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### Female Sexual Behavior and the Risk of HIV Infection: An Ethnographic Study in Harare, Zimbabwe

by

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## **Executive Summary**

The number of AIDS cases in Zimbabwe has increased greatly since the first case was diagnosed in 1985. By late 1993 there were 25,332 reported cases, 7190 of them in individuals aged 20-29. More than half of these were women who were infected in their teens or early twenties. Similarly, among the 537 adolescents identified as HIV-positive, girls outnumber boys by three to one. Early intervention among young adults, particularly adolescent girls, who have begun learning about sex but are not yet sexually active may be an important strategy in changing the course of the AIDS epidemic in Zimbabwe.

### **Objectives**

The objectives of the study were to:

- Describe adolescents' perceptions of their sexuality and the factors that influence their sexual behavior.
- Determine the role of family members in providing sex education to adolescents.
- Develop and pilot test an HIV/STD prevention strategy for adolescents that promotes responsible sexual decision-making.

### **Methodology**

Discussion guides and methods to stimulate group discussion were developed during a 3-week pilot study at an all-girls government school in downtown Harare. After the pilot study, five schools representing a variety of communities and settings (urban and rural, day school and boarding school) were selected. One hundred and ten students, male and female, aged 14 to 19, participated in the study.

Four interviewers were selected -- two Shona speakers and two Ndebele speakers who were also fluent in Shona. The interviewers were trained in qualitative research, the conduct of discussion groups, and recording and reporting techniques.

A series of seven group discussions were first held with girls from each school over a 4-week period, followed by discussions with boys. The topics included sources of sex education, values and beliefs about sexual activity, factors in sexual decision making, relationships between boyfriends and girlfriends and between older men and adolescent girls, and knowledge of AIDS and STDs. Two additional discussion groups were held with mixed groups of boys and girls which focused on communication about sex and peer pressure. To promote discussion, picture codes, role playing, and participatory group exercises were used. Additional data were collected from adolescents using a self-administered questionnaire on sexual attitudes and behavior.

Discussion groups and one-on-one interviews also were held with married women who were mothers of teenaged daughters from the same schools involved in the research project, as well as from a rural area outside Harare.

Based on the data collected, a school-based intervention was designed in which 25 teachers from 15 schools were trained as facilitators of group discussions with adolescents on topics related to sex, relationships, and STD/HIV prevention.

## **Results**

Historically, male and female adolescents in Zimbabwe were taught about sex by their maternal uncle (*sekuru*) and paternal aunt (*tete*), respectively. However, urban migration and changing family relationships have contributed to the demise of traditional instruction. At the same time, the students reported that sex education in the schools was limited to the biological facts about reproduction. Both girls and boys stated that they obtained most of their information about sex from friends, romance novels, movies, and magazines.

Parents are conspicuously absent in the sexual education of their children. The mothers indicated that their culture "forbids" them to talk with their daughters about sex. While a few mothers do instruct their daughters on personal hygiene, most of them feel unable to do more than admonish their daughters to "stay away from boys." Girls, in turn, feel embarrassed to discuss these matters with their mothers and rely on friends or older sisters. Boys receive even less instruction on how to make responsible sexual decisions, although they do receive specific instruction from peers and older male relatives on sexual intercourse.

Boys and girls, predictably, view relationships differently. Girls prefer to have just one steady and faithful boyfriend, while boys prefer to have several girlfriends. Virginity is highly prized by girls. In fact, the idea of maintaining one's virginity is so strong that on self-administered anonymous questionnaires, only two girls admitted to being sexually active. However, at least four girls who participated in the discussion sessions were pregnant at the time of the study. On the other hand, losing one's virginity is strongly valued by boys. Thus, girls receive heavy social pressure to stay a virgin, while they are in relationships with boys who are being pressured by their peers to "be a hero" by having sex.

Typically, girls equate having sex with showing one's love, although they feel discovery but others would bring shame upon themselves. On the other hand, boys clearly feel sexual experience is something of which to be proud and is a source of physical pleasure as well as peer acceptance and recognition. Both boys and girls agreed that sex is often unplanned and something that "just happens."

As the research progressed, it became clear from the liveliness of the discussions that the students were eager to discuss these issues further. The function that the group discussion played in helping the students reach a better understanding of themselves and their peers was as important as the actual content of the conversations. Thus, the research team began to think of the discussions themselves as an intervention strategy and teachers as the ones who could best facilitate such discussions. Teachers are clearly the adults with

whom school-going adolescents come into contact most frequently. If properly trained, it was hoped that they could skillfully facilitate similar discussion groups.

Using an experience-based training approach, the research team held three workshops with 25 teachers from 15 rural and urban schools. Each workshop lasted for 2 days. The training was well received and teachers appreciated the opportunity to examine and express their own attitudes and beliefs, as well as to share their experiences with their colleagues. The participants felt they had gained valuable knowledge and skills on how to address sensitive topics with adolescents using a group discussion format. According to one participant, "I thought teaching was lecturing."

The research team made follow-up visits to each school to observe how the teachers were using the discussion materials. At all of the schools visited, the teachers had implemented discussion groups about sex and AIDS. In addition, they had provided in-service training to other teachers at the school and initiated greater community outreach on AIDS prevention.

## **Conclusions**

In general, adolescent sexuality has been viewed as a problem rather than as a natural process in the growth toward adulthood. Although school-based adolescents receive factual information in science class about reproduction, few participants in our study reported that detailed information, particularly about sex and puberty, is passed on to them by adult family members. For girls, much more than boys, the messages given are not informational but are warnings to stay away from the opposite sex. Lacking a forum to discuss the emotional aspects of their developing sexuality, both boys and girls must cope with their own nascent values, uncertain decision-making skills, and acute social pressure. Therefore, it is not surprising that adolescents drift into sexual relationships at a time when their lives are full of uncertainty and vulnerability.

This study indicates that adolescents are sexually active and are desperately in need of a forum in which they can safely ask questions about sex, express their feelings, and learn appropriate communication skills. The experience of the pilot intervention has been that teachers, if properly trained, can provide adolescents with such a forum to help facilitate their ability to make responsible decisions about their sexual behavior.

Factors that influence the success of this type of intervention include keeping the efforts small scale, providing teachers with concrete materials and activities, making follow-up visits to teachers, and encouraging teachers to be creative in changing and adapting materials to suit their own needs.

While simply talking about sex is no predictor for responsible behavior, it is at least one way to help young men and women wade through the social, emotional, and sexual pressures facing them in the difficult transition from childhood to adulthood. In this age of AIDS, talking openly about sex with adolescents might be one of the most important things adults can do.

## **1. Introduction**

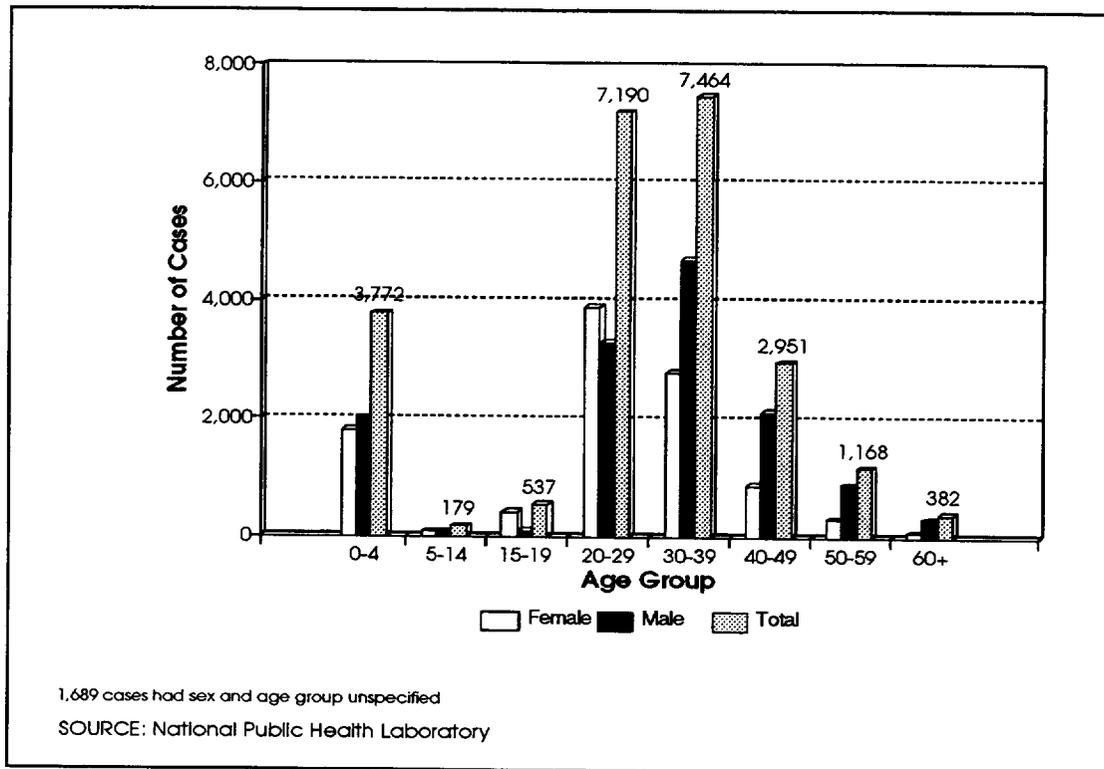
### **AIDS in Zimbabwe**

Since the first case of AIDS was diagnosed in 1985, Zimbabwe has experienced a substantial increase in transmission of the human immunodeficiency virus (HIV). From 1987 to late 1993, there were 25,332 reported cases of AIDS (NACP, 1993). Of these, 537 cases were among adolescents, approximately 75 percent of them females (NACP, 1993). As is true for most countries, it is widely believed that the number of AIDS cases is significantly higher than the official figures indicate. The prevalence of HIV antibodies in women attending selected antenatal clinics ranges from 20 to 42 percent (NACP, 1993). In 1991, the capital city of Harare reported that AIDS was the leading cause of adult death, accounting for nearly one-quarter of all deaths.

The initial AIDS prevention strategies targeted so-called high-risk groups. Among others, these included females who participated in commercial sex, long-distance lorry drivers, and persons attending clinics for sexually transmitted diseases (STDs). The widespread presence of HIV infection in the adult population, particularly in urban areas, has prompted the view that the entire adult population should be considered as potentially at risk. In addition, attention has been focused on adolescents as being at risk for AIDS.

### **Adolescents and AIDS**

Prior to the AIDS epidemic, adolescent sexual behavior in Africa was mainly of interest to anthropologists and demographers. AIDS has broadened this focus. Adolescents in Zimbabwe, as elsewhere in Africa, have low rates of HIV infection largely because the majority are not yet sexually active. Since approximately 25 percent (25 million) of the population is between the ages of 11 and 19 (Central Statistical Office, 1992), and the cases of AIDS jump significantly for the next age group (see Figure 1), preventing HIV infection



**Figure 1. Cumulative AIDS Cases by Age Group and Sex**

during adolescence would have a substantial impact on the course of the AIDS epidemic in Zimbabwe.

***Special Vulnerability of Adolescent Girls***

The number of AIDS cases in the next age category (20-29 years) increases substantially. Between 1987 and 1993, some 7190 cases of AIDS were reported among young adults, many of whom were presumably infected in their teens. Women made up more than 50 percent of these cases. For women, the peak in age distribution of AIDS cases occurs in their early twenties; for men, the peak occurs an average of 10 years later. This gender difference may be due to several reasons. The older-male/younger-female pattern of partner selection may mean that young women are more likely than young men to have a sexually experienced partner who may be HIV positive. In addition, the adolescent female genital tract may not

be fully matured and thus more susceptible to infection (UNDP, 1992). Sexual activity, therefore, may carry an enhanced biological, as well as social, vulnerability to HIV infection. Whatever the cause, the fact remains that for women the greatest risk of HIV infection occurs at a young age--in the teens or early twenties. The special vulnerability of women has received attention because it reflects the important gender inequalities which underpin the spread of AIDS through heterosexual transmission (Bassett and Mhloyi, 1991; Bassett, 1993). However, all adolescents, male as well as female, enter a period in which initiation of sexual activity means they are vulnerable to AIDS.

### *The Changing Meaning of Adolescence*

As African peasant life has become inextricably entwined in a cash-based, urban-centered society, the social function of adolescence has also changed. Adolescent girls are no longer merely waiting for marriage. In fact, education to the secondary school level is now common and represents an activity not traditionally available to girls (Cherlin and Riley, 1988). In Zimbabwe today, about 90 percent of girls complete primary school and 55 percent complete secondary school (Central Statistical Office, 1992). Indeed, the substantial evidence that educated women delay childbearing until after adolescence and take better care of their children's health has been the main argument for increasing the availability of schooling for girls (World Bank, 1993).

In the 1970s, Gelfand carried out a series of surveys among the Shona, the major linguistic group in Zimbabwe (Gelfand, 1973). His studies focused on the education of youth, including sexual education. Although this work is often criticized as amateurish, it does provide useful information. Responses to his survey questions by students suggest that a flexible but structured process of sex education was in place 20-30 years ago. Respondents reported group instruction, instruction by designated relatives and group play as part of their initiation into adulthood.

Popular knowledge suggested that this mechanism was no longer functioning, but few data were available to support this widely held view. There are very few contemporary

ethnographic data at all. In fact, most information concerning adolescent sexuality has focused on adolescent pregnancy. Since the 1970s, it has been noted that childbearing in adolescence accounts for a substantial proportion of pregnancies. In most developing countries, about 20 percent of births are to mothers who are under 20 years old (Population Reference Bureau, 1992). Thus studies have focused on quantifying adolescent (mainly female) sexual activity. Surveys typically sought information on age at first coitus, number of partners, and knowledge and use of contraceptives (Dixon-Mueller, 1993). Because the use of contraceptives was the principal intervention, knowledge of and access to family planning was the main focus of these studies. Cultural beliefs surrounding sexuality and the education of adolescents about their sexual identity were not specifically addressed.

### **Adult Roles: Parents and Partners**

The social position of women in Zimbabwe is largely defined by the twin legacies of colonialism and a traditional patriarchal family structure. As land expropriation by European settlers and introduction of taxes forced African men into the cash economy, separation of men from their families became a way of life (Stoneman, 1982). Women were left behind to function as peasant farmers on agriculturally poor lands.

The contemporary sexual culture which emerged has placed many people at risk for HIV infection. Men seek additional partners in town and are subject to little social control. Indeed, in Zimbabwe today, women without partners face many economic and social difficulties. Women perceive that they have little choice but to accept male behavior (Batezat and Mwalo, 1989). In the past decade, many researchers have written on the relationship between gender roles, particularly the subjugation of women, and the spread of AIDS (Bassett and Mhloyi, 1991; Schoepf, 1993; Ankrah, 1991; Ulin, 1992; Worth, 1989; Holmes, 1991; Kline *et al.*, 1992; Orubuloye *et al.*, 1993).

While women as wives often perceive few alternatives to subservience, women as mothers may have different perceptions. How do the mothers of adolescent girls view their

daughters' lives? What are the girls' hopes? Do they differ from their mothers' expectations for their own lives? How do daughters and mothers communicate? How do the views and experiences of boys affect girls and the risk of HIV transmission? This study set out to illuminate some of these issues.

### **Study Objectives**

Previous research in Zimbabwe has consisted mainly of surveys of knowledge, attitude, beliefs, and practices (KABP). Such surveys offer useful information on the prevalence of attitudes and frequency of behaviors associated with sex and AIDS. For example, a 1986 study of adolescent girls in Zimbabwe showed that fewer than one-half talked with an elder about family planning, sex, or pregnancy (Boohene *et al.*, 1991). However, surveys are not useful in determining the "meaning" attributed to behavior and practices. Virtually all KABP studies suggest that there is a gap between knowledge of AIDS prevention strategies and their practice. Understanding, and we hope, bridging this gap, requires a dialogue between researchers and their subjects.

This study had three broad objectives:

- To describe adolescents' perceptions of their sexuality and the factors that influence their sexual behavior.
- To determine the role of family members in providing sex education to adolescents.
- To develop and pilot test an HIV/STD prevention strategy for adolescents that promotes responsible sexual decision-making.

To meet our objectives and ensure a dialogue, we felt a participatory action research approach was warranted. Action research is based on the principle that people should be active participants in their own process of change (Burke, 1987; Schoepf, 1993). To bring about behavioral change, people must recognize the *need* to change and begin taking steps toward achieving change. Action research is closely linked to the tenet that "transformation

is only valid if it is carried out with the people, not for them" (Freire, 1970). Therefore, we designed the study so that the students would become active participants in developing an AIDS prevention intervention targeted to youth (Preston-Whyte and Dalrymple, 1992). Concurrently, in addition to asking the participants to identify the problem and be a part of the solution, we began providing them with the opportunity to develop skills which would help them in adopting responsible behaviors.

One caveat must be added. Although every effort was made to select schools which reflected the diversity in the Harare area, this study does not constitute a representative sample of adolescents in Zimbabwe. However, similar findings and themes have emerged in other studies conducted in Zimbabwe (Nyachuru-Sihlangu and Ndlovu, 1992; Runganga, 1993; Voss, 1993; Wilson *et al.*, 1989). We therefore feel confident that the issues raised in this study reflect the concerns of many other young people in Zimbabwe.

## 2. Methodology

### Adolescents

#### *Pilot Study*

Methods to stimulate group discussion were initially developed during a 3-week pilot study at an all-girls government school in downtown Harare. We decided to use group discussions in the hope that an informal yet structured setting might encourage participants to speak candidly about issues concerning sex (Morgan, 1988). With the assistance of the senior mistress, a group of lower sixth Form<sup>1</sup> girls were approached and parental consent for their participation was obtained. During the pilot period, discussion guides were developed, tested, and revised. Students were also questioned about their response to this type of discussion approach. The response was uniformly positive.

The pilot period also served as training for the four research assistants recruited for the study. A consultant assisted in 1 week of instruction in qualitative research techniques. The research assistants were trained in the use of picture codes and discussion guides, completing incomplete stories, ordering a series of pictures into a story, and other participatory exercises. The training made use of Training for Transformation by Anne Hope and Sally Timmel (Hope and Timmel, 1985), which uses techniques promoted by the Brazilian educator, Paulo Freire.

#### *Sampling*

After the pilot study, group discussions were continued in five schools that were selected to represent a variety of communities and settings. These schools were:

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<sup>1</sup> The Zimbabwe educational system is modeled after the British system. Grades 1-7 correspond to primary school. Secondary school corresponds to Forms 1-4. At the end of Form 4, students take the O-level exams. After they take these exams, students can go on for two additional years in preparation for university -- Forms 5 (also called lower sixth) and 6. At the end of Form 6, students take the A-level exams, which are a requirement for university admission.

- One urban high school located in one of Harare's high-density areas (formerly called townships). This co-ed government school is an established community institution, and during the pre-independence period was one of the few African schools to offer instruction to A-level.
- One periurban, co-ed secondary school on the outskirts of Harare located in one of the newer high density areas. This community is less established, with more recent urban migrants than the community noted above. Instruction in this government school is provided to O-level.
- Two rural boarding schools -- one for boys that goes to A-level and one for girls that provides instruction to O-level -- located within a 1-hour drive of Harare. These private Catholic mission schools cater to a middle-class student population.
- One rural secondary school within a 1-hour drive of Harare that serves a poor, largely agricultural population. Instruction in this co-ed government school is given up to O-level.

The study design originally called for the sample to include Form 4 students. However, at one school these students were unavailable because of exams and in another the headmaster expressly requested that more senior students be involved because of their need for AIDS education. Therefore, female and male students were recruited from Forms 3, 4, and 5 (lower sixth). The students were aged 14-19. Many of them were entering their last year of formal education and would soon be looking for employment.

The headmaster at each school was asked to identify a group of female adolescents and a group of male adolescents made up of 8-10 students drawn from the different academic levels. In some instances, 12-15 students were selected by the headmaster and allowed to participate, despite the concern that the group size might become too unwieldy. All of the students were given consent forms to be signed by their parents and these were returned prior to the start of the discussion groups. No parents declined to give consent.

### *Interviewers*

Interviewers were selected for their ability to facilitate discussion on sensitive topics, their aptitude for creating rapport with adolescents, and their capability for being supportive

and nonjudgmental. Four interviewers were selected -- two Shona speakers and two Ndebele speakers who were also fluent in Shona. Three of the interviewers were recent university graduates. The interviewers received training in qualitative research, the conduct of discussion groups, and recording and reporting techniques.

### ***Group Discussions***

As noted, the study was first piloted among girls at a Harare secondary school. The pilot focused on the appropriateness of the discussion guides and methods used. Following the pilot, the discussion guides were revised for use with girls from the four other Harare schools. Subsequently, the discussion guides were further revised for use with boys and with mixed gender groups.

Discussions were held twice a week during a 4-week period. The discussion topics were:

#### **Girls:**

- Hopes and worries about the future
- Sources of sex education ("Auntie" picture code)\*
- Attitudes about sex
- Values clarification
- Relationships with older men ("Sugar Daddy" picture code)\*
- Boyfriends
- AIDS

#### **Boys:**

- Sources of sex education (*sekuru* picture code)\*
- Values clarification
- Attitudes about sex
- Relationships with girlfriends (boy/girl picture code)\*
- AIDS and STDs
- Pressure lines (combined session with girls)
- Role playing (combined session with girls)

### ***Recording Data***

The discussion groups were tape recorded and attended by both a facilitator and observer. The facilitator moderated the discussion while the observer took notes of the proceedings. The participants were assured of the confidentiality of their responses. No

record was kept of the names of study participants who attended the sessions. Since many of the discussion groups used both Shona and English, the tapes were first transcribed and then translated into English.

### *Questionnaire*

Midway through the discussion sessions, both girls and boys were asked to complete an anonymous questionnaire. The purpose of the questionnaire was to gather data on personal behavior and experiences as well as attitudes on controversial topics which we felt would not be readily disclosed in a group setting. The two questionnaires were equivalent, with appropriate gender adjustments for questions about puberty. The questionnaire gathered sociodemographic information (household composition, pattern of rural urban residence) and information on how respondents learned about puberty and sex, relationships with boyfriends/girlfriends, and sexual behavior.

The questionnaire was composed entirely of open-ended questions, with space provided for written responses. One class period was devoted to its completion. The questions were written in English, but respondents were encouraged to use Shona as well as English in their responses.

### *Data Analysis*

The teams met daily to review and discuss the previous day's proceedings as well as upcoming sessions. Concurrently, the tapes of the group sessions were transcribed, translated into English, and the content analyzed.

The questionnaires were coded and entered in EPIINFO Version 5.01 (CDC/GPA) for statistical analysis. The Student T-test was performed for continuous data and the chi-square statistic calculated for categorical data. In addition, appropriate quotes which complemented the coding categories were recorded.

## **Mothers of Adolescent Girls**

Information from mothers was gathered in two ways: discussion groups and individual interviews.

### ***Group Discussions***

After the completion of discussion sessions with girls, we asked them to give us the names and home addresses of their mothers so we could organize discussions with them. A letter went to all mothers, inviting them to participate in discussions on two consecutive Saturdays. A small amount (US\$2) was offered to offset transportation costs, and a snack was provided. The sessions took place either at a neighborhood clinic (for mothers of the female students attending the two urban schools), at the school (for mothers of the rural school girls), or in the Department of Community Medicine (for mothers of girls who attended the boarding school).

**First Discussion Session.** The objectives of the session were:

- To establish whether the traditional role of the auntie (see Chapter 4) was still in existence today.
- To find out the kind of information the aunt passes on to her niece.
- To explore how mothers feel about aunties taking responsibility for educating young women about sex and growing up.
- To explore how mothers communicate about sexual topics with their own daughters.

This session used the picture code of an older woman talking with a young girl which was used in the second discussion session conducted with girls. The interviewers explored how the picture was interpreted by participants, whether mothers had themselves experienced this relationship as a child, and finally whether they assumed the traditional educator role

of the auntie with their nieces, and what kind of relationship their daughter had with her auntie.

**Second Discussion Session.** The second session used an incomplete story which mothers were asked to complete. The story raised the issue of male sexual infidelity in a marriage where the husband provides well for his wife and children. Women discussed this issue, drawing on their own life experiences. The story then continued by focusing on the daughter who is about to be married. The daughter is concerned that her future husband may have girlfriends. Mothers were asked to cast themselves as advisers. Would they give the same advice to the daughter as that given to the mother in the first vignette? Mothers were encouraged to discuss how they would prepare their daughter for marriage, including the issue of HIV transmission from an unfaithful husband to a faithful wife. They also were asked to speculate on how their daughter's expectations about marriage and fidelity differed from their own.

### *Semistructured Interviews*

After the group discussions with the mothers were completed, a schedule was developed for in-depth individual interviews. Those selected included women whose daughters participated in school-based discussion sessions held at the urban O level school. This was the school where group discussions with mothers were canceled because of logistic difficulties. Interviews were also conducted with mothers who lived in a remote, rural area different from the site where the rural school was located. This was done in order to get a better idea of the situation facing rural families, since the "rural" school selected for study was within commuting distance of Harare. In this community, interviewers sought mothers of girls aged 14-19.

After the interview schedule was piloted, trained personnel did the interviews. Each interview was audiotaped, transcribed into Shona and then translated into English. The interviews were coded and entered on EPIINFO for quantitative analysis. The questions aimed to determine sociodemographic characteristics, the mother's personal experiences of

puberty, preparation for sex and marriage, and her current adult role as a mother of an adolescent girl. Responses were probed to get a more detailed account of the information provided. At the end of each interview, the mother was given US \$2 as a token of appreciation. She was not informed of the payment when the request for permission to interview was made.

### 3. Characteristics of Respondents

As described in Chapter 2, discussions were held in each school twice a week over 4 weeks. The participants' names were not recorded, but the sessions involved about 70 adolescent girls and 40 adolescent boys from the five schools. The anonymous questionnaire, which was administered midway through the discussion sessions, was completed by 62 girls and 30 boys. This is a smaller number than those who participated in discussions because some students were absent on the day the questionnaire was administered. No one refused to complete the questionnaire.

#### Sociodemographic Data

As shown in Table 1, girls who completed the questionnaire ranged in age from 14 to 19 years and were attending Forms 3, 4, or the lower sixth (see Table 1). The average age of girls varied at each school. A total of 30 boys completed the questionnaire, most (27) of whom were in Form 3. The male Form 3 students were an average of 16 years old (range 15 to 18 years).

The majority of students had lived in rural areas at some time. About one third (17 girls, 13 boys) described their upbringing as entirely urban. Almost all had continuing ties with the family's rural home, visiting at least once a year. About half of the girls and two-thirds of the boys lived in households with both parents present. Others lived with relatives in order to attend school. Three girls and one boy said that they lived with their mother only, and four girls lived with their father only.

Almost all of the girls and three-quarters of the boys described their household as church-going. Most of the girls and two-thirds of boys were themselves regular attenders, although fewer reported being members of youth groups, most of which were church based.

**Table 1. Age and School Year of Participants**

Type of School	No.	Year of Study	Mean Age	Age Range
Urban A level Government				
Girls	18	Form 4/5	17.6	16.7-19.0
Boys	7	Form 3/5	17.0	14.0-19.0
Urban O level Government				
Girls	15	Form 4	17.2	16.3-18.3
Boys	8	Form 3	16.0	15.0-16.0
Boarding schools Mission				
Girls (O-level)	15	Form 3	15.5	14.9-16.2
Boys (A-level)	8	Form 3	15.3	14.2-16.5
Rural O-level Government				
Girls	13	Form 4	17.6	16.7-19.1
Boys	7	Form 3	16.9	16.0-18.0
<b>Total</b>	<b>92</b>			

The majority of adolescents said that they had decided what they wanted to do after school. Most hoped to become professionals (teachers, lawyers, doctors, accountants, etc.) and all hoped to gain additional skills. The students at boarding school, most of whom came from middle-class families, were more likely to have plans to become professionals, but these aspirations were shared by students at all five schools.<sup>2</sup>

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<sup>2</sup> However, for most students, particularly those at Government schools, it is unlikely that these ambitions will be realized because of high failure rates for O-level exams.

#### 4. Sources of Information

##### Background

In traditional Shona culture, the task of educating young girls for their future roles as wives and mothers fell to a paternal aunt or *tete*. Similarly, the education of boys was the responsibility of the maternal uncle or grandfather, both known as *sekuru*. The extent to which these traditions have remained intact, and the alternatives that may have emerged, were explored through group discussions that used the *tete* and *sekuru* picture codes as well as through the self-administered, anonymous questionnaire. In addition, semistructured interviews were held with 40 mothers of adolescent girls to assess generational differences in sources of sex education, as well as intergenerational communication on sexual topics. These findings are reported in Chapter 5.

Group discussions and questionnaires yielded different but complementary information. In the discussions, the adolescents' descriptions most likely reflected current social norms and attitudes, rather than individual behavior or practices. In general, personal disclosure was infrequent in the group setting while personal experiences in learning about puberty and sex were described in the responses to the questionnaire.

##### Puberty

Puberty in girls was assessed by the onset of menarche. Only one girl (aged 15) who completed the questionnaire had not yet begun to menstruate. For the remainder, the age at menses ranged from 9 to 16 years, with about 50 percent of girls reporting menarche by age 13. The mean age at menarche was 14.3 years.

To assess the onset of puberty, boys were asked at what age they had seen changes in their bodies "which showed that you were becoming a man." The average age reported was

12.9 years, with the range being 11 to 15 years. Most boys reported that they noticed changes at 13 years. One 15-year-old had not yet noticed any changes.

Only 12 of the 62 girls who completed the questionnaire reported that they knew about menstruation prior to onset (see Table 2). In contrast, all the boys stated that they knew what to expect before the onset of puberty. For example, all the boys said they knew about wet dreams in advance.

Mothers were the most commonly reported source of information about menstruation for girls. Most often, the girl informed her mother after she had begun menstruating. Only five girls mentioned their aunt as the person who first informed them about menstruation. Girls away at school often mentioned teachers, particularly the school mistress.

**Table 2. Time and Sources of Information on Menses**

Source	Responses (N = 62)
Knew in advance	12
Told after onset	40
No formal explanation	10
Who explained menses?	
Mother	20
Paternal aunt	5
Grandmother	5
Sister	8
Friends	7
Teacher/SchoolMistress	7
Others/nobody	10

Many girls described the onset of menses as a confusing and even frightening experience:

*No one explained it to me. I thought that I had bilharzia.*

*At first I thought that I had hurt myself.*

Typically, the explanation of menstruation included the fact that the girl was "now a woman" and a warning that she could now become pregnant and to "stay away from boys." Sisters, friends, aunts or grandmothers were other, less common sources. Girls away at school often mentioned teachers, particularly the school mistress.

### **Traditional Role of the *Tete***

In group discussions at all schools, girls were familiar with the traditional role of the *tete*. Some pointed out that this role was also played by the paternal grandmother. When the students were shown the *tete* picture code, they had no difficulty speculating on the content of the discussion between the older woman and the young girl, and their speculations were remarkably uniform in the four study schools which had female students.

Girls agreed that such a discussion would cover issues of puberty, proper behavior, and good manners. The first of these discussions would take place at 12 to 15 years of age and would most likely be general, rather than explicit, in content. The main message would concern the dangers of sexual relationships and risks of pregnancy. The discussion might also involve practical advice about maintaining personal hygiene.

According to the girls, the aunt might be approached again later, when the girl was perhaps 18 and had a boyfriend whom she wished to introduce to her aunt. Before marriage the aunt would accompany the bride-to-be to her in-laws. At that time a girl could expect to be taught about sex, but not before. In general, a girl's mother would not talk about such matters with her daughter, as this would be contrary to tradition:

*It must be an aunt. In our culture it would not be the mother. A mother would not talk to her daughter about such matters.*

Other discussions with the *tete* might occur if the girl sought out the aunt and traveled to her home. Sometimes, if her mother noticed the daughter was developing breasts or menstruating, she might tell her to go see her aunt. If the girl was showing interest in boys,

her mother might also instruct her to go to see her aunt. Less often the girl might be summoned.

The group discussions suggested that the aunt remained the culturally sanctioned source of information about sex and growing up. This widely recognized role also was confirmed in the questionnaire, in which most girls identified the aunt as an appropriate source of information on sex-related topics.

The questionnaire sought to determine general attitudes toward the aunt in a number of ways (see Table 3). Girls were asked to identify the "best person" to teach girls about sex, the person whom they personally would ask if they had a question about sex, and whether they would approach their *tete*. Of the 62 girls who completed the questionnaire, 42 said they would ask their aunt a question about sex and 29 stated that the aunt was the most appropriate source. Reasons for this choice included that it was the aunt's duty to answer questions and the girls' belief that they could "feel free" with the aunt because this was her role:

*I would most probably ask my aunt because it is her duty and because she is a married woman, she also knows about sex. Therefore she would be in a position to answer all of the questions I would pose.*

Some girls also referred to a close relationship with their aunts:

*My aunt is the one who always helps me when I am in trouble. I can feel free with her.*

Although over half of the respondents had identified the aunt as someone they would ask about sex, far fewer had actually had any conversations with her on the subject. Only 14 girls reported a discussion with their aunt concerning any aspect of sex (including explanation of menses, sexual intercourse, or pulling the labia), and seven of those identified their aunt as the person who had explained sexual intercourse to them (see Table 4).

Although the role of the auntie was widely recognized and understood, it was not widely used.

### **Traditional Role of the *Sekuru***

The role of the *sekuru* was recognized by boys, but in practice appeared even more underused than that of the aunt. Boys more often identified the *sekuru* as a repository of family history and culture than a source of information about sex. The boys identified the older man in the picture code as a grandfather, father, or uncle and suggested that the boy was being taught about cultural beliefs, growing up, and how to prepare for the future.

In group discussions, most of the boys could identify a *sekuru* in their own lives but very few had any regular contact with him. In part, this was due to physical distance, because most of the boys lived in town and the *sekuru* lived in rural areas.

*Yes, I do have a sekuru, but I don't live with him. When I visit we only talk about culture.*

Some boys reported that they talk about sex and marriage with their *sekurus* or grandfathers:

*He tells me not to sleep with girls because I could make them pregnant and this would spoil my future.*

*I discuss marriage with my grandfather. He says you should have one wife and that I should have a home in the rural area so as to keep the family homestead.*

Not all elder male relatives counseled sexual abstinence and monogamy:

*My uncle tells me that he had many girlfriends when he was growing up and he says I should do the same.*

*I ask if I should have a girlfriend and my uncle says now is the time to experiment.*

**Table 3. Preferred Sources of Information About Sex**

Question	Girls (N=62)	Boys (N=30)
Who do you think should teach girls/boys about sex?	29	11
Paternal aunt/ <i>sekuru</i>	20	--
Mother	5	3
Teacher	4	11
Anyone knowledgeable	4	5
Other		
Who would you ask about sex?		
Aunt/ <i>sekuru</i>	16	3
Friend	18	23
Sister/cousin	10	--
Grandmother	3	1
Other female relative	3	1
Mother	4	1
Father	--	1
Other	8	--
Would you ask you aunt/ <i>sekuru</i> ?		
Yes	42	18
No	19	12
Too far away	2	4
Poor relationship	15	6
No response	1	--
Would you ask your mother?		
Yes	14	2
No:	48	28
Shows disrespect	37	14
Raises suspicion	11	4
Would you ask your father?		
Yes	0	2
No	60	24
Fear	--	14
No response	2	4

**Table 3. Preferred Sources of Information About Sex**

Question	Girls (N=62)	Boys (N=30)
Would you ask a teacher?		
Yes	21	3
No:	40	18
Not confidential	18	12
No response	1	9
Would you ask a friend?		
Yes	53	23
No:	9	7
Unreliable	6	7
Who would you ask first?		
Paternal aunt/ <i>sekuru</i>	17	8
Friend	18	17
Mother	4	1
Sister/cousin	11	3
Other relative	3	1
Other	6	--
No response	3	--

The boys at the rural school were more likely to talk to their *sekuru* than boys at other schools. Boys at the schools in high-density areas were particularly critical of their uncles and indicated that they no longer performed a necessary function. At the boarding school, none of the boys had ever spoken with their *sekuru* about growing up.

#### **Current Role of the *Tete***

Despite the fact that the *tete*'s role was universally recognized, few girls had a functioning relationship with their aunt. The girls believed this was the general experience of most girls they knew. Although some of the girls thought that the practice of aunties talking with

young girls about sexual behavior might occur elsewhere, they all agreed that it was not common in their communities.

*In rural areas everyone lives together where you see each other. So it is still strict and the aunts are given a lot of respect. But in town, it's not really happening.*

There were several sources of distance which hindered the establishment of continuing relationships with an aunt. First was the problem of physical distance. Frequently, aunts lived far away because the current pattern of marriage has made it less likely that people marry within a village. Even within the city of Harare, aunts might live in a distant neighborhood and the girls had no means of seeing them, unless an adult agreed to give them money for bus fare.

However, the problem of social distance emerged as an even more important barrier between the aunts and their nieces. In the written questionnaire responses, 24 girls stated they would not approach their aunt, 18 of them because of a problem in the relationship. A range of issues were identified as threats to the traditional role:

*Some of the aunts are just lazy. They think because these days girls go to school they don't have to do their job.*

*It's because we are becoming more Westernized. The aunts are busy with their own families and the extended family does not count anymore.*

*When I see that old bag coming to talk to me, I just wish I could run away.*

The aunts were often noted to be "old-fashioned" and "out of touch with the modern times." Sometimes a girl's parent might not approve of the way the aunt had raised her own children, so her father would not encourage contact:

*My father does not think much of my aunt. Her own children are just wild and he wouldn't encourage me to get advice from her.*

*I would not ask my aunt because she doesn't get along with my mother. She is not a steady person and her own children are prostitutes.*

Upward mobility within families that maintain extended family ties has brought new divisions and tensions. Girls frequently spoke of hostile, jealous relations with the aunt. Some complained that the aunt exploited her role as a confidant to her own advantage:

*Some aunts are just corrupt. They just want to use their niece by making the boyfriends give money. You might have a good steady boyfriend who is not rich and because of that she will disapprove of him.*

*If I tell anything to my aunt, she will tell my parents.*

Some of these negative portrayals reflected direct personal experience, probably more were tales spread by word of mouth. These anecdotes were recounted at all the schools and portrayed a negative view of aunts that was not expected by the research team.

Beyond the problem of physical and social distance which challenged the relationship with the aunt, girls who did talk to their aunts complained about the content of the advice they received. The girls complained that the aunts only gave instructions, rules without discussion:

*All that happens is she says, "now you have your period so don't play with boys."*

*It's like she just has to do her duty, but it doesn't matter what she says. She tells you not to do this and not to do the other and that's all.*

The most common complaint was that the aunt was too old-fashioned and likely to lecture on rules of conduct, rather than have a discussion. Conversation with aunts tended to focus on menstruation and familial responsibilities. Puberty might be discussed, but sex was rarely mentioned except for the warning that a boy could make a girl pregnant. In addition, some girls believed aunts gave misinformation about sex in order to strengthen their warnings:

*They say things like if a boy touches your breasts and you have begun menstruating, it will make you pregnant.*

The impression of sex that the aunts gave was uniformly negative. One girl suggested:

*Maybe it's because they don't see sex as something to enjoy, they just think its for making babies.*

Furthermore, although the physical aspects of puberty were discussed, the students did not report discussion of the emotional changes which accompany these physical changes.

### **Current Role of the *Sekuru***

The role of the *sekuru* was known to most boys, but generally appeared as a cultural construct with little real meaning. The process of educating boys about responsibilities, including sex, did not appear to carry the same cultural priority as the education of girls. Boys made such comments as:

*These days it's best to talk to brothers because grandfathers stay away.*

*If the grandson is willing to listen to grandfather that's when you see it happening, but these young men of today do not want to listen to their grandfathers.*

*The young boys of nowadays, when they hear what the grandfather wants to say, they walk out, because they think that there are more interesting things out there.*

Similar to the written responses of girls, many more boys identified their *sekuru* as an appropriate source of information than had actually had contact with him for sex education. As shown in Table 3, over half of the boys (18) said that they would approach their *sekuru*, mainly because it is "his job to answer these questions" and "he has experience." However, no respondents named a *sekuru* as their primary source of information about sexual intercourse (see Table 4). The most common reasons for not speaking to their *sekuru* were that he lived too far away (6), or was too old-fashioned and could not give relevant advice (6). For example, one boy wrote:

*When I see my uncle he always scolds me. All my uncle talks about is the family and the need to keep traditions.*

### **What Girls Know: Sources and Types of Information About Sex**

Responses to the questionnaire confirmed the impression from discussion groups that there was little informational content to most adult explanations about puberty or sex. Most often, the "explanation" was actually a warning.

Although a significant proportion of girls (20) said their mothers explained menstruation (Table 2), hardly any (6) reported that their mothers explained sexual intercourse to them (Table 4). Moreover, only seven girls said that an aunt had discussed sexual intercourse with them (Table 4). In general, the points made in these interactions were cautionary:

*They say if you sleep with a boy you get pregnant, and also it may cause illness because you are too young.*

*My aunts and sisters said that I mustn't have sex with boys because there is a danger of breaking my virginity, becoming pregnant and getting married at the wrong time.*

As illustrated in Table 4, the most common sources of information about sexual intercourse for girls came from friends, siblings, and cousins. Magazines, romance novels and other media were the most important additional sources of information (23). In response to the question: "Who explained sexual intercourse to you?", a significant number (15) wrote that "nobody did" or "overheard gossip." By this they appeared to mean that no formal explanation had ever be given.

These data indicate that many girls pieced together their information on sex from magazines, romance novels, and friends. Many of the girls, including those who reported an adult source of information, felt that they had never received an adequate explanation

of the topic. Like the aunts, other adults offered a negative description of sexual intercourse. This girl's description is representative:

*My mother explained when I started menstruating. She told me about sexual intercourse and the dangers of intercourse once you have started your menstruation. She also told me it was a bad thing and that I should not do it because I was still young.*

A few (3) of the cautionary explanations suggested that, while not appropriate now, sex would be a source of pleasure in the future when the girl was a mature married woman:

*My friends, and indirectly my mom, told me that it was a gift from God for married people.*

*My mother and sister explained how this could get me pregnant, sex is a commitment, to wait till I was married to have it, how it is meaningful and beautiful when it is done with someone I love and care for and share an intimacy with.*

Some adults also conveyed the idea that sex becomes a habit and once sexually active, a girl could not keep herself from pursuing sexual experiences. For example, a girl wrote that her aunt explained that "once I had it, I will always be after sex." Another girl wrote that she was told of "the longing you have for it, once you had it."

According to the responses from the questionnaire, explicit explanations of what occurred during intercourse were not common, regardless of the source. Almost all explanations were warnings which stressed the dangers of sex, rather than descriptions of what sex entailed. Of the 44 girls who answered the question: "What exactly was explained to you about sexual intercourse?" 28 reported that they had only been instructed on the hazards of sex. Eight girls were given an explicit description of sexual intercourse. "Explicit" explanations included the information that the man inserted his penis in the woman's vagina. Such explanations came from science teachers (3), friends (4), and one girl named her aunt.

Students who cited their biology teacher as a source of information were more likely than others to give an explicit description of sexual intercourse, often replete with scientific words.

*The male inserts his penis and as a result the female gamete fuses with the male gamete and the embryo develops.*

*When you start menstruating you should not sleep with boys because the males sperm will meet your ovum.*

Friends were also more likely to give an explicit explanation. One of the seven girls who named her aunt as a source of information was also given an explicit description:

*My aunt explained to me that if a penis goes deep into the vagina it will break my virginity and once I do it I will always be after sex, because it is an interesting game.*

**Table 4. Sources and Type of Information About Sexual Intercourse**

Sources	Girls (N= 62)	Boys (N= 30)
<b>Primary sources:</b>		
Magazines/romance novels	2	1
Friends/siblings/cousins	21	19
Teacher	5	2
<i>Tete/sekuru</i>	7	—
Mother	6	—
Other female relative	3	1
Nobody/overheard gossip	15	4
No response	3	3
<b>Additional sources:</b>		
Magazines/romance novels	23	8
Friends	27	18
Older siblings	8	15
None given	4	—

### *Traditional Practices*

**Pulling the Labia.** In the Shona tradition, girls are instructed to pull their labia so that they become elongated. Pulling the labia may begin before menstruation and stopped when menstruation begins or when the girl is satisfied that her labia are long enough. While the study showed that adult female relatives generally did not discuss sexual matters with girls before marriage, an exception to this finding was the near-universal instruction by elder family members to pull the labia.

As noted in Table 5, almost all girls who responded to the questionnaire were knowledgeable of this practice. Fifty-seven of the 62 respondents said that they had been told about pulling their labia. The five girls who indicated they had not been told about the practice came from urban schools (2) and the boarding school (3).

**Table 5. Traditional Practices**

Practice	Girls (N=62)
Pulling the labia	
Knew about practice	57
Performing?	
Yes	18
Had performed but stopped	9
Not performing	35
Examined for virginity?	
Yes	15

Although a large number had learned about the practice from friends (16), many had been taught by grandmothers (13), aunts (16), and mothers (6). Because the practice may

begin before menstruation, many girls were instructed to begin pulling their labia when they were under 12 years old.

*My aunt just told me to go to the bush with a cousin to show me to pull the labia.*

In answer to the question: "What do you understand to be the reason for doing this?" answers uniformly alluded to pleasing the husband and making future lovemaking more enjoyable.

*Your husband will play around with them [matinje] during lovemaking and this will make sex more enjoyable.*

*It is part of our tradition that you pull the labia. Some men don't like their wife if she doesn't have labia.*

Another less common reason given for pulling the labia was to make birth easier:

*So that your baby will not sustain any head injury but will come out smoothly.*

Because of the way the question was phrased, it was not clear from the answers who explained to the girl that elongated labia made sex more enticing. It seems likely that this information came from peers. Although 38 girls had been told by either their grandmother, aunt, or mother that they should pull their labia, far fewer gave these people as a source of information about sexual intercourse.

For many girls, this instruction was usually the only direct reference to sexual intercourse that the girls received from older adult female relatives. In general, girls were embarrassed about discussing the practice of pulling the labia in group discussions. Nonetheless, it was clear that many felt conflict about carrying out this advice. Despite their obvious discomfort, some girls at all schools braved their embarrassment to ask the facilitators whether it was really necessary to pull the labia. This uncertainty was more fully expressed in the anonymous questionnaires. Although almost all girls knew about this

practice, only 18 girls said that were currently pulling their labia. Nine girls said they had stopped, either because they disliked the practice (6) or because they had completed the process (3). The remainder (35) said they were not pulling their labia (see Table 5). The reasons they gave were that the practice was old-fashioned, painful, and unnecessary.

*I don't believe in this, because if God had wanted it that way, he would not have created us with the labia short.*

*I am scared to do it. I think it is old-fashioned and it hurts.*

Pulling the labia appears to be the sex-related topic about which there was the most intergenerational communication. However, most girls found this instruction upsetting or irrelevant.

**Checking for Virginity.** In Shona tradition, girls were regularly checked to determine whether they were still virgins. Fifteen girls, all in either the rural government school or the urban schools, reported on the questionnaire that they had been checked (Table 5). Aunts or grandmothers most often performed the examination, although one girl said she had been checked by a "lady doctor."

### **What Boys Know: Sources and Types of Information About Sex**

Of the 30 respondents, 19 cited friends, cousins or brothers as primary sources of information about sexual intercourse (see Table 4). Two boys said that they learned about the topic in school. One named his grandmother. None of the boys who completed the questionnaire reported their *sekuru* as an information source.

The students were asked to recount "exactly what was explained" about sexual intercourse. Seven boys gave an explicit explanation, 10 an explanation which implied that the sex act had been discussed, five a nonexplicit explanation. Two said nothing was ever explained, while the remainder did not answer. As with the girls' responses, an explicit

answer included the fact that the man inserts his penis into the vagina. For example, the following responses were considered "explicit":

*He said you first touch all parts of a girl and later you put your penis in the woman's vagina.*

*Our science teacher explained that after having sex you would be exhausted and the sperms are ejaculated when you have reached orgasm and after that your penis shrinks.*

Some responses suggested that the sex act had been discussed, although not stated explicitly. For example, the following were considered "implicit":

*My brother explained how to have sex with a virgin, how to treat a virgin.*

*An older friend explained to me. He told me that you start fondling a girl until she is so weak that she cannot resist.*

Some answers were quite vague:

*I learnt all of it from the books I used to master.*

*I learnt from my friends. They explained that according to tradition all males should be involved.*

In contrast to the girls, almost all of whom reported explanations which were actually warnings, only two boys mentioned having received cautionary explanations.

*He said when you have sex you must put on a condom and avoid getting STDs or AIDS.*

*The minister explained to me. He explained what it is like, the bad and good side of it and the need to control this urge.*

Three boys reported explanations which included the message that sex was pleasurable. For example:

*My cousins and friends explained positions, the place to do it and that it is nice.*

## Alternatives to the *Tete*

For almost all the girls involved in this study, the traditional relationship with an aunt was not a source of information about sex. Although the girls cited a number of other sources of information about puberty and sex -- friends, sisters, teachers, books -- none of them were deemed adequate by the students.

*At times you need somebody who can explain...we have doubts and we need somebody who has practical experience.*

*[We need] somebody...who cares for you and who will keep your secrets.*

While it was not common, a minority of families had identified an alternative to the aunt for providing sexual orientation. For example, the mother might ask a close friend to act as a designated "aunt." The few girls who reported this practice felt that a close friend of their mother was more accessible to them than an aunt in a number of ways:

*My mother asked her best friend to talk to me. I like her a lot because she is very modern and understands me very well.*

The girl was more likely to see this individual than the aunt, who might have limited interaction with the household. It was also more probable that the "designated" aunt, in comparison with the *tete*, shared family values. This pattern was adopted by more urban middle-class than working class families, but it was not an exclusively middle-class phenomenon. According to the respondents, the church also provided a setting for the identification of women willing to serve as "aunts," in addition to informal friendship networks. In working class and peasant areas, the girls viewed these institution-based, designated adults more positively than they did friends:

*You can never tell with friends. They are not your relatives. I do not think my mother would trust one to really care about me.*

## **Role of the Mother**

It was still less common for the mother to assume responsibility for conveying information to a young girl. Mothers were more likely to discuss puberty than other sex-related topics, but a handful of girls said their mothers discussed sex with them. Although the majority of girls were uneasy about including issues of sex in the mother-daughter relationship, some girls expressly said that mothers were best placed to take on this role. The usual argument was that only a mother could be trusted to have a girl's best interests at heart.

The issue of the appropriateness of mothers as a source of information was debated among the discussion participants:

"It's my mother who is talking with me about sex and puberty. She has taken on this responsibility because she knows that she is the best person to give me the information."

"Well, that means that your mother is not a traditional mother."

"That's not so! My mother is very traditional. But she knows that the world has changed since her days and it can be very dangerous for teenagers like us not to know what is going on."

On the questionnaire, 14 girls said that they would ask their mother a question about sex (see Table 3). Their mother's reliability, ability to keep secrets, openness, and closeness to her daughter were the reasons given by the girls:

*My mother will listen to what you have to say and give the best advice she can give you. I will ask her because I know that she'll tell me then and there what she thinks and most of the time it is good advice. And I know it is going to be between the two of us.*

*My mother is a free person and very good at giving advice. She is not jealous of me as my aunts are and because I am her own child she cares more about me than my aunts.*

Parental involvement was not limited to mothers. Some girls mentioned that fathers also talked to girls. Girls who supported the involvement of mothers also stressed the closeness of parental bonds:

*Your parents are the ones who brought you up. They want to teach you the best behavior.*

This perspective was a minority view, however. The majority of girls said they felt very uneasy talking about sex-related topics with their mothers. They gave two main reasons for their difficulty in communicating with their mothers. First, discussing sex with a mother showed a lack of respect and was outside of the traditions of the mother-daughter relationship. Of the 48 girls who offered reasons why they could not talk about sex with their mothers, 37 offered reasons which focused on respect. For example:

*I could not ask my mother. I feel that I should maintain our relationship as it is a mother-daughter [relationship] and also to respect her.*

*She is someone I see every day and I respect her too much.*

In addition to lack of respect, a discussion about sex with one's mother would be embarrassing to both. As a result, the discussion would not be useful because too much would be left unsaid.

*My mother is a shy woman. Even when she had to explain to me about my period, she had to gather a lot of courage.*

Some girls described themselves as shy, even if they thought their mothers might be willing to talk:

*My mother is very free and open. She is very concerned about me. It is only me who is shy to talk.*

Another common concern, expressed by 11 of the girls, was that mothers would become suspicious or angry if the issue of sex were raised.

*My mother and I do not discuss sex. She just acts as if I am not growing up. She would just get suspicious because one of my elder sisters is now a single mother.*

*I wouldn't [discuss sex] because she would first want to know the reason I ask such questions and it would make her suspicious of my behavior.*

### **Alternatives to the Sekuru**

In group discussions, grandfathers, uncles and occasionally female relatives and aunts were cited as occasional sources of information for boys. Most boys agreed, however, that they would not talk to their fathers about growing up.

*My father is a bit demanding. Each time I hold a conversation with him, he always bases it on my education and this tends to be boring.*

Most of the boys indicated that they "overheard" older boys talking about puberty and sex. Thus, when they began to experience physical changes, they weren't surprised. For example, all of the boys reported that they had expected to have wet dreams before they happened. When they did want information, they spoke with older brothers and cousins. At the same time, the boys acknowledged that information from older male relatives was often exaggerated.

*I feel more comfortable talking to my older cousins. We normally discuss girls and they talk about their experiences.... I don't take them seriously because they often are exaggerating or lying completely.*

Friends were also cited as an occasional source of information, although they too were prone to lying, especially about their sexual experiences.

*Some of them will be lying so you should be careful. If he is telling the truth, he will not go around spreading it to everyone.*

In general, the boys did not regard teachers as good people to approach. However, boys at the boarding school indicated that there were certain teachers, particularly young single men, who were good sources of information about issues related to sex.

Quite a few boys said they learned about growing up and sex from science books, romance novels, and magazines. At the same time, they acknowledged that some of these sources, such as pornographic magazines, did not relate to everyday life.

The findings from the questionnaire confirmed the impressions obtained during the group discussions. Most boys were emphatic that they would not ask any adult in their household a question about sex. They would not talk to their mother about sex, generally because they were "too shy" or because it was "improper." The father emerged as a distant and feared figure. Only two boys said they would ask their father, and both specified that they would do so only as a last resort. Typical comments were the following:

*I could never ask my father, I am too afraid. My father is too busy to concern himself with these issues.*

*According to our tradition it would be wrong to ask my father.*

In written responses to the questionnaire, the most common sources of information listed were older brothers and friends. Although 18 boys said they would approach their uncle if they had a question about sex, none reported an uncle as a source of information about sexual intercourse.

There was no difference in the source of information reported by boys from the rural day school and urban schools. By far the most common sources of information were slightly older peers -- either relatives or friends. Thus, for boys, learning about sex meant trading tales with friends, cousins, or brothers, supplemented with magazines or books and overhearing gossip.

## **Preferred Source of Information About Sex**

In discussions and on the questionnaire, the research team sought to determine how adolescents ideally would like to learn about sex. There was no clear answer for either boys or girls. Most boys felt strongly that parents were not appropriate. Some girls felt comfortable with the idea of talking with their mothers; most did not. Teachers might be appropriate, but, as some students pointed out, counseling ability varied greatly among individual teachers, and the teacher's ability to maintain confidentiality was a strong concern. Aunts were frequently identified, as were uncles, but this suggestion contradicted findings from group discussions and questionnaire data. In identifying the aunt or uncle as an appropriate source of information, adolescents could have been echoing a cultural tradition. However, in their conversations and written comments, they clearly indicated many barriers to the continuance of this tradition.

There was consensus that an adult source of information was needed. In general, these school-going adolescents expressed a desire for more discussion and interaction with adults, beyond the convention of being lectured. Asked whether they had ever sought advice from an adult on any matter, three-quarters of the girls (41) and over half of the boys (17) said that they had sought advice, usually about social relationships (friends, boyfriends) and puberty. Of those who sought advice, two thirds (66 percent) said that they indeed received it and almost all were pleased with the advice. Many described such interactions as feeling loved and cared for by the adult.

## 5. Mothers

As described in Chapter 2, the mothers of adolescent girls were interviewed using both group discussions and semistructured interviews. In both settings, the goals were to determine how the mothers themselves had learned about sex and puberty, how they viewed the education of their adolescent daughters, and the extent to which their hopes and expectations for their daughters differed from their expectations for their own lives.

### Discussion Sessions

Three discussion groups with mothers were organized. It was planned that each group would meet for two sessions. For the first session, there were 10 mothers of students from the rural school, 4 mothers of girls who attended the boarding school, and 7 mothers of students from the urban A-level high school. The sessions with the mothers of adolescent girls who attended the urban O-level secondary school did not take place because of logistic difficulties. All three groups were lively, with the most participation from the rural women. The findings reported are based on both the transcripts of the sessions and on notes.

#### *Session 1: Sources of Information About Puberty and Sex*

**Picture Code.** The mothers gave a range of interpretations of the picture showing an older woman talking to a young girl. They did not initially identify the scene as that of the traditional *tete*/niece relationship. All agreed that the scene portrayed an older woman talking and a young girl listening with great attention. Some mothers thought the girl was being scolded or instructed by her mother; others thought that the girl was being told about obedience and being polite to elders. The rural women suggested more readily that the older woman might be a *tete* than the mothers who had girls in either high-density areas or boarding schools.

Once the *tete* was suggested, two topics of discussion were mentioned by mothers from the three schools. These were menstruation and the importance of virginity. All the

mothers agreed that the aunt would explain that menstruation was a sign of maturity and that the girl could now get pregnant. The aunt would also explain about hygiene. Some mothers (at the urban high school and the rural day school) also mentioned instruction in pulling the labia. The key moral instruction would be that a girl should now take care in her dealings with boys: "Don't play with boys!"

Most mothers reported that they had personally received instruction from either a *tete* or a grandmother. However, at all schools there were exceptions. One mother said that she was instructed by a "housegirl," another by her father's European "madam," another by her mother. One rural woman commented:

*I did not have any teaching from an aunt or a grandmother. And I had my child at 14 years.*

The content of teaching was similar in all the groups. Menstruation made a young girl unclean and she must take great care to bathe and keep secret the fact that she was menstruating. Boys were now to be considered dangerous.

*We were afraid of boys and we also were told that if we shake hands with one they will know one is menstruating. So we were always staying away from them.*

Some aunts would act as mediators in a girl's relationship with a boyfriend. The girl was instructed to introduce her boyfriend to the aunt and then, if any problems arose, even pregnancy, the aunt would be better placed to defend the girl.

Although the main risk boys posed was that of pregnancy, few women reported that they were told anything explicit about sex. They knew that "a boy could make you pregnant," but they were not told about sexual intercourse. For most, an explicit description of sexual intercourse came after the bride price (*lobola*) had been paid and the woman was about to be accompanied by her aunt to her husband's home. This procedure was recounted in detail by a rural mother:

*Long back if a girl was married she was accompanied by an aunt to the husband's home and when they reached there the aunt would give the wife to the husband. She would sit on the husband's mat or bed and be given 5 pounds. The following morning it was the duty of the aunt again to go to the husband of her niece and ask how his wife was, whether she was still a virgin.*

Other traditions were recalled by mothers. For example, an egg was used to symbolize virginity and, if it was broken the next morning, indicated that the woman had not been a virgin. For most women, "long back" predated their own adolescence. Their pride was mainly in knowing these traditions, rather than experiencing them.

**Current Tetes.** Some of the mothers, but not many, in these discussion groups were acting as a *tete* to their brother's daughters. Some gave advice to unrelated young women. Mothers agreed that young women today had little respect for, or interest in, tradition. Some women felt that this "disrespect" made the *tete* less willing to take time to discuss issues. The values of young women, they argued, had been eroded by modern ways:

*Nowadays children are spending time watching TV and by watching it they learn that with family planning tablets you cannot get pregnant.... What is important to them is not to be pregnant and they don't mind about keeping their virginity.*

Some mothers advocated greater tolerance of their nieces and the changing times which affect them. They suggested that the aunts and grandmothers adapt in order to reach young people:

*We talk to them, but what I notice is that if you are to behave as a friend they can easily accept the teachings and they will be free also to ask what they don't know. Also take your time and listen to what she will be talking and don't always conclude that she is wrong.*

However, this tolerant view was a minority one. Most mothers expressed frustration and anger in dealing with either their nieces or daughters.

**Sources of Information for Daughters.** Most mothers suggested that aunts and grandmothers were the appropriate people to talk with their daughters, but many also acknowledged that their daughters' need for information might not be met through this mechanism. The main concern of the mothers was whether a designated aunt could be trusted. This concern was voiced mainly about aunts, not grandmothers, by mothers in all groups:

*Nowadays some aunties are a problem. They want money more than anything else. So their counselling is nothing but destruction. They can even conclude that one is not supposed to be married with a person without money or a car.*

*Some of...the aunties are jealous. At times the auntie will be having problems with her own daughters. They will be going about with men without being married. So she will be jealous of her niece and not give advice properly.*

Such conflicts led one urban mother to conclude:

*Grandmothers are better than aunties because they cannot be jealous of [a] granddaughter.*

Mothers were divided on how to prepare their daughters for adulthood. For most, direct discussion with a daughter was not viewed as a possibility:

*We do not discuss these issues with our daughters. In our culture, it is the aunt's duty. Not the mother.*

Other mothers offered alternatives to the aunt or grandmother. The church, maternal aunts, the mother's close friends, and teachers were all mentioned.

In each group, some mothers suggested that mothers themselves could take on the task of discussing sex and growing up with their daughters:

*Mothers should take over the duties of the aunties because no one will teach them what to do. There is no alternative but the mother to discuss everything with her daughter.*

Some agreed that puberty issues could be discussed with daughters, as well as the risks of seduction and pregnancy, although some felt uncertain about open discussion of these issues:

*If you cannot tell your daughter directly about these issues, it's good to tell her examples of people who got pregnant when in school and how bad it is, or someone who is happily married and how good it is.*

There was unanimous agreement that mothers could not offer girls explicit advice about sex (e.g. "how to handle a man in bed").

### ***Session 2: Incomplete Story***

A second discussion session was conducted with the mothers who had girls at the urban A-level high school and mothers of students who attended the rural district council school. None of the mothers from the boarding school returned for the second discussion session. At this session, the women were read an incomplete story which was followed by a discussion (for a description of the story, see Chapter 2).

**Attitudes Toward Male Sexual Infidelity.** The mothers who participated in this session universally expressed a sense of fatalism about men having relationships with other women outside of marriage. Their comments indicated that women treat extramarital liaisons as something they have to put up with, much as one would indulge a child's behavior:

*There is nothing we can do because we cannot control men. Men are born that way.*

*Men are like bulls. You cannot control a bull until it is satisfied. There will be a time when he will come home.*

In addition to fatalism and indulgence, the women reported that male "multipartnering" and female monogamy are the culturally sanctioned norms. Compounding this was the payment of *lobola*. Said one woman:

*Men pay lobola, not women. You just have to be subservient to the man.*

This acceptance of male behavior extended to their daughters. In general, the mothers felt that a married daughter should similarly endeavor to please her husband and accept his needs, including the need for girlfriends. However, in response to the story, one woman did suggest that the daughter identify someone to speak with her future husband about AIDS; another mother mentioned that the daughter should ask her husband to use condoms; and a third participant proposed that the daughter request HIV testing before marriage. Yet the women had few suggestions if the man refused to cooperate:

*If the husband does not want to use the condoms she should stay because there is nothing she can do. She is married.*

*I would tell her to just say she is sick if he wants to make love.*

Only one mother would counsel defiance:

*I would advise my daughter to see her auntie and the auntie will talk to my daughter's husband and tell him to use condoms. But if it goes this far, I would advise my daughter to divorce him. It is not a joke. People are dying of AIDS.*

Women were generally pessimistic that either they or their daughters could build relationships based on honesty and openness.

*Men have very strong hearts. They don't mind about too many things. At times, you can hear a man speaking to his children about AIDS and then he goes out looking for other ladies.*

Raising the subject of condom use was seen as dangerous. Husbands might become angry, violent, or even threaten divorce. However, this attitude was not unanimous. One woman described putting condoms in her husband's pocket when he went out:

*I usually put a condom in my husband's pocket if I suspect that he is having an affair somewhere and when he comes back, I check to see if it is still there. If it is not, I am quite sure he used it.*

Finally, one woman said:

*Me and my husband use condoms. I don't see any reason why men should refuse to use condoms, especially in this time of AIDS.*

Most of the women asked for help from higher authorities in convincing their husbands that AIDS was a real problem. The women suggested that the Ministry of Health and workplace or school-based programs about AIDS might be successful in convincing men to change their behavior.

### **Semistructured Individual Interviews**

A total of 40 women were interviewed; 7 mothers of girls who attended the discussion sessions at the urban O-level school and 33 women who lived in the rural community selected for study. The interviewer was unable to locate four of the mothers of daughters from the urban school. Some rural women were approached in their homes and asked to identify other mothers of girls aged 14 to 19. There were no refusals.

#### ***Sociodemographic Features***

As shown in Table 6, the women ranged in age from 32 to 60 years, with a mean age of 42.6 years. Two of the women had remarried after divorce, three of them were currently separated from their husbands, and two were widows. The rest of the women were in first marriages. About two-thirds of the husbands were formally employed in the wage sector. Most of the others worked as peasant farmers, although one urban husband worked in the informal sector. One woman reported that her husband was a bedridden patient.

Half of the men did not live with their families. This was mainly because men worked and lived in town, while the family stayed in the rural area. One woman was employed as a teacher; no other women had formal employment. Women in town were more likely to report access to a personal cash income (from knitting, vegetable sales, shopping in South Africa, etc.), than rural women, all of whom worked as peasant farmers.

**Table 6. Sociodemographic Features of Mothers Interviewed**

<b>Features</b>	<b>Responses (N = 40)</b>
<b>Residence:</b>	
Urban	4
Rural	36
<b>Age (years):</b>	
Mean	42.6
Range	32-60
<b>Years married:</b>	
Mean	25.5
Range	16-48
Second marriages	2
Separated/divorced/widowed	3
Husband formally employed	27
Husband lives at home	20
<b>Number of children:</b>	
Mean	6.2
Range	2-10
Born where living	10

***Mothers' Personal Experience of Puberty***

The mothers reported a number of sources of information about puberty (see Table 7). Most important were the paternal aunt (13) and the grandmother (13). Fourteen respondents said they were living with either an aunt or grandmother at the time of puberty. Three of these women reported that they had been sent to stay with an aunt or a grandmother because it was noted that they were developing breasts. They were moved to separate them from the younger children and to ensure proper instruction about puberty.

Almost three-fourths of the mothers recalled that menstruation was explained after onset. Six mentioned that they first reported the event to their mother, who referred them to the *tete* or grandmother for an explanation. Others regarded the onset of menstruation as a secret matter and never reported it to their mother. Only three women indicated they had been advised in advance to see either the aunt or the grandmother if they "noticed anything."

The women indicated that there was a hierarchy with regard to the preferred source of information. The person they felt ideally should play this role was the paternal aunt. If the aunt was not available, the grandmother was also acceptable. The mother was the next most acceptable source of information. Seven women recalled that their mother was the person who explained menstruation to them. One woman categorized this interaction as a "traditional" arrangement. But of those who offered an explanation as to why their mother had been called upon to perform this role, most said it was because the *tete* or grandmother lived too far away.

The content of the explanation given on menstruation was remarkably similar for all women. It included the assurance that menstruation was a normal sign of maturity, instructions about hygiene, and an admonishment that girls must now avoid boys. Some were further instructed in the importance of hiding all signs of menstrual blood, particularly from male members of the household. All but one woman felt that the explanation of puberty was adequate for a teenager's needs and quite satisfactory.

### *Mothers' Preparation for Marriage and Sex Education*

As shown in Table 8, most women met their husbands when they were older than 16 years. The marriage process was a long one and considered complete only when the bride price was paid. After payment, the woman made the journey to her husband's home. She was entitled to an explicit explanation of sex by her *tete* before leaving her natal home for her husband's home. One woman described the event:

*Before being married, I knew nothing about sex. But some of the things were explained to me after my husband paid lobola. When married, my aunt explained to me about how to handle a man in bed. That was the most important thing she said I was to know. She looked for another woman and they demonstrated to me how they would do it. One lady acted as the husband and the other like the wife.*

**Table 7. Mothers' Personal Experiences of Puberty in Girlhood**

Questions	Responses (N= 40)
Who told you about puberty/menses?	
Paternal aunt ( <i>tete</i> )	13
Grandmother (usually paternal)	13
Mother	7
Sibling (sisters)	3
Other	4
Who initiated discussion?	
Girl asked after seeing blood	29
What was explained?*	
Girl now mature	31
Maintain hygiene	33
Don't play with boys	23
Pull labia	16
Hide menstruation	11
Did anyone else explain?	
Mother	3
Were you satisfied with the explanation?	
Yes	39

\* Multiple responses permitted.

A minority of the women had sex explained to them in this way. While grandmothers were more often mentioned than aunts as sources of information about sex, they were less likely than aunts to provide a graphic description of sexual activity. Before marriage, the most common source of information about sex was from friends rather than older female relatives (see Table 8). Some apparently learned about sex through experience.

**Table 8. Mothers' Personal Experiences with Preparation for Marriage and Sex Education**

Questions	Responses (N = 40)
Age when met husband?	
Mean years	18.2
Range	14-23
Explained how to be a wife?	
Yes	29
Who explained how to be a wife?	
Paternal aunt	15
Grandmother	10
Mother	2
Church women	2
What was explained?*	
Prepare morning meal	25
Wash and iron clothes	25
Prepare bath water	22
Show respect	18
Knew about sex before marriage?	
Yes	21
Who explained sex?	
Paternal aunt	3
Grandmother	7
Mother	2
Peers (friends)	9
When was sex explained?	
After menses	12
After <i>lobola</i> paid (before marriage)	9
Did you have sex before marriage?	
Yes	10
With husband-to-be?	0
Did you know enough before?	
Yes	18
Do you discuss sex with your husband?	
Yes	27
How is your relationship	
Good	31
Up and down	5
Bad	3

\* Multiple responses permitted

**Table 9. Mothers' Role with Daughter and Adolescent Girls**

Questions	Responses (N = 40)
Are you acting as a <i>tete</i> ? Yes	26
How would you describe sex to a girl? Would refuse to explain Sex is enjoyable Sex is not enjoyable	23 15 2
From whom is your daughter learning about sex? Paternal aunt Grandmother Maternal aunt Mother Others Nobody/Don't know	16 9 2 8 2 3
If not from you, have you had any involvement? Yes Discuss puberty Discuss sex	17 14 3
Do you discuss sex with your daughter? Yes A little/indirectly No	7 17 16
How would it be to discuss sex with your daughter? Very difficult	31
Is it important for someone to discuss sex with your daughter? Yes	25
Who should? Paternal aunt Grandmother Mother Friend of mother School Church	19 5 5 6 2 3

**Table 9. Mothers' Role with Daughter and Adolescent Girls**

Questions	Responses (N= 40)
Do you have an idea what your daughter knows about sex?	
Yes	3
About puberty?	14
Yes	23
No idea	
How do you hope your daughter will be as a wife?	
Obdedient	39

Two of the women reported they were pregnant at the time of their marriage, and 10 said that they had sex with another man prior to marriage. The women were often not very satisfied with their understanding of sex at the time of marriage. Nearly half described themselves as being "completely in the dark" and only 18 (45 percent) felt they had adequate information.

The majority described their present marriages as good marriages. This included a satisfying sexual relationship. Most women in this sample (27 or 67.5 percent) indicated that they discussed sex with their husbands:

*I always discuss sex with my husband. We enjoy sex more if we discuss it.*

*Yes we discussed sex a lot. In fact, before coming to stay with my husband, my tete explained that in order to enjoy sex it was important to have discussions.*

*I discuss sex with my husband. I cannot enjoy sex without discussions. It is during sex that you feel free to ask questions which you do not understand, like why the penis does not break.*

### *Relationships with Adolescent Girls: Daughters and Nieces*

As Table 9 shows, about two-thirds of the women reported that they were acting as a *tete*, although this may have been broadly construed as "advisor to adolescent girls." Most (23) agreed that this role did not include any description of sexual activity, although 15 mothers reported that they would tell a young girl that sex was enjoyable.

When they were asked to describe how their daughter was learning about sex, most women identified traditional sources (i.e., paternal aunt and grandmother). Eight mothers (20 percent) said that they were taking primary responsibility for this task. According to one mother:

*Nowadays it is very hard to trust the tete and the grandmother. Some of them are becoming very jealous and can no longer help their niece or granddaughters. So most mothers are taking on the duty of these people to explain to their daughters, or finding an alternative such as a friend.*

Despite the mothers' perception of the role of traditional sources in the education of their daughters, 17 mothers said they also were somehow involved in the process. For example, they would ask the daughter to describe what she was learning from the *tete* or grandmother. Most respondents said it was easier to ask the daughters to describe a conversation about puberty than about sex. Discussion of sex was most often approached only to a limited extent or indirectly. It is important to highlight that the majority of women said that they had "no idea" what their daughter actually knew about sex.

*I don't know [how my daughter is learning about sex]. I am very worried about it, since I don't know what she is doing. It's very hard to ask her because she is not interested. She does not listen. At times I think of asking her. I always fail because she is very rude.*

*At present no one is explaining anything to my daughter because her aunt and grandmother live far away and there is no one to talk with her. She has already menstruated. One day I found some cotton wool in the bathroom and I just left it like that. (Do you give her money for cotton wool?) Yes, I always give her money and just tell her to go to the shops and buy it.*

### *Hopes for Daughter*

In general, the mothers' expressions of their hopes for their daughters fell well within traditional expectations:

*I want my daughter to be a responsible mother who will send her children to school. I also want her to be good to her own and her husband's relatives. In terms of sex, she is supposed to please her husband and when it is time to go to bed to be polite and accept him. She is also supposed to do what her husband wants her to do.*

The most dramatic difference in their vision for their daughters' lives compared with their own was the hope that their daughters would have jobs and their own income. However, none of the mothers thought a working wife should cause any conflict in married life. Most hoped their daughters would be well established with jobs before they decided to marry. There were many reasons they desired employment for their daughters. Perhaps foremost was the rising cost of living and the poverty of peasant life. Two incomes were viewed as necessary to achieve upward mobility. They also mentioned the enhanced personal security of the daughter and her children which came with having a personal income. A working woman was more independent.

### *AIDS, Mothers, and Daughters*

Almost all of the women (39) reported that they had heard about AIDS. However, there was considerable misinformation among the respondents. Some believed that AIDS is transmitted by shaking hands, intermarriage of different ethnic groups, and is punishment for abandoning tradition. A number of women said that their daughter would be safe from AIDS if she (the daughter) avoided multiple partners, without mention of male fidelity. A number of women spontaneously articulated the impact of AIDS on how they viewed their daughter's future. Two mothers expressed the hope that their daughters could avoid marriage altogether:

*I hear that AIDS comes through having sex with an affected person. I am worried about my daughter. I think if she is not to be married but becomes a sister (a nun) it will be better for her. She can take special vows and do without a man.*

*People are having AIDS through sex so I am no longer [looking forward to] my daughter marrying. I want her to remain single. Nowadays many boys are AIDS carriers, so you don't know who is faithful or not. I am very worried about my daughter's future.*

Other mothers clearly identified changing times and the advent of AIDS as reasons to reassess the taboos surrounding mother-daughter discussions about puberty and sex:

*Nowadays I understand that they do biology in school. Therefore how could I find it difficult to explain sex to my child when she is taught about sex in school in the presence of boys? Some mothers are shy and they just keep quiet, but then their children fall prey to the world.*

*It is easy to discuss these issues with my daughter because I love her. I used to be very shy, but now because of the disease which is spreading I am free to talk with her and explain to her how people are getting AIDS. Some things it is impossible for me to explain, like how to handle a man in bed. For that, I can find a friend who will explain to her.*

*It is not easy to discuss these issues with my daughter, but nowadays the situation is demanding it. At times the tete and the grandmother may not be available, so the mother has to take over.*

Asked to describe how adults could help protect young women from AIDS, one rural woman replied:

*I think we can help our young women by explaining openly about AIDS.... Let's have courage and talk openly to the young women. I think we can be successful.*

## 6. Girls and Boys: Relationships, Sex, and AIDS

### Boyfriends and Girlfriends

It is a common belief that in the past, young men and women would typically have just one girlfriend or boyfriend before marriage who would most often also become their marriage partner. However, with a longer period of adolescence has come greater opportunities to engage in multiple relationships before marriage, as demonstrated in this study.

#### *Self-Report on Boyfriends and Girlfriends*

The desire to have a boyfriend or girlfriend was very strong among the study participants. The majority of the girls (79 percent) said on the self-administered questionnaire that they had had a boyfriend (see Table 10). The proportion varied by school, with girls in the rural district council school much less likely to have had a boyfriend ( $p < 0.01$ ). Only seven of the 13 rural day-school students reported having had a boyfriend, compared with all the girls in the study group at the urban O-level school and most girls in both the boarding school and urban A-level groups. The number of boyfriends they had had so far ranged from 1 to 15. Most girls (29.4 percent) had had only one boyfriend. They described boyfriends as someone you can talk to, as well as someone who arouses feelings of love.

*A boyfriend is someone who is very close, someone to whom you can talk to about anything, for example, family affairs and personal problems.*

*Someone you feel for sexually and who you can confide in sometimes.*

*Someone who will be able to take care of me in the future. He will stand by me in times of trouble. He will protect me -- suppose someone wants to beat me up or he will give me money when I am in debt.*

*When you have an affair you have a goal, like marriage, so you just tell him all the problems you have ... a boyfriend is like a partner.*

Thirteen girls said that they had not yet had boyfriends. Of these, eight said they thought about having a boyfriend. Most of them said that they were waiting to complete their studies. Some girls were concerned that something might be wrong with them since they did not have a boyfriend.

**Table 10. Self-Report on Boyfriends and Girlfriends**

<b>Report</b>	<b>Girls (N=62)</b>	<b>Boys (N=30)</b>
Students reporting that they had had a girlfriend or boyfriend		
Total	49 (79%)	25 (83%)
Urban O level	15 (100%)	7 (100%)
Urban A level	15 (83%)	5 (83%)
Boarding school	12 (80%)	7 (87.5%)
Rural O level	7* (54%)	6 (100%)
Number of boyfriends/girlfriends:		
1	15 (29.4%)	1 (3.5%)
2	8 (15.7%)	5 (17.9%)
3	7 (13.7%)	4 (14.3%)
4	3 (5.9%)	1 (3.6%)
≥5	6 (11.8%)	12 (42.9%)
Not specified	12 (23.5%)	5 (17.9%)

\*  $p < 0.01$

As for the boys, 25 of the 30 who completed the questionnaire indicated they had had a girlfriend and, of these, most of them had had more than one (one boy wrote that he had had 47 girlfriends so far). Most of the boys felt proud of the fact that they had a girlfriend:

*I feel I have someone whom I can talk to.*

*You feel good if everybody likes her.*

*You feel superior and a lot of people will be looking at you.*

A common theme in discussions with the boys was the propensity to have more than one girlfriend at a time. This issue has emerged in other studies conducted in Zimbabwe (Nyachuru-Sihlangu, 1992). Having more than one girlfriend is viewed as "heroic" and a way to "gain experience in kissing and love making." Most of the boys agreed that their girlfriends should not have other boyfriends, although it was acceptable for them to have more than one girlfriend:

*It's not nice for a girl to have many boyfriends but for men it's allowed.*

*In our culture a man is allowed to marry many wives but a woman can only have one husband.*

*It's the same having one and having seven.*

Most of the boys were indifferent about the number of girlfriends other boys had, as long as they had their own:

*I just feel it's his own affair. I don't mind what he does as long as he stays away from my girlfriend.*

Of the boys who responded negatively to having multiple girlfriends, the main reason was that some boys get a disproportionate share of the girls. They also were concerned that if boys have sex with many girls, there could be confusion if more than one girl got pregnant at the same time.

### *Age Differences*

Girls who date boys and/or men several years their senior risk having sexual relations with someone who has already had numerous sexual partners. However, nearly all the girls agreed that they preferred dating older boys, while boys preferred dating younger girls.

The findings from the questionnaire showed that boyfriends ranged in age from 15 to 26 years. Four girls had boyfriends younger than they were at the time of interview, but most girls had boyfriends either the same age or older than themselves. The average age difference was 2.73 years. Twelve girls said that their boyfriend was 4 or more years older. Over half of the girls reported that their boyfriend was 20 years old or older. Girls with boyfriends in their twenties were themselves 18 years old or older, although one 16-year-old girl reported having a 20-year-old boyfriend. The pattern of having a boyfriend several years older was more typical of girls in the two poorer schools. At these schools, the age gap averaged 3.6 years (urban O-level) and 4.4 years (rural day school). In contrast, girls in the government A-level school were an average of 2.3 years younger than their boyfriends and at the boarding school, 1.0 year younger. The difference in age gap between pairs among the four schools was statistically significant ( $p < 0.001$ ). One explanation for this difference might be that the girls at the poorer schools, who face fewer job opportunities, may be more likely to view boyfriends as potential husbands.

*I want a boyfriend who is older than me, like 25 and above, because older men are interested in marriage, whereas younger boys are interested in sex, not marriage.*

On the other hand, girls at the urban A-level and boarding schools tended to view their boyfriends as more temporary relationships and were not interested in marriage. These girls were most likely planning to continue their studies or seek employment.

*When going out at this stage, I think we shouldn't expect much from the guy, like marriage, we should just go out, get to know each other. So I think we should go out with someone who is still at school.*

The age difference between the boys and their girlfriends ranged from 0 to 7 years. Most boys (15) were 1-3 years older than their girlfriends. Six couples were the same age and one 18-year-old boy claimed to have a 25-year-old girlfriend.

## **Sexual Activity**

### ***Virginity***

The main message given to adolescents about sex has been to remain abstinent until marriage. There are particularly deeply rooted cultural attitudes against premarital sex for girls (Gelfand, 1973)<sup>3</sup>. There was little surprise when the majority of girls declared in group discussions that they believed girls should remain virgins until marriage. Only a few girls (at the urban, A-level school) challenged this notion:

*What is considered these days is education, not virginity. You can get married even if you don't have it [virginity].*

*If I have a friend and she tells me "I had a lovely night," obviously I'll want to experience that.*

*Educated men don't worry much about a woman being a virgin. In these days of ESAP [Zimbabwe's structural adjustment program] what we need to have is education, so whether you are a virgin or not, you can still get married.*

*It also depends on the man. If he wants you as a virgin and he finds out that you are not a virgin, he can chase you away.*

*Why should it only be the girls who have to be virgins? We should also say that they [boys] should be virgins.*

A common theme that the girls expressed when they discussed virginity was the need to be respected by others. For example, losing one's virginity before marriage might lead to a loss

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<sup>3</sup> Despite such taboos, newspaper articles on adolescents and AIDS have tended to explain increased rates of HIV infection among this group by concluding that girls are more sexually active than boys (Harare Herald, August 1993; November 1993).

of respect by one's husband, family, and friends. One girl also noted that losing one's virginity before marriage might result in a lower bride price.

While a few of the boys stated that boys should remain virgins until they were married, this was clearly the opinion of only a small minority. The boys who tried to advocate abstinence were quickly overwhelmed by the rest of the group:

*Most young people today associate dating with sex, but it shouldn't be that way because you can have a girlfriend and discuss issues about schools and problems you might be facing.*

*But at times the girl will end up thinking you are a fool if you don't have sex with her. (So what do you do?) You just ignore her.*

*But I think you can't escape the temptation to have sex.... At times it just happens, that's why some people have regrets after having sex.*

*My friends will boast about having sex with their girlfriends. They say that if you don't have sex with your girl, you are like a soccer star who doesn't score.*

Although generally agreeing that sex before marriage is alright for boys, the boys disagreed over whether it is appropriate for girls. Boys at the rural day school tended to be more insistent that girls should remain virgins until they got married. Boys at the boarding and two urban schools were divided. The boys who felt that girls should remain virgins tended to focus on a girl's honor and the ability of a husband to trust his wife. Others felt that it was unfair to expect a wife to be a virgin when the husband was not. Some boys stated that having a faithful marriage and loving one another was more important than marrying a virgin. However, in general, the boys agreed that no one would want to marry someone who had been promiscuous -- that is, a girl who had slept with many men.

### *Pressure to Have Sex*

Despite the girls' desire to remain a virgin until marriage, they also seemed resigned to the likelihood that this might be difficult to maintain:

*I hope I will stay a virgin, but all the girls who are not probably did also.*

*If you love the boy, it will be difficult.*

While the girls agreed that most boys want to have sex, they were divided as to whether the boys would actually try to engage in sex. Some girls thought the boys would want to have sex but would refrain out of respect for the girl; others thought it was the girl's responsibility to avoid sexual activity.

*It depends on the guy. A guy who's around 19 has most probably had sex and it's now up to you to decide what is right.*

*The nature of boys makes them want to have sex, but the girl should try and stop it.*

For girls from the poorer government schools, both urban and rural, the issue of how to avoid seduction by a boy who would later betray them was important:

*I worry about boys who use sex as a prerequisite for marriage and at times they end up not marrying you and then he leaves you or you may even get pregnant.*

*If you go with a boy even if you think you love him, and he keeps asking for sex, you'll just end up being a "loose biscuit."*

Some girls believed that boys who suggest having sex are only testing the girl:

*Some will just be teasing you to see what kind of girl you are.*

All of the girls stressed that boyfriends are special because you can talk to them. They stressed emotional intimacy over physical attraction, but this desire to share feelings usually did not appear to extend to discussions of sex with boys. The responsibility for sex (having and avoiding it) was viewed as belonging to girls. The girls indicated that although they would discuss sex in general with their friends, they would not talk about their own sexual experiences. Girls who talk about having sex are perceived as "loose" or as encouraging other girls to also have sex:

*They [would] see me as a prostitute. They can spread the news and the whole school will know what happened to me and they will laugh at me and I will feel embarrassed.*

*You'd even avoid someone who is having sex because you are scared that they might influence you into doing the same.*

Girls at the rural day school seemed to be more accepting of girls who engage in sex than either the urban or boarding school girls. This also extended to a more pragmatic attitude about the use of contraceptives.

During the discussion groups, few girls mentioned having sexual feelings. However, in the questions they wrote anonymously, some of the girls wrote about the feelings that occur when a boy is kissing or fondling them. For the most part, the girls were concerned about controlling any sexual impulses they might have.

*Your partner should wait for marriage. I know we have sexual feelings, but it is our duty to suppress them.*

The conflict between having a boyfriend and abstaining from sex was summarized by one girl whose comments echoed the sentiments of many of the others:

*The big problem I am having is whether I am going to get an honest boy to marry after school. These days it seems as if all boys are cheating. The reason why I don't trust boys is that they don't believe there is love without sex. In fact, all the boys I have fallen in love with so far have claimed sex and that's why I leave them and try to get one who doesn't...but it's difficult. I don't know -- should I remain without and keep my virginity safely? Another problem I am facing is when I am with my boyfriend, when he is smooching I have got that feeling of wanting sex but I know I have to avoid it. The best thing I do is to move away and go home. This bores him very much and [he] thinks I don't love him. The big problem is -- where should I get a boy who does not want sex and love him for many years?*

While girls blame boys for pressuring them to have sex, most boys think that girls want to have sex but won't say yes because they are expected not to. The boys then take the initiative and assume that hesitation on the girl's part is as good as a yes.

There was strong agreement from all the boys that boys want to have sex. Most of the boys said that if a friend were to come to them asking for advice about having sex, they would encourage him to go ahead but to use condoms to avoid pregnancy and STDs. The boys repeatedly stressed that having sex is not just about physical pleasure, but also about social status:

*It gives them some kind of prestige.*

*Getting a girl to agree is a big achievement.*

*They get a title, they become popular, and they get names like lover boy.*

*They say it shows that you are a man.*

On the other hand, a minority of boys disagreed that being sexually active is something of which to be proud:

*Having had sex is not something to be proud of because you can make a girl pregnant or else you can get STDs or AIDS and once the girl's father knows it, then you are given the girl as a wife before you are ready for it.*

*It's mostly influenced by friends. They boast around saying they've had sex, encouraging others.*

In general, the boys had mixed responses about whether premarital sex was something they must experience. Those who thought it necessary to have sex before marriage were concerned about being prepared for marriage or ensuring that the woman was fertile. Boys who supported abstinence did so mainly because they were worried about getting a girl pregnant and being forced to marry at an early age.

In contrast to the general bravado they expressed in the discussion groups, in their anonymous written comments, the boys indicated confusion over their maturing sexuality. In this exercise, the boys were asked to write down any questions they had about growing up. Most of the questions concerned sex and reflected a vulnerability that was not evident in the discussion groups.

*If too many girls propose to you, will you ever be able to say no all the time? Well it happens like this. Since Form 1, I think about 10 girls have tried to get me to kiss them while we are only two. Is it that I am weak in a way, or I should never talk to a girl alone?*

*What satisfaction do you get from sex, and who really gets the sexual benefit, the man or the woman?*

*Let us say you have never had sex and then you get married. How will you start the conversation of sex with your wife?*

Many questions related to puberty, particularly wet dreams and masturbation. The boys were concerned about the normalcy of both and wondered whether girls experienced wet dreams and masturbation as well.

The boys also expressed confusion over their relationships with girls. The questions indicated a desire to understand girls' expectations, in much the same way the girls had wanted to understand boys better.

*How do you know whether a girl likes you or not?*

*What is love [between a boy and a girl]?*

The nature of their comments showed that they, too, might be facing pressures with which they are not ready to cope.

### ***Self-Reported Sexual Activity***

Although the students discussed sex during the group sessions, they were asked about their own sexual experiences only on the anonymous questionnaire. Most of the girls (61

percent) reported having kissed their boyfriends. Although only six girls (11.7 percent) thought that their boyfriend wanted to have sex, 16 (31.3 percent) reported that they believed their boyfriend was sexually experienced.

A 1989 study conducted among Harare youth showed that 13 percent of respondents (both sexes combined) reported that they were sexually active by the age of 15; 50-70 percent said they were sexually active by the age of 18 (Harare City Health Dept., 1992). It is a common belief that when adolescents report their sexual activity, girls tend to underreport while boys overreport. In this study, only two girls, both in the lower sixth Form, admitted on the questionnaire that they were sexually experienced. However, we later learned about four girls who had participated in the discussion sessions who were pregnant during the study period. Other researchers in Zimbabwe have faced similar difficulties in getting girls to disclose their sexual behavior (Wilson *et al.*, 1989).

This lack of self-disclosure among girls might be explained by a number of factors. First, despite the rapport between the girls and the researchers, the girls might have been reporting what they thought the researchers wanted to hear. In addition, the social pressure on girls to remain virgins until marriage is so strong that they might have been unable to state otherwise. Finally, they might simply have been unwilling to admit their own behavior to themselves. As one young woman mentioned during a different study, the problem with reporting on sexual behavior is that, "You see, even by writing it down, it's like I have to face my own life" (personal communication, Florence Mapunga, Student Health Services, University of Zimbabwe, 1993).

Ten boys stated that they had had intercourse at least once: three boys from the boarding school, two from the high-density O-level school, and five from the urban A-level school. All of the male respondents (3) who were in the Lower sixth Form reported that they were sexually experienced.

## Characteristics of Sex

As they mature sexually, boys and girls begin developing ideas about sex. To better understand the attitudes toward sex, we asked them to describe the "good" and "bad" things about sex. The most common written response among the girls was that there was nothing good about sex before marriage. The girls wrote that they did not know anything nice about sex, or that, lacking experience, they could not say. The next most common response could be categorized as "pleasure," described in language reminiscent of romance novels.

*You'll enjoy it a lot and you [the girl] at that moment will feel beautiful and loved. If you have really longed for it, you'll just say to yourself "I've had it and it is good."*

*You'll be having so much fun. I'll be showing my love to him and he will be showing his in return. It will be exciting.*

It is interesting to note that while the girls insisted that sex is good only within marriage, they used words such as "ecstasy" and "passion" to describe sex. This dichotomy indicated the conflict girls face -- they are caught between traditional beliefs which place high value on virginity and modern romantic fantasies about sex.

The girls at the boarding school tended to define "pleasure" as the satisfaction of emotional feelings, while girls at the urban A-level school were more likely to define it in physical terms, mainly "touching each other and kissing." The girls at this school suggested that engaging in these activities would "remove shyness," "stimulate both partners so that sexual intercourse won't be painful," "make the boy ejaculate so he won't make the girl pregnant," "can be substituted for sex," and can make you "crazy and you then want to have sex." These responses seem to indicate a more intimate knowledge of sex (either with coitus or without) than one would assume solely on the basis of the questionnaire responses.

Although it was clear that the girls know that they are not supposed to have sex before marriage, they tended to equate sex with love and romance. This study and others

(Runganga, 1993) have found that a desire to love and be loved is a principal motive for girls to enter relationships. From their statements, it was clear that the girls were seeking love and viewed sex as an integral part of attaining that love.

*[Love] bounds a relationship.*

*You have sex so that you can strengthen your love.*

*You feel on top of the world, wanted and cared for. And when you have sex, you enjoy it, you are in ecstasy.*

Four girls pointed out that it would be nice to have sex in a bed, rather than in the bush, or behind a building, indicating that sex in their age group typically occurs in these settings.

The main negative aspect of sex for an adolescent girl was the prospect of being "seduced and abandoned," losing her virginity to someone who would betray her, and facing the humiliation of shame (see Table 11). This alone, without the added consequence of pregnancy, was mentioned by 26 respondents. Next came pregnancy, along with the possibilities of abortion, death, baby dumping, and an end of schooling. Only 10 girls named diseases (STDs and AIDS).

**Table 11. Most Commonly Reported Negative Aspects of Sex with a Boyfriend**

Negative Aspects	Responses (N = 62)
What are the "not so nice" parts of having sex with a boyfriend?  Loss of virginity/abandonment/shame Pregnancy Disease	  26 20 10

\* Multiple responses permitted.

When the boys were asked to describe what they felt to be the "nice things about having sex with a girl," the most common answer was physical satisfaction. Only five boys described emotional closeness or cementing the ties of a relationship as a "nice" part of sex. Four boys said that it was nice to have sex in a bed, again presumably reflecting the fact that most teenagers do not have this option readily available. Three respondents (none of whom reported having had sex) said there was nothing nice about sex.

Pregnancy led the list of bad things about sex and was cited by 14 boys (see Table 12). The next most common negative aspect was disease -- both AIDS and other sexually transmitted diseases. The four boys who said that the nice part of sex was "in a bed," all listed the bad part as having sex "in the bush." Other problems concerning sexual performance (for example, sex with a virgin, pain) were also listed.

**Table 12. Most Commonly Reported Negative Aspects of Sex with a Girlfriend**

Negative Aspects	Responses (N=30)
What are the "not so nice" parts of having sex with a girlfriend?	
Pregnancy	14
Disease	9

\* Multiple responses permitted

## Responses to AIDS Prevention Messages

### *Abstinence*

Both boys and girls indicated that it is girls' responsibility to avoid having sex. The girls suggested that one solution is to avoid placing oneself in vulnerable situations:

*Avoid romantic settings or go with a friend.*

*Once your boyfriend asks you for sex you should never go to a quiet place.*

*Avoid doing things that arouse him.*

*I think the best thing is to be yourself, when you are with a boyfriend. If you are going to act like one of those wild girls, then he's going to ask you to have sex.*

For boys, masturbation is one way to avoid sexual intercourse. At the rural district council school, many of the boys agreed with the statement that "most boys substitute masturbation for sex." However, at the other schools, boys were less likely to consider masturbation as a realistic alternative. As one boy stated:

*Why masturbate if there are girls around?*

At the boarding school, the boys were divided over whether masturbation is "allowed."

*We stick to our tradition. We have been told that masturbation is wrong and should not be done.*

*I don't think in tradition we are told not to masturbate. It's something that's connected with sex and we are told sex is wrong but I don't think we are ever told not to masturbate as such.*

During the joint group exercise in which the boys and girls were asked to come up with responses to expressions used to pressure adolescents into having sex (pressure lines), both boys and girls were able to come up with appropriate responses. However, several of the boys insisted that the hypothetical situation created in the classroom was not realistic:

*If somebody is going to ask you to have sex, it means you are quite close, not sitting across the room from each other.*

Both boys and girls admitted that sex is sometimes something that "just happens":

*The sex feelings attack you and affect your brain and so you won't think of the bad things and go ahead and have sex. (boy)*

*Sex is something you can't help so you will do it even if you know all the bad things that could happen. (boy)*

*Some do it for experiment's sake. You start kissing and petting then you say let me go a step further until I reach the climax.... I heard from people that at times you don't notice until the guy is already in, that when you realize that you have lost your virginity but it would be already too late and you just have to respond. (girl)*

Despite the unpredictability of sex, several of the girls specifically stated that the combined session with boys was helpful in learning responses to pressure that could be used should the need arise.

### ***Condoms***

Adolescents are told to wait until marriage before having sex. At the same time, they hear AIDS prevention messages which say that if you are going to have sex, then use condoms. Yet, in addition to inaccessibility, condoms often carry with them connotations of disease, infidelity, and distrust (Karim et al., 1992). How realistic is it, then, to ask young people to use condoms? The findings from the questionnaire showed that, although all of the boys who had had sex had heard of condoms, only two said that they had used condoms. Both were older boys in the lower sixth. Only one of the two girls who had had sex stated that she had used a condom.

The main reason among the boys for not using condoms was that sex was unplanned and their feelings were "uncontrollable". For example, the boys wrote:

*[I did not use a condom] because I was in an uncontrolled position of feelings.*

*It happened too fast.*

*It was difficult to use a condom because of the feelings I had. I didn't have time to use it.*

One boy said that he was shy about getting condoms, another that his girlfriend had been a virgin and that condom use was unnecessary (to prevent disease). Still another wrote that his girlfriend said that she would be unsure that he really loved her if he used a condom.

In the group discussions, the students discussed the feasibility of using condoms. In one group, the girls discussed who should take responsibility for using condoms:

*If a boy insists, use condoms and inform your sister and make sure that boyfriend is honest.*

*If you decide to use condoms, the boy should keep them.*

*The girl should also keep them to make sure that you never have sex without them.*

At the boarding school, one girl argued vehemently against the use of condoms:

*If any boy would suggest using them, that would be the end of everything.... It was believed when AIDS was discovered that prostitutes were the ones spreading AIDS, so it was decided that people should use condoms. So if I'm in love with someone and we decide to have sex and he wants to use a condom, I'd just tell him to go and hang himself. It's like you are being used as a prostitute, the person doesn't trust you.*

One of her classmates disagreed:

*You can say no to someone who hasn't started having sex, but not to someone who enjoys sex, and when we look at the world we live in there are so many diseases, so you can't just tell somebody not to use condoms.*

Nearly all the boys in the group discussions agreed that if a friend were to come to them asking for advice about having sex, they would encourage him to go ahead but to use

condoms to avoid pregnancy and STDs. However, when they were asked how they would respond to a girl who suggested using condoms, there was less agreement. Some of the boys felt that a girl who suggests using condoms is "loose" because she is actively agreeing to having sex. This implies that she enjoys sex and therefore should not be trusted. Other boys disagreed. They said that girls who carry condoms are just protecting themselves from STDs and pregnancy. Still others felt that girls who carry condoms are both "loose and wise."

### **Sugar Daddies**

Girls may face a special vulnerability in their relationships with older men, who are often labeled as "Sugar Daddies." When the girls in the discussion groups were shown the picture of an older man accosting a schoolgirl<sup>4</sup>, all of the girls recognized the Sugar Daddy relationship and several of them mentioned being approached by men their father's age. Overall, however, they seemed unsure whether this type of relationship was widespread in their community. It was difficult to discern from their comments whether the Sugar Daddy relationship was something they had only heard of or witnessed, or whether they had experienced such a relationship themselves.

According to the girls, a need or desire for money (particularly for school fees, lunch, and transportation) and gifts appeared to be the underlying cause for girls' relationships with older men. Very few of the participants indicated that the girl might genuinely love the older man and therefore desire a relationship with him. In addition, there was general agreement that an older man would take responsibility should the girl become pregnant, whereas younger men would not:

*At our school there is a girl doing O levels who is going out with a married man just for money to buy lunch at school.*

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<sup>4</sup> See Appendix A

*Some schoolgirls believe that they will eventually get married to Sugar Daddies. They say older men will take better care of you. (And do they really marry?) Yes, some do.*

*Schoolgirls are easily pleased. [Older men will] buy them takeaways and perfumes and then they will agree to do anything with the Sugar Daddies.*

*These days there's ESAP, so maybe this girl won't be getting enough money from home, so she will be hoping to get a lot of money from a Sugar Daddy.*

*If a girl just wants a guy to go out with, and not for money, obviously she will go out with somebody younger, but because of money they will go out with older men.*

The girls perceived that older men desire relationships with schoolgirls rather than with women their own age because the men want someone who is free of STDs and has few expectations. At the same time, the girls indicated that married men may tire of their wives and then seek out schoolgirls:

*Some men are just greedy, they want to have everything, so they take advantage of young girls, and schoolgirls are not as demanding.*

*The men want schoolgirls because they are inexperienced. Some prostitutes know this, so they wear school uniforms to attract men.*

*Maybe the men will just be tired of their wives.*

*Some older men have too much money and hence want to spend it on schoolgirls because they think the girls are STD free.*

Many of the girls suggested that these relationships occur because the schoolgirls deliberately try to attract older men:

*The girls can actually try to get the attention of the older man by asking for money for lunch.*

*Schoolgirls do it just to show off.*

*The way the girl walks and the way we girls dress invites men.*

All the girls agreed that these relationships occur in real life.

*They say, "Jump in for a ride and we'll have fun." By that he means you will go to places and probably end up having sex.*

*Many girls are dropped off at the school gate.*

*This morning there was a certain man at the gate who was trying to get the attention of a certain Form 2 girl.*

*A certain man tried to propose love to me when he gave me a lift and I ignored him.*

*There was a headmaster at our school in 1988 who used to go out with schoolgirls. Even some of the girls are going out with these Sugar Daddies.*

The girls cited pregnancy, lower grades, physical threats from the older man's wife, and STDs as some of the problems related to Sugar Daddies:

*Girls might get pregnant and either try abortion or commit suicide or have poor academic performance.*

*She might start taking education lightly because the man will be providing her with everything, because she thinks the man loves her, and will take care of her, but usually, with these men, after they've had enough of you they just dump you.*

*The girl might get STDs.*

Some girls suggested that Sugar Daddies should be criminally prosecuted. Others thought that the wives of Sugar Daddies should try harder to satisfy their husbands. Some girls advocated a return to traditions, but did not specify what those were. Still others recommended that parents exercise greater control over their children. However, for the most part, the groups felt that responsibility ultimately lay with the girls themselves:

*Girls should be told to be strong. We can't change men, it looks like it's their nature.*

*Girls should be checked for virginity every term so that they won't dare sleep with Sugar Daddies.*

*They [girls] should be taught to work for what they want, and to be satisfied with what they have.*

A few of the girls suggested that the problem would be solved if girls did not have to worry about being able to pay school fees.

### **Future Plans and Expectations**

When the girls were asked about their hopes for the future during a group discussion, in all schools the girls' principal concerns were financial. With the exception of a few girls who hoped to continue their studies beyond O- levels, most of the girls were worried about finding a job. The desire to be self-supporting with their own income was mentioned frequently by students from all the schools. Not a single girl expressed the hope that she would find a rich man who would take care of her. To have a good job, rather, was perceived as something which would help establish a happy marriage.

The girls also were concerned about their future relationship with their husband. For many of the students, the next major phase of their lives will be marriage. Indeed, the message to "wait until marriage before having sex" assumes that all young men and women will one day be married, preferably to an HIV-negative, monogamous partner. However, it is commonly acknowledged that marriage does not guarantee sexual monogamy or freedom from the risk of getting AIDS. We set out to explore how young people view marriage, their expectations, and their attitudes toward faithfulness. In particular, what do girls hope to gain from marriage? And if society condones men having multiple sexual partners, how does this influence boys, who will one day be husbands and fathers?

We found that a common hope among girls was for affection and communication with their husbands:

*I hope to have a good marriage with someone you love who you can depend on and who will always be there.*

*[I hope] to have reliable husband who I will be able to sit and discuss things with as a family in the future.*

*[I hope] I can get married to a willing husband who loves me and can understand other people's problems.*

These remarks were made by the girls at all four schools, suggesting a widespread desire for intimacy and understanding in marriage.

Not all of the girls expressed as strong a hope for marriage. Some recorded only that they hoped to have children one day, without mentioning marriage or a husband. Another at the urban A-level school commented:

*[I hope] to be very independent when I grow up and not under anyone's shadow, that is if I get married.*

Research has shown that women often lack sexual negotiating power within marriage because they are financially dependent upon their husbands (Ulin, 1992). It is interesting that the girls in this study did not view marriage as a vehicle to greater economic security. Although securing their futures was a main concern, girls hoped for marriages based on mutual affection and understanding. They worried about having money, but they hoped more for love and affection.

The discussion about the distinction between a "faithful husband" and a "successful marriage" among the Form 4 girls at the urban O-level school underscored the differentiation they made between marriage as a commitment to the family economic unit (which might allow male infidelity) and marriage as a commitment of husband and wife to each other. While they acknowledged that many marriages were successful even though the husband had outside relationships, most of the girls still hoped to find husbands who would remain faithful:

*We all know that there are marriages where the man, well, he does not only have his wife. He also has a girlfriend or something. But he takes care of the family and he respects his wife. I think that the marriage is successful then.*

*How could you say he is respecting his wife when he is not faithful? I do not see how you could trust a husband who is unfaithful and it is not good for the family. A successful marriage should mean that everything is going to help the children and the family. Not wasting money on girlfriends.*

*A marriage cannot be successful if the people who are married are unhappy.*

*The wife is not at ease. She will always live in doubt.*

*You'll always be fighting over the girlfriend.*

When the issue came to a vote, the girls agreed that what they hoped for for themselves was a "faithful husband," rather than a successful marriage which might include tolerance of infidelity. To support this argument, some of the girls raised the threat of AIDS. One girl hoped to find an HIV-negative husband.

When the boys were asked about their hopes for the future, they did not discuss their expectations about marriage in great depth. They did, however, hope to marry some day and to have children. Their main concern regarding marriage seemed to be getting a girl pregnant and being forced to marry. When they were asked whether a successful marriage depends on a faithful husband, many of the boys said that both partners should be faithful in order for a marriage to be successful.

*If the husband is not faithful and the wife is faithful, the husband might bring diseases home.*

*Both parties should be faithful to each other, not only the husband.*

While faithfulness within marriage seemed to be a common value among the boys in the survey, most boys agreed that there was no need to be faithful at their age and having more than one girlfriend was very acceptable.

## AIDS and STDs

The success of Zimbabwe's nationwide AIDS awareness campaign has been confirmed by the high level of AIDS awareness and knowledge among secondary school students (Wilson, 1989). We found that all of the students were able to define AIDS and to cite the major routes of HIV transmission -- sexual intercourse, blood, and mother-to-child. Although they tended to agree that one could not get AIDS from casual contact, there were still many questions about transmission through saliva and mosquitoes.

Knowledge of prevention was closely linked to knowledge of transmission. All of the groups mentioned "sticking to one faithful partner." However, one girl pointed out that the message of sticking to one partner is wrong "because a person can still go through numerous partners in a year. They go out with one partner for a month then change. They [posters] should say stick to one life partner." Although all of the boys stated that teenagers can protect themselves from AIDS by not having sexual intercourse, many of them also pointed out that this is not a realistic solution. They felt that since teenagers will be sexually active regardless of the risks of AIDS, they should use condoms all the time. At the same time, they complained that condoms are not easily available to them.

When the students were asked if teenagers like themselves could get AIDS, all of the groups responded yes. The main theme of the responses was that teenagers were "like any other person." They cited sexual experimentation and lack of information and condoms as factors which make teenagers especially vulnerable to AIDS. According to one boy:

*Yes, yes [teenagers can get AIDS]. They are the ones who have this disease due to misbehaving. Anyone can get AIDS, it does not matter whether you are a boy or a girl man or women, orphan or widow, if you do things which can give you AIDS--through sex or back door injections you can get AIDS. (boy)*

One girl, however, was skeptical of someone in her peer and age group getting AIDS.

*Most of us haven't started having sex, so we always think that it could never happen to us. We might kiss but that doesn't give you STDs, so we never think of AIDS, unless maybe there's someone that we stay with who sleeps around, but it wouldn't happen to us.*



## Teacher Training

In Zimbabwe teachers are trained in traditional classroom settings which emphasize cognitive development. However, the research team felt that subjects such as human sexuality require an approach that gives individuals an opportunity to examine and express their own attitudes and beliefs, as well as to share their own experiences. Therefore, an experience-based training approach was adopted that would allow participants to simulate real-life situations through decision-making games, role playing, and other interactive exercises.

The training workshop was designed to achieve several objectives:

- To encourage and enable teachers to talk freely about human relationships with young people.
- To provide teachers with correct and sufficient information to teach young people about HIV and AIDS and other sexually transmitted diseases.
- To acknowledge and deal with teachers' own feelings and fears concerning HIV infection and AIDS.
- To strengthen ties within the community -- among teachers, students, and parents -- in the fight against AIDS.

To achieve these objectives, the training curriculum utilized the discussion guides developed for use with the students as well as other resources.<sup>5</sup>

Working closely with the education officer responsible for guidance and counseling in the province, the team identified two districts for implementation of the training workshop. Three workshops were held during 1993 and the workshops were attended by 25 teachers

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<sup>5</sup> Hope and Timmel, 1985; Robinson, 1990; Reddy, 1987; Red Cross, 1990; CPO Life Planning, 1989; Aggleton, 1990.

(9 women, 16 men) representing 15 schools. The agenda for the workshops can be found in Appendix B.<sup>6</sup>

### **Evaluation and Feedback**

At the end of the workshops, the teachers were given evaluation forms to complete. The following are some excerpts:

*[Practicing communication skills] caused satisfaction because we as the trainees were also actively involved in the learning process as we were role playing. Certainly if the same situation is done to pupils it will help them to discover solutions to their problems on their own.*

*All subjects as a whole equiped [sic] me with new skills. Very helpful -- should be part of the major teacher training programme.*

Many of the participants praised the workshop format and the methods used:

*When I heard I was coming to another AIDS workshop, I didn't want to go. But this has been completely different.*

*I thought teaching was lecturing.*

After the research team collected the evaluation forms, an informal discussion was held with the participants to elicit additional comments. In general, the participants felt that they had gained valuable experience, knowledge, and skills through the workshop. While a few of the teachers had received some training in guidance and counseling, almost all of the teachers were seriously lacking in resource materials. Many of the participants said that, before the workshop, they had felt desperate for new skills, concepts, and methods which would make their guidance and counseling classes more effective as well as more personally rewarding. In addition, several of the participants discussed how the training had affected

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<sup>6</sup> In 1994, as a result of expanding the intervention, two workshops were held at which an additional 45 teachers were trained.

them as individuals -- as sexually active adults who are also at risk of acquiring AIDS. The participants also discussed the benefit of meeting teachers from other schools in the area and began to discuss ways in which the various schools could collaborate. The participants made suggestions on how to improve the workshop, such as spending more time on counseling and caring for persons with AIDS, and the facilitators noted these as areas to address in follow-up activities with the teachers.

Finally, the participants were asked to discuss their personal plan of action for implementing AIDS prevention activities in their schools. All of the teachers expressed an eagerness and enthusiasm to begin putting into practice what they had just learned. At this juncture, the teachers and the research team arranged for follow-up visits.

During the workshop, not only did the teachers express a need for additional resources, but they also expressed a sense of isolation. Although most of the teachers enjoy the support of their headmasters, they still feel they are working in a vacuum. It is virtually impossible for them to get access to the extensive educational materials available on AIDS. Consequently, to maintain contact with the teachers and to meet their need for resources, the research team periodically sent them information packets. These included recent news articles, ideas for additional discussions, and a brief newsletter detailing the activities being undertaken by the teachers themselves.

### **Workshop Results**

In the months following the workshops, the research team made follow-up visits to each school. The results were overwhelmingly positive. At all of the schools visited, teachers had begun implementing discussion groups about sex and AIDS with their students. Moreover, they have taken the materials from the workshop, for example, the discussion guides, and revised and adapted them for their own needs. Rather than following a blueprint, the teachers are using the materials as a tool kit -- expanding and revising sessions in innovative

ways. The research team has been impressed by the creativity and initiative the teachers are demonstrating. The results of the workshops can be summarized as follows:

- Implementation of teacher-facilitated discussion groups with students
- Acquisition of training skills by teachers
- Increased cooperation and collaboration among teachers from different schools
- Greater community outreach on AIDS prevention

### *Discussion Groups*

All of the teachers who participated in the training workshops in 1993 subsequently conducted discussion groups on AIDS prevention with their students. While the teachers reported that many of the students were shy at first, eventually the discussions became quite lively. As one teacher stated, "At first it was hard. I didn't think I could get in front of the class and talk about these things and neither did the students. But I just did it and now everyone is opening up." After observing several discussion groups, it is quite clear that students are responding with enthusiasm. The teachers have succeeded in establishing a climate conducive to openness. The students freely express their opinions, even when they go against "expected" behavior.

Follow-up meetings with the teachers from the first series of workshops have revealed that 9 months later, both teachers and students were still filled with enthusiasm. As one teacher said, "If I was late coming to class, the Form Captain would come hunt me." The success of the discussion groups can be summarized by an excerpt from one teacher's letter:

*Soon after the seminar I was granted time to disseminate the seminar information to all Form Teachers. Since you provided us with all teaching materials and discussion topics, teachers found it viable and applicable. The pupils really enjoy the discussion topics.... They give genuine views whether correct or wrong. The 35 minute periods have proved to be short once discussions have started.*

In addition, written essays by the students themselves are filled with praise about the program as well as concern about AIDS.

### *Training Skills*

Several of the teachers conducted in-service training for other teachers at their school. Afterward, according to the teachers who led the workshops, the participants expressed greater interest in conducting discussion groups and in learning more about participatory teaching methods. Several of the teachers have reported that other teachers are using them as a resource -- even teachers from other schools. One teacher conducted a scaled-down version of the workshop for 50 science teachers who were attending a Zimbabwe Teachers Association meeting.

In addition, two teachers who had attended the workshop served as co-facilitators at a subsequent teacher training workshop that the research team conducted. Not only did these two teachers do an excellent job, they also served as role models for the other teachers. The research team is hopeful that, given the teachers' acquisition of training skills, training workshops will continue to be held beyond the life of the pilot project.

### *Teacher Networking*

One of the unexpected benefits of the workshops has been an increase in collaboration among schools. For example, one group of teachers from different schools organized a meeting among themselves to discuss their progress. They discussed the effectiveness of the methods used and the strengths and weaknesses of raising the various topics for discussion with students. According to the minutes of this meeting, the teachers agreed that most of the topics were quite easy to bring up and that the students were able "to discover solutions on their own, not from the teacher."

### ***Community Outreach***

Besides reaching students through the school, the teachers also have made efforts to involve the community. One way in which they have extended their reach into the community has been through the use of drama. Since the workshop, several of the schools have composed dramas about AIDS which have been performed for the rest of the school, parents, and the community. One drama group performed at the regional agricultural show before an audience of 800 persons.

At the last workshop, the teachers discussed ways in which community leaders could become more involved in AIDS prevention activities. The teachers talked about contacting the school development committee, the parent-teachers association, youth leaders from the church, and community health workers.

### **Guidelines for Teacher Training**

The experience of this project has been that properly trained teachers can help adolescents develop responsible sexual decision-making skills. Based on our experience, the following guidelines are recommended for future teacher training:

- Workshops should be small (no more than 20-25 participants), interactive, and kept to 2 or 3 days.
- The appropriate education and health officers from the region should attend the workshop. Their presence not only provides the workshop with credibility, but also ensures that the teachers have support at the central level.
- Workshop participants should be provided with concrete materials and activities which they can then use in their classes.
- Using teachers as co-facilitators at future workshops will increase the likelihood that the program is sustained.
- Follow-up visits should be made to each teacher. These visits help give credibility to the teacher's efforts and provide a record of the teacher's progress.

- Any training effort should include follow-up activities that evaluate the long-term impact of the discussions on both teachers and students.

Three additional factors that contributed to the success of this project include:

- A district-level focus. Since this effort was a pilot project, activities were purposely kept small scale. While the training can be done on a larger scale, keeping the project at the district level ensures that the teachers receive personal attention and individual follow-up.
- Teachers' commitment. Results from this project indicated that all of the teachers acknowledged the severity of the AIDS crisis in Zimbabwe. Their willingness to play an active role in preventing AIDS was an invaluable component of the program.
- Teachers' creativity and initiative. This effort did not use a formulaic approach. Rather, the emphasis was on allowing teachers the freedom to be creative and urging them to seek out what works best for them. Consequently, the teachers have developed a sense of ownership over the discussion guides and materials. Given a little training, a few resource materials, and much encouragement, the teachers have exceeded expectations in their implementation of AIDS prevention activities. In addition, the experience has added to their own professional and personal growth and self-esteem.

The end result has been students who can talk candidly about sex and the process of growing up. While simply talking about sex is no predictor for responsible behavior, it is at least one way to help adolescents wade through the social, emotional, and sexual pressures facing them in the difficult transition from childhood to adulthood. In this age of AIDS, talking openly about sex with adolescents might be one of the most important things adults can do.

## 8. Conclusions and Recommendations

In general, adolescent sexuality has been viewed as a problem rather than as a natural process in the growth toward adulthood (Fine, 1988). Although school-based adolescents receive factual information in science class about reproduction, few participants in our study reported that detailed information, particularly about sex and puberty, is passed on to them by adult family members. For girls, much more than boys, the messages given are not informational but are warnings to stay away from the opposite sex. Lacking a forum to discuss the emotional aspects of their developing sexuality, both boys and girls must cope with their own nascent values, uncertain decision-making skills, and acute social pressure.

The findings from this study suggest that in Zimbabwe the traditional sources of information about sex and puberty are no longer functioning. This erosion of traditional mechanisms of sex education is not new -- many of the mothers in this study themselves did not learn about sex and puberty from the culturally sanctioned paternal aunt or *tete*. The factors underlying the decline of this traditional role have less to do with where people now live than who they have become. The results from this study indicate that it is not so much the barriers of geographic distance as the profound social processes accompanying urbanization and class mobility which have resulted in the neglect of tradition. Therefore, the role of the *tete* or *sekuru* in the sexual education of adolescents may not be easily resurrected.

Data gathered from adolescents and their mothers show that mothers continue to feel it is taboo to discuss sex with their children. They want their children to make responsible decisions but would prefer somebody else to teach them how to do so. Some mothers would like to talk with their daughters, but they do not know how to go about it. Fathers are viewed as distant, authoritarian figures who are even less likely to talk about sex. While greater efforts need to be made to involve parents in the sexual education of their children, parents need to understand that they will lack credibility if their own sexual behavior is irresponsible and contradicts their advice.

At present, young people are learning about sex from their peers and the general media. Girls are the recipients of numerous moral strictures, many of which seem irrelevant to the world they encounter. While adults regularly admonish girls to avoid boys and remain virgins, boys encounter few restrictions regarding their own sexual behavior. Unable to talk about the changes occurring within them, and lacking any guidance, it is therefore no surprise that young men and women drift into sexual relationships at a time when their lives are full of uncertainty and vulnerability.

Girls in particular are not told that it is normal for them to have sexual feelings. Their comments and questions are filled with self-blame and uncertainty over their sexuality -- wanting to have sex, not knowing how to refuse, not being sure whether to refuse. The failure to acknowledge this sexuality deprives girls of the possibility of recognizing and planning for their sexual feelings (Fine, 1988). Girls are not allowed to want sex; they can only seek love. As a result, while they are keenly aware of the stern requirement that they remain virgins, they equate sex with love. This merging of sex and love greatly increases their vulnerability to unplanned sex. They enter sexual relationships in their search for emotional intimacy and love. Sex education for girls should help them recognize that sexual urges are normal but that there is a difference between sex and love.

Girls are not alone in their confusion. Boys, too, are unclear about how to behave sexually. On the one hand, they assume a bravado in their discussions about sex and are given a license by society to have sexual feelings. On the other, their written comments portray a vulnerability to peer pressure and societal expectations. While much attention has been paid to the vulnerability of girls, there is also a need to further explore boys' feelings and whether society's definition of "manhood" pushes boys into having sex before they are ready. For example, the pressure on boys to be "successful" sexually might be greater than the pressure to behave respectfully and responsibly (Preston-Whyte, 1990).

Both boys and girls engage in gender stereotyping. Boys who have sex are "lover boys"; girls are "greedy," "dangerous," and "prostitutes." Educational efforts should focus on helping

young people change gender stereotypes as well as behavior. Young people need to learn skills which will help them build relationships based on communication and trust.

One of the principal messages in the AIDS prevention era has been to "stick to one faithful partner." However, this message appears to be more relevant to adults than to teenagers. Adolescence is a time of experimentation and, typically, young people fall in and out of love many times in a short period. AIDS prevention messages for youth need to be targeted toward their particular situation. Young people need to know that adolescent infatuation is a normal part of growing up but that they can demonstrate their feelings in ways other than sexual intercourse.

As a means to prevent both pregnancy and disease, condoms have emerged as a second-best alternative to abstinence. However, many young people believe that condoms inhibit spontaneity and intimacy. Girls are particularly unlikely to suggest using condoms. To successfully negotiate use of a condom, girls need to be willing sexual partners. Yet agreeing to sex labels a girl as "loose." In addition, using condoms involves planning ahead, but most adolescent sex is unplanned. Programs targeted at youth need to recognize this factor and help young people to develop the skills that will allow them to make decisions based on mutual respect and shared responsibility. Young people, and particularly girls, need to be given permission to take control of their sexuality.

Although AIDS prevention programs have encouraged people to believe that everyone is equally at risk, some people do face higher risks than others. Teenagers are more concerned about pregnancy than AIDS, and indeed, this is perhaps a greater social risk for them because of the immediate negative consequences of adolescent pregnancy. Therefore, the promotion of condoms to prevent disease should not obscure the need of adolescents for access to other contraceptives as well. For example, pregnancy prevention can be successfully achieved with oral agents, which do not require the kind of negotiation necessary for condom use.

Unfortunately, however, female controlled methods of pregnancy prevention do not protect against disease. Girls face a special risk because of their biological susceptibility to sexually transmitted diseases and social factors, such as poverty and relationships with older, sexually experienced men (Reid, 1990; UNDP 1990). In addressing the "Sugar Daddy" problem, the focus has been on asking girls to control adult male sexual behavior. There needs to be a greater effort within the community to exert social pressure that will discourage older men from seeking out young girls. At the same time, relationships with older men cannot be addressed without also considering the socioeconomic forces facing girls. For example, although the Government of Zimbabwe offers financial assistance to families of limited means, few families have actually benefitted from this social service. As a result, girls may enter relationships in order to ensure money for school fees.

The initial research phase of this project indicated that adolescents are desperately in need of a forum in which they can express their feelings. Teachers are one option for reaching in-school youth. Recent studies have demonstrated that a school-based AIDS prevention program that uses participatory learning can have a significant effect in reducing sexually risky behavior by adolescents (DiClemente, 1993; Baldo *et al.*, 1993; Ford *et al.*, 1992). School-based sex education and AIDS prevention programs that emphasize the social content of attitudes and values, and the attainment of skills, and that use a participatory and active learning approach can be successful in addressing and changing adolescent sexual behavior (Fisher and Fisher, 1992; Allgeier, 1993; King and Wright, 1993).

The experience of this study has been that teachers can open a dialogue with adolescents that encourages them to examine their own values, beliefs, and behavior. The teachers' commitment and enthusiasm were remarkable given the entirely voluntary nature of this program. Implementing the discussion groups was not viewed as something imposed from above. The teachers felt that this program was theirs and, indeed, our role was reduced to one of providing emotional support and information.

This study has also showed that teachers are in a good position to extend AIDS prevention efforts into the community. Such programs should encourage teachers to assume ownership of their materials and allow them the freedom to seek out what is most relevant to the needs of their students and the community. The result could be community-based AIDS prevention efforts that are culturally sensitive and sustainable.

One of the factors responsible for the success of the pilot intervention was that it was truly a product of the formative research process. Also, through the use of the discussion guides, the teachers avoided telling the students what they should do or how they should act. Instead, as one teacher wrote, "the students discover solutions on their own, not from the teacher." The teachers assumed the role of counselor, rather than lecturer or rulemaker.

Finally, this study, as well as others (Runganga, 1993; UNICEF, 1993) found that the negative consequences of sex are not the main concern of adolescents. While the girls received the strongest warning about premarital sex and its consequences, their principal concerns were financial--whether they would be able to find a job. Many of the students were entering their last year of formal schooling. At two of the schools it was unlikely that any of them would pursue further education. Consequently, many of them would most likely be facing unemployment and dim job prospects. An effort that invests in AIDS prevention without addressing the economic insecurities and lack of employment opportunities facing young people will undermine the credibility of this and other prevention strategies aimed at adolescents.

## References

- Action for Youth: AIDS Training Manual. 1990. League of Red Cross and Red Crescent Societies. Geneva.
- Aggleton, P., C. Horsley, I. Warwick, and T. Wilton. 1990. AIDS - Working with Young People, The AIDS Education and Research Trust, West Sussex, UK.
- Allgeier, E. 1993. HIV/AIDS and Sex Education Strategies. WHO, Geneva.
- Ankrah, M. 1991. AIDS and the social side of health. Social Science and Medicine 32: 967-980.
- Baldo, M., P. Aggleton, and P. Slutkin. 1993. Does sex education lead to earlier or increased sexual activity in youth? Poster presented at IXth International Conference on AIDS, Berlin.
- Batezat, E. and M. Mwalo. 1989. Women of Zimbabwe. Sapes Trust. Wongwe Printers.
- Bassett, M. T. 1993. Social and economic determinants of vulnerability to HIV infection: the Zimbabwean experience. Plenary presentation to IXth International Conference on AIDS, Berlin.
- Bassett, M. T. and M. Mhloyi. 1991. Women and AIDS in Zimbabwe: the making of an epidemic. International Journal of Health Services 21(1): 143-156.
- Boohene, E., J. Tsodzai, K. Hardee-Cleaveland, and A. Weir. 1991. Fertility and contraceptive use among young adults in Zimbabwe. Studies in Family Planning 22 (4):264-271.
- Burke, W. 1987. Organization Development - A Normative View. Addison-Wesley, Reading, Mass.
- Central Statistical Office. 1992. Census 1992, Harare, Zimbabwe.
- Central Statistical Office. 1992. Mashonaland East, Provincial Profile, 1992 Census, p. 41.
- City of Harare, Department of Health. 1992. Annual report. Government Printer.

- Cherlin, A., and N. E. Riley. 1988. Adolescent fertility. An emerging issue in sub-Saharan Africa. Population, Health and Nutrition Department, World Bank, PHN Technical Note 86-23, Washington, D.C.
- DiClemente, R. J. 1993. Preventing HIV/AIDS among adolescents. Journal of the American Medical Association 270(6): 760-762.
- Dixon-Mueller, R. 1993. The sexuality connection in reproductive health. Studies in Family Planning 24(5): 269-282.
- Fisher, J. and W. Fisher. 1992. Changing AIDS-risk behavior. Psychological Bulletin 111(3):455-474.
- Fine, M. 1988. Sexuality, schooling, and adolescent females: The missing discourse of desire. Harvard Education Review 58(1): 29-53.
- Ford, N., A. D'Auriol, A. Ankomah, E. Davies, and E. Mathie. 1992. Review of Literature on Health and Behavioral Outcomes of Population and Family Planning Education Programmes in School Settings in Developing Countries. WHO, Geneva.
- Freire, P. 1970. Pedagogy of the Oppressed. Seabury Press, New York.
- Gelfand, M. 1973. The Genuine Shona. Gweru Mambo Press, Zimbabwe.
- Harare City Health Department Research and Development Unit. 1992. Preliminary Report of a KABP on AIDS/HIV. In Summary of Studies on Knowledge and Behaviours Related to AIDS, Second Generation, National AIDS Programme, Harare, Zimbabwe.
- Harare Herald. Aug. 1993. "500 teenage girl AIDS cases worry officials," August 27.
- Harare Herald. Nov. 1993. "AIDS in Zimbabwe: Female death rate increasing," November 26.
- Holmes, K., and G. Aral. 1991. Behavioral interventions in developing countries. In Research Issues in Human Behavior and Sexually Transmitted Diseases in the AIDS Era, American Society for Microbiology, Washington, D.C.
- Hope, A., and S. Timmel. 1985. Training for Transformation, Mambo Press, Harare.
- King, A. and N. Wright. 1993. AIDS and youth: An analysis of factors inhibiting and facilitating the design of interventions. Social Program Evaluation Group, Queen's University at Kingston, Ontario, Canada.

- Kline, A., E. Kline, and E. Oken. 1992. Minority women and sexual choice in the age of AIDS. Social Science Medicine 34(4):447-457.
- Morgan, D. 1988. Focus Groups as Qualitative Research, Sage Publications, London.
- NACP, National AIDS Control Programme. 1992. Antenatal Sentinel Surveillance.
- NACP, National AIDS Control Programme. 1993. HIV Statistics for Third Quarter 1993, Zimbabwe.
- Nyachuru-Sihlangu, R., and J. Ndlovu. 1992. Factual knowledge about AIDS and dating practices among high school students from selected schools. Central African Journal of Medicine 38(6): 225-233.
- Orubuloye, I., J. Caldwell, and P. Caldwell. 1993. African women's control over their sexuality in an era of AIDS: A study of the Yoruba of Nigeria. Social Science and Medicine 37(7): 859-872.
- Population Reference Bureau. 1992. Adolescent Women in sub-Saharan Africa: A Chartbook on Marriage and Children. Washington, D.C.
- Preston-Whyte, E. 1990. Qualitative perspectives on fertility trends among African teenagers. In South Africa's Demographic Future, pp. 75-86.
- Preston-Whyte, E., and L. Alrymple. 1992. Towards the use of qualitative methods in intervention oriented AIDS research in South Africa. Science and Vision HSRC.
- Reddy, W. B., and C. Henderson (eds.). 1987. Training Theory and Practice, NTL Institute for Applied Behavior Sciences and University Associates, Virginia.
- Reid, E. 1990. Young Women and the HIV Epidemic. Development - Journal of Society for International Development 1: 16-19.
- Robinson, D. G., and J. Robinson. 1990. Training for Impact. Jossey-Bass, San Francisco.
- Runganga, A. 1993. A study into sexual concerns of the adolescents in Zimbabwe. AIDS Research Unit, Blair Research Institute, Zimbabwe.
- Schoepf, B. G. 1993. AIDS action research with women in Kinshasa, Zaire. Social Science and Medicine 37 (11): 1401-1413.
- Stoneman, Colin (ed.). 1982. Zimbabwe's Inheritance. St. Martin's Press, New York.

- Student Health Services. 1993. Needs Assessment: AIDS and STDs among University Students. University of Zimbabwe. (report in progress).
- Tauer, K. M. Promoting effective decision-making in sexually active adolescents. Symposium on Adolescent Health Care, date unknown.
- Ulin, P. 1992. African women and AIDS: negotiating behavioral change, Social Science and Medicine 34(1): 63-73.
- UNDP. 1992. Young Women: Silence, Susceptibility and the HIV Epidemic. United Nations Development Programme, New York.
- UNICEF. 1993. A Report on Focus Group Discussions with Out-of-School Youth on Perceptions and Strategies for Communicating about AIDS in Zimbabwe.
- Voss, T. 1993. Attitudes to Sex and Sexual Behavior in Rural Matabeleland. Provincial Medical Directorate, Matabeleland North Province, Zimbabwe.
- Wilson, D., R. Greenspan, and C. Wilson. 1989. Knowledge about AIDS and self-reported behavior among Zimbabwean secondary school pupils. Social Science and Medicine 28 (9): 957-961.
- World Bank. 1993. Investing in Health. World Development Report. Oxford University Press.
- Worth, D. 1989. Sexual decision-making and AIDS: Why condom promotion among vulnerable women is likely to fail, Studies in Family Planning 20(6): 297-307.

**Appendix A**  
**Picture Codes**









**Appendix B**  
**Workshop Agenda**

**ADOLESCENTS AND AIDS**  
**TRAINING COURSE FOR SECONDARY SCHOOL TEACHERS**  
**Murewa and Mutoko, 3-4 May 1993**

DAY 1

8:00 Welcome and introduction

8:15 Sharing experiences on HIV/AIDS

8:30 Stating objectives of the training course

9:00 Sources of information

10:00 Tea

10:15 Naming the body parts

11:00 Making decisions about sex

12:00 Facts about STDs

13:00 Lunch

14:00 Values clarification

15:00 Myths, mysteries and questions about HIV/AIDS

15:30 Feedback and discussion

16:00 Video: "It's Not Easy"

DAY 2

8:00 Q & A from day one

8:30 HIV/AIDS - epidemiology; immune system; symptoms & signs

10:00 Tea

10:30 Prevention of STDs and HIV  
- choices available for young people

11:30 Practicing communications skills

12:30 Relationships

13:00 Lunch

14:00 Practicing communications skills (continued)

15:30 Feedback and discussion  
Course evaluation

## **ABOUT THE WOMEN AND AIDS RESEARCH PROGRAM**

The Women and AIDS Research Program was initiated in August 1990 with support from the Offices of Health and Women in Development of the U.S. Agency for International Development. The objective of the program was to support research in developing countries to identify the behavioral, sociocultural, and economic factors that influence women's vulnerability to HIV infection. The program also sought to identify opportunities for intervention to reduce women's risk of HIV infection.

The first phase of the program supported 17 research projects worldwide: seven in Africa, five in Asia, and five in Latin America and the Caribbean. The studies focused on women and men in rural and urban communities, school-based and nonschool-based adolescents, and traditional women's associations. The focus of the second phase of the program, which began in August of 1993, is to support eight of the original seventeen projects in the design, implementation, and evaluation of interventions developed from the research findings of the first phase of the program. The second phase of the program is expected to be completed by February of 1996.

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## **Publications from the Women and AIDS Research Program**

### **ICRW Policy Series**

1. **Women and AIDS: Developing a New Health Strategy** by G. Rao Gupta and E. Weiss.

### **Research Report Series**

1. **AIDS Prevention Among Adolescents: An Intervention Study in Northeast Thailand** by E. Thongkrajai, J. Stoeckel, M. Kievying, C. Leelakraiwan, S. Anusornteerakul, K. Keitisut, P. Thongkrajai, N. Winiyakul, P. Leelaphanmetha, and C. Elias.
2. **An Investigation of Community-Based Communication Networks of Adolescent Girls for HIV/STD Prevention Messages in Rural Malaŵi** by D. Helitzer-Allen.
3. **Young Women, Work, and AIDS-Related Risk Behaviour in Mauritius** by S. Schensul, G. Oodit, J. Schensul, S. Seebuluk, U. Bhowan, J. Prakesh Aukhojee, S. Ragobur, B.L. Koye Kwat, and S. Affock.
4. **A Psycho-Educational Program To Motivate and Foster AIDS Preventive Behaviors Among Female Nigerian University Students** by C.U.B. Uwakwe, A.A. Mansaray, and G.O.M. Onwu.
5. **Sociocultural Factors Which Favor HIV Infection and the Integration of Traditional Women's Associations in AIDS Prevention in Senegal** by C.I. Niang
6. **Women and AIDS in Natal/KwaZulu, South Africa: Determinants to the Adoption of HIV Protective Behaviour** by Q. Abdool Karim and N. Morar.
7. **Female Sexual Behavior and the Risk of HIV Infection: An Ethnographic Study in Harare, Zimbabwe** by M. Bassett and J. Sherman.
8. **Understanding Sexuality: An Ethnographic Study of Poor Women in Bombay** by A. George and S. Jaswal.
9. **Evolving a Model For AIDS Prevention Education Among Underprivileged Adolescent Girls In Urban India** by A. Bhende.
10. **Women and the Risk of AIDS: A Study of Sexual and Reproductive Knowledge and Behavior in Papua New Guinea** by C. Jenkins and the National Sex and Reproduction Research Team.

11. **Experimental Educational Interventions for AIDS Prevention Among Northern Thai Single Female Migratory Adolescents** by K. Cash and B. Anasuchatkul
  
12. **The Culture, Class, and Gender Politics of a Modern Disease: Women and AIDS in Brazil** by D. Goldstein.
  
13. **AIDS and Sexuality Among Low Income Adolescent Women in Recife, Brazil** by A. Vasconcelos, A. Neto, A. Valença, C. Braga, M. Pacheco, S. Dantas, V. Simonetti, and V. Garcia.
  
14. **Guatemala City Women: Empowering a Vulnerable Group to Prevent HIV Transmission** by B. Bezmalinovic, W. Skidmore DuFlon, and A. Hirschmann.
  
15. **Female Low Income Workers and AIDS in Jamaica** by G.E. Wyatt, M.B. Tucker, D. Eldemire, B. Bain, E. Le Franc, D. Simeon, and C. Chambers.
  
16. **Strengthening Intergenerational Communication: An AIDS Prevention Strategy for Adolescents (Mexico)** by M. Givaudan, S. Pick de Weiss, M. Alvarez, M.E. Collado, E. Weiss, and G. Rao Gupta.
  
17. **Strengthening Intergenerational Communication: An AIDS Prevention Strategy for Adolescents (Zimbabwe)** by D. Wilson, J. McMaster, M. Armstrong, N. Magunje, T. Chimhina, E. Weiss, and G. Rao Gupta.

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