CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.0 Introduction

This chapter presents the background to the problem in the study, statement of the problem, the purpose of the study, study objectives, research questions and the significance of the study. The chapter also presents the operational definitions and the structure of the dissertation used in the study.

1.1 Background to the problem

Adolescent sexuality is a universal issue which is and will continue to be a topic of debate. Numerous similarities in the views, intentions and practices regarding adolescent sexuality in many countries and cultures around the world exist. This presents several challenges that are associated with their sexuality, especially as they become sexually active (Long, 2010). There is a concern that young people are engaged in high rates of premature sexual activity leading to unwanted pregnancies and unsafe abortions and contraction of sexually transmitted infections (STIs) including HIV and AIDS. This necessitates the need to improve the understanding of adolescent sexuality (UNICEF, 2010).

Substantial studies conducted in different parts of Africa, Zambia inclusive, have also found that most young people are indulging in risky sexual behaviors at an early age, often with little regard to the possible consequences of such actions (Baurmeister et al., 1995). Risky sexual behavior has been defined in the past as unprotected sex, sex with multiple sexual partners and early onset of sexual activity (Pattman, 2008). The impact of which can bring about serious lifelong consequences.

Though sexuality can be a normal aspect of adolescent development, the high rates of unprotected sex and sex with multiple partners are reported to be alarmingly high among them (Robinson, 2010). This trend in adolescent behavior has also been reiterated by Jaya (2009), who has shown that sexual commencement at an early age with limited insight as to the consequences and the low rate of consistent condom-use contributed to the factors putting youths at a risk of sexually transmitted infections (STIs) and unintended pregnancies

(Jaya, 2009). For the young women the situation is gruesome in that they face particular risks because of their biology, discrimination regarding access to information and services and some constraints largely imposed by society on their behavior (Mutombo, 2006). These constraints have made women vulnerable to triple threats such as unwanted pregnancies, unsafe abortions and STIs that may not only render them infertile but may even lead to their ultimate demise (Jaya, 2009).

The United Nations Convention on the Rights of the Child (CRC) (1989) also known as the Children's convention adopted by the General Assembly of the United Nations in November 1989 was also ratified by Zambia and stated that *"countries should ensure that programmes and attitudes of health care providers do not restrict the access of adolescents to appropriate services and the information they needed, including information on STIs and sexual abuse. In doing so, these services needed to safeguard the rights of adolescents to privacy, confidentiality, respect and that of informed consent, respect, cultural values and religious beliefs"*. Countries were urged to, *where appropriate, remove legal, regulatory and social barriers to reproductive health information and care for adolescents* (Commonwealth Youth Programme, 1997).

Unprotected sex among the young people especially among those aged 15 to 19 years is extensive in Zambia (Youth Vision, 2011, AIDS Healthcare Foundation (AHF) 2012). The UNICEF report of 2010 has also shown that coupled to unprotected sex; there is low condom use among youths in the same cohort in Zambia (48 percent males and 38 percent females). The report further shows that condom use during high risk sex is still low in most developing counties including Zambia averaging less than half among the young males and one third among young women (UNICEF, 2010). This scenario indicates that there is need for concerted efforts among all stakeholders.

The Convention on the Elimination of all forms of Discrimination against Women (CEDAW) also described as the International Bill of Rights for Women was established in 1979 primarily to undertake research, training, ratifying gender responsive laws and other activities involving women's development (Laina and Ignacio, 2000). Despite many governments commitments to focus on protecting the rights of women and girls and promoting their physical and social development, eliminate discrimination, violence and

negative cultural attitudes and practices and presenting positive images of girls and their potential so that they are inspired and enabled to reach their potential, gender imbalances still exist in various aspects (UNICEF, 2010). Girls, for instance still face discrimination from the earliest stages of their life, through childhood, adolescence and adulthood (ibid).

In line with the United Nations CEDAW instrument, Zambia took a number of steps to implement the convention such as establishing the Gender in Development Division (GIDD) in 1996. GIDD co-ordinates all gender related policies and programmes and also formulated a national gender policy which was adopted in 2000. The National Gender Policy was adopted to promote and facilitate the continuous gender orientation programmes using appropriate channels to change people's attitudes regarding women and girls' advancement in all spheres of life (National Gender Policy, GRZ 2000).

Despite Zambia undertaking measures to work in line with these international and sub-regional instruments, and its commitment to promoting gender equality, Zambia seems not well positioned for achieving gender parity by 2015 (ZARD, 2010). For instance, the Zambian government through the Ministry of Health (MOH) and other collaborating partners has been striving to put in place strategies and interventions to reach young people on their sexuality needs such as condom use, abstinence and media health campaigns (NAC 2010, UNICEF 2010, UNAIDS 2008). However, these preventive efforts seem to have been inadequate in addressing the unique vulnerability of young people especially the adolescent girls (Youth Vision, 2011).

Gender inequality is one of the underlying causes of low productivity in any given environment or context as it does among other things hamper the participation of a vast majority of the country's population (Hamaus, 2011). Whilst Zambia recognizes that gender inequality is a major obstacle to the socio-economic and political development of its people, there is a growing concern about inequalities in the sexual behavior of adolescents (Youth Vision, 2011). Pursuing satisfying, safe and pleasurable sexual lives are grounded in and contribute to gender equality and the empowerment of women and girls (Coleman 2007).

The level of equality in the sexual behavior among adolescents in Zambia is far from being attained as the young people themselves are still ignorant of important gender issues and how these affect their sexuality (Hamaus, 2011). The present study therefore attempts to

find out why out of school adolescents are engaging in unprotected sex and the gender related attitudes and beliefs in the risky sexual behavior. The major concern of this study therefore, is to reveal the level of unprotected sex and the gender related issues prevalent in their sexual behavior. It is hoped that the findings will contribute to the current efforts aimed at promoting gender equity, human rights and help address these sexual health and gender concerns in a culturally relevant and gender sensitive manner.

1.2 Statement of the Problem

The Zambian government recognizes that gender inequality is a major obstacle to the socio economic and political development of its people, and hence has provided for the promotion of gender equality in all human endeavours. While government has put in place strategies and interventions to reduce gender inequalities in the sexual behavior of young people, unprotected sexual activities continue to rise.

Unprotected sex clearly is rife among out of school adolescents in Zambia. The Zambia Sexual and Behaviour survey (ZSBS, 2009), has shown that young people in Zambia are engaging in unprotected sex and that there are also lower rates of condom use especially among women aged 15 to 19 years (28 percent). Generally, about 50 percent of the sexually active adolescents never use condoms; and less than 14 percent use a condom regularly indicating that the preventive efforts have been inadequate in addressing the unique vulnerability of girls and young women (ZSBS, 2009, UNICEF, 2010).

The gender sensitization programmes at community level have equally been inadequate thereby making young people ignorant of very important gender issues and how these affect their sexuality. These inadequacies appear to have slowed down any efforts to fight gender inequalities. This study, therefore, sought to assess the level of unprotected sex among out of school adolescents aged 15 to 19 years in Zambia. It also further sought to examine the gender related attitudes and beliefs among out of school adolescents contributing to the inequalities in their sexual behaviour.

1.3 Objectives of the Study

1.3.1 General objective

The general objective of the study was to assess the level of risky sexual behaviour among out of school adolescents from a gender perspective in Zambia.

1.3.2 Specific objectives

The specific objectives were:

i) To establish the level of unprotected sex among out of school adolescents;
ii) To identify major sources of information on sexual health matters and gender related issues among out of school adolescents;
iii) To assess the gender related attitudes and beliefs in the risky sexual behavior among out of school adolescents.
iv) To recommend appropriate strategies that would help address these sexual health and gender concerns in a culturally relevant and gender sensitive manner.

1.4 Research Questions

i) What is the level of unprotected sex among out of school adolescents?
ii) What are the major sources of information on sexual health matters and gender issues among out of school adolescents?
iii) What are they gender related attitudes and beliefs in the risky sexual behavior among out of school adolescents?
iv) What are the appropriate strategies that would help address these sexual health and gender concerns in a culturally relevant and gender sensitive manner.

1.5 Significance of the Study

There has been a range of research that has been carried out in Zambia concerning adolescent sexual and reproductive health; however, unprotected sexual activities among out of school adolescents and the marked gender ideologies fueling inequalities in their sexual

behavior have not been adequately researched. This is what the present study attempted to do. It was hoped that the findings in the study would;

i) Generate a general awareness of gender related issues and concerns among out of school adolescents and the communities they live in so as to heighten the promotion of gender equality at all levels of human endeavor.
ii) Highlight the gender ideologies and gaps so as to narrow the gaps in the sexual behavior of adolescents.
iii) Recommend strategies that would help address these sexual health and gender concerns in a culturally relevant and gender sensitive manner.
iv) Provide the disaggregated data on the level of unprotected sex and gender related inequalities in the sexual behaviour among out of school adolescents aged 15 to 19 years if the most vulnerable young people are to be reached.

1.6 Conceptual and operational Definitions of Terms

For the purpose of this study the following terms were defined:-

1.6.1 Adolescent

A young person between childhood and adulthood aged 15 to 19 (for the purpose of this study).

1.6.2 Compound

Low class or Low-income residential area.

1.6.3 Condom

Female and Male contraceptive sheath worn on the genitals during sexual intercourse.

1.6.4 Condom Use

Use of a condom by an adolescent during sex with a non-marital or non cohabiting partner.

1.6.5 Culture

Customs, beliefs or way of life and social organization of a particular country or group.

1.6.6 Gender

Social construction of both sexes, which moulds women and men into society's interpretation of what it is to be a man or a woman.

1.6.7 Gender bias

These are disparities and different treatment given to males and females on the basis of sex.

1.6.8 Gender blind

The conscious or unconscious way of doing or saying things without recognizing or considering differences in needs and feelings based on gender.

1.6.9 Gender discrimination

When one is treated either better or worse than the other on the basis of sex

1.6.10 Gender oppression

An imbalance of power between males and females. This occurs when one sex is treated in a cruel, harsh manner or made to feel uncomfortable or unhappy in their socio-economic life.

1.6.11 Gender stereotypes

Way of thinking that persists in people's attitudes and practices that have been standardized.

1.6.12 Out of School Adolescent

A group of young adolescents aged 15 to 19 years who do not attend school or who have dropped out prematurely.

1.6.13 Premarital Sex

This is sex before marriage.

1.6.14 Risky sexual behavior

Refers to sexual practices as unprotected sex that may expose an individual to the likelihood of contracting sexually transmitted infections and unintended pregnancies.

1.6.15 Sexually active

Adolescents that have been involved in sex activity.

1.6.16 Skills

This is the acquired ability to do something well.

1.6.17 Unprotected sex

Type of sexual activity mostly practiced among adolescents ranging from 'normal' vaginal skin to skin penetrative heterosexual practice and anal sex.

1.7 Structure of the Dissertation

This dissertation is divided into five chapters. Chapter one provides introduction and background and statement of the problem under study, the purpose of the study, objectives as well as research questions and the significance of the study. It also provides the conceptual and operational definitions of terms used in this study. Chapter two presents the literature review relevant to the study, while chapter three gives the methodology utilized in the study. The chapter also explains the ethical considerations undertaken including the conceptual and theoretical framework of the study. Chapter four presents the findings of the study and discussions thereof. Chapter five presents the conclusion and recommendations from this study.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This section presents a review of literature on adolescent sexual behaviour and gender related issues. In general, this chapter is based on studies that have been conducted on adolescent sexuality in various countries including Zambia. Apart from this, other issues on gender related ideologies have been addressed. The literature review will essentially look at how these concepts affect adolescents and where possible specifically address the effects on Out of School adolescents.

2.1 Overview of Adolescence

Adolescence is a period between childhood and adulthood. It is a transformational period that often begins with biological changes associated with puberty and proceeds through a process of psycho-social changes, influenced by cultural factors, which, to a large extent, determines the identity and sexuality of the adolescent (WHO, 2000). According to Coleman (2007), most adolescents tend to define their identity by selecting characteristics from many people, ranging from peers to influential people, through a process which is often full of contradictions.

When an adolescent reaches ages 15 to 19 years there is increased sense of responsibility and independence, as well as increased health risks. During this period, youths of both sexes generally complete or leave school and become sexually active; Many girls on one hand would marry and or begin childbearing (Odeyemi et al, 2008). Jaya, (2009) has observed that adolescents in some African societies have often been associated with risk taking behavior and undertaking high levels of experimentation.

Young people are learning new things every time and forming diverse values and attitudes about who they are (WHO, 2000). This in turn may make them vulnerable and may contract sexually transmitted diseases (STIs) and unintended pregnancies (Mutombo, 2006). The

young male adolescents for instance, are at risk of being infected with STIs including HIV and AIDS because they are prevented from seeking information or admitting their lack of knowledge about sex or protection. This compels them to experiment with sex, at a very young age, usually in an unsafe way and with multiple partners, to prove their manhood (Dijk, 2002; Jaya, 2009). Women on the other hand would be denied the freedom to control their sexual behaviour and most times forced to have sexual intercourse against their will (Jaya, 2009).

2.2 Sexual Risk Behaviour among Adolescents

Sexuality refers to a core dimension of being human which includes sex, gender, sexual and gender identity, sexual orientation, eroticism, emotional attachment and reproduction (Hilary, 2002). Hilary (2002), observes that these dimensions are experienced or expressed in thoughts, fantasies, desires, beliefs, attitudes, values, activities, practices, roles, and relationships. Young people tend to be aware and develop feelings towards members of the opposite sex which plays an important role in their social and sexual conduct (ibid). The physical changes that occur during puberty are responsible for the appearance of the sex drive (Raffaelli, 2003).

At this stage adolescents would develop certain attitudes towards sexual behavior and even start to feel or perceive themselves as not being at risk of contracting STIs or unintended pregnancies. Most of them often lack accurate information about their sexuality and also lack personal skills for safer sex (Hallman Kelly, 2004). Past research has also shown that many adolescents would engage in sexual behaviours other than vaginal intercourse. In a study conducted in South Africa among adolescents aged 15 to 24 years, nearly half had oral sex and just one in 10 had anal sex (Collins, W. et al., 2009).

The situation is even quite distressing for adolescents coming from poor backgrounds as Brook et al. (2006), has shown that such adolescents tend to associate with deviant peers making them vulnerable to risky sexual behavior. Brook et al. (2006), observed that adolescents engaging in risky behaviors were more likely to have peers who engaged in other problem behaviours such as alcohol and drug abuse (Brook et al., 2006). These poor young people started their sexual experience at an even young age and lacked knowledge

and skills to protect themselves (ibid). A study conducted in South Africa by Zulu and Ciera (2007), found that most female adolescents from poorer households were more likely to be sexually active at an early age and have reduced condom use (Zulu and Ciera, 2007).

A study conducted in America showed that those that are most at risk for contracting STIs including HIV and AIDS are people who have unprotected sex, that is sex without using a latex or polyurethane condom (Marrazzo, 2009). The study conducted among adolescents aged 16-24 showed that they were at greater risk of acquiring STIs than older adults because younger people had multiple sexual partners rather than a single long term relationship (Encarta, 2009). The study also showed that younger people were more likely to have unprotected sex and find it difficult to tell their sexual partners they were infected with an STI (Biddlecom, 2009).

In another study conducted in one of the townships in Lusaka, Zambia, some adolescents believed that continual use of condoms was harmful as it led to impotence to the user. In the last Zambia Demographic and Health Survey (ZDHS) 2007, for instance, 44 percent of the adolescent boys, aged 15–19, and 56 percent of girls said they had had sex without a condom in the last year. The Zambia Sexual and Behaviour Survey (ZSBS, 2009) also showed that there was a decline in condom use since 2000 from 40 percent to 33 percent in 2009. Among the youths aged 15-24 years, condom utilisation with a non-cohabiting sexual partner was low at 38% for males and 25.8 percent for females (NAC, 2009 ZDHS, 2007) indicating that most of the sexual activity among young people was unsafe.

The Zambia Sexual and Behavior Survey (ZSBS) (2009), has shown that almost 50 percent of adolescents under the age of 15 and 75 percent of them under the age of 19 in Zambia report having had sexual intercourse (ZSBS, 2009). Another study by Sakuwaha (2006), showed that adolescents who are out of school are at a higher risk of contracting STIs including HIV and AIDS because they are significantly more likely to engage in unprotected intercourse and to use the services of female prostitutes. Available literature showed that in urban areas most activities found in communities encouraged or perpetuated sexual behavior by bringing the force of sexual desire close to the minds of the youths

(Luke, 2003, Mutombo, 2004). These activities included daily night discos, parties as well as other activities.

Past research also suggests that, while both sexes are at risk of engaging in risky sexual behaviours, males and females tend to exhibit different risky behaviours (Luster and Small, 1994). Adolescent girls for example are more likely to forgo condom use with their partners while males tend to report more sexual partners (Lehner et al., 2006). Apart from that, age has also consistently been associated with sexual behavior with older adolescents engaging in more sexual risk taking (Raffaelli, 2003) a trend that continues even into adulthood.

A study undertaken by Seehafer et al. (2000), found that adolescent women who participated in risky sexual behaviours were at greater risk for sexually transmitted infections including HIV. The study also found that the highest rates of STIs were among females aged 15 to 19 years (Seehafer, 2000). Another study conducted in Zimbabwe, showed that about 30 percent of the pregnant girls aged 15-19 had STIs (Population Reports, 2010). All these studies seem to present similar findings as those conducted by Mukuka and Nero (2006), in urban compounds of Lusaka, Zambia. They indicated that most adolescents were engaging in unsafe sexual behaviours and only a few reported using condoms on a regular basis, thereby exposing themselves to STIs including HIV and AIDS and unwanted pregnancies (Mukuka and Nero, 2006).

The PANOS report (2012), shows that there are still various challenges in trying to reach adolescents with sexual and reproductive health information in Zambia. As a result of this, young people are putting themselves at risk as they devise their own methods of dealing with their sexual and reproductive concerns. These inequalities have adversely bred the social, economic injustices and poverty for the affected sex (Hartell, 2005). It appears that the inadequate and unreliable information coupled with restrictive cultural beliefs in many parts of society remains some of the major restraints to adolescents having positive attitudes and practicing safer sex practices (NAC, 2010).

What springs out from such sexual behaviours is that young women in early and mid adolescence are especially susceptible to STIs because their vaginas and cervices have thinner layers of outer cells. These STIs have long presented a serious threat to the health

and wellbeing of women and girls in developing countries including Zambia as they often experience long term impairment of their reproductive health as a consequence of these infections (NAC, 2010, UNICEF, 2010). Women mostly experience infertility and chronic pain that have devastating personal effects which ultimately compromise economic and social security (UNICEF, 2010).

2.3 Sources of information on sexual health and gender issues.

The UNICEF 2010, report and the ZSBS, 2009, state that although many young people get information about the sexual and reproductive health issues, they do not actively act on the various messages so as to adopt safer sexual practices. Whilst this is the reality on the ground, the process of behavior change in young people is relatively easier than that for adults. Young people easily adopt certain behavior patterns that are merely experimental and often temporal due to peer pressure. These patterns are usually forceful at this stage in that they can easily do away with them when all influencing factors are addressed adequately (Zulu, 2008).

In Zambia, one of the main preventive interventions that have been used to educate and familiarize people on sexual and reproductive health matters is the media. It has been identified as the major source of such information especially for many young people (ZDHS, 2007). Other notable Non Governmental Organizations, The National HIV and AIDS and TB Council and the Churches have also played a major role in disseminating this information. Sakuwaha (2006), and Zulu (2008), observed that whilst this is a commendable gesture, the information tends to be confusing especially to the young people.

Past research conducted in Zambia by Care International and SFH formerly PPAZ in 2004, reported that adolescent girls got their information on sexual health matters from their female relatives like grandmothers, aunts, sisters and mothers. Other sources were pornographic movies, television, radios, taverns, and even from friends. Friends and grandparents were seen as the most reliable sources of information for girls because they were not as strict as their parents (CARE, 2004). It was observed that the level of peer communication increased with age as the older adolescents (15-19) were likely to receive information about sexual matters from their friends.

For the young boys, their main sources of information on their sexuality were pornographic movies, magazines and elders. The boys reported that they got their information by observing what elders did at drinking places. Others said they peeped at couples who would be found having sex at night (CARE, 2004). In this study, both adolescent girls and boys seemed to have limited knowledge about gender related issues and how these affected their sexuality.

In another study conducted by Sakuwaha, (2006), both female and male respondents received information about sexual health matters from their friends. About 24 percent of the respondents received this information from Newspapers and 32 percent from the radio and another 23 percent received this information from other sources. The male respondents had better knowledge of sexual health matters than girls and were more likely to discuss such issues openly with their friends. A recent study by Zulu (2008), on the other hand observed that young people received inadequate information from unreliable sources. Young people also bemoaned lack of information about gender issues and attributed this to ignorance and hostile environment in which they got it from.

Literature has generally shown that women and girls especially are often poorly informed while men would be expected to know much more about sexual matters (UNAIDS, 2010). It has been reported that globally, more than 60 percent of young women do not have 'sufficient' knowledge about sexual matters (UNAIDS, 2010). It has also been shown that in areas where there is limited access to accurate information, adolescents tend to have many misconceptions among themselves that can ultimately lead to the creation of myths, often harmful to the girls (UNDP, 2004).

2.4 Gender and power relations

Gender can be seen as a basic social system of organizing the society, a system that is continuously constructed and reconstructed by both women and men at all levels of households, community and society (Schlyler, 2002). Gender defines the differences between men and women in terms of what they know, believe and also how they feel and behave. The way a person will respond in a given situation will largely be determined by the dictates of the social norms that ascribe to the reproductive roles of men and women (Sakuwaha, 2004). The gender perspectives prevailing in a particular environment or

context shape the way adolescents view sexuality. Therefore, gender perspectives play an important role in sexual behavior and risk taking attitudes (Raffaelli, 2003).

In most societies, there are widely shared ideas about characteristics, abilities and behaviour that are considered to be appropriate and characteristic for women and men, girls and boys and are transmitted by families, schools, religion, law, media, entertainment and other institutions (Panos, 2003). There are also many gender based stereotypes which carry many disadvantages too. Adolescents for instance learn that women are not responsible for contraception and cannot make or share any decisions with their sexual partners. In this area it is usually thought to be a man's responsibility (Pattman, 2008). Pattman argues that women are usually the ones that are vulnerable to STIs due to their biological make up, lack of decision making power, autonomy within their personal relationships and their lesser access to health care, social services and education (Pattman, 2008).

The United Nations Convention on the Elimination of all forms of Discrimination against Women (CEDAW) (1979) deals with impersonal relationships between men and women and is concerned with eliminating practices based on ideas of superiority and inferiority of one sex in relation to the other and sex based stereotypes. Part 1 article 2(a) urges all states parties to "*take appropriate measures, including legislation to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women"*. Article 5(a) also declares that state parties "*take appropriate measures to modify the social and cultural patterns of conduct of men and women with a view to achieve the elimination of prejudices and customary practices which are based on the idea of inferiority or superiority of either of the sexes on or on stereotyped roles for men and women*".

However, patriarchal systems, customs and traditions that discriminate against women continue to perpetuate inequalities world over (Commonwealth, 1999). At household level for example, men still assume the role of heads and breadwinners. Such attitudes are usually based on the patriarchal structures that limit women's voices and perpetuate the subordination of women. They also limit women and girls' voices to be adequately heard and in turn influence family decisions on resources and other social matters (Robinson, 2010). At community level we find that some gender role expectations affect women and

girl's social lives thereby creating challenges in making decisions concerning their health and reproductive health (Hamaus, 2011).

According to Hirdman (1991), gender systems bring about two principles, one being the separation between males and females and one of hierarchy that is, making the male as the norm and the female subordinate. In the Zambian context as was indicated by the findings of Milimo (1993), most public spheres were classified as male or female, while in the home there was no labour identified as male. Instead, there was the principle of hierarchy where the man was regarded as being the 'head of the household' and was generally held that the 'man was superior and woman inferior'. Hamaus (2003) observes that this type of social subordination of women in such risky cultural practices reinforced the vulnerability of women.

Whilst many researchers have used this gender system to help design and conduct various studies, it does not explain why young women and men reconstruct an unequal gender system (Robinson, 2010). Understanding the sexual behavior of males and females creates a better understanding of gender and sexuality as constructed by the complex interplay of social, cultural, and economic forces that shapes most adolescents regardless of their particular circumstances (Mutombo, 2004).

2.5 Gender role expectations

There are gender based family and societal role attitudes related to the risky sexual behaviours of adolescents. In the Zambian context, gender role expectations are relatively strong and begin quite early in life for Zambian children (Mpofu et al., 2006). According to Mpofu et al. (2006), the upbringing of most Zambian children entails a separation between the way boys and girls are socialized. Boys would often be socialized to assume masculine tasks at an early age that would culturally be considered physically demanding for boys rather than girls. This is in line with literature by Dover (1995), who observed that culturally, performing these tasks would harden the boys for manhood (Dover 1995; Ngulube, 1989).

Boys tended to learn how to perform the tasks of manhood from their older siblings, peers, fathers and other males in the extended family. Girls on the other hand would be socialized

to assume feminine tasks (Mpofu et al., 2006). They would often be expected not limited to wash clothes, bath babies, work in the kitchen, and clean the house. The girls would learn these roles through a form of apprenticeship with their mothers, older female siblings and female members of the extended family. By the time the Zambian children become teenagers, they are very well versed in their culturally prescribed roles (Ndubani 2002).

Young people are also usually confronted with marked gender disparities in the social norms that govern their sexual behavior (Bhugra et al, 2007). Young women for instance would be subjected to strict supervision and be prohibited from socializing with males outside the family (Sodhi et al, 2008). The young men on the other hand would be at liberty to explore sex before marriage. They would even use coercive behaviours for their sexual gratification so as to demonstrate their dominance in heterosexual relationships (Abraham, 2008). This gender imbalance has encouraged secrecy and inhibited any form of negotiations between the partners (Jaya, 2009).

According to Gupta (2000), men and women young and old, experience insurmountable obstacles inhibiting them from discussing sexual and reproductive health issues. It was observed that discussing sexual matters was still a factor especially for the young ones. Most of them feared to be either rejected by their partners especially if the relationship was still in its infancy (Gupta, 2000). Mutombo (2004), observes that young girls usually have to succumb to the dictates that come with innocence and passivity associated with virginity and makes them easy prey. They would even go to an extent where they practice anal sex so as to preserve their virginity, while putting themselves at increased risk of infection (Mutombo, 2004).

A study conducted by Forsch et al. (2002), found that some expectations that rested on common gender-based beliefs could be prejudicial or faulty, such as men having frequent sexual intercourse to prevent becoming sick, and that women should always seduce men into having sex (Forsch et al., 2002). These beliefs may be coupled with the view that the individual and family reputations are based on honour (Mumba, 2002). The male honor is traditionally related to being courageous, morally upright and hospitable while the female honour is traditionally dependant on premarital love and faithfulness in marriage. Such

ideas have led many people to restrict young women especially when they reach puberty while the young man is granted increased freedom (Panos, 2003).

Past research has found that, during adolescence, children learn gender specific roles within the extended family. For example, they learn about the culturally accepted relationships with spouses, and also their in-laws (Robinson, 2010). These young people would also be expected to master the gender appropriate ways of expressing desirable qualities and be socially responsible (Serpell, 1993; Panos, 2003). In Tanzania, for instance, research has shown that the social relations between girls and boys are influenced by the division of gender roles that are also influenced by the socialization, cultural and traditional practices. Some communities there still perpetuate culturally accepted relations which in turn affect women and girls' social life and create gender gaps in almost all spheres of life (Gondwe, 2000).

2.6 Negative gender attitudes and beliefs

Negative gender beliefs involve endorsement of social norms and scripts that afford men more power than women. Negative gender beliefs have been suggested to be relevant in understanding of sexual decision-making and risk taking in adolescence. According to the study undertaken by Shearer et al. (2005), when negative gender beliefs are accepted, there is pressure to embody stereotypical traditional gender roles. Men would take on the role of sexual adventurer while the women would drift towards leaving important sexual decisions up to their sexual partners (ibid).

Recently a number of studies have also supported the link between dimensions of negative gender beliefs and a variety of risky sexual behaviours. Shearer et al. (2005), for instance argues that gender based role attitudes was related to risky condom related beliefs within a sample of male college students. Other studies have found that males with traditional gender ideologies reported more sexual infidelity, casual sexual partners, unprotected sex and negative attitudes toward condoms (Santana et al., 2005, Murnen et al., 2002).

In Zambia there are a number of attitudes and beliefs that affect adolescents' sexual behaviour and condom use. It is believed that whilst girls are able to control their sexual behavior, boys cannot (Sakuwaha, 2006). In a study conducted by SFH, it was observed

that boys believed in exerting irresistible pressure on girls. Young girls on the other hand were found to be having sex with older men thereby being vulnerable and lacking negotiating power in sexual relations (CARE, 2004). These beliefs and practices have contributed to leaving young girls especially in situations where they are powerless in issues to do with sexual relationships (Mutombo, 2004).

2.7 Alcohol and drug abuse among adolescents

Drug and substance abuse has been known to impair ones judgment and often associated with other risk-taking behaviours (Luke, 2003). In Zambia literature has shown that the types of drugs and substances abused by young people both in-and out of school include marijuana (dagga), gasoline, glue, wax, fermented human waste, alcohol and tobacco (Zulu, 2008). According to Zulu, young people gave reasons for drug abuse to peer influence among adolescents, overcoming frustration, low self esteem, curiosity, ignorance, lack of information about effects, poor family background and family breakups (Zulu, 2008).

Some other earlier studies have on the other hand observed that excessive alcohol consumption is known to influence ones perception of risk and decision making regarding safer sex (Malungo, 2001). Many researchers dealing with adolescents' sexual behavior have argued that it appears that young people's knowledge and information have not been sufficient to deter them from engaging in risky sexual behaviours (UNICEF, 2008). Available literature has also shown that risky sexual behavior is more likely to occur when adolescents use alcohol and or drugs (Longfield et al., 2003).

The impulsive sexual behavior is sometimes exacerbated by alcohol and drug abuse (UNICEF, 2008). A study undertaken in the USA in 2004 for instance found that Alcohol abuse was associated with cognitive impairments which increased the risk of unprotected sex (Buzy et al., 2004). In this study, about 25 percent of sexually active adolescents used alcohol and drugs at their most recent sexual intercourse. Among the girls, high levels of alcohol consumption had been linked to unwanted intercourse (Buzy et al., 2004).

In the last Zambia Demographic and Health Survey (ZDHS) (2007), it was observed that sexual intercourse was common when one or both partners were under the influence of

alcohol. The Zambia Sexual Behavior Survey (ZSBS, 2009) also showed a similarity in the sexual behavior among adolescents in that they were engaging in inconsistent condom use or incorrectly using them. This risky behavior often times exposed these young people to STIs including HIV and AIDS. The surveys revealed that the male respondents (10 percent) or their partners especially in urban areas had taken alcohol during the most recent sexual encounter than their counterparts in rural areas at 8 percent (ZSBS, 2009).

Another study undertaken by the National HIV and AIDS and TB Council in Lusaka found that about 24.7 percent students reporting they used alcohol or drugs at last sexual encounter (NAC, 2010). This abuse of drugs and alcohol was associated with an increase in unsafe sexual behavior and its consequences of sexually transmitted infections STIs and unintended pregnancies. The National Strategic Framework (NASF) 2010 report reaffirms that sexual activity is more likely to be planned and couples are therefore less likely to use condoms. Eight (8) percent of the young women and 5 percent of the men reported that they or their partner were drunk when they had intercourse at some point during the 12 months preceding the survey (NAC, 2010).

Research has now begun to suggest a relationship between sexual risk taking and alcohol and substance abuse (Shearer et al., 2005). A study by Long (2010), found that alcohol and substance abuse, was related to having multiple sexual partners among males and females. Drug abuse and alcohol consumption greatly increased the risk of engaging in unsafe sexual practices including early sexual debut and sex without protection (Luster and Small, 1994, Tapert et al., (2001), Lowry et al., 1994).

Alcohol and drug abuse among young people in Zambia has created serious concerns especially that there is still no policy to enforce the monitoring of alcohol purchase and consumption (NAC, 2009). According to NAC, there is still laxity in enforcing the existing laws and other legal statutes regulating operations of the alcohol industry regarding age, opening and closing hours and of public drinking venues. The poor collaboration among the enforcement agencies thereby aggravates the situation (NAC, 2009).

2.8 Main factors arising from the literature review

From the reviewed literature, one cannot dispute that high levels of negative gender ideologies and attitudes, oppression, ignorance and discrimination are some of the barriers bringing about inequalities in the sexual behavior among adolescents in Zambia and many other societies' world over. It can also not be disputed that young people are ignorant of important gender issues and how these affect their sexuality. The findings in the literature reviewed this far seem to bring out a lot of similarities in the studies that have been conducted world over. These findings are relevant to the present study in that they present similarities on the vulnerabilities and discrimination that women and girls face.

The findings from the reviewed literature in this study indicate that women and girls are able to pursue satisfying, safe and pleasurable sexual lives that are grounded in and contribute to gender equality and the empowerment of women and girls. What mostly inhibit them are the cultural attitudes, values and gender role expectations. These attitudes in turn weaken their ability to realize their full worth in life. However, despite this state of affairs, it has also been shown that with the necessary support from all stakeholders, gender equality and empowerment of women and girls can be attained in this area. Secondly, fundamental social and cultural changes will make it possible for true advancement to attaining equality for all. This study is therefore tasked to attempt accessing the level of unprotected sexual activities among out of school adolescents and identifying the major gender related ideologies fueling inequalities in their sexual behavior.

2.9 Conceptual and theoretical framework

This study has been influenced by the declarations made to the sixth session of the Convention on the Elimination of Discrimination against Women (CEDAW) (1979) which relates to the prejudices and practices that hinder the full operation of the principle of the social equality of women and girls. In its chase to eliminate discrimination against women, CEDAW envisions protecting the rights of the world's women and girls. Zambia signed CEDAW in 1980 and ratified it on 21st June, 1985. By signing this convention, Zambia

admits that women and girls face discrimination or have their rights violated in their daily lives.

Patriarchal systems, customs and traditions that discriminate against women have continued to perpetuate inequalities world over. The patriarchal structures and risky cultural practices limit women and girl's voices and in turn reinforce their vulnerability (Hirdman, 1991). The unequal gender systems where the male honour is traditionally related to being courageous, morally upright and hospitable and the female honour being traditionally dependant on premarital love and faithfulness in marriage has led many people to restrict young women especially when they reach puberty while the young man is granted increased freedom (Panos, 2003).

Oakley and Mitchel (1994), argue that the physical makeup of human bodies determines the way men and women behave and have been used to emphasize men's and women's roles. However, to achieve equality for women, true advancement towards equality requires fundamental social and cultural change. Eliminating these cultural patterns that reinforce the idea of inferiority of women and girls, and other prejudices that hinder the full operation of the principle of social equality of women and girls will create an environment where they will be able to pursue satisfying, safe and pleasurable sexual lives grounded in and contribute to gender equality and the empowerment of women and girls (Oakley and Mitchel, 1994).

The study has also been guided by the developmental theories that are common theories on adolescents' sexual behavior. Theorists propose that several developmental transitions affect the onset of sexual activity and subsequent risk behavior (Behav, 2004). They also try to address future consequences of risky sex and maintain that this process occurs in a sequence of steps or stages over time. These include; biological, psychological and social influences (Pedlow and Carey, 2004).

Biological influences look at the timing of physical development especially in girls that is linked with risk behavior; that is, females who mature early, initiate sex at a younger age characteristics of which put them at greater risk of contracting STIs (Statti and Magnusson, 1990). Psychologically, adolescents' are influenced by the changes in cognitive and

emotional domains, a time they also develop interpersonal skills. Developmental theorists argue that the ability for adolescents to reason and work out the multiple behavior alternatives is fundamental to make decisions about sexual relationships (Halpern et al., 2000).

The majority of the adolescents are excessively optimistic and strongly believe that risks do not apply to them thus, some perceive themselves to be invulnerable to the potential negative consequences that might result from their actions and their discernment of risk is often narrow-minded (Chapin, 2000). Cognitive immaturity in adolescents may limit them to apply their knowledge to their own behavior and execute their skills necessary for safer sex (Behav, 2004). This study therefore attempts to find out whether this immaturity has to do with these developmental transitions during adolescence. This is mainly because the psychological development affecting sexual risk taking in adolescents is an important element in coping with intense emotions, such as those resulting from physical maturation and newly formed attachment with peers and dating partners (Smith and Gibbons, 1997).

Socially, peers have been found to influence adolescents' attitudes, values and sexual risk behavior. In an environment where peers engage in risk behaviors, there is an association with initiation of sexual interaction and other risk behaviours such as alcohol and substance use (Guttmacher et al., 1997). It is argued for instance that adolescents will often use condoms less frequently when they perceive that their friends do not use condoms and conversely are more likely to use condoms when they believe that their friends are using them (Romer et al., 1994).

In an environment where women and girls are continuously being disadvantaged, their subordination and inability to participate in and benefit from development processes become the key problem. To change the unequal gender relations, women, girls and other disadvantaged people who may include many men need to be empowered (FEMNET, 1994) and substantive equality between women and men the enjoyment of their human rights can be assured.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This study was about the gender perspective of the risky sexual behavior among out of school adolescents in selected communities in Lusaka District. The focus was to establish the level of unprotected sex among them; identify major sources of information on sexual health matters and gender issues among out of school adolescents; assess the gender related attitudes and beliefs in the risky sexual behavior among out of school adolescents; This chapter outlines the methods used, data collection tools and the techniques used to collect, analyze and present qualitative and quantitative data. They are discussed as follows; study design, study sites, study population, sample size, sampling technique, data collection methods and tools, data analysis, pre-testing methodology. Finally, the chapter presents the challenges encountered by the researcher during data collection and the ethical considerations applied.

3.1 Study design

This study was a cross-sectional descriptive survey of out of school adolescents using both quantitative and qualitative methods for data collection. The design was primarily qualitative and secondarily quantitative in that it aimed at getting an in-depth understanding of the phenomenon from the point of view of those being researched (Coldwell and Herbst, 2004). It was adopted because it provides a well organized and speedy way of identifying the dominant sexual behaviour among the out of school adolescents (Mutombo, 2006). Bless and Smith (2004), argued that a cross sectional design offered a snapshot of the population at a particular point in time. Therefore, it was used to gain immediate knowledge from two densely inhabited communities during the same time. These areas were Jack and Hellen Kaunda compounds. The study was descriptive in nature in that it sought to identify and explain the level of unprotected sex and gender related concerns among out of school adolescents.

3.2 Study Site

The study was conducted in two densely inhabited communities in Lusaka district namely, Jack and Hellen Kaunda compounds. These sites are all situated in Lusaka urban and were easily accessible without any difficulties of distance. The sites were chosen purposively as they had adequate numbers of the targeted participants to the study. The researcher, therefore concentrated on the adolescents found in the communities and out of school aged 15 to 19 years (n=15, age=15-19 years). To arrive at Lusaka district as the study area, convenient sampling method was used. The main reasons for settling for Lusaka urban were the enabling environment for the researcher to attain the objectives of the study and harmonize the factors of time and financial challenges in getting to the respondents. Lusaka is also the largest urban city housing the largest urban slums in Zambia and has the highest average population growth rate of 4.7% and most densely populated province in Zambia at 100.4 persons per square kilometer in 2010 (CSO, 2011).

3.3 Study Population

The total population of both male and female out of school adolescents from the two communities namely Jack and Hellen Kaunda was 1,250 of whom 786 were male and 464 were female. The inclusion criteria was that they needed to be aged 15-19 years and not attending school or any vocational training of any kind at the time of the study.

3.4 Sample size

A total number of 250 male and female out of school adolescents that is, 20 percent of the total population were selected from the two sites. These comprised of 136 males and 114 females residing in the selected communities. They were broken down as follows:

a) Two hundred and twenty two (222) respondents, of whom 100 were female and 122 male out of school adolescents, were from the two sites. 110 of the respondents were from Jack community and another 110 were from Hellen Kaunda community. All these were administered with a questionnaire.

b) There were also four focus group discussions with a total of 24 participants taking part. Two of these were for female out of school adolescents while the other two were for males only, each group was comprised of six participants. All these participants were out of school and aged 15-19 years.

c) Four (4) participants were sampled and involved in the in-depth interviews on matters regarding sexual behavior patterns of out of school adolescents and gender related issues. This group comprised of two female out of school adolescents and two male out of school adolescents. This exercise was undertaken so as to have an in-depth understanding of matters to do with adolescent sexual behavior and gender related issues from the point of view of the respondents under study.

3.5 Sampling technique

The sampling technique provided the basis upon which the sample for the study was selected. This can be achieved by either using probability or non-probability sampling techniques (Zikund, 2003). This study used multistage sampling technique where households and communities were randomly sampled then respondents, informants and participants in the FGDs were purposively and conveniently sampled from randomly selected households. In this study, only out of school adolescents relevant to the research objectives were targeted as respondents and purposive and convenient sampling techniques were used to select the required number of respondents.

Purposive sampling was used to select key informants as participants for the in-depth interviews regarding sources of information on sexual health and gender related issues among out of school adolescents. The same technique was used to also select participants to the four focus group discussions regarding gender related attitudes and beliefs in sexual behavior of out of school adolescents.

Both convenient and purposive sampling were used for the respondents to the interviewer administered questionnaires which supplemented the data on gender related attitudes and beliefs in sexual behavior among out of school adolescents and also the sources of information on sexual health and gender related issues. Snowball sampling was also used because it was difficult to trace the respondents identified in the households. They were

mostly found in market places and near bars. The sampling frame that was to be used in probability sampling was not adequate because most of the out of school adolescents in the sampling frame were not physically present on the ground and had to be followed to where they could be found. It therefore became prudent for the researcher to use convenient sampling when administering the questionnaires to the out of school adolescents that where present on the days of data collection and qualified to be included in any of the categories to the study.

3.6 Data Collection

Data collection was carried out over a period of one month starting from second week of January, 2012 to the first week of February, 2012. Out of school boys and girls were usually found in market places and around bar corners. The facilitators visited these places until they were able to identify and convince them to participate in the study. Only out of school adolescents that were available on the days of data collection took part in the study. The researcher conducted interviews with respondents in groups and with individuals at the convenience of the respondents. Four focus group discussions with the respondents were carried out in the two (2) communities to validate data from the interviews. Two adolescents aged in the same cohort were recruited as research assistants and were trained for three days on data collection.

A questionnaire, four focus group discussions and four in-depth interviews were used to collect data. Focus group discussions and in depth interviews were used to collect qualitative data while questionnaires were used to collect quantitative data. A qualitative approach in research helps one understand the extent and scope of the specific problem prevailing and suggest possible interventions to deal with the problem (Patton 1990). The researcher used both qualitative and quantitative methods complementary to avoid any limitations and biases that come with using just one method (Cresswell, 2003). It also made it possible to access the level of unprotected sex among out of school adolescents and to also gain an insight into the gender related attitudes and views of out of school adolescents in their sexual behavior.

3.7 Data collection tools

In this study, multiple research instruments were used in data collection (Triangulation) so as to complement each other. This was done so as to avoid creating limitations and biases that come about by using one method (Creswell, 2003). The researcher collected data primarily using three data collection tools namely, interviewer administered questionnaires were questions were structured to obtain a cross sectional perspective of the problem at hand (Mahanjan, 2004), (appendix iii), focus group discussion guide (FGD) (appendix iv), in depth interview guide (appendix v).

3.7.1 Questionnaire

This data collection tool was used to collect quantitative data. In this study a structured questionnaire was used to obtain a cross section perspective of the problem at hand. The researcher used a questionnaire with questions used in similar programs that have been undertaken in Zambia and other countries. According to Bless (2003), a questionnaire stands out as a versatile tool for both qualitative and qualitative data and facilitates data collection from a large number of respondents within a short period of time. The structured questionnaire helped the researcher to get the views and expressions relating to the personal and sensitive information regarding the respondents' sexual and social behavior.

The researcher structured the questions in the questionnaire specific to the situation. In answering the questionnaires, out of school adolescents had to be helped to answer the questions. In the questionnaires, no personal identification marks were put and confidentiality was assured. The research assistants had to explain the questionnaire questions in English and vernacular though it was filled out in English.

3.7.2 Focus Group discussions

Other than the structured questionnaires the study also used data that were collected from four focus group discussions. A focus group discussion guide was designed to guide the questions during the discussions (Mahanjan, 2004; Morgan, 2007). This was pretested, revised and where necessary changes were made to the final guide. This particular tool was

used to clarify issues from the structured questionnaires. Participates were able to provide detailed information on sources of information on sexual health and gender related issues and also on the attitudes and beliefs of out of school adolescents on their sexual behavior.

The participants to these FGDs were selected from Out of School adolescents that did not answer the questionnaires. There were a total of 24 participants in the four focus group discussions. Each of the focus groups had a total of six participants who were aged between fifteen and nineteen years. The groups were divided according to sex (boys and girls). The female only focus group discussion was held on 17th January, 2012 from 11:00 hours to 12:00 hours while the male only focus group discussion was held on 20th January, 2012 from 12:00 hours to 13 hours. The division of participants according to age, sex and residence was conducted in accordance with the literature on how to implement focus group research (Nevo, 2006).

The discussions were held in a language that was agreed upon by the participants and each focus group discussion lasted for about an hour. The researcher moderated the discussions while a research assistant took notes. A tape recorder was used during the discussions and at the end of the sessions information on the recorder was transcribed. Despite the discussions being recorded, confidentiality was assured and the purpose of the discussion was explained to the respondents.

3.7.3 In-depth interviews

According to White (2003), in-depth interviews provide a platform where the researcher is able to have a one to one interview with a respondent and observe non-verbal behavior and legitimacy of the respondent being interviewed. For this particular tool, the researcher used an in-depth interview guide to interview four out of school adolescents so as to get in-depth information on the sexual health and gender related issues in the sexual behavior among out of school adolescents. Confidentiality on the information that was provided was assured and consent was sought from the respondents before commencing the interviews.

3.8 Data Analysis

In Quantitative research, open ended questions were coded before data could be entered.

The collected data were then entered into a Statistical programme (SSPS) for conducting appropriate descriptive bivariate (old ratios) and multivariate (multiple logistic regression) analyses. This software helped formulate frequencies and cross tabulations. Microsoft excel was also used to draw the tables and present the data collected in summary form for easy analysis.

In the Qualitative research, focus-group discussions and in-depth interviews were considered. Data were analyzed separately for each of the four focus group discussions and was done in two stages. In the initial stage, the research team went through the recorded notes to find out the common themes and patterns to responses that repeated themselves among the participants. This allowed for the identification of a pattern and generation of a hypothesis. The themes were only selected if they were repeated by at least three participants in the group. In the second stage of data analysis, data were again compared to each other and all similarities among the respondents were described and organized into categories (Kombo, 2006).

3.9 Pre-testing of research tools

Pre-testing of the research tools was done before commencement of the study. This exercise was carried out so as to test the data collection tools and to ensure that the questions were clear, concise and consistent. The appropriate changes were made where necessary and only those questions that were relevant to the research objectives were taken on. The researcher decided to conduct the pre-test in the first week of January 2012 a week before the main data collection exercise could commence. This was done in one community in Kalingalinga Compound of Lusaka District. Twenty purposively selected out of school adolescents (ten females and ten males) participated in the exercise. This community was not at all involved in the main study.

3.10 Challenges encountered during the study

Firstly, since the study was focusing on adolescents' risky sexual behavior and gender related issues, not so many people were keen to discuss these matters and therefore some responses could have been restricted. There was low female participation that were not so

keen to take part in the study and as such the researcher had to apply both convenient and purposive sampling so as to capture a substantial number of out of school adolescents to participate in the study.

The other challenges were that the research assistants received resentment from some community members on the ground and caused some delays in the process of data collection. Then, there was an issue of funding, funding was not only a challenge but came from unreliable sources thereby resulting in constant delays.

Out of school adolescents were hard to reach as they were busy trying to make ends meet. The out of school adolescents are rarely found in one place but always on the move trying to find something to do that might earn them some bit of money mostly for beer and other high risk behaviours. Nonetheless, the researcher was able to overcome this by using both purposive and convenient sampling so as to have a representative sample that was adequate for the study.

3.11 Ethical considerations

The researcher sought approval to conduct the study from the Directorate of Post Graduate Studies (appendix i) and a letter of introduction was obtained from the Department of Gender Studies. Full information and rights were availed to all study participants on the purpose and nature of the research before asking their consent. Participants were adequately informed about their right not to participate in the study if they did not want to. Confidentiality of the information obtained was also strictly observed.

To achieve this, no personal identification marks were included on the questionnaire, focus group discussion guide and the in depth interview guide and confidentiality was assured. Respondents who failed to fill in the questionnaires were also assisted. The data that was obtained from the respondents was kept confidential while the findings from the study were communicated to them.

CHAPTER FOUR

PRESENTATION OF FINDINGS AND DISCUSSIONS

4.0 Introduction

The family has been known to play an important role in shaping the lives of adolescents. It is no doubt that the socialization process starts from here and that young people tend to adopt certain gender ideologies and attitudes that they use in later years. This chapter presents the findings and discussions of the study on the gender perspective of the risky sexual behavior among out of school adolescents in Lusaka District. Particular reference is made to gender, age, religious denomination, ever attended school and other background information in order to describe more precisely the adolescents that took part in the survey. The presentation will be as follows: (i) personal characteristics of the respondents (ii) sexual history and behavior patterns; (iii) major sources of information of sexual health and gender related matters; (iv) gender related attitudes and beliefs in risky sexual behavior among out of school adolescents. The findings are presented in the form of figures, tables and comments.

4.1 PERSONAL CHARACTERISTICS OF RESPONDENTS

4.1.1 Sex of respondents

In this particular section both males and females were asked to provide their personal information so as to have a gender balanced perspective of the respondents. This was achieved for the focus group discussions and In-depth interviews and the questionnaires. In the first analysis, the number of respondents and data collection tools is presented by sex. The results are shown in table 1.

Table 1: Distribution of number of respondents and data collection tools by sex.

Data Collection Tools	Male		Female		Total	
	n	%	n	%	n	%
Questionnaire	122	48.0	100	40.0	222	88.0
Focus group Discussion	12	5.0	12	5.0	24	10.8
In-depth Interview	2	1.0	2	1.0	4	2.0
Total	136	54.0	114	46.0	250	100.0

Source: Field data (2012).

4.1.2 Age of respondents

The respondents were then asked to state their age in years as last birthday during the survey. These results are shown in table 2 below.

Table 2: Percentage distribution of age of respondents by sex.

Age of respondents	Male		Female		Total	
	n	%	n	%	n	%
15-16 years	59	43.4	51	44.8	110	44.1
17-18 years	47	34.6	26	22.8	73	28.7
19 years	30	22.0	37	32.4	67	27.2
Total	136	100	114	100	250	100.0

Source: Field data (2012).

In this survey, there were 250 respondents. A total of 136 males took part in the survey representing 54 percent, while 114 females took part, representing 46 percent. From the analysis, it is evident that there were more boys than girls in the communities under study largely because most girls shunned taking part in the survey. On age of the respondents, the majority of the respondents (110) 44.1 percent were aged between 15 and 16 years while (73) 28.7 percent were aged between 17 and 18. About (67) 27.2 percent of the respondents were aged 19 years. Only (30) 22 percent male respondents were in the maximum age group of 19 years. Female respondents outnumbered the male respondents by having (37) 32.4 percent in this age group. In the other age groups, male respondents outnumbered the females.

According to the developmental theory, biological influences responsible for the timing of physical development are linked with risk behavior (Statti and Magnusson, 1990; Halpern et al., 2000). This finding therefore, fits in well in that timing of physical development especially for the girls will put them at risk of engaging in risky behaviors especially if they mature early. They may initiate sex at a younger age thereby, putting themselves at greater risk of contracting STIs including HIV and AIDS and unintended pregnancies, with its many complications relating to early pregnancies.

4.1.3 Religious Denomination

Having established the age of the respondents by sex, respondents were then asked to give their religious denomination to which they belonged. The reason for including this variable was to find out if religion influenced young people's beliefs in sexual matters. The results are shown in table 3.

Table 3: Distribution of respondents' religious denomination by sex.

Religious denomination	Male		Female		Total	
	n	%	n	%	n	%
Catholic	24	19.7	28	28.0	52	22.7
Angilican	30	24.5	12	12.0	42	19.1
SDA	22	18.0	24	24.0	46	20.9
Pentecostal	13	10.6	17	17.0	30	13.6
Methodist	13	10.6	8	8.0	21	9.6
Muslim	4	3.2	2	2.0	6	2.7
None	16	13.1	9	9.0	25	11.3
Total	122	100	100	100	222	100.0

Source: Field data (2012).

The results showed that males (30) 24.5 percent belonged to the Anglican Church followed by Catholic Church at (24) 19.7 percent. Twenty two (22)18 percent belonged to SDA while Pentecostal and Methodist churches both had (13)10.6 percent each. Only (4) 3.2 percent of the male respondents reported to be Muslim while (16) 13.1 percent did not belong to any denomination. On the other hand, most female respondents (28) 28 percent reported that they belonged to Catholic Church followed by SDA with (21) 24 percent. Seventeen (17) 17 percent of the female respondents belonged to Pentecostal Church followed by Anglican and Methodist churches with (12) 12 and (8) 8 percent respectively. Only (2) 2 percent of the female respondents were Muslim while (9) 9 percent did not belong to any denomination.

The statistics may indicate that as young people grow older, they are less likely to be influenced by religious beliefs. From the focus group discussions, participants argued that they shunned church services because they were finding it extremely difficult to abstain from sex. One of the male respondents said:

> '*Our pastors and church leaders tell us that sex or using condoms outside marriage is a sin and they urge us to abstain from sex but, it is very difficult especially if one*

has had sex before. Probably those 'Kabudos' (those who are still virgins) in these things can manage, not for some of us who have tasted the fruit' (17 year old male respondent).

This scenario indicates that religion may not influence adolescents' beliefs in sexual matters especially as they grow older (15 years and above).

4.1.4 Level of Education of Respondents

Respondents were then asked to state their respective education level. The results are shown in table 4 below.

Table 4: Percentage distribution of level of education respondents attained by sex.

Education Level	Male		Female		Total	
	n	%	n	%	n	%
Junior primary	45	36.9	33	33.0	78	35.1
Senior primary	62	50.9	56	56.0	118	53.1
Junior secondary	15	12.2	11	11.0	26	11.8
Senior secondary	0	0	0	0	0	0
Total	122	100	100	100	222	100.0

Source: Field data (2012).

Results showed that for female respondents, (33) 33 percent had attained junior primary education; Fifty six (56) 56 percent had attained senior primary education. Only a meager (11) 11 percent female respondents had junior secondary education. For male respondents, (45) 36.9 percent had attained junior primary education, while (62) 50.9 percent had attained senior primary education. Only about (15) 12.2 percent had junior secondary education. It was revealed that, there were generally more males with higher levels of education as compared to females at all levels of education. The findings also revealed that those with a humble background were not as gender sensitive to issues governing their sexuality as compared to those that had at least junior secondary level of education. This is in line with what was reiterated by Mutombo (2004), that people's attitudes and to a large extent their

behaviours are undoubtedly influenced by among other things, their level of education. Lastly, from the statistics obtained, none of the respondents in the study had more than senior secondary level of education.

4.1.5 Respondents' keepers

Several studies that have been undertaken have identified several factors that may cause adolescents to engage in risky sexual behaviours. The dominant ones may include among other things, coming from a family with low socio-economic status, not living with parents or living with only one parent. Other than that, parent's low education levels may contribute. The researcher in this survey also ascertained that adolescents coming from socially and economically disadvantaged homes started sexual activity early in life. Respondents in this survey were asked to state their custodian that is, who was responsible for their upkeep. The results are shown in table 5 below.

Table 5: Percentage Distribution of respondents' keepers by sex.

Respondents' keepers	Male		Female		Total	
	n	%	n	%	n	%
Parents	10	8.1	12	12.0	22	10.0
Father only	15	12.2	11	11.0	26	11.7
Mother only	22	18.0	14	14.0	36	16.2
Guardians	24	19.7	19	19.0	43	19.3
Grandparents	28	23.0	26	26.0	54	24.3
Brother/Sister	23	19.0	18	18.0	41	18.5
Total	122	100	100	100	222	100.0

Source: Field data (2012).

According to table 5 above, a large majority of the respondents who took part in the study, that is: (28) 23 percent males and (26) 26 percent females reported that they lived with their grandparents. This was followed by those that reported to be staying with their guardians like uncles and aunties (24) 19.7 percent males and (19) 19 percent females respectively.

Twenty three (23) 19 percent of the male respondents and (18) 18 percent females were being looked after by either their brother or sister. Twenty two (22) 18.0 percent males and (14) 14 percent females reported that they were looked after by their mother only, while (15) 12.2 percent males and (11) 11 percent female respondents accounted for those that were looked after by their father only. A mere (10) 8.1 percent males and (12) 12 percent females reported that they lived with both parents.

During the focus group discussions the respondents were asked whether their living arrangements had any effects on their attitudes and sexual behavior, and many of them were of the view that they were not getting the much needed attention and support from whosoever was staying with them. One of the male participants aged 17 years from Jack Compound had the following to say:

> *'some of our parents/guardians have no time for us, such that they do not have an idea of what goes on in our lives. As a result of this many young people especially 'bakazi'* (the females) *go out to look for the attention and support they need elsewhere'*

A young female respondent aged 18 years said:

> *'When I lost my mother, my father decided to marry another woman who started staying with us. My father and step mother didn't care about me so much and as such I resorted to finding male and female friends who could give me the love and attention I was being denied.*

Another female respondent aged 16 years old said:

> '*A friend of mine lost both her parents and had to stop going to school. She resorted to doing prostitution as a means of survival, since she did not get enough attention and support from the relatives'*

In cases where both parents had died, respondents would resort to vices that would put them at high risk of STIs including HIV and AIDS and unintended pregnancies. It was observed

that both male and female respondents seemed to agree that adolescent girls turned to prostitution as a way of earning a living while boys on the other hand turned to criminal activities in order to survive.

4.2 SEXUAL HISTORY AND BEHAVIOUR PATTERNS

This section sought to gather information from respondents on their sexual history and sexual behavior patterns, to see if this had a bearing on the high levels of unprotected sex among out of school adolescents. Respondents in this section were asked a series of questions to assess the various sexual behaviours. Reasons advanced for studying these issues where to determine how their sexual behavior may put them at an increased risk of contracting STIs including HIV and AIDS and unintended pregnancies. This section also greatly benefited from the interviews held with community leaders and members of the communities. Additional information was collected from the Zambia Sexual and Behavior Survey (ZSBS) (2009); Zambia Demographic and Health survey (ZDHS) (2007); reports, journals and articles.

4.2.1 Initiation of first sexual Intercourse

In the first place the respondents were asked if they had ever had sexual intercourse. [For the purpose of this study, sexual intercourse is defined as Vaginal or Anal sex]. The results are shown in table 6 below.

Table 6: Percentage distribution of respondents ever having sexual intercourse by sex

Ever had sexual intercourse	Male		Female		Total	
	n	%	n	%	n	%
Yes	96	78.7	82	82.0	178	80.1
No	26	21.3	18	18.0	44	19.9
Total	122	100.0	100	100.0	222	100.0

Source: Field data (2012).

According to table 6 above, (96) 78.7 percent male respondents and (82) 82 percent female respondents reported that they ever had sexual intercourse. This represented (178) 80.1 percent of the respondents who took part in this exercise. Only (26) 21.3 percent of the male respondents and (18) 18 percent of the female respondents reported that they did not have

sexual intercourse. This represented (44) 19.9 percent of the respondents. It has been suggested that young people should learn about their sexual and reproductive health issues early in life because this knowledge is the stepping stone to them developing positive attitudes and maintaining healthy behaviours (Mpofu, 2006). However, most young people engage in risky sexual behaviors when they are not even mature enough to make responsible sexual decisions.

During the focus group discussion, the researcher observed that the female participants seemed to display an element of fear and that of ignorance, claiming that they were often victims of male supremacy because there were men who were always going after them even though they would want to preserve their virginities until marriage.

One female participant had the following to say:

> '*it is really hard for young girls like ourselves to preserve our virginities because there are always these men who are looking for small girls like us. Men by nature are never satisfied with just one woman, but always go out for young and beautiful girls. It is like men have more sexual feelings than women, probably that's how God created them'* (17 year old female respondent).

In response to this, one male participant felt that no one could change what God had made, and that once a man was matured, it was time for him to 'hunt' (to explore and experience with sex before marriage). Such responses were a clear indication of some misconceptions among young people, causing them to engage in risky sexual practices and putting themselves at risk of infection.

4.2.2 Age at first sexual intercourse

There is definitely no doubt that the age at which one becomes sexually active is cardinal in determining one's exposure to STIs including HIV and AIDS and unplanned pregnancies. It is also well known that many young people are likely to have a number of partners before the finally settle down later in life. At their ages, many adolescents are not fully mature to make responsible sexual decisions. In this regard adolescents would as much as possible be

encouraged to delay their sexual debut. In this section, respondents were asked to state the age when they first had sexual intercourse and the findings are shown in table 7.

Table 7: Distribution of age of respondents at first sexual intercourse by sex

Age at first sexual intercourse	Male		Female		Total	
	n	%	n	%	n	%
Below 10 years	15	12.2	18	18.0	33	14.9
Between 10 – 15 years	49	40.1	53	53.0	102	46.0
Above 15 years	58	47.7	29	29.0	87	39.1
Total	122	100.0	100	100.0	222	100.0

Source: Field data (2012).

Of the respondents under study, only (15)12.2 percent of the males had sex when they were below 10 years compared to their female counterparts at (18) 18 percent. About (49) 40.1 percent males reported that they had their first sexual experience when they were between 10 -15 years old while (53) 53 percent of the females reported that they had sex in the same category. However, those reporting to have had their first sexual intercourse above 15 years were (58) 47.1 percent males and (29) 29 percent females. These results clearly indicate that a relatively large proportion of these males and female adolescents are already sexually active and vulnerable to multiple threats.

From the statistics shown in table 7, we can presume that the females become sexually active much earlier than their male counterparts. Girls were more likely to be in relationships with members of the opposite sex in their adolescent stages than boys. In this survey, the most sexually active age range for females was 10 and 15 years while the males were sexually active between 15 and 19 years old. These findings clearly show that there may be greater sexual freedom that exists among out of school adolescents (UNICEF report, (2010) and the ZSBS, 2009).

The researcher observed that the gender role expectations placed on young people has seen them, especially young girls succumb to the dictates that come with innocence and passivity associated with virginity and makes them easy prey. During the focus group discussion, one female respondent said:

> *'my guardians are always urging me to keep myself safe and not to hang around with the guys in the community, but most of us girls have so many needs and as a result we do not tell them about our secret affairs. I had my first boyfriend at 13 years, because most of my friends had. Whilst our elders tell us to keep safe, we also can't avoid the advances from these guys who promise us good things. If you do not have a boyfriend in this community, you will be laughed at'* (15 year old female).

A male respondent reported that:

> '*when a guy does not have a girlfriend, there is so much pressure from friends. Others even start thinking that there is something wrong with you. So you have no choice but to find yourself a woman, to prove them wrong'* (18 year old male).

These revelations are in conformity with what Mutombo (2004) stated that some traditional gender role expectations imposed on young girls caused some of them to even practice anal sex so as to preserve their virginity, while putting themselves at increased risk of infection.

This scenario goes to indicate that once a young person starts having sex, they might find it extremely hard to change their behavior regardless of what they hear or see around them. We certainly can't rule out the fact that the process of behavior change is comparatively easier for younger people than that of adults because common behavior patterns adopted by young people are usually experimental, and often a result of peer pressure (Raffaelli, 2003). Young people at this age are able to thrush aside these risky activities especially if all influencing factors are adequately addressed.

4.2.3 Number of partners respondents had sexual intercourse with

Having had established their age at first sex, the respondents were asked to state the number

of partners they had intercourse with in the past 3 months prior to the study. The results are shown in table 8.

Table 8: Distribution of number of sexual partners' respondents had in the past three months by sex.

Number of sexual partners	Male		Female		Total	
	n	%	n	%	n	%
1 only	18	14.8	24	24.0	42	19.0
Between 2 – 5	82	67.2	62	62.0	144	64.9
Above 5	7	5.8	2	2.0	9	4.0
Don't remember	15	12.2	12	12.0	27	12.1
Total	122	100.0	100	100.0	222	100.0

Source: Field data (2012).

From the above statistics, (18) 14.8 percent males respondents and (24) 24 percent females reported having had only one sexual partner in the past three months. The largest number of sexual partners reported by respondents came from the range between 2 to 5 partners constituting (82) 67.2 percent males and (62) 62 percent females respectively. Those reporting to have had above 5 partners in the past three months were (7) 5.8 percent males and (2) 2 percent female respondents. About (15) 12.2 percent male respondents and (12) percent female respondents reported not to remember the number of sexual partners they had had in the past three months. From these statistics it is clear that males had more sexual partners than their female counterparts.

The researcher also observed that males who had traditional gender ideologies where bound to have multiple sexual partners and put themselves and their partners at risk of STIs including HIV and AIDS. During the focus group discussions and in depth interviews, both female and male respondents reported that there were many gender related ideologies that affected adolescent sexual behavior. For example, during the focus group discussions one of the male respondents said that:

'Most girls unlike boys were able to control their sexual behavior, boys often found it difficult to stay without sexual intercourse even for just a day. Even when your girlfriend finds you with another girl, they understand that that's how God created us' (17 year old male).

In response to this, one female respondent said that:

'most of us girls are usually powerless in issues to do with sexual relationships, most of the times we fear to be labeled prostitutes or even losing our boyfriend if we brought up sexual related issues' (18 year old female).

Another female respondent stated that:

'when my father died sometime back, my mother remarried and we started staying with my stepfather, my mother could not give us the attention we needed as she was so busy with other issues. I started seeing a guy, just for companionship but my boyfriend at a certain time wanted us to become more than friends and we started having sexual relations to this very day' (15 year old girl).

4.2.4 Type of sexual Partner

After establishing the number of sexual partners the respondents had in the past 3 months, the researcher then was keen to establish the type of sexual partners respondents had had in the past 3 months. The results are shown in table 9.

Table 9: Percentage distribution of the type of sexual partners respondents had sex with in the past 3 months.

Type of sexual partners	Male		Female		Total	
	n	%	n	%	n	%
Cohabiting	27	22.1	36	36.0	63	28.3
Non-cohabiting	95	77.9	64	64.0	159	71.7
Other	0	0	0	0	0	0
Total	122	100.0	100	100.0	222	100.0

Source: Field data (2012).

According to the findings of this study, a substantial proportion of out-of-school adolescents, especially males (95) 77.9 percent, were involved in unsafe sexual intercourse with non-cohabiting partners than their female counterparts (64) 64 percent. Only close to (27) 22.1 percent of the male respondents and (36) 36 percent female respondents reported that they had cohabiting partners in the past three months prior to the survey.

The findings clearly indicate that young people especially the young males had multiple sexual partners rather than a single long term relationship. The findings have also shown that younger people are more likely to have unprotected sex and find it difficult to even tell their sexual partners they are infected with an STI. This is in confirmation to what was stated by Biddlecom (2009), that adolescents who are out of school are at a higher risk of contracting STIs because they are significantly more likely to engage in unprotected intercourse and to use the services of female prostitutes.

During the focus group discussions and in-depth interviews, respondents were in agreement that it was difficult to maintain a single relationship because most of the relationships were basically for experimental purposes rather than for love. One of the female respondents aged 17 years said:

> *'I have had about four intimate relationships in the past 2 years, and it has been quite difficult to maintain one boyfriend especially if you are very good looking and*

attractive. There are so many guys who come after us and sometimes it's hard to say no. Sometimes also, you may love a guy but if he does not give you what you need, you are forced to have another who could meet your needs.

Another female respondent aged 18 years said that:

'Most of the relationships among young people like us are usually as a result of peer pressure. When you don't have a boyfriend in this community, your friends tend to laugh at you and you look out of place'.

The gender implication here is women's greater dependence on men. From the in-depth interviews, the respondents reported that most activities found in their communities also affected their sexual behavior and brought about sexual desires close to the minds of the young people. They attributed activities such as, daily night discos, parties as well as other activities to be responsible for such risky sexual behaviours among them.

'We are forced to drink our heads off because of some of the activities that go on in our community. In most cases young people meet and when they are drunk it becomes very easy to find sexual partners, especially if both partners are drunk. If one does not have a girlfriend, it is easy to get the services of prostitutes, there are plenty girls everywhere (19 year old male respondent).

From the statistics and discussions above, it was observed that discussing sexual matters among young people was a big factor. It was also observed that young girls often had to give in to the dictates of being incorruptible and submissive thereby making themselves easy prey and putting themselves at increased risk of infection and unintended pregnancies.

4.2.5 Usage of condoms among respondents

Research undertaken in Zambia and other parts of the world has found that other than abstinence, condoms offered the best form of protection against STIs and unintended pregnancies. In Zambia like other parts of the world, condom acceptability is quite low for one reason or the other. This particular section endeavoured to establish how often the

respondents used condoms and whether they used condoms the last time they had sexual intercourse. The results are illustrated in table 10 and 11 respectively.

Table 10: Percentage distribution of how often respondents used condoms by sex.

Consistency in condom use	Male		Female		Total	
	n	%	n	%	n	%
Every time	22	18.0	18	18.0	40	18.0
Never used a condom	62	50.9	53	53.0	115	51.9
Some times	38	31.1	29	29.0	67	30.1
Total	122	100.0	100	100.0	222	100.0

Source: Field data (2012).

Of those who had sex within the 3 months preceding the survey, (22) 18 percent males and (18) 18 percent female respondents used a condom every time. A large proportion (115) 51.9 percent of the respondents, that is (62) 50.9 percent males and (53) 53 percent females had never used a condom while the remaining (38) 31.1 percent males and (29) 29 percent females used a condom sometimes representing 30.1 percent of the respondents.

During the focus group discussion and in-depth interviews, respondents were asked the reasons for the high levels of unprotected sex among young people and some respondents reported the number of drinking places that had come up and also the sex stimulants and free pornography that were easily accessible on mobile phones. One female respondent attributed the high levels of unprotected sex to sexual stimulants and peer pressure.

> *'There are many sexual stimulants around our community; our boyfriends usually want us to use them, because it makes sexual intercourse enjoyable. If you don't use them you are at risk of losing your boyfriend, besides when you have sex using condoms, the stimulants cannot work effectively. If you go live, (sex without a condom) your boyfriend will always ask for more unlike when you use them* (18 year old female).

Table 11: Percentage distribution of respondents who reported using condoms the last time they had sexual intercourse by sex.

Condon use during last sexual intercourse	Male		Female		Total	
	n	%	n	%	n	%
Yes	28	23.0	36	36.0	64	28.9
No	86	70.4	52	52.0	138	62.1
Don't know	8	6.6	12	12.0	20	9.0
Total	122	100.0	100	100.0	222	100.0

Source: Field data (2012).

It was estimated that (28) 23.3 percent of the male respondents and (36) 36 percent female respondents reported that they had used condoms during their last sexual encounter representing (64) 28.9 percent of the respondents. Eighty six (86) 70.4 percent male respondents and (52) 52 percent female respondents reported that they had not used condoms during their last sexual encounter, representing (138) 62.1 percent of the respondents. A staggering (8) 6.6 percent of the male respondents and (12) 12 percent female respondents reported that they did not remember whether they used condoms the last they had sex or not.

From the focus group discussions and in-depth interviews, adolescents stated that they knew how to use condoms correctly. From the statistics above, those that stated that they actually used condoms during their last sexual encounter was lower than those that stated to know how to use them correctly. This contradicts what the ZSBS, 2009 indicates that there is an improvement in condom use among adolescents aged 15 – 19 years as out of school adolescent in this study still had negative attitudes towards condom use. This may indicate that even though many of the respondents had the correct knowledge on how to use condoms, they might reluctantly ignore this and have sex without using condoms as one of the respondents pointed out:

'*We have sufficient knowledge about condom use, we even carry them in our pockets but when you are with your sexual partner, there is usually no time to put them on.*

When you are in that situation madam, you are blinded by the romance. Things just happen so fast and you only think about the condoms after you have already gone all the way' (after sex). 'Sometimes, the girl may remind you about the condom when you have already started, making it difficult to stop the act' (18 year old male respondent).

All participants of the focus-group discussions and in-depth interviews spoken to, reported that they did not use a condom during their first sexual encounter or during their recent sexual practices. The reasons that were advanced for not using condoms were that condoms were not comfortable. Other respondents felt that it was not necessary to use a condom during sexual activity with non-cohabiting partners. It was also observed that female respondents found it difficult to negotiate for condom use.

'These condoms are only used when you are starting to know each other, thereafter; we just go with the wind. Sometimes you may want to use a condom but the man will tell you that they would make them impotent or that we as girls would ultimately become barren or have miscarriages (16 year old female respondent).

In many contexts, women are often at greater risk of violence and may not have the possibility of asking for safer sex or explore their own desires. Men on the other hand would be expected to know about and take control on sexual matters. Men would even be discouraged from admitting ignorance and vulnerability and seeking information about safer sex thereby practicing behaviours that would put them and their partners at risk.

4.2.6 Alcohol and drug abuse among respondents in the past 3 months.

After assessing how often respondents used condoms, they were then asked to state how often they took drugs or alcohol in the past 3 months. This was done so as to establish if alcohol and drug abuse had a bearing on the high levels of unprotected sex among out of school adolescents. The results are shown in table 12.

Table 12: Percentage distribution of respondents who reported using alcohol and drugs in the past 3 months.

Alcohol and drug abuse in past 3 months	Male		Female		Total	
	n	%	n	%	n	%
Never	12	9.9	8	8.0	20	9.0
Once per week	28	23.0	18	18.0	46	20.7
Twice per week	24	19.6	22	22.0	46	25.7
Daily	58	47.5	52	52.0	110	49.6
Total	122	100.0	100	100.0	222	100.0

Source: Field data (2012).

According to these statistics, males were more likely to drink alcohol on a daily basis than their female counterparts (58) 47.5 percent and (52) 52 percent respectively). Those reporting taking alcohol twice per week were (24) 19.6 percent for males and (22) 22 percent for females, while those reporting taking alcohol once per week were (28) 23 percent males and (18)18 percent females. Only (12) 9.9 percent males and (8) 8 percent females reported having never consumed alcohol.

The statistics above indicate a considerable association between intake of alcohol and sexual behaviour of the respondents. According to the focus group discussion, the out-of-school adolescents who drank alcohol at least twice a week were more likely to report having sex either with non-cohabiting partners or in exchange for money than those who did not report consuming any alcoholic drinks.

Various studies conducted on the effects of alcohol have shown that it makes it difficult for the dependent user to judge what is right or wrong, or what is good or bad. They are also not able to tell apart what is moral or immoral. Alcohol tends to dent ones judgment and reduces their ability not to engage in risky sexual practices (Hawkes et al., 2007). Other studies have also reported that substance abuse increases the sexual desire of users and the use of condoms does not often get used especially when they are under the influence of alcohol or drugs (NAC, 2010).

In this study, it was observed that, the habit of abusing substances, such as alcohol seemed to have contributed to the risky sexual behaviour by out-of-school adolescents in the study areas. This finding can be matched with other results of other studies conducted in Zambia that link risky sexual behaviours among young people especially males to alcohol consumption (PANOS, 2012, ZDHS, 2007).

4.2.7. Alcohol and drug abuse to set stage for sexual activity.

After ascertaining how many of the respondents reported using alcohol and drugs in the past 3 months. The researcher set out to find out how many of them used alcohol and drugs to set the stage for sexual activity. The results are shown in table 13.

Table 13: Percentage distribution of respondents who reported using alcohol and drugs to set stage for sexual activity.

Alcohol and drug use to set stage for sexual activity	Male		Female		Total	
	n	%	n	%	n	%
Yes	71	64.5	57	57.0	128	63.3
No	39	35.4	35	35.0	74	36.7
Total	110	100.0	92	100.0	202	100.0

Source: Field data (2012).

The findings from table 13 above show that (71) 64.5 percent of the male respondents and (57) 57 percent female respondents reported taking alcohol to set stage for sexual activity representing 63.3 percent of the respondents who reported having taken alcohol. A meager (39) 35.4 percent males and (35) 35 percent females did not take any alcohol or drugs to set stage for sexual activity during their last sexual encounter. The statistics indicate that males were more likely to take alcoholic drinks to set stage for sexual activity unlike their female counterparts.

During the focus group discussions respondents were in agreement that substance abuse

such as beer drinking and drug abuse increased one's chances of engaging in risky sexual behaviours. Such responses were common among the participants irrespective of their age or sex. One 18 year old male respondent said:

> '*Young people in this community are fond of taking too much alcohol, the situation is worse in that we have so many affordable alcoholic brands such as 'Sheki sheki', 'Officer' 'Zed pride' and also sniffing of Bolstick glue. Many young people are addicted to these alcoholic drinks such that they cannot restrain themselves from indulging in risky sexual practices'.*

During the in-depth interview, respondents also attributed sexual pornographic materials to set the stage for sexual activity, Other than this, both males and females reported to be using sex stimulants, to arouse their sexual desires. Some respondents said the following:

> *'Traditionally, we are expected to entice and attract the opposite sex, we watch pornographic materials so that we know the new trends to showcase our boyfriends, other than these, we have sex stimulants that are used by many, otherwise, your boyfriend can abandon you for someone else'(*18 year old female).

> *'These days, it's easy to access pornographic materials on the phone to watch naked people having sexual relations. When you watch such things, you want to follow what they are doing as well. I mean you can't just avoid it. Moreover, there are many people these days that are going round selling sex stimulants such as the popular 'kaimaima' and 'Mutototo' for sexual pleasures. Once you start using them you can't stop'* (19 year old male).

The consumption of the sex stimulants for both males and females is widespread in several countries including Zambia. Traditionally, in most societies, they are used to enhance sexual pleasure for those in need of them. Although these are widespread in Zambia they are being abused and in turn are significantly associated with having sex with commercial sexual partners (Mpofu et al., 2006). This finding is in line with other studies that have shown that frequent uses of alcohol, tobacco, and other drugs are the most important predictors of multi partner sexual activity among adolescents and youths (UNICEF Report, 2010, NAC, 2010).

4.3. MAJOR SOURCES OF INFORMATION ON SEXUAL HEALTH AND GENDER RELATED ISSUES.

This section sought to gather information from respondents on the their major sources of information on sexual health and gender related issues, to determine whether this had any bearing on the high levels of unprotected sex among out of school adolescents.

In Zambia, one of the main preventive interventions that have been used to disseminate information or familiarize people about sexual and reproductive health matters and how they can adopt safer sexual practices is the media. The media has been one of the major sources of such information especially for many people. Notable Non Governmental Organizations, The National HIV and AIDS and TB Council and the churches have also played a major role in the championing of this cause.

4.3.1 Major sources of information about sexual health issues.

In this survey, respondents were asked to state their major sources of information on sexual health issues. The results are shown in table 14 below.

Table 14: Percentage distribution of the major sources of information on sexual health issues by sex.

Major sources of information on sexual health issues	Male		Female		Total	
	n	%	n	%	n	%
Parents	7	5.7	12	12.0	19	8.5
Friends	73	59.8	45	45.0	128	57.6
Newspapers	5	4.0	3	3.0	8	3.6
Church	8	6.5	12	12.0	20	9.0
Radio	15	12.2	9	9.0	24	10.8
Television	10	8.1	13	13.0	23	10.3
Any other	4	3.2	6	6.0	10	4.5
Total	122	100.0	100	100.0	222	100.0

Source: Field data (2012).

As shown in table 14 only (7)5.7 percent male respondents and (12)12 percent of the female respondents were likely to receive information about sexual health from their parents. Friends provided information about sexual health to about (73)59.8 percent males and (45)45 percent female respondents. Friends were a major source that provided sexual health information. About (8) 3.6 percent of the respondents received this information from newspapers while (24) 10.8 percent from the radio and about (23)10.3 percent received this information from the television. Twenty (20) 9.0 percent of the respondents reported receiving this information from the church while (10)4.5 percent of the respondents cited other sources of information about sexual health.

During the focus group discussion and in-depth interviews it was revealed that male respondents had better knowledge of sexual health issues than girls and were more likely to discuss such issues openly with their friends. It was also observed that the level of communication among peers increased from about 15-19 years. Many of the respondents bemoaned inadequate information about sexual health issues which they claimed were more issues of concern among young people their age than any other. One of the respondents said that:

> '*Madam, these sexually related issues are very real among young people like us and we find problems to talk about them with our guardians but with friends. When the worst comes to the worst we either talk to elderly people in the community who know about them or go to the clinic where you will be assisted.* (17 year old male).

Another respondent said:

> '*They messages we often receive are often confusing and could be the ones causing many of us to behave in the manner we do. The messages just confuse us than educate us. Sometimes, on television you would be told to use condoms every time you have sex and when you go elsewhere like at church, they would tell you something else. At the end of the day we just ignore everything and keep our fingers crossed that no serious illness will befall us'* (19 year old male).

From these discussions, the researcher noted that most of the boys seemed to underestimate

the consequences of the risky sexual practices. During the in-depth interview a female respondent said the following:

> '*At our church, we are told that sex or using condoms outside marriage is a sin. There is a lot of talk about abstinence from sex, but it really is very difficult to do so especially if you have had sex before. As a result of this, most of us just consult our close friends about such matters'* (18 year old female).

In response to this, a male respondent said that:

> '*Madam, you cannot fight with nature, when you are still young, it is easy to follow these messages, especially at church, but when you reach about 15 to 16 years, it really becomes very difficult to resist the forbidden fruit. You just go ahead and do what you can do. Most of the time, we just follow our instinct or what we have seen or heard from our friends'* (19 year old male).

Literature has generally shown that women and girls are often poorly informed and that men would be expected to know much more about sexual matters (UNAIDS, 2010). It has been reported that more than 60 percent of young women globally do not have 'sufficient' knowledge about sexual matters (ibid).

4.3.2 Major sources of information about gender related issues.

Issues to do with gender defines the difference between men and women in terms of what they know, believe and also how they feel and behave. Often how young people respond in a given situation will largely be determined by the dictates of the social norms that ascribe to the reproductive roles of men and women (Sakuwaha, 2004). The way young people will respond to their sexuality will depend on the gender perspectives prevailing in a particular environment or context and in turn shape the way adolescents will behave in a sexual relationship and the risk taking attitudes they would adopt (Raffaelli, 2003).

In this section, respondents were asked to state their major sources of information on gender related issues. The results are shown in table 15.

Table 15: Percentage distribution of major sources of information about gender related issues by sex.

Major sources of information on gender related issues	Male		Female		Total	
	n	%	n	%	n	%
Parents	9	7.3	21	21.0	30	13.5
Friends	58	47.5	36	36.0	94	42.3
Newspapers	4	3.2	3	3.0	7	3.1
Church	2	1.6	4	4.0	6	2.7
Radio	23	18.8	18	18.0	41	18.4
Television	21	17.2	16	16.0	37	16.6
Any other	5	4.0	2	2.0	7	3.1
Total	122	100.0	100	100.0	222	100.0

Source: Field data (2012).

From the statistics in table 15, it was also observed that, a small percentage (6) 2.7 percent of the respondents reported that they got gender related information from the church, indicating that as they young people grew older, they were less likely to be influenced by their religious beliefs. Ninety four (94) 42.3 percent of the respondents got gender related information from their friends. It was also shown that about (41) 18.4 percent and (37) 16.6 percent of the respondents reported getting their information from the radio and television respectively. About (30) 13.5 percent of the respondents reported that they got information about gender related issues from their parents or guardians while a small percentage (7) 3.1 percent cited the newspapers as their source. From the statistics above, most of the respondents seemed to have gotten their information from home through friends, television and the radio.

During the focus group discussion, both the female and male respondents stated that they were not so free to talk to their parents/guardians about gender related issues. Most of them attributed this to the unfavourable environment in which they got this information. One female respondent said that:

'My guardians only bring up the topic about gender when I do something wrong or when they see me diverting from our cultural norms, otherwise we are expected to

master the gender appropriate ways of expressing desirable qualities and being socially responsible. I get so furious because they only talk about such things at such times and not any other time' (18 year old female).

The findings in this regard indicate that there is an unequal gender system and is in line with the findings in Robinson (2010), who found that what shaped most adolescents regardless of their particular circumstances were the societal gender based expectations that greatly impacted on their lives. It thus follows that the sexual and reproductive health programmes at community level incorporate gender issues that should be promoted by government. This will arm these young people with the much needed knowledge to cope with the negative sexual pressures that they may find themselves in.

4.4 GENDER RELATED ATTITUDES AND BELIEFS IN RISKY SEXUAL BEHAVIOUR AMONG OUT OF SCHOOL ADOLESCENTS

This section sought to gather information on respondents' attitudes and beliefs in their sexual behavior patterns. Reasons advanced for studying these issues was to determine if this had a bearing on the high levels of unprotected sex among out of school adolescents.

4.4.1 Keeper's attitudes towards respondents

It is undoubtedly certain that parents or guardians attitudes towards young people affect them tremendously. The attitude of parents or guardians towards young people has a bearing on what kind of people the adolescents will become in future. Studies have shown that children whose relationship with their parents was poor reported attitudes that placed them at risk of STIs including HIV and AIDS and unintended pregnancies. In other words, children's attitudes to early sexual activity, condom use, sex with older adults etc were associated with parental relationships. At this point, respondents were asked about what they thought about their parents or guardians interaction with them. The results are shown in table 16 below.

Table 16: Percentage distribution of keeper-respondent interaction by sex.

Keeper -respondent interaction	Male		Female		Total	
	n	%	n	%	n	%
They talk to me generally	32	26.2	36	36.0	68	30.6
Too authoritative and strict	16	13.1	32	32.0	48	21.6
Open to me about sex and other related issues	8	6.5	12	12.0	20	9.0
Give me freedom to make Independent decisions	66	54.0	20	20.0	86	38.7
Total	122	100.0	100	100.0	222	100.0

Source: Field data (2012).

About (36) 36 percent of the female respondents and (32) 26.2 percent male respondents stated that their parents/guardians talked to them generally. Thirty two (32) 32 percent females stated that their parents/guardians were too authoritative and strict and only (16) 13.1 percent males reported that their keepers were authoritative and strict. On issues to do with sex and other related matters, (12) 12 percent of the females reported that their keepers were open about sex related matters as compared to (8) 6.5 percent of their male counterparts. This may indicate that, in most households, parents and or guardians are more likely to talk to girls about sexual health matters than boys. On the other hand, boys are given more freedom to make independent decisions in the home unlike their female counterparts (66) 54.0 percent and (20) 20 percent respectively.

Studies have shown that key factors for adolescent risky behaviours starts in the home and that adolescents model what they see and are left to steer themselves when they have no guidance and are left to their own devices. This finding also correlates with that of Darroch and Singh (2005), who found that there was a strong correlation between the number of hours a youth was unsupervised and their sexual activity. During the focus group discussions, it was observed that respondents' parents or guardians were not as tolerant and accommodating towards their children. One male respondent said that:

> *'Both my father and mother were not so educated and when they both past on, I was made to go and stay with my elder brother who had to stop school when he was in grade 9 to fend for us. In due course I also had to stop school because he was not able to meet our educational needs. However, when it comes to my social life, my brother seems to be ignorant and is always busy or too tired to talk to me and as a result of this, I have resorted to find comfort with my friends'* (16 year old male).

On the other hand, a 17 year old female respondent reported that:

> *'My aunty is stricter to female dependants in the home than males, my female cousins and I have to always give an account of our whereabouts all the time. With my male cousins, it is a different thing, and not so much reporting is required of them. I strongly feel this is not fair, but what can we do, that's our culture.'*

The statistics and responses from the respondents are clearly an indication that young people are often confronted with marked gender disparities in the social norms that govern their sexual behavior. Adolescent girls would be subjected to strict supervision and mostly prohibited from socializing with males outside the family while the young men would explore sex freely before marriage. These findings are in line with those found by Jaya, (2009); Bhugra et al. (2007), that state that gender imbalances in the social norms encouraged secrecy and inhibited any form of negotiations between the partners.

The gender implication of all this is that, gender biases in the way males and females are socialized still persistent despite calls by international and regional bodies calling on states parties to tackle them. This could partly explain why most female respondents indicated that they were talked to about sexual health matters more than their male counterparts.

4.4.2 Ever been forced to have sex

In this particular section, respondents were asked if they ever had been forced to have sex and the results are shown in table 17 below.

Table 17: Percentage distribution of respondents ever been forced to have sex.

Ever been forced to have sex	Male		Female		Total	
	n	%	n	%	n	%
Yes	22	18.0	47	47.0	69	31.0
No	100	81.9	53	53.0	153	81.9
Total	122	100.0	100	100.0	222	100.0

Source: Field data (2012).

From the findings, in table 17, (22) 18 percent of the male respondents and (47) 47 percent of the female respondents representing (69) 31 percent of the respondents reported having been forced to have sex. This kind of scenario indicates that females are vulnerable to such acts as defilement or rape. About (100) 81.9 percent of the male respondents reported that they had never been forced to have sex against (53) 53 percent of the female respondents

who reported having been forced to have sex. During the focus group discussions and in-depth interviews it was observed that sexual encounters were often imposed than voluntary and often led to rape. During the FGD, one female respondent said:

> *'I have had sex with one of my male cousins who tricked me one day. He asked me to take him some water to drink in his room and when I got there, he dragged me to his bed and raped me repeatedly. Afterwards he promised he would buy me special gifts as long as I did not tell anyone and that he was sorry for what he had done'* (17 year old female respondent).

The findings indicate that gender roles as well as cultural values and norms may influence and sometimes define the behavior of men and women in which sexual behaviour occurs. In many societies, especially in Southern Africa, culture exists to serve the interests of men and make women subservient to them. A practice that seriously undermines women's capacity to take control of their own bodies and make informed choices as to either reject sex completely or refuse to engage in it.

4.4.3 With whom sex was forced

Having established if respondents ever had been forced to have sex, they were then asked to state with whom sex was forced. The results are shown in table 18 below.

Table 18: Percentage distribution showing with whom sex was forced on respondents by sex.

With whom sex was forced	Male		Female		Total	
	n	%	n	%	n	%
A relative	5	4.0	19	19.0	24	10.8
A friend	8	7.3	21	21.0	29	13.0
A stranger	9	6.6	7	7.0	16	7.2
Total	22	18.0	47	47.0	69	31.0

Source: Field data (2012).

From the table above, only (5) 4.0 percent of the male respondents stated that they were forced to have sex with someone related to them. Nineteen (19) 19 percent of the female respondents on the other hand had been forced to have sex with someone related to them an indication that girls are more vulnerable to molestation and incest within the home than boys. About (8) 7.3 percent of the male respondents reported having had been forced to have sex with a friend against (21) 21 percent of their female counterparts. Nine (9) 6.6 percent of the males admitted to having been forced to have sex with a stranger while (7) 7.0 percent of the female respondents reported the same.

The statistics above may imply that girls were more prone to rape or forced sexual activities by relatives and their friends than boys. Events as rape can be quite traumatic and likely to affect women's ability to negotiate sexual behavior. During the in-depth interview, respondents were asked which sex they thought was more prone to STIs and why they thought the sex they mentioned was at risk. Many of the participants stated that it was the females because it was very common for girls to be raped at home especially adolescent girls coming from violent homes. They reported that girls were at greater risk of exposure as they would be victims of sexual abuse by older family members, close kin, friends and even neighbours.

> *My dad and mom divorced many years ago and not until recently, my mother remarried. However, this man became very violent with all of us. At one time he even raped my elder sister for speaking out on the abuse. We didn't know about what transpired until she fell pregnant by this same man* (18 year old female respondent).

In response to this, one male respondent reported that:

> *We men are made just like this. 'Ni mwambo!' (It's our culture!). It is very difficult for a man to resist temptation when he is in the middle of it. Even in most of these homes we are coming from, we hear cases of men defiling or raping young girls almost on a daily basis but not much is done because of the social repercussions* (19 year old male respondent).

The researcher also observed that many male respondents had attitudes, beliefs and behaviours related to male gender roles which in turn greatly impacted on sexual behavior thereby posing risks for their female sexual partners. Most male respondents seemed to possess masculine ideologies that guided their sexual behaviours and attitudes towards their female partners. These ideologies and the gender role socialization implored them to be sexually aggressive and engage in risky behaviours that in turn placed girls at risk. This finding is in line with experts in the field of gender roles and sexual behavior that state that traditional masculine ideologies did not promote sexual communication and negotiation associated with safer sex (Raffaelli, M. and Crockett, L. 2003).

4.4.4 Being in control or being controlled in a regular relationship

Women's subordinate roles are underpinned by cultural norms and beliefs thereby depriving them of the power to make decisions regarding sexual matters and also negotiate safe sex practices. In this particular section, respondents were assessed to have an insight of the gender based power relations that exist between male and female respondents.

During focus group discussions the researcher established that girls are socialized to assume feminine tasks such as washing clothes and cleaning the house. They would learn these roles through a form of apprenticeship with their mothers, older female siblings and female members of the extended family. By the time they would become teenagers, they would be well versed in their culturally prescribed roles and not necessarily towards sexual risks or personal independence.

> *'We are brought up to presume feminine tasks in the home from an early age. They tell us it is to prepare us for our future roles as wives and mothers. We are made to do household chores from an early age right through adulthood. Even now, we are still being told that we are being prepared for the future. A girl of my age should know how to take care of a home even when big people are not there. They expect to find everything in order as they come back* (16 year old female respondent).

There seems to be a permanent inequality in the social relations between males and females defined by society as Jean Baker Miller (1986) advanced in her book 'Towards a new psychology of women'. She explores the meaning of the permanent inequality in relationships in which one member is defined as unequal by society on the basis of criteria such as sex, race, class or another characteristic ascribed at birth. In her argument, she highlights women's permanent inequality to have a powerful and persuasive impact on women's life experiences including the nature of male-female relationships (Miller, 1986).

The family being the primary agent of socialization provides the first teaching for boys and girls. During the socialization process, girls and boys socialized to believe that girls are inferior to boys in all aspects of life. It is also usually thought that women have no right to make decisions with their sexual partners but a man's responsibility. It is with such gender based stereotypes that carry devastating effects on the social and economic wellbeing of the affected sex.

> *Women have little or no rights to make decisions with their sexual partners. Traditionally, It is a man's duty to say whether he wants to have sex or not or whether to use protection or not. Culturally a girl who has been traditionally taught will not talk about such things even though some people say we should do so* (17 year old female respondent).

From the findings there is a clear indication that heterosexual relationships are often strongly influenced by culture. For women, it will mean that sexual behavior will occur in the context that socializes them to be passive sexually and in other ways as well. This unequal status of women in turn puts them at a severe disadvantage. These findings correlates with Hamaus (2011), who observed that numerous cultural practices, attitudes and beliefs brought about gender disparities in Southern Africa and subsequently disempowered women and girls thereby creating challenges in decision making concerning their health and reproductive health.

4.4.5 Negative gender beliefs in the sexual behavior and condom use

In as much as a number of adolescents recognized the repercussions of engaging in risky

sexual behaviours, most of the respondents still indicated holding negative attitudes and beliefs thereby causing them not to want to use condoms. In this particular section, respondents were interviewed to gather more information on the negative gender beliefs in sexual behavior and condom use among out of school adolescents. The results are shown in table 19 below.

Table 19: Percentage distribution of the negative gender beliefs among respondents by sex.

Negative gender beliefs among respondents	**Male**		**Female**		**Total**	
	n	**%**	**n**	**%**	**n**	**%**
Use of condoms reduces sexual pleasure	78	64.0	31	31.0	109	49.0
Prolonged use of condoms has side effects.	42	34.4	18	18.0	60	27.0
Coercive sex is permissible	58	47.5	27	27.0	85	38.2
Males should have many girlfriends to prove their manhood.	62	50.9	32	32.0	94	42.3
Women have no rights in sexual related matters	41	33.6	25	25.0	66	29.7
Total	122	100.0	100	100.0	222	100.0

Source: Field data (2012).

From the findings in table 19, (78) 64 percent male respondents and (31) 31 percent female respondents indicated that the use of condoms reduced sexual pleasure. The negative attitudes displayed by the male respondents may indicate that they are not as keen to use condoms and neither would they allow their sexual partners to do so. This kind of scenario evidently would make the females vulnerable. About (42) 34.4 percent males and (18) 18 percent female respondents indicated that prolonged use of condoms had side effects.

Overall, whilst, out of school adolescents were aware of the role of condoms, many of them continue to display negative attitudes towards them. From the table above, a number of the respondents (109) 49 percent reported that condom use reduced sexual pleasure and that prolonged condom use may make them impotent in future. This finding confirms what has

been earlier stated that while most young people in Zambia have knowledge about condoms, the 'skin to skin' (sex without a condom) is most desirable (ZSBS, 2009).

The findings also show that more males (58) 47.5 percent than their female counterparts (27) 27 percent reported that coercive sex was permissible. During the focus group discussions and in-depth interviews, it was quite ironic that some female respondents seemed to accept such beliefs and misconceptions that coercive sex was permissible especially that they had no skills to negotiate safer sex with their sexual partners. Most young girls in Zambia like in many societies world over are brought up to believe that a girl must exhibit some degree of shyness and display some form of naivety in sexual matters (Mpofu et al., 2006).

> *'We all know that any decent girl will not accept sexual advances there and then. A decent girl ought to at least refuse a couple of times and it will be up to the man to tell by her signs especially when she starts laughing shyly that she wants. Moreover,* a *man is superior to a woman and in such issues we have the upper hand. These girls often want guys to have sexual relations with them, they usually pretend and as such we push them a little and very often than not they give in'* (19 year old male respondent).

In response to this, one 18 year old female respondent said that:

> *'A girl is not able to refuse sexual advances especially from their boyfriends, we know we are told to be assertive in such issues to do with sexual matters but in reality, it's not practical. Besides, most men often use so much force and at the end of the day you just give in to their demands'* (18 year old female respondent).

This finding is in line with a study by Shearer et al. (2005), who indicated that the sexual decision-making and risk taking in adolescence is greatly influenced by the negative gender beliefs. In this regard, once these negative gender beliefs are accepted, there is pressure among young people to personify stereotypical traditional gender roles. The males would resort to take on the role of sexual adventurer while the females would drift towards leaving important sexual decisions up to their sexual partners.

The negative attitudes and beliefs among out of school adolescents would indicate that both male and female out of school adolescents were ignorant of critical gender issues that affected their sexuality that in turn put them at risk. These findings can be substantiated with those revealed by UNAIDS (2010), that negative attitudes among adolescents contributed to low condom acceptability among them.

In fact, the UNICEF report (2010), has shown that in Zambia like many other countries around the world, women, young and old are still being discriminated against and violence against them is also on the increase. The negative gender attitudes and beliefs in the sexual behavior patterns of young people will definitely worsen the situation if not addressed and in turn slow down any efforts to fight gender inequalities.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the conclusions and recommendations made from the findings of the study. The conclusions are presented first and then the recommendations thereafter.

5.1 Conclusions

In general, this study sought to assess the risky sexual behavior among out of school adolescents aged 15 to 19 years in Zambia from a gender perspective. The specific objectives were to establish the level of unprotected sex among out of school adolescents, to identify major sources of information on sexual health matters and gender issues among out of school adolescents, to assess the gender related attitudes and beliefs in risky sexual behaviour among out of school adolescents. The importance of this study was to try to bring out the reasons for the high levels of unprotected sex among out of school adolescents with the hope of recommending ways of how the levels can be reduced in a culturally relevant and gender sensitive manner.

As earlier mentioned, the study used a cross sectional descriptive study using both qualitative and quantitative methods of data collection. This helped to bring out a number of issues behind the high levels of unprotected sex and the negative gender ideologies in the sexual behavior of out of school adolescents.

The findings from this study have shown that urban out of school adolescents especially young adolescent girls are extremely vulnerable. The findings clearly show that out of school adolescents in the study areas practice sexual activity without the consistent use of condoms. This practice in turn puts them at risk of STIs including HIV and AIDS and unintended pregnancies. The study has shown that the social relations between girls and boys are often influenced by the divisions of gender roles that are brought about by socialization, cultural and traditional practices. It is these characteristics that would in turn

create certain familiar clusters such as passivity, docility, dependency, inability to act, decide or think among the affected sex.

Overall, whilst, out of school adolescents were aware of the role of condoms, many of them continue to display negative attitudes towards them. A number of the respondents (109) 49 percent of the respondents reported that condom use reduced sexual pleasure and that prolonged condom use may make them impotent in future.

The other conclusion is that there are negative gender relations that exist between boys and girls and have led to a number of misconceptions about masculinity and femininity to a point where the adolescents have very unwise beliefs concerning their sexual behavior. Negative attitudes and beliefs were found to be the cause of such tendencies with about 80 percent of the male respondents for instance stating that when a girl said no to a sex proposal, she indirectly said yes. Other related misconceptions about masculinity and femininity were that girls were required to only entice men and leave decisions to do with sexual matters to their partner.

Such negative relations among adolescents have led to a vast majority of them to acquire very unwise beliefs concerning their sexual behavior and rather put young girls in particular, in a dilemma in such situations thereby disadvantaging them from this perspective. There is need therefore to seriously level out these negative gender beliefs which continue to promote the subordination of women and girls at different levels of society. If not given the attention it deserves, there will be a major mishap among young people and their future will always be deemed to be at risk.

The findings have also shown that traditional gender role expectations placed on the boys and girls may cause them to behave in a manner contrary to the information they would have received. These expectations seem to have negatively contributed to inequalities in sexual behavior among out of school adolescents. Most of the young people did not think that mere unprotected sex for instance would put them at risk as long as they did not sleep with prostitutes or had multiple sexual partners. Most of the respondents seemed to have been deceptively comforted by the thought that STIs could be cured using traditional herbs.

There was also failure for the adolescents to see the gross danger that was associated to unprotected sex in general even though they may be aware of the fact that it is one way through which STIs were transmitted. They young males reported being in committed relationships with females in the same neighbourhood and having had sexual intercourse with multiple partners. In all these encounters, they rarely used condoms and remained poorly informed about safe sex practices. It was quite ironical that a vast majority of the female respondents were found to be afraid of getting pregnant and eager to get information on how they could prevent becoming pregnant than acquiring STIs including HIV and AIDS. The high rates of unprotected sexual activity among young people clearly indicate the need for improved mechanisms in addressing their sexual health needs.

Other findings in this research are that gender role communication regarding sexuality and negotiation of safer sex is largely ignored yet there is fundamental evidence that this may be one of the important predictors of condom use among heterosexual women and men. Some of the respondents found the sexual health and gender related information they received from various sources confusing and often embarrassing. This information and knowledge has not substantially affected their willingness to do away with risky sexual activities through which they can be infected with STIs and unintended pregnancies. Most of the confusion could be attributed to the socially sanctioned inequalities between partners, impersonal sources of information such as friends who may not necessarily have the correct information about sexual health and gender related issues. The information they usually receive is distorted and often saturated with a number of misconceptions.

The other contributing factor is that, while different stakeholders have come on board like the churches and civic organizations to reach young people with different aspects of sexual and reproductive health, not so much is emphasized on gender related issues. There is need to harmonize these messages to accommodate gender sensitization in their programmes so as to lessen unnecessary inconsistencies in the sexual behavior patterns of young people.

By and large, participants in the focus-group discussions and in-depth interviews reported that the major influencing risk factors that put out-of-school adolescents at an increased risk of indulging in unprotected sex was the increasing number of places for consuming alcohol

in their communities. They also reported that taking too much alcohol, caused them not to restrain from such acts. Such responses were common among the participants irrespective of their age or sex. Out of school adolescents reported the habit of drinking alcohol especially the popular brands such as, 'Sheki Sheki', 'Officer' 'Zed pride' and sniffing Bolstick glue to be associated with risky sexual practice.

They also attributed drug use and accessing pornographic materials to set the stage for sexual activity, Other than this the young males were reported to be using sex stimulants, such as the popular 'kaimaima' and 'Mutototo' to arouse their sexual desires. Activities such as gambling and stealing were also usually used to obtain the money necessary to engage in free sex. Poverty, lack of economic and other opportunities have also contributed to the high level of unprotected sexual activity and inconsistent condom use among them and in turn have slowed down any efforts to fight gender inequalities. From such alarming trends in sexual behaviour, it is important to arm the young people with the correct implications of their sexuality, if they are to be equipped to make appropriate choices that will cordially consolidate traditional values with modern ones.

5.2 Recommendations

Several recommendations are evident from this study that bring out clear lessons for the content of interventions for disadvantaged groups in poorer households as in other low income areas.

5.2.1 There is need for young people to be given gender sensitive sexual and reproductive information that is relevant to different situations in which they find themselves in if women and girls are to pursue satisfying, safe and pleasurable sexual lives that are grounded in and contribute to gender equality and empowerment.

5.2.2 There is need to devise programmes that will focus on the potential risks of alcohol and drug abuse and their links to risky sexual behaviour and the spread of STIs including HIV and AIDS and unintended pregnancies.

5.2.3 Most respondents in the study expressed ignorance on very important gender issues and how these affect their sexuality. Whilst gender sensitization, is being spearheaded by the Ministry of Gender and Child Development and other collaborating partners, it is not being applied in totality. Therefore, gender sensitization should be made an integral part of various sexual and reproductive health programmes being carried out by various organizations.

5.2.4 The findings of this study suggest that a promising mechanism is used to provide basic and accurate information about the risk of unprotected to young people in the communities. One of these mechanisms would be to scale up efforts on informal education programmes through experimental activities such as small group discussions, games, simulations, role play and brainstorming for young people to adopt more positive behaviours.

5.2.5 There is need to get more complete and accurate disaggregated data on different experiences and conditions of unprotected sex and knowledge of important gender issues among out of school adolescents (15-19 years) if the most vulnerable young people in poorer households and rural areas are to be reached.

5.2.6 There is need to conduct a participatory study to identify traditional gender ideologies among out of school adolescents that perpetuate inequalities in their sexual behavior so that interventions that address their sexual health needs in a culturally relevant and gender sensitive manner are developed.

5.2.7 As restated in this study, concerted efforts are needed to address the environmental factors that have contributed to the extreme vulnerability of out of school adolescents, such as poverty and lack of economic and other opportunities. The findings of this study suggest that a sustainable mechanism is established that will engage both young males and females in the communities in life and vocational skills building, employment opportunities and other recreational activities.

5.2.8 Community leaders and concerned parents and guardians in the communities need to be brought on board and sensitized on gender related issues and ensure that they help raise the personal risk perceptions of these young people. There is need to strengthen these systems so as to promote greater parental instruction and authority.

It is our job as a society to put our heads together and find ways to engage our adolescents in safe sexual practices. This can only be achieved if young people are given gender sensitive sexual and reproductive information that is relevant to different situations in which they find themselves in.

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APPENDICES

Appendix I: Letter of Approval of Research Proposal.

THE UNIVERSITY OF ZAMBIA
SCHOOL OF HUMANITIES AND SOCIAL SCIENCES

Telephone:: 292884 /291777
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P.O. Box 32379
Lusaka Zambia

Your Ref:

6th July, 2011

Kibaya Kaluba Cleopatra,
Department of Gender Studies,
University of Zambia,
LUSAKA.

RE: APPROVAL OF RESEARCH PROPOSAL

The Graduate Studies Committee of the School of Humanities and Social Sciences has approved your research titled **Risky Sexual Behaviour Among Out-of-School Boys and Girls: A Case Study of Selected Communities in Lusaka** and your supervisor is Dr. T. Kusanthan.

You are required to contact your Head of Department or Supervisor to guide you as to the next course of action.

Congratulations.

J. Simwinga (PhD)
ASSISTANT DEAN (POSTGRADUATE), HSS
cc: Director, DRGS
Dean, HSS
Head, Department of Gender Studies

Appendix II: Letter of consent to respondent

Introduction

Dear Respondent,

My full names are Kibaya, Cleopatra Kaluba, a student at the University of Zambia. I am conducting a study on **A Gender Perspective of the Risky Sexual Behaviour among Out-of School Adolescents** as part of my Masters Degree in Gender Studies.

You have been identified as one of the respondents to participate in this research. Participation in the survey is completely voluntary. You have the right to withdraw at anytime without explanation. However, we hope you will participate in the survey since your views are important.

I would like to ask you questions on sexual behavior patterns and gender related issues among out of school adolescents in this community. This information will assist the community, the ministry of health and other collaborating partners in developing appropriate preventive programmes and strategies, to equip both you the other out of school adolescent girls and boys with tools to develop positive sexual and gender attitudes. You are therefore asked to answer the questions provided in this questionnaire.

Whatever information you will provide will not be shown to other persons, it will be kept strictly confidential. Please look over the questionnaire and, if you choose to answer it, please sign in the space provided below. Your participation is voluntary and there is no penalty if you do not participate. If you feel uncomfortable during the completion of the questionnaire you may omit the questions that make you uncomfortable or you may withdraw from the study completely without providing any reason for your withdrawal.

If you need clarity, feel free to contact my supervisor Dr. T. Kusanthan, School of Humanities and Social Sciences, Gender Department, University of Zambia, P.O Box 32379, Lusaka.

Do not write your name on this questionnaire.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Interviewee/Respondent _____ Date _____
Signature

Interviewer _____ Date _____

Kibaya, Kaluba Cleopatra
Computer Number 530503451

Appendix III: Questionnaire

This questionnaire has four parts, each with a specific heading. The first part will ask about personal details, the second will ask about sexual history and behavior patterns, the third will ask about major sources of sexual health and gender related issues and the last part will ask about gender related attitudes and beliefs in risky sexual behavior among out of school adolescents.

You do not have to answer all the questions. If you come to a question that you do not feel free to answer, feel free to skip it and move on to the next question. For your answers, please Tick only in the box provided or write in the space provided where applicable.

Study site……..

Date……..

Part A: Background Characteristics

Q1. Sex of respondent.

1. Male [ ]

2. Female [ ]

Q2. Age of respondent

1. 15-16 years [ ]
2. 17-18 years [ ]
3. 19 years [ ]

Q3. Religious Denomination attended by respondents

1. Catholic [ ]
2. Anglican [ ]
3. SDA [ ]
4. Pentecostal [ ]
5. Methodist [ ]
6. Muslim [ ]
7. None [ ]

Q4. Highest level of school attended

1. Junior Primary [ ]

2. Senior Primary [ ]
3. Junior Secondary [ ]
4. Senior Secondary [ ]

Q5. Respondents' keepers

1. Grand Parents [ ]
2. Father/Mother [ ]
3. Father alone [ ]
4. Mother alone [ ]
5. Brother/Sister [ ]
88. Other (specify) [ ]

Part B: Sexual history and behavior patterns

Q6. Have you ever had sexual Intercourse? [for the purpose of this study, 'Sexual Intercourse' is defined as Vaginal or Anal Sex].

1. Yes [ ]
2. No [ ]

Q7. Age at first sexual intercourse

1. Age in years [ ]
88. Don't know/Don't remember [ ]

Q8. Number of Sexual partners in the past 3 months

1. No. of sexual partners [ ]
88. Don't know/ Don't remember [ ]

Q9. What type of partner did you have sex with?

1. Co-habiting [ ]

2. Non-cohabiting partner [ ]
88. Other (specify) [ ]

Q10. How often do you have sex?

1. Everyday [ ]
2. Ever [ ]
98. Don't know/ Don't remember [ ]

Q11. Was a condom used the last time you had sexual intercourse?

1. Yes [ ]
2. No [ ]
98. Don't know/Don't remember [ ]

Q12. If yes to the above, who decided on the use of the condom?

1. Respondent [ ]
2. Partner [ ]
88. Other (specify) [ ]

Q13. If yes to the above question, how often do you use condoms?

1. Always [ ]
2. Sometimes [ ]
3. Never [ ]

Q14. Are you able to negotiate condom use with your partner?

1. Yes [ ]
2. 2. No [ ]

Q15. Have you ever taken alcohol or drugs?

1. Yes [ ]
2. No [ ]
98. Don't know/Don't Remember [ ]

Q16. What type of alcoholic drinks have you taken during the last 3 months?
(multiple responses possible)

1. Beer [ ]
2. Wine [ ]
3. Whisky/Brandy [[
4. No alcohol [ ]
88. Other (specify) [ ]

Q17. How often have you taken any alcoholic drinks or drugs in the past 3 months?

1. Never [ ]
2. Once weekly [ ]
3. Twice weekly [ ]
4. Daily [ ]

Q18. What type of drugs have you taken during the last 3 months?
(multiple responses possible)

1. Heroin [ ]
2. Glue [ ]
3. Cocaine [ ]
4. Marijuana/Dagga [ ]
5. Mandrax tablets [ ]
6. Petrol [ ]
88. Other (specify) [ ]
98. Don't know/Don't Remember [ ]

Q19. Have you ever taken alcohol or drugs to set stage for sexual activity?

1. Yes [ ]
2. No [ ]

Q20. Were you or your partner drunk the last time you has sexual activity?

1. Respondent only [ ]
2. Partner only [ ]
3. Respondent and partner [ ]
4. Neither [ ]

Part C: Major sources of information on sexual health and gender related issues

Q21. From where have you gotten information about sexual health issues
(circle all those that are mentioned)

1. Church [ ]
2. Parents [ ]
3. Friends [ ]
4. Newspaper [ ]

5. Television [ ]
6. Radio [ ]
7 Health worker [ ]
88. Other (specify) [ ]

Q22. From where have you gotten information about gender related issues **(circle all those that are mentioned)**

1. Church [ ]
2. Parents [ ]
3. Friends [ ]
4. Newspaper [ ]
5. Television [ ]
6. Radio [ ]
7. Health worker [ ]
88. Other (specify) [ ]

Q23. Do you think that the information you receive from the sources you have mentioned help you to adopt safe sexual practices?

1. Yes [ ]
2. No [ ]

Part D: Gender related attitudes and beliefs in risky sexual behavior

Q24. How would you describe your parents/guardians attitude towards you?

1. They talk to me generally [ ]
2. Too authoritative and strict [ ]
3. Open to them about sex [ ]
4. Give me some freedom to make independent decision [ ]

Q25. Have you ever been forced to have sex?

1. Yes [ ]
2. No [ ]

Q26. With whom were you forced to have sex?

1. Boyfriend/girlfriend [ ]
2. Husband/wife [ ]
88. Other (specify) [ ]

Q27. Which sex do you think is more at risk of contracting STIs?

1. Females [ ]
2. Males [ ]
3. Both sexes [ ]

98 Don't Know [ ]

Q28. Why do you think the sex you have mentioned above is more at risk of contracting STIs?

1. Too submissive [ ]
2. Can't say No to sex [ ]
3. Biological make up [ ]
4. Not allowed to question their partner [ ]
5. On receiving end [ ]
88. Other (specify) [ ]

Q29. Do you believe that in a regular sexual relationship it is better to be in control than to be controlled?

1. Yes [ ]
2. No [ ]

Q30 Do you think women have the right to make any decisions with their sexual partners?

1. Yes [ ]
2. No [ ]

Q31. Prolonged use of condoms reduces sexual pleasure

1. True [ ]
2. False [ ]
3. Don't know/Don't Remember [ ]

Q32. Only boys and not girls have the right to buy or use condoms.

1. True [ ]
2. False [ ]
98. Don't know/Don't Remember [ ]

Q33 When a girl says no to sexual advances, she means yes

3. True [ ]
4. False [ ]
98. Don't know/Don't Remember [ ]

Q34. The more girlfriends a boy or man has, the more a man he is

1. True [ ]
2. False]]
98. Don't know/Don't Remember [ ]

……../the end. Thank you for your time.

Appendix IV: Focus Group Discussion Guide on the sexual behavior and gender related ideologies among out of school adolescents.

Four focus group discussions of 24 out of school adolescents will be held. Two groups will only have female out of school adolescents and the other two will have male out of school adolescents to allow them express themselves without due influence.

Selection will be done purposively and only out of school adolescents who will be present at the proposed day of the focus group discussion will be chosen. Each of the four groups will only have one session and will run for about an hour at any place that will be available and convenient for the focus group discussions. Discussions will commence with the introduction of the researcher, assistant and the topic for discussion. Respondents will then introduce themselves.

The discussion will commence according to the listed themes and the Research Assistant will take down notes or record accordingly. Each participant will be given equal chance of contributing and will be encouraged to do so.

I welcome you all to this discussion. I want to encourage all of you to feel very free to make contributions about the various issues that will be raised. There are no wrong or right answers. Kindly note that only one speaker will be allowed to speak at any one particular time and you are not allowed to make any interjections when one person is speaking. If you want to speak indicate so by raising your hand and the facilitator will give you chance to speak.

Focus Group Discussion Guide (to be conducted on out of school adolescents aged 15-19 years who did not fill out questionnaires).

Place…….. Date……

Part A: Sexual behavior.

1. In a sexual relationship, do you think that a young woman can negotiate safer sex or refuse to have sex with a partner she suspects has a STI?

2. Why do you think young people engage in risky sexual behaviours?

3. Do you think there is greater sexual freedom that exists among out of school adolescents?

4. Do you think risky behaviours like substance abuse such as beer drinking and drug abuse increases one's chances of risky sexual behavior?

5. Some young people have given different reasons for using condoms during sexual intercourse.

   - **Probe:** Ask why out of school adolescents may want to use condoms?

6. Some young people have refused to use condoms while others have not been consistent in the use of condoms for one reason or the other.

   - **Probe:** Ask why some young people have refused to or have not been consistent in the use of condoms during sexual intercourse?

   - What do you think is the level of condom use among Out of School adolescents in this community?

   - Ask also for opinions on the belief that only boys/men are the ones who should decide whether or not to use condoms during sex.

Part B: Sources of information on sexual health and gender related issues.

7. In Zambia, one of the main preventive interventions that have been used to educate and familiarize people on sexual and reproductive health matters is the media. It has been identified as the major source of such information especially for many young people (ZBHS, 2007). Other notable Non Governmental Organizations, The National HIV/AIDS and TB Council and the Churches have also played a major role in disseminating this information.

   - **Probe:** In which ways do you think these sources have been successful in educating out of school adolescents?

   - Do you think Out of School adolescents are receiving sufficient information or training skills about sexual health and gender related issues so as to adopt safer sexual behaviours or

you think that the information has had negative effects on young girls and boys' ability to make right choices and informed sexual decision?

- ❖ Do you think this information addresses issues of gender adequately?

- ❖ Do you think girls and boys should be given the same information?

Part C: Gender-related attitudes and beliefs in risky sexual behavior

8. There are a number of imbalanced gender relations at many levels of society. For example, men and boys are brought up to believe that the more girls/women they have the more of a man they are. It is common therefore to have sayings such as "a man's promiscuity does not break a home." Girls and women on the other hand will not be expected to leave the confines of their relationships for sexual gratification elsewhere otherwise they would be labeled as prostitutes.

   - ❖ What are some other imbalanced gender relations between males and females that you know of in society affecting the sexual behavior patterns of young people like you?

   - ❖ **Probe:** Ask in which ways gender imbalances between men/boys and women/girl contributes to risky sexual behaviours in Zambia in general and the society in particular.

   - ❖ Do you see or experience any imbalanced cultural and traditional beliefs as young people especially those related to sexual gender roles?

   - ❖ In what ways do you feel these imbalanced gender relations affect women and girls' social lives?

9. Women rarely negotiate protected sex because in the absence of condom use their refusal to have sex could provoke anger or even violence.

   - ❖ What do you think are some of the obstacles inhibiting women and girls from discussing sexual health matters with their partners?

   - ❖ **Probe:** Ask how women be helped to be able to negotiate protected sex or even say no to sex without facing violence in a sexual relationship?

   - ❖ Do you think that men and women should have equal rights?

10. There are also traditional gender ideologies that affect adolescents' sexual behavior like girls being able to control their sexual behavior but not boys and girls being powerless in issues to do with sexual relationships.

    - ❖ What are some of the other views and beliefs in your community that affect adolescents sexual behavior

    - ❖ Do you think parents or guardians are tolerant and accommodating towards their children?

……/the end. Thank you for your time.

Appendix V: Interview guide for in-depth interview (to be used on Out of school adolescents 18 years or older).

Procedure

The interviews to start with a greeting, followed by an introduction of the interviewer, the assistant when available and the research to which the interview is being sought.

Introduction

Upon meeting with the selected respondents of the interview, the proceedings will be as follows:

" Good morning/afternoon…"

I am Cleopatra Kaluba Kibaya currently pursuing a Masters Degree in Gender Studies and this is…….my research assistant who is helping me in taking notes. I am carrying out a research as a partial fulfillment to the study of the 'Gender perspectives of the risky sexual behavior among out of school adolescents in selected communities in Lusaka district'. I would like to ask you questions on sexual health and some gender related issues concerning the sexual behavior of out of school adolescents in this community.

You have been purposively selected to participate in this study on the researcher's understanding that your input will help in answering the objectives of the study and thereby contributing to young people being responsible for their sexuality and increasing awareness of important gender issues and how these affect their sexuality. Participation is voluntary in that you are free to refuse to be interviewed or to withdraw from being interviewed at anytime. You are assured that the information received from you will be confidential and will be used specifically for academic purposes and anonymity is guaranteed in that your name will not be used if you so wish. The community may benefit from the recommendations which will be made and a copy of the report will be given to the community authorities. In this regard, is it alright for me to interview you?

If permission is not granted, thank the selected interviewee and leave.

If an appointment is given, accept the date given and thank the interviewee for the opportunity and make a follow up.

If permission is granted let the interviewee sign on the letter of consent as you fill in demographic data on part A of the interview guide and proceed with the interview by following the questions indicated on page 2. The research assistant will take notes, or when not available, the interview to be recorded using a tape recorder or phone. Record the site, date and time of the interview.

Part A: Demographic data

Place…….. Date ……..

Part B: Gender related issues

1. Briefly describe yourself and how old you are?
2. Do you have any knowledge about gender issues?
3. Do you think that young people are conversant about gender related issues in their sexuality?
4. Have you ever been discriminated against as a result of being male or female in a sexual relationship?
5. As a young person yourself, what do you think are some of the gender attitudes and beliefs in your community that affect adolescent sexual behavior?
6. There are also negative gender relations that exist between males and females like males believing that when a girl says no it means yes. What other negative gender relations do you think exist between young males and females in your community?
7. Are there any gender awareness programmes that young people are engaged in, in this community?

Part B: Sexual Behaviour

8. What are some of the risky practices common among out of school adolescents in this community?
9. What do you think could be the reasons for the high levels of unprotected sex among young people like you in this community?
10. What serious attempts if any do you think young people are making to develop positive sexual attitudes and adopt safe sexual practices?
11. Why do you think some young people like yourself would fail to stick to one sexual partner?
12. Do you think risky behaviours like alcohol and drug abuse increases one's chances of risky sexual behavior?
13. Do you think there are activities in this community that affect young people's sexual behaviours?
14. What programmes are in place to discourage young people from engaging in practices that may put them at risk of indulging in risky sexual behaviours

15. If you were given the role of sexual health information giver to Out of School adolescents, what major issues would you emphasize on and why?

16. What means would you use to disseminate this information and why?

…….../the end. Thank you for your time.