Towards an Understanding of Heterosexual Risk-Taking Behaviour Among Adolescents in Lusaka Zambia

Christine Kufanga Masheke
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ABBREVIATIONS

AIDS - Acquired Immune Deficiency Syndrome
ART - Anti Retroviral Therapy
ERES - Ethics Reviews Converge
FGD - Focus Group Discussion
HIV - Human Immune Virus
GDP - Gross Domestic Product
MOE - Ministry of Education
MOH - Ministry of Health
NAC - National AIDS Council
NGO - Non Governmental Organisation
PPAZ - Planned Parenthood Association of Zambia
SRH - Sexual Reproductive Health
STD - Sexually Transmitted Disease
STI - Sexually Transmitted Infection
TB - Tuberculosis
TOP - Termination of Pregnancy (Act)
UNZA - University of Zambia
VCT - Voluntary Counselling
WHO - World Health Organisation
ZNBC – Zambia National Broadcasting Cooperation
TRANSLATIONS

_Ubuchende bwamwaume tabuonaule nganda_  
a man’s immorality does not break a home.

_Tuntembas_  
black market make-shift stores)
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1. INTRODUCTION

This thesis constitutes a qualitative approach to studying adolescent sexual risk-taking behaviour in the Lusaka Province of Zambia, a developing country in the Sub-Saharan African region.

The situation in Zambia is such that many adolescents engage in risk-taking sexual activities, the severe consequences of which are mostly health related i.e. unwanted pregnancies leading to unsafe abortions, contraction of Sexually Transmitted Diseases (STIs) including the deadly HIV virus.

While in Lusaka, Zambia I asked some youths why they would actually engage in sexual risk taking behaviour, and those that were non risk-taking why they did not. To this, I received several answers including the following:

‘Who wants to use a condom the first time? When it’s the first time you want to enjoy yourself – experience every bit of the feeling.’

‘...............principles that I follow from the bible. I have said to myself ‘spare the rod and spoil the child’ and I have deliberately decided not to indulge in sexual activities because I know I would just be risking my own life.’

‘.........otherwise he may go and do it with other women who will do it properly and they will steal him from you (laughs)........and I did it with my late boyfriend.’

‘Ubuchende bwamwaume tabuonaule nganda’, a Zambian saying that translates ‘a mans immorality does not break a home.’ So males grow up thinking this is normal and take advantage of the females. It moulds someone’s sexual behaviour.’

But what exactly are the reasons behind these and several other answers I was given by the Zambian adolescents?

This study investigates the underlying factors behind sexual risk-taking and non risk-taking behaviour among adolescents in Lusaka, Zambia.
2. DEFINING RISK-TAKING SEXUAL BEHAVIOUR

Risk-taking sexual behaviour, in this paper, refers to not using a condom as protection from HIV and other STIs during sexual activity (Mejia, 2009). Condoms are not 100% safe, but if used properly, they greatly reduce the risk of HIV infection as well as that of other STIs (U.S. Department of Health and Human Services, 2010). Also, not using a condom during sexual activity is risk-taking due to the likely occurrences of unwanted pregnancy. The expected norm in every society is the passing of the adolescent stage without having had a child. The reason for this is that it adolescence is the ideal stage for one to acquire such valuables as education and initiation of careers for future security which is best done without the responsibility of raising children or starting a family.

Risk-taking sexual behaviour in this study, also refers to the non use of contraceptives such as pills, in-plants etc, in the case of females as it exposes them to the risk of possible occurrences of unwanted pregnancy, which could lead to life threatening unsafe abortions. In terms of pills, in-plants etc, the best a male adolescent can do is to ensure an agreement is made between himself and his partner that they will be used since the fact that it may be done (most likely) in his absence limits his responsibility over it.

Since condoms are not 100% safe, the surest way to avoid HIV infection through sex is not to have sex at all (abstinence), while the other way is to limit sexual intercourse to only one partner who would have to be doing the same (U.S. Department of Health and Human Services, 2010). Risk-taking sexual behaviour in this context also refers to excessive sexual activity with or without the use of condoms because condoms are not 100% safe. This paper does not, however, discuss sexual risk-taking behaviour in this context.
3. THE PROBLEM

3.1 Globalisation’s Negative Impact on Adolescent Sexual Behaviour in Zambia

Kawachi and Wamala (2007: 4) describes how that globalisation manifests in various ways worldwide today including in developing countries - from migration caused by economic effects to new forms of communication. It explains how that globalisation brings about new challenges and opportunities in the health of various nations. Opening up international trade and foreign investment has definitely enhanced the improvement of poor countries’ economic growth in areas such as commerce and industry. However, it has also caused unforeseen challenges such as the spread of STIs such as HIV/AIDS (Ibid, 2007: 4) and unwanted pregnancies even among adolescents in Zambia.

3.1.1 Adolescent involvement in Sex Tourism

Due to travel and migration of people largely caused by the servicing of globalisation, there has been increasing interaction between foreigners and Zambians that many times leads to sexual encounters. The Lusaka Times (2010) reports on young girls that sell their bodies for sexual pleasure to older white men, Chinese men, Indian men and older Zambian men, but especially the white and Chinese men because they ‘pay well’. These foreigners enter Zambia for numerous purposes including tourism, business etc and are usually of high socioeconomic status. For this reason young girls fall prey to them in trying to better their own livelihoods, by offering their bodies for the travellers’ sexual pleasure. Kawachi and Wamala (2007: 32) states that travellers are more likely to indulge in risky sexual behaviour and they have a higher than average chance of contracting STDs. It also states that the growth of sex tourism has major sexual and at times reproductive health implications for both travellers and residents.

3.1.2 Consequences of Rural – Urban Drift

Rural – urban drift is another form of migration but restricted to movements of people within Zambia and is also largely caused by the servicing of globalisation. Like any other developing country, Zambia is constantly experiencing rural-urban drift, as people from rural areas relocate to urban areas in search of greener pastures in form of jobs, business opportunities, etc. There is the notion that the best opportunities are usually initiated in urban areas for example, Lusaka which is the capital city. If businesses are initiated from abroad they are established in urban areas first before they spread to rural areas. In most cases
investors just settle on establishing their business in the urban cities without penetrating to any rural area.

The fact that those who are marginalised by globalization usually face severe consequences of poor nutrition, political unrest and substandard housing (Harris and Seid, 2004: p.101) poses a problem for their adolescent children who may resort to sexual activities with for example older men with more money than their own parents. Since girls are especially desperate for example to complete their education, to fit into the more sophisticated city life or simply just to survive in the bigger cities, they are the most vulnerable and are more likely to accept having sex with their sugar daddies even without using condoms.

3.2 The World Health Organisation (WHO) Perspective on Adolescent Risk-taking Behaviour

**STIs including HIV:** According to W.H.O. (2007: 15), STIs are the only preventable cause of serious complications such as infertility particularly in women. Estimates show that more that 340 million new cases of curable STI infections occur every year throughout the world in men and women aged 15-49 years, with Sub Saharan Africa being one of the areas with the largest proportion where this is the case. In addition, millions of viral STI infections attributed to those such as HIV occur annually.

**Unwanted pregnancies Abortion:** W.H.O. (2003: 14) classifies unmarried female adolescents as being among those at high risk of unsafe abortions due to less access to reproductive services, high vulnerability to violence and coercion. Such attributes among unmarried adolescent females cause them to have a greater reliance on unsafe abortion methods and unskilled providers. Nearly 20 million out of 46 million pregnancies that end in induced abortion every year, are estimated to be unsafe, 95% of which are said to be occurring in developing countries (Ibid: 12). In developing countries the risk of death following complications of unsafe abortion procedures is several times higher than that of a professionally performed abortion done under safe conditions. Although unsafe abortion related deaths have reduced from 56,000 in 2003 to 47,000 in 2008, the percentage of deaths attributed to unsafe abortion remains quite high – at 13%. Almost all of an estimated 21.6 million unsafe abortions that took place worldwide in 2008 occurred in developing countries (W.H.O., 2011: 1).
Contraception/Condoms: It is estimated that as a result of contraception method failure and non use of contraception, 40% of pregnancies worldwide are unplanned. It is also estimated that 3 out of 4 unsafe abortions could be eliminated if the need for family planning is met among sexually active teenagers by expanding and improving available reproductive health services (Ibid: 10).

3.3 HIV/AIDS facts Statistics for Zambia

As is the case elsewhere in the Sub-Saharan African region, of all the various ways by which the HIV virus can be contracted, it is predominantly transmitted through heterosexual contacts (Kalunde, 1997: 1). Nearly 80% of all HIV transmissions in Zambia occur through heterosexual contact which is aggravated by high risk sexual practices, inequity of gender, high poverty levels, stigma and discriminatory practices as well as high prevalence of STIs and Tuberculosis (National HIV/AIDS/STI/TB Council, 2006: 1). This fact entails that the prevention of the virus’s spread heavily depends on the difficult task of altering sexual behaviour (Kalunde, 1997: 1).

A look at the status of the HIV and AIDS Epidemic in Sub Saharan Africa, reveals that Zambia is one of the countries worst affected by HIV and AIDS in the region (National HIV/AIDS/STI/TB Council, 2006: 1). Theodora.com – Countries of the world reveals that 0 – 14 year olds are 45.1% of the Zambian population. According to estimates by the year 2006, prevalence rates were at about 16% among the age group 15 – 49 years and about 1 million Zambians were infected, of which over 200,000 people were in need of Antiretroviral Therapy (ART). HIV rates vary among and within the country’s 9 provinces as there is a higher prevalence of 23% of urban residents infected with the virus as compared with 11% in rural areas (Ibid: 1). 40% of Zambian primary and secondary school students have had an STI infection and an estimated one in every five youths is already HIV positive (Phiri – Trendsetters, 2010).

3.4 Abortions and Abortion Related Early-unwanted Pregnancies in Relation in Zambia

Statistics show approximately 18 million unsafe abortions carried out in developing countries every year, resulting in 70,000 maternal deaths – 13% of which are because of maternal abortions. Many of these could have been avoided, had information of family planning and
contraceptives been available especially to young people. One, at least, out of every ten (10) abortions worldwide occur among 15 – 19 year olds (Mejia, 2009: 30).

Approximately two thirds of all 18 to 25 year olds in Zambia are sexually active. A recent national demographic survey reports that teenagers between the ages of 15 and 19 years are the most susceptible to early parenthood because they are perceived to be very sexually active (Lusaka-times, 2010). The prevalence of teen pregnancy rates and those of STIs is high.

The PPAZ 2009 Publication, *A Handbook For Community Health Workers* states that the Zambia Maternal Mortality Rate (MMR) is 591:100,000 live births, (meaning for every 1000, 000 live births, there are 591 deaths). PPAZ (2009) also states that an estimated 30% of maternal deaths in Zambia are due to unsafe abortion and that 23% of incomplete abortions adolescents younger than 20 yrs, while 25% of all maternal deaths caused by induced abortions were in girls younger than 18 yrs.

Abortion laws are diverse and can be complex, usually stipulating limitations to gestational age; however, in some instances it needs conditions that could be contrary to the stated intent of the law, the effect of which is that scarcely any official abortions can take place. The fact that when an adolescent gets pregnant it is usually unintended and secretive makes her more a victim of this misfortune than other age groups are.

For example in Zambia, abortion procedure requires the endorsement of several doctors, including a specialist, in a country where doctors and specialists are scarce. Also, additional requirements regarding consent and counseling may complicate and prolong application procedures, sometimes so a pregnancy could progress past the legally permitted time period for induced abortion (W.H.O. 2011:4).

3.5 The Adolescent's Need for Sexual Reproductive Health (SRH) Information

Generally, knowledge and education are one of the most powerful of empowerment and indispensable tools being used against teenage pregnancies and STDs (Berglund, 2008: 121) even in Zambia. Adolescents, like any other age group need Sexual Reproductive Health (SRH) information and to be talked to openly about their sexuality, related infections and pregnancy. Hence, the necessity to respond to this information need in various ways such as
including these topics in their curriculum at schools and other ways through which this information is made available to them (DeJong et al, 2007).

However, in as much as SRH information and/or education is important for adolescents in Lusaka, Zambia which is given to them in public schools for example, it is the choice of these adolescents whether or not to engage in sexual risk-taking behaviour.

3.6 The Justification of the Study

Having reviewed this literature, it is evident that there has been a lot of implemented works resulting from policies and research on adolescent risk-taking sexual behaviour in Zambia through civil society, government, researchers, etc. However, it appears most of it has been for the purpose of coming up with strategies for HIV and teenage pregnancy prevention at the most. It is not clear whether or not any research has been done so far directly aiming at:

(i) Identifying the underlying causes of adolescent risk-taking sexual behaviour within the Zambian societal setting in order to find ways to strategically address it from this particular angle.

(ii) Investigating how these interact to shape the life of a Zambian adolescent to become either one that does or one that does not take risks during sexual activity, for more clarity while coming up with these particular strategies.

When adolescents take chances by having unprotected sex it poses a number of risks on their lives including unwanted pregnancies leading to unsafe abortions, (Berglund 2008: 14). It also poses the risk of contracting STIs such as HIV which develops into the Acquired Immunodeficiency Syndrome (AIDS), and this has been a major cause of death among Zambians and in Africa as a whole (National HIV/AIDS/STI/TB Council, 2006: 1-2). The risks stated here could have serious negative implications on the future of these young people: emotionally - as ill-health and/or unwanted pregnancies as well as abortion complications can be devastating and demoralising; physically - in terms of health as it could deprive them of the ability to use their bodies as much as they would want to (especially for females); psychologically - as these conditions could lower their self esteem for example due to stigmatisation; and intellectually since the responsibilities of parenthood would mean diversion of funds and time that they should, ideally, use for their education. Furthermore,
unwanted pregnancies among youths may lead to social problems such as low levels of education or slower progression through the educational process.

According to Berglund (2008: 18) some studies have shown that knowledge about possible risks involved in sexual encounters does not evidently prevent risk taking in sexual life. In other words, adolescents still go ahead and involve themselves in risky sexual behaviour even after receiving knowledge on STIs and pregnancy as well as how to protect themselves from them with condoms and/or contraceptives.

This is due to stronger societal factors to which these adolescents are exposed in their communities through norms, values and prescribed behaviour with regard to sexuality based on deeply rooted cultural prescriptions and expectancies for sex roles in society. For example, there are factors that indirectly encourage early sexual initiation (Ibid: 125) shaping one’s perceptions and thinking up to the time they reach the adolescence stage and therefore, determining the choices they make. These factors are of two types – those that cause one to be sexually risk-taking and those that cause one to be sexually non risk-taking. They are underlying and have much stronger root and, therefore, also have stronger influence in the adolescent’s sexual behaviour more than any knowledge on sex acquired at adolescence. For example, norms and values that cause risky-sexual behaviour are stronger and have greater influence than knowledge on SRH acquired at adolescence. Owing to this, adolescents make decisions to engage in risky sexual behaviour based on the deeply rooted perceptions they have concerning sexuality prior to their knowledge on SRH. This is why Berglund states that reproductive power is much more than just an information problem.

3.6.1 The Problem Specified

I now elaborate on this justification further by drawing towards the research problem in line with similar past studies on adolescent risk-taking sexual behaviour by Berglund (2008:133;138) in Nicaragua, Meija (2009) in the Philippines and Borglin (2011:67) in Cambodia. The 3 in their studies, as I do from this point onwards, refer to the underlying factors that enhance safe sexual behaviour as Power factors or (Protective factors) and those that enhance risk-taking sexual behaviour as Risk factors. These influence and, therefore, determine adolescent sexual behaviour through cultural construction by means of elements in the Zambian setting which make the decision to have unsafe sex either logical or illogical to an adolescent. Thus, adolescents either have or lack sexual power or power over one’s own
sexual reproductive life in terms of, for example freedom of choice of when to have sex or when to become pregnant, awareness of SRH facts, etc. The lack of sexual power may happen when for instance, in the life of a female adolescent of low socioeconomic and low education level who has no access to money for livelihood and SRH information. She fails to negotiate with her sugar daddy who wants sex from her without a condom, that they must use a condom. This could be due to her lack of knowledge that she might get pregnant or catch an STI and/or her lack of finances which if she had would assist her enough not to opt to give sex in order to feed herself. To be more precise, the rationality of these youths is subjected to and dependant on prevailing conditions under which they live and that have inculcated the perceptions of sex they have so far acquired. The more the power factors in an adolescent’s life the more their sexual power and the less the chances of them undertaking in risky sexual behaviour. In the same manner the less the power factors in an adolescent’s life the less their sexual power and the higher the chances of them undertaking in risky sexual behaviour. Therefore, depending on which factors are more strongly at play between the risk factors and power factors in one’s life that influence the choices they make, the atmosphere is set for a particular type of sexual behaviour i.e. risk-taking or non risk taking for each one of these adolescents.

Therefore, the problem under investigation is:

‘Some adolescents in Lusaka, Zambia are, to some extent, deprived of sexual power by unknown and/or unstipulated factors in the Zambian setting - consequently causing their involvement in sex that is unprotected from unwanted pregnancy and/or STIs.’

Considering the information presented up to this point, it is evident that this is a major Public Health problem among the adolescents in Lusaka, Zambia that requires thorough analysis as well as investigation of relevant issues, among the many efforts necessary for it to be solved.
4. **THE OBJECTIVE OF THE STUDY**

It is important to study what produces these risk factors and power factors that influence adolescent sexual behaviour, i.e. to investigate in what ways the lack of sexual power in an adolescent’s life influences their thinking to cause them to have sexual risk-taking behaviour by having unprotected sex.

Consequently the objective of this study is to investigate the underlying factors that influence the lives of adolescents in Lusaka, Zambia – determining and constructing their sexuality to become either risk-taking or non-risk-taking and that, therefore, play the role of either risk or power factor in their lives. This means establishing what the Zambian culture teaches or causes these adolescents to see as normal in terms of sexuality through societal underlying factors (for example socially as peers or parents socialise with the adolescent).

This implies also establishing how the actual conditions (such as particular educational or poverty levels) and structures within this society, under which these youths live allow and/or cause them to perceive for instance sexual risk-taking behaviour as logical, normal and/or inevitable. Furthermore the mechanisms behind the unequal distribution of power factors, the consequences thereof as well as how this disparity expresses itself in the sexual and reproductive practice among different adolescents, are also investigated.

This is in an effort to reach an explanation of the structural logic and subjective rationality behind different kinds of Zambian adolescent sexual behaviour.

4.1 **Research Questions**

Therefore, in an effort to achieve this, it was important to answer the following particular research questions with regard to issues specific to the Zambian context. This was done by investigating how underlying societal factors interact to construct an adolescents’ decision-making on whether or not to take risks during sexual activity, consequently causing either risk-taking or non risk-taking behaviour:

1. How do societal discourses through adolescent structural logic and subjective rationality cause risk factors and/or power factors in an adolescent’s life to influence their sexual behaviour into becoming either risk-taking or non-risk taking? (For example, socially by means of openness of parents about sexual matters to an adolescent)
2. To what extent does unsafe sex among adolescents in Lusaka, Zambia possibly constitute a product of competing discourses (For example, traditional discourse verses religious discourse) in relation to each prevailing societal factor i.e. social, traditional, economic, etc?.
5. THE ZAMBIAN SETTING WITH REGARD TO ADOLESCENT SEXUAL BEHAVIOUR

5.1 History of Tribal and Traditional Beliefs and Practices

This section is a presentation of history in relation to some general Zambian tribal traditions, beliefs and perceptions pertaining to sex. Zambia has 72 different tribal groupings that each speak different languages one from another. While most traditions and beliefs among these tribes are similar or the same others vary and are completely different.

There are four aspects that are common to all tribal groupings in Zambia that have over the years had a hand in the general perceptions pertaining to sexual risk-taking among adolescents in Zambia.

5.1.1 Initiation Rites

One common feature among Zambian tribes, which is directly associated with adolescent sexual activity is the aspect of the puberty rite and is conducted by almost every ethnic group in the country. A study conducted by A. Kampungwe (2003) to investigate traditional cultural practices of imparting sex education and the fight against HIV/AIDS in initiation ceremonies for girls in Zambia, reports that while these ceremonies have still been present in rural areas they have also penetrated the urban areas.

These ceremonies have existed from as far back as the tribal groupings that practice them have. In the past the purpose of these ceremonies as a channel of sex education (well documented in anthropological literature) was to introduce a young woman for the first time in her life to issues related to sexual conduct. The young girl was taught how to lie with her husband in order to give him the greatest satisfaction (Ibid: 45). What she was taught included therapeutic techniques for sexual conduct for sexual enhancement, reproduction and ailments (Ibid: 37). It happens at puberty for the Lozi tribe of western province as an example, it started with the girl’s first menstrual period while for others like the Ndembo of North-Western Province it would begin when the girl’s breasts begin to ripen. The girl was secluded for a period of time that differs from tribe to tribe, in which she was instructed by married women verbally and through dances on how to embrace her husband’s affection as well as her behaviour during conjugal embraces with her husband. She was also instructed on Issues regarding womanhood, marriage, sexuality as well as respect for elders and for her
husband (Ibid: 45). The majority of respondents in Kapungwe (2003)’s study showed resistance to the use of condoms which was attributed to the traditional African perception of the functions of sex and how it should be performed.

‘In traditional Zambian society, sex was primarily for reproduction which meant that it had to be penetrative coitus involving the discharge of sperms into a woman. The implication of this is that any physical barrier was considered to be unacceptable and immoral. It is this perception, and not the perceived reliability of condoms or fear to promote immorality which, in our opinion is responsible for the overwhelming resistance to condom use among the study population.’ (Kapungwe, 2003: 45)

There are two main differences pertaining to initiation ceremonies between those that were done in the past and those that are still being conducted today. Firstly, in the past the norm for most of these tribes was to initiate their young people upon puberty, and to marry them off immediately after the initiation ceremony. Therefore, it was not taken as an immoral event for them to be prepared for sexual encounters even though they were so young since most of them were already affianced and would not only be married right afterward but expected to have children (Ibid: 45). Today, even though people in Zambia are not getting married at such tender ages, initiation rites are still performed for teenagers. This means there is now a gap between the time of this initiation and the time they get married, and since they are at adolescence - a point in their lives when their hormones are racing and they want to experiment (as we will see later) the sexual skills they would have already been given, even though according to tradition the skills are meant only for sexual relations in marriage, difficulty in following this part of the tradition among these teenagers becomes inevitable.

The other issue is that in the past there were no profound complications of STIs such as the deadly HIV virus and, therefore, there was no need for the use of condoms for the purpose of safer sexual encounters. Today, however, it is a different scenario as STIs have become a major problem especially in Sub-Saharan Africa. Studies like that of Kampungwe (2003) also show that this sex education given to the young today in Zambia does not include the necessary use of condoms. In relation, to this is the fact that in the past the young girls were being educated on how to receive sperms as mentioned earlier and yet today the same teachings are being taught to them as teenagers so they are bound to get pregnant even before they actually get married. At the same time, they are also still expected not to have sexual
relations or to get pregnant before and outside marriage according to tribal norms (Ibid, 2003).

The consequences of this often result in their engaging in unsafe abortions that are unofficial and that no one will hear or know about in order for them to continue to be accepted in society. These abortions may be performed by unprofessional people and be dangerous for these young people.

A few of the tribes in Zambia such as the Chewa and the Lunda-Luvale have the tradition of conducting initiation rites for the male adolescent. Here as well the emphasis lies in inculcating how to give pleasure by enhancing body motions through sexual intercourse, circumcision of the male adolescent (Jere et al, 2005:19) as well as imparting a spirit of responsibility in the young males on how to take care of a woman. (Ibid: 6).

However, even with all the emphasis on sexual pleasure in these lessons and with fact that it was initially done to prepare one for marriage, these initiation ceremonies appear not to include counselling on love and sexuality in a modern setting. This causes the graduated youths to be less prepared for the use of the acquired skills in the modern world which is predominantly non-traditional (Ibid: 19). As an example of this, Jere et al (2005:19) explains how that city life is bound to present more opportunities for sexual encounters than the rural traditional setting besides the fact that the emotional ability to harness any impulses is important for sexual participation.

One important factor to note here concerning contraception is that there is no record existing of these young females and males being taught any methods of family planning or contraception traditionally. This could be attributed to the same initial purpose of child bearing that marriage is meant for in the general Zambian tradition.

5.1.2 Gender

There is a difference between the way boys and girls are socialised in Zambia, making the boys into much more masculine individuals than women. One way through which this is done is by teaching boys (especially those in rural areas) the more physically demanding skills such as hunting, fishing and other manhood tasks (Ibid, 2005:7). This creates in the minds of community members the meaning that males are more capable of performing more difficult tasks than females.
This has somewhat contributed to the differences and inequalities of males and females that exists in the minds of Zambians as it is an established norm that traditionally men are more superior to women and they ought to be respected by the women they are married to. Even regarding relationships among people that are not married as well as any issues of sexual relations, there is a sense of superiority of males over females so the men can refuse to use condoms for protection if they don’t want to.

In a study by (Magnani et al, 2002) that investigated reproductive health risks and protective factors among youth in Lusaka, Zambia findings revealed that because of being in a lower socio-economic position, Zambian females were often limited in power in sexual relationships. According to the findings, females had insufficient negotiation skills to use protection. This was attributed to the fact that in Zambia gender roles suggest more power to the male and less to the female. So for this reason young adolescent females may not know how to defend themselves if they bring up the issue that they ought to use condoms to protect themselves from pregnancies and STIs during sexual activities (Ibid: 84 - 85).

The same norm of male superiority over females, causes attention to be paid only to the female when even two people are marrying as the female is the one expected to remain a virgin until she is married. It encourages male adolescents in Zambia to engage in sexual relations and some of these may well be risk-taking and, therefore, pose a risk to themselves and to those they maybe having it with. This is similar to the findings of Borglin (2011: 66) who carried out a study on the sexual behaviour of adolescents in Cambodia, where the society’s norms allowed males to have sexual encounters before marriage because they are ‘made of gold’ so they could simply clean up without anyone taking note of what has happened. But the females are ‘made of cotton’ and therefore acquire an unalterable state of uncleanness once they become ‘dirty’ through sexual relations.

The other issue that adds to the vulnerability of female adolescents in relation to gender is the aspect of polygamy, which exists in some cultures both in Zambia and Africa as a whole. A number of not only Zambian tribal groupings possess the norm that a man can have as many wives as possible as well as girlfriends if they so wish but the woman must have only her husband. This and the fact that the men prefer to get a wife who is much younger when they add to their wives means at times they may get wives that are adolescents.
5.1.3 Traditional Zambian Collectivism

Zambia like most other African societies is a collectivist society that encourages and possesses a practice of social responsibility among its members. It is a society that teaches adolescents and even those at earlier life-stages to do what their community requires of them and not what they themselves as individuals would otherwise do. This includes sharing resources with others such as the needy. This has, however, been slowly changing to individualism due to Western influence as well as the social economic environment (Jere et al, 2005:4).

The issue here is that due to collectivism aspect in adolescents with severely low socio-economic status such as orphans who have to head households, may be under more pressure because they are obliged to fend for their siblings and others that maybe living under their roofs. So for example if they are involved in prostitution they may be more willing to have unprotected sex, if demanded from them if that is the only way they can earn a living.

5.1.4 Relationship with Parents

The indigenous Zambian culture and tradition did not normally allow parents to communicate to their children about sex, as this was considered a taboo and was to be avoided at all costs (Phiri – Trendsetters, 2010). However, the seriousness of the HIV/AIDS pandemic in Zambia has caused parents/and or guardians to be encouraged through health communication programmes to engage in such conversations with their children. The trend that is most common in rural Zambia is that instead of counselling adolescents on sexual activity and sexuality, parents often leave this responsibility to other older people of their extended family i.e. uncles, aunties, grandparents of the adolescent etc (Jere et al, 2005:20).

Even if this is the case, research in a number of countries has revealed that parent-adolescent communication as well as the responsiveness of parents, to sexual discussions play an important role in delaying early sexual intercourse. This shows that parents freely communicate with their adolescent children about sexual matters and about contraception or condoms, has been associated with less chances of early adolescent sexual activity and actually higher chances of abstaining from it (Whitaker, Miller, May and Levin, 1999: 1). Research also associates peer norms more strongly for sexual behaviour adolescents without any discussions on sex or condoms with parents than those who had (Whitaker, Miller: 2000).
It is not only a Zambian but also a general African norm that parents do not have direct discussions on sexuality or sexual matters with their own children.

Also Whitaker et al (1999: 1) states that reports show adolescents perceptions of their own parents as most important in influencing their long term decisions with the highest influence when it comes to sexual opinions, beliefs and attitudes. Thus, going by this, not only Zambian but most African adolescents may not be getting the information that could save their lives from where it matters the most or from where they should actually be obtaining it from. It could also mean that even though they receive it from elsewhere, it may not carry as much weight as it would if parents were the ones communicating it or discussing it with them.

5.2 History of Religion

In giving a brief history of how Zambia became a Christian nation, Elliot (2009) reports that Missionaries first reached Zambia for the purpose of spreading the gospel of Jesus Christ as far back as the latter half of the 19th Century. This was when Christian values slowly began to penetrate the tribes of Zambia and into the lives on its indigenous people. Christianity has since spread throughout the country and Christian beliefs have been and are still being widely held among Zambians. Soon after Frederick Chiluba became the second president of Zambia in 1991, he declared the country to be a Christian nation. Christianity has for centuries, has been the dominating religion in Zambia and Chiluba’s declaration cemented this domination.

Today, however, due to the fact that in Zambia the constitution still provides for freedom of religion – a right in practice that government respects (U.S Department of State, 1997), there is more than just one religion that is practiced as well as many religious beliefs that are held among the people. According to the U.S Department of State (1997) International Religious Freedom Report, Zambia’s population is approximately 87% Christian, 1% Muslim or Hindu, while the remaining 7% of the people adhere to other belief systems which include indigenous religions. Jere et al (2005: 5) mentions others that exist in Zambia such as Buddhism, Bhai. She also mentions that some Zambians have beliefs in indigenous Bantu religions.

The report also states that the majority of indigenous Zambians are either Roman Catholic or Protestant and that there has been an upsurge of new Pentecostal Churches that have attracted many young adherents.
‘Flee from sexual immorality. All other sins a man commits are outside his body, but he who sins sexually sins against his own body. Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God?’ 1 (Corinthians 6:18-19, New International Version)

Christianity is based on the Bible’s gospel of Jesus Christ and the take on sexual relations here is that it is wrong to have sexual intercourse unless it is done within a marriage. The quoting from the bible above is a demonstration of beliefs that staunch Christians generally and not only in Zambia, follow regarding sexual relations among people that are not married such as most adolescents.

One of the major significant factors that influence adolescent sexual behaviour anywhere is the opinion of religious leaders about it.

Malungo (2001: 46) states that religious leaders were of different views concerning premarital sexual relations in Southern Nigeria. While the majority of Christian and Muslim leaders were against girls’ indulgence in premarital sex because God and the scriptures forbid it, a smaller number were of a widely held opinion that a girl must prove she can conceive prior to marriage. A handful of remaining leaders thought of female premarital sexuality to be more a question of social difficulties and dangers than of sin and retribution.

In sharp contrast to these two southern Nigeria Christian and Muslim opinions is the view of a Catholic Priest that was interviewed and quoted by Mejia (2009: 17) concerning adolescent sex and the Catholic Church in the Philippines. The Priest expressed how that the Catholic Church, sex education of young people on the sacred nature of sexual love, is necessary. The priest also stated that marriage is not the solution to teenage pregnancies as most of them may marry without the necessary level of maturity and a sense of responsibility. In situations of teenage pregnancy, according to the priest, the church would rather the teenager and her child are taken care of by her parents as opposed to being hurriedly married off to the father of the child (Ibid: 17).

This is the view that is also held, and widely so, among Christian leaders of different denominations in Zambia, where the concentration of the church or Christians concerning sex seems is more on abstaining from sex before or outside marriage. Owing to this, the likes of teenage pregnancy or abortion should be unheard of in the church and among Christians. It
Most churches, therefore, do not have any programmes in place to talk about protection from pregnancy and safe abortions for their youths.

Due to the strength of the foreground of both Christianity and traditional culture in Zambia, a good number of families believe in the two combined (U.S Department of State, 1997). Both are not for any premarital sexual practices among those who are not married and are even against the use of condoms because they see it as something that may propagate forbidden sexual relations (Malungo, 2001:46).

5.3 Zambia’s Political History on Colonialism and developments that influence perceptions of young people

Zambia like many other African countries has a history of having been colonised by the British. Although Zambia later, in 1964, gained its independence from this colonisation, it had adopted and continues to adopt certain western cultures (Mwangala, 2009).

‘...it has been argued that colonialism in Africa did not end with the formal declaration of independence because colonialism did not simply consist of geographical and political dominion, but also included cultural and economic structures that persist to this day. The colonial conquest was motivated by a number of factors, among them political, commercial, social, cultural and even religious.’ (Ibid: 73)

Because Zambia was colonised by the British government, Zambian people have a higher affinity for the western culture.

Signe (2006:7) in Rethinking Sexualities in Africa, states that colonial and post-colonial European imaginations consistently construct Africans and the African sexuality into something he refers to as an ‘other’. This constructed ‘other’ is different from European/Western sexualities and co-constructs even European/Western societies as what is modern, rational and civilised.

This author is saying that Europe/the Western world from the start of colonialism to date have been consistently shaping Africans and their sexuality by creating a desire for the European/Western sexuality culture in them. According to Signe this desire has been forming in Africans as the European/Western culture is portrayed to them as that which is exotic, and noble as well as the depraved savage. Therefore, because this ‘ideal’ picture of what
sexuality should be, has been and is being consistently portrayed as that which is modern, rational and civilised among Africans and in their sexuality, it has penetrated African culture and has become a norm in African society (Ibid: 7) especially among the youths.

5.4 History of the Economy and Socioeconomic Disparities

Zambia has for several years been defined by extreme poverty levels. According to the Encyclopaedia of the Nations, by the year 2000, over 70% of the population was living on less than 1 dollar a day – 10 years before which the figure was 50%. Approximately, 85% of people rural Zambia and 34% of those in the Urban districts are currently living below the poverty line with 13.5 million living on 1 dollar a day (African Economic Outlook, 2011: 16).

Due to extreme poverty levels in Zambia,

‘..... public expenditure on health as a percentage of GDP fell from 2.6 percent in 1990 to 2.3 percent in 1998, and where external aid per capita fell from US$119.7 in 1992 to US$36.1 in 1998. In addition, the daily per capita supply of calories fell from 2,173 in 1970 to 1,970 in 1997, and the daily supply of protein declined by 19.2 percent and fat by 27.1 percent over the same period. Consequently, 3 in 5 of Zambian children were malnourished by 2001. Along with the impact of the HIV/AIDS epidemic, these factors have contributed to a declining life expectancy for the average Zambian from 47.3 years in the early 1970s to 40.1 in the late 1990s.’ Encyclopaedia of the Nations (2011)

Currently Zambia’s has a GDP per capita of $16, 192, 857, 209, Life Expectancy of 48, 59.3% of population poverty headcount ratio at national poverty line and an Unemployment total percentage of labour force of 12.9 (The World Bank, 2011).

Socio-economically, there are a number of inequalities that Zambia over the years has been experiencing such as those between rural and urban habitats, the gender disparity and the disparity of wealth between the rich and the poor.

The percentage rate of the urban population to that of the rural population living below the poverty line is 46 to 88 (Encyclopaedia of the Nations, 2011). This is one major reason for rural-urban drift and its negative consequences on the sexual behaviour of some Zambian youths and is further elaborated under the issue of globalisation in the 3rd Chapter.
Also according to the Encyclopaedia of the Nations (2011) the poorest 60% of Zambians share 25.2% of the wealth and the wealthiest 10% share 39.2% of Zambia’s wealth.

The African Economic Outlook (2011:16) states that women’s economic empowerment is still a challenge besides government efforts through the 2006-10 5th National Development Plan (NDP) aiming to eliminate the gender disparity. This is because for example, while women account for 70% of subsistence farming labour, only 22 women out of 150 Parliament Members are women.

All these disparities have had a direct impact on the sexual behaviour of young Zambians. The high poverty levels as well as the gender disparity have caused women, more especially younger ones to enter relationships for the sake of receiving money or gifts in order for them to make a living and still others to have sex for money.

A Study by Dahlback (2006), which explored the conceptualization and communication of sexuality and reproduction in Zambia from a Gender perspective, states how poverty made girls easy prey for boys and men who could give them money or gifts in exchange for sex. “‘Transactional sex’ was the result of girl’s desires for material and financial support due to the high poverty levels that exist among some Zambian adolescents.

In stressing this point Dahlback (2006:33) quotes one of the interviewees of the study concerning the effects poverty situation in the life of a 17 year old girl who was dating an employed 21 year old. The 17 year old’s mother let the boyfriend pay her daughter’s school fees – a case that led to the girl’s pregnancy and unsafe induced abortion.

When poverty is accompanied by peer pressure it also becomes a serious risk factor because it enhances sexual relations that lead to risk-taking behaviour among young people in Zambia. Female adolescents are more at risk than males as they are more vulnerable even by nature. The majority whose parents cannot afford to give them the better life they would like to live end up having sexual relations with

“men who pay their rentals (since there are no boarding facilities), buying them food, showering them with expensive gifts such as cell phones and they end up giving in to their sexual demands and fall pregnant.” (Mutombo and Mwenda, 2010: 9).
Also according to Mutombo and Mwenda (2010: 9) sometimes due to peer pressure young girls tend to patronise bars, abuse alcohol, committ offenses and get locked up in police cells. It is, unfortunately, in wrong places such as this that they usually meet men who impregnant them - for example so that they can be bailed out quickly.

5.5 The Media in Zambia

5.5.1 The Zambian Media’s Dissemination of Various Views of Sexuality

According to Teifer (2004) the media play a major role in any society’s process of social construction as they create categories and set values. In each society, they are the ones responsible for the dissemination of all kinds of information to the public, on every kind of issue i.e. politics, education, cultural, traditional, economics, business, entertainment, health, etc.

However, Berglund (2008: 19) disputes a suggestion by Strasburger concerning a role the Media performs in sexual risk-taking behaviour saying it can either rescue or destroy today’s youth as it operates with a routine-like overconfidence. The former is against the latter’s illustration on how the media plays a sexually suggestive role as it functions as an instruction manuscript for sexual conduct to people such as the youth. According to Berglund, simply because for example, movies rarely contain anything to do with the things that could counter sexual risk-taking behaviour such as self-control, contraceptives, abstinence, and responsibility and; because Instead it exposes youths to ‘‘...long kisses, extramarital intercourse, prostitution, incessant sexual allusions at all times in all genres, and sex as an action instead of an expression of the tenderness of love’’ does not mean the Media the reason for sexual immorality (Ibid: 20).

Berglund (2008) explains that in as much as the Media sets this immoral display before the public it has never stopped presenting ‘good’ traditional morals. Meaning the good and moral coexists with the bad and immoral. Also since one already possesses either moral or immoral perceptions that are of much deeper root before they come across the Media’s contents, issues of adolescent sexual behaviour are more complicated than just requiring a plan where the Media would now censor what it broadcasts.
5.5.2 Globalisation’s Role in Adolescent Sexuality through Zambia’s Media

In Mejia (2009:31), a similar study on adolescent sexual behaviour carried out in the Philippines, she states that one of the Media’s roles in society is to act as a medium through which global culture is disseminated. Like in any other part of the world, there has developed in Zambia, a growing awareness of deepening connections between the local and the distant through a new desire to be integrated into the worldwide network of intensified social dependencies and exchanges (Steger, 2003: 2). Globalisation, by means of the Media has perpetuated a change in local cultural values in many countries including Zambia, where adolescents view items they are exposed to especially from developed western countries through the Media as that which is modern and, therefore, is ideal. This is also related in Signe (2006)’s view of how colonial and post-colonial European imaginations consistently construct Africans and the African sexuality into something he refers to as an ‘other’ (see 5.3).

The penetration of Western culture into the practices of most Zambians includes those of adolescents today. Ordinarily, Zambian parents do not tolerate sexual relations or intimate relationships with the opposite sex among their teenage children. This is due to old traditional customs that forbid such acts by young people, for as long as they are not yet married. But the act of having intimate relationships at the adolescent stage or earlier is particularly one that has been adopted by numerous young people in Zambia as an ideal and modern way of life for young people. This is mainly because, for example, from movies and documentaries containing this element of culture in the western world they see, it is a norm that is allowed and practiced.

The Media also plays a major role in disseminating multiple society discourses to the public – displaying sexuality according to different and conflicting perceptions. Berglund (2008:140) states that there is a considerable choice of contents and values presented by the Media that for example, challenge and contradict the traditional morals of the church. The Media in this sense takes a role as mediator of opposing ideas, values and sexual behavioural patterns that it portrays and that are viewed from different and morally contradicting angles.
5.6 The Zambian Government’s Legislation, Actions, Policies and Some Challenges on Sexual and Reproductive Health

5.6.1 Legislation

The Public Health Act of Laws of Zambia (PHALZ) itself does not directly stipulate on anything specifically to do with sexual risk-taking behaviour – let alone among adolescents in Zambia. It instead only gives the general statements of the circumstances under which contraception and abortion should be carried out.

The Termination of Pregnancy (TOP) Act, 1972 of the Laws of Zambia which was amended in 1994 states that safe termination of pregnancy is Legal in Zambia only under the following conditions:

- It is approved by 3 medical personnel of whom 1 doctor should be a specialist in the field under consideration.
- One doctor can certify for TOP if it is immediately necessary to save the life or to prevent grave permanent injury to the physical or mental health of the pregnant woman.
- If it is done in a clean, safe and registered environment.
- It is done by a trained service provider.
- The woman makes a free informed choice without coercion.

However, according to the Planned Parenthood Association in Zambia (PPAZ) even where legal, due to the following reasons there may be situations whereby women fail to access safe TOP services:

- Lack of access to correct information about sexual and reproductive rights
- Negative attitudes of the providers at the health centres and poor quality of services
- Stigma and other barriers

(Planned Parenthood Association of Zambia, 2009).
5.6.2 Sexual Health Education in Public Schools through Ministry of Education

Among the policies and actions of the Zambian Government that are working towards lessening the problem of adolescent sexual risk-taking behaviour is that of integrating HIV/AIDS and reproductive health education into the public school curriculum. While some schools still refuse to teach HIV education, most have started providing a comprehensive program (Robertson, 2008).

However, due to the country’s high poverty levels not all Zambian adolescents are currently in school.

5.6.3 Ministry of Health (MOH) - Policy on HIV, Family Planning National Policy Guidelines and Protocols in Zambia

The Zambia Family Planning Guidelines and Protocols which provides updated and client centred guidelines to health care providers in Zambia includes adolescent reproductive health as one of the topics. They serve as guidance to the MOH itself, civil society, clubs, etc on appropriate procedures in offering contraceptive methods to all Zambians (MOH, 2006).

They particularly address adolescent reproductive health by clearly stipulating that young girls should receive reproductive health services as well as counselling – especially for those under the age of 16. They serve to ensure that youths are mature even in decision making pertaining to reproductive health. The protocols also say that service providers should have programmes that strengthen family education on, for example, dangers and risks of early sexual activities in schools and encourage all in contact with adolescents to be supportive toward them and not sanctioning and negative (MOH, 2006: 2).

These Protocols touch on just about every area pertaining to sexual risk taking behaviour from ensuring access to reproductive health services such as access to contraceptives for youths to strengthening of family ties and relevance in terms of ready support in case of the youth’s event of unplanned pregnancy (Ibid: 2).

The Planned Parenthood Association of Zambia (PPAZ) is one of the organisations that operate under these protocols and guideline in its day to day activities. According to a Review Report 2010 of the PPAZ, they are committed to the realisation of a society in Zambia where by all people enjoy equal sexual and reproductive health and rights. They also
work towards the provision of equal access to quality and affordable sexual reproductive health information and services (PPAZ, 2010: iii).

5.6.4 Counteracting Eventualities to Government's Policies and Legislation

However, considering that due to the country’s high poverty levels not all Zambian adolescents are currently in school. Some adolescents have either dropped out of school while others have never been to school at all and, therefore, lack the opportunity of receiving HIV/AIDS and sex education formally as others would. There is, of course, a chance that they may be receiving HIV/AIDS education informally through campaigns arranged by various organisations for the community such as PPAZ. Many Non-Governmental Organisations (NGOs), both local and international and churches try to control HIV/AIDS through information programmes, programmes on condom use and those emphasizing behavioural change. They have tried to raise community-based programmes for education, prevention and care (Rasing, 2005). But since these meetings are voluntary and not mandatory the attendance of all adolescents is not guaranteed.

Among the actions and policies of the Ministry of Education (MOE) pertaining to adolescent, some have been a success without any negative side effects, while others have had severe negative outcomes.

One policy that was meant to improve the educational situation for females but turned out to be an added cause of the problem was the MOE’s Re-entry Policy. In 1997 a Re-entry Policy was implemented in the whole of Zambia by the Government through the Ministry of Education (MOE), allowing primary and secondary school girls that had fallen pregnant to continue their education after giving birth. This was not the case before as any eventuality of pregnancy among pupils would lead to instant expulsion from school without a chance to return and complete school again (Commonwealth Secretariat, 2005). This was to give a second chance for completion of education to girls who had fallen pregnant.

However, in as much as the intentions behind the implementation of this policy in Zambia were good, it has led to a worse situation among young girls in terms of getting pregnant in a number of parts of the country.

Mutombo and Mwenda (2010) present a Zambian school teacher’s sentiments concerning the re-entry policy indicating that allowing girls to return to school after falling pregnant had also
increased the already high number of pregnancy cases and illegal abortions at his school. He said the school children had become careless knowing that they will go back to school after giving birth.

It is therefore, possible that the implementation of this policy caused the young girls to become more risky in their sexual behaviour i.e. a possible decrease in use of condoms and contraception as well as a possible increase in sexual activity. That is, since pregnancy rates increased among school girls after the policy was effected.
6. **THEORETICAL FRAMEWORK**

6.1 **Social Constructionism**

In this research, Social Constructionism was used as the theoretical basis. Crotty (1998: 42) defines Constructionism as

‘the view that all knowledge, and, therefore, all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and is developed and transmitted within an essentially social context.’

Crotty here means that interactions among people in any society as well as interactions between themselves and their society, construct each society member’s life aspects. What their life aspects are constructed into causes them to take certain actions that form reality and knowledge. It follows that reality and knowledge in a particular society is what becomes its set norms and is, therefore, transmitted to every society member (Borglin, 2011:43). i.e. norms and values created and held by societal discourses such as political, economical, cultural, etc from the sphere or community in which one operates. An individual’s perceptions are influenced by the meanings they derive from what the societal entities of their particular community regards as right and, therefore, prescribe as normal. To sum it all up, man both creates culture and is also moulded by it, as culture both constitutes and expresses life patterns through specific historical, social and material circumstances (Berglund, 2008: 31). This means human beings are the ones that set the atmosphere in society by prescribing what is normal, what is right and deserving reward as well as what is wrong and deserving punishment, according to how the society discourses charges as normal or not.

Social constructionism holds that the behaviours and attitudes of individuals are socially constructed and heavily depend on the discourses that surround them. Mejia (2009:41) states how that all discourse and knowledge are socially constructed through collective thinking, common culture, language community and other shared entity. So since knowledge is constructed through social interpretations and intersubjective influences of language, culture and family, our perceptions are shaped through a system of social, cultural and interpersonal processes (Villanueva, 1997: 12).
Berglund (2008: 39 - 40) states that in the absence of an evident, secure cause or formula for what is the right thing to do for the adolescents whose sexual behaviour he studied, instead norms and values of their cultural setting influenced the decisions they made. Their sexuality was, therefore, dependant on their perceptions which were actually influenced by power tensions and different kinds of constructed knowledge structured in discourses (Ibid: 40). This means there are things that one is rewarded for doing and others that one is punished for when they do them. For instance, a Christian teenager who knows that her fellow church members would disassociate themselves with her if she got pregnant, she may still decide to have sex without a condom because she has seen other parents in her community very happy that they have a grandchild whose mother is a teenager. Thus, especially if people in her community value a grandchild more than their daughter’s completed education or her Christianity since this is what their indigenous tradition supports.

In addition, DeLamater (1998) states that each institution in society has a discourse about sex i.e. with regard to how the broad arrays of behaviours and actors involved in sexual expression are thought and/or spoken of. For example, the background of this study clearly shows how that the traditional Zambian Cultural sexual orientation of female adolescents sharply contrasts with the religious beliefs that will not even consider to give out information on contraception to adolescents who are not married.

The issue of norms and cultural values is highly relative as what one society considers normal behaviour may be abnormal in another society or community, because culture differs from society to society. Therefore, individuals ought to be looked at considering the particular setting of societal factors they are surrounded by. Burr in Parker (1998) explains how that social constructionism holds that there is no such thing as an objective fact because all knowledge is derived from seeing the world from some particular perspective as in the case of relativism.

Therefore, concerning how we currently acquire knowledge, Mejia (2009: 40) states that for social constructionism, objectivity and the absence of bias through which the natural world can be revealed by observation, is the conventional way of attaining knowledge.

In line with this thought pertaining to social constructionism, Berglund (2008:31) in a similar study of adolescents in Nicaragua presents the necessity to study individuals as social objects
that are both participants of constructing, and that are being constructed by different systems of meaning production.

6.2 Social Constructionism of Adolescent Sexuality

Owing to this illustration of social constructionism in every society, analysing sexuality or its construction without reference to the political, economic, and cultural matrix within which it is embedded as well as to its historical context, is impossible (Caplan, 1987:24).

Parker and Gagnon make an interesting statement in line with this, as they give an overview on the ideal focus of sex research for its meaningful contribution in the fight against sexual risk-taking behavior that leads to HIV/AIDS:

‘…..it would have to be drawn not only in the incidence of particular attitudes and practices, but on the social and cultural contexts on which sexual activity is shaped and constituted. Research attention would have to be drawn not merely to the calculation of behavioral frequencies, but to the relations of power and social inequality within which behavior takes place, and to the cultural systems to which it becomes meaningful.’ (Parker & Gagnon, 1995: 11)

In this sense that which is considered as sexual in one society may not be considered sexual in another society because what pertains to sexuality depends on the meanings a given society attaches to sexuality. An example, is how that in the most rural and remote areas of Zambia, homosexuality and bisexuality are totally unheard of, and yet in the western world gay people and lesbians are now even being given the right to marry. The point is that, because of the greater variety in meanings attached to sexuality in the western world i.e. homosexuality, bisexuality and heterosexuality, it would be easier to assume the possibility of considering two people of the same sex lip-kissing as being lovers than if the same thing occurred in rural Zambia. In the case of the latter, the local people of for example, Shangombo area in Zambia’s Western Province would either take this to be a simple act of affection between two female friends. Worse still, since it is totally abnormal to lip-kiss in the case of men, they may be considered either as idiots publicly making fools out of themselves or insane and desperately needing mental/psychological help. Also in the western world where sexuality is taken to be a ‘thing in itself’, it would be much easier not to attach sex to reproduction, only to people of the same sex (Caplan, 1987:24) because here it is possible to have sexual relations between people of the same sex. And yet, in rural and remote parts of Zambia the traditional cultural setting only attaches sexual relations to
marriage between people of opposite sexes and for child bearing. Now supposing one actually went and found out what led them to kiss in front of people that way when they are both of the same sex and found that they are actually gay and they had up to this point been living in the United States which is their home country and were in rural Zambia for work duties. This would be a case of clashing cultures between that of these Americans and that of the locals because the Zambian locals would have never experienced it before. But for the 2 male or 2 female Americans they would simply be expressing their sexuality according to what their culture allows, the cultural norms and values they have been exposed to, although homosexuals are regarded as minorities (Meija, 2009:44). Now the case is even more extreme when it comes to heterosexual risk-taking behavior: ‘It is not only socially affected but also sustained by social practices that serve the interests of dominant groups in society.’

What people do is that which the society norms and values they have been exposed to make them want and allow them to do (Caplan, 1987:25).

6.2.1 Model for Social Construction of Adolescent Sexuality with Regard to Risk-taking

The political, social, cultural, etc. factors in a society influence an adolescent’s perception of everything in life generally even with regard to sexuality. Going by social constructionism, it is inevitable that adolescents begin to respond to issues of their life’s aspects including sexual

Figure 6.1 Model for Social Construction of Adolescent Sexuality with Regard to Risk-taking

The political, social, cultural, etc. factors in a society influence an adolescent’s perception of everything in life generally even with regard to sexuality. Going by social constructionism, it is inevitable that adolescents begin to respond to issues of their life’s aspects including sexual
feelings. This is done based on what they have been assimilating in terms of the cultural norms and values in their society or community in relation to sexuality and act accordingly. So if they have been largely exposed to risk factors they become sexually risk-taking and if they have been largely exposed to power factors then they become non risk-taking. The responses to sexual feelings and/or sexual encounters are in terms of subjective rationality, as they take actions that they consider logical. Take the example, a male adolescent who has lived among Zambian traditionalists that believe a man should as early as possible in life prove his manhood by having many children. This is what is rewarded and so he may choose to have sex with many women and have children with all of them. Such staunch traditionalist views are risk-factors because they cause him to take risks sexually by not using protection even if he may have some SRH information. The risk factor robs him of his sexual power he would otherwise gain from the use of SRH knowledge. This is because his rationality is subjected to traditionalist beliefs dominating over all aspects of his thinking that value the proof of his ability to have children over any SRH information (or another power factor) that may be at play in his life at this point (Figure 6.1a).

One participates in the construction of the various systems in their own society and of their own lives by for example sexually, responding to their sexual feelings either by controlling themselves and abstaining from sex or by having sex with or without a condom.

The model above illustrates the sequence of events from the time the construction of the adolescent’s perceptions and sexuality, occurs to the stage when the adolescent begins to portray what their sexuality has been constructed into. At this stage they seek self-identification, so there should be an expected increase in them portraying how they together with societal factors have constructed and continue to construct their sexuality. Their self-expression is also expected to increase in various ways which will either exclude or include sexual activity, with or without protection from disease and/or pregnancy, playing a role in the construction of their own society.

Below is the illustration of the example I have given above of the construction of sexuality for a sexually risk-taking adolescent Ideal Type case. It shows how the risk factors in this individual’s life are stronger and, therefore, have more influence in his life than the power factors he is exposed to. I explain further on my use of the Ideal type concept in the next chapter.
The construction of sexuality continues even beyond the adolescent stage but in this paper my focus is the adolescent stage so in this model I am only discussing the construction of sexuality up to the point of adolescence. In other words, I focus on society’s contribution in constructing adolescent sexuality which is what the portrayal of one’s sexuality through sexual behavior in terms of risk-taking or non risk-taking at this point is a product of.

6.2.2 Sexuality: as Dynamic and Culturally Relative as Underlying Factors and Discourses that Construct it

‘Gagnon and Simon's book, Sexual Conduct (2005), presented a theory of sexuality that is fundamentally social constructionist......arguing that "sexuality is not universal phenomenon which is the same in all historical times and cultural spaces". Sexuality is created by culture, by the definition of some behaviours and some relationships as "sexual," and the learning of these definitions or scripts by members of the society.’ (DeLamater, 1998)

It is, therefore, important in the same manner we consider that cultures are not same in every society to consider also Gagnon’s point that society cultures that construct sexuality are not static but dynamic. This is because norms and values and, therefore, the things that people are allowed to do may vary over time for various reasons such as being due to major events.
that transpire within a society. For example, the rising of HIV/AIDS cases in the 1980’s may have brought some fear even among polygamous traditional Zambian chiefs who before would have a number of concubines besides their wives. Thus, especially in rural areas where there general beliefs associated having many children with prestige, whether they children were from spouses or not. This may have caused sexuality in terms of extra marital affairs with concubine to be associated with ill health and death rather than extra sexual pleasure. So here it can be said that the norms of sexual pleasure changed among the tribal chiefs from what they were before to norms of sexual pleasure with increased caution to avoid getting ill.

6.3 Reasons for Using Social Constructionism in Understanding Adolescent Sexual Behaviour in Zambia

1. Can be used as a lens through which one is able to see how a given society’s cultural setting constructs sexuality i.e. a lens through which reality is viewed as being socially constructed. (DeLamater, 1998). Sexuality refered to here is that to do with risk-taking and non risk taking which is the focus of this paper. This agrees with Reeves et al’s statement that ‘Theories give researchers different “lenses” through which to look at complicated problems and social issues, focusing their attention on different aspects of the data and providing a framework within which to conduct their analysis. Just as there is no one way to understand why, for instance, a culture has formed in a certain way, many lenses can be applied to a problem, each focusing on a different aspect of it.’ (Reeves et al, 2008:631)

2. By thorough examination of language and communication it enables one to establish meanings that a given society gives to sexuality as this sexuality is constructed by its cultural setting through the use of language to communicate. This is because of the social constructionist view that the primary and social significance or meaning of phenomena and events lies in the existing terms used to refer to them within the language and communication (DeLamater, 1998). This was one aspect of social constructionism that also made it easier for me to use hermeneutics for analysing my data in this research. Hermeneutics is a theoretical tool I further explain in the next chapter.

3. Considering the dynamic nature of society settings and discourse one is able to pursue and establish how cultural norms and values are dynamic and vary over time even in their construction of sexuality in a given society (Ibid, 1998). For example, considering that the Zambian economy is now much worse off than it was in 1974, one is able to understand
that this is one of the major reasons why prostitution among the youth was rare at that time since the socio-economic status of most people was not bad enough to cause adolescents to go into it as much as they do today.

4. Because it is a theory that acknowledges that cultures vary from one society to another, one is able to avoid biases. This is done through investigation and establishment of how a particular society’s norms and values construct sexuality by knowing that those of other societies are most likely different.

5. Finally, also among Reeves et al (2008)’s general reasons why any theory is used in qualitative research is that,

‘They provide complex and comprehensive conceptual understandings of things that cannot be pinned down: how societies work, how organisations operate, why people interact in certain ways.’ (Reeves, 2008:631)
7. OTHER THEORETICAL TOOLS USED IN THE ANALYSIS PROCESS

7.1 Hermeneutics

This is an interpretive study of texts, for example, human social life which may be understood as text, or as the interpretive study of the meaning of human actions (Potter, 2000:236). I chose to use hermeneutic method for analysis because it stems from the human being’s practical needs to communicate and interact with our fellow human beings (Ibid) and, therefore, it covers the theory of understanding and interpretation of linguistics and non-linguistic expressions by attaching meaning to them.

Using hermeneutics to analyse the texts for both the Interviews and the Focus Group Discussions was made much easier for me by the fact that I am a Zambian who has lived in Lusaka all my life with the exception of a few months spent visiting other countries. My perceptions even in terms of sexuality were socially constructed within the Zambian setting, and I have also more or less contributed to the construction of this society since my sexuality was constructed in it. Owing to this, I understand the Zambian people, the Zambian society especially in Lusaka, as well as the languages and dialects that were used by participants who were unable to express themselves in English during the interviews and the Focus Group Discussion (FGD)s. Although I am a product of the Zambian society I have been able to view and analyze the data with the aid of the theoretical tools I have used in this research and other knowledge and skills acquired through this Public Health Master Programme, with objectivity from the angle of an outsider.

The process of moving back and forth between the parts and the whole of the text in a hermeneutic circle, was most appropriate in the analysis of the data acquired from both the FGDs and the interviews. This is because understanding of parts of a particular interview transcript, for example, hinged on my understanding of the larger whole transcript, which could only be understood, also, on the basis of the parts (Stanford Encyclopaedia of Philosophy). Segraves (2004) describes this process as using the detail to understand the whole and the whole to understand the detail. Meaning, as an example, I knew only parts of a
whole interviewee’s life story or statement made from the FGDs - the language used, and the meanings thereof. Then repeatedly searching through the recordings to attain more knowledge by getting back to the parts of an interview such as family beliefs or socio-economic background that I had grasped at each point, I accumulated more and more knowledge on a particular life story (Stanford Encyclopaedia of Philosophy). I also used my knowledge of the Zambian society in trying to understand how the life experiences of my informants affected their sexual behaviour. I understand the actual situation of, for example, middle income people, and so I considered what middle people in Lusaka have access to such as public transportation; what they value and such as being able to drive or owning a car. Since my understanding of these issues is far much better than, for instance, that of anyone from Australia who has never lived in Lusaka would understand it, I was able to interpret the acquired data better.

I used hermeneutics for data analysis in light of Benedict de Spinoza’s view that the Holy Scriptures difficult sections could only be understood by knowing the historical context the texts were written in and the mind that produced them (Stanford Encyclopaedia of Philosophy) to understand the interview and FGD transcripts. My knowledge and understanding of the Zambian historical and cultural contexts within which the participants of my research were constructed, made my interpretation of meanings in the texts/transcripts much easier. It aided me in explaining the contents of the transcripts, the participants and their cultural context as well as the analogy between them, as I interpreted the meanings and language uses of interviewees and FGD participants in the transcripts. (Stanford Encyclopaedia of Philosophy)

However, since the society I am analyzing is one that I know so well, there may be a possibility of not bringing out issues especially, in my findings, that one who is not from Zambia would consider and pin-point as something that is of vital importance for this research.

7.1.1 Reasons for Using Hermeneutics to Understand Adolescent Sexual Behaviour in Zambia

1. Since hermeneutics is concerned mainly with interpretation, it was most useful because it is meant to be used on texts such as interview transcripts and text analogues
like cultures (Taylor, 1976), which are the exact items I had to interpret during data analysis.

2. Hermeneutic stems from the human being’s practical need to communicate and interact with our fellow human beings (Potter, 2000:236) such as that of my informants expressed in their socialisation with peers, parents etc. This helped me understand my informants as people that must express themselves as others do around them.

3. The text to be understood and interpreted using hermeneutics must, according to Taylor (1976: 153), in a way be confused, incomplete, cloudy, seemingly contradictory – in other words unclear. The interpretation aims to bring to light an underlying coherence or sense For example, how that some of my informants received SRH information and knew they could get pregnant but still went ahead and had unprotected sex. Thus, leading to the issue of underlying factors behind their sexual risk-taking behaviour.

4. The hermeneutic circle helped as I have already mentioned to acquire more knowledge about interviewees for example as I discovered something knew each time I read through a whole text. Repeatedly reading through made me understand and interpret both the whole and the parts of a transcribed interviews even better.

5. The historicity aspect of hermeneutics compatible with Social Constructionism theory, as it also considers as stated by Wachterhauser (1986:7) that humans are a function of their historical circumstances and society i.e. in terms of spoken language, historically evolving habits, etc. I understood and Interpreted verbal and non verbal expressions informants had, that they learnt from a particular tribal grouping for example as what made the informants who they were.

7.2 Max Weber's Ideal Type
Also for data analysis Max Weber’s Ideal-type, an abstract based on a selection of ‘typical’ characteristics of the phenomenon being investigated and carries no connotations whatsoever (Potter, 2000: 237), was used. In quoting Weber, Calhoun and Gerteis (2007: 211) say

‘An Ideal Type is formed by the one-sided accentuation of one or more points of view and by the synthesis of great many diffuse, discrete, more or less present and occasionally
absent concrete individual phenomena which are arranged according to those one-sidedly emphasised viewpoints into unified analytical construct.'

One could, for example take ‘malnourished children’ to be an ideal-type of which there could be many types such as those diagnosed with kwashiorkor. Ideal-types are intended for use as tools in empirical research. One’s movement from abstraction to empirical observations and back to abstraction again there’s a re-adjustment process.

Each time empirical research is carried out, an individual’s characteristics with certain traits that were not known before are discovered, for instance, after interviewing doctors. So when coming back to abstraction there’s an adjustment because one now has more information such as a newly discovered ideal type (Potter, 2000:237). Furthermore one discovers about more cases of the malnourished children ideal type besides just those with Kwashiorkor.

Max Weber believed that unlike other causes, beliefs and desires also caused actions. Human actions can be explained having in mind that people think, choose and act rationally according to their beliefs and desires (Rosenberg 2008: 37). This goes beyond causal explanations in seeking to understand meanings of social actions. Weber believed interpretive understanding of meanings of human actions can be drawn for this purpose and that rational thinking causes humans to act according to their desires and beliefs. It is for this reason that in this I used the construction of two sexual behaviour ideal types - sexual risk-taking and sexual non risk-taking adolescents as rational investigation tools (Potter, 2000: 70).

I also used Gerhardt (1994)’s idea of how Weber's ideal-type methodology could be transformed into a modern qualitative research method and used for systematic analysis of historical data (such as life history data). I used cases of the two ideal types analyzing the data on a case by case basis, and understanding the causes of actions taken by each through interpretation based on the fact that humans are rational thinkers.

7.2.1 Aspects That Make Cases of an Ideal Type in this Research

In constructing ideal types Weber made explicit what is already done in practice and didn’t consider this is a new establishment since he believed he was simply formulating elements of reality that were never or rarely discovered (Potter: 2000). In the same manner in this research I do not take the sexual risk-taking adolescents and sexual non risk-taking
adolescents as my own establishment, but I simply emphasise that they are adolescents, each with a particular type of sexual behaviour with regard to risk-taking.

Based on this, I constructed ‘sexual risk-taking adolescents’ ideal type and ‘sexual non risk-taking adolescents’ ideal types, cases of which are my informants whose sexual behaviour causes are investigated in this research. I have used these ideal type cases to give causal explanations for adolescent sexual risk-taking behaviour and non risk-taking behaviour. In essence the meanings I interpret according to the beliefs and desires of an individual would have caused them to act in a certain way (Ibid: 80-83).

Take, for example out of the many cases among ‘sexually risk-taking adolescents’, the sexual behaviour of some females is caused by their traditional beliefs in obeying a man including when he wants unprotected sex, regardless of its consequences. Even if they are also of Christian faith objecting to premarital sex, since they are sexually risk taking because of traditional beliefs, this is the stronger factor that has influenced their sexual behaviour. Such cases among ‘sexually risk-taking adolescents’, could be therefore, categorised as ‘Traditional Male Gender Superiority Victims’. So I use the dominating factors of their lives that are either power or risk factors that heavily influence their perceptions and behaviour to define their case as typical sexual risk-taking or non risk-taking. My informants are taken as varying cases that are at the same time typical of either risk-taking or non risk-taking sexual behaviour.

7.2.2 Reasons for Using Max Weber's Ideal Types to Understand Adolescent Sexual Behaviour in Zambia

1. The Ideal type concept is suitable for use in the analysis of life history data (Gerhardt, 1994) which is the kind of data that was analysed for this study. This was useful since my interest was to see and understand the influence of underlying factors to which adolescent rationality is subjective causing them to take particular actions resulting in either risk-taking or non risk-taking sexual behaviour.

2. Gerhardt (1994)’s idea of analysing my data – the life stories of my informants on a case by case basis was most useful since I had to analyse data from each and every informant separately. It allowed me to use the cases of the two ideal types I constructed to compare and see for example, how different education levels in the lives of different informants caused them to have thinking that is different one from the other.
3. The Ideal type concept was also useful for my understanding of adolescent sexual behaviour in the aspect of acquiring more knowledge during analysis in the repeated movements between abstraction and empirical research due to its compatibility with the hermeneutic circle concept.

4. Using the idea of understanding and interpreting social action within the ideal type concept along with hermeneutics helped me to establish the meanings of particular actions and behaviour of my informants that led them to have either risk taking or non risk-taking behaviour case by case, also based on Weber’s belief that humans are rational thinkers.

5. Constructing the two ideal types – sexual risk-taking adolescents and sexual non risk-taking adolescents was most useful in eliminating any ambiguity or obscurity between the two for clarity purposes (Sociology for IAS, 2011).

7.3 How Does The Use of Social Constructionism Theory, Hermeneutics and Max Weber's Ideal Type Theoretical Tools Together Work in Investigating Adolescent Sexual Behaviour?

Using Social Constructionism, I examined the construction of sexuality among adolescents in Zambia by looking at how their perceptions are shaped by the different societal factors in the Zambian setting through discourses. I also looked at how conditions such as socioeconomic status created a certain atmosphere that caused an individual youth to adopt a certain type of sexual behaviour for example non risk taking behaviour. I used Hermeneutics as a magnifying glass to focus on an informant’s life, taking it to be a text that needs to be understood and interpreting the meanings therein. As I interpreted meanings of the contents of an informants life story I discovered the factors that have been at play in their life – the ones that were the strongest in shaping their perceptions. An example is how that lack of openness of parents to adolescent children about sexual matters, which is of the social societal factor could cause an adolescent to be sexually risk-taking. I used sexual risk-taking behaviour and sexually non risk-taking behaviour as two ideal types, cases of which are my informants. This enabled me to establish how societal factors/through discourses and conditions at play in an individual youth’s life caused them to be a case of either sexual risk-taking adolescent ideal type or sexual non risk-taking adolescent ideal type.
8. METHODOLOGICAL DESIGN AND CONSIDERATIONS

This chapter contains both my Methodological Design merged with the Methodological Considerations I took during the entire 3 week period of this research. This was a process of maximising on specific strengths of various selected methods and overcoming the limitations and challenges I faced.

8.1 Why a Qualitative Approach?

Considering that a suitable methodology ought to be used in answering particular research questions for which they are appropriate (Silverman, 2010: 9), the qualitative approach was best for investigating the ‘how’ questions of this research i.e. how underlying factors and societal discourses influence adolescent sexual behaviour (Ibid, 2010: 11). This is because these questions can only be answered well enough if the researcher gains considerably deep insight into the life of each and every informant. QSR International (2011) states that, the qualitative approach is

‘used to gain insight into people's attitudes, behaviours, value systems, concerns, motivations, aspirations, culture or lifestyles.’

Through deep insight of informants’ life stories, qualitative research allows for one to discover the meanings of phenomena from the actual viewpoint and understanding of those being researched. This means the researcher practices objectiveness which is essential for avoiding any kind of bias that would otherwise result from his own perspective (Jones, 1995).

8.2 Sampling Method

Snowball sampling was used in this research, whereby respondents were identified via referrals made by an initial cohort of informants likely to be familiar with many others in similar situations that were then selected to be respondents in the study. This process of the snowball continued until an adequate sample size was reached (Mejia, 2009: 32-33) Since Snowball Sampling is most effective for finding and recruiting ‘hidden populations’ or groups (Noy, 2008: 330) not so easily accessible to researchers through other sampling strategies, it was an effective way of finding adolescents to be interviewed on their sexual risk-taking behaviour. This was also because sex is not a usual topic to be discussed by adolescents in the Zambian culture as one may suffer stigmatisation, and therefore, it was important to go about this with caution.
8.2.1 Number of Interviewees

I had initially planned on interviewing at least 20 informants evenly split between males and females, but due to time limitation, I only managed to interview 12 people – 7 females and 5 males. I compensated for this reduced number of informants by collecting data more on sexual risk-taking behaviour in Lusaka through Focus Group Discussions (FDGs) as well as interviewing some researchers from the University of Zambia that have conducted similar research on sexual behaviour in Zambia.

It is always difficult to know in advance how many interviews and/or focus group discussions will be needed, but according to Kvale and Brinkmann (2009:113) the best way to go about it is to end the series of interviews when saturation is reached. By following this method at some point nothing new that was of significant value was experienced as data was being collected from the individual youths and University of Zambia researchers. Thus, the goal was to identify all groups of agents that are of interest for the topic (in terms of characteristics), and then interview at least one from each group.

8.2.2 Number of Youths in Focus Group Discussion (FGD)

Although the initial plan was to hold at least two 1 and a half hour discussions with 2 different groups with a maximum of 12 youths (Stewart et al, 2007:58) aged 18 to 25 years old, due to time limitations I could hold only one with 16 youths which lasted 2 and a half hours. I managed to control for the short coming Stewart et al warns about which was the possibility of leaving out some participants when their number is over 12 by involving all the youths in the discussion to ensure that each one of them contributed to the discussion. This resulted in saturation of data so it was appropriate to end with the FGDs at this point. The discussion was held at the premises of the youth group office in Lusaka to ensure their emotional comfort and freedom as they discussed the issues that were presented by the researcher.

8.3 Data Collection and Selection of Participants

This was done by means of Interviews and Focus Group Discussions.

According to Stewart et at (2007:51), Participants selected for a Focus Group Discussion (FGD) must be both able and willing to provide the researcher’s desired information and must be representative of the population of interest. The FGD participants were youth group
members sourced through the Planned Parenthood Association of Zambia (PPAZ) - http://www.ppaz.org.zm/, a Non Governmental Organisation (NGO) working with Sexual Reproductive Health (SRH) to which they are affiliated. These youths have deliberately taken a step to help their peers in the area of sexual-risk taking and do their work in affiliation to PPAZ and therefore have a specific interest in SRH of youths in Zambia.

The University of Zambia Researchers were selected from the school of Humanities and Social Sciences and were those that were already known by the interviewer to have conducted sexual risk-taking behaviour studies in Zambia.

The number of interviews and FGDs was sufficient because in qualitative study such as this one, more emphasis rests on the quality and not the quantity of the data.

8.3.1 Interviews

Interviews were used for data collection, as they according to Dahlgren et al (2007:79), are a good way to learn about people’s experiences and to get descriptions of events in the life worlds of the informants. Also, as Silverman (2007:113) points out, “...interviews are relatively economical in terms of time and resources”. As both time and money tend to be scarce resources for this research, this speaks in favour of interviews as a research method.

The interviews were performed with the help of an interview guide that presents different themes that were then used as discussion bases during the interview (Kvale & Brinkmann 2009:27).

The interviews for this research were conducted among 2 types of respondents:

- Adolescents aged 15 to 25 years old. They were conducted at respondent’s residences (unless otherwise preferred), to allow for a more familiar environment in which they were free to express themselves. (Some of these youths were also interviewed as informants during observations – further explained below). The data collection method for the first type of youths consisted of unstructured interviews with open-ended questions to allow the respondents to express themselves freely (Robert Wood Johnson Foundation, 2008).
University of Zambia researchers that had undertaken similar studies on sexual behaviour among Zambian youths. These were interviewed at their work places, according to the participants’ choices.

The data collection for the 1st and 2nd types of informants consisted of semi-structured interviews. In semi-structured interviews an interview guide with different themes instead of structured questions is often used (Kvale & Brinkmann 2009:27). The themes mainly followed the 3 research questions to be answered by this study.

Some follow-up questions were written down in advance for each theme in the interview guide, but all relevant topics that evolved throughout the interviews were followed up. This involved the art of active listening, which as suggested by Kvale and Brinkmann (2009:138-139) takes a lot of concentration and some knowledge about the interview topic.

According to Dahlgren et al (2007:27) there has been a debate about how to view these questions. The modern view leans towards it being positive to have some theoretical knowledge as long as it doesn’t make the researcher biased. Kvale and Brinkmann (2009:82) meant that I had to know the interview topic well enough to be able to pose follow-up questions in the interview situation as opposed to just relying on the theory aspects.

**8.3.2 Focus Group Discussion (FGD)**

The FGD is a type of group interview was used in this research because as stated by Krueger (1994: 10) it provides qualitative data that is both inductive and naturalistic. According to Morgan (1997: 14), holding two 8 participant FGDs is more or less equivalent to holding 10 interviews. Based on this, I succeeded in acquiring a sufficient amount of qualitative data for this study having held an FGD with 12 participants which could be roughly equivalent to at least 7.5 individual interviews in addition to the 10 interviews I conducted. Therefore, they are a ‘quick and easy’ way of acquiring qualitative data (Morgan, 1997: 13).

FGDs are also useful considering that in comparison with the option of participant observation which I did not take for this research, they ensure that the data collected is targeted to the researcher interest. So the researcher being the moderator, ensured data relevance. Although, there was a chance that in doing this, I may have made the FGD less naturalistic (Morgan, 1997: 13), for the sake of data accuracy I controlled for this by ensuring that the participants freely interacted. Also to ensure that discipline was still maintained.
during the discussion the Programme Coordinator for PPAZ, who oversees all youth groups and happens to be a youth himself was among the participants contributing to the discussion.

‘Comparisons that participants make among each other’s experiences and opinions are a valuable source of insights into complex behaviours and motivations. Furthermore, in an era when issues of consensus and diversity are of intense interest to social scientists, the discussions in focus groups can provide direct data on these exact issues.’ (Morgan, 1997: 15)

The aspect of reliance on the group members interaction was most useful in producing quality data.

In order to overcome the possibility that some participants might withhold what they may have otherwise said in private (Ibid: 15), I encouraged them to be free in expressing themselves and airing out their views.

During the FGD, I tried as much as I could to exhibit a number of aspects that Stewart et al (2007:79) considers as those of a good moderator in FGDs, which are empathy, good sense of humour, spontaneity, clear thought expression, insightfulness (able to ask why and how) as well as flexibility and quickness in adapting to needful changes in the discussion’s flow.

The FGD participants were particularly most useful in the provision of the data on political factors and how they affect sexual behaviour of adolescents in Lusaka, Zambia. This was required for this research as brainstorming in an area that individual interviewees could not have effectively done.

8.3.3 Locations for Data Collection

Due to time limitations for this research data collection for the youths took place in both the rural and urban areas of Lusaka province and not anywhere outside the province. This way, both rural and urban based people of the said target age group were reached. The fact that not all the nine provinces of Zambia were reached during the data collection might, however, have had an effect on the quality of the data to be acquired in terms of bias. The ideal situation would have been to conduct interviews of youths based in other provinces as well, as life-styles, norms and values do differ from province to province. But due to time and financial limitations this was not possible.
8.3.4 Use of a Voice-Recording Device
During the interviewing and FGDs, in order to be able to listen properly to the respondents and at the same time be able to formulate suitable follow-up questions in the interview and focus group situation, a voice recorder was used. This was done to eliminate the risk of missing out on vital information for the accomplishment of achieving this paper’s purpose, when concentrating on making elaborate notes of the answers, according to Dahlgren (2007:81-82).

Another reason for using a tape recorder was that some of my interviews and some parts of the FGD were performed in Zambian native languages as well as, most likely, that of the interviewees. I later translated the data from the Zambian vernacular languages to English during the analysis. I avoided interpreting hand-written field notes first into a proper computer transcript and then translating it, as this would have meant doing the interpretation twice. Meaning that had I done this there might have been a chance of losing even more information during translation. There was an issue of one of the interviewees not wanting to be recorded, as she felt uncomfortable about it and in this situation there was no other choice but to make field notes instead.

8.4 Data Analysis
Besides Social Constructionism which was the theoretical framework for this research, the data collected was analyzed using hermeneutic as well as Max Weber’s concept of ideal types explained in chapter 7.

8.5 Ethical Issues
When making a study there are certain ethical concerns involved in all the different stages from thematizing and until the publication of the study (Kvale & Brinkmann 2009: 61). Information to the interviewees was given on the following:

(i) **Informed Consent** - What the research was about as well as the sensitive and personal nature of the topic and questions to be asked. This was done for both the interviews and focus group discussion, but it was most relevant especially for the youths that were interviewed on their sexuality.

(ii) **Confidentiality** – This was to be maintained about the respondents personal details and the answers they gave and who would have access to the information they were giving.
Also the interviewees were informed that the information they gave would remain confidential and about their identity remain anonymous.

(iii) The freedom of the prospective interviewees to refuse to start or with the interview at any point, that their participation was voluntary and that they had the right to withdraw and refuse to continue with the interview at any point without necessarily having to explain why.

As recommended by Kvale & Brinkmann (2009:70-71) an agreement with participants will be sought by the interviewer as confirmation of informed consent by means of the participants’ signatures. However, none of the interviewees who were willing to be interviewed agreed to sign the agreement in confirmation of their informed consent. Therefore, their verbal consent was sought and attained as it was considered enough in order to carry out the interview with them.

I obtained ethical approval from Ethics Reviews Converge (ERES) which governs and controls the conduct of research by anyone from outside Zambia, as this was key to legitimising my research.

8.6. Overcoming of Time Limitation Consequences with Regard to Data Quality

The time that was available for carrying out the data collection for this research, was limited to 3 weeks. More people would have been interviewed and better quality data would have been collected in Lusaka Zambia if more time was available – especially since the topic that was under research was of a sensitive nature. Part of the delay was due to the process of obtaining ethical approval from EREZ.

However, I collected phone numbers while in Zambia from the informants so even after returning to Europe I continued to interview some of them to improve on the quality of the data and to fill up gaps where it was necessary. This proved to be very helpful as the response from the informants was very good and they were more open and willing to give more sensitive information over the phone.
9. RESULTS PRESENTATION: ANALYSIS OF PRIMARY DATA

In this chapter, I use the Social Constructionist Theory to account for how underlying factors cause adolescents to either lack or have access to sexual power by playing roles of either risk or power factor causing the youths to be either risk-taking or non risk-taking in their sexual behaviour. I have categorised the presented data into the Social, Religious, Traditional Cultural, Political, Socio-economical and Media for simplification and easier understanding. This is also intended to show the main societal factors at play where each particular risk or power factor is influencing an informant’s perceptions and living conditions to cause a particular type of sexual behaviour.

Although I had 12 participants that I interviewed for this study, I quoted only 9 of them whose brief life-stories can be found in Appendix 5 of this paper.

9.1 The Roles of Formal Education Level and Formal Education on Sex on adolescent Sexual Behaviour

9.1.1 Sex education in Public Schools in Relation to Adolescent Sexual Behaviour

The sex education which is formally given in Zambia’s public schools is sexual health related education which only gives adolescents information on HIV infection and infection of other STIs while that on pregnancy is expected to be acquired through biology and science subjects.

Few of the youths reported school to be their main source of sex education. These said they were mostly taught to abstain from sex especially when they reached the secondary school level in order to avoid HIV infection.

Both the youths that had had sexual experience and that had not, had at least received some form of sex education before they had any sexual encounter, i.e. either from school or through initiation rites.

The few that received their sex education from parents were all Lusaka-urban based. Some received sex information mainly from school since it was in their syllabus and most of these were from Lusaka urban.
9.1.2 Informants’ level of formal education in Relation to Adolescent Sexual Behaviour

Although for the females there was one case of non-completion of formal education associated with teenage pregnancy from Lusaka-urban, the rest with this association were from Lusaka-rural.

For both sexes the lower the level of formal education attained the more risky the sexual behaviour.

All the male informants had at least reached and completed secondary school education level.

Generally, the construction of the informant’s perceptions on sexuality depends on the primary source of information on sex or sexuality.

(9.2, 9.3 and 9.4 account for the role of the Social factor as a determinant in the construction of adolescent sexuality i.e. the adolescent as a self-constructing social being family, friends and peers are the most significant people with whom the adolescent socialises.)

9.2 The Role of the Informant – The Individual (youth)

The age group under study in this paper is viewed by some as being more vulnerable to having more sexual activity than other groups.

A quote from an interviewed UNZA Researcher and Lecturer:

‘The sexual urge is probably strongest between the ages 10 to 24 because for one thing such people are young and secondly because for males, their sperm production is more rapid. For example, this is when they masturbate the most and have wet dreams. They discover new things in having sex, they may also be reading a lot on sex and romance.’

For one thing, at stages just before adolescence at ages 7 to 9 for example, people may have sexual feelings but they are treated as the children that they are because they require more attention and so they may not have the freedom to express themselves. They are not usually left unattended and parents make an effort to keep watch over them. But as they grow older and into the puberty, and further into the adolescent stage, they have less supervision and so their freedom increases. As they have these sexual feelings, some of these youths may not go ahead and try out having sex themselves, while others actually do go and have sex. Furthermore, of those that do, some will have it without protecting themselves from infections and from pregnancy while others will not.
It is, however, important to note that the adolescent’s decisions, actions and sexual behaviour at this point are mainly due to what their sexuality has so far been constructed into by means of the factors of their society setting. In all other areas of their lives including their sexuality, they contribute to their own construction as well as to that of their own society through their actions and behaviour and this continues even throughout adolescence.

9.3 The Role of Friends and Peers as Determinants in the Construction of Adolescent Sexuality

In this section I account for the role played by and the adolescent’s Peers and friends in terms of their perception about sexuality as well as how socialisation among them shapes the adolescent.

None of the respondents reported that their friends encouraged them to use condoms or contraceptives for protection. This was attributed to various reasons that will be brought out in detail in the paper’s discussion which is the next chapter.

9.3.1 Peer influence or Peer Pressure a Risk Factor

Except for one female youth (interviewed), all the interviewed youths that had had risky sexual behaviour said that there had been an element of pressure to have sex from their peers that they spent a large amount of time around. For some it was considerably long and for others shortly before they had sex for the first time, and other times after the first time. The main point here is the impact of the peer pressure which contributed to decisions and actions taken by the youths of having sex, having sex without the use of condoms, or contraceptives. This also shows the effects of raised curiosity during an adolescent’s interaction especially with others who have had sex before and without a condom. One of the youths said:

*Pressure from my peers caused me to have sex the first time. My friends were always talking about what they do and trying to get me to starting. First it was pressure into having a girl friend, and after I had one it was now pressure to have sex, and then it became pressure not to use a condom because I had told them I was using protection with her. Wezz*

Wezz in the end started to have sex without a condom which he confessed felt better than it did when he used a condom and this has continued with his current girlfriend. So pressure from his peers was one major risk factor that led him to have unprotected sex.
There is also the issue of being popular among others:

*Whereby one just goes ahead following the friends blindly without knowing the consequences of the sex that the friends make him have. A desire for recognition and popularity among their peers, or in an act of competing against others to show that they can achieve much better things than others.*  
**Focus Group Discussion (FGD) Youth (Male)**

The desires for popularity and recognition spoken of here are the ones that affect adolescents like Wezz. Due to such desires among peers, one would go ahead and have sex whether protected or not so that they can later boast to friends who have not done it and become popular as well as accepted among peers who are already involved and have been pressurising their others. It also happens in the case of girls, who may be under pressure to be even with others financially, to possess material things, etc.

*Peer pressure affects girls more than men, unless she is coming from a background of very strong principles. But the majority will usually give in to risky sexual behaviour. After they hear talk from their friends about their rich boyfriend who gives them expensive gifts and money they now start to compete with them – wanting to out-do their friends.*

In this case it becomes a competition, as in trying acquire money or material things that they can show off to their friends they become carefree about whether their boyfriends want to have sex with or without a condom. So this peer pressure becomes a risk factor that causes them to have unprotected sex.

Also According to one of the UNZA researcher/lecturers there is also a general belief that men are more scarce and there are more women in Zambia. Due to this belief, female adolescents may feel pressured to quickly find a boyfriend before their friends do. In this case they would not care whether the boyfriend they find prefers to have sex with or without a condom. They are prepared to give him what he wants because they are desperate for a man.

The other UNZA researcher/lecturer said in different communities even within Lusaka there were different things that were valued by members and that’s what pressure depends on.

*It depends on what that society values the most – it could be education, money and so on. Where money is of value girls would be pressurised when they know about how much money this one or that one made within a short time and acquired so much.*
This is a demonstration of societal norms and values in society that construct the sexuality of, for example a female adolescent such as Babaline who is of low socio-economic status but needs to survive together with her children. What is valuable and makes it logical for her to have risky sex with her boyfriend is the fact that her children need to be fed.

9.4 The Role Family/Parents as Determinants in the Construction of Adolescent Sexuality

In this section I account for the role played by and the adolescent’s family/guardians/parents in terms of their perception about sexuality as well as how socialisation among them shapes the adolescent.

9.4.1 Openness of Parents about sex to the Informant as a Power Factor

Just a little bit of openness from Wezz’s mother caused him to use a condom when he had sex for the first time. This also shows the amount of weight carried by the advice of parents because just a little bit of communication about how sex should be done went as far as causing him to use condoms the first time.

*Because mum had told me not to do it but if I decide to do it then I should use protection, I used a condom the very first time I had sex........ Wezz*

This also depends on closeness to a parent as in Wezz’s case who was closer to his mother than he was to his father who never said anything to him about sex. His case was one of unappeased craving for affection that he seldom received from his mother and practically never from his father. So for the time he never had sex and the first time he did, as well as a few times after it was this slight openness of his mother to him concerning sex that was a power factor causing him to abstain at first then to use a condom to protect himself.

Concerning openness of parents to their children about sex and sexuality, some youths from the Focus Group Discussion (FDG) had this to say when this issue came up.

*The family- my parents discuss anything with us whatever we want to talk about so that has helped me not to take risks sexually.’ And yet another said, ‘My family is very much open we talk about sex with them. FGD youth*

*Learning from other peoples experiences, I hang around people who have gone through a lot and the things they have told me have heavily influenced my sexual behaviour not to*
be one that is risky. I have accepted who I am and make use of the things I learn from my friends and family. **FGD youth**

These statements show the positiveness in family speaking freely about sex with their children. Although this doesn’t necessarily mean that their children will not get sex information from elsewhere, at least they know they are getting information on something they are eager to know about from people they can trust (their own parents). And since it was acquired from people they trust, even if they get wrong information from elsewhere such as friends, they already have a foundation that will help them tell right from wrong. For example if their friends say they can’t get pregnant the first time when their parent already said that they can then they rationally make the right decision not to engage in risky sexual behaviour by having unprotected sex. So in this way also, openness of parents or guardians to adolescents about sex is a power factor.

It was found among most of the youths that had had risky sexual behaviour that their parents never discussed sexuality or anything at all to do with sex with them. Even when a chance presented itself for them to tell their child about sex they avoided it.

Pority, a religious urban Lusaka based girl was pregnant at the age of 18 when she was in her 11th grade and had never received any sex information from her mother whom she had been living with all her life. When asked about communication on sexual issues with her mother she had this to say:

> “Families don’t tell their children about issues of sex. And that’s why you find that there are early pregnancies because they don’t talk about it. And even when they do tell they don’t hit the ‘nail on the head’ (They don’t get to the point)………………….. , I would take it because what I know is that my own mother cannot tell me a lie – she can’t tell me something that would make me fall into a ditch. They would always say something that would help me because I am their daughter.” **Pority**

It is not a norm for most parents in Zambia to be open to their children about sex and, therefore, they will usually not discuss sex or anything to do with it with their children. The fact that Portiy’s mother never spoke to her about sex partly because of their family religious faith, believing that it would cause her to avoid sex before marriage, denied Pority access to information about condoms and contraceptives which she could have used in order to avoid
getting pregnant and possible diseases. This lack of openness to Pority was, therefore, a risk factor.

“The main reason for parents not telling is that it is a cultural norm in literally every Zambian tribe that they should not do so because it is a taboo, so it comes with the belief that if it is done then it’s a bad omen and there is fear of something bad happening.”

FGD youth (female)

Many people believe in a number of superstitions in Zambia that are mostly myths concerning consequences of discussing sex from their tribes that have been carried on from generation to generation and this one is just one of them. For example, some tribes believe that if they speak to their children about sex someone from their family could get sick and die, so they end up not communicating about sex or sexuality to them. Unfortunately it has negative implications on the youths as they lack information from their most reliable source and end up having unprotected sex which is risky because it could result in unwanted pregnancy and abortion or contraction of STIs among them. In this way also the lack of parent openness on sexual matters to adolescents becomes a risk factor.

“My mother only used to say don’t sleep with boys because they will dump you after you get pregnant, while dad never talked to us about anything at all except that we must be serious with school............. Well after she died I slept with a boy without using protection. Today I think it is only God who saved me from HIV/AIDS or pregnancy, because she had no assurance I would really never sleep with a boy just because she said don’t do it. It is better to say don’t do it, but if it overpowers you then there are pills to avoid pregnancy or there are condoms to stop HIV. I think I just survived those things because God protected me.” Kilisiteta

Kilisiteta’s mother never told about condoms or contraceptives that can be used to avoid pregnancy and diseases so she went and had sex without any protection from pregnancy and/or STIs. So lack of communication of sex information by parents in this way was a risk factor that caused Kilisiteta to have risky sex.

It is to be noted, however, that the social factors are highly influenced by other factors such as socio-economic, religious, traditional culture, and political. This is because these are the basis of the beliefs, norms and values that are held by and govern the lives of the social
beings mentioned above i.e. the informant, parents and/or family members, peers, and the informant’s community.

9.4.2 Parents/Family’s Negative Views About Contraception (Contraceptive Pills) and/ or Condom Use as a Risk Factor

None of the youths said their parents or family had known about them using condoms or contraceptives to protect themselves from diseases or pregnancy. But both the informants that had had risky sexual-behaviour at one point or another and those whose sexual behaviour was non-risky, said if their parents, guardians or family had to know that they were in possession of condoms or contraceptive pills (for females), they would have been very upset with them for having them.

**Kilisiteta** narrated how she was stigmatised in such a situation by the relatives of her brother’s wife simply because she was in possession of contraceptive pills:

*I was not even taking the contraceptive pills because of sleeping with my boyfriend because I was not even sleeping with him at that point. That time we had a sex free relationship for months. I was only taking them because the doctor had prescribed them to me as a sort of medication to make my period regular again – it was a menstrual problem. But the moment the pills fell from my handbag they began to hurl me with bad words telling me how indecent I was. So what more if I had really been using them for that purpose? I would have been discouraged and maybe I would have stopped and gotten pregnant when tempted. Kilisiteta*

Kilisiteta’s knowledge that her family would not approve of her using condoms or contraceptives for protection may also be another reason for her not using them during sexual activity since she was not ready with them the time she had risky sex.

Maweka and Babaline when given a hypothetical situation where condoms or contraceptives were accidentally seen by their parents or family members and asked what their Parents/family reaction would be they said they would have been scolded or shouted at.

*‘The belief that is there in my family is that using contraceptives will eventually cause one to be barren, so they are not good and should never be used. So I would have even been asked why I am taking them. They would have told me that I am still young so I shouldn’t take them. Actually they never told me about them until I had my child.’*

**Babaline**
Babaline was now a mother of 4 and is now divorced. She had gotten pregnant by her boyfriend when she was 17 and was immediately forced into a marriage with him. So because she used to hear her family speaking about this myth that one would have problems conceiving if they got pregnant which they believed, she believed it herself, and it took her a long time before she actually started to use contraceptives at all. She said if she had been seen with either condoms or contraceptives by her parents or family before she got pregnant and married, she would have been scolded ‘because decent girls are not found with those things,’ as she put it. The myth and Babaline’s family’s beliefs about contraceptive pills caused her not to use protection and, therefore, were a major risk factor.

However, there are those like Peter who would not have sex and would never under any situation be found with contraceptive because of their Christian faith was really as a result of their guardian’s impact on how they live their lives.

*I can’t even do it, my grandmother would definitely scream if she had to see me with a condom and she would stop trusting me. How can a Christian be found with them? It means they are not committed. That is why I can never be found with them because I am committed.*

For Peter because he still abstains from sex because of his grandmother’s influence and religious faith, her disapproval of using condoms for sexual activities could be seen as a power factor since it has caused him to avoid any sexual relations. The fact that his parents are not close to him and they have not been for a long time also means that this is a weak risk factor that his religious faith has had power over in the area of sexuality.

9.5 The Role of Religion as a Determinant in the Construction of Adolescent Sexuality

In this section I account for the role of varying parent’s beliefs in Religious practices

9.5.1 The Religious Faith Practice of Abstinence as a Power Factor

Kilisiteta gives all the credit for her transformation from being one who lives a sexual risk-taking life to total abstinence to her new life of faith and beliefs in God and in what she learns at church.

*I believe in my God that has he is my only source for everything – even wisdom. Because the Bible is God’s word and that’s what I follow now and since it stands against*
immorality and sex before marriage, I must remain pure. My life is changed since I gave my life to God and I am not going back to my old ways – even having sex before I am married. It’s a new beginning for me – a new start and it gives me so much hope and a reason to live tomorrow. Kilisiteta

Kilisiteta had undergone an initiation rite when she was about 14 years old, from which she was taught how to make love to a man. It is possible that although she stayed for 4 years without using this knowledge in sexual relations, she had desires to use them one day and she used this opportunity when it came her way. But it was again against her religious faith to abstain from sexual relations as a good Christian. It, however, seems more like a lesson learnt that she should not have had sex in the first place because since it wasn’t protected using any kind of contraception She could have gotten pregnant or acquired an STI. Her religious faith which now causes her to abstain completely from sexual relations until she gets married, and that have caused her to stick to her current boyfriend who also has the same beliefs and does the same can be said to be a power factor working in her life.

There are also others like Pority that have always been Christians even before they were teenagers, who for a time moved away from Christian ways and went into partying. Yielding to excitement of experiencing a different life other than that of strict Christianity, she ended up having risky sex. It led to teenage pregnancy but after regretting, chooses to abstain from sex as an act of maintaining the forgiveness she has experienced from a merciful God.

Even the sex I had before should not have happened. I have been a Christian for a very long time and even when I had sex I was a Christian. I shouldn’t have done it. But because God has mercy and has forgiven me.......I am back on track. Christianity is how I live now. It is a choice you make on your own to be one and do what you must do as one. Before I had sex and then I got pregnant, I was one but did what Christianity stops me from doing I realised it the bad way........ ‘ Pority

The forgiveness she says she has experienced from her God in her Christian faith is a some kind of comfort after some condemnation she experienced from relatives and from church when she had to stop singing in the choir because she was pregnant. She seemed heavily indebted for this comfort she now experiences due to her religious faith, and it, therefore, can be said to be a protective factor that is now causing her to abstain from sex until she is married.
Some youths from the Focus Group Discussion also said the church has had a very positive influence on them also in terms of providing principles that bring discipline not to have sex at all to one that believes in the Christian faith.

*For me the thing that has contributed to my not being a sexual risk-taker is the principles that I follow from the bible. I have said to myself ‘spare the rod and spoil the child’ and I have deliberately decided not to indulge in sexual activities because I know I would just be risking my own life.*  

**FGD youth (male)**

The Christian faith for this male youth is a power factor because he uses scriptures from the bible which he follows as inspiration and encouragement to avoid any sexual relations. His statement means he would rather suffer now by not sparing the rod that is teaching him to abstain because this will yield good results and not risk his life.

### 9.5.2 Lack of SRH Information Dissemination to Unmarried Youths as a Risk Factor

However, the fact that the church will not let out information that it believes is meant only for the part of the congregation that is married to unmarried people, tends to encourage risk taking sexual behaviour among youths. The unmarried youths that are Christian and go to church tend to have no knowledge or regard for condoms and contraceptives until they are faced with a situation where they want to have sex or they actually have it.

*‘Youths in the church tend to lack information on protection from STIs and Pregnancy because there the use of condoms and contraceptives is considered sinful for youths since most of them are not married. Some church Pastors sometimes even stop their children from watching TV at home so that they don’t get such kind of information.’*  

**FGD youth (male)**

Such youths would usually end up knowing little and consequently have unprotected sex, catching STIs or getting pregnant or making others pregnant when they are very young. This is, therefore, a risk-factor at play in there lives.

One youth from the FGD also brought out the point that the church turns a blind eye to the fact that the youth will still have sex anyway so they might as well receive information that they can use to protect themselves in terms of health:

*‘Every member of a church comes from a community where they are exposed to a lot of vices so the church needs to remain open minded. So they must continue to run programmes that counter the vices that are immoral by using sensitisation workshops where specialists in reproductive health can come and speak to the youths. So that when*
considering what the bible says they can also consider that the actualities in the communities are that youths are still having sex and that when they have it they can atleast have the necessary information to protect themselves. ’FGD (Male)

This lack of information on SRH among Christian youths is serious because they themselves do not see that they have a problem, so even when they do not get this information from the church, they don’t seek after it from anywhere because it is considered to be sinful since they are not married. This is a risk factor that causes them to have sex without condoms or use of contraceptives and that is why they get STIs or get pregnant.

Some interviewed youths who were Christians and had been involved in risky sex were actually against condoms and contraceptives even at the time I interviewed them due to their Christian beliefs. It could mean that even now if they are in a situation where they cannot resist having sex they may not be using contraceptives (for girls), which may lead to unwanted pregnancies. However, all the interviewed youths that were Christians said that if they ever got pregnant or impregnated anyone they would not consider the option of an abortion because it was against their Christian beliefs.

This is similar to Borglin (2011: 64) in which she states that due to the adolescents’ faith in Buda as they wait for marriage, they were not to be found with contraceptive pills or condoms whether or not they had knowledge about the use of such items.

9.6 The Role of Traditional Cultural Determinants in the Construction of Adolescent Sexuality

In this section I account for the role of varying informant’s and parent’s beliefs in their Traditional tribal practices

9.6.1 Traditional Cultural Practices of Abstinence as a Power Factor

Traditionally Zambian parents require a lot of discipline from their children and they would not want their children to engage in pre-marital sex or have intimate relationships before they get married. This is practiced in all Zambian tribal traditions. This is however, the case more with female children than with male children. The possible reason for this is that the male child cannot be pregnant while the female child can. Therefore, the female child that is obedient and heeds to every advice from parents who are very traditional, is expected to abstain from any sexual relations until they are married.
All the informants said while they were still living with their parents and/or guardians they were not allowed to have intimate relationships i.e. boyfriends or girlfriends, to bring their intimate friends home or be seen with them anywhere at all no matter how old they were. Most parents in Zambia are very strict about this and usually make it very clear.

Some female informants said because of this tradition they had curfews and they were not allowed to go out of the house unless they are sent to do something or they had to do something that was known to everyone in the house. This was the case even when they were old enough to live by themselves.

For some like Ruti narrated how this tradition was followed in her aunt’s house so much such that when she was a teenager her older male cousins were allowed to beat up anyone of the opposite sex that was found speaking to her outside home.

......One would think they had been hired to be my body guards or something, I hated it. They really took it on themselves and they were so jealous that the whole neighbourhood knew about them and even when I secretly had a chance to talk to a boy they would always tell me they knew about my elder brothers (Male cousins). My parents expected them to protect me..............At that time I didn’t like it but now I am glad because, who knows maybe I would have got pregnant and had a child when I was very young. I can’t imagine that for my life changing everything ha.... Ruti

Ruti now appreciates the over protectiveness of her male cousins which was because of her guardian or aunt’s traditionalist practices, although she didn’t like it at the time it was being done. It was a power factor that caused her to abstain from sex until she was at least 17.

I discovered that at least for some time parents tried very hard to protect the female youths from pregnancy and any unfruitful relationships with the opposite sex. By virtue of them living in their parents/guardian’s homes it was not expected that they have sexual relations. So in this sense for sometime in the lives of these youths this acted as a protective factor.

This very tradition was also the reason why Babaline’s sisters would have to sneak out of the house to go to their boyfriends. Any highly traditional family in Zambia would not permit their children to have sexual relations, and emphasis was more on the female child.

9.6.2 Traditional Cultural Sexual cleansing as a Risk Factor

you want to bring the blood together between the widower and the young lady (preferably or most likely an adolescent) so you do not use a condom. Its risky because it is done regardless of the actual cause of death of the woman, which could have even been HIV or
related and also because the girl could get pregnant. It is a rare thing here in the urban or it is at least not usually seen. But you see these things happening, they are real in rural areas. 14 year olds have actually gotten pregnant out of issues like this. FGD youth (male)

In a number of Zambian tribal traditions when a woman who is married dies, her family picks any one from among her female younger sisters or cousins one who will have sex with the widower for what is called cleansing to remove the dead person’s spirit from him. Young girls are usually coerced into this when it happens because they have no say in anything and they have to do what they are told to do by elderly people in their family. If anyone would protect them from such experiences it would be the same people that instruct them to go through them. So this submission due to vulnerability of young females in rural areas during sexual cleansing becomes a risk factor.

9.6.3 Traditional Sex Education/Initiation for girls as a Risk Factor

Also when a girl becomes of age they are taught sexual things that they should be taught only when they are getting married and even if immorality is not the intention when they are being taught, the young person will still want to go and experiment and they wouldn’t use a condom. FGD youth (female)

The initiation rites that most teenage girls undergo in which they are taught how to make love to a man is a major risk factor for most girls because the elderly women who teach them these things do not tell them anything about using condoms or contraceptives. This causes the issue of protecting themselves to be completely away from their thoughts as in the case of Kilisiteta, because they do it just as they were taught by the traditionalists. Among females, few youths that had received most of their sex education mainly from relatives or traditional initiators were from Lusaka-urban, while the majority were from Lusaka-rural. All of these youths had risky sex when they were teenagers. Relatives and traditional initiators were never found to be the main source of sex education among males both from the rural and the urban area.

‘Yes I had an initiation ceremony and during my days in the house I was taught how to move my body when a man is making love to me. I was much younger and I had never done it before so now I wanted to know how it feels. Later I had a boyfriend and I did what I was taught with him.......No they didn’t say anything about condoms, only about doing it straight.’ Babaline
‘They taught us how to wipe your husband with your hands after the sex and he has released in you......Yes you must wipe him properly yourself, otherwise he may go and do it with other women who will do it properly and they will steal him from you (laughs)......and I did it with my late boyfriend before he died since I wasn’t married, he released in me because we didn’t use condom and I wiped him (laughs)’ Ruti.

The two statements above show that there is no use of condoms taught by traditional initiators to young females to this day. Traditionalists still don’t consider that intentions of these rites especially in olden days included pregnancy to prove the girl’s fertility, and so the use of contraceptives would definitely not be encouraged. This meant that there was no need for using protection then and also STIs were not a common thing among Zambians that time. But now things have changed because one still has to complete school at that age e.g. 14. Therefore, since the initiated girls of today are young and are not told about SRH protection when they are faced with a situation where they want to have sex, they will most likely not associate the activity with condoms or contraceptives. As Ruti says they are taught to wipe the man after the sexual act, and yet all this is done without mention of condoms and/or contraceptive pills. So this is a major risk factor in the lives of female adolescents that causes them to have unprotected sex.

‘The female youths are more the target than male youths when it comes to sex education from traditional initiators in Zambia from time immemorial. Today this is also due to the fact that there is an issue that men are more scarce than women, so the girl is taught how to sexually handle a man when they are very young in indirect preparation not only for marriage but also marriage proposals.’ FGD youth (female)

This is in agreement with what the interviewed UNZA researcher said about the notion in Zambia that men are scarce. Due to this parents of adolescent females ensure that their child goes through traditional initiation to so that they know how to make love to the man in a traditional way, which is what is preferred by most Zambian men. The men will most likely look for someone they know will give them the sexual satisfaction they need. Not only for the reason that older men want to try out different girls before they chose a partner but also because the girls will want to experiment or try out what they are taught and they don’t usually wait until they are married before they try. They end up having sex at teenages which is especially for first timers, mostly unprotected.

Who wants to use a condom the first time? When it’s the first time you want to enjoy yourself – experience every bit of the feeling. Maweka
Maweka’s parent’s were part traditional so she went through initiation as well and she was honest enough to say that the first time she was having sex she wanted to get the whole feeling of it without any ‘obstacle’.

*Also in some traditions it is a taboo to for parents to talk to their own child about sex so parents do contribute to the risky sexual behaviour by youths by not telling them about it because they are afraid their children will have sex. But they end up having it anyway.*

**FGD youth (male)**

Because of such taboos associated with speaking to one’s child about sex, parents usually prefer the traditionalist women to tell them everything about sexuality. This is one of the reasons why parents in Zambia do not usually communicate with their children concerning sexuality or sex in general. But the problem is that these traditionalists that take the adolescent girls through initiation rites do not tell them about protection from STIs or pregnancy. Owing to the above explained quotes, traditional initiation rites among female adolescents are a major risk factor that cause them to have unprotected sex.

### 9.6.4 Traditional Gender Inequality Practices as a Risk Factor

*From the way we are brought up usually a man has the upper hand in most cultural and traditional settings and that puts a man at an advantage because they feel empowered while the female is not. In this way they tend to abuse their position in the community. Also considering the Zambian proverb that says ‘a woman is like a pumpkin’ which is just supposed to be stationed somewhere, but a man is like a pumpkin leave – he can go this way or that way. This means it is considered immoral for a woman to have sex with other men but it is normal for a man to have other sexual partners. These are traditional teachings that still go on in our set up. FGD youth (female)**

The traditional Zambian tribes all give superiority to men over women and this applies in every area including sexual matters and especially marriage. As the youth puts it here it is a norm that men can have more than just one sexual partner but not the woman because they are inferior to the man. Because of this traditionally accorded advantage that a man has over a woman it becomes difficult for a female youth to negotiate for safe sex even with a boyfriend by suggesting that they use a condom. Also since it is suggested that males can have sex any whosoever they want, their girlfriends become victims of STIs especially HIV which males may have acquired from other sexual partners. Some women are even told by their husbands or boyfriends whether or not they should take contraceptive pills depending
on whether or not they want children, for example those women in situations such as the one the youth refers to in the statement below.

‘In Tonga – a man can only be a man if he has many wives’. And in my culture get married when they are very young – 18 years old, 17 years old...so that by the time one is 30 or 35 one must at least have 4 wives and a lot of children.’ FGD youth (male)

Owing to the situations in the quotes given in this section, the gender superiority that Zambian males have over females is a major risk factor that causes females to be vulnerable, causing them to resort to sexual risk taking behaviour.

9.7 Political Aspect's Role as a Determinant in the Construction of Adolescent Sexuality in Zambia.

Accounted for in this section are consequences of some significant political actions and interventions through Government e.g. Re-entry Policy and their Role in the construction of the sexuality of adolescents in Zambia. The data analysed here was derived from the Focus Group Discussion and Interviews with Lectures from the University of Zambia/Researchers and not from the individual adolescent informants.

9.7.1 Political Government Regulations and Actions as a Power Factor

The Political System in Zambia has both power factors and risk factors that stem from it with regard to adolescent sexuality in Zambia. Power factors include the current laws, rules and regulations such as the protocols that allow for government hospitals and clinics as well as health providers to render services that try and meet the sexual reproductive health needs of youths. The youths that make use of these services benefit from them in terms of counselling and instruction on how to use condoms and contraceptives that they provide. The youths protect themselves from the contraction of STIs and from unwanted pregnancies.

PPAZ gives out condoms without any age restriction..... (PPAZ trains service providers to counsel young people that want condoms and contraceptives)........ It should be allowed but accompanied by counselling if the person is very young – say 14 years old.

Some of the youths affiliated to PPAZ explained how making use of these services changed their lives from being sexual risk-taking to non sexual risk-taking when they joined the youth group. A good number of youths lack information and confidence in themselves that gives them power over their own sexuality before they join youth groups that are affiliated to
NGOs like PPAZ. But being members of such youth groups gives them access to knowledge that helps them understand sexuality better and have power over their own.

‘When I came here I was a virgin, I could have just ended up with an STI or Impregnating someone but with time I learnt how to use condoms and about *STIs how to avoid them. So even the time I was having my first sexual encounter I was fully informed and I made a decision based on correct and accurate information.’ **FGD youth (Male)**

For a youth that has never had sex such as this one, being a member of such a youth group is highly advantageous because then there is a chance that from the beginning one is able to make informed decisions concerning sexual encounters. Due to encounters with others that are of positive influence and interacting with them regularly many youths that had risk factors regarding sex that contributed to their perceptions experience positive transformations.

‘The resource centre has done a lot for me in terms of information. I am a Christian but not so dedicated.’ **FGD youth (Female)**

Also for youths such as this one that are not religious or traditional in their beliefs that would prevent them from risky sexual activities, membership to such youth groups is a major power factor that helps them continue to exercise power over their sexuality.

The youths in the FGD also argued that there are relevant policies to do with sexual reproductive health were produced but were never implemented.

*In this country we are good at policy formulation but we lack implementation. Right now we have the National Reproductive Health Policy which has objectives for meeting Sexual Reproductive Health needs of youths but implementation is a challenge and perpetuates sexual risk taking among them because certain agendas in there are not put in place. PPAZ emphasises on having providers trained in youth friendly services and how to handle youth people that come for them. Also peer educators sensitise the youth on reproductive health – awareness campaigns especially on condom use.*

If these policies were implemented they would have positive influence in the lives of many youths because, for example, almost just anyone can sell contraceptives.

In the last 10 to 20 years Zambia has experienced a lot of development of the black market even on the streets of Lusaka where items like alcohol in form of opaque beers are being sold without proper regulation or guidance and the government has done little if anything about it.
But there is also the mushrooming of these ‘tuntembas’ (black market make-shift stores) for example. There the young people are told where to get the condoms and so on. Though I am not sure what measures are there to bar them from selling the condom.’

FGD youth (male)

Youths buy alcohol as they wish especially from these unregulated mushrooming make-shift stores in the streets of Lusaka, that sell opaque beers of which there are now so many kinds in Zambia. When this happens they are not alert and vulnerable to situations that cause them to have risky sexual behaviour because then they are not in their right minds. So in this way this lack of regulation of hawker store mushrooming by the Zambian government is therefore, a possible added risk factor and contributor to the problem of youths in Zambia having unprotected sex.

Also the absence of Proper recreation facilities to keep the thousands of unemployed youths busy with constructive activities was cited as a possible added cause to risky sexual behaviour among them in the following quote of a youth:

‘Lack of Facilities for Recreation for the youths cause them to go into unproductive activities like drinking and these eventually cause them to have casual sex without the use of protection, which may come about as just something that wasn’t even planned. Because when they are drunk or drugged they don’t function normally.’  FGD youth (male)

So here the problem causing sexual risk taking among youths is idleness and lack of constructive activities. The fact that a lot of adolescents in Lusaka are unemployed and have no funds to go to school or start a business is one thing that causes many to resort to drinking which as discussed above is a risk factor that may cause them to have unprotected sex in a drunken state.

9.7.2 Implementation of the Ministry of Education Re-entry Policy as a Risk Factor

The FGD also discussed how the Ministry of Education’s re-entry policy now effected by government had been affecting the sexual behaviour of teenagers, especially in secondary school. The following flow of the discussion is self explanatory:

FGD youth 1(female): This has helped a lot in my opinion because when the female youths come back from delivering their children they continue with their education,
which means they are informed further and when they finish school they become example to the younger ones who have not yet had sexual encounters or risky sexual behaviour.’

**FGD youth 2(male):** The disadvantage is that the – not every person should abort but others should due to genuine reasons which should be medically supported reasons – ladies now don’t care but get pregnant anyhow because of this policy. Before it was implemented a young girl would be told bluntly by her father or uncle who is keeping her ‘if you get pregnant you will immediately leave this house’ and they would take precautions not to so that they not only stay in the house but continue their education. But now they don’t care. The government should change it to be for those who are raped or where there is evidence the pregnancy was somehow forced on them. Because this way rape cases will reduce.

Because of this policy the issue of parents or guardians threatening to stop keeping their children or dependants if they got pregnant that the male youth brought up may have become immaterial to young girls since they know they will still complete their education. His suggestion of only allowing rape victims to abort could also work but this may not be the solution to the pregnancies of teenagers resulting from the implementation of this policy.

**FGD youth 1(female):** ‘But then if that happens abortion cases may also increase because people want to continue with their school?

**FGD youth 2(male):** But even now people still abort. The reasons for most abortions is not wanting to go to school but to avoid an unplanned pregnancy. I did a survey on the same in Kaunda Square and Kalingalinga (compound/high density residential areas) and I found that the people aborting were not even people that were going to school.

There are cases where contraceptives have failed young people and they have gotten pregnant, it is not good for government to deny such people a chance to complete their education. So this brings us to a possibility that some of the pregnancies among the youths in secondary schools are as a result of failed contraceptives that they tried to use to protect themselves from STIs and pregnancy and not just because they are taking advantage of the re-entry policy.

The intention for this policy was to bridge the gap between girls and boys numbers in school because before this, girls were fewer in school since some of them would get pregnant. But as it appears young people at secondary school level are now having more unprotected sex
because they are taking advantage of this policy. It is unfortunately, therefore, a risk factor as it has caused secondary school pupils to engage in more sexual activities because they are aware that now they would still have a chance to complete their secondary education unlike before.

9.8 The Role of Socio-Economic Determinants in the Construction of Adolescent Sexuality

In this section I account for the role of Family background: parents/guardian’s educational levels and other important parameters with its bases in socio-economic status

9.8.1 High Socio/economic Status as a Power Factor

Kilisiteta, who was not moved by her friends discussions of sexual relations because the aim that they may have had in these relationships such as acquiring material things and money were not things that were new to her. They may not have been enough to get her excited or hopeful for material things because she had already experienced a wealthy kind of life as an adolescent as well as when she was earlier on in her life. It was clear in her speech that what she would look for in a sexual relationship before she decided to start abstaining due to her Christian faith would have had to be more valuable than money or material things which she had already experienced.

So although girls of a higher economic status or from a financially sound family would stay away from risky sexual behaviour because they have everything they need and would not need money from men, they still had risky sex but for different reasons. This is seen for example in Kilisiteta’s case, as when she had risky sexual behaviour, she happened to have it because she loved her boyfriend and not because of peer pressure or because of money since her boyfriend was of low economic status.

This shows how high Socio-economic status in certain life situations would act as a protective factor in an adolescent’s life causing their sexual behaviour to be non risk-taking. However, the fact that others such as Wezz, were having unprotected sex even if they were of high socio-economic status (in his case due to peer pressure and for the fun of it) shows that in certain situations, higher economic status may not necessarily be a very strong protective factor in terms of influencing sexual behaviour.
9.8.2 Socio/economic Status as a Risk-Factor

The socio-economic status of most of the interviewees was either middle or low. The only two female youths that said they were involved in risky sexual behaviour because they needed money were of the lowest socio-economic status/poverty level compared to all the other youths that were interviewed.

Poverty is a common thing in developing countries such as Zambia. Many young people are not usually employed so they are vulnerable and this is another thing that puts them at the mercy of much older men who give them money for sex or expensive gifts.

"...... especially for ladies who want to earn a living— they need food, their children must eat. They are even secondary school and college graduates but have nowhere to find employment. This lack of resources e.g. for girls who start college without a stipend or sponsors. They begin to risk their lives by finding sugar-daddies to sponsor them. FGD youth (male)"

The high rate of unemployment among Zambian youths is so severe that many of them that have completed university or college education lack jobs. Now when this is combined with the fact that traditionally men are taken to have an upper hand and are superior even in relationship or sexually related issues, the vulnerability of most females is increased.

Due to this many that are in desperate situations like those that dont have jobs after completing their education fully, may give in to ‘sugar daddies’ that provide them with money for survival as well as material things. This is because they have no power to negotiate their way out of risky sex since they must give in to the demands of their ‘provider’. Poverty is a major cause of prostitution in Lusaka to increase due the economy in Zambia which is very poor, such even young females are now selling their bodies because of their negative economic circumstances:

‘You even find different prices for sex offered at a number of houses in high density areas— compounds. Sometime back before you would find 27 year olds in it now you find 14 or even 13 year olds in prostitution here in Lusaka.’ FGD youth (male)

Babaline who was a person from the rural area, expressed that she needed the extra help from her boyfriend so that all her expenses were covered.
‘One needs a boyfriend atleast for maintainance…..(laughs)…. thats how I manage to buy more things for my house and children – and don’t forget that now I am not even married – how would I manage? No one can be giving me just like that so that is why I need a boyfriend to pay for some of the things. My job is so small so I cant manage alone.’

**Babaline**

This is not exactly prostitution but if a lady in such a vulnerable and wanting situation is more satisfied about what she can get out of a man that she has unprotected sex with when he demands it, then the issue of love on her part becomes questionable. Also it is important here to take note of certain major issues in the situation of Babaline that in combination with the risk factor of being challenged socio-economically, contribute to their involvement in risky sexual behaviour. Due to her parents low socioeconomic status she was unable to finish school and she spent most of her life in a rural area which caused her to be ignorant of the actual effects of SRH products such as contraceptives. This led her to have a child at a tender age and to be forced into a marriage from which she had 3 more children. And now she since she is divorced the father to her children demand more from her as a mother, so she has resorted to a sexual relationship with a man who sometimes demands sex without a condom. Also since she does not even live with him it is possible that he has other sexual partners.

**9.9 The Role of the Media as a Determinant in the Construction of Adolescent Sexuality**

In this section I account for the role of the Media and all important parameters with its bases in the status of the Media

Some of the respondents, particularly those that were of low socio-economic status the media seemed to have played almost no role at all in constructing their sexual behaviour and probably even other areas of their lives. This is because the homes they grew up in and for others even at present they could not afford televisions or radios.

**9.9.1 Media as a Power Factor**

**Media Sex Education/Information**

Most of the youths reported their main source of sex education to be the media and heard about it by chance also from friends, peers and sometimes relatives or in school but not from their parents. In Zambia the media is used for the dissemination of various kinds of
information – basically on any existing subject and every person tends to pick on information that has to do with the thing that is of interest to them.

But information that is health promotion including that on HIV/AIDS telling people to ‘stick to one sexual partner’, or ‘use condoms for protection’ etc, is information that all the informants that had the means said they had received.

Some youths admitted that the media did play a major role in leading them to have risky-sexual behaviour

‘What I read in books, magazines, novels, what I saw on television that was sexy all led me to have sex the first time when I didn’t use a condom, it was a combination of a lot of things really. Even what I’d hear on radio like the music – it was stimulating and it just stirred up the drive in me to have sex.’ **Maweka**

The above statement is self explanatory, and reveals just a glimpse of what actually happens in the life of a Zambian adolescent who eventually decides to have sex. The items they choose to pay attention to from the media further stimulate their already existing desires as adolescents. Although music or reading novels doesn’t suggest that one should not use contraceptives or condoms, it definitely does stimulate them and give them a greater desire to have sex.

‘**Lack of Parental Guidance:** Youths that are not supervised can access phones that have pornography which is not very good for their moral standing because they become stimulated and tempted. They want to experiment so after watching these images they now want to practice and experience those sexual things they have been watching. For example, If people are having sex and they are crying or producing certain sounds then they want to also experience those things that make them cry. They do this but they may not even know that they don’t just go ahead and have sex without protection or they don’t take that fact seriously but do a rushed thing without careful thought to it.’ **FGD Youth (male)**

Also, the manifestation of globalisation is seen in the Media’s role in the live of Maweka as well as other adolescents who not only view local but also internationally published materials that happen to increase their sexual stimuli. It is still important to note here that everyone has a choice to pick from the abundance of the Media’s content and that the choice each one makes depends on the stronger values that have been grounded in them.
Information on sex and sexual health is disseminated through all various kinds of Media available in the country.

It is for this reason that I now emphasis the fact that receiving information on sex such as that meant to prevention of pregnancy among teenagers may not necessarily have positive results in the lives of the recipients. This is because even if all the informants that were in the position to receive such information received and even remembered it, some of them still went ahead and had unprotected sex. Although some studies such as Malungo (2001:59) on Premarital Sexual Behaviour in Zambia attribute abstinence of youths from sex to HIV/AIDS awareness campaigns, my findings are similar to Berglund, (2008:18)’s that sexual awareness may not necessarily prevent adolescent sexual risk-taking.

Therefore, it is possible that in as much as the Media was meant to be a protective factor influencing youths positively so that they do not have risky sexual behaviour, it was not strong enough in its role. This could be attributed to the fact that other underlying factors take the lead in constructing sexuality and the Media is comes merely as a supplement emphasising a point that has already been made.

Although the Media is a major underlying factor in the Zambian setting with regard to the construction of sexuality, I wish to present one interesting and significant observation I made among most of my informants in this regard. It occurred to me that most of the sexual risk-takers were almost naturally vulnerable to watching or listening to published content of sexual nature, while most sexual non risk-takers were more interested in issues having almost nothing to do with sex. For most risk-takers, this seemed to have been the case even before they actually had sexual encounters. The media may have an upper hand in the lives these young people not only because of being viewed as that which portrays the ‘modern’ but also being held as ‘what is modern’ e.g. television, internet. However, I found the Media to have much less influence of its own independent of another or other underlying factors on sexual behaviour, compared to other societal factors. Other underlying factors such as traditional culture and religion seemed to have taken the root and the media simply emphasised the point being made by them. My informants chose what to watch or listen to based on what they already knew as result of other underlying factors, which had already formed much more deeply rooted perceptions in them.

This agrees with Berglund (2008)’s statement concerning the media’s contributions to already established meanings in society in a similar study carried out in Nicaragua:
‘In interaction with other systems of meaning and production, such as for example school and the church, that is social and educational institutions for naturalised, systematic knowledge and control, the mass media offer a considerable variation of overlapping but also alternative manners to cultivate everyday reason.’ (Berglund, 2008: 32)
10. CONCLUDING DISCUSSION

Here I give a final account of my findings based on the above presented results, specifically regarding the construction of sexual behaviour among the Lusaka, Zambia youths by means of interaction and discourses.

10.1 Competing Discourses and their Consequences

Like in other societies, quite evident in the Zambian setting as seen even in the results presented, is the presence of factors sharply opposing one another in terms of norms and values regarding sexuality. The societal discourses in Zambia with conflicting stands on adolescent sexuality such as the Christian Religion and the Political Factor compete as they prescribe conflicting ways of conduct and living regarding sexuality for society members. This often causes adolescents to be in a state of confusion when trying to decide which one to follow between a discourse suggesting that it is logical to have unprotected sex or one that suggests logic in opting for protected sex. Below are the discourses I found to be the main competing ones regarding sexuality among adolescents in Lusaka Zambia. The presence of such conflicting discourses cause adolescents to either have access to and/or are able to exert sexual power or lack and/or are unable to exert sexual power. That is, it also depends on whether or not they have access to the bases for accumulating this power and, therefore, their sexual behavior to be either risk-taking or non risk-taking.

10.1.1 Religion Versus Zambian Tradition

The discourses of Christian Religion and that of Zambian Tradition compete in their stand regarding adolescent sexual behaviour. Although, both Christian doctrines and Traditional values and norms are against premarital sex, informally tradition to some extent encourages premarital sex through practices such as initiation rites held for teenage youths. The youths that go through these initiation rites are taught love making techniques that they are expected to use when they get married, but they only marry much later in life and after their education. This aspect of Zambian tradition encourages youths to have sex at an early age because it makes them inquisitive about how it feels to have sex and, therefore, they do not wait until they are married before they do it. The participants of this study that went through these rites said they were not told about protection from pregnancy or STIs by the people that were teaching them the love making techniques. The possible reason for this is that it was intended for enhancing child bearing as a girl would be married off immediately after the rites are
performed long ago. The techniques would have nothing to do with pregnancy prevention despite the fact that teenagers now are not married off immediately after the initiation rites so they have sex without thinking of using contraception or condoms for protection from STIs. In this way the adolescent lacks in sexual power in terms of the knowledge on protection that they don’t have.

Such a youth who may at the same time be raised in a partly Christian religious home happens to have beliefs that are against premarital sex so in this manner they clash in terms of how they affect the adolescent. Christian Religion says ‘no premarital sex so no risky sexual behaviour’ while tradition gives the ammunition in terms of awakening cravings for sex while having no place for contraception or protection for STIs in the way they are designed.

This situation is also a confusing set of perceptions for an adolescent but they can only choose either risk-taking or non risk-taking behaviour. These are the issues that influenced the sexual behaviour of some Christian informants that had sex against their faith such as Kilisiteta whose background was traditional as well as Christian.

10.1.2 Political Versus Religion
The government through civil society, NGOs and the like in their fight against unwanted pregnancies and the spread of HIV/AIDS and other STIs, are encouraging the use of contraceptive pills and condoms among Zambian youths. An example of this are the youths from the youth group interviewed for this research who are peer leaders sent to the communities to reach out to youths. On the other hand Religious values against premarital sex due to the Christian faith of a large number of Zambians still stand in the lives of adolescents that come from Christian homes. As seen in the findings some Christian adolescents have ended up having sex and even getting pregnant. An example is Pority who now has to work hard to feed her mother and daughter because her religious faith caused her not to be alert with condoms or contraceptive pills when she chose to have sex. This clashing of norms and values of the political factor encouraging sex with the use of contraception and those of religion against any premarital sex poses a great risk in the lives of those youths that are Christians but get tempted to go against their faith.

In Zambia the government has dominance over practically all other institutions including the churches regarding SRH. This is in sharp contrast to the case of Nicaragua where hegemony
of the Catholic Church, even with opposition from NGOs and the global media, to a large extent, still influences even state policies regarding SRH (Berglund, 2008:62). But the similarity is that even in Nicaragua, the circumstances of an adolescent and their constructed perceptions in accordance with the discourses at play in such a society can make it very difficult for one to be sexually non-risk-taking regardless of the dominating institution being against pre-marital sex. As Caplan (1987:25) puts it, people will do what the society norms and values they have been exposed to, make them want and allow them to.

10.1.3 Political Versus Traditional
Here again is a clashing of norms of using condoms and contraceptive pills that government is inculcating through various stakeholders in the country just as stated in the previous point stated and the tradition in Zambia of youths not being allowed to engage in premarital sex at all. Following traditional norms cause adolescents not to be ready for sexual encounters and they end up having unprotected sex that could result in pregnancy or STIs among them.

The fact that they are not prepared to have sex because in their minds they shouldn’t have it especially when they are just starting causes them to lack sexual power because they will not be ready to use condoms for protection or contraception. This increases the chances that they choose to have unprotected sex when they have sexual encounters especially that for some of the informants, having sex was not something pre-planned but it just happened.

So the chances seem to be higher that these competing discourses have negative than positive effects them. Although, there are many other competing discourses in the Zambian society that construct the sexual behaviour of adolescents, the ones explained here are the most significant.

10.2 The Role of Underlying Factor Interaction in the Construction of Varying Cases of Sexual Behaviour Ideal Types
There are many interacting underlying factors that influence the lives of adolescents in Lusaka, Zambia today shaping each of them into a particular ideal type of youth, constructed into either sexual risk-taking or non-risk-taking behaviour. Since it is not possible to present each and every Zambian youth’s constructed case of either sexual behaviour, I decided to give 2 examples from among the youths I interviewed. In these examples I explain, how the underlying factors interacted to construct a particular case of either Ideal type of youth with
respect to sexual behaviour. Libana and Peter each with regard to different background factors and thus access or lack of access to different bases for accumulating social power, are very typical for what produces sexual risk-taking and non risk-taking respectively.

The sexual behaviour of the adolescents I interviewed was constructed by means of interaction of both power factors and risk factors, with none having exclusively power factors or risk factors only to make up any informant’s background.

10.2.1 A Case of a Sexually Risk-taking Youth

Libana’s story is an example of adolescent sexuality constructed into risk-taking behaviour and is briefly illustrated in the Figure 10.1 below. Libana has had a considerably good number of power factors including his unending exposure to reproductive health information such as that on HIV/AIDS, his parents - especially his mother having been speaking to him about sexuality from the time he was very young, his Catholic Christian faith that stands against sex before marriage, his college level education and good job that he says he enjoys as an HIV/AIDS peer educator. But the risk factors in his life such as the absence of love and from his late father as well as from his former girlfriend who relocated to South Africa (the one he says was his ‘only love’) seem to have had more influence on his life. It, therefore, among all other factors took the lead in his life by constructing his sexual behaviour to become risk-taking. This is similar to Berglund’s findings on that unappeased cravings for affection were risk factors in his study on adolescent sexual behaviour in Nicaragua, where youths resorted to sexual relationships because of lack of affection from loved ones like parents (Berglund, 1997: 4-6).

Furthermore, it may also very well be that he continues to seek after fulfilment of the affection that he feels fate has denied him that he would have had from his girlfriend. Thus by making sure sometimes when he has sex he gets every bit of the feeling as Maweka put it she described her desires of the whole enjoyment the first time she had sex. However, the fact that he sometimes uses condoms means the power factors of strong ties with the people his left with and open discussions on sex with family does have some positive effect on his decision making on sexual activity.

Also the fact that he has a good job that he is satisfied with could mean that the money he gets works against him because he has enough to spend on a number of girlfriends and so he has just chosen to enjoy life to the fullest by sometimes not using a condom during sexual
activity. So in this way his considerably high socioeconomic level may be risk factor at play in his life that takes away from his sexual power.

Another element to consider is also the fact that his family is partly traditional. Since most staunch Zambian traditionalists appreciate having a lot of children, even if his family would not be too happy when he would say his girlfriend is pregnant probably due to Catholicism (and partly tradition), they would eventually accept it. They were very happy when his children were born also because it would prove that he is ‘a man’ in case they had any doubts. This may be a factor that could encourage Libana or anyother youth from partly traditionalist family, not to consider using protection. Also, he has the money to take care of his children so this makes him even more proud that he is not only able to have children but can take care of them financially – the pride of any typical traditionalist young Zambian man.

Figure 10.1 Social Construction of Sexuality: A Case of a Sexually Risk-taking Youth

It was my conclusion based on a number of sexually non risk-taking cases, that more or risk factors than power factors influencing one’s life was an interaction of factors that resulted in risky-sexual behavior because sexual power was lacking. The same was the result, when the risk factors were less but much stronger than the power factors in an informant’s life.

10.2.2 A Case of a Sexually Non Risk-taking Youth

Peter’s story is an example of adolescent sexuality constructed into non risk-taking behaviour and is briefly illustrated in the Figure 10.1 below. He has never had sex or had a
girlfriend and has still been abstaining from sex. His faith as a Christian is the strongest of the power factors in his life that causes him not to have any sexual relations at all. Because he has a good relationship with his grandmother and he still seems to be happy living with her, the fact that his own parents are not the ones raising him and he rarely relates to them doesn’t seem to affect him negatively. It is also possible that he is so fulfilled in his relationship with his grandmother such that this causes him not to feel he is missing affection, a thing that causes some to look for fulfilment in sex to the extent that they at times become careless and have it without protection. Also the fact that he gets information on HIV/AIDS and STIs from school and the Media is a possible issue that may have helped further in protecting him from risky sexual behaviour. These are definitely factors that are much more stronger in influencing Peter’s sexual behaviour than the risk factors such as his mother and father being almost absent from his whole life.

However, the fact that as an adolescent of strong Christian faith may be somewhat risky as he to some extent does not think much of SRH information for example on how to protect oneself from HIV or impregnating someone. This is because, should he get tempted to go against his Christian faith as some of the other Christian informants did at one point before they returned to being sexually inactive again, he may not be ready to use condoms necessary for protection. Subconsciously he should not even think of it and this is one thing that is capable of taking away the sexual power that SRH information would otherwise give him and he may become a sexual risk-taker. So although, the fact that he has been receiving or has access to SRH information is a power factor in his life, it may very well be nullified by his negative attitude towards it due to his religious faith.

However, this is not disputing the possibility that he may unlike the other informants who are Christians that once became risk-taking when they went against their faith, actually stick to his faith and manage to abstain from sex until he is married. For one thing, his grandmother has raised him not to be traditional. So the issues that affect other Christian adolescents like Libana such as the pride of having children and money to fend for them do not cross Peter’s mind. Therefore, since traditionalism is absent in Peter’s life, it is not an aspect that could negatively affect his sexual power as it affected those like Libana are Christians but also traditional.
Based on a number of non risk taking behaviour cases, I concluded that a combination of more power factors than risk factors was an interaction that resulted in non risky-sexual behavior due to the presence of sexual power enhanced by power factors. The same was the result, when the power factors were less but much stronger than the risk factors in an informant’s life.

10.3 Some Examples of Typical Reasoning

10.3.1 Reasoning Behind Choices of the Typical Christian Youth

Based on their Christian doctrines, Christian Churches do not give out sex education to youths that are not married because they are expected to abstain from sex until they are married. This is the result of the Christian Religion discourse that forbids sex before marriage. Consequently the only way to avoid pregnancy that would seem right to a Christian adolescent is not to carry condoms around or take contraceptive pills (for females) but to abstain from sex. When they are tempted to go against their Christian stand, these adolescents lack readiness for sexual encounters: an adolescent’s lack of sexual power that leads to engagement in unprotected sex. But then there is also fear of stigmatisation from fellow Christians of Christian youths if they become pregnant, impregnate someone or catch an STI before they are given any support from family, church, etc. So the fear of this stigmatisation that in combination with the by taking precautions for protection from STIs and unwanted pregnancies such as condoms or contraceptives.
These are issues that construct the sexual behaviour of some Christian informants that end up having sex against their faith and this sex is unprotected and, therefore, risky. From among my informants those with this experience include Purity, Libana and Kilisiteta, who are Christians that did not consider using contraception for protection, at those moments when they get tempted to go against their faith by having sex.

10.3.2 Reasoning Behind Choices of the Typical Traditional Youth

Similarly, a youth from a more traditional background, like Babaline, undergoes initiation ceremonies which teach them techniques of making love while they have traditions that also say they must not have sexual relations until they are married. Due to the confusion that this creates in the perception of an adolescent that, unfortunately, can only chose to follow one and leave out the other, yielding to the increasing sexual urge may prove to be the easier thing to do.

Unfortunately, everyone the adolescent socialises with from the ordinary church members to family, friends, people in the community, etc. are all capable of stigmatising them. Therefore, for female youths, resorting to unsafe abortions becomes a viable option that could lead to health complications and/or death.

The typical traditionalist male adolescent are those like Libana (Figure 10.1) that value having children and being able to care for them financially more than adhering to the SRH information they have and always using protection. He does not consider the fact that if he didn’t have the children he my have been better off financially and possibly attain more from life such as further education.

10.3.3 Reasoning Behind Choices of the Typical Economically Challenged Female Youth

Female youths in Lusaka, Zambia with low socioeconomic status and/or background have the greatest challenge in terms of lack of sexual power. To begin with, low socioeconomic status causes them to lack finances that would help them get education and so they are deprived of SRH education. Babaline, again is a good example of such a youth. Having had a low socioeconomic background, she did not complete her education and the level she acquired was not one where she was given SRH information. She ended up heeding to myths her family believed in that hindered her from using contraceptive pills because thought they would cause a condition that would make her barren and yet the same time she would not
dare be found with condoms. So when she went into a sexual relationship she got pregnant. At the time of the interview she was divorced with 4 children and had a sexual relationship with a married man that was taking care of her expenses and her family’s livelihood. So for such a youth sexual power lacks also because one lacks negotiation ability to speak that she would rather use condoms so that she doesn’t catch an STI because she at the mercy of the person paying her bills whom she must please.

10.4 Importance of Empowerment

It is clear so far that since the problem lies in the lack of sexual power among certain youths either because of their circumstances such as low economic conditions or their perceptions, much of the answer lies in empowering each youth in the particular areas that cause them to lack sexual power. This may be a difficult task as they lack sexual power in different ways. For example, one may have access to SRH information but may be of low socioeconomic status which would justify her sexual relationships with sugar daddies who pay her college fees. Another may be a strong Christian youth having beliefs that they must not at all indulge in sex but may have no access to SRH information, so when they are tempted to go against their faith through sex they have it without using condoms. Berglund (2008:177) rightly says although sex education knowledge is not an assurance against risky sex but it can increase empowerment and in turn increase abilities as well as chances of exercising self control.

With regard to SRH information, the youths in Lusaka, Zambia have positive peer relations that reach out to a good number of them with youth groups such as the ones interviewed in the Focus Group Discussion affiliated to PPAZ. PPAZ and many other NGOs such as Care International, Amnesty working in Zambia are all involved in risky sexual behaviour preventive work, holding discussions with youths in the Zambian communities and schools on all issues pertaining to SRH. This is cardinal and must continue even if the logical use of sex education knowledge is not guaranteed.

10.5 Conclusion: Summing Up

Individuals that had had risky sexual behaviour at one point would at other points have non risky sexual behaviour and vice versa. However, while the latter kind of youth showed hope that they would never try to take risks sexually again the former did not. For the risk-taking youths, it is hoped that the opportunity to ponder through their life’s decisions and the
consequences thereof given to them through this study’s interviews, has helped them to begin to consider using protection at all times.

The traditional factors are evidently the strongest at play in the construction of sexuality in Zambia. And yet considering that from the findings of this research this area has fewer power factors i.e. the traditional cultural practices of abstinence as a power factor than risk factors may mean that in the area of sexuality the traditional aspect does considerably more harm than good in the lives of adolescents. The socioeconomic also has its part to play by determining the financial circumstances people are in and what their situation allows them to do. The Religious factor has a major power factor in causing adolescents that have the Christian faith to abstain from any sexual relations which completely keeps them safe from the risk of pregnancy or catching STIs. However, it can be said that the fact that these youths consciously ‘abstain’ even from SRH information which the church also keeps away from them because they are not married, somewhat neutralises the power effect of abstaining. This is because when they are tempted to have sex they are not ready with condoms or with the use of contraceptives to protect themselves from STIs and unwanted pregnancies. Politically through the MOH and the civil society, a lot is being done to provide SRH information and facilities by for example, giving out condoms. However, other aspect have been seen to be risk factors. These include the failure to implement policies that could do more in the area of SRH of adolescents such as those that would enhance the development of recreational facilities for constructive activities for the youths. They also include the lack or regulation of black market make-shift stores that sell liquor any how even to teenagers because they are just interested in money, causing these youths to be vulnerable to sexual risk taking. Socially the family or parents also have aspects that are power factors such as their openness to adolescents about sexual matters since their children can trust information that comes from them. But their negative perceptions concerning the use of condoms and contraceptive pills which are that they should never be found in the hands of adolescents is a major risk factor. However, since most Zambian families base their thinking on their beliefs it can be said that the perceptions of any given family on sexuality highly depends on whether they are traditional or religious and a situation with both most likely may result in a clashing of discourses in their adolescent child’s sexuality. Finally the media as explained above is merely a supplement to all the above because information on practically everything is disseminated to the public.
Based on this it is my firm conclusion that Traditional factors are the strongest among all others in influencing adolescents in the area of sexual behaviour and it is evident that this influence is mostly negative making it a risk-factor. The possible reason for this is that among all others the traditional factor is the most deeply rooted in the entire Zambian culture and/or setting - at least with specific regard to the construction of adolescent sexuality. I also conclude that all societal factors in the Zambian setting work to construct the sexuality of adolescents in Lusaka both positively through norms and values that are power factors and negatively through those that are risk factors, causing one’s sexuality to be either risk-taking or non risk-taking. The extent to which unsafe sex among these adolescents constitutes a product of interacting and/or main discourses in relation to risk factors is, therefore, varying and different from person to person depending on the strength of these risk factors over any power factors that may be at play in their lives.

10.6 Further Research

✔ More qualitative research is needed that will reveal more issues within the Zambian societal factors that enhance lack of sexual power among adolescents as an aid in coming up with strategies that will directly address these issues through empowerment, etc.

✔ More qualitative research needs to be carried out in Zambia and other African countries on how stakeholders can best advocate for and possibly adjust certain practices such as initiation rites, male gender superiority, etc. to enhance health and youth empowerment considering issues of STIs and early unwanted pregnancy.

✔ More qualitative research is needed with the aim of identifying how religion and culture affect the sexual risk-taking among adolescents (Borglin, 2011) in Zambia.

✔ More qualitative research is needed aiming on strategies that will reduce health effects of the poverty situation among youths in Zambia, Africa as a whole and other developing countries. For example, on how to set up recreational facilities for young people.

Since societal factors are dynamic and so is their consequential construction of sexuality, all the above must be continuously carried out to suit the youth generations existing at the time.
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APPENDICES

Appendix 1

BRIEF LIFE STORIES OF QUOTED INFORMANTS: CASES OF IDEAL TYPES OF SEXUAL BEHAVIOUR

✔ Kilisiteta: Clashing of Traditional Practices with Religious Beliefs

She is a 21 year old female University bachelor student that has lived in Lusaka rural, Zambia all her life. She is the 4\textsuperscript{th} born in a family of 5 (2 boys and 3 girls). She was raised in a Catholic but at the same time very traditional home following the Lozi tribal practices of Western province. She changed from being Catholic to become a Pentecostal Christian when she went to university. She now lives with her father and younger sister as her mother died when she was 15 and the rest of her siblings are married and live in their own homes. Her parents were very wealthy until they became bankrupt when she was 14. She has received information and education on sex from different angles including through an initiation ceremony that she went through at age 14, and her friends who started to talk about it to her at school when she was 7. She enjoyed watching sexual scenes in movies before and during this time. She did not have sex with her first boyfriend but she did at 18 with her second boyfriend who was of low income status without using contraceptives or a condom. She did not get pregnant. She is very religious and is abstaining from sex until she is married to her current 3\textsuperscript{rd} boyfriend who is a Christian.

✔ Wezz: Unappeased Craving for Affection with Parents and Peer Pressure

He is a 19 year old male 1\textsuperscript{st} year College student who is not at all religious or traditional and neither is his family, Although his family was originally of the Bemba tribe of Zambia’s Northern Province. He lives in Lusaka Urban where his family has always owned a number of businesses which his parents have always been running, having very little time for him and his younger brother. His parents warned him about relationships with girls and sex, but not in detail. They tell him to use protection if he decides to have sex. He has received sex education from secondary school at age 15 in his biology class. He has had several girlfriends with whom he has had sexual relations with. He has regular sex with his girlfriend at times he has more than just one girlfriend. He is very modern and he is an average grade student, who seems to be very optimistic about the future.
Pority: Unappeased Craving for Affection and Temptations of Religious Faith

Pority is a 21 year old mother of one child, who is a Pentecostal Christian, so is her mother and whole family. Pority works as Cashier in a large supermarket. Her mother’s family was originally from the Mbunda tribal dialect of the Western Province. She was pregnant at the age of 17 in her 11th grade but she did not go back to secondary school after she delivered her baby because her mother didn’t have enough money to pay her school fees. She only lives with her mother and her daughter since her 24 year old sister moved out and works in another town. Her father whom she has neither seen before nor has any idea of his whereabouts, was a freedom fighter from South Africa that left for a funeral in his home country and never returned to his family in Zambia. She never received any sex education from anywhere including from her mother until she went against her faith to remain pure and had sex with her first boyfriend which was entirely unprotected and she got pregnant.

Babaline: Low Education Level and Myths About Contraception

She is 24 year old with 4 children. She is the 6th born in a family of 7. She is divorced for 2 years. She only reached the 7th grade as her family is of a lower income status and since then she did not have much to do so she eventually started to do jobs as a house maid in different homes. She was raised in Lusaka-rural by her parents along with 4 brothers and 2 sisters, their parents are originally from Zimbabwe. She is divorced. Her brothers were thieves and her sisters started at a very early age sneeking out of the house to go and spend nights with boyfriends and at times they wouldn’t come back home for days. Her parents and all her family were very traditional. They are Catholic but not so committed to their faith. She has a boyfriend now who is a married man and with whom she has sex without a condom although she now uses contraceptives. He gives her money and material things not only for her own up-keep but also her children.

Maweka: Unappeased Craving for Affection

She is a 22 year old college student from a family of 6 – 3 boys and 3 girls. She is the first born. She has a daughter who lives with her mother. She grew up in Mongu – urban a town in Zambia’s western province where she went to school. She lived with both her parents when they were married then when she was 10 they separated and her father whom she continued to live with, married another woman. She has since felt her father was neglecting her and her siblings. She became impregnated at age 15 by her uncle’s friend in Mongu. The
man never took responsibility over his child. Her parents were very disappointed so she heavily feels the need to prove to them that she can be responsible. Her deepest desire is to be able to provide for her parents financially and to be an inspiration to younger girls by telling her story.

✓ Ruti: Unappeased Craving for Affection; a Clash of Religion and Tradition

She is a 23 year old female, she is the first born from her mother who has 2 other children apart from her that each have different fathers. She is an accountant that works in a town in the Copperbelt province where her husband lives but currently doing further studies at a college in Lusaka. She was raised in Lusaka urban by her mother’s sister who is now deceased, while her mother remained in the village to take care of her grandparents. Although Ruti is Catholic and was raised in a Catholic home, her family is very traditional and she went through a traditional initiation ceremony when she was 13 years old with 5 other girls at her mothers village. Neither her guardians nor her mother ever mentioned anything to her about sex or sexuality until she got married, she only discussed it with her friends. She had a boyfriend when she was 18 who died in a car crush. She is married and has 2 children with her husband. However, she has 2 other sexual partners that she goes to have sex with whenever her husband refuses to have sex with her. She insists on using condoms and is always taking contraceptives. Her husband has other sexual partners and she has no idea if he uses protection with them – they never discuss it. She uses condoms and contraceptives when she has sex.

✓ Peter: Strong Religious Faith

He is a 16 year old male 10th grader in Lusaka urban. He and his twin brother live with his grandmother, a very religious Pentecostal Christian who is not so traditional in her practices. He has lived with his grandmother from as far back as he can remember and he has a very good relationship with her. His mother who lives in the United States is separated from his father who is a truck driver in South Africa. He rarely speaks to any of them and he is very happy with his grandmother and his brother. The sex education he receives is only that in the school curriculum and the one given through the media by means of television so it is in a way involuntary and he chooses not to pursue it for more knowledge himself because he feels he doesn’t need it. He has never had sex although he discusses sex with his friend but only to some extent because he believes that he should abstain from it and, therefore, must avoid
everything that would tempt him to do it. This is due to his faith as a Pentecostal Christian. He also doesn’t have and has never had a girlfriend and he completely abstains from any sexual relations.

✔ Muna: A General Lack of Trusting Counselling Contacts with Adults

He is a 21 year old male who grew up somewhere in the rural of Zambia’s western province. His parents died when he was a toddler so he was raised by his grandmother who was part religious from the New Apostolic Church and partly following traditional practices of the Lozi tribe to which they belong. His grandmother never spoke to him about sexual matters and neither did any other person besides his friends. He completed his Secondary school education at age 19. He now works in a distant relative’s house in Lusaka-urban as a house-boy or house-servant. He had his first girlfriend when he was 17 due to peer pressure from his friends. He did not use a condom or ensure she was using contraceptives when he had sex with her. He thinks it was pure luck that his girlfriend did not get pregnant. He never wants to have sex again until he is working, married and settled with his own house and stable finances.

✔ Libana: Unappeased Craving for Affection

He is 24 years old has lived in both rural parts of Lusaka as well as the urban. He has 2 children from different girls. He has 5 siblings that are all older than he is. They all had a good relationship with their parents who discussed issues on sex. His father died when he was 15. He is an HIV/AIDS peer educator, which he is satisfied with, believes in hard work. He reads a lot generally, but he parties a lot as well and takes alcohol. He values education and wants to have a better job. He is a Catholic Christian, he is active at Church, although his family is also traditional. He has received sex related information from various angles like, church, school, family also because of his profession. He had sex with his first girlfriend when he was 18, it was a good relationship which he regrets having stopped because she went to South Africa. Then he had many girlfriends who were also his sexual partners at the same time. He did not always use a condom so he had a child at 19 and another at 21. When he was 23 he made another girl pregnant but they decided to abort the pregnancy which he deeply regrets because ‘it is bad’ as he put it, but being of the Catholic faith he confessed this sin, believed he was forgiven and continued with his life. He still has several girlfriends that he has sex with. He does not always have protected sex by using condoms with them.
But he is now careful and tries to ensure that they take contraceptives by talking to them about it.
Appendix 2

INFORMATION LETTER FOR YOUTHS

Dear Prospective Participant,

Research on Heterosexual Risk-Taking Behaviour among Adolescents in Lusaka

I am Zambian student researcher in the Public Health department at Malmo University in Sweden. I am carrying out a qualitative research data collection among Zambian youths aged 16 - 25 to facilitate my research study on the topic Heterosexual Risk-Taking Behaviour among Adolescents in Lusaka.

I, therefore, have the task of interviewing youths in Lusaka, I hereby request for your participation in this research by providing me with the information asked for as I interview you.

Your identity will be protected with utmost confidentiality. After you respond to the questions asked in this study, which are very sensitive and having to do with personal sexuality, the answers you give will be attributed to an anonymous source. The information derived for this study is strictly for academic purposes and will support this alone and no other agenda.

You have the right not to answer sensitive questions, as well as to withdraw at any point during the interview.

If you have any questions you can get in touch with ERES Converge in Lusaka, Zambia – cell phone number: +260 955 155633. My phone number is +260 0973 201220.

Sincerely,

Christine Masheke
Master Student researcher
Department of Public health
Malmo University (Sweden)
Appendix 3

INFORMATION LETTER FOR UNIVERSITY OF ZAMBIA RESEARCHERS

Dear Researcher,

Research on Heterosexual Risk-Taking Behaviour among Adolescents in Lusaka

I am Zambian student researcher in the Public Health department at Malmo University in Sweden. I am carrying out a qualitative research data collection among Zambian youths aged 16-25 to facilitate my research study on the topic Heterosexual Risk-Taking Behaviour among Adolescents in Lusaka.

I hereby request for your help by providing me with the information asked for in this questionnaire.

Your identity will be protected with utmost confidentiality. After you respond to the questions asked in this study, the answers you give will be attributed to an anonymous source. The information derived for this study is strictly for academic purposes and will support this alone and no other agenda.

You have the right not to answer sensitive questions, as well as to withdraw at any point during the interview.

If you have any questions you can get in touch with ERES Converge in Lusaka, Zambia – cell phone number: +260 955 155633. My phone number is +260 0973 201220.

Sincerely,

Christine Masheke
Master Student researcher
Department of Public health
Malmo University (Sweden)
Appendix 4

INFORMATION LETTER FOR YOUTH GROUPS

Dear Prospective Participant,

Research on Heterosexual Risk-Taking Behaviour among Adolescents in Lusaka

I am Zambian student researcher in the Public Health department at Malmo University in Sweden. I am carrying out a qualitative research data collection among Zambian youths aged 16 -25 to facilitate my research study on the topic Heterosexual Risk-Taking Behaviour among Adolescents in Lusaka.

I, therefore, have the task of facilitating focus group discussions with youths that are affiliated to interested organisations. I hereby request for your participation in this research by providing me with the information asked for as I interview you.

Your identity will be protected with utmost confidentiality. After you respond to the questions asked in this study, which are very sensitive and having to do with personal sexuality, the answers you give will be attributed to an anonymous source. The information derived for this study is strictly for academic purposes and will support this alone and no other agenda.

You have the right not to answer sensitive questions, as well as to withdraw at any point during the interview.

If you have any questions you can get in touch with ERES Converge in Lusaka, Zambia – cell phone number: +260 955 155633. My phone number is +260 0973 201220.

Sincerely,

Christine Masheke
Master Student researcher
Department of Public health
Malmo University (Sweden)
# Informed Consent

**Project title:**
Heterosexual Risk-taking Behaviour Among Zambian Adolescents

**Date:**
25/02/2011

**Study Manager / s:**
CHRISTINE KUFANGA MASHEKE

**E-mail as a student at Malmö University:**
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**Studying at Malmö University, Health & Society, 206 05 Malmö, Tel 040-6657000**

**Education:**
Public Health Programme

**Level:** Masters Level

---

I have been verbally informed about the study and read the accompanying written information. I am aware that my participation is voluntary and that I, at any time and without explanation, can withdraw my participation.

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I …………………………agree to participate in the study and, therefore, hereby submit my consent:

**Date:** ………………………………………………………………………………………..

**Participant’s signature:** …………………………………………………………………..