

HIV/AIDS and sexual behaviour among youth in Zambia

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Abstract

This study was carried out in selected urban areas in Zambia in the area along the major rail links between the urban areas of Lusaka, Kabwe, Kitwe and Ndola. The objective of the study was to ascertain the influence of socio-economic, demographic and cultural correlates on the sexual networking and activities of the youth in selected towns of Zambia: specifically to determine how sexual behaviour among young people might influence the course of the AIDS epidemic and also to suggest policy interventions. Sexual behaviour among young people both in-school and out-of-school, aged between 12 and 25, may be vital in influencing the spread of AIDS in Zambia. The results indicate that sexual matters are discussed with close friends of the same sex and peer group, or with cousins who are of the same age. Sometimes grandmothers are consulted for advice by co-resident grand-daughters. Girls and boys engaged in sex or thought about engaging in sex at quite an early age. Girls discussed their intentions about sex with their close friends, many of whom appeared poorly informed about sex themselves. The general views of both sexes about STDs should be a source of concern. The youth do not seem to take STDs seriously basically because most of them, aside from AIDS, are curable. Many young people do not regard AIDS as a threat to their lives and do not even consider it as a hindrance to sexual relationships. There should be programs to inform parents and guardians on the importance of educating their children about sex and AIDS, through radio and television as well as through seminars and workshops. There should be campaigns on condom use, not just for prevention of pregnancy, but also for the prevention of STDs. Information and discussion of condom use with partners can be given, more elaborate education on STDs and their link to AIDS. Sex education should be intensified in the schools and teachers should be encouraged to give appropriate advice.

The country of Zambia is in the region of Africa reported to be the most seriously hit by the AIDS epidemic. In Zambia, as elsewhere in the region, AIDS is predominantly transmitted through heterosexual contacts, a fact which means that prevention will depend upon the difficult task of altering sexual behaviour. There is also a significant level of vertical transmission from the mother to the unborn child in sub-Saharan Africa (Plummer 1987:7). Rosenberg and Weiner (1988) report a high incidence of sexually transmitted diseases (STDs) in West and Central Africa which contributes to the high incidence of AIDS. The high incidence of STDs is largely as a result of poor access to medical care and antibiotics (Becker 1990:1605). It is generally agreed that prior STD infections facilitate the transmission of the Human Immunodeficiency Virus (HIV) (see Caldwell, Caldwell and Quiggin 1989; Becker 1990:1605). Recent studies in the United States of America also indicate that STDs, when present, usually precede HIV. The accelerated spread may further be associated with widespread sexual networking.

According to Fylkesnes, Brunborg and Msiska (1994), between 21 and 27 per cent of the urban population, and 10-13 per cent of the rural population of Zambia were HIV-positive in 1992. There was probably an increase in AIDS-related deaths from between 40,000 and 50,000 to around 80,000 between 1993 and 1997. With no cure in sight, the disease must be counteracted by efforts to change people's behaviour, in this case the sexual behaviour of youth. However, without appropriate qualitative data, suitable intervention programs are unlikely to succeed. This study is therefore an attempt to provide such data to assist in the formulation of intervention programmes.

Methods

In this study, socio-economic, cultural and demographic factors were taken as having synergistic links in influencing sexual behaviour and in turn affecting the spread of STD and AIDS in Zambia. These factors were carefully investigated using qualitative approaches, mainly focus-group discussions.

Research was carried out in January and February, 1995 in the urban areas of Lusaka, Kabwe, Kitwe, and Ndola. In order to capture non-quantifiable socio-cultural aspects, the data collected were mainly related to descriptive socio-cultural variables. At least 10 respondents were chosen for each focus group in selected study areas in the various towns. In total, 200 focus groups were conducted with numbers of participants ranging from six to 12. School students were more easily contacted; we attempted to contact for out-of-school youth through community leaders, community health workers, and social club leaders. Participants were separated into age groups: 12 to 14, 15 to 18, and 19 to 25. The younger participants were often shy and reluctant to talk about sexual issues.

The target population consisted of boys and girls aged between 12 and 25, both in school and out of school. The choice of age groups was based on the criterion that these young people would be in the sexually active age range.

Focus group discussion guide

Facilitator:

I am a member of a Research Team conducting these discussions to hear your views about issues of the youth. Over the years we have heard, even seen people die of illnesses some of which we have no idea about. My colleague and I are here to get views about the lifestyle of the youth especially concerning sex. Please do not feel ashamed to contribute to the discussion today as we will not attribute anything you say to you as an individual. Instead the topic will help us try to suggest solutions for the problems of the youth as they relate to their sexuality.

Is sexuality discussed freely in this community? Among boys/girls? With friends/relatives? Why?

When a girl/boy decides to engage in sex who does she/he discuss with? Friend/relative/parents/guardian/grandparents? Why?

FOR GIRLS

Before she says YES, what does she consider? (PROBE, for age, wealth, job/occupation, educational level, race, religion, marriage, tribe, health, WHAT ABOUT PLACE OF FIRST MEETING? etc) ASK why and/or why not.

After she says YES, is it normal for her to initiate sex? Why/why not.

What about condom-use; would she ever think of suggesting their use? Why/why not.

FOR BOYS

Before he asks a girl out, what does he consider? (PROBE, for age, wealth, job/occupation, educational level, race, religion, marriage, tribe, health, WHAT ABOUT PLACE OF FIRST MEETING? etc) ASK why and/or why not.

What type of girl would he want to go out with? (PROBE for type of sexual relationship, e.g. long term, one-night-stand).

After sexual contact commences, do:

GIRLS or BOYS

Ever think about pregnancies? If so, what normally comes to mind?

Ever think of sexually transmitted illnesses? If so, do they talk about them and for how long? Any suggestions on how to prevent them? Treatment? Seriousness of specific illness? (Probe about to categories of illness according to severity).

When there are problems of money at home, do girls normally feel they have to do something about it? If so, what? Do girls:

Ever think of somebody other than their relative to solve the problem?

If a man, what if he asks for sex? What do they do? Would they think of suggesting condom-use? Why/why not?

When a girl comes of age who do they first think of having sex with, boys their age or somebody a little older/much older? Why/why not?

Would they go out with a secondary school/college/ university student? Why/why not?

Would they go out with a working class/businessman? If so, with whom? Why/why not?

Is HIV/AIDS normally considered as a hindrance to these sexual relationships? Why/why not?

Summary of findings

Socio-cultural beliefs and norms as well as the deteriorating economy are partly to blame for the kind of sexual behaviour patterns which can be observed amongst the youth 12 to 25 years of both sexes regardless of educational background. The overwhelming response that sex was not openly discussed with parents and other older people in society is something that has been embedded in our culture. The results indicate that sexual issues are discussed with close friends of the same sex and peer group or with cousins who are of the same age. Occasionally, co-resident grandmothers are consulted for advice.

The study results indicated that girls and boys actually engaged in sex or thought about engaging in sex at quite an early age; for example, nearly two-thirds of the girls in our surveys were sexually active by age 16. This is close to the proportion reported in the ZDHS (University of Zambia, Central Statistical Office 1992). The majority of girls said they discussed their intentions with their close friends, many of whom seem equally uninformed and uneducated about sex, and therefore may not give appropriate advice to their friends about condom use, and fidelity, for example. Boys obtained advice from older boys, most of whom advised experimentation with as many girls as possible, and usually did not advise using condoms.

It is evident that factors such as physical appearance (being a 'good looking' or 'beautiful' person), and having wealth and health are of primary importance to boys and girls of all ages and regardless of educational background. Such views have serious implications for HIV infection because a healthy-looking person can also be carrying the virus. Similarly a person with a lot of money may also be carrying HIV. It is also likely that because of his or her financial position, he or she will be in a more advantaged position to make decisions in the relationship. It is therefore of great importance to deal with what the young people's ideal of a sexual partner, as some of these may expose them to higher risk of infection.

It seems clear that condoms are not having the desired effect among young people. They are hardly considered in sexual encounters; many young people share the common belief that sex is not enjoyable when a condom is used.

The general views of STDs among both sexes should also be a source of concern. Young people do not seem to take them seriously because they believe most STDs, other than AIDS, are curable. Many young people regardless of age, sex and educational background do not regard HIV/AIDS as a threat to their lives and do not even consider it as a hindrance to sexual relationships.

Recommendations

1. Programs should be established to educate parents on the importance of teaching their children about sex and HIV/AIDS. This could be done through radio and TV as well as through seminars and workshops.
2. There should be a campaign on condom use, not just for prevention of pregnancy but also for prevention of STDs. Information on how to encourage or introduce a discussion on condom use with the partner can be given in posters, brochures, or talks.
3. Youth should be given extensive information, education, and communication on STDs in schools, and in youth clubs for those not in school. They should understand that these diseases may predispose them to HIV infection. Sex education should be intensified in the schools and teachers should be encouraged to give appropriate advice to the pupils.
4. Seminars and workshops, in addition to posters and brochures, should be targeted at boys to educate them about sex in relation to HIV/AIDS.
5. The government should introduce more community based self-help projects in which young girls who have dropped out of school can acquire simple skills like sewing or hairdressing. Where these already exist, more financial assistance should be given.
6. Traditional female educators and grandmothers should be encouraged to incorporate teachings about STDs and especially HIV/AIDS and pregnancy prevention into the lessons taught in initiation ceremonies for young girls.
7. Posters should be oriented towards encouraging girls to say 'No' to sex if a boy refuses to use a condom.

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