



## **Navigating Sexuality and HIV/AIDS: Insights and Foresights of Zimbabwean Adolescents**

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### **Authors' contributions**

*This work was carried out in collaboration between all authors. Author EG performed analysis, wrote protocol, wrote second and final drafts. Author SM designed study, collected data and wrote first draft. Author AG managed literature and references. All authors read and approved the final manuscript.*

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### **ABSTRACT**

The study navigated insights and foresights of adolescents towards sexuality and HIV/AIDS, premised on Zimbabwean context. 147 secondary school learners (72 females, 75 males, age range 13-20 years) were the randomly sampled participants. Questionnaires based on a 5 point Likert scale written on a continuum of SA-SD and focus group interviews were the main data generating tools. It was found that adolescents are well informed on issues relating to sexuality and HIV/AIDS; however this knowledge was not reflected in their behaviour. Irresponsible sexual behaviour is noted through the information that the adolescents gave. A large number (47.7%) of the adolescents have had sex, 32% of them without any protection, 11% with prostitutes and 2.1% with older people. Participants regarded the school as giving the most reliable information on

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HIV/AIDS. However, it was revealed that the school was found wanting pertaining to educating adolescents on sexuality and HIV/AIDS. Guidance and Counselling lessons were noted to be few and erratic, in some instances the lessons were not given at all. It was concluded that the learners need more education on sexuality and HIV/AIDS that also includes issues regarding attitudes and behavioural change. Methods and techniques of learning HIV/ AIDS by learners must be changed to a more lucrative visual participatory approach.

*Keywords: Adolescent; HIV/AIDS; perception; learner; teacher; guidance; counselling.*

## 1. INTRODUCTION

This study was set to navigate issues relating to sexuality and HIV/AIDS. We premised to investigate how adolescents view issues towards sexuality and HIV/AIDS. Current insights and inferred foresights were highlighted. The methodology was set and justified. Different epistemologies and ontological assumptions were highlighted leading to methods of data generation. Conclusions and limitations were highlighted.

## 2. CONTEXT AND JUSTIFICATION

AIDS has become one of the most terrifying epidemics to the human race since it emerged in the 1980's. It was observed that "mainland Southern Africa is experiencing the most severe HIV/AIDS epidemic in the world". HIV prevention is the most crucial response to the epidemic given that there is not yet a complete cure. Prevention basically requires behaviour change where the starting point is to be well informed about the epidemic.

According to statistics, adolescents constitute approximately 36% of the total population of Zimbabwe [1]. It further reports, "close to 40% of female adolescents in Zimbabwe are already mothers by the time they are 19 years old and it is not uncommon for girls to bear children as early as age of 13. Thirty percent (30%) of girls in the age group (15-19 years) have reportedly had sexual intercourse once". In Zimbabwe, the onset of sexual activity generally begins before marriage.

In light of these statistics, the Zimbabwean adolescent seems to have a limited understanding on reproductive issues and sexually transmitted infections. A previous study, revealed that there are many misconceptions held by adolescents on pregnancies and STIs, for instance "25% of the adolescents did not know what STIs are and a further 46% believe

that a girl cannot get pregnant if she has sex standing up" [2]. In the same study it was noted that 25% of the young people do not think that a girl could get pregnant the first time she has sex. It was reported that adolescents resort to using substitute methods that are ineffective at preventing pregnancy, such as empty "frizit" wrappers and the use of traditional charms [2].

If such misguided perceptions about sex and reproductive issues exist among adolescents, one is left wondering how far such misconceptions go as far as HIV/AIDS prevention is concerned. With the AIDS pandemic threateningly "hanging death sentences over the nation", it is of utmost importance to expose the perceptions adolescents hold about HIV/AIDS.

With young people that make up almost half of the population in Zimbabwe providing a huge pool of the population moving into the sexually active range, it is imperative that they receive intensive and adequate information on HIV/AIDS. To date, more attention has been paid to HIV prevention, treatment of opportunistic infection and anti-retroviral drugs than to programmes that provide information to the young people. "One of the limitations of the response to AIDS has been the failure of others to learn effectively and in time, educating the adolescents is a crucial investment for HIV prevention now and in the future" [3 p.16]. In order to have a well-informed generation of young people, it is of paramount importance to first of all investigate the current perceptions held by the adolescents on HIV/AIDS. It is also argued that since there is an average ten year time lag between the time of HIV infection and development of AIDS, most young adults diagnosed with HIV become infected during adolescence [4]. This makes the adolescent age group the prime time to be accessing and assessing the young people's current knowledge, attitudes and beliefs on HIV and AIDS.

Before the introduction of the general course in AIDS education, a baseline survey was carried out in 1994 to assess the student teachers' knowledge and practices in relation to HIV/AIDS. According to the survey made, it was found that the students were not well informed about the extent of the HIV/AIDS problem in Zimbabwe and on the fact that the age group least infected by AIDS is from 5 to 14 years [5]. Considering that these are the future teachers and the very same people who are counted on to impart HIV/AIDS information to young people in schools, the question would be, what absurdities and knowledge gaps exist among these adolescents on HIV/AIDS issues.

In another investigation done among the first year students from Mutare Teachers' College in Zimbabwe in 1990 "85% of males and 49% females reported having had sex of whom 27% of males and 21% of females reported having consistently used a condom during intercourse. 54% of sexually experienced males reported having had intercourse with a prostitute" [6 p.4]. Such practices among the future teachers may extend influence into the classroom full of impressionable adolescents and have an effect on how these young people view HIV/AIDS.

Such surveys led to the launching of a general course in AIDS education as a compulsory subject in Teacher's Training Colleges in 1994. AIDS education had also been introduced earlier in 1992 in schools after surveys exposed serious knowledge gaps on HIV and AIDS among the school children. On a national level, a national HIV and AIDS policy was produced in 1999 that emphasized that "children and young people should be informed about HIV and empowered to prevent it" [7 p. 129]. The (5-14 years), the least affected age group offer some form of hope in the face of the pandemic. It was concluded that the young people are "indeed the window of hope for Africa's future provided they can maintain their HIV- negative status" [3 p. 9].

In Zimbabwe like elsewhere in Southern Africa, high numbers of infections among young women is a reflection of gender inequalities. The 2001 Zimbabwe Young Adult Survey, a national representative population based survey of the HIV risk behaviours and prevalence among young adults ages 15-29 found "a prevalence of 22% among young women and 10% among young men" [8 p.11]. Young women were noted to have a tendency of seeking out older sexual partners. In some study, it was revealed that "two

-thirds of young women have sex partners more than 5 years older than themselves" [8 p.17]. More than a quarter of them are in relationships with men ten years older than- themselves". This inter-generational sex is a key driver of HIV infection amongst young girls.

Another factor that seems to be driving the HIV infection high in girls is sex in exchange for material goods-transactional sex [9]. These young girls engage in sex with much older men for material goods. Due to the age gap, the young girls are not skilled enough to negotiate condom use making them more vulnerable. One author comments on the situation in Zimbabwe that "transactional sex has been worsened by the privatization of catering in technical and tertiary colleges which may result in girls engaging in transactional sexual relationships with older men to buy food" [8 p. 20].

In some rural areas where learners walk long distances to nearest secondary schools temporary accommodations become a solution in order to access education [10]. It is indicated that "such temporary facilities are associated with adolescent prostitution" [8 p.20]. For example the shortage of secondary schools in Hwange communal lands has led many school children to build shacks in Chinotimba Township in Victoria Falls. "These plastic shacks (known as Baghdads) are notorious for their association with high rate of prostitution involving teenagers" [7 p. 59].

Female students were reported to state that "some elderly men pay huge amounts for uncondomised penetrative sex" [7]. The young girls are certainly at risk of getting infected by the HI virus. Young men are not spared this phenomena of sex in exchange for goods. They date and even have sex with elderly women, "the women are euphemistically referred to as 'vana mother' or simply "mothers" according to [7 p. 59]. These women lavish the young men with material goods like designer clothes, cell phones, recharge cards and food. This report also cites transport costs as a factor in luring young girls into having sexual relationship with omnibus drivers for free transport. Such practices make the girl child in Zimbabwe to be at high risk of getting infected with HIV.

## 2.1 Sex Education in Schools

The Zimbabwean education sector has not been spared by the HIV and AIDS epidemic. According to some study, "an estimated 30% of learners is

likely to be infected during or soon after completing their school career and most of them are likely to die of AIDS — related illness before they turn 40 years of age” [7 p. 97]. The first survey on AIDS among secondary school students in Zimbabwe was carried out in 1988. This survey sought to examine how much Zimbabwean secondary school students understood AIDS issues. 1532 pupils in twelve schools were involved in the study [5]. The main findings were as follows “40% did not know that many sero positive individuals look healthy. Nearly 40% of the participants believed that HIV can be contracted from toilet seats and 54% of the pupils believed that mosquitoes can transmit HIV [5 p. 1]. These first studies were mainly centred on knowledge that the student held on HIV and AIDS. As the years progress the pandemic is also making advances that “the HIV and AIDS challenge cannot be met without new additional and sustained resources at all levels” [7 p. 27].

The Ministry of Education and Culture in 1992 with support from UNICEF started a national programme to introduce AIDS education into the school system in Zimbabwe. The programme was named AIDS Action Programme for schools. HIV/AIDS textbooks for grade 4 up to ‘A’ level for pupils and teachers were developed through the Curriculum Development Unit of the Ministry of Education and Culture. AIDS education was made a compulsory subject in all schools throughout Zimbabwe in 1993. In the secondary school AIDS education was timetabled under “Education for Living”. This subject was later revised and changed to Guidance and Counselling. It was to be taught each class for 40 minutes a week. It was not an examinable subject. It has therefore suffered neglect in schools under the strain of the examination driven curriculum.

A National HIV and AIDS Policy was produced and introduced in 1999. The policy was a result of a broad based, participatory and consultative process over three years, involving seven expert groups and over 6000 people [8]. It looked at gender issues, public health debates, information, education and research on HIV and AIDS as well as care.

The main research question in this study was what perceptions are held by adolescents on HIV/AIDS?

It is therefore against this background that the researchers sought to navigate and find out the perceptions, insights and foresights held by adolescents on HIV/AIDS.

### 3. METHODOLOGY

Both quantitative and qualitative research designs were the main mixed methods used in this study. Both approaches were viewed as complementary rather than rival schools of thoughts. The territory of mixed-method designs remains largely uncharted; of particular need is a clear differentiation of alternative purposes for mixing qualitative and quantitative methods. In this study we carefully and thoughtfully applied triangulation, hence specifying convergence type of mixed-methods. In triangulation we sought convergence, corroboration and correspondence of results from different methods. The use of both focus group discussions as a qualitative tool and questionnaire as a quantitative tool illustrates this triangulation, to “complement” (not as in embedded approach), the mixed methods approach, both in methodological underpinnings and data analysis. The sample participants comprised of 147 (72 males, 75 females, age range 13-20 years) school pupils randomly selected from 5 secondary schools out of 14 in Gweru urban and completed questionnaire for adolescents. Participants spanned throughout all strata of secondary level i.e. Forms 1 to 4. School authorities assisted in stratified and systematic randomization.

Factor analysis, using Principal components with Varimax Rotation, Kaiser Normalisation and Scree testing, were used to determine validity and reliability coefficients of questionnaire and categorization of factors.

Variables with factor loading of 0.3 and above, Eigen values of 1 and above were considered for the main research study. The split half-alpha reliability and Cronbach reliability was .65 and .63 respectively. This suggested adequate reliability of the 5 point Likert scale based on a continuum of SA-SD since the alpha and Cronbach values were relatively high enough.

Focus group discussion (fgd) comprised 40 adolescents from two schools as a result of challenges which arose to gather all 147 participants from 5 schools.

The focus group discussion (fgd) started with a conversation between researchers and participants. Participants seemed motivated to engage in the discussion. The first few minutes of fgd were on introductions and research objectives. The discussion was then centred on how adolescents perceive sexuality and HIV/AIDS. To avoid dominance, the participants took the lead while we listened, and jotted down notes, we audio-taped the discussion and gave necessary guidance. When we went back to our offices, we played the tapes several times, transcribed the discussion, categorised main issues and gave alphanumeric codes, and produced themes and subthemes as indicated in Table 1.

Permission was granted by the Ministry of Education in writing to authorize us to visit schools. For ethical considerations, all participants were informed the objectives of the study. They were told that they were free to withdraw from the research at any time if they so wished. Participants' consent was sought in writing. Questionnaires were anonymously coded alpha-numerically. Confidentiality, anonymity and freedom to participate were granted in writing.

#### 4. RESULTS

Sources from where adolescents obtained information on sex issues and HIV/AIDS were varied. Eighty-one percent (81%) of adolescents cited the media as their source of information on HIV/AIDS. About fourteen percent (13.6%) pointed out the school while 5.4% gave the family as the place where they obtained information on HIV/AIDS. 38.7% of the pupils regarded the school as giving them the most reliable information on sex, STIs and HIV/AIDS. 31.3% stated parents, 16.4% the government and 13.6% responded that no one gave them reliable information. The study established that 36% of the adolescents felt free to discuss sex issues with the family. Another 36% with friends, 14.9% with counsellors and 12.1% put across that they were not free to discuss sex with anyone.

The pupils were asked in which subjects HIV/AIDS issues were addressed, 53.3% cited Biology as the subject where HIV/AIDS issues were taught, 21.7% pointed out Guidance and Counselling and 25% stated that none of the subjects addressed aspects on HIV/AIDS. The Youth Alive group was stated by 57.1% adolescents as the activity that informs them on

HIV/AIDS. 36.9% pupils cited that they were no activities in the school that gave them information on HIV/AIDS while 6% stated drama groups.

The learners in their fgd echoed that one Guidance and Counselling lesson is allocated to each class per week on the timetable. 50% of the fgd stated that while one lesson exists on the timetable no Guidance and Counselling lessons were actually taught.

Participants demonstrated some misconceptions on HIV/AIDS. 78.9% of the adolescents indicated that a person with HIV can look completely healthy and normal while 21.1% indicated the contrary. 80.9% stated that it was not possible to guess who is HIV infected and 19.1% stated that this was possible. 4.1% put forward that a person could be cured by having sex with a virgin while 95.9% refuted this. 15% of the adolescents believed that mosquitoes can transmit AIDS but 85% indicated that mosquitoes do not transmit AIDS.

The adolescents were asked if washing one's reproductive organs immediately after sex would prevent one from getting HIV infection. 93.1% pupils responded that washing one's reproductive organs after sex will not prevent HIV infection while 6.9% responded that this would prevent infection. When asked if taking a very short time when having sex will prevent one from getting HIV infection. 79.6% of the young people indicated that taking a very short time when having sex would not prevent HIV infection while 20.4% stated that it could be true that taking a very short time prevents HIV infection.

The pupils were asked if they had indulged in sex before. 52.3% of the adolescents claimed not to have had sex before while 47.7% had indulged in sex. Of the 70 adolescents that had indicated they had sex before, 68% (48) used condoms in all their sexual encounters while 32% (22) did not. 21% (15) of these young people had sex with an older person and 11% (8) had sex with a prostitute. The focus group data indicated that adolescent boys mainly got into love relationships with girls in order to experiment sexually. On the other hand the girls got into those relationships for companionship but were later coerced into indulging in sex as shown in Table 1.

The results are discussed in the following section.

**Table 1. Emerging themes**

Themes	Sub-themes
Boy-girl relationships	Boys get into love relationships for sex Girls get into love relationships for companionship
Sex	Girls are coerced into sexual intercourse Boys always long to have sex with their girlfriends
HIV prevention	Condomisation

## 5. DISCUSSION

This study established that most of the adolescents obtain information on HIV/AIDS from the media. The form of media that seems to capture today's adolescents is the electronic media. However the media appears to have made the HIV/AIDS prevention method synonymous to the use of condoms. Condomising seems largely inappropriate for adolescents who according to some study, should be provided with "education, information on counselling about HIV/AIDS, STIs, and the advantage of behaviour change (secondary virginity) and deferment of further sexual adventurism" [11 p. 24].

Media campaigns on condom use has been argued as leading to "increase the salience of sex in youngsters and condone addiction to sex so that, even when not available, some young people just take chances because they are used to having sex" [7 p. 136]. Apparently, the predominance of condom messages in the media seems to even promote sex amongst the adolescents. While the adolescents are getting most information on HIV/AIDS from the media, the media in turn is not broadening its HIV/AIDS campaign to cater for the realities of youth sexualities and empower them for positive lifestyles. The school was given as the most reliable source of information on HIV/AIDS. On the other hand the school was found to be lacking in terms of educating and guiding the adolescents in the face of the AIDS pandemic [9]. It was revealed that most pupils indicated Biology as the subject in which HIV/AIDS issues are addressed. Guidance and Counselling lessons, where HIV/AIDS issues should be taught were said to be few and erratic [9]. Fifty percent of focus group indicated that these lessons were not given at all. The Guidance and Counselling subject was not being given the due

attention it deserved because it was not examined. The Zimbabwean school curriculum being highly examination driven makes the teachers to concentrate on subjects which the pupils shall sit for. Seemingly, while the school is busy producing academically oriented young people, the AIDS pandemic is busy encroaching on the very lives of these adolescents.

The study also revealed that most of the Guidance and Counselling teachers did not receive any form of training to teach the subject [9]. Therefore while the pupils viewed the school as having reliable information on HIV/AIDS, the educators in the schools were not trained in the subject. Such training is deemed vital. Teachers presented an opportunity to curb and stop the AIDS epidemic from affecting the young people and future generations.

Friends and families were identified by the adolescents as the people they felt free to discuss sex related issues with. [12 p. 542] stipulated that young people "perceive family members as the most important significant others in their lives". However the findings revealed that the activities and programmes on HIV/AIDS carried out in the schools did not involve parents. It is argued that "circumstances of an individual's life and their social context in family during childhood can increase the probability they will one day be exposed to, and infected by HIV" [13]. Involvement of parents in the schools programmes on HIV/AIDS would probably decrease the young people's vulnerability to the virus.

Peer education was argued as having a positive effect. It was proposed that "peer and friendship groups could work in cohort with, rather than in opposition to, adult goals and achievements" [9]. Schools would likely benefit from encouraging and mentoring peer educators in activities and programmes on HIV/AIDS. It is further argued that "friendship groups or peer groups assume much greater significance during adolescence, such as helping to shape basic values, but these values are often consistent with parents' values, goals and achievements" [12 p. 547].

It was found out that most adolescents are aware that a healthy looking person can be HIV positive. Neither myths nor misconceptions were noted, basically the findings indicated that most adolescents were adequately informed on issues of prevention and spread of HIV. However a notable number of adolescents indicated that it's

possible to guess who is infected by HIV. Such mind-sets and viewpoints leads to stigmatization of individuals identified as being infected by the virus. Stigmatisation has become one of the leading problems in the war against the AIDS virus. It is stipulated that "most important issue is to reduce the stigma and discrimination attached to HIV/AIDS, so that those infected and affected can openly seek the support they need" [1 p. 21].

The study established that the sexual behaviour of the adolescents did not seem to corroborate with the information that they have on the epidemic. A substantial number of pupils [47.7%] were indulging in sex. Of these adolescents that were sexually active, some have had unprotected sex, sex with older people and with prostitutes. Such risk taking behaviour is typical of adolescents as [12 p. 542] postulated in his psychosocial theory "adolescence involves a conflict between ego identity and role confusion. Role confusion can take the form of negative identity related to which is risk taking behaviour". Apparently the young people would benefit tremendously in this AIDS generation if the school, family and the media would preach tailor made messages that offer ways in which adolescents can manage their sexual urges and risk taking behaviours. HIV/AIDS education needs to be revived in the secondary schools.

## 6. CONCLUSION

The adolescent is adequately informed on issues of prevention and spread of HIV/AIDS. However their practices and attitudes reflect sexual behaviours that do not indicate how knowledgeable they are on the epidemic. Knowledge on its own does not lead to behaviour change. This is because of other intervening variables like poverty and hunger. A hungry person or someone poor may not be afraid of HIV. His argument may be that AIDS kills after approximately 10 years whilst hunger or poverty kills within a month. Therefore the millennium goal of poverty eradication is critical. Life is not linear and objective like saying an increase in HIV knowledge equals prevention of HIV. This is not always the case.

The Ministry of Education should make follow up programmes to evaluate the effectiveness of Guidance and Counselling and to make sure that the stipulated number of Guidance and Counselling lessons are being taught in every school. Guidance and Counselling teachers should be specifically trained to specialize in the

subject. Teachers need training on HIV/AIDS that includes not only knowledge but also issues regarding attitudes, participatory methods of teaching and behaviour. Integrating HIV/AIDS into learning areas across the curriculum is recommended and not only to be taught in Guidance and Counselling. This helps make it an integral and real part of life that is not separated from normal and other ongoing school activities. If the Ministry decides to make Guidance and Counselling a standalone subject, it must be examined.

The adolescents demonstrated that they were informed on aspects of prevention and spread of HIV/AIDS. However their sexual behaviour did not show this as a worrying number of adolescents are engaging in sex. Friends and family were identified by the adolescents as the people they felt free to discuss sex issues but the study established that the activities and programmes on HIV/AIDS carried out in the schools did not involve peer education and parents. Schools are encouraged to involve parents in HIV/AIDS education.

The government and non-governmental organisations that deal with HIV/AIDS issues should set aside a budget to facilitate workshops, in-service training and educational campaigns. These should be carried out for all teachers in a bid to make them realize that the pupils they are teaching are in the least HIV infected age group. This would be effective in making them realize that working with adolescents presents an opportunity to curb the AIDS scourge. More activities that address HIV/AIDS issues should be introduced in schools. These should not only focus on disseminating cold hard facts on HIV/AIDS but a shift towards behavioural change in adolescents should be emphasized.

Schools, parents, peer educators and the community should be an integral unit as far as HIV/AIDS education is concerned. They should be involved in the programmes and activities on HIV/AIDS that are carried out in schools since the adolescents indicated that they felt free to discuss sex issues with family members and friends. Further research based on a wider different culturally centred base with more participants both rural and urban is called for, since this was a limitation to the study. The use of a questionnaire, which could have been invalid, was another limitation, hence negatively impacting on findings and conclusions.

## COMPETING INTERESTS

All authors have declared that no competing interests exist.

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