

Zambian teens can't talk about sex or contraception, even with their friends

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Teenage girls who fall pregnant in Zambia are often mocked and feel isolated.
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Becoming pregnant constitutes a threat to young girls' health. That's because they have [a higher risk](#) of maternal complications than adult

women.

In fact, these complications were the [leading causes of death](#) among 15-19 year old [girls](#) in 2016. And national data from 2012-2013 reveals that almost one third of women aged between 20 and 24 in Zambia had given birth before they turned 18. This trend continues. Child marriage has historically been an important factor but even if that practice has declined over the past few decades, high rates of adolescent [pregnancy](#) persist.

[A range of factors is associated](#) with these high rates. Using contraception is not seen as important, and [young people](#) struggle to access it. Condoms have a bad reputation for reducing men's pleasure; some believe they have holes that allow the HIV virus to slip through. So they are not often used. There is a low level of knowledge about the risks of pregnancy and sexually transmitted infections. Married girls are expected to become pregnant within a year after marriage. And, finally, [young women](#) rely on—and are to a large extent expected to engage in—transactional sex to cover basic material needs.

We set out [to study](#) and better understand how [social norms](#) concerning adolescents' sexual behavior make girls vulnerable to unintended pregnancy in a specific context. The study formed part of the [Research Initiative to Support the Empowerment of Girls](#) (RISE), a randomized controlled trial that aims to measure the effect of economic support, community discussions and youth clubs on early childbearing rates in a rural Zambian context that has high rates of [child marriage](#) and adolescent pregnancy.

[We found](#) that adolescents were operating in an environment where they couldn't admit to others that they were sexually active. There wasn't much space for open, judgment-free communication with friends and parents about sexual matters. So the teens didn't know about

contraception or how to avoid pregnancies—the only message they received was "abstinence."

To solve this problem, interventions will be needed at multiple levels: with adolescents, families, communities, and in society generally. Young people need access to comprehensive sexuality education and life skills training. Parents, teacher, health workers and community leaders need to be involved in encouraging open discussions about sexuality and contraception.

Pressure and shame

The research involved individual interviews and focus group discussions with girls and boys aged between 13 and 18 and the parents of other young people of this same age. The researchers interviewed girls aged between 13 and 20 at four rural sites in Zambia's southern province. Fieldwork was conducted in two stages in 2017.

Girls reported that both their peers and parents would react negatively if it became known they had a boyfriend. Girls mostly advised each other not to date boys and not to have sexual relationships. But, quite a few claimed that girls can feel under pressure to have a boyfriend. That pressure is generally not directly about dating boys or men and having sex. It was about accessing certain commodities that boyfriends can pay for: basic things, such as snacks to bring to school, lotions or washing powder for clothes, or, more rarely, expensive items like mobile phones or fashionable clothes.

Participants recognized that girls who look for economic support may come from poor families that cannot afford to cover basic needs—"they have hunger at home," as one participant put it.

When asked whether a pregnant girl or a girl with a baby brings shame to

her family, some agreed—although others did not. Those who felt an early pregnancy was shameful for the family explained that it indicated the girl's parents had not supported or guided her. However, this concept of shame did not seem to relate primarily to morality.

In general, pregnant young women were not judged for not respecting religion or for having committed a sin, but for the burden they put on their families and the consequences in terms of discontinued education and future possibilities.

Both girls and boys stated that getting pregnant or making a girl pregnant could "destroy their future." Girls who had given birth told us they had lost friends because of their pregnancy. They said that their friends no longer came to see them, avoided their company, and some laughed at them.

Boys' experiences

Norms for sexual behavior are strongly gendered. The social sanctions against pregnant girls are stronger than against the men and boys who make them pregnant.

Unlike girls, boys may boast about their relationships with girls among friends. Nevertheless, boys risk being held economically responsible and taken out of school. In many reported cases, the boy or man either denied responsibility or disappeared when he learned about a girlfriend's pregnancy. This is presumably because they are afraid of being held accountable.

No participants mentioned boys pressuring girls for sex or the use of violence as contributing factors. But at least two of the eight girls with a baby had become pregnant because of rape.

Contraception frowned on

Interestingly, not one participant told us that early pregnancies occurred because young people do not use contraception or because they don't know enough about the risks of having unprotected sex.

Social norms in Zambia consistently indicate that unmarried girls should not use contraception. Young people themselves said that they cannot ask for contraception because that would mean revealing they were having sex.

Parents were strongly opposed to the idea that their girls could avoid unwanted pregnancies by using contraception. Even just talking about contraception and condoms could encourage girls to "experiment" or to become "prostitutes"—which meant having many partners or going after men for money. It was also commonly believed that hormonal contraception could be harmful to young women and might result in infertility, disabled babies or even cancer.

All these findings suggest that it will take interventions at every level to address the issues of sex, [contraception](#), pregnancy and associated risks in Zambia. Just talking to adolescents won't suffice; parents, teachers, communities and society at large also need to be involved.

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