives and how is this related to their sexuality? What are the mechanisms by which poverty and related socio-economic circumstances put young people at risk from HIV infection? Why has HIV/AIDS reached the level of an epidemic and why has it continued to spread at an alarming rate? How is the socio-economic and political crisis affecting the societal response to AIDS prevention?

When HIV/AIDS arrived in the 1980s, it was assumed that people would protect themselves from infection or change their sexual behaviour if given the necessary information about its transmission and prevention. Most research, however, revealed that sexual behaviour is not the result of rational decision-making based on knowledge or information about HIV/AIDS. In the 1990s, it became clear that the range of factors that influence the sexual behaviour of individuals is far more complex than simply lack of knowledge or information about HIV/AIDS. Many researchers (for example, see Schoepf 1995; Setel 1999 in Africa and Farmer 1992, 1995, 1999 in Haiti) reiterate the role played by political and economic factors in determining the shape and spread of the epidemic and how poverty has acted as a barrier to any effective AIDS prevention programmes (Parker 2001). Although different researchers have used different terminologies, and emphasized different aspects of poverty, economic exploitation, gender power, sexual oppression, racism, and social exclusion, they have all addressed what Farmer calls "structural violence" (Parker 2001). Farmer (1992 1995, 1999) in particular has shown how poverty exposed poor Haitians such as Manno, Anita, and Dieudonne to HIV infection and eventual death. The stories that Farmer presents reveal that impoverished people are not often in control of their sexual health, and providing only information or education about HIV/AIDS may not necessarily prevent HIV infection. Farmer (1992:259) maintains that "HIV has become what Sabatier (1988) has termed a "misery-seeking missile". It has spread along the path of least resistance, rapidly becoming a disorder disproportionately striking the poor and vulnerable".

In her book entitled *Letting Them Die: Why HIV/AIDS prevention programmes fail*, Campbell (2003) concludes that unsafe sexual behaviour of miners, sex-workers and young people in Summertown (South Africa) is not simply because of ignorance. People's living and working conditions often undermine the likelihood of safe sexual practices. Campbell maintains that HIV/AIDS information campaigns, which target only the rational decisions of individuals would inevitably fail. "The extent to which people have the ability to adopt new sexual behaviours and to safeguard their health is dramatically constrained by the degree to which social circumstances support or enable them in these challenges" (Campbell (2003:184). This means that the struggle against HIV/AIDS is a battle against poverty and inequality thereby highlighting that the fight against AIDS is a long-term programme.

The foregoing discussion suggests that HIV/AIDS prevention efforts could only have an optimal impact when informed by sound insights into broader issues of sexuality beyond 'risky' sex. There is a need to appreciate the socio-economic context of sex and sexuality, and deconstruct the assumption that sexual behaviour is shaped by the conscious decisions of rational individuals. Locating sex and sexuality beyond individual responsibility helps to go beyond individual behavioural interventions such as the ABC model (Campbell 2003). Such recognition should lead to a number of long-term interventions such as reducing "[T]he high levels of poverty and unemployment that undermine young people's confidence in their ability to direct their lives and take control of their health in ways consistent with their hopes and aspirations" (Campbell 2003:144). As shown in Chapter One, sex and sexuality research

in Sub-Saharan Africa is poorly understood as biomedical and behavioural understandings of sexuality have dominated many HIV prevention programmes with little attention paid to the broader socio-economic context of sexuality.

As indicated in Chapter Two, Ethiopia is geographically located in a part of the world prone to political instability and afflicted by recurrent drought and wars (both internal and external). The Horn of Africa, in which Ethiopia is situated, is also one of the poorest sub-regions of the world. Ethiopia has emerged from one of the worst famines of the twentieth century and drought and famine still repeatedly assail the country. Ethiopia has also emerged out of one of the longest civil war in African history that devastated the country for nearly three decades.⁸⁰ Both internal and external wars have incapacitated the societal response to AIDS. It is also obvious that famine, drought, and war have resulted in the creation of instability in the society and in the breakdown of community cohesiveness by causing homelessness, rural-urban migration, and poverty. Drought, famine, and conflict have led to the collapse of traditional social regulation and control systems. Although the arrival of HIV in Ethiopia was followed by these massive socio-economic instabilities, there are very few or no anthropological studies that have focused on the ways in which structural factors (over and above behavioural factors) shape sexuality and the HIV/AIDS epidemic. This chapter situates poverty and other socio-economic conditions at the centre of the analysis, and I hope that it will contribute to the growing literature that links sexual behaviour and the spread of HIV/AIDS to macro level factors. It is hoped that exploring the political economy of HIV/AIDS will inform policy makers in designing structural HIV/AIDS interventions that go beyond providing information or education (see Chapter Nine).

Worries and concerns

It appears that both the street youths and the majority of school students seemed to be preoccupied with both present and future poverty. This means that the street youths appeared engrossed with the problem of how to survive or obtain their 'daily bread', whereas the majority of school pupils, in addition to a fear of HIV/AIDS infection, were absorbed with the conundrum of how to overcome the gloomy future. Let me first discuss the daily worries and concerns of the street youths, after which I shall look at the same concerns of school students.

Worries and concerns of street youths

The first discussion, in any in-depth interview or FGD held with young men was of a general nature, about the concerns and problems that affect their daily lives. When street youths were asked what their problems were, it is surprising to note that no spontaneous mention was made of AIDS. It seems that the fear of HIV/AIDS and efforts to protect themselves from being infected had no urgency for them. Cogently, as shown in the opening quote, when those street youths working around the town bus station were asked how AIDS compares to other problems, and how significant it is in their daily lives, they replied that they are more worried about how they can satisfy their daily need for food than they are about AIDS.

Our daily life is beset with discomfort and worry and we are much more worried about the conditions in our daily lives [than AIDS]. We do not even find enough food to satisfy our stomachs and what we worry about is usually "What will we eat today?" and you cannot eat if you do not work. Therefore, even trying just to live is becoming a great problem to us and worries us a lot (Melak, 20, street male).

The street youths who were engaged in shoe-shining also expressed similar feelings of powerlessness, helplessness, despair, and frustration. Gezahegn (22, male street youth) for instance, said:

⁸⁰ The sad aspect is that after long years of civil war, the country again has been at war with its neighbour Eritrea, and there is still border tension and the threat of impending war between the two countries.

I want to quit shoe-shining and want to do something else because people treat me as an inferior (ye betach), just because I clean people's shoes, and this really enrages me. Therefore, I am worried about how I can find another source of livelihood and want to quit shoe-shining. I have had enough of being a shoe-shiner (listro) and won't hesitate to quit, but only if I find another job. What worries me more is not AIDS but whether I can do anything better than shining shoes. We are worried about our lives. We usually do not find enough to eat (while one eats, the other starves).

Almost all hated their jobs but they had no choice given their lack of education, the high level of unemployment, and chronic poverty. Abe is a 23-year-old street male and spends his time around the bus station. He claimed that he was demoralized and angry about his life and has started to have sex with whomsoever he comes across. He said clearly that it is not because of a lack of education about HIV/AIDS but because he was so distressed that he struck out blindly in this manner. When I asked why he is so distressed, he responded that he was deeply disturbed by his appalling life on the street and had started drinking too much alcohol and chewing *chat* in despair.

I do not know precisely how many times I chew chat in a week; if I chew chat I have to drink alcohol and if I drink alcohol it is a must for me to have sexual intercourse. I talk with a sex-worker I find in a bar or on the streets and when we agree on the amount of money I will pay her for sex, we go out together. If she is willing, I go without a condom.

It seemed that life on the street is characterized by a daily struggle to meet their need for food, *chat*, alcohol, and sex (often unsafe sex). One informant in one of the focus group discussions voiced a worry that had not been hitherto expressed in the discussion with street youths. He began by saying, "What worries us very much is AIDS", but did not proceed any further because most of the participants who did not think of AIDS as a worry urged him to speak for himself and to stop pretending to be their spokesperson. The failure to mention HIV/AIDS spontaneously during the focus group discussions about concerns and problems in the street youths' daily lives was unexpected and contrasts sharply with the responses of young informants attending school, who were quick to bring up the issue of HIV/AIDS as a burning concern without being instigated to do so by the facilitator (see the discussion below).

Pertinently, in addition to hopelessness and desperation induced by abject poverty, street youths in particular were not very knowledgeable about HIV/AIDS, which would have helped them to make informed choices. This contrasts with school pupils who appeared to know the basic facts about HIV/AIDS transmission and prevention though some misconceptions prevailed (see Chapter Six). Moreover, because of poverty street youths also lack not only material wealth and information but also romantic relationships. Unlike youths enrolled in school, the street youths reported that they did not have romantic relationships with same-age girl friends. The reasons were related to their low social status and poor self-esteem (see Chapter Three). Almost all of the street youths maintained that their precarious financial situation made it highly unlikely that they would be able to maintain a stable relationship, let alone enter into a marriage. Many expressed feelings of helplessness, inadequacy, and lack of self-esteem. Such frustration partly explains the group rape commonly committed by street youths (see Chapter Five). Hence, group rape and other violent (sexual) activities of young people must be understood in the broader socio-economic context that structures their everyday lives (Silberschmidt 2001; Moyer 2003).

Most of the street youths involved in the study had not attended school at all and others had dropped out because of poverty, but they placed a high value on education as a vehicle to extract them from their appalling situation. Speaking about their future and what they had in mind to do about it, they pointed out that the only way they could make their future any brighter was by attending school. They demanded that someone in the government do something for them and even pleaded with us to inform responsible organizations that formal schooling was badly needed. When told about the belief expressed by the students who attended public schools that "Education is not a good way of improving oneself these days"; they all stated that such students consider education very lightly because they live with their families and have no worries. They argued that those students who live with their families

consider schooling an experience to be endured rather than as a means to achieve some goal in life.

Worries and concerns of school students

Worries and concerns expressed by the majority of school students mainly revolved around the issue of HIV/AIDS, followed by the problem of unemployment. The fact that HIV/AIDS is still rampant and continues to spread fast, that the disease could be contracted in so many ways other than through sex, and that the epidemic continues to kill millions of people in developing countries while the developed world has managed to control the infection, were some of the issues that preoccupied the school pupils. The disparity between the developed and developing regions of the world in terms of the number and proportion of people affected by the epidemic was even a factor that motivated some of the school pupils (from a private Catholic school) to think of following a medical career and trying to find a solution for the poor people in developing countries. Therefore, it is possible to say that AIDS is on top of their list of troubles, and troubling them greatly. They argued that AIDS gave them their paramount cause for concern and worries and equated it with a war. One student remarked, "AIDS is war like in Afghanistan without visible bombs and bullets".⁸¹ They argued that HIV/AIDS is just such an elusive thing. One can abstain from having sex and still contract the virus through other means such as razors and needles or any such sharp utensils. They said that one can never be sure that he/she does not have the virus already in his/her blood. Demessie was an 18-year-old high school student. I asked him what worried him most in his life.

Every time this question is raised, I cannot help feeling depressed emotionally and very disturbed [he seemed lost]. [He bowed his head and fiddling with his clothes with his fingernails he said]: It is AIDS. Even when it is talked about in the mini media and mass media, I think it has even become more severe over time.⁸² I do not know what should be done; I think it is something sent from on High, from God. I do not know how it can be controlled. Making infected persons teach in the society is the only thing that can effect a change among the youth. Lessons should be provided on how the disease makes a person sacrifice his body and about how deadly the disease is.

The preference for people living with HIV/AIDS to be involved in teaching about HIV/AIDS was a theme that recurred frequently (see Chapters Eight and Nine).

In the questionnaire, when asked to mention the two greatest worries or concerns in their daily lives, 79 percent of school pupils marked the problem of unemployment/their future life after completing school and the fear of getting infected with HIV/AIDS. The remaining 11 and 10 percent mentioned fear of failure in relationships and dependence on *chat*, cigarettes, or alcohol, and fear of physical and emotional abuse and lack of entertainment/recreational facilities respectively. It therefore appears that although the problems of young people are many, complex and inter-related, lack of employment opportunities and HIV/AIDS (in varying degrees) are underlying issues for school students.

Like the street youths, the majority of school pupils (attending public schools) also resorted to crisis discourse or a rhetoric of complaints when asked about their perception of their future lives. They spoke of young people's lives in Dessie with bitterness. None of them described them without using words such as "not pleasant", "appalling", "miserable", or "disgusting/loathsome". Zerihun (18, male student) expressed his pessimistic view about young people's lives in Dessie as follows:

The lives of many young people in this town are simply appalling. You see many of the young girls ending up as prostitutes and the young men only become shoe-shine boys (listro), taxi drivers or their assistants (woyallas), or thugs (majerat mech). Dessie is not a good place to live in as a young man or

⁸¹ At the time this interview was conducted the so-called war against terror in Afghanistan was going on.

⁸² Some of the schools broadcast music and short messages about HIV/AIDS through loudspeakers during tea break, and this is called mini media.

woman. Even those who are relatively well off are only small businessmen and you do not see many educated people in town. Many 'sisters' [meaning girls] are bartered for money. You see, if a wealthy man proposes to marry a girl, her parents will often not hesitate. They give her away outright, even if that person is not willing to undergo an HIV test. But if in turn a poorer man proposes, the refusal is equally instantaneous. People should learn to value the lives of their daughters and sisters more than the money that marrying them to a wealthy man will bring. They should insist on HIV tests before consenting to a marriage irrespective of who does the proposing.

The informant indicated that most parents readily consent to a wealthy person's proposal because they do not want to have their daughters getting married to poor men. It appears that young people were frustrated by their inability to compete (in securing partners) with very few financially successful men. The relationship between money and love or marriage is a scarlet thread running through all the chapters in young people's discourse (see Chapters Three and Four in particular). Abdi (17, male student) seconded Zerihun's perception of life in Dessie:

There isn't much entertainment in Dessie. Therefore, there isn't much hope for young people in Dessie. Life here is dull; there are virtually no opportunities to improve oneself. And once you are through with your schooling there isn't much you can do except hang around doing nothing but stand in the street, insulting and beating up passers-by. There are plenty of young people who have completed high school, and we see them going around the town or sitting in their homes as if they haven't spent 12 years studying. Hence, life in Dessie after you have completed school isn't a pleasant thing. If we do not score a high grade upon completion of school, we will be forced to resort to substance abuse and theft. We will also be a burden on our families. Only the rich guys can afford to continue studying these days and the poor ones have no hope. Children from the rich families can pay to attend private colleges (like Unity College in Addis) when they fail to succeed in winning a place at the higher learning institutions funded by the government, but we poor children cannot afford to do this, and our future is hopeless. Even finding a job as a daily labourer is becoming very difficult these days as the peasants who migrate from rural areas are competing on the job market.

Hence, most young men who attended public high schools perceived their future with a dismal air of despair and they did not think they would have a good life. They said that they had already given up hope that they would make a living from their schooling and only come to learn because they have nothing else to do. They maintained that they are very unlikely to find jobs considering the economic condition of the country. Some of them considered themselves lucky to get this opportunity to attend school as there are many young people out there who did not have even this chance, but again they commented that in the end they are all equally hopeless, considering what this country can offer them - joblessness. One student said, "All in all, I visualize no bright future" (*menme ayenet, future life ayetayegnem*).⁸³

Schooling is an important channel through which individuals acquire confidence and build up self-esteem by means of positive experiences. In the Ethiopian context, where most people live in poverty and the majority (85 percent) of the population resides in rural areas, schooling is one of the best means of achieving upward mobility. Chronic unemployment, however, seems to have reduced young people's motivation to study while also gradually eroding their confidence. Their self-esteem and self-confidence seem to have been ruined when many of their seniors failed to enter the few universities in the country and because of an extremely tight job market (see Chapter Two). This situation may ultimately result in less commitment to their schooling, and they may use truancy or dropping out as an option to

⁸³ It should be noted that some of the young people seemed to be drifting between hope and desperation. They had seen very few poor young men and women who had succeeded in life either through education, business, or athletics/the arts. Hence, few students argued "Even poor people had a bright future if they haven't destroyed it by falling victim to substance abuse". There were even a very few street youths who expressed their determination to improve their lives either through education or other opportunities such as picking up a trade in the garages or woodwork shops. They mentioned a famous artist (musician) who had started life as shoe-shine boy and moved vertically up the social ladder. I must, therefore, say that all young people are not passive agents as there are industrious candidates among them who take small-scale initiatives to free themselves and significant others from poverty.

express their dissatisfaction or disenchantment with the educational system. It was commented that school curriculum is "boring and impractical". The school pupils also commented on the negative effect of the use of Amharic as a medium of instruction up to grade 9, while the national exam that determines their fate by allowing them to enter universities at grade 10 is being given in English. Some of them maintained that they did not even understand the questions in their exams in grade 9 when they were suddenly introduced to English, and they blamed the regional government (Amhara region), which introduced a new educational policy, with Amharic as the medium of instruction in junior high schools while all the schools in the rest of the regions in the country taught their students in English. Overall, the quality of education in Ethiopia has deteriorated to the point where "Secondary school graduates are not able to comprehend and perform simple cognitive and manipulative tasks" (CYAO 1995:20). Most public schools are under-funded, often battling with large class sizes, and staffed by under-qualified teachers.

The stories above, therefore, indicate that even the majority of school pupils had little faith in their ability to improve their lives. Such pessimistic attitudes linked to frustration with education, employment opportunities, and their general situation in life may present a resistance to behavioural change or an increased willingness to take sexual risks. In the face of a bleak future, success, pleasure, and manhood/masculinity tend to be satisfied through pursuit of often multiple-partner sex.⁸⁴

The key informants involved in the study also strongly emphasized the role played by poverty, war, drought and famine, and the overall economic and political crisis in the spread of HIV/AIDS in Dessie. They noted that out of the three major towns in the Amhara region namely, Bahir Dar, Gondar, and Dessie, youths from the first two towns have relatively better life opportunities. For instance, if they fail in the Ethiopian School Leaving Certificate Examination (ESLCE), they can enter the tertiary educational institutes that are available in the extension (evening) programmes (with a lower ESLCE result).⁸⁵

In Dessie, because of the absence of even opportunities like these, young people are exposed to the temptations of drinking alcohol, chat-chewing, and stealing. Youths have a gloomy future and do not aspire to have a tomorrow and live only for today. They engage in premarital sex, as the idea of marriage becomes unachievable for them. They see 30- and 35-year-old people still being dependent on their families and, therefore, none of them want to postpone sex until the age they become economically independent. As there are no factories, the rate of unemployment is high. I am happy that the situation [the problem of HIV/AIDS] is not worse than it is at present (Chairman of Anti-AIDS club).

The key informants stressed that even after completing grade 12 with the help of their families, few men and women find an opportunity to earn a living. For some young people life and death are becoming more or less the same. They reported that there were helpless young women in Dessie who knowingly married rich men whose wives had died of AIDS. Emphasizing the economic aspect of HIV/AIDS, the Archbishop of the Ethiopian Orthodox Church, South Wello Administrative Zone, said,

We preach to the young people to take care of themselves or to limit themselves to a one-to-one relationship, but we do not offer them bread. Even those young people who frequent church have nothing to eat and hence we do not expect them to change their sexual behaviour. It is only spiritual food that we feed them, not bread. How many young people commit suicide? What do parents say when their children do not help them after they educated them? What will await young people when they return home after wandering around in town all day? Undoubtedly, the disease is spreading because of poverty. For many

⁸⁴ The fact that the street youths are initiated into sex early and appeared to have more practical experience with sex than school students substantiates my argument (see Chapter Five).

⁸⁵ Those students who attend university or college in the evening programme are expected to pay tuition fees and can be admitted with lower ESLCE results. Whereas regular (day) students who attend government universities should score higher ESLCE results, and until late 2003 the government used to award them a full scholarship (including food and lodging).

*young people, AIDS is a suicidal act (like hanging or throwing themselves into the lake). Creating employment opportunities is the only solution to the problem of AIDS.*⁸⁶

Not surprisingly, it appears that their perception of future life is heavily influenced by the respective social class to which they belong. Those school pupils who attended the private Catholic school were from relatively better-off families, and they all said they have no worries themselves, except the problem of HIV/AIDS.⁸⁷ The things they said that worried them were all 'other people's' problems. These include:

- HIV/AIDS, physical abuse and harassment of girls on the streets
- The tendency to overload poor boys and girls with household chores that leaves them very little time for their studies and results in poor performance in school.
- The plight of young people on the streets and seeing them doing 'bad' things.
- The problem of young girls in rural areas who instead of continuing their schooling are forced by their parents into marrying much older men, and other such practices like elopement.
- The isolation of and discrimination against people living with HIV/AIDS, who are sometimes even kicked out of their rented houses by the owners if their infected status is made known.
- The hopelessness and aimlessness of young people after completing high school, which leads them to substance abuse and a heedless life. This happens because there is little chance of obtaining the sort of marks that would enable these young people to continue their education and those who fail in the school leaving examination have virtually no hope of finding gainful employment. This point was strongly emphasized as the major problem of young people.

Such well-to-do students were optimistic about their future with plenty of confidence about making it to university and dreaming about careers as engineers, pilots, lawyers, and medical doctors.

Making sense of poverty in everyday life

Transactional sex, which was once a survival strategy for women, has been transformed into death in the era of AIDS as women in a precarious economic situation cannot refuse sex when men insist on having it without condoms (Schoepf 1995; see also Farmer 1992). It is instructive to consider Solome's story in order to understand such a paradox (high risks

⁸⁶ It should, however, be noted that some school pupils and street youths argued that it is the rich guys who were more exposed to HIV/AIDS because they have the money to do whatever they wanted and entertain and win whatever girl they like. They maintained that the poor people have no more thought of sex than of how they can earn enough for their lunches and dinners and consequently cannot afford to go out with women often. They do not have what it takes to entertain women. Although such explanations contain a grain of truth, it appears an over-simplistic perception of poverty, without considering its wide range of mechanisms in fuelling the spread of HIV/AIDS or exposing individuals to infection. The fact also remains that even those very few rich people with money infect as many poor girls as possible. Besides, this argument appears a reflection of the public discourse about money and love (sex) (refer to Chapter Three).

⁸⁷ As indicated in Chapter One, it is important to note that children from relatively wealthy families almost exclusively attended the school. The school charged more than 600 Birr (about \$80) per student *per annum*, fees which only well-to-do families can afford. They received information and news from a variety of media sources including satellite TV, which is rare in Dessie (even in Ethiopia as a whole). One of the reasons for deciding to include them in the study was my hope that they would provide a middle-class perspectives on the topics discussed. It should also be noted that public education in Ethiopia is free, although hidden costs of the so-called 'free education' do not allow many poor children to go through the schooling.

related to survival) and the effect of poverty on the spread of HIV/AIDS. During my fieldwork, Solome (18) went for voluntary testing and counselling (VCT). The test showed that she was HIV-positive. From the conversation we had later, I learned that she was a member of the Anti-AIDS Club (involved in the fight against AIDS) at her school. She is a good-looking 12th grade student who was well aware of how HIV is transmitted and prevented. Her father had died. Her mother worked as a janitor for a government organization for a meagre salary. She was the oldest daughter and had five siblings, but the family did not have any additional sources of income. Solome's boyfriend was a truck driver. She knew that drivers of heavy trucks are at a 'high risk' of contracting HIV. But it was because she was going out with him that she was able to support her family. He visited her once in three months, and gave sufficient money and entertained her. It was because she was worried about possible infection that she went for HIV testing. She said:

I know that drivers are difficult to trust. So whenever I go out with him, I carry a condom. And I put it either on the cupboard or under the bed. If I asked him to use the condom, he would start a fight. He would complain that I suspected him of being unfaithful. As a result, I fear that we might get into a disagreement leading into a break up. So it is not something I can do openly. Even if he finds it [the condom] in the cupboard by some accident, it is possible that he would start a fight with me. And since I know that our separation would not only affect me but the whole family, I have gone to the extent of giving my whole life (sacrificing my life). [I then asked her if she would tell her boyfriend about it once she knew that she was HIV-positive]. "Never" was her answer. Whether I am HIV-positive or not, I won't stop my relationship with him. I want my family to live.

Tears welled up in her eyes while she recounted her story, which indicates that the systems of economic exchange influence high-risk sexual behaviour among poor people. For Solome the fear of losing her cash-paying partner was a crucial issue, prompting her not to put up a fight for safe sex (though she was well aware of the risks).⁸⁸ Hence, women like Solome who are financially dependent on men or enter into sexual relationships for money and basic subsistence may face the dilemma of choosing between economic survival and unsafe sex. Solome opted for the most pressing economic needs for survival at the expense of safe sex (see also Ankomah 1999). The story is also a testimonial to the fact that in situations where social and economic conditions determine the risk of HIV infection, wishing to achieve behavioural change through education or cognitive exercise will have only a limited effect. Solome's story tells us that the risk of HIV infection does not necessarily depend on knowledge about how HIV is transmitted and prevented. It depends instead on the social and economic independence to decide. "Indeed, gender inequality and poverty are far more important contributors to HIV risk than is ignorance of modes of transmission or "cultural beliefs" about HIV" (Farmer 1999:xxv; see also Compbell 2003; Van den Borne 2005).

The story of Solome is just the tip of the iceberg in Dessie. During my fieldwork, there were many HIV-positive women and men living on the streets, and some of the women apparently engaged in unsafe sex for survival. How one could live in the streets while being HIV-positive was a question with which I was confronted but felt helpless to answer. As among the poor throughout the developing world, many of these people die of hunger, opportunistic infections such as tuberculosis and many other infectious diseases, some of which can be easily cured in persons whose immune system is not weakened by HIV/AIDS.⁸⁹ They cannot even get painkillers, let alone appropriate medications and anti-retroviral drugs. There were also numerous single mothers (with many children) on the streets who came from

⁸⁸ Gender inequality (which is partly a manifestation of poverty) and other cultural barriers preventing women suggesting or initiating the use of condom should not also be overlooked (see Chapter Six)

⁸⁹ "It is noteworthy, moreover, that these same circumstances [poverty, hunger and opportunistic infections] govern not only who will be exposed to HIV infection, but also who is more likely to become ill with AIDS-spectrum diseases. Clearly an individual living in conditions characterized by poor nutrition, inadequate shelter, and ineffectual health care, all of which contribute to poor immune response, will be more vulnerable to develop opportunistic infections than someone who is not confronted by these kinds of circumstances" (Clatts 1995:250-251; see also Natrass 2004). For the most comprehensive report on opportunistic infections of HIV in Ethiopia, refer to Wolday (2003).

Assab and Eritrea (dislocated by war). They were not receiving enough support from the government or NGOs for survival. Since they were left to fend for themselves, many of them would eventually turn to commercial sex work and were likely to become infected with HIV. In another encounter, I attended the discussion organized by one of the NGOs working on HIV/AIDS in Dessie. The panellist (the man living with HIV/AIDS) attempted to persuade prostitutes to go for voluntary counselling and testing. A woman who claimed that she had spent most of her life in prostitution asked him:

You said that you are HIV-positive. Well, the government may provide you with good things. You are in good condition. You may always have a good meal. Till last night I was having sex without a condom. Surely I could be HIV-positive. What would the government do for me if I were to undergo testing and I was found to be positive and go public with it? Tell us what the different sections of the society or the government are doing for you and we will expose ourselves (reveal our infected status). Otherwise, once I know that I am HIV-positive, it won't be possible for me to continue prostitution. My mind won't accept that. Secondly, once people know that I am HIV-positive, no one will come near me. Then who is going to give me the 30 birr that I need to cover the rent? Who is going to buy me bread? I can't work knowing that I am HIV-positive. And if I stop working, I will definitely die. So I prefer staying in work. Let's get tested. But we might be HIV-positive. What does the government have to offer?⁹⁰

The message is clear; she is poor and preferred to eat today and die eventually. She would rather engage in prostitution and earn money to keep her body and soul together than to die of hunger. There are many similarities in the stories presented above, several of which seem to challenge commonly held beliefs about knowledge about HIV/AIDS and sexual practice. The narrators appeared knowledgeable about the ways HIV could be contracted and prevented, but unable to put that knowledge into practice because of circumstances beyond their control.⁹¹ The stories illustrate that the existing AIDS prevention messages (such as "use a condom") are inadequate, particularly for those involved in transactional sex and other impoverished members of the society.

Let me present another heart-breaking story of Almaz (24-year-old street prostitute). She was born and raised up in Dessie. Her father had died of AIDS. Her mother was alive but blind. At the time of the interview, she was the mother of a three-month-old baby. She became pregnant when working as a prostitute, and she did not know who the father of the baby was. Initially, she started supporting herself and her family selling lemons and peanuts as a street vendor. She used to get about 2 Birr profit at the end of the day. When her father, who was a handicraftsman (weaver), fell ill, she started a better-paying job (prostitution).

My father was suffering from TB and I had been using the money I earned to buy him medicines. I tried to cure him with the money I earned from prostitution but he died. I now work in the streets near the Piazza. I used to work in bars. In a bar, you might pick up a client once in a while, as competition with other prostitutes is stiff. In a single bar there might be 15 or more women. People are often afraid to ask a girl out in a bar. But when you come out on the streets, it is dark and everybody, including married individuals, comes and asks you without any fear or hesitation. Later I gave it a try and engaged in business on the street and I have found it to be a better income-generating business. I am helping my child and my mother. I entered this business after interrupting school. I am engaged in it just because I do not want to see my mother being starved to death. I really hate this job. There are some problems. Some people ask you to do things for them - things which you really do not want to do. Personally I would prefer to work as a maid. But no one is willing to hire a girl who has a child like me as a maid. I am still looking for this sort of work. I would be very much happy to work as a maid.

⁹⁰ One of the key informants told me the story of HIV-positive prostitute who opted to go to her home village to be taken care of by her family and die there. The Organization for Social Services for AIDS (OSSA) gave her transport money and she went to her home village in Gonder (northwest Ethiopia). When she arrived there, she discovered that people from her rural village (including her parents and siblings) faced a serious famine and had flocked to the towns in search of food and employment. She immediately returned to Dessie and resumed prostitution.

⁹¹ I am not, however, claiming that all young people in Dessie were knowledgeable about HIV/AIDS as there were some who even did not know simple facts about HIV/AIDS transmission and prevention (see Chapter Six).

I asked her whether she was willing to have sex without a condom if her clients gave her more money. She answered:

Yes, if they increase the amount of money they normally pay me, I am willing to have sex without a condom. You know why? I have a problem. I have a child; so because of this reason I agree to have sex without a condom.

Her argument is rational, and it appears that there is indeed an apparent easy attitude to unsafe sex rather than facing fatal hunger. [Have you ever been tested for HIV?] "My friends and I wonder what we would do if we were to have the virus and promised not to go for it". When I went for the second phase fieldwork, I learned that she had tested positive, but carried on with her work. Her clients abused her physically and she had lost a couple of front teeth and her right eye was injured. She confided that she went out without a condom, and was paid more. When I asked her why she was doing this (knowing her HIV status), she said that once she has become a 'victim' of the virus she does not care about the life of other people. It appeared that she must have felt that society did not care about her, and in return she involved herself in passing on the virus (implying that caring for PLWAs is one major area of intervention to stop the spread of HIV/AIDS). She, however, cared for her baby and reported that she stopped breastfeeding for fear of transmitting the virus. Her narrative evokes many of the issues discussed above. Her case also illustrates the vicious cycle of HIV/AIDS or its intergenerational impact. Her father died of AIDS and she was following his footsteps. Her story also compels us to question the importance of persuading people to go for VCT under circumstances where those tested positive are not in a position to take special care of themselves (in terms of nutrition and other precautions) or have access to anti-retroviral (ARV) drugs.

Ideally, voluntary counselling and testing is supposed to provide an effective means of preventing HIV transmission and be an important entry point for treatment of HIV-related illnesses, prevention of mother-to-child transmission, and psycho-social and legal support. Yet, all too often, VCT in Ethiopia has been introduced without such back-up support. Under such circumstances (coupled with the current trend of discrimination and stigmatization), it seems that persuading people to get tested for HIV would mean, as one informant expressed it, "Walking up to someone who waits with a fire with a handful of straw" (*esate yezo sitebekeh chede yezo ende mehede newe*). The story of Almaze partly confirms this, and underscores the need to feel each other's pain and sympathize with one another. Those who are infected need to care more for their society, and the society should extend care and give them hope in return.⁹² Unless and until a conducive socio-economic environment for people living with HIV/AIDS is ensured, all efforts to detect HIV cases and slow down its further spread will be in vain.⁹³

⁹² The key informants reported a case of HIV-positive man who married a girl of 15 in a religious marriage (*tekilil*), knowing that he was HIV-positive and the police had taken the case to court. The man used to be supported by the OSSA. He then found a job and began earning an income. He also became more spiritual and was appointed a leader of the Sunday school in the church he attended. He became acquainted with the girl in the Sunday school and married her without telling her of his condition. Later, the girl also tested positive. They also told me a case where a woman living with the virus who married a man "free of it" and gave birth. They said that she died from shock shortly after she lost her child and the man died sometime later. I am not, however, claiming that all PLWAs are alike in Dessie as there are some who do really care for others.

⁹³ In a related development, when street youths were asked what they would do if they were diagnosed HIV-positive, some explained that their reaction would be contingent upon the government's response to their predicament. Terefe (22-year-old male) expressed his rage against the government as follows: "I would go and seek assistance from the government. If I am assisted I would have no problem in exposing myself and teaching the public to be aware of the disease. But if I am ignored, I wouldn't feel any guilt in taking my revenge on as many people as I could by passing the virus onto them by any means I found suitable". Asked why he decided to take revenge on people, he said that he does not see any difference between the government and the people, for the people make the government.

The stories presented above indicate that those women engaged in transactional sex, particularly the impoverished ones, are at 'high risk' of HIV infection. Almost all the street youths and many school pupils visit such poor prostitutes for sex, and it should be noted that the street youths perceived prostitutes as a safer group than 'home girls' (ye bet Ijoch) or students. Given such a misconception, many street youths and school pupils are probably infected with HIV/AIDS.

Grappling with identity and ending up HIV-positive: the case of Bedelu

The following story is the case of an HIV-positive man abandoned by his mother in the hospital mainly because of poverty. He said that his father died while his mother was pregnant with him. When she could not take care of him, she abandoned him in the hospital at the age of one year. The nurse who found the abandoned child took him to her family that consisted of about eight members. He grew up with them and finished high school but could not make it to the university. I asked him to recollect all the events around his abandonment and the circumstance that led to his HIV infection.

As I told you, I was one year old when I was taken into the family. Hence, I did not identify with my mother, my father, my sister or other family members. As I grew up, I heard about my real history not from that family but from the villagers. I was told in different ways about the fact that I do not really belong to that family. For example, when I quarrelled with a child with whom I played and bit him, his mother came out and unleashed a tirade of evil things to me. I still remember how they used to insult me. It was when I was between the ages of five and six that I knew exactly that I had not been born into that family. The mother of that child used to make her child stop crying by telling him that I was found abandoned and had no mother at all. That child and I soon forgot our conflict and began playing. Later on, when we quarrelled again, he insulted me using the words of his mother. This made me aggressive, bad tempered, and naughty. I began to believe that they were better off than I; they had their own family but I did not and I developed an inferiority complex. Aggrieved, I began to fight back and by being bad tempered and beating people, I gained a reputation in the village for being aggressive.

Therefore, I grew up being told that I was found abandoned and that I was fatherless, motherless and I was just a worthless creature. As a result, I became interested in my identity. You may grow up without asking yourself "Who am I? What am I? Where did I come from?" but it begins to grow in you later. The Habeshas [Ethiopians] say, "It is better to raise a puppy than to bring up another person's child". As there were such sayings, I was afraid that they would consider me the same way. However, it was difficult to inquire about my identity while I was living in the family that brought me up. So I decided to look for a means to leave the family and seek the answers to the questions "Who am I? Where did I come from?", since I could not raise these issues while still living with them. So what I first did was to find people who had begun getting money illegally (by stealing). I began approaching those guys who chewed chat, drank alcohol, and smoked cigarettes and hashish. They initially provided me with what I smoked, ate, and a space to sleep, clothes to wear and so on and gradually taught me to accustom myself to their behaviour [stealing]. They assigned me to steal from people whom they considered easy targets and I became more and more experienced. I left the family and kept on indulging in illegal activities.

As soon as I learned that method of obtaining money, I had the chance to move from place to place and learn about my real identity. I go to many places to get money by cheating. I may stay in a town about 15 days. In the case of big cities that suit me, I will stay for one or two months. Wherever I go, I chew chat, smoke cigarettes, and drink alcoholic drinks as long as I have the money. If you have the money, there is no problem in getting women in our country and you can have sex with women who are in the age group from fairly young up to adulthood. Discovering my own identity was the biggest objective in my life. I have sisters and brothers but I do not know where they live. Therefore, I used to ask about them wherever I went. This life-style itself makes you sexually active. You are always in a car, sleep in a bar, and are mobile and all these activities allow you to have various experiences. You meet married women, merchants, female college students, bargirls and the like. If you have good money and you are well dressed, it will only take you a day to find a girlfriend in a city where you stay for 15 days. Most female college students are short of money, especially when they go back to their family for vacation. They get money only for transportation. They want to be entertained. I have a knowledge of their time-tables and I used to go from Tigray [northern Ethiopia], Gonder [northwestern Ethiopia] to Jimma [southern Ethiopia] and pick up students, as I know their vacation times. I knew many students [girls] in Mekele Business College, Gondar Medical Faculty, and in Jimma Health Institute. I may also stay in a

relationship for a short time while they are at school. If they ask what I do; and who I am, I tell them that I am an itinerant merchant.

Once I had begun such a life, I did not have a purpose and started living aimlessly. I did not care about my life. I have known about AIDS for a long time. As I have the habit of reading, I have read a lot about it. However, when I move from place to place, drink alcoholic drinks, and smoke, I do not bother about a using a condom with a woman I meet. Aware of my life-style, I knew that one day the virus would infect me. I have never used condoms. I engage in sexual relationships whenever I want and freely. I used to complain that a condom decreases sexual feeling.

Then, while he was in the town of Shamboo (western Ethiopia), he fell ill. Since this was an unexpected illness, he did not have enough ready money in his pocket, and the little cash he had was used to cover the rent and buy some food. He started growing weaker and weaker, and went to a nearby pharmacy, but he did not feel any better. Since he could not pay the hotel bill, and fearing they would be responsible for his death, the owners of the hotel brought in two daily labourers and had him thrown out in the street. He fainted, and did not know what happened after that. Samaritans who found him on the street took him by taxi and left him at Shamboo Hospital. When he woke up from a coma after 10 days, he realized that he was in a hospital supported by glucose. He stayed in the hospital for one month.

There was this doctor who used to talk to me for many hours. One day he came and asked me to give blood. I had no idea that it was about HIV/AIDS. I told the doctor that I could not move from my bed, that I couldn't go to the laboratory to give blood but if they came here, I said, there would be no problem I would give it (my blood) to them [he laughed]. One day a laboratory technician came and took my blood. At that time, I thought that he was taking my blood as they always did. I did not know that it was for an HIV test. Now that I know all about AIDS, I remember that they had taken my blood without counselling me and asking my permission. I will never forget the person who took my blood. Never! They came up with their finding after four days. In one of their hands they held a spiritual tract while in their other hand they were holding papers that were about HIV/AIDS. I was in room number 34. Then I became suspicious. The other thing that made me suspicious was the man who was standing with the doctors was the same man who had taken my blood. The papers they held in their hands, which were all about AIDS and faith, also aroused my suspicions. Since I enjoy reading very much, I asked them to give me what they were holding in their hands. But they told me to wait and listen to them. I was very sick; my weight had dropped from 52 to 32 kg. I was thinking how I would go back to my country [place of birth] and also that I had to change my life.

Long beforehand, the doctors and the nurses had been thinking about how I would go back to my homeland. After telling me about Jesus Christ, the matron, told me that my disease was not malaria, and that I had HIV in my blood.⁹⁴ As any AIDS patient, what I did was take refuge in denial. I looked dreadful. So although my homeland is Gonder, I did not want to go back there. I did not want to be seen like this in the country in which I grew up. Nor did I want my 'family' to see me in this situation. Hence a sense of isolation took root. I developed a fear in my mind about how people would react when they see me like this. This made me think of going to a place where no one knows me. So I asked them to send me to Jimma [western Ethiopia].

Since he could not find a means of livelihood in Jimma, he went to Dessie and became a member of OSSA, an NGO that supports PLWAs and children orphaned by HIV/AIDS. OSSA started handing him 40 Birr per month (very meagre income to live on by any standards). The medical doctors encouraged him to participate in workshops and panel discussions related to HIV/AIDS so that he could receive a *per diem*.

I started to eat well and buy some things for myself after I started participating in workshops and seminars, and I realized that I should keep on doing this sort of thing till I could secure something permanent (a permanent source of income). When my health started to improve, I ate well, kept to myself, and got to know plenty of people. I found myself in a good shape in less than a year. I weighed 50 kg. I became rich [he burst into laughter]. I never thought that my life would change. But what matters is not what men say, but what God says. It is His will that should be done. It is because I wanted to survive that I declared my HIV status. I have now stopped talking in public and I will never go back to it even

⁹⁴ Speculating where he became infected, he said: "I think that may be I have contracted the virus from a woman I met in Bahir Dar [northwestern Ethiopia]. I know that her boyfriend and his former wife had died of AIDS. I knew about it from the beginning, when I started to go out with her."

were I to find myself in deep trouble (again). Even those individuals who claim to have adequate information about HIV/AIDS use us as teaching material. Poetry is written, music is played, and dramas are written for us [PLWAs]. It is we who are dying but it is others who benefit. AIDS has become a means of livelihood (a source of income) for many people. People who never had houses of their own have built one. But they are begging in our name. All the songs, dramas, and poetry are created in our name....

In this lengthy narrative several important themes emerged. If economic resources were available, common sense suggests that parents would prefer not to desert their children. Therefore, the absence of a reliable income, coupled with the lack of additional support from the extended family or community, creates circumstances in which it is possibly conducive to abandon one's child (Tadele 2000, 2005). Hence, his single mother abandoned him mainly because of poverty. Poverty-induced abandonment forced him to be a criminal and an itinerant person in search of identity, eventually resulting in HIV infection. Undeniably, poverty deprives people of freedom and dignity. He admitted that he joined OSSA and agreed to speak publicly about having AIDS in order to earn an income and survive (and not necessarily out of the desire to educate others). And he regretted doing so. As elsewhere, speaking publicly about having AIDS in Dessie subjects individuals to discrimination and stigma. He, however, preferred stigma and discrimination to dying of hunger.⁹⁵ He also noted how AIDS in Ethiopia (as elsewhere) has become an 'industry' that is benefiting those in power rather than the real victims (see Obbo 1995; Setel 1999; Moyer 2003). He expressed anger, disillusionment, and disappointment in ongoing intervention programmes on HIV/AIDS (see Chapter Eight for further discussion of interventions). He also argued how women's sexuality in Ethiopia is strongly linked to material rewards, which is partly a manifestation of poverty and partly a reflection of public discourse (refer to Chapter Three).

Consistent with the earlier stories of Solome and others, he was well informed about HIV/AIDS or knew at least the necessity of using condoms, but he did not put his knowledge into practice. He even admitted having unsafe sex with a woman whose boyfriend and former wife had died of AIDS. Pertinently, he made strong associations between substance abuse and unsafe sex.

There is no doubt that you will be exposed to AIDS if you are the kind of guy who smokes, drinks liquor, and uses drugs. You will ask out a girl you would not have dared to ask under normal circumstances. What should be noted is that even back then I knew all about HIV/AIDS but I was addicted to these substances and they induced me to engage in undesirable behaviour. Starting from chewing chat, you hang out with them [women], caressing each other, and then you drink liquor, have sex, and finally regret all the things you have done (develop a feeling of remorse).

He portrayed that good intentions to practise safe sex could be compromised by the effects of *chat* and alcohol. This strong association between substance abuse, porno films, and HIV infection was a theme that frequently came up in the discussions with school pupils, street youths, and key informants. The young men even suggested that the government ban all drinking places as well as the production and distribution of alcohol, regardless of the economic effects, because alcohol lures men into having unprotected sex (see Tadele 2000, 2003)

⁹⁵ There are reported cases of people who have produced forged medical certificates that confirmed seropositivity just to receive the meagre assistance from NGOs. Such people were persuaded to undergo testing again and found to be negative after having received assistance for a long time. For instance, there was a man in Addis Ababa who was HIV-positive, and was assisted by an NGO known as Dawn of Hope (established by PLWAs) till he died. When he died, his referral paper (medical certificate that confirms seropositivity) was with one of his friends. This friend used the paper and claimed to be HIV-positive to receive aid.

Conclusion

What I have tried to illustrate in this chapter is the complexity of HIV/AIDS transmission, the mechanisms by which poverty puts young people at risk from HIV infection, and how poverty can shape young people's everyday lives, their future, their sexuality, and HIV/AIDS transmission. I trust that this chapter gives an insight into the many difficult ways by which young people try to survive, and makes it clear why the issue of HIV/AIDS has become so difficult to address.

It is clear from the foregoing discussion that perception of worries, problems and perceptions of future life change in accordance with the section of society to which the young people belong. For street youths, the question of 'daily bread' (visual and immediate) was the major preoccupation and HIV/AIDS, as a problem comes in behind several other important and pressing problems in their daily lives. In a nutshell, with no adequate basic necessities (food, shelter, and clothing); with no education, training, and job opportunities, fear of HIV/AIDS becomes a 'luxury'. This, however, does not mean that they never thought about HIV/AIDS. It was there on their minds but subconsciously, and did influence their sexual practices and decisions. Whether they liked it or not HIV/AIDS had occasionally forced them to put on condoms when they met prostitutes not willing to have sex without them (see Chapter Six). HIV/AIDS was the most important concern for the majority of school pupils attending public schools, followed by the problem of unemployment, their future life, and a generally worsening economic crisis. The school pupils from relatively affluent families ranked HIV/AIDS and other social ills in the society as their major worries and concern to the extent of saying that some of them wanted to pursue a medical career in order to find a solution to HIV/AIDS. But most of the worries and concerns they expressed did not affect them personally.

It appears that young people in (Ethiopia) Dessie are entangled in several problems. Those in power and the general public seem to have failed to understand their situation. In public discourse, young people are perceived to be a morally and spiritually ruined generation. Young people are generally blamed for acquiring and spreading HIV/AIDS because of their undesirable behaviour. Such blame, however, has done nothing to stop the spread of HIV/AIDS that thrives in environments of poverty, hopelessness, and frustration (Moyer 2003). Street youths in particular are addressed by different derogatory names and perceived as a threat to society (see Chapter Three). On the other hand, many of the street youths and even the school pupils expressed a certain degree of bitterness towards the government and the general public for failing to listen to and address their problems.

This study showed an intricate link between HIV/AIDS and poverty, emphasizing the urgency of expanding the economic support programme, particularly the income-generating activities for orphans, street adolescents, out-of-school youths, and other persons living with HIV/AIDS, as called for in the national HIV/AIDS Policy (FDRE, 1998). In other words, HIV/AIDS prevention could find a response if governmental and non-governmental organizations engaged in educating people about HIV/AIDS also took the time to address the socio-economic problems of young people such as creating employment or income-generating activities and community safety nets. Both Solome and Almaz have taught us the mechanisms by which they have been exposed to HIV infection. It follows that sustained socio-economic development is essential to any effective response to the epidemic. How a very poor country could achieve such sustainable development essential to an effective response to HIV/AIDS under conditions where the epidemic is destroying the capacities essential for the response is a question begging for an answer. Recognizing the strong relationship between HIV/AIDS and poverty and taking the necessary steps could be a step forward (instead of exerting all energy on cognitive models).⁹⁶

⁹⁶Having said this, while socio-economic situation of young people to a large extent influences their sexual behaviour and the spread of HIV/AIDS, it must also be acknowledged that there are other complex forces at work. Thus, drawing connections between poverty and AIDS should not prevent us

Cogently, despite such a strong link between poverty and HIV/AIDS, most of the research conducted on HIV/AIDS in Ethiopia is from an epidemiological and public health perspective with obvious emphasis on behavioural frequencies thereby neglecting the socio-economic context of sex, sexuality, and HIV/AIDS. This intricate impact of poverty on the spread of HIV/AIDS needs more ethnographically grounded in-depth research. Moreover, in towns like Dessie where there are many (rural) migrants, it seems essential to explore the effects of poverty on mobility, and how migration in turn influences sexual norms, values, and the risk to HIV/AIDS infection.

The next chapter contains an examination of ongoing interventions, and obstacles and controversies involved in designing culturally, socially appropriate and acceptable sexuality/AIDS interventions.

taking into account many other factors contributing to its spread. Lack of culture-sensitive interventions or inappropriate educational programmes are also to blame for the spread of HIV/AIDS infection (see Chapter Eight). It seems necessary to take the interplay between human agency and structural factors into account, as this gives space for empowerment of individuals and communities (Brummelhuis and Herdt 1995).