THE RISK OF AIDS
Coping strategies among young people in Bobo-Dioulasso, Burkina Faso
Helle Samuelsen

The last two decades have shown that the battle against the AIDS epidemic is much more difficult to win than first anticipated. This fact has intensified the public debate on HIV/AIDS, which has become much more vociferous both at the international and national levels. It is striking, however, that the intense rhetoric among policy makers and opinion leaders at both the donor and the recipient side has not been reflected by nearly the same kind of debate among the people most concerned, particularly young people in the early stage of their sexual life. Even though their lives and future are threatened, HIV/AIDS remains largely unspoken. According to this study, there seems to be a discrepancy between the outspoken rhetoric at a global level and the ‘silence’ among young men and women.

INTRODUCTION

In Burkina Faso, the HIV/AIDS prevalence among adults aged 15-49 is estimated to be 4.2% according to the latest figures from UNICEF (2006). The prevalence among young people (aged 15-24) is characterised by important gender disparities, with a double as high young female infection rate compared to young males (INSD, 2004). Recent data also show that 48% of young females (15-24 years) and 61% of young males in Burkina Faso know that condoms can prevent HIV/AIDS (UNICEF, 2006). However, less than 50% of the young women know where to purchase a condom, and only 46% of the 15-19 year old females had used a condom at their last high-risk intercourse (INSD, 2004).

SEX TALK

In *The History of Sexuality*, Foucault describes the changing discourses on sexuality in Western Europe from the Victorian period to the present-day bourgeoisie society. According to Foucault, the last three centuries are
characterised by an accelerated discursive explosion around and about sex (Foucault, 1998). One of the characteristics of this period is “...an institutional incitement to speak about it [sexuality], and to do so more and more; a determination on the part of the agencies of power to hear it spoken about, and to cause it to speak through explicit articulation and endlessly accumulated detail” (Foucault, 1998: 18). Foucault argues that the need to engage a discourse on sex was originally based on an attempt to regulate sex as a technique of power. With capitalism, the administration and regulation of the “population” became important (Foucault, 1998). Today, when the AIDS epidemic kills many adults in their most productive age, there might be an increased need to regulate the population. However, the current efforts to regulate sexuality are not so much about creating prosperous states, as in the early period, but more about avoiding the total collapse of whole societies.

In Burkina Faso, we found that concerns related to HIV/AIDS, such as the risk of being infected, how to prevent the disease, whether to get tested, etc., were actually not articulated to a great extent among young people. Young people did not really communicate about HIV/AIDS and the risks, neither with the older generation nor among peers. This finding raises two important questions that will be discussed here: Why do young people remain silent in relation to the debate about HIV/AIDS? And if young people do not talk about HIV/AIDS, what do they talk about then –what is at stake for them?

**METHODOLOGY OF THE STUDY**

This study was conducted in 2002 in two different parts of Bobo-Dioulasso: Ouezzin and Accart-Ville. Ouezzin is one of the oldest parts of town, situated east of the centre, while Accart-ville is a more recent quartier. Fifty-seven young people aged 15-25 (thirty males and twenty-seven females) participated in the study. The informants represented a number of ethnic groups, with a majority of Bobo people. These young people were followed over a three-month period using anthropological fieldwork methods including Focus Group Discussions (FGDs), in-depth interviews, and participant observation. Four local research assistants participated in the data collection. Both separate FGDs with males and females respectively and mixed FGDs were held. Additionally, key informant interviews with radio journalists and personnel at an anonymous testing and counselling facilities were carried out. The two study sites were conveniently selected, since the research assistants already had contacts in these two sections of the city.
Young peoples’ silent response to the “discursive explosion” around and about AIDS might be interpreted in three different ways. First, it could be seen as a result of repression, where individuals or groups of people are muted: -they do not possess the power to speak. In the second place, silence could also be an expression of resistance: individuals or groups of people refuse to speak. And third, silence might be interpreted as an expression of suffering as described by Morris, who says it might be a sign of something which is ultimately unknowable (Morris, 1997).

**SILENCE AND FAMILY RELATIONS**

Although extended households are still very common in urban areas of Burkina Faso, many of our young informants expressed a feeling of being lonely or missing intimate relationships with their parents. Many of the young people have actually lost one or both of their parents; it is also common for one or both parents to leave them for shorter or longer periods when they visit their home villages or migrate to other areas of the country or to foreign countries. Salif, an 18-year-old apprentice, narrates:

“In CM1 (primary school), second trimester, my mother left me. I couldn’t say that I was alone, but I understood how life is. During the same class, my father left for the Ivory Coast. I stayed with my grandparents, my uncles, my parental brothers... When I wanted to go to secondary school, my uncle said that he did not have money for it because I had passed the age to go to a public institution... It was not easy watching my friends go to school. But that is how it was. At that time, I had a grandfather who found an apprenticeship as a mechanic for me. That was not the kind of work I wanted”.

Others –especially the girls, who for various reasons were not living with their parents– often feel that their guardian (an uncle or older brother) is too strict with them. While the extended household provides for the young people’s basic needs, many of our informants felt that they lacked support and guidance (Østergaard & Samuelsen, 2005). Parents rarely talk with their children about sexuality, and most of our female informants had not received any information at all from parents or other adults in their household about the menstrual cycle. As expressed by Bintou, a 21-year-old student:

“I think that in the families, the young people don’t have any communication with their parents in order to prepare themselves well for their sexual life. Because in the families such themes are considered taboo and even if at all covered in the school, it is very brief”.
Most often, young people will have to deal with that insecurity alone, since parents, especially mothers, are unavailable to a large extent. The fact that their mothers are likely to be absent is not only a loss in itself, but also a problem in their building up of trusted communication channels.

**GENDERED SILENCE**

In Burkina Faso, at a certain age it is considered very important for both females and males to find a boyfriend or girlfriend. Throughout the FGDs there was a constant debate between boys and girls as to the extent to which the girls are "materialist" –meaning that they are very focused on whether their boyfriends can provide them with the dresses or other commodities they desire. Girls said that sometimes they find it difficult to refuse the sexual demands of their boyfriends, because they are afraid of losing them. Bintou said:

“Nowadays, the girl cannot win and keep her boyfriend and not make love to him. She also accepts everything he says because she has [material] needs. Life is tough; they cannot refuse the men's conditions. For example, the poverty is everywhere; the girls are obliged to sleep with them in order to get a little money, which will allow them to take care of their needs”.

Adolescent girls find themselves dually faced with an indirect pressure for sex from their male partners and the social obligation to avoid premarital sex.

**RESISTANCE TO TALK**

In our study, we also identified an unwillingness to talk about HIV/AIDS. One young male in a FGD denied the existence of AIDS; however, in a subsequent individual interview, he said that of course he knew that AIDS exists, but that he did not want to talk about it:

“Often I don’t have the time to sit down and talk about AIDS. Among friends, we discuss a lot but if they start talking about AIDS, I get up and leave. I don’t like the word AIDS at all”.

This young man obviously feels uncomfortable when AIDS is raised as a topic in informal conversations. He resists talking about AIDS or even listening to others although –or perhaps because– he is well informed.
about the fatal outcomes of disease. He appears to be in denial of the fact that he is at risk. In that sense, his walking out becomes a sort of powerless resistance.

**WHAT IS AT STAKE FOR YOUNG PEOPLE**

Young urban people in Burkina Faso are at a point in their life where they reflect a lot on the variations in lifestyle that they are exposed to, in the city and particularly in different kinds of media. They are also aware of - and frustrated about- the limitations defined by their socio-economic situation. As formulated by Bintou:

“My problems are numerous (laughing). There is the problem of employment, there are the financial problems because we are five children at home, my mother is in charge. It disturbs me a lot. In addition, we are attending school she has to pay for the schooling, our clothes, our health and our food. My problem is that I ought to help her; that is really my problem”.

All our young informants were worried about their financial situation: how to get money for their schooling, how to find a job so they could sustain themselves and even help their families, and how to get the material goods needed in order to adapt and adopt an appropriate cultural style.

**THE DISCOURSE OF FIDELITY**

A common impression derived from our data was that most of the young people are interested in finding a steady and faithful partner. Inherent to the urban lifestyles of the young people is a moral regime of “romantic love”. Soap operas, which are very popular among young people in Bobo-Dioulasso, in a way, essentialize this regime. The young people participating in our study were very concerned about their partners’ fidelity, an issue often discussed among friends. When asked whether he used a condom the first time he had a sexual relationship, Madou said:

“Me, I did not use a condom either. If you go out with a girl and you don’t meet other boys at her place, it is not necessary to use the condom when having sexual relations. It signifies that she is a serious girl, faithful”.

The globalized urban world presents young people with perspectives of an uncertain and insecure future. In such circumstances, the issue of trust in
friendships and partnerships becomes perhaps even more important. It is crucial that one’s partner is committed and that there is a sense of intimacy in the relationship. Unmarried young people strive for what Giddens calls “pure relationships”: relationships which are not anchored in external conditions of social or economic life, but based on trust and commitment, in which the partner is prepared to accept the risks that sacrificing other potential options entails (Giddens, 1991). According to Giddens’ analysis, the strife for pure relationships is a characteristic of modernity. However, given the living conditions in Bobo-Dioulasso, that kind of relationships is very hard to achieve for the young people.

CONCLUSIONS

The findings of our study show that the paradoxical situation of having a strong public discourse on sexually transmitted HIV/AIDS on one hand, and a very pronounced silence among young people on the other hand, constitutes a serious challenge to any prevention effort. This discrepancy calls for a refined analysis of the silence of young people in countries that are highly affected by HIV/AIDS, and in particular, of the way in which the AIDS community communicates its prevention messages.

Helle Samuelsen, PhD, is Associate Professor in medical anthropology at the University of Copenhagen and Director of the Masters Programme in International Health. Her main research interests are local perceptions of disease and illness and health-seeking behaviour. She has conducted extensive research in Burkina Faso and more recently begun to investigate adolescents and reproductive health, including HIV/AIDS, in other parts of Africa, Denmark and South-East Asia.

H.Samuelsen@pubhealth.ku.dk

INSD (Institut National de la Statistique et de la Demographie), Ministere de l'economie et du Developpement (2004): Enquête Démographique et de Santé 2003 Ouagadougou, Burkina Faso & ORC Macro, Calverton, Maryland USA