



International Journal of Humanities & Social Science Studies (IJHSSS)

A Peer-Reviewed Bi-monthly Bi-lingual Research Journal

ISSN: 2349-6959 (Online), ISSN: 2349-6711 (Print)

ISJN: A4372-3142 (Online) ISJN: A4372-3143 (Print)

Volume-IV, Issue-II, September 2017, Page No. 103-120

Published by Scholar Publications, Karimganj, Assam, India, 788711

Website: <http://www.ijhsss.com>

Gender Differential Sexual Risk Taking Behaviour and Substance Abuse among out of School Adolescents in Lusaka

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Abstract

HIV infection and AIDS are major public health problems in Zambia and many of the Zambian population are living under high-risk sexual behaviour. This study was instigated to examine the reasons responsible for the high levels of unprotected sexual activity among out of school adolescents. A cross sectional descriptive survey was used to draw 250 respondents among out of school adolescents from Jack and Hellen Kaunda communities in Lusaka District. The study disclosed that a number of factors are at play for the high levels of unprotected sexual activity among out of school adolescents in the selected communities. It was noted that, high levels of negative gender beliefs and attitudes, restrictive cultural beliefs, impersonal sources of information, ignorance and substance abuse were some of the common factors contributing to the high levels of unprotected sexual activity among out of school adolescents. Gender sensitization should be made an integral part of various sexual and reproductive health programmes being carried out by various organizations. The information being given to adolescents in communities must seriously address issues of gender and help young people acquire skills to cope with negative sexual pressure. Community authorities must accentuate on informal education that will focus on sexual and gender education through informal community discussions for young people for them to be able to adopt more positive sexual behaviours. It is also quite cardinal that more complete and accurate disaggregated data on different experiences and conditions of unprotected sex and knowledge of important gender issues among out of school adolescents (15-19 years) is collected if the most vulnerable young people in poorer household and rural areas are to be reached.

Key words: *Gender differentials, risky sexual behaviour, substance abuse, out of school youths.*

Introduction: Adolescent sexuality is a universal issue which is and will continue to be a topic of debate. Numerous similarities in the views, intentions and practices regarding adolescent sexuality in many countries and cultures around the world exist. This presents

several challenges that are associated with their sexuality, especially as they become sexually active (Frosh, et.al. 2010). There is a concern that young people are engaged in high rates of premature sexual activity leading to unwanted pregnancies and unsafe abortions and contraction of sexually transmitted infections (STIs) including HIV and AIDS. Substantial studies conducted in different parts of Africa, Zambia inclusive, also found that most young people indulge in risky sexual behaviors at an early age, often with little regard to the possible consequences of such actions (Baurmeister et al., 1995). The impact of which can bring about serious lifelong consequences. Though sexuality can be a normal aspect of adolescent development, the high rates of unprotected sex and sex with multiple partners are reported to be alarmingly high among them (Robinson, 2010).

This trend in adolescent behavior had also been reiterated by Jaya (2009), who had shown that sexual commencement at an early age with limited insight as to the consequences and the low rate of consistent condom-use contributed to the factors putting youths at a risk of sexually transmitted infections (STIs) and unintended pregnancies. The study further noted that for the young women, other than the age factor, the situation is gruesome in that they face particular risks because of their biology, discrimination regarding access to information and services and some constraints largely imposed by society on their behavior (Mutombo, 2006). These constraints have made women vulnerable to triple threats such as unwanted pregnancies, unsafe abortions and STIs that may not only render them infertile but may even lead to their ultimate demise (Jaya, 2009).

The UNICEF report of 2010 showed that coupled with unprotected sex, there is low condom use among youths in the same cohort in Zambia (48 percent males and 38 percent females). The report further showed that condom use during high risk sexual activity was still low in most developing counties averaging less than half among the young males and one third among young women (UNICEF, 2010). This scenario indicates that there is need for concerted efforts among all stakeholders. The level of equality in the sexual behavior among adolescents in Zambia is far from being attained as the young people themselves are still ignorant of important gender issues and how these affect their sexuality (Ndubani, 2002).

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

Young people are learning new things every time and forming diverse values and attitudes about who they are (WHO, 2000). This in turn may make them vulnerable and may contract sexually transmitted diseases (STIs) and unintended pregnancies (Mutombo, 2006). The young male adolescents for instance, are at risk of being infected with STIs

including HIV because they are prevented from seeking information or admitting their lack of knowledge about sex or protection. This compels them to experiment with sex at a very young age, usually in an unsafe way and with multiple partners, to prove their manhood (Jaya, 2009). Women on the other hand would be denied the freedom to control their sexual behaviour and most times forced to have sexual intercourse against their will (Jaya, 2009). The study also showed that younger people were more likely to have unprotected sex and find it difficult to tell their sexual partners they were infected with anSTI (Biddlecom, 2009).

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

The Zambia Sexual and Behavior Survey has shown that almost 50 percent of adolescents under the age of 15 and 75 percent of them under the age of 19 in Zambia report having had sexual intercourse (CSO, 2009). Another study by Benkolem (2007) showed that adolescents who are out of school are at a higher risk of contracting STIs including HIV because they are significantly more likely to engage in unprotected intercourse and to use the services of female prostitutes. Available literature showed that in urban areas most activities found in communities encouraged or perpetuated sexual behavior by bringing the force of sexual desire close to the minds of the youths (Mutombo, 2006). These activities included daily night discos, parties as well as other activities.

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

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

thereby exposing themselves to STIs including HIV and unwanted pregnancies (Mukuka and Nero, 2006).

Drug and substance abuse has been known to impair one's judgment and often associated with other risk-taking behaviours (Glasier, 2006). In Zambia literature has shown that the types of drugs and substances abused by young people both in-and out of school include marijuana (dagga), gasoline, glue, wax, fermented human waste, alcohol and tobacco (Zulu, 2008). According to Zulu, young people gave reasons for drug abuse to peer influence among adolescents, overcoming frustration, low self esteem, curiosity, ignorance, lack of information about effects, poor family background and family breakups (Zulu, 2008).

Some other earlier studies have on the other hand observed that excessive alcohol consumption is known to influence one's perception of risk and decision making regarding safer sex (Malungo, 2001). Many researchers dealing with adolescents' sexual behavior have argued that it appears that young people's knowledge and information have not been sufficient to deter them from engaging in risky sexual behaviours (UNICEF, 2010).

Available literature has also shown that risky sexual behavior is more likely to occur when adolescents use alcohol and or drugs (Shrier, et.al. 2001). The impulsive sexual behavior is sometimes exacerbated by alcohol and drug abuse (UNICEF, 2010). A study undertaken in the USA in 2004 for instance found that alcohol abuse was associated with cognitive impairments which increased the risk of unprotected sex (Buzy et al., 2004). In this study, about 25 percent of sexually active adolescents used alcohol and drugs at their most recent sexual intercourse. Among the girls, high levels of alcohol consumption had been linked to unwanted intercourse (Buzy et al., 2004).

In the Zambia Demographic and Health Survey it was observed that sexual intercourse was common when one or both partners were under the influence of alcohol (CSO, 2007). The Zambia Sexual Behavior Survey also showed a similarity in the sexual behavior among adolescents in that they were engaging in inconsistent condom use or incorrectly using them (CSO, 2009). This risky behavior often times exposed these young people to STIs including HIV and AIDS. The surveys revealed that the male respondents (10 percent) or their partners especially in urban areas had taken alcohol during the most recent sexual encounter than their counterparts in rural areas at 8 percent (ZSBS, 2009).

Research has now begun to suggest a relationship between sexual risk taking and alcohol and substance abuse (Shearer et al., 2005). A study by Long (2010), found that alcohol and substance abuse, was related to having multiple sexual partners among males and females. Drug abuse and alcohol consumption greatly increased the risk of engaging in unsafe sexual practices including early sexual debut and sex without protection (Luster and Small, 1994, Tapert et al., (2001), Lowry et al., 1994). The present study sought to assess the level of unprotected sex among out of school adolescents aged 15 to 19 years in Zambia.

Methodology: This study was a cross-sectional descriptive survey of out of school adolescents using both quantitative and qualitative methods for data collection. The study

was conducted in two densely inhabited communities in Lusaka district namely, Jack and Hellen Kaunda compounds. These sites are all situated in Lusaka urban and were easily accessible without any difficulties of distance. The sites were chosen purposively as they had adequate numbers of the targeted participants to the study. The researcher, therefore concentrated on the adolescents found in the communities and out of school aged 15 to 19 years (n=15, age=15-19 years). The inclusion criteria was that they needed to be aged 15-19 years and not attending school or any vocational training of any kind at the time of the study. A total number of 250 male and female out of school adolescents that is, 20 percent of the total population were selected from the two sites. These comprised of 136 males and 114 females residing in the selected communities. This study used multistage sampling technique where households and communities were randomly sampled then respondents, informants and participants in the FGDs were purposively and conveniently sampled from randomly selected households. In this study, only out of school adolescents relevant to the research objectives were targeted as respondents and purposive and convenient sampling techniques were used to select the required number of respondents.

Ethical Consideration: The researcher sought approval to conduct the study from the Directorate of Post Graduate Studies. Full information and rights were availed to all study participants on the purpose and nature of the research before asking their consent. Participants were adequately informed about their right not to participate in the study if they did not want to. Confidentiality of the information obtained was also strictly observed. To achieve this, no personal identification marks were included on the questionnaire, focus group discussion guide and the in depth interview guide and confidentiality was assured. Respondents who failed to fill in the questionnaires were also assisted. The data that was obtained from the respondents was kept confidential while the findings from the study were communicated to them.

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

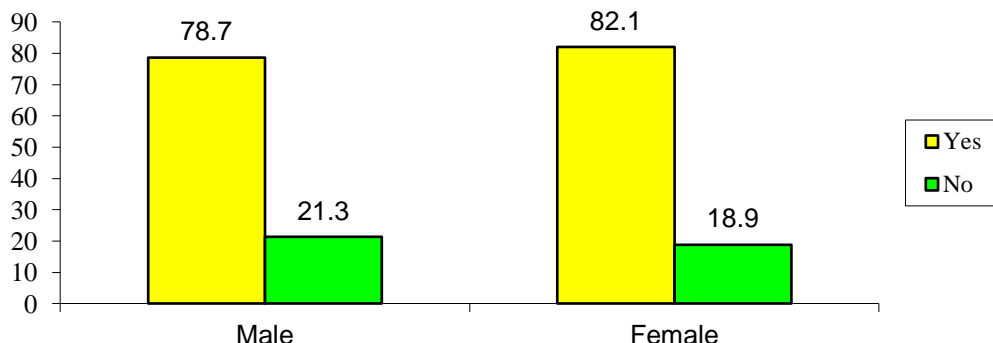
Table 1. Background characteristics of respondents

Characteristics	Male	Female	Total
Age			
15-16	43.4	44.8	44.4
17-18	34.6	22.8	28.7
19-20	22.0	32.4	27.2

Religion			
Catholic		28.0	22.7
Anglican	17.7	12.0	19.1
SDA	24.5	24.0	20.9
Pentecostal	18.0	17.0	13.9
Others	10.8	19.0	23.6
	26.8		
Level of education			
Junior Primary			
Senior Primary	39.6	33.0	35.1
Junior Secondary	50.9	26.0	53.1
	12.2	11.0	11.8

The results showed that males (30) 24.5 percent belonged to the Anglican Church followed by Catholic Church at (24) 19.7 percent. 18 percent (22) belonged to Seventh Day, Awhile Pentecostal and Methodist churches both had (13)10.6 percent each. Only (4) 3.2percent of the male respondents reported to be Muslim while (16) 13.1 percent did not belong to any denomination. On the other hand, most female respondents (28) 28 percent reported that they belonged to Catholic Church followed by Seventh Day Adventist with (21) 24 percent. Seventeen 17 percent of the female respondents belonged to Pentecostal Church followed by Anglican and Methodist churches with (12) 12 and (8) 8 percent respectively. Only (2) 2 percent of the female respondents were Muslim while (9) 9 percent did not belong to any denomination. The statistics may indicate that as young people grow older, they are less likely to be influenced by religious beliefs. From the focus group discussions, participants argued that they shunned church services because they were finding it extremely difficult to abstain from sex. Results showed that for female respondents, (33) 33 percent had attained junior primary education; Fifty six (56) 56 percent had attained senior primary education. Only a meager (11) 11 percent female respondents had junior secondary education. For male respondents, (45) 36.9 percent had attained junior primary education, while (62) 50.9 percent had attained senior primary education.

Sexual Behaviour: The result of the study shows that about 78.7 percent male respondents and (82) 82 percent female respondents reported that they ever had sexual intercourse. This represented (178) 80.1 percent of the respondents who took part in this exercise. Only (26) 21.3 percent of the male respondents and 18 percent of the female respondents reported that they did not have sexual intercourse. This represented (44) 19.9 percent of the respondents. It has been suggested that young people should learn about their sexual and reproductive health issues early in life because this knowledge is the stepping stone to them developing positive attitudes and maintaining healthy behaviours (Mpfu, 2006). However, most young people engage in risky sexual behaviors when they are not even mature enough to make responsible sexual decisions (Figure, 1).

Figure 1. Percentage of respondents who had ever had sex

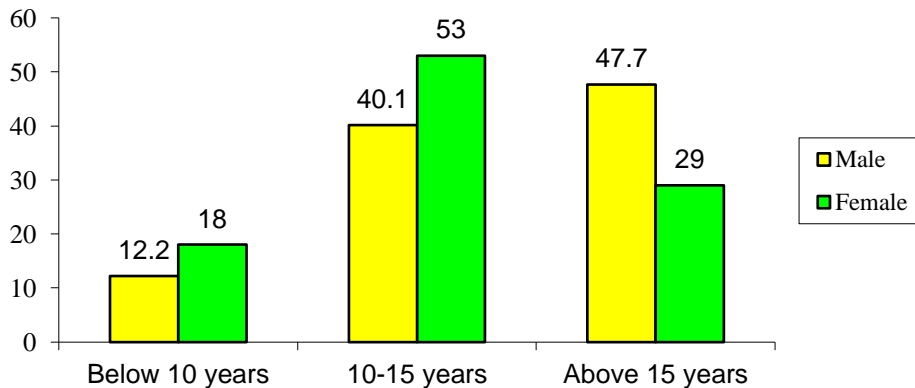
During the focus group discussion, the researcher observed that the female participants seemed to display an element of fear and that of ignorance, claiming that they were often victims of male supremacy because there were men who were always going after them even though they would want to preserve their virginities until marriage. One female participant had the following to say: *'it is really hard for young girls like ourselves to preserve our virginities because there are always these men who are looking for small girls like us. Men by nature are never satisfied with just one woman, but always go out for young and beautiful girls. It is like men have more sexual feelings than women, probably that's how God created them'* (17 year old female respondent).

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

Age at First Sex: Of the respondents under study, only (15)12.2 percent of the males had sex when they were below 10 years compared to their female counterparts at (18) 18 percent. About (49) 40.1percent males reported that they had their first sexual experience when they were between10 -15 years old while 53 percent of the females reported that they had sex in the same category. However, those reporting to have had their first sexual intercourse above 15 years were (58) 47.1 percent males and 29 percent females. These results clearly indicate that a relatively large proportion of these male and female adolescents are already sexually active and vulnerable to multiple threats. From the statistics shown in figure 2, we can presume that the females become sexually active much earlier than their male counterparts. Girls were more likely to be in relationships with members of the opposite sex in their adolescent stages than boys. In this survey, the most sexually active age range for females was 10 and 15 years while the males were sexually

active between 15 and 19 years old. These findings clearly show that there may be greater sexual freedom that exists among out of school adolescents (UNICEF,2010; CSO, 2009).

Figure 2. Age at first sex



The researcher observed that the gender role expectations placed on young people had seen them especially young girls succumb to the dictates that come with innocence and passivity associated with virginity and makes them easy prey. During the focus group discussion, one female respondent said: *'my guardians are always urging me to keep myself safe and not to hang around with the guys in the community, but most of us girls have so many needs and as a result we do not tell them about our secret affairs. I had my first boyfriend at 13years, because most of my friends did. Whilst our elders tell us to keep safe, we also can't avoid the advances from these guys who promise us good things. If you do not have a boyfriend in this community, you will be laughed at'* (15 year old female).

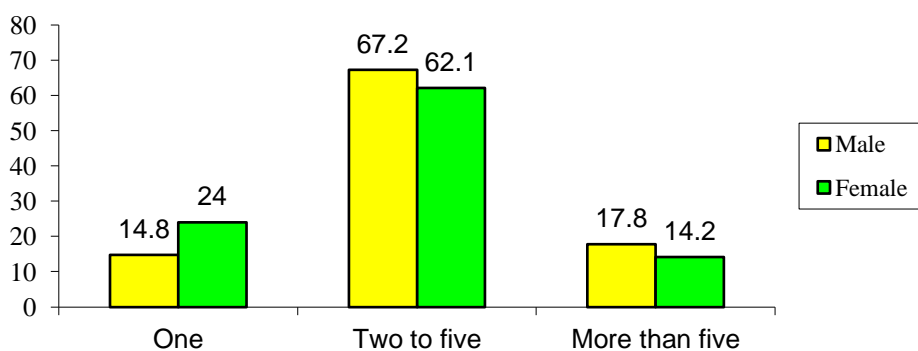
A male respondent reported that, *'when a guy does not have a girlfriend, there is so much pressure from friends. Others even start thinking that there is something wrong with you. So you have no choice but to find yourself a woman, to prove them wrong'* (18 year old male). These revelations are in conformity with what Mutombo (2006) stated that some traditional gender role expectations imposed on young girls caused some of them to even practice anal sex so as to preserve their virginity, while putting themselves at increased risk of infection.

This scenario goes to indicate that once a young person starts having sex, they might find it extremely hard to change their behavior regardless of what they hear or see around them. We certainly can't rule out the fact that the process of behavior change is comparatively easier for younger people than that of adults because common behavior patterns adopted by young people are usually experimental, and often a result of peer pressure (Raffaelli, 2003).

Number of Partners had sex: Having had established their age at first sex, the respondents were asked to state the number of partners they had had in the past three months (shown in figure 3). The findings of the study shows that about (18) 14.8 percent male respondents

and (24) 24 percent females reported having had only one sexual partner in the past three months. The largest number of sexual partners reported by respondents came from the range between 2 to 5 partners constituting (82) 67.2 percent males and 62 percent females respectively. Those reporting to have had above 5 partners in the past three months were (7) 5.8 percent males and 2 percent female respondents. From these statistics it is clear that males had more sexual partners than their female counterparts.

Figure 3. Percentage of respondents who reported number of partners they had sex



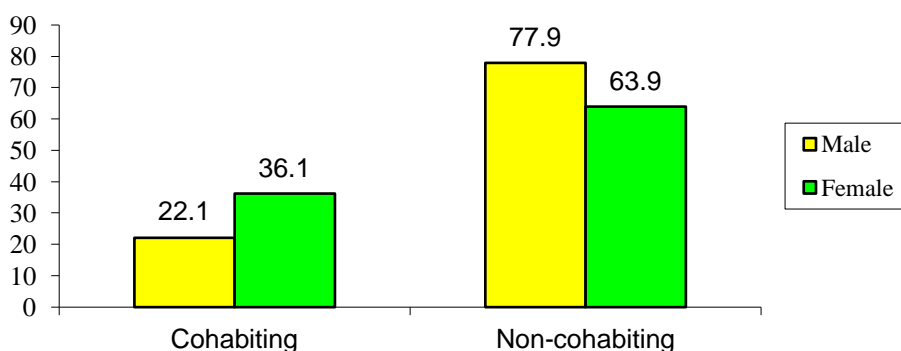
The researcher also observed that males who had traditional gender ideologies were bound to have multiple sexual partners and put themselves and their partners at risk of STIs including HIV. During the focus group discussions and in depth interviews, both female and male respondents reported that there were many gender related ideologies that affected adolescent sexual behavior. For example, during the focus group discussions one of the male respondents said that: *'Most girls unlike boys were able to control their sexual behavior. Boys often found it difficult to stay without sexual intercourse even for just a day. Even when your girlfriend finds you with another girl, they understand that that's how God created us'* (17 year old male).

In response to this, one female respondent said that: *'most of us girls are usually powerless in issues to do with sexual relationships. Most of the times we fear to be labeled prostitutes or even losing our boyfriends if we brought up sexual related issues'* (18 year old female). Another female respondent stated that: *'when my father died sometime back, my mother remarried and we started staying with my stepfather My mother could not give us the attention we needed as she was so busy with other issues. I started seeing a guy, just for companionship but my boyfriend at a certain time wanted us to become more than friends and we started having sexual relations to this very day'* (15 year old girl).

Type of sexual Partners: After establishing the number of sexual partners the respondents had in the past 3 months, the researcher then was keen to establish the type of sexual

partners respondents had had in the past 3 months. The results are shown in figure 4. According to the findings of this study, a substantial proportion of out-of-school adolescents, especially males (95) 77.9 percent, were involved in unsafe sexual intercourse with non-cohabiting partners than their female counterparts, (64) 64 percent. Only close to (27) 22.1 percent of the male respondents and (36) 36 percent female respondents reported that they had cohabiting partners in the past three months prior to the survey.

Figure 4. Percentage of respondents who had sex with cohabiting and non-cohabiting partners



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

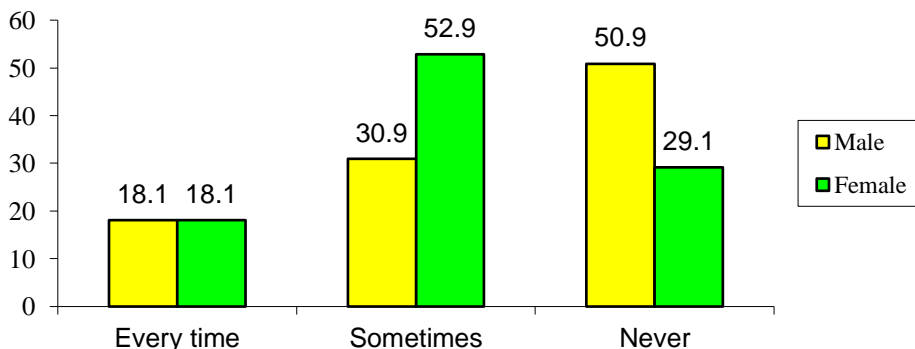
During the focus group discussions and in-depth interviews, respondents were in agreement that it was difficult to maintain a single relationship because most of the relationships were basically for experimental purposes rather than for love. One of the female respondents aged 17 years said, *'I have had about four intimate relationships in the past 2 years, and it has been quite difficult to maintain one boyfriend especially if you are very good looking and attractive. There are so many guys who come after us and sometimes it's hard to say no. Sometimes also, you may love a guy but if he does not give you what you need, you are forced to have another who could meet your needs.* Another female respondent aged 18 years said, *'Most of the relationships among young people like us are usually as a result of peer pressure. When you don't have a boyfriend in this community, your friends tend to laugh at you and you look out of place.'*

The gender implication here is women's greater dependence on men. From the in-depth interviews, the respondents reported that most activities found in their communities also affected their sexual behavior and brought about sexual desires close to the minds of the young people. They attributed activities such as, daily night discos, parties as well as other activities to be responsible for such risky sexual behaviours among them. *'We are forced to drink our heads off because of some of the activities that go on in our community. In most cases young people meet and when they are drunk it becomes very easy to find sexual partners, especially if both partners are drunk. If one does not have a girlfriend, it is easy to get the services of prostitutes, there are plenty girls everywhere* (19 year old male respondent).

Use of condoms: Research undertaken in Zambia and other parts of the world has found that other than abstinence, condoms offered the best form of protection against STIs and unintended pregnancies. The results of the study showed that of those who had sex within the 3 months preceding the survey, (22) 18 percent males and 18 percent female respondents used a condom every time. A large proportion (115)51.9 percent of the respondents, that is (62) 50.9 percent males and (53) 53 percent females had never used a condom while the remaining (38) 31.1 percent males and 29 percent females used a condom sometimes representing 30.1 percent of the respondents.

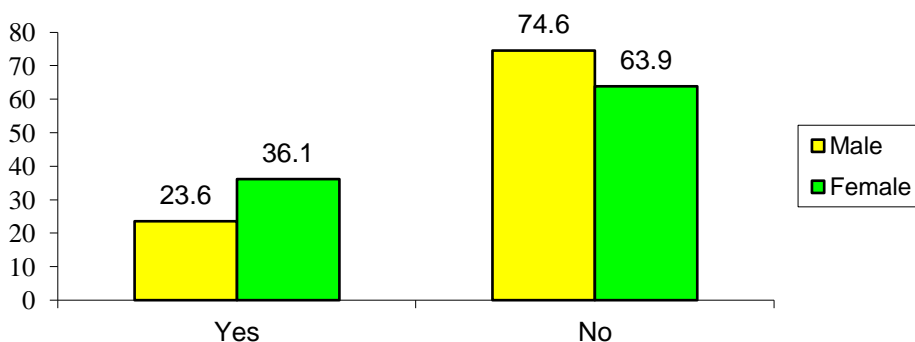
During the focus group discussion and in-depth interviews, respondents were asked the reasons for the high levels of unprotected sex among young people and some respondents reported the number of drinking places that had come up and also the sex stimulants and free pornography that were easily accessible on mobile phones. One female respondent attributed the high levels of unprotected sex to sexual stimulants and peer pressure. *'There are many sexual stimulants around our community; our boyfriends usually want us to use them, because it makes sexual intercourse enjoyable. If you don't use them you are at risk of losing your boyfriend, besides when you have sex using condoms, the stimulants cannot work effectively. If you go live, (sex without a condom) your boy friend will always ask for more unlike when you use them* (18 year old female).

Figure 5. Percentage of respondents who reported how often they used condom with partners



It was estimated that (28) 23.3 percent of the male respondents and (36) 36 percent female respondents reported that they had used condoms during their last sexual encounter representing (64) 28.9 percent of the respondents. 70.4 percent (86) male respondents and (52) 52 percent female respondents reported that they had not used condoms during their last sexual encounter, representing (138) 62.1 percent of the respondents. A staggering (8) 6.6 percent of the male respondents and (12) 12 percent female respondents reported that they did not remember whether they used condoms the last time they had sex or not (figure 5).

Figure 6. Percentage of respondents who had used a condom during last sex



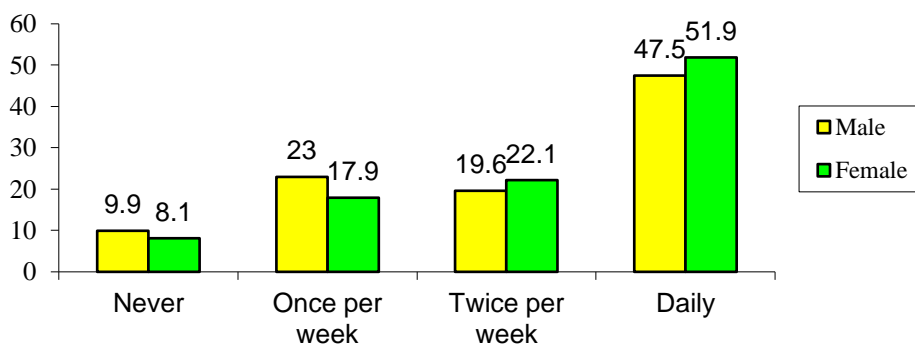
From the focus group discussions and in-depth interviews, adolescents stated that they knew how to use condoms correctly. From the statistics above, those that stated that they actually used condoms during their last sexual encounter was lower than those that stated to know how to use them correctly. This contradicts with what the CSO (2009) indicated that there is an improvement in condom use among adolescents aged 15 – 19 years as out of

school adolescent in this study still had negative attitudes towards condom use. This may indicate that even though many of the respondents had the correct knowledge on how to use condoms, they might reluctantly ignore this and have sex without using condoms as one of the respondents pointed out: *'We have sufficient knowledge about condom use, we even carry them in our pockets but when you are with your sexual partner, there is usually no time to put them on. When you are in that situation, you are blinded by the romance. Things just happen so fast and you only think about the condoms after you have already gone all the way' (after sex). 'Sometimes, the girl may remind you about the condom when you have already started, making it difficult to stop the act'* (18 year old male respondent).

All participants of the focus-group discussions and in-depth interviews spoken to, reported that they did not use a condom during their first sexual encounter or during their recent sexual practices. The reasons that were advanced for not using condoms were that condoms were not comfortable. Other respondents felt that it was not necessary to use a condom during sexual activity with non-cohabiting partners. It was also observed that female respondents found it difficult to negotiate for condom use. *'These condoms are only used when you are starting to know each other, thereafter; we just go with the wind. Sometimes you may want to use a condom but the man will tell you that they would make them impotent or that we as girls would ultimately become barren or have miscarriages'* (16 year old female respondent).

Substance abuse: The results of the analysis indicate that males were more likely to drink alcohol on a daily basis than their female counterparts 47.5 percent and 52 percent respectively. Those reporting taking alcohol twice per week were 19.6 percent for males and 22 percent for females, while those reporting taking alcohol once per week were 23 percent males and 18 percent females, while those reporting taking alcohol once per week were 23 percent males and 18 percent females. Only 9.9 percent males and 8 percent females reported having never consumed alcohol.

Figure 7. Percentage of respondents who reported using alcohol and drugs



The statistics above indicate a considerable association between the intake of alcohol and sexual behaviour of the respondents. According to the focus group discussion, the out-of-school adolescents who drank alcohol at least twice a week were more likely to report having sex either with non-cohabiting partners or in exchange for money than those who did not report consuming any alcoholic drinks. During the focus group discussions respondents were in agreement that substance abuse such as beer drinking and drug abuse increased one's chances of engaging in risky sexual behaviours. Such responses were common among the participants irrespective of their age or sex. One 18 year old male respondent said, *'Young people in this community are fond of taking too much alcohol, the situation is worse in that we have so many affordable alcoholic brands such as 'Sheki sheik,' 'Officer' 'Zed pride' and also sniffing of Bolstick glue. Many young people are addicted to these alcoholic drinks such that they cannot restrain themselves from indulging in risky sexual practices'*.

During the in-depth interview, respondents also attributed sexual pornographic materials to set the stage for sexual activity. Other than this, both males and females reported to be using sex stimulants, to arouse their sexual desires. Some respondents said the following, *'Traditionally, we are expected to entice and attract the opposite sex, we watch pornographic materials so that we know the new trends to showcase to our boyfriends. Other than these, we have sex stimulants that are used by many, otherwise, your boyfriend can abandon you for someone else'*(18 year old female). *'These days, it's easy to access pornographic materials on the phone; to watch naked people having sexual relations. When you watch such things, you want to follow what they are doing as well. I mean you can't just avoid it. Moreover, there are many people these days that are going round selling sex stimulants such as the popular 'kaimaima' and 'Mutototo' for sexual pleasures. Once you start using them you can't stop'* (19 year old male).

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

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

Various studies conducted on the effects of alcohol have shown that it makes it difficult for the dependent user to judge what is right or wrong, or what is good or bad. They are also notable to tell apart what is moral or immoral. Alcohol tends to dent ones judgment and reduces their ability not to engage in risky sexual practices (Fieldman, 2000). Other studies have also reported that substance abuse increases the sexual desire of users and the use of condoms does not often get used especially when they are under the influence of alcohol or drugs (Mulungo, 2001).

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

The findings from this study have shown that urban out of school adolescents especially young adolescent girls are extremely vulnerable. The findings clearly show that out of school adolescents in the study areas practice sexual activity without the consistent use of condoms. This practice in turn puts them at risk of STIs including HIV and unintended pregnancies. The study has shown that the social relations between girls and boys are often influenced by the divisions of gender roles that are brought about by socialization, cultural and traditional practices. It is these characteristics that would in turn create certain familiar clusters such as passivity, docility and dependency, inability to act, decide or think among the affected sex.

Overall, whilst, out of school adolescents were aware of the role of condoms, many of them continue to display negative attitudes towards them. A number of the respondents, (109) 49percent, reported that condom use reduced sexual pleasure and that prolonged condom use may make them impotent in future. The other conclusion is that there are negative gender relations that exist between boys and girls and have led to a number of misconceptions about masculinity and femininity to appoint where the adolescents have very unwise beliefs concerning their sexual behavior.

Negative attitudes and beliefs were found to be the cause of such tendencies with about 80percent of the male respondents for instance stating that when a girl said no to a sex proposal, she indirectly said yes. Other related misconceptions about masculinity and femininity were that girls were required to only entice men and leave decisions to do with sexual matters to their partner. Such negative relations among adolescents have led to a vast majority of them to acquire very unwise beliefs concerning their sexual behavior and rather put young girls in particular, in a dilemma in such situations thereby disadvantaging them from this perspective. There is need therefore to seriously level out these negative gender beliefs which continue to promote the subordination of women and girls at different levels of society. If not given the attention it deserves, there will be a major mishap among young people and their future will always be deemed to be at risk.

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

There was also failure for the adolescents to see the gross danger that was associated to unprotected sex in general even though they may be aware of the fact that it is one way through which STIs were transmitted. Males reported being in committed relationships with females in the same neighborhood and having had sexual intercourse with multiple partners. In all these encounters, they rarely used condoms and remained poorly informed about safe sex practices. It was quite ironical that a vast majority of the female respondents were found to be afraid of getting pregnant and eager to get information on how they could prevent becoming pregnant than acquiring STIs including HIV. The high rates of unprotected sexual activity among young people clearly indicate the need for improved mechanisms in addressing their sexual health needs. There is need for young people to be given gender sensitive sexual and reproductive information that is relevant to different situations in which they find themselves in if women and girls are to pursue satisfying, safe and pleasurable sexual lives that are grounded in and contribute to gender equality and empowerment. There is need to devise programmes that will focus on the potential risks of alcohol and drug abuse and their links to risky sexual behaviour as well as the spread of STIs including HIV and unintended pregnancies.

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