AN INVESTIGATION INTO THE PREVALENCE OF PREMARITAL SEXUAL ENGAGEMENT AMONG ADOLESCENTS IN THE INFORMAL SETTLEMENT. A CASE OF HOPLEY, HARARE.

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APPROVAL FORMS

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ABSTRACT

The study sought to identify factors associated with premarital sexual engagement among adolescents’ at Hopley informal settlement just outside Harare as well as the age of sexual debut. The study also sought to establish the extent to which the adolescents use contraceptives as part of their reproductive health. To do this, the qualitative and quantitative research paradigms were triangulated, thus case study research design and a survey were utilised respectively. Probability and non-probability sampling techniques were used to meet the demands of a mixed study. Hence stratified random sampling was employed using the classes from grade six to form four to form the strata and simple random sampling was employed to select respondents. Purposive sampling was also used to select key informants and focus group discussion participants to explain why adolescents are engaging in premarital and to fill the gaps from the survey data. Non-participatory observations evidenced that poor housing and neighbourhood influence as stated by adolescents in the survey is a contributing factor to adolescents’ early sexual engagement. Poverty and peer pressure were found to be the major factors associated with adolescents’ premarital sexual engagement. However, there were gender differences to all the various determinants of adolescents’ premarital sexual engagement. Condom use varied between the two sexes but the use was generally low for both male and female adolescents thereby exposing them to STIS and unplanned pregnancies. The age of sexual debut has decreased and the average is 13 years in Hopley. There was a high prevalence since 51% of adolescents had engaged in premarital sex. Based on these findings, it was recommended that the government and policy makers ensure that information on sexual reproductive health rights is disseminated to the adolescents, through sexual reproductive health rights education programmes so that they make informed choices on issues to do with sex through peer educator trainings and youth-friendly clinics.
DEDICATION

This research is dedicated first and for most to the one above us, God Almighty who made this possible as said in the holy Bible, ‘For many are the plans in our hearts but God’s purpose will prevail in your life”. To my mother Mrs. Mavolwane for all her prayers for my success, love and support as well as my late father Mr Mavolwane.
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DEFINITION OF TERMS

**Premarital sex:** any sexual intercourse with an opposite sex partner before marriage (Haas, 2009).

**Adolescents:** anyone aged between the ages of 10-18 years (WHO, 2004).

**Informal settlements:** areas where housing is not compliance with any planning and building regulations (UN-HABITAT, 2005).

**Sexual Debut:** the timing of first sexual engagement (Peltzer, 2009).

**Shabeens:** backyard outlets that sell illegal liquor without any licence or regulations (Govender, 2011).

**Poverty:** is a state of lacking basic needs such as food and adequate housing (Todaro and Smith, 2009).

**Transactional sex:** sexual intercourse which ends with a partner getting money/sex for the exchange of money and gifts (Kempadoo and Dunn, 2001).

**Sexual coercion:** is the intimidation of an adolescent to compel the individual to engage in sex against his/her will by the use of psychological pressure (UNFPA, 2012).

**Brothel:** is a place where people go to engage in sexual activity with a prostitute sometimes referred to as a sex worker (Gubhaju, 2002).

**Kachasu:** an indigenous beer which is brewed traditionally and is cheap (Tsodzo, 2013).
ACRONYMS

AIDS - Acquired Immune Deficiency Syndrome
FDGs - Focus Group Discussions
HIV - Human Immune Virus
SSA - Sub-Saharan Africa
STIs - Sexually Transmitted Infections
SAFAIDS - Southern Africa Foundation for AIDS
UNICEF - United Nations Children’s Fund
UNAIDS - United Nations-AIDS
UNFPA - United Nations Population Fund
WHO - World Health Organisation
CHAPTER ONE

INTRODUCTION

1.0 INTRODUCTION

This chapter constitutes the background to the study and the problem statement. The objectives, research questions and study assumptions together with the delimitations of the study are articulated in this chapter. The significance of the study is going to be deliberated upon and lastly the research organisation will be outlined.

1.1 BACKGROUND TO THE STUDY

Early sexual engagement among adolescents has been reported to be increasing worldwide. According to the World Health Organization (2004) overall age at marriage appears to have risen more rapidly than age at first sexual experience, thereby significantly increasing the numbers of young people who engage in premarital sex. In certain African countries, such as Liberia and Botswana, more than 60% of unmarried adolescents report having had sex, while in most Latin American countries, this proportion was much smaller, below 10%, and in the Philippines, it was less than 1% (UNAIDS, 2008). Another set of surveys seemed to suggest these proportions were higher, with between 10 and 20% of unmarried adolescents in Central
America, and even higher proportions in Brazil and the Caribbean for example 59% in Jamaica (WHO 2004).

UNAIDS (2008) asserts that generally it is recognised that African adolescents are very sexually active and suffer the consequences of unsafe sexual practices such as teen parenthood, illegal abortions and sexually transmitted infections including HIV and AIDS as well as dropping out of school especially those living in the informal settlements. The population of most Sub-Saharan African countries is comprised of adolescents taking about a third of the population (UNFPA, 2012). Bhatasara, Chevo and Changadeya (2013) acknowledge that a review of school based studies of adolescents sexual behaviour in Sub-Saharan Africa supports the observation that a significant proportion of adolescents are sexually active by the time they are in their mid-teens with many having had sexual intercourse with two or more partners and condoms being rarely used routinely.

Doyle, Mavedzenge, Plummer and Ross (2012) observed in 24 Sub-Saharan African countries that there was a large variation in the proportion of 15-19 years who reported having had sex before the age of 15 years with values ranging from 2%-27% for males and 5%-28% for females. In West Africa, a significantly larger proportion of females compared to males reported having engaged in premarital sex (Laddunuri, 2013). In Central, East and Southern Africa, the pattern was mixed with a higher proportion of males reporting early sex with the exception of Lesotho and Rwanda which had early sex among females common in rural than in urban centres (Meekers, 2013). According to Beguy and Cleland (2013) in Nairobi youth living in urban informal settlements initiate sexual intercourse much earlier than their counterparts living in rural and urban formal settlements. It is estimated that 40 % of adolescent
girls at age 16 in the informal settlements had had sex compared to 20% of their counterparts in the general Kenyan populace (Beguy and Cleland, 2013).

The traditional Zimbabwean culture does not condone early premarital sex among adolescents and this shapes the common perceptions and attitudes towards adolescents’ sexuality in the country (Manyalo, 2012). Sexual relationship between two unmarried individuals from the religious point of view is referred to as fornication (Hebrews 13:4) or premarital (Remi, 2011). However, the issue of premarital sex has been observed to be more prominent among the young adults in Zimbabwe with the rising increase in the number of sexually transmitted diseases being treated, abortion rate and underage pregnancies (Remi, 2011). The Centre for Reproductive Law and Policy and Child Law Foundation (2010) says that cultural values in Zimbabwe also promote sexual purity of young people to the extent that there are significant taboos against premarital sex. However Save the children UK (2002) in its operational research on children and youths in Binga, Mutorashanga, Nyaminyami reports that adolescents are engaging in high-risk sexual behaviours such as premarital sex, unprotected sex, sex for money as well as sexual relationships between the young girls and older male partners.

Informal settlements are one of the high-risk localities because of low social cohesion and family structure that is threatened, posing a negative likelihood for increased premarital sexual intercourse among adolescents (Zimbabwe Young Adult Survey, 2003). According to the City of Harare (2012) Hopley came into existence in 2005 as a result of a government operation codenamed ‘Garikai’. In the midst of the country’s economic and political quagmire the government unleashed the Operation Murambatsvina which further exacerbated the proliferation of informal settlements and heightened the struggles for basic amenities (Gukume,
2013). The UN-HABITAT (2005) estimated that Operation Murambatsvina (Restore Order) left more than 1, 5 million people homeless in Zimbabwe. Most of these displaced people settled in Hopley which used to be a farm and over the past few years this informal settlement has continued to grow in terms of population and size (City of Harare, 2012). Gukume (2013) says that the place has become a haven for vices such as mugging and prostitution especially during the tobacco marketing season.

Against this background, it is important to investigate the prevalence of premarital sexual engagement among adolescents in this area. There is an estimated 10 000 out of marriage and married adolescents in Hopley as the exact number of both adolescents and inhabitants of the area is a mystery to the Central Statistical Office (City of Harare, 2012). The adolescents in this area in their unknown multitudes contribute to the disease burden of the country.

1.2 STATEMENT OF THE PROBLEM

Premarital sexual engagement among adolescents is on the increase worldwide. Recent media reports indicate that in Hopley birth-rates among female adolescents are high and a number of adolescents have been treated of sexually transmitted infection cases in the past year. Casual observations also confirm a high involvement in risky sexual behaviours among the adolescents in the area, yet there is paucity of knowledge on the prevalence of premarital sexual engagement among the adolescents in this area.
1.3 AIM

The overall goal of the study is to assess the prevalence of premarital sexual engagement among adolescents in the informal settlement of Hopley, Harare.

1.4 OBJECTIVES

1. To establish the age at which adolescents first engage in sexual intercourse at Hopley.
2. To identify factors associated with adolescents early sexual encounters at Hopley settlement.
3. To establish the extent to which adolescents use contraceptives in their sexual engagement.

1.5 RESEARCH QUESTIONS

The fundamental research question is how many adolescents have had sex in Hopley?

Sub questions

1.5.1 At what age do the adolescents first engage in sexual intercourse?
1.5.2 What factors are driving adolescents to engage in premarital sex?
1.5.3 Do they use condoms when having sexual intercourse and how often?
1.6 ASSUMPTIONS OF THE STUDY

The study is based on the following assumptions:

There is a high prevalence of pre-marital sexual intercourse engagement among adolescents in Hopley. The participants will be honest and will tell the truth since confidentiality and anonymity will be observed in the study and participants are volunteers who may withdraw from the study at any time with no ramifications. Since the study is a qualitative research, the participants will open up as the study will give them a platform to share their experiences and concerns. Participants can read and understand the questions on the questionnaire.

1.7 JUSTIFICATION

Adolescents contribute to the social and economic development of the country. They provide the human capital essential in development. Therefore the sexual and reproductive health choices they make are important as they determine adolescents’ meaningful contribution to the country’s development. In essence this study serves to inform relevant authorities on the sexual reproductive health choices being practised by adolescents so that they can come up with best intervention strategies to help reduce negative sexual reproductive health outcomes.

Early sexual debut exposes adolescents to myriad negative sexual and reproductive health outcomes. Adolescents who initiate sexual intercourse early are more likely to have multiple and concurrent partners, engage in unprotected sexual intercourse and acquire sexually transmitted infections including HIV and AIDS. This increases the burden on the global and national health budgets. Instead of resources being channelled towards adolescents’ education and skills training, they will be allocated towards curing these diseases. Hence this study will
help inform health policies as well as education policies that should educate adolescents to make informed and correct sexual reproductive health choices.

Organisations such as UNICEF and SAFAIDS will be assisted by this research to come up with strategic intervention programmes that will complement government efforts in assisting adolescents to make best informed sexual reproductive health choices. The National Youth Policy will also be informed by this research to pay a special attention to the needs of the adolescents in the informal settlements so that they involve them in their programmes enhancing their participation and diverting their attention from making negative sexual reproductive health choices.

Since informal settlements are one of the high risk localities especially in issues of sexual abuse this research serves to inform organisation and professions in Child Protection to implement programs that react to this social ill. Shelter or housing is a basic human need and a human right so the research also emulates to inform the ministry of local government and housing authority to improve their low income housing policies so that every citizen will be able to afford better housing therefore minimising informal slum settlements in the country.

1.8 DELIMITATIONS

The researcher undertook the study in Hopely informal settlement because of its proximity and accessibility to own place of residence. The study will focus on adolescents 10-18 years old and not youths as there is no specific age limit to a youth compared to the term adolescent. Also the study will focus on those adolescents who have had sexual intercourse.
1.9 OUTLINE OF THE STUDY

Chapter two will be looking at the theoretical framework that will be used for conceptualisation of the results of the study as well as focusing on literature review. The reviewed literature will pay attention to the trends in early premarital sexual activities among adolescents (globally, regionally and locally) among other issues in line with the study objectives.

Chapter three will look at the research methodology used in this study. Issues of research design, sampling, data collection and data analysis will be discussed. Validity will be discussed as well as ethical considerations which had to be taken into account during the study.

Chapter four will focus on the findings of the study with a specific reference to themes extrapolated from the analysis of data. In accordance with the primary aim of this research study the early engagement in premarital sexual intercourse of adolescents in Hopley will be presented. These findings will be further explored in light of the chosen paradigm and study objectives.

The last chapter will summarise the entire study with specific reference to developmental aspects of adolescent sexual behaviour patterns and the impact of these in their lives. Finally limitations and strengths will be explored and recommendations suggested.
1.10 CONCLUSION

This entire chapter gave an overview of the extent of the research problem against the background of the study. The aim, objectives, assumptions and significance of the study were discussed. As an introductory chapter it also attempted to ensure logic and justification of the whole research. A detailed literature review will be discussed in the next chapter.
CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

So much has been written on adolescents especially their sexual behaviours over the years. This chapter reviews relevant global and national researches and statistics on adolescent premarital sexual engagement. The contribution of adolescence as a life developmental stage and informal settlement living conditions to influencing adolescent’s involvement in premarital sexual intercourse will be explored through relevant literature and theoretical framework.

2.2 THEORETICAL FRAMEWORK

The subject of adolescents has indeed sparked a lot of controversy and intrigue amongst both researchers and theorists worldwide especially in explaining adolescent premarital sexual intercourse engagement. Theories on adolescents include those on the physical development, social and cognitive development. For the purposes of this study Sigmund Freud’s psychosexual stages of development theory will be used together with the sociological perspective on socialisation.
2.2.1 Psycho-sexual stages of development theory

Freud (1917) psycho-sexual stages of development theory sought to explain both human and adolescence development through stages but emphasising more on sexual instincts. It cannot be ruled out that sexuality is a normal part of adolescents and humans but that people cannot readily accept that besides being social beings they are also sexual beings and adolescents develop sexual feelings as well.

According to Santrock (2007) Freud proposed five stages of personality development which include the oral stage, the anal stage, the phallic stage, the latency stage and lastly the genital stage. For purposes of this study the researcher will start on the phallic stage to the genital stage. The phallic stage according to Freud (1917) in Santrock (2007) is from 3-5 years. At this stage the penis and clitoris are pleasure centres and the two other stages. The major function of this stage is the healthy development of sexual interest which is achieved through masturbation and unconscious sexual desire for the parent of the opposite sex. This explains the closeness or the need to be close to the mother for a boy child and the girl the father. This stage levels up with the phase of auto sexual behaviour (love for one’s self) in the stages of sexuality in which the child becomes aware of him or her-self as a source of sexual pleasure and consciously experiments with masturbation (Dacey and Travers, 2004). This stage is also said to begin as early as 3 years of age and may continue to 6-7 years and others through adolescent. Masturbation is a way of discharging sexual impulses and psychiatrists argue that in childhood it is not only normal but a helpful in forming a positive sexual attitude.
The latency stage of 5-12 years according to Freud (1917) is when sexual desires become dormant, which is quite true for males through the defensive mechanism of introjections. According to Santrock (2007) boys treat female age mates with disdain. Because society is more tolerant of the daughter’s attraction to her father, the Electra complex is less resolved and making girl’s sexual feeling less repressed during this stage. This can explain early sexual behaviour of girls around this age than of boys as well as the girls without a male parent falling victim of sexual abuse by older males as they will be seeking a father figure they lack.

Dacey and Travers (2004) are of the view that this stage occurs at the same time with the homosexual stage of sexuality (love for members of one’s own sex). This stage happens when children enter kindergarten and does not refer to sexual touching necessarily but rather direction of feelings of love. For most children age 7-13 best friends the ones with whom he/she dares to be intimate are people of the same sex. Feelings become especially intense between 10-12 years when young people enter puberty and feel a growing need to confide in others. There are naturally more trusting with members of their own sex who share their experiences. Occasionally these close feelings result in overt sexual behaviour. This explains why adolescents of this age at many a times look up to their peers for sexual advice and other changes that will be occurring on their bodies.

Freud (1917) proposed the genital stage as the stage from 12 years up to adulthood. According to Santrock (2007) at this stage surge of sexual hormones occurs in both genders which bring about an unconscious recurrence of the phallic stage. Normally it considers with puberty (a relatively abrupt and qualitatively different set of physical changes that normally occur at the beginning of teen years). So they set about establishing relationships with members of the
opposite sex as sexual desire for one’s parents is a taboo and also same sex attraction is still a taboo in many cultural societies. This stage concedes with the heterosexual stage of the stages of sexuality which is the love for the opposite sex which is from 12-14 years with boys preceding girls by about a year (Dacey and Travers, 2004). Although sexuality develops through-out life, most view first intercourse as the key moment in sexual development and past childhood experiences have a bearing on sexual conduct.

2.2.2 Socialisation theory

Development is physical, psychological and a highly social process. In that essence socialisation plays an important role on the social development of adolescents. In sociology it is crucial to understand the social context in which human behaviour takes place. To a larger degree culture determines how members of a society think and feel it also directs their action and defines their outlook. Haralambos and Holborn (2008) define socialization as a process by which individuals become self-aware and learn the culture of society. It is further explained that socialisation teaches members of society the norms or informal rules which govern behaviour. Norms vary from society to society.

Westlake and Westlake (2008) describes socialization as occurring in people of all ages and much during childhood as the developing person acquires appropriate values, attitudes and behaviours. Parents are primary socialisers and children learn by observing their parents and listening to them. Peers are the second most important agents of socialisation especially to adolescents as they spent a lot of time together and are of the same age group therefore will be going through the same physiological changes. At this stage of development (adolescence) peer
groups brings a sense belonging and shape an adolescent’s attitude and behaviour since peers turn to each other for advice more (Santrock, 2007). Conformity is important and peer groups makes people conform to their group’s way thinking and behaviour.

Freud’s theory explains development and behaviour from a psychological perspective and the socialisation theory explains behaviour on social terms and so together these theories can explain behaviour of adolescents influenced by both social and psychological aspects.

2.3 Overview on adolescents and premarital sexual intercourse

Adolescents according to Kaplan (2004) are young people between the ages of 10-19 years who are in the adolescent phase of development which describes the transition stage between childhood and adulthood. Statistics show that the age at which youth initiate coitus has decreased in the past several decades (Caal, 2008). The World Health Organisation (2002) defines adolescents as young people aged 10-19 years and representing a fifth of the world’s population with four out of five living in developing countries. From a development perspective adolescent is a fascinating time because of many physical, psychological and social changes that occur.

Although the decade of life from 10 - 19 years provides us a formal, temporal definition of an adolescent, the social and cultural norms recognition of the concept and values placed on adolescence, as a transition period between childhood and adulthood vary substantially between societies and cultures(Tumwebaze and Makwate,2002).According to Bhatasara et al (2013) in many populations, adolescence is not recognized as such and special rituals
commonly - but not universally, mark the relative sudden transition from childhood to adulthood. Adolescence characterized by an exceptionally rapid rate of growth and development is sometimes divided into early, middle and late periods roughly grouped as 10 - 14, 15 –17 & 18 -19 years respectively, roughly corresponding with physical, social and psychological development in the transition from childhood to adulthood (Bhatasara et al, 2013).

Unfortunately says Tumwebaze and Makwate (2002), the relationship between these physical, social and psychological development changes as well as vulnerability to health problems remains largely unexplored in developing countries. Consequently some countries barely recognize the concept or give scant attention to it programmatically and politically. In contrast, some countries have begun to place more emphasis on this age group logically on education and training, but increasingly on health and well-being (Govender, 2011).

According to a study carried out by Temba (2007) the physical changes of puberty coincide with enormous emotional and psychological challenges. According to Caal (2008) literature has pointed toward two different mechanisms responsible for the contemporary sexual practices of youth. Age of puberty has been consistently shown to correlate with age of sexual initiation. That is, youth who reach menarche at an early age are more likely to engage in early sexual activity than youth who reach menarche at a later age (Caal, 2008).

Mudhovozi, Ramarumo and Sodi (2012) are of the view that involvement in early pre-marital sexual intercourse in the early adolescents group is due to early maturation, its accompanying
sexual feelings, more permissible societal attitudes and the mass media messages. Erulka and Matheka (2007) contend that many adults have difficulty acknowledging adolescents as sexual beings and therefore adolescent sexuality is viewed as something that needs to be controlled. This seems to apply across societies and cultures worldwide. The sexual behaviour patterns of adolescents differ from place to place. The most prominent difference of adolescent sexual activity is between developed and developing countries (Erulka and Matheka, 2007).

### 2.3.1 Adolescents, informal settlements and premarital sex

According to Tshikotshi (2009) in his study of slums, informal settlements are characterised by illegality, environmental hazards, poverty, vulnerability and social stress. Researchers note that regardless of where they live adolescents experience physical, social, cognitive and emotional changes that are often difficult for themselves and others. Adding to the difficulty of disorder, poverty to these challenges can exacerbate poor decision making among adolescents.

According to a study by Govender (2011) adolescents residing in informal settlement in South Africa Siyanda experiment with and engage in sexual intercourse at ages much earlier than 19 years. Hallman (2004) extends that the relative economic disadvantage and low socio-economic status was found to increase the like hood of unsafe sexual behaviours among informal settlement adolescents.

Informal settlements are exposed to high levels of crime, unemployment, poverty, population density and low educational levels that influence adolescents to engage in early sexual
intercourse. According to Marx and Charlton (2003) these characteristics of informal settlements govern the risk of exposure and probability of experiencing unsafe risky sexual activities. The reality of the situation is that the underlying factor of poverty (low socio-economic status, unemployment, high crime rates and familial environments) which are experienced within informal settlements, seems to create a hub that fosters adolescent challenges and problems such as engaging in risky sexual behaviour and exposure to STIs (Tsodzo, 2013).

According to Erulka and Matheka (2007) in their study of adolescents in the Kibera slums thirty-two per cent of boys and 36 per cent of girls have had sexual intercourse; among unmarried adolescents in the sample, 31 per cent of boys and 24 per cent of girls were sexually experienced. Ninety-nine per cent boys first had sex premarital, compared to 88 per cent of girls, a difference that was statistically significant. On average, boys’ first sexual partners were only slightly younger than themselves (0.3 years), while girls ‘first partners were an average of 4 years older than themselves. Among girls who first had sex with their husbands, the mean age difference was 6 years, while those who had sex with boyfriends, friends or acquaintances, had a mean age difference of 3.2 years with their first partner.

Erulka and Matheka (2007) found out that boys were significantly more likely to have wanted to have sex when they did, compared to girls. Sixty-one per cent of boys’ first sex was wanted, compared to only 34 per cent of girls (Erulka and Matheka 2007). Fully 34 per cent of girls did not want to have sex when they did and 32 per cent were undecided. This reports that adolescents in informal settlements are vulnerable and at risk of sexual activity.
2.3.2 Adolescents premarital sexual engagement in Sub-Saharan Africa.

Recent studies also indicate that adolescent sexual activity is high and increasing in most African countries. According to Doyle, Mavedzenge, Plummer and Ross (2012) in twenty-four countries in SSA with a demographic health survey since 2005, there was a large variation in the proportion of 15-19 year olds who reported having sex before the age of 15 years with values ranging between countries from 2%-27% for males and 5%-26% for females. In general a significantly larger proportion of females compared to males reported having had early sex (before the age of 15) in West Africa (Doyle et al 2012). In Central, East and Southern Africa, the pattern was mixed with a higher proportion of males reporting early sex in many countries including Zimbabwe.

A study by Idele et al (2014) showed that early sexual debut (before 15 years of age) provides more opportunities over time for adolescents to be exposed to HIV, especially where higher risk partners or multiple partners are involved and condom use is less likely. The lack of awareness and other social pressures and power imbalances can also conspire to put the health of adolescents at risk. Idele et al (2014) further asserts that among adolescent girls, aged 15–19 years, in sub-Saharan Africa, a higher percentage of girls (13%) than boys (9%) had sex before the age of 15 years. This pattern was observed in most regions with sufficient data. In West and Central Africa, 16% of girls had sex before the age of 15 years compared with 7% of boys, and in South Asia, 8% and 3% of girls and boys, respectively, had sex before the age of 15 years. In most low and middle income countries, early sexual debut is common with almost 30% of adolescent girls’ aged 15–19 years in Central African Republic and adolescent boys in Malawi and Lesotho reporting having first sexual intercourse before they were 15 years old.
Similarly, more than 10% of girls or boys in Madagascar, Cameroon, Uganda, Kenya, Guyana, Sao Tome, Principe, Senegal, Rwanda Tanzania, and Kiribati had early sexual debut (Idele et al 2014).

A study by Beguy, Kabiru, Zulu and Ezeh (2011) in Nairobi showed that females tend to engage in premarital sexual intercourse at an older age. For example, in Nairobi, the median age at first sexual intercourse for females is estimated at 19.2 years compared to 17.2 years among their male compatriots. Beguy et al (2011) postulates that in sub-Saharan Africa, this has been attributed, in part, to socio-cultural norms that proscribe sexual activity for females, often until marriage, while endorsing sexual prowess among young males. Another key feature of the transition to first sex is that there has been an increase in the age at first sex in many African societies. In Kenya for instance, there is a delay in first sex among adolescents as evidenced by the 2003 and 2008–2009 Kenyan Demographic Health Survey. However, in societies where age at first sex is low and many adolescents initiate sex outside marriage (Beguy et al 2011).

According to Oljira, Berhane and Worku (2012) in a cross-sectional study they conducted among in-school adolescents in Ethiopia, six hundred and eighty six (24.8%) of the never married respondents had a penetrative pre-marital sexual debut and 79.0% of them had initiated sex before 18 years of age. Males initiated sex at earlier age compared to the females. The mean age of sexual debut for females was roughly comparable with lower median age reported from other countries and lower than the earlier Ethiopian DHS report, and the mean age at sexual debut for males in the current study was lower than the previous estimates. This is may be because of the difference in the study population; as this study involved only in-school adolescents within narrow age range (13 - 19 years) while the DHS covered a wider area and
diverse population. The median age at sexual debut for males was lower than that for females in this study.

2.3.3 Adolescents premarital sexual engagement in Zimbabwe

ZIMSTATS (2007) says in Zimbabwe comparatively few youth initiate sexual activity before the age of 15 with only 5% of women and men in the 15-24 age group reporting having sex at the age of 15 years. The Zimbabwe National Family Planning Council in (1997 -1998) launched a multi-media project promoting youth responsibility at one urban area in Mutare and four growth points. The campaign reached 20-30% of adolescents aged 10-14 and 50% of 15-19 year old. The findings of the project were that one third of this population was sexually experienced. Three quarters of sexually experienced respondents reported having intercourse within the past six months and the same proportion reported one or two sexual partners in their life at the time of the study. ZIMSTATS (2007) further asserts that the median age at first intercourse for women is 18 years for those currently age 40-49 years and 19 years for women age 20-39 years. Among women age 25-49 years 9 per cent had sexual intercourse by age 15 and 42 percent by age 18. By age 20 more than six in ten Zimbabwean women have had sexual intercourse (66 percent).

SAFAIDS (2011) concurs that Zimbabwean men begin having sexual intercourse at a later age than women. Among men age 25-49, the median age at first intercourse is 20.2 years. In the same age group, 3 per cent of men have had sexual intercourse by age 15 and 23 percent by age 18. By age 20 less than half of men had initiated sexual intercourse (47 percent) (SAFAIDS, 2011).
In a cross-sectional study carried out by Wekwete and Madzingira (2005) among 538 in and out of school girls aged 15-19 in Murehwa rural district, 15% of girls have had sex. The study found out that out of school adolescent girls were more likely to be sexually experienced than those in school. Reasons commonly cited in the study for early sexual engagement were forced sex or rape at 16.3%, coercion or tricked 13.8% and to show love to a partner. The study however particularly focused on female adolescents in a rural area.

The United Nations Population Fund (2012) carried out a study in this country which reviewed that the median age at first sex for adolescent males in Zimbabwe was 20.6 and for females 18.9. This indicates that females begin sexual experimentation far earlier. According to the study in Zimbabwe as in other countries around the world, gender roles and social norms along with a host of economic and legal factors –contribute to sexual behaviours. Stereotyped sexual norms and peer pressure encourage young males to prove their manhood as well as enhance their social status by having sex and at the same time women are socialised to be submissive and not to discuss sex or insist on condom use (UNFPA, 2012).

2.4 Age and first sexual encounter

World-wide, puberty is occurring at earlier ages while the age of marriage is generally rising. This combination of factors results in a longer time period during which unmarried youth have the opportunity for sexual activity, often in pattern of a series of monogamous relationships (Kempadoo and Dunn 2001). Madu and Peltzer (2009) are of the view that sexual activity
initiation is below 15 years in Eastern and Southern Africa and in mostly high income countries 27% of 15 year olds have had sex.

SAFAIDS (2011) says that UNAIDS observed an increase in the percentage of young people in Zimbabwe who have had sex before the age of 15 in their baseline survey. According to Berry and Hall (2009) in their study in South Africa six per cent of young women (15 – 24 years) reported having had sex by the age of 15, compared with 12 per cent of young men. This suggests that boys become sexually active earlier than girls. By the end of their childhood (18 years), 42% of women and 63% of men had become sexually active (Berry and Halls 2009). Some provincial variation is evident, with comparatively high rates of early sexual activity reported in the Eastern Cape (11% of girls and 21% of boys had first sex by age 15).

Bhatasara et al (2013) notes that a review of school based studies of adolescent sexual behaviour in Sub Saharan Africa supports the observation that significant proportions of adolescents are sexually active by the time they are in their mid-teens with many having had sexual intercourse with two or more partner and condoms being rarely used.

SAFAIDS (2011) in their baseline survey found that a shocking 10 % of adolescents between 10-14 years had already experienced sex, while almost 24% of those between the ages of 15-19 had had sex and generally 34% of unmarried youth below 20 years are engaging in sex. Adolescents in several of these developing countries including Zimbabwe experience early sexual debut which is mostly unplanned and as a result many adolescents become victims of several negative sexual and reproductive health outcomes such as HIV infection, STIs, unwanted pregnancies and unsafe abortions (SAFAIDS 2011).
2.5 Determinants of adolescents’ premarital sexual engagement.

A number of factors have been attributed towards adolescents’ sexual behaviour activities and these factors include poverty, peer pressure, fear of being rejected, rape and sexual violence as well as substance abuse among other things.

2.5.1 Poverty

Poverty is inherent in many African societies because of social inequalities and high rates of unemployment. In a research by Haas (2009) in Uganda apparently differences in background characteristics lead to different sexual behaviour patterns. This could further imply that the socio-economic and cultural context in which adolescents live could be important in constructing their sexual behaviour patterns especially early premarital sexual intercourse. He noted that money plays an important role in the negotiations of sexual relationships of adolescents. This factor is mostly common to female adolescents as they are more involved in early sexual cross-generational relationships which are relations of adolescents with older adults. The cross generational relations results in transactional sex which is sex in return for money, gifts and other economic incentives pushed by poverty as a factor.

According to Langille, Hughes, Murphy and Rigby (2010) in a study in Canada by high school completion most Canadian and Nova Scotia adolescents would have had sexual intercourse. Socio-economic status as indicated by family structure, parental education and income is associated with adolescents’ sexual activity in these two states. However it was noted by Langille et al (2010) that socio-economic status influences females more to indulge in sexual activities than in males.
In a study of 26 000 adolescents in one US state, strong associations of not having had intercourse with parental income were found (Peltzer 2009). Save the children and Women’s refugee Commission (2013) says that poverty in Goma (DRC) has driven young adolescent girls into prostitution and out of school boys are one group that frequently visit sex workers. There is a high risk of sexual violence, exploitation and abuse including by teachers in exchange for school fees and books that prevail. Save the children and Women’s refugee Commission (2013) further acknowledged that additional risks that arise in the context of violence and displacement include family separation, loss of access to livelihoods and family income, school drop outs and limited access to food, shelter and other basic needs. This subsequently poses a threat to both adolescent boys and girls.

Countries in Latin America, Asia and the Caribbean are generally poor and have highest adolescent populations. Kempadoo and Dunn (2001) in their study in Jamaica also noted that poverty contributed to adolescent sexual behaviour. According to their results girls in all nine focus groups cited money as a factor contributing to their sexual activity and this was motivated by poverty, the need for food, going to school, acquiring fashionable clothes, for gifts, or a better life style. Girls aged 10-12 years in Maxfield Park noted that they lived with single mothers who at times do not have any money so they have sex for food.

2.5.2 Peer pressure

Many adolescents belong to groups and spend a lot of time with their peers across the world. According to Santrock (2007) adolescents who do not have peers are labelled as anti- social or are defined as individuals with behavioural problems hence peer group form an important
aspect of adolescence development process. Adolescents many times share sexual experiences with their peers and many are pressured by their peers to have premarital sexual intercourse. According to Gubhaju (2002) in his study in Asia peer pressure is a factor among adolescent boys to have engaged in early premarital sexual intercourse. He further postulates that approximately 40% of adolescent boys in rural Thailand had their first sexual intercourse because they wanted to be as experienced as their friends.

According to Mazengia and Worku (2012) in their study in Ethiopia the transition to adolescence is a period of rapid change and young adolescents seek peer connections to obtain a stable point of reference during this time. Further they say that traditional methods of sexuality education in Africa have substantially weakened and the resulting void is of information about reproduction and relations with the opposite sex has not been replaced by formal education or by “systematic instruction from reliable adults” whether from parents, elders, teachers or others. Many observers believe that this void has been filled by peers as the most important source of knowledge and influence on sexuality (Mazengia and Worku 2012).

According to Kempadoo and Dunn (2001) peer pressure was equally important and this emerged in eight of the boys groups of their research findings. Boys felt that other boys encouraged them to have sex. Pressure to not be seen by their friends as a “chicken,” or wanting to fit in with the group or “to play the game” by showing that they could get girls emerged as motivating factors. Sex with girls was perceived as a way to show they were normal young men.
2.5.3 Coercion

This factor is mostly stated by female adolescents a reason for indulging in sex early. According to UNFPA (2012) coercion can cover a whole spectrum of degree. For purposes of this study psychological intimidation and blackmail will be used to define coercion. According to Gubhaju (2002) female adolescents are susceptible to coercive sexual relationships. Young women tend to be coerced to have sexual intercourse with their boyfriends. He adds that one fourth of Thai adolescent girls had their first sexual intercourse because they could not resist pressure from their boyfriends and accepted their demands to please and sustain their relationships.

Not all sexual intercourse is voluntary, particularly for girls. Crockell, Raffaelli and Moilanen (2003) in their study found out that among 17–23-year-old female participant 7 percent had been “forced to have sex against their will. Similarly, the 1995 National Survey of Family Growth indicated that among 15–19-year-old girls who have had sex, 7 per cent said their first intercourse was non voluntary and another 24 percent said it had been voluntary but unwanted. Rates of sexual coercion were especially high among girls who initiated sex before age 13: one-fifth said their first intercourse was non-voluntary and another half said it was voluntary but unwanted.

2.5.4 Substance abuse

Adolescents are known to engage in risky sexual behaviours because of substance abuse. According to a study by Caal (2008) literature identifies substance use as a strong and consistent predictor of sexual adolescent activity and risky sexual behaviour (inconsistent condom use and multiple partners) among adolescents. For example, a study examining the involvement in premarital sexual intercourse among African-American adolescent females
found that, among various factors, substance use (total score of frequency of alcohol, marijuana, crack, or intravenous drugs in the last 3 months) and peer norms were related to risky sexual behaviour (Mc Mahan 2008). However, when these two variables were included in the same model, substance use proved to be a significant factor over and above peer norms.

Other studies examining alcohol use in diverse samples has found alcohol, specifically, to be a risk factor for risky sexual activity and initiation of early premarital sexual activity (Stueve and O’Donnell 2005). Hayes (2003) another explanation for the relation between substance abuse and adolescent sexual activity comes from extensive research on the physiological and psychological effects of drug use. According to this body of literature, drugs impact sexual behaviour in that they lower inhibitions. Thus, the literature suggests that drugs are related with sexual behaviour by affecting cognitive processes that are needed to think logically and clearly in sexual encounters.

2.5.5 Rape and sexual abuse

Rape according to UNFPA (2012) is defined as physically forced or otherwise coerced penetration—even if slight-of the vulva or anus using a penis, or other body parts or an object. Rape can be perpetrated by an intimate partner, a parent, relative or stranger to both adolescent females and males.

A growing number of studies, particularly from sub-Saharan Africa, indicate that the first sexual experience of girls is often unwanted and forced. In a case control study by World Report on Violence and Health (2008) for example, of 191 adolescent girls (mean age 16.3
years) attending an antenatal clinic in Cape Town, South Africa, and 353 not pregnant adolescents matched for age and neighbourhood or school, 31.9% of the study cases and 18.1% of the controls reported that force was used during their sexual initiation. When asked about the consequences of refusing sex, 77.9% of the study cases and 72.1% of the controls said that they feared being beaten if they refused to have sex.

Forced sexual initiation and coercion during adolescence have been reported in many studies of adolescent girls and boys (WHO 2004). For example, nearly half of the sexually active adolescent girls in a multi-country study in the Caribbean reported that their first sexual intercourse was forced, compared with one-third of the adolescent males (Dehne and Riedner 2005). In Lima, Peru, the percentage of adolescent girls reporting forced sexual initiation was almost four times that reported by the adolescent males (40% against 11%, respectively) according to Dehne and Riedner (2005).

In a study by Mensch, Grant and Blanc (2005) of over four thousand high school students, 30.2 per cent of females and 9.3 per cent of males reported a history of sexual abuse. Abused males were four to five times as likely as non-abused males to report multiple partners and substance use at last sex. Abused females were twice as likely as non-abused females to report early coitus, multiple partners, and a past pregnancy.

SAFAIDS (2011) says that sexual abuse of children in Zimbabwe is on an increase. In their baseline survey in the age group 10-14 years more than one in ten of these adolescents
experienced sexual abuse or rape and for 15-19 year olds 16% had been sexually abused. All together over 48% of those interviewed who had had sex have experienced sexual abuse.

2.5.6 Attraction to the opposite sex

According to Crockell et al (2003) although adults often discount adolescent relationships as “puppy love,” the feelings associated with “crushes” and romantic relationships can be intense. Romantic feelings emerge at an early age. Among middle aged adolescence, being with someone of the other sex was associated with more positive moods and more frequent feelings of being in love. Romantic feelings have been linked to pubertal development. Feelings of being in love were associated with self-rated changes in body shape among early adolescent girls and with pubic hair growth among boys. Importantly, feelings of love can affect sexual decision-making. As one girl stated, “When you’re there with him and you love him so much, it’s hard to say no” Crockell et al (2003).

According to Berry and Hall (2007) little is known about adolescents’ experience of sexual desire. Of necessity, studies of adolescents’ sexual feelings have been conducted with convenience samples, limiting their generalizability. Nonetheless according to Caal (2008) they provide important information about how adolescents make sense of their emerging sexuality. In general, males more often emphasize physical aspects of sex (e.g., satisfaction, release) whereas females emphasize emotional aspects such as love and intimacy. However, recent research with adolescent girls reveals myriad perspectives about the connection between sex and love (Caal 2008).
2.5.7 Housing and neighbourhood influence

Neighbourhoods can be a source of models for and information about sexual behaviour. According to Erulka and Matheka (2007) living in poor neighbourhoods is associated with greater frequency according to intercourse among males and with higher rates of adolescent pregnancy. Community variables, such the percentage of women working full time, are negatively associated with rates of premarital intercourse for both black and white women and help account for racial disparities in timing of first intercourse. The proportion of middle-class neighbours is negatively associated with adolescent childbearing, whereas the prevalence of female-headed families is a positive predictor. These neighbourhood “effects” may reflect the role models available to adolescents.

Hayes (2003) is of the view that neighbourhood and housing disorder offer more insight into the patterns of adolescent sexual behaviour risks. She further notes that regardless of where they live adolescents experience physical, social, cognitive and emotional changes that are often difficult for themselves and others. Hayes (2003) argues that adding to the difficulty of disorder, poverty to these challenges can exacerbate poor decision-making among adolescents. Neighbourhood disorder equals social disorder and refers to high rates of prostitution, violence, alcohol abuse and poverty (Hayes 2003). The direct effects of neighbourhood and poor housing include early initiation and high rates of teenage pregnancy (2003).

2.5.8 Fun and experiment

Adolescence is a period of having fun and experimenting with a number of things including sex. Many adolescents’ girls start experimenting with make-up, dressing and different hair styles and male adolescents especially start experimenting with drugs and alcohol as well as
sexual intercourse. The main motivation for sex may be curiosity, experimentation and fun and this assertion is supported by one study conducted by Laddunuri (2013) on adolescents in whom about 63% of girls and 80% of boys had first sex because they wanted to experiment and have fun. In terms of sexual activity, some studies have shown that adolescents, especially girls, are more likely to be sexually active if they believe rates of sexual activity are high among their peers. Sexual activity is more closely related to what teenagers believe friends do than what is actually going on.

2.6 CONTRACEPTIVE USE AMONG ADOLESCENTS

Sexual behaviour of adolescents have been mostly associated with consequences such as teenage pregnancy and school dropping out, sexually transmitted infections including HIV and AIDS because of inconsistent use of condom.

A study by Marindo, Pearson and Casterline (2003) in Zimbabwe showed that condom is an effective method of preventing unwanted pregnancy, and it is certainly the most preferred method among unmarried young people. A review of literature on condom promotion and use for HIV prevention in developing countries, found that only consistent use of the condom offers effective protection against HIV. The report noted that the effect of condoms may be mitigated by inconsistent use, low use among those at highest risk, and negative interactions with other strategies. Despite extensive efforts in promoting condom use, young people in Sub-Saharan Africa still engage in risky sexual behaviours and condom use remains relatively low. A multitude of factors may impede young people’s ability to protect themselves by using condoms, including attitudes towards condoms and ineffective use of the method (Marindo et al 2003).
Wawire, Mumah and Beguy (2010) found out in their study, that while ages at puberty and initiation of sexual activity have declined in many parts of Sub-Saharan Africa, age at first marriage has increased over time, thus increasing the period that adolescents are susceptible to premarital pregnancies. In Sub-Saharan Africa, adolescents who initiate sex are exposed to sexually transmitted infections (STIs) including HIV/AIDS and unintended pregnancies. For example, the proportion of young women who have a child by age 20 ranges from 47% to 75% in this region (Wawire et al 2010). Risk of unintended pregnancies is heightened for adolescents because of low contraceptive use during early sexual experiences. Unintended pregnancies often end up in clandestine and unsafe abortions, which are associated with adverse health consequences, including maternal deaths. Overall, poor sexual and reproductive health outcomes among young women and girls have long term adverse consequences on women’s status including poor educational and employment opportunities. Inconsistent use of condoms by adolescents who are engaging early in sex consequently results in unwanted pregnancy, STIs including HIV and AIDS.

2.7 GAPS IN LITERATURE

The above studies were mainly demographic health surveys drawing generalisations from large populations. The studies were done in other countries and areas in the country but not much research has been done focusing in Hopley settlement. The studies in the reviewed literature were done some years before and in different cultural settings. Times have changed now and so is the way adolescents behave. Most of the researches above did not focus much on adolescents but rather on youths with the age group from 15-24 yet the World health Organisation defines an adolescent as a person aged 10-19 years. There is little research that
has been carried out in Hopley especially among the adolescents there. This research hence forth seeks to address these gaps.

2.8 Summary

This chapter was analysing the relevant literature on the study and there are many studies and surveys done on adolescents’ sexual behaviour in Zimbabwe and across the world and region. Though studied a lot adolescent sexual behaviour remains a controversial but important health and policy issue. Many of the studies are more generalised and focused on specific adolescent ages more in different areas around the world. However these studies sparked great interest within the researcher to investigate the sexual behaviour of adolescents in Hopley Zimbabwe.
CHAPTER THREE

METHODOLOGY

3.1 INTRODUCTION

This chapter explains the type of research design and methods used as well as data collection analysis techniques employed. These are all in line with the research objectives and hence sought to answer research questions. The research took a period of six months with data being collected using the methods to be further explored in this chapter. Since the target population was adolescents aged 10-18 years who had had sex, ethical considerations were practised due to the nature and sensitiveness of issue under study at both individual and societal level.

3.2 RESEARCH DESIGN

The researcher conveniently used Tario primary and secondary schools since adolescents aged between 10-18 years are of school going age. The schools have the highest enrolment of Hopley adolescents as they are community schools and are very affordable. Interviewer administered written questionnaires were employed to generalize ‘what is going on’ and distributed using stratified random sampling then simple random sampling was used so select the respondents in each class strata from grade six to form four.

Key informant interviews and focus group discussions were purposively sampled and used to fill information gaps in the survey and also to clarify grey areas revealed by the questionnaire survey on the question ‘why it is going on’. Observations aided by photography, was an integral
part of the research process being used to identify evidence of factors that contribute to adolescents premarital sexual engagement. Purposive sampling was used to select the key informants as well as the focus group participants for in-depth data on the reasons pertaining to why adolescents indulge in premarital sex and also if they use contraceptives.

Creswell (2009) states that research design is a plan or a blue print of how a researcher intends to conduct their study. This study employs triangulation techniques in which multiple sequential sources of data are used and these include questionnaires, focus group discussions, non-participant observations and interviews. The research uses concurrent procedures in which the researcher converge quantitative and qualitative paradigm research designs in-order to provide a comprehensive analysis of the research problem. Both forms of data were collected at the same time during the study and then integrated to interpret the overall results.

3.2.1 Survey

This study for the purposes of coming up with the number of adolescents who had had sex and their ages employed a survey. According to Neumann (2008) a survey yields statistical data or numerical data and is highly descriptive. Creswell (2009) describes survey research as a formal, objective and systematic process of obtaining information. This was mostly employed for participant’s demographic information and to answer the main objective of the research.
3.2.2 Case study

Concurrently the researcher employed case study research design so as to establish the determinants of adolescents’ premarital sexual intercourse engagement holistically and explore their knowledge of the consequences of such behaviour. Marshall and Rossman (2007) define case study research design as pragmatic, interpretive and grounded in living experiences of people. This design was ideal for investigating the causes of adolescent premarital sexual behaviour.

3.3 STUDY POPULATION

3.3.1 Location of study area

The study was conducted in Hopley an informal settlement south of Harare. It was established in 2005 by the government following the country wide evictions dubbed Operation Murumbatsvina (City of Harare 2012). Residents are evictees drawn from Hatcliffe extension, Porta Farm and Mbare. It initially consisted of five zones but has expanded to zone six as it is growing in population and inhabitants. It is located adjacent to Glen Norah, Glen View 7 and Waterfalls formal suburbs. It is also between the Masvingo –Beitbridge highway and Chitungwiza-Machipisa road with the Mbudzi area of close proximity together with the Boka tobacco auction floors. There are two community schools both in Zone 1 called Tariro primary and secondary.
3.3.2 TARGET POPULATION

Creswell (2009) simply defines target population as a well-defined collection of individuals or objects or the entire group the researcher is interested in. The target population for this study were adolescents who had engaged in sex. There is an estimate of more than 10 000 inhabitants.
in Hopley (ZIMSTATS 2013). School going adolescents are estimated to be 2 000 of which 800 are aged 10-18 years and learn at both Tariro primary and secondary schools (ZIMSTATS 2013).

### 3.4.0 SAMPLE AND SAMPLE SIZE

A sample according to Neumann (2008) is a subset of the population. The study population comprised of 800, 10-18 year old in-school adolescents at Tariro secondary and primary schools. The sample drawn from the population was 80 which is a representative sample since the rule of the thumb says that between 5-10% of the sample from the population is a representative sample.

\[
\frac{80}{800} \times 100 = 10\%
\]

Three key informants which include the headmaster at Tariro schools, sister in charge at the local clinic and the girl child network club teacher were chosen because of their advantage in working with adolescents on a daily basis and their experiences with adolescents’ sexual behaviour problems.

The sample of 80 children was drawn from Tariro primary and secondary schools as they are the only schools in Hopley with the highest number of pupils since they are cheap community schools. The two were also chosen on the basis that they only have pupils who reside in the location of study unlike the other six which are colleges and comprise of students from Waterfalls, Glen Norah, Stone ridge and other surrounding areas.
3.4.1 Sampling procedures

Sampling procedures can be either probability sampling or non-probability sampling. This study used a probability sampling technique. According to Creswell (2009) probability sampling uses random selection to ensure that all members of the group of interest have an equal chance of being selected to participate in the study.

Since the study population was obtained from a school, the researcher used the already existing well defined groups in the form of grade categories for a stratified random sample. According to Neumann (2008) stratified random sampling is when the population is divided into separate homogenous groups called strata. This study had six strata which were grade 6, grade 7, form1, form 2, form 3 and form 4 which represented the definite age group of the study population.

However from grade six to form two there were two classes per each category making the sampling a disproportional stratified sample. The researcher used both the classes in those categories. From the grade six strata to the form two strata in each class ten participants were randomly selected using simple random sampling. The researcher began to count one from the first pupil sitting at the front row from right to left up to the tenth participant in each class in the category.

In the form three and four strata they was one class in both the categories and so ten participants were selected using simple random sampling in each class. The researcher used the same strategy of counting one from the first pupil sitting at the front row from right to left up to the tenth pupil.
The stratified random sampling technique was most appropriate as it produces unbiased and accurate data as it provided more representation of the entire population. Also it paid attention to the early adolescent age group, middle adolescent age group and late adolescent age group homogenously.

The second phase of sampling employed purposive sampling which is imperative in collecting in-depth rich qualitative data. It is a non-probability sampling method also known as judgemental sampling. According to Neumann (2008) the researcher selects participants based on the knowledge of a population and purpose of study. Purposive sampling was utilised so as to explain adolescents’ premarital sexual engagement that is the determinants and also to establish their awareness of the consequences of early sexual intercourse. It was also used in the selection of key informants.

3.5 DATA COLLECTION METHODS

3.5.1 Written Questionnaires

A total of 100 questionnaires were self-administered by the researcher among students at Tariro schools. They were written in both English and vernacular (Shona) language so that all the participants would understand (See appendix B). It was easier as the researcher had to administer in a standard manner and was able to collect them the same day saving time and money logistically. Due to the sensitivity and privacy of the research problem, some
participants felt at ease responding to the questions and others did not leading to some not responding well to the questionnaire. However as the researcher was able to clarify the questions and explained to the participants the purpose of research and that anonymity and confidentiality were to be preserved in the research. The researcher was able to get all the administered questionnaires back even though there was misunderstanding to some questions.

### 3.5.2 Key informant interviews

According to Gibson and Brown (2009) a key informant is an expert or a source of information because of personal skills or position in society who is able to provide more information and deeper insight into what will be going on. Unstructured key informant interviews were carried out with the Headmaster of Tariro schools, the girl child network club teacher and the nurse at a local clinic. (See appendix C).

Creswell (2009) describe interviews as a natural way of interacting with people on an intimate level which allows interviewers to understand respondents’ beliefs, perceptions and attitudes. After the questionnaire strategy the researcher employed this method in order to get some information the adolescents could not release to the researcher comfortably but these informants have come across. The researcher sought to establish what these key informants perceived to be the main drivers of adolescent early sexual engagement in Hopley as well as to capture their recommendations on what could be done to assist adolescents in making the best choice on sexual issues.
3.5.3 Focus Group Discussions

Welman (2005) postulates that focus group discussions refer to interviews with a relatively small number of individuals drawn together to express their opinions and perceptions on a set of open questions. Two focus group discussions were conducted with the aid of a FGD guide (See appendix D). The first was done with the participants from primary school aged 10-13 years who were members of the girl child network club. They were 8 and all girls as at this age it is not easy for both girls and boys to discuss sexual issues together as the girls will be mostly shy. The moderator was the club teacher and the researcher was the assistant moderator, this was done so as to encourage the young girls to open up as they trust their club teacher enough.

The second FGD was conducted with the secondary school Mashambanzou club members. It had 9 members with 5 boys and 4 girls and consisted of form 1-4 students. The two FGDs provided a wealth of information as the participants were able to open up because of the group effect likewise there is comfort in numbers. Since the FDGs were able to contribute ideas and perceptions from 17 participants at once, it saved time and resources compared to individual interviews. They also provided a broad range of information as the information was largely generalised not individualised.

3.5.4 Non-participatory observations

Observation is the first and foremost method of data collection. The researcher made some observations in the study location for two weeks seeking a deeper appreciation of the informal settlement’s social, political, economic and environmental dynamics that can influence or
perpetuate adolescent to engage in premarital sexual intercourse. The researcher observed aspects such as housing conditions, economic and social morality as well as recreational activities in the area.

3.6 DATA PRESENTATION AND ANALYSIS

Quantitative data provides details of numbers; sizes or percentages hence statistical methods of analysis were used. For quantitative data the researcher employed a statistical package for social sciences software version 20 to enter and present the data.

The data were presented in tables which are one of the most straight forward ways of presenting numbers and percentages. Thus allowing cross comparison and analysis of data much easier. Graphs and charts were also used to present the quantitative data helping to display relations and show statistical parameters visually.

Qualitative data on the other hand is much an art as it is a science. Unlike analysis of numbers there is no right or wrong way to analyse opinions, choices, descriptions and feelings (Neumann, 2008). The researcher used thematic analysis which refers to the process of analysing data according to commonalities, relationships and differences across a data set a (Gibson and Brown, 2009). This was ideal as qualitative data analysis is the search for general statements about relationships and underlying themes.
Also to analyse data from FGDS and interviews analytical data coding was done. Neumann (2008) describes data coding as a process of examining data for themes, categories and key words and marking identified chunks (words, paragraphs, sentences, phrases) in the text with a code so that they can be retrieved and collated for comparison and analysis.

The data from field notes was transcribed with additional notes and observations made during the process. Transcribing the interviews and FDGs was extensive and time consuming however transcripts were then used extensively to illustrate particular findings. The following steps were taken to code and label the data so that it could be organised in-order to identify data that fell under the various themes identified from the study objectives.

STEP 1: General reading after transcribing of the research material.

STEP 2: Close coding and assigning descriptive and meaningful labels to the data by circling and highlighting words and phrases in the text.

STEP 3: Intensive analysis of codes in terms of their meaning and frequency was done.

Qualitative data was therefore presented as an analysis and supporting the statistical data.

3.7 FEASIBILITY OF THE STUDY

The researcher got permission to study in Hopley from the Councillor and also the permission from the headmaster of Tariro schools to administer questionnaires and conduct focus group discussion interviews with the students. (See appendix A).
3.8 ETHICAL CONSIDERATIONS

Sexuality and issues to do with sex are so sensitive in many cultures and to different individuals especially adolescents who are so mistrustful of adults when it comes to these issues. According to Luwaga (2004) approaching issues to do with sexual behaviour and reproductive health involve careful consideration of how to address people for instance how to ensure that an individual’s integrity is protected and how to show respect for existing social values and existing sub-cultural values.

Therefore the research material gathered for this study was considered private. The procedure of the research was described fully to each participant and the purpose and nature of study were clarified to the participants.

Due to the sensitiveness of the study participant confidentiality was highly ensured through out the study. The participants were ensured that the findings of the study would be used for academic purposes only and no exposure to any media outlets.

Consent was sought before distribution of questionnaires. All participants were informed of their right to withdraw from the study at any point of the research. No personal information or names of respondents were disclosed and asked for thus anonymity was guaranteed. (See appendix E).
3.9 LIMITATIONS OF THE STUDY

Hopley informal settlement is a closed community as the residents are very sceptical of strangers and can easily identify a new comer hence it was quite difficult for the researcher to conduct the non-participatory observations freely. This also compromised the researchers need to examine the houses openly and even get inside one.

Premarital sexual engagement is a very sensitive, private and also intimate issue that respondents were not comfortable in responding even to the questions on the questionnaire despite the promise to privacy, anonymity and confidentiality as well as the fact that they did not have to write names or addresses. This was the most limitation to the study as the respondents were not open enough.
CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 INTRODUCTION

This chapter presents the findings of the research. Questionnaires were distributed and 80 were responded to and two focus groups were conducted. Three key informant interviews were also conducted. The study aimed at investigating the prevalence of premarital sexual engagement among adolescents with the objectives of establishing the age at which adolescents first engage in sexual intercourse, the pushing factors as well as the extent to which they use of contraceptives during sexual engagement.

The sample was drawn from adolescents who learn at Tariro primary and high school in Hopley because 10-18 year adolescents are of school going age. Tariro high and primary school had the highest number of students from Hopley alone. It is a community school that is both accessible and affordable for none to low-income residents of Hopley. It had a total number of 1 517 pupils from both primary and secondary with most of the students being in grade 0 - 4. This indicates high birth rates in the area and a possible high adolescent population in the future. The research was conducted among grade 6 to form 4 students who were 800 in total.

The total sample was (N)= 80 and the of the 80 respondents 41 adolescents had engaged in premarital sex of which 5 adolescents were aged between 10-12 years, 20 adolescents aged between 13-15 years and 16 aged between 16-18 years.
4.2 DEMOGRAPHIC PROFILE OF RESPONDENTS

**TABLE 4.1: DISTRIBUTION OF RESPONDENTS AGES**

<table>
<thead>
<tr>
<th>AGE OF RESPONDENTS</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-12 YEARS</td>
<td>5</td>
</tr>
<tr>
<td>13-15 YEARS</td>
<td>20</td>
</tr>
<tr>
<td>16-18 YEARS</td>
<td>16</td>
</tr>
</tbody>
</table>

The respondents who had sex were mostly adolescents aged 13-15 years who are in the middle-adolescent period. This stage of adolescents according to Freud (1917) is prone to the revival of suppressed sexual feelings of the oedipal and Electra stages of development as it coincides with puberty.

**TABLE 4.2: DISTRIBUTION OF GENDER**

<table>
<thead>
<tr>
<th>AGE GROUPS</th>
<th>FEMALE</th>
<th>MALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-12 YEARS</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>13-15 YEARS</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>16-18 YEARS</td>
<td>5</td>
<td>11</td>
</tr>
</tbody>
</table>

The table above illustrates the gender distribution of respondents. Of the 41 respondents who had sex, 16 were females and 25 were males. There is a significant difference between the males and females who had engaged in premarital sex.
The results from the survey question which asked the sample of their engagement in sexual intercourse indicate that 51% of adolescents had had sex compared to of 49% who had not in their life time engaged in any sexual intercourse. The results indicate that many adolescents in Hopley are engaging in premarital sexual intercourse. It should be noted that with this high rate of sexual engagement in the settlement there is a possibility that of the 49% of adolescents who have managed to abstain so far by the age of 18 many would have indulged especially those in the middle adolescence stages. The results confirm the notion of the World Health Organisation (2004) that many adolescents are engaging in premarital sexual intercourse.

The high prevalence of premarital sex among adolescents in Hopley settlement underscores the fact that informal settlements expose adolescents to early sexual engagement. These findings are supported by a study done in the Kibeira slums in Kenya by Erulka and Matheka (2007) which showed a high prevalence of premarital sexual engagement of 69% among adolescents, attributed to factors such as high crime rates, unemployment, poverty and low educational levels common in the informal settlements.
4.3 PREVALENCE OF SEXUAL ENGAGEMENT ACROSS GENDER

FIG 4.3: SEXUAL DISTRIBUTION OF ADOLESCENTS WHO HAVE HAD SEX

The pie chart above illustrates that male adolescents engaged in premarital sex more than their female counterparts. Premarital sexual intercourse was high among male adolescents as compared to females who had a significantly lower prevalence. The gender differences in premarital sexual engagement were also noted in a study by UNICEF (2004) which indicated that 25% of male adolescents had engaged in premarital sex compared to 15% female adolescents in Brazil, Gabon, Haiti, Hungary, Kenya, Malawi, Mozambique and Nicaragua.

The researcher’s observations indicated that girls are not likely to disclose information to do with their sexual engagement for fear of being labelled social misfits or being accused of prostitution as they are socialised to believe. This is because only 18 girls out of the 41 confirmed they had had sex before. However boys are more likely at this age to disclose information regarding their sexual engagement since a lot of males are socialised into believing that it is their role as man to engage in premarital sex for pleasure seeking and satisfaction thus they are not ashamed but rather proud of it. These observations are supported by McMahan.
(2008) who says that adolescent boys tend to exaggerate their sexual experience to seem more grown-up and muscular and girls tend to minimise their sexual experience to avoid seeming promiscuous.

Even though the results confirm that more boys 23 out of the 41 making 66% have had sex than girls in Hopley, observations are that many adolescent girls are sexually active since early sexual engagement among girls result in unwanted pregnancy and school droppings together with eloping. The key informants even confirmed that adolescents in the area are engaging in premarital sex especially the girls as the nurse said that they have referred a number of adolescent girls to Mbuya Edith maternity hospital in Mbare for child delivery services since at the clinic they have no maternity facilities. The headmaster also pointed out that the previous year a total number of 14 adolescent girls at the school had dropped out because of teenage pregnancy and had eloped. At the time of the study only 4 girls had dropped out for the same reasons.
4.4 AGE OF SEXUAL DEBUT

**FIG 4.4: DISTRIBUTION ON AGE OF SEXUAL DEBUT**

The study found out as the chart shows that most adolescents by the age of 13 had had sex. Most of the adolescents had sex between the ages of 10 and 15 when most adolescents start their puberty and will be confused from the emotions brought about by this stage. Only three per cent adolescents had sex at the age of 10 years. This is because the age of puberty especially for girls reaching menarche has dropped generally across the world. The survey indicates that 80% of adolescents in Hopley engage in premarital sex before the age of 15. The adolescents’ median age of sexual intercourse engagement was 13 years. Adolescents in Hopley are engaging in premarital sexual intercourse at any early age as shown by the pie chart. According to Madu and Peltzer (2009) in their study of adolescents’ sexuality in Sub-Saharan countries, sexual intercourse initiation is below 15 years in Eastern and Southern Africa, confirming the
above research findings. The research findings on the decrease in age of sexual debut are supported by the assertion made by the World Health Organisation (2004) that the age of onset of sexual intercourse has been declining worldwide.

The focus group discussions results also support the results from the survey that adolescents as young as 10 years are engaging in premarital sexual intercourse. Especially those who live close to bar by the name Antony popularly known as kwaAntony in the area. The teacher (key informant) supported this fact during the interview saying that pupils as young as grade 6 and 7 are already engaging in early sexual intercourse because of exploitation by the brothel owners rampant around the area and some unfortunately because of sexual abuse by older persons such as guardians and neighbours.

A participant during a focused group discussion said the following on sexual engagement:

“Once you start having sex it is difficult to stop because feelings will be pushing you to. If you are a girl you would want to have sex more often that it is easy to have many sexual partners if you do not control yourself”.

The sentiments shared by the participant indicates that adolescents who initiate sex at early ages as the results show, are more likely to have sex a number of times before they reach the age of 18 years and also to have multiple sexual partners. For both female and male adolescents this is risky sexual behaviour and that is the reason why delaying sexual activity until the age of 20 is important. These adolescents who have sex at an early age are more likely to have unwanted pregnancies acquire sexually transmitted infections or get the infection of HIV and AIDS (UNAIDS 2000).
4.5 DETERMINANTS OF ADOLESCENTS PREMARITAL SEXUAL ENGAGEMENT

Respondents gave more than one reason for engaging in premarital sexual intercourse. The bar chart below illustrates the findings from the survey.

FIG 4.5: DISTRIBUTION ON THE DETERMINANTS OF ADOLESCENTS SEXUAL ENGAGEMENT

4.5.1 Poverty

A number of adolescents making 41% stated that poverty drove them into premarital sexual engagement. Poverty is defined by Todaro and Smith (2009) in its most general sense as the lack of necessities that is basic food, shelter, medical care and safety generally thought necessary based on shared values of human dignity. Observations made by the researcher
showed that in Hopley unemployment is high especially with the prevailing economic challenges facing the country. Those who are employed in the settlement are gardeners in the adjacent Waterfalls suburb. Many live on less than a dollar to none a day which is absolute poverty.

The researcher also made observations that residents in the area survive through informal economic activities such as vegetable vending especially women and girls. A number of men and boys sell in the many tuck-shops scattered in the area but not owned by Hopley residents. The area is overcrowded and crime rates are high. Prostitution is high and an income generating activity in Hopley. The researcher observed that there are 46 shabeens which surround one big bar called Antony and others spread around the settlement. These observations were also confirmed by the key informant (headmaster) who said that the many shabeens in the area are a viable source of income.

The settlement is close to the Mbudzi long distance bus area and also the Boka Tobacco auction floors. So these provide a market place for the resident wares as observed by the researcher. Focus group discussions confirmed that female adolescents have sex with older men so that they get money for food as at home they would be nothing to eat. One focus group discussion participant said that they go to the shabeens to sell boiled eggs during the night to the beer drinkers but end up sleeping with some men because the money from the eggs will not be enough and that men at times coerced them to do so and the same happens during the tobacco season. Another girl during the focus group discussion said that they make more money having sex as they charge a dollar per session than selling the boiled eggs of which they get a dollar for four eggs or nothing hence they are forced to combine both. This is what one participant in the group had to say (name withheld for confidentiality and anonymity):
“It is profitable having sex than selling or vending as men do not want to buy other things we will be selling but they pay for sex especially the tobacco farmers. We make more money during the tobacco season and that is the only way to get food in the stomach than die”.

Key informants interviews concur that hunger is the greatest driver for the adolescent girls to engage in transactional sex and many are even sent by their guardians. According to the teacher (key informant) although the school gives the pupils some porridge during the day, it is not enough as many would have slept on an empty stomach. The headmaster testifies that a lot of the pupils faint at school due to hunger.

Many of the girls as they are orphans are also poor according to the teacher hence are forced to have sex for money as they are the heads of the family that is child headed families and others stay with old grannies or single mothers who ask them to fend for themselves and the family. So they have no choice she adds but to sell their bodies to have food and to survive.

For boys poverty is also a factor influencing their premarital sexual engagement. The boys stated in the focus group discussions that after school and during the holidays they do some menial jobs such as touting for omnibuses at Mbudzi terminus, being luggage loaders as well as vending. This is a situation that the researcher observed during the research. When the adolescent boys get some money, they are wanted by older girls and are a forced to trade their money for sex with these prostitutes. The boys said that poverty on the girls’ part is a desperate measure that makes them trade sex to get money for food. A participant in the FDG said that it is easier for the girls to get money for sex than through menial work unlike the boys.
The above findings are supported by Save the children and Women’s refugee Commission (2013) in their case study of adolescents in Goma (DRC) that poverty drives young adolescent girls into prostitution and the boys to visit sex workers. They also postulate that female adolescents engage in early cross-generational and transactional sex to get money for food, to receive gifts and to buy clothes.

4.5.2 Peer pressure

Peer pressure was significantly a major determinant for both male and female adolescents as 32 out of 41 (78%) stated that they engaged in premarital sex because of it. Most adolescents succumb to peer pressure and indulge in early sexual intercourse as the results show. One male participant during the focus group discussions had this to say:

“Kana usina kurara nemusikana pagen’a unenge wakasara saka unozongopedzisira waitawo inenge ichiitwa ne gen’a”.

This translates to the fact that if you cannot beat them you join since boys share sexual experiences and having sex early among male adolescents is prestigious. Girls also are forced into having sex early as a result of peer pressure as indicated by a key informant (teacher) that when a girl shares her problems with a peer especially to do with economic issues they are told to have sex in order to get money and are recruited into the syndicate of child prostitutions. Girls during the focus group discussions also said that their peers even introduce them to the men they have sex with for money. The focus groups discussions also pointed out that it is easier to do things when you know that your peers have done it too. The above findings on peer pressure exacerbating premarital sexual engagement among adolescents are supported by Gubhaju (2002) in a study done in Asia which found out that peer pressure is a factor among
adolescents that cause them to engage in premarital sex since adolescents spent most of their time with peers and also share experiences. Peers are the second most important agents of socialization as noted in the socialization theory so since conformity is important, this influences adolescents to engage in premarital sex.

The study also found out that 60% of the sexually active adolescents in Hopley discuss sex with their peers seeking approval and forming alliances in sexual engagement. King (2005) supports this finding saying this is because traditional methods of sexuality education in Africa have substantially weakened and the resulting void of information about reproduction and relations with the opposite sex has not been replaced by formal education or by “systematic instruction from reliable adults” whether from parents, elders, teachers or others. Many observers believe that this void has been filled by peers as the most important source of knowledge and influence on sexuality. Unfortunately peer knowledge is misguided and inaccurate resulting in the inconsistent use of condoms (King, 2005).
4.5.3 Housing/environmental influence

PHOTOS A, B AND C

The photos above show the type of housing in Hopley informal settlement as observed by the researcher. People are building temporary structures as it is an informal settlement. The houses have no standards and are small. Many families live in one or two roomed houses which they could afford to build or rent as many are lodgers in the area. Since the last national election in 2013, residents in the area started to build their homes using bricks, poles and dagga from the plastics and cardboard boxes as they were promised that they would not be evicted by the government. Some in the zone six areas are being allocated land by the city council and building better structures such as shown on photo E below.
However the houses are too close together and not standard enough because the council has not serviced the area for water sanitation and sewer. The residents just pay money to the City fathers for the land and rent which is giving them guarantee of permanency.

On that note poor housing during the focus group discussions was posed as a determinant to early sexual engagement by adolescents as there is no privacy in the two or one roomed houses they live in. 17 out of 41 which is 41% of the adolescents in the survey attributed early sexual engagement to inadequate housing. Participants during FDGs said they sometimes see adults having sex or hear sounds that cause them the curiosity to experiment and indulge in sex earlier. In other words they are socialised into early sexual engagement because of poor housing.

Inadequate housing was also stated by the key informants as a cause of sexual abuse as adolescents and adults are forced to share one room when sleeping and also if there are two rooms the boys and girls are forced to share the room when sleeping. This especially places the adolescent girls at the risk of being sexually abused. The headmaster even gave an example of a girl who was raped by own grandfather as they were sleeping in the one room.
During the focus group discussions the adolescents pointed out that many, who live in the one room, live with their single mothers who are involved in prostitution activities so they bring their boyfriends home to sleep with while the adolescents watch hence are socialised into doing the same. Some of the mothers as the teacher (key informant) alluded to also bring men to give to their daughters from the shabeens. The daughters are coerced into having sex and then become sexually active for financial gains.

Most of the one room houses as observed by the researcher are around the Antony bar and the shabeens. This is also a determinant that pushes the adolescents who live in that area into early sexual activities as they are highly socialised into having sex because that is what they see every day.

The above findings concur with the findings by Erulka and Matheka (2007) in the Nairobi Kibeira slums that neighbourhoods can be a source of models for and information about sexual engagement especially poor housing that lack privacy. Also the finding supports the socialisation theory that behaviour is learnt through everyday experiences according to the theoretical framework.

4.5.4 Coercion

Many adolescent girls 8 out of 41 (20 %) said in the survey that they are coerced into having sex by their boyfriends or partners. Findings from the FDGs indicates as one participant said at times that is not what they will be looking for in a relationship but end up having sex because they have been asked so and fear of rejection forces them to have sex with the guys. Coercion is different from rape or sexual assault as the girls finally give their consent after a lot of persuasion and promises. They have sex with the partner out of love and fear of losing the
partner to another girl who is willing to have sex. Boys and men do the coercing that is why it does not apply to adolescent boys.

UNFPA (2012) supports the above findings since in their study in Nigeria they found out that many adolescent girls have their sexual debut through subtle coercion by their partners.

4.5.5 SUBSTANCE ABUSE

A proportional number of adolescents 20% from the survey stated substance abuse as a factor determining premarital sex. Adolescent boys noted this as a driver to early engagement in sexual intercourse. A participant during the FDG said that the use of drugs such as marijuana and alcohol such as Zed and kachasu in the area forces them to have sex with girls sometimes without even being aware of it. The researcher also observed that alcohol consumption is high in the area as there are many shabeens which sell alcohol in the area and since it is an income generation activity, the beer is sold even to those underage. The use of drugs and alcohol is low among adolescent girls but those who use it only use it so that they boost their confidence during sexual engagement or so that they do not remember anything. This is the case especially for those involved in transactional sex with a number of partners. One participant during the focus group discussion said this:

“Alcohol consumption before sex makes it easier not remember anything after and it boost confidence as it is not easy to have sex with different men”.

Substance abuse minimises the use of condoms and is a risky sexual behaviour. It also impairs judgement. Beguy and Cleland (2013) in their study supports these results by saying the use of alcohol and drugs before sex reduces a person’s inhibitions and ability to take protective sex
and increases the choices of coercive sex. Caal (2008) in a study in America also found out that substance abuse results in risky behaviours among adolescents such as premarital sexual engagement without the use of condoms with multiple partners exposing them to HIV and AIDS as well as STIs.

4.5.6 ATTRACTION TO THE OPPOSITE SEX

This was a popular determinant by a number of girls 20% who had sex with their boyfriends. One participant in the FGDs said that girls have sex after being coerced by their partners and because of love they end up engaging in sexual activities for fear of being rejected. Santrock (2007) supports this as he noted adolescence as a stage for the formation of romantic relationships and this age group begins to search for love outside the family and from the opposite sex. Also adolescents are afraid of losing the love partner that if not informed well will do anything in the name of love. Only a few adolescents’ boys indicated that they had sex for love as males are not that worried about love but have sex for pleasure.

Data from Focus Group Discussions also indicate that love is a contributory factor to adolescents’ first sexual intercourse. One girl from the FDGs said that her boyfriend told her that having sex is a proof of love to the boy on the girl’s part. So he coerced her to sleep with him so that she proves her love to him and because she truly loved him, she slept with him as she was scared that the guy would look for another girl to sleep with. These findings are supported by Crockell et al (2003) in the study they did America that romantic feelings have been linked to pubertal development and importantly feelings of love can affect sexual decision-making.
4.5.7 Rape/sexual abuse

Rape cases are becoming rampant in this country and Hopley settlement is no exception. 3 out of 41 (7%) adolescents in the survey reported that their first sexual encounter was as a result of rape. Three female adolescents reported that they had their first sexual encounter as a result of rape. Many rape cases occur with family members being perpetrators such as fathers, uncles, cousins and grandfathers. During the interviews the key informant, the headmaster said that one girl at the school was raped by her grandfather whom she lived with and the case was reported to the police. The girl is now a peer educator on rape and sexual abuse issues at the school. The key informant said that many cases of rape are concealed in the community as the perpetrators pay the parents of the victims so that they are not reported. Some victims of rape are likely to be involved in prostitution and some lose interest in sex. Generally most of these adolescents involved in the commercial sex who are under the age of sixteen are being sexually abused according to the Sexual offences Act of this country. This statute states that having sexual intercourse with a minor under sixteen is statutory rape whether they have given their consent or not.

These findings are supported by SAFAIDS in their baseline survey which indicated that more than ten adolescents in Zimbabwe experience sexual abuse in their lifetime before the age of twenty. Also Crockell et al (2003) support these findings as they found out that in their study among adolescents in America not all sexual intercourse is voluntary, particularly for girls, 7 percent had been “forced to have sex against their will or raped” at least once.
4.5.8 Fun and experiment

In the survey 10% of the adolescents attributed premarital sexual engagement to fun and the need to experiment. These adolescents were mostly male and during the FDGs one male participant said that boys engage in premarital sex because of the need to experience what they would have learnt from their peers and also seen in pornographic magazines. These findings testifies that curiosity among adolescents drive them to engage in premarital sex. A study by Laddunuri (2013) among secondary school adolescents in Tanzania supports these findings as he noted that 63% of girls and 80% boys in the study had first sex because they wanted to experiment and have fun.

4.6 Contraceptive use

The study found out that condoms were the mostly used type contraceptive among adolescents. Only 15 out of the 41 in the survey (37%) adolescents indicated that they used condoms during sexual intercourse. Of the 15 only 6 female adolescents (15%) indicated that their partners used condoms during sexual intercourse. This is because according to Wekwete and Madzingira (2005) in their study among female adolescents in Murehwa, females in the Zimbabwean society especially the young girls have no say to sexual decisions and many do not know or exercise their sexual reproductive health rights. Also it is because they have sex with older men who manipulate their sexual reproductive health rights. Many men do not like wearing condoms during sexual intercourse especially if they are paying for the intercourse said one female participant in the FDGs.
For the adolescent boys condom use was also low with 22%, because as they are young many do not afford them. Some participants during focus group discussions said that getting a condom means that one is planning to have sex as the condoms are available for free at the clinic and they are not comfortable being seen by adults collecting condoms at the clinic. One participant during the focus group discussion said that also they are scared that probably the nurses will ask them to explain why they need condoms at their age. Both male and female adolescents said that using condoms consistently is difficult since sometimes one will not be planning to have sex but it just happens accidentally.

These findings on the inconsistent use of condoms by adolescents and low use by females as compared to males is supported by a study done by Doyle et al (2012) in 24 Sub-Saharan countries where the proportion of never-married 15- to 19-year-olds who had had sex, reported condom use ranging from 8% (Madagascar 2008–2009) to 81% (Namibia 2006–2007) among
males and from 5% (Madagascar 2008–2009) to 67% (Namibia 2006–2007) among females. Condom use was significantly higher among males compared to females in these countries as well.

The key informant interview with the nurse also supports the findings of low use of condoms by female adolescents as she said that many female adolescents are treated for sexually transmitted infections especially the pregnant ones. However for clinical and patients confidentiality issues she could not give the researcher the exact statistics of STI treatments. She had this to say:

“Many of the adolescents who come for treatment at this clinic would be sick because of STIS especially female adolescents and they will be pregnant”.

The key informant (nurse) said that it is very troubling the number of cases of STIs they treat adolescents per week in Hopley yet condoms are available free of charge at the clinic. There is evidence that many female adolescents are sexually vulnerable to STIS. The fact that they will be pregnant shows low use of condoms during sexual intercourse.

During the focus group discussions the male adolescents also said that they did not use condoms since they said wearing a condom is time consuming. One participant in the FDG shared the same view saying that.
“The moment you try to wear a condom, the girl might get bored or think otherwise plus the sex thing is instant so wearing a condom becomes time consuming that someone may catch you in the sexual act and disturbs you when you were wasting time wearing a condom”.

Male adolescents do not use condoms simply because they think it is laborious and since they would have coerced the girl they are scared that in the moment of wearing a condom the girl will change her mind. The data from the focus group discussion shows that adolescents may know that using condoms during sex is safe but they do not know how it is worn. Female adolescents indicated that they have seen the female condom but do not know how it is worn and do not know who to ask. Some even said the condom (female condom) is weird and that they are not familiar with it. The girls during the FDGs also pointed out that societal expectation for women to be submissive in sexual issues only made condom negotiation more complex. This was seen in the results of the study as less sexually active girls reported condom use.

The above findings on the low use of condoms by adolescents who engage in premarital sex shows a lot of misconceptions and attitudes regarding condoms and this supported by Marindo et al (2003) in their study on condom use among adolescents in Zimbabwe which showed a low use 54% among adolescents country-wide which exposes adolescents to STIs, HIV and AIDS as well unplanned pregnancies despite their availability and their knowledge of the need to use condoms for safe sex.
4.7 SUMMARY

The researcher found out that 41% of adolescents in Hopley had engaged in premarital sexual intercourse. More males than females had engaged in premarital sexual intercourse. The median age of first sexual intercourse was 13 years showing that adolescents in the area initiation sex early. Peer pressure was attributed as the major determinant of premarital sexual engagement. It was followed by poverty, substance abuse, love, poor housing, coercion and sexual abuse as factors contributing to premarital sex. Adolescents’ early engagement in sexual intercourse was coupled with the inconsistent use of condoms.
CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter will draw conclusions based on the findings of the research. Appropriate recommendations will be made to address issues and problems from the research findings. A summary of the entire research is also going to be presented in this chapter.

5.2 Summary

The study aimed at investigating the prevalence of adolescents’ premarital sexual engagement in the informal settlements. It also sought to establish the driving factors into premarital sexual engagement among adolescents’ in Hopley informal settlement. A number of reasons were given by adolescents for engaging in sex early and the major was peer pressure. Adolescents spent a lot of time with their peers sharing ideas and experiences. Adolescents also seek approval for behaviour from the peer which accounts for peers being the major socialising agent at this stage. The other determinants for premarital sexual engagement were poverty, love, sexual abuse and coercion mostly stated by female adolescents and substance abuse, fun and experiment and poor housing mostly stated by male adolescents. There are hence gender differences to the determinants of premarital sexual engagement among adolescent boys than girls. The study also found out that the age of sexual debut is low in Hopley with the average being 13 years of age. The adolescents mainly used condoms as contraceptives which is dual. For girls condoms are used to prevent unwanted pregnancies and for boys to prevent sexually transmitted infections. However the use of condoms varied between the genders with a generally low use among both male and female adolescents.
5.3 SUMMARY AND CONCLUSIONS

5.3.1 High prevalence of premarital sexual engagement

There is a high prevalence of premarital sexual engagement among adolescents in the area. Many adolescents are engaging in premarital sex especially male adolescents compared to their female counterparts. However generally the prevalence is shocking and is more than the number of the adolescents who have not engaged in premarital sex. The adolescents who have not had sex in the area are likely to engage in sex before the age of 18 years. The prevalence is high despite the fact that the Zimbabwean society does not condone premarital sexual engagement.

5.3.2 Decrease in the age of sexual debut

The high prevalence in premarital sexual engagement among adolescents is also contributing to the decrease in the age of first sexual intercourse. Adolescents are first engaging in premarital sex at the age of 13 years. This age marks the beginning of middle adolescence which coincides with puberty which enhances sexual maturity among adolescents. The adolescents who engage in premarital sexual intercourse are mostly likely to become sexually active and become exposed to negative ill-informed sexual choices which put them at the risks of unwanted pregnancies which may result in illegal abortions, contracting STIs including HIV and AIDS.

5.3.3 Determinants of adolescents’ premarital sexual engagement

There are many factors which contribute to adolescents’ premarital sexual engagement with peer pressure being a major determinant. Adolescents rely on their peers on sexuality issues as
they trust them and spend a lot of time together. Peers are the primary socializing agents during adolescence and the adolescents’ behavior in a way that seeks approval within peer group. Adolescent boys engage in premarital sex imitating their peers and also for prestigious reasons among their peers. Female adolescents in the same manner engage in premarital sex if they found out their peers have done so.

5.3.4 Poverty and poor housing

Informal settlements have high levels of poverty which manifest also on the type of housing in these areas. Female adolescents are mostly affected by poverty including hunger which causes them to engage in early sex for the exchange of money for food or other gifts and this results in them becoming child prostitutes and sexually active. Male adolescents are affected indirect by poverty as a result of poor housing conditions which socialize them into early sex as there is lack of privacy especially in houses with fewer rooms. Female adolescent due to poor inadequate housing are highly susceptible to sexual abuse.

5.3.5 Attraction to the opposite sex, Coercion and sexual abuse

These three factors mostly determine premarital sexual engagement among female adolescents. Female adolescents are coerced by their boyfriends into having sex and end up giving in because of love and the fear of losing the boyfriend to another girl. The adolescents are forced to trade their sexual rights for proof of love. Though coercion is different from rape, most female adolescents are victims of sexual abuse. They engage in premarital sex as a result of sexual abuse. Cases of sexual abuse are high in the informal settlements and girls are at risk of being sexually abused in the settlements.
5.3.6 Substance abuse and fun and experiment

A lot of male adolescents abuse alcohol and drugs for fun and others just to experiment. These two factors correlate and substance abuse impairs judgment which causes adolescents to engage in premarital sex and other risky behaviors. Alcohol is readily available in Hopley and is sold even to the under aged adolescents. The adolescents abuse drugs such as marijuana. Substance abuse enhances adolescents’ confidence during sexual intercourse especially those involved in transactional sex with many partners. For male adolescents’ substance abuse triggers them into experimenting in sexual intercourse.

5.3.7 Contraceptive use

The use of condoms is very low among adolescents for a number of reasons who engage in premarital sex. Male adolescents use condoms during sexual intercourse compared to female adolescents. Female adolescents cannot negotiate for safer sex because mainly they are involved with older men in cross-generational relationships. Lack of negotiation skills for safer sex which is the use of condoms during sexual intercourse exposes the female adolescents to unwanted pregnancies and STIs. The barriers to condom use for males include lack of money to buy the condoms, lack of proper education on how it is worn and the stigma attached to the condoms. Generally the adolescents can get the condoms for free at the clinic but fear being reprimanded for collecting them and also mostly the sex will be unplanned limiting the use of condoms.
5.4 RECOMMENDATIONS

5.4.1 Sexual reproductive health rights education

Many government policies are in denial when it comes to adolescences sexuality. The government should structure programs that ensures adolescents of their sexual reproductive health rights starting from the age of ten years so that they are aware that besides the need to abstain from sexual intercourse until the time of marriage, those who would have failed should be able exercise their right to wear protection that is condoms during sexual intercourse and the right to say no to sex when they do not want. Knowledge is power and if adolescents are aware of their sexual reproductive health rights earlier, they can make informed choices on sexual intercourse issues.

Zimbabwe is a signatory to such instruments as the Convention on the rights of the child and the African charter on the rights of the child which states that education is a right of every child. The government ministry of education assisted by UNICEF and Plan International should develop better schools in the informal settlements so that every child accesses education and also is ensured of a better future. The schools should be provided with skilled personnel who can educate the adolescents in sexual reproductive health using a better curriculum.

The government and its stakeholders in child protection such as the department of social services should embark on awareness campaigns in the schools in informal settlements educating the adolescents on the consequences of premarital sex and also campaigns against sexual abuse and rape as well as the child prostitution. Social workers should take the forefront in protecting the rights of the adolescents especially against the exploitation of adolescents in the brothels and in child prostitution.
5.4.2 Youth-friendly clinics

Adolescents are denied of their sexual freedom by societal attitudes but this is not discouraging them from engaging in premarital sexual intercourse. The ministry of health and child care with its stakeholders should have free youth-friendly clinics manned by social workers to assist the adolescents with problems to do with sex such as the use contraceptives, abstinence, and dealing with peer pressure to engage in sex as well as adequate education on the consequences of premarital sex. These clinics should be informal settlement areas as well for accessibility and to assist a number of adolescents.

Since adolescents turn to their peers for advice on sexual issues, peer educators are essential in providing the correct information on premarital sex. Peer educators if properly trained can enhance sexual abstinence among adolescents and reduce the prevalence of premarital sexual engagement. Peer educators can also help disseminate information on reporting rape and sexual abuse among their peers and can also assist their peers in reporting these issues to the victim friendly unit police if they are properly trained.

5.4.3 Low-income Housing

Housing is a human right and a need for every citizen to be able to exercise their full potential. The housing authorities especially the ministry of local government, public works and national housing should provide low-income housing to the citizens. The residents of Hopley have been in the area for ten years now so they should be legalized to stay in the area through provision of services and giving them regulations and standards to build their houses using. This is because they build temporary structures since they do not hold any lease. Social workers have the mandate to alleviate human suffering and promote human well-being and since they work in the housing department, they should lobby and advocate for the provision of adequate housing and proper houses to eradicate slums.
5.4.4 Poverty alleviation strategies

Female adolescents should be assisted and empowered to start income generating projects during the holidays and after school to sustain themselves. Such income generating projects may include female adolescents headed co-operative gardens since in Hopley farm there is a dam that can provide sufficient water to water the gardens. This will help divert their attention from child prostitution and assist them with cheap accessible nutrients and also fruitful alliances. This program of income generation can also assist a lot of orphans and child headed families. The self- help projects can also empower the female adolescents to become empowered women.

5.5 RECOMMENDED FURTHER AREAS OF STUDIES

I recommend that research be further considered in teenage motherhood in the informal settlements since female adolescents have low condom use and are susceptible to unwanted pregnancies.

Another grey area for further research recommended is an investigation into the experiences of adolescents involved in child prostitution since this is a growing phenomenon in the informal settlements and because of poverty female adolescents are very vulnerable.

Adolescents and youths in the informal settlements are faced with many challenges so these should be assessed in-order to develop strategies for them to cope with.
REFERENCES


SAFAIDS (2011).*Zimbabwe National Aids Strategic plan 2011*. Harare. SAFAIDS.


APPENDIX B

QUESTIONNAIRE FOR PREMARRITAL SEXUAL ENGAGEMENT AMONG ADOLESCENTS IN HOPELY

I am Joyce Mavalwane a student in the Faculty of Social Sciences and Humanities, department of Social Work. I am carrying this study in line with my honours degree dissertation requirements and my profession’s obligation to carry out research in order to inform policy.

All the information in this questionnaire will be treated as strictly confidential and your information will be processed anonymously. If at any time you feel like you no longer feel free to participant in the research you are not forced to continue participating as participation is voluntary. However the researcher will not be held accountable for any injury that may be experienced but however due care will be taken to see to it that minimum injury will be inflicted in the course of gathering information.

PARTICIPANT PERSONAL INFORMATION

1. AGE OF RESPONDENT/MAKORE

............................................................

2. SEX

   MALE] [                FEMALE] [               

3. PLACE OF RESIDENT/UNOGARA KUPI

............................................................

4. NUMBER OF PEOPLE IN THE HOUSEHOLD/MURI VANGANI PAMBA PENYU?

............................................................

98
5. NUMBER OF ROOMS AT THE HOUSEHOLD/IMBA YENYU INE MAKAMURI MANGANI?

RESEARCH INFORMATION

6. HAVE YOU EVER HAD SEX/WAKAMBOSANGANA NEMUNHU PABONDE HERE?
   YES] NO]

7. HOW OLD WERE YOU WHEN YOU HAD SEX? /WANGA UNE MAKORE MANGANI?
   ........................................................................................................................................

8. WHAT TYPE OF SEX DID YOU HAVE /NDEIPI MHANDO YEBONDE YAMAKAITA?
   VAGINAL] ANAL] BOTH]

9. HOW OLD WAS/IS YOUR PARTNER/MUMWE WAKO WAWAKASANGANA NAYE AIVA NEMAKORE MANGANI?
   ........................................................................................................................................

10. WHY DID YOU HAVE SEX? CHIKONZERO MAKASANGANA PABONDE?
    [please tick]
    Peer pressure/Kufurirwa Rape/Kubatwa chibharo
    ........................................................................................................................................
Love/Rudo Substance abuse/Zvinodhaka
Poverty/Nhamo Fun experiment/Kunakidzwa
Coercion/Kumanikidzwa Housing/Magariro

11. DID YOU USE PROTECTION OR CONDOMS/MAKADZIVIRIRA HERE?

…………………………………………………………………………………………………………………

12. HAVE YOU EVER BEEN TREATED FOR SEXUAL TRANSMITTED INFECTIONS (STI)? /WAKAMBORAPWA ZVIRWERE ZVEPABONDE HERE?

YES] [NO]

13. HOW MANY TIMES HAVE YOU HAD SEX SINCE THE FIRST TIME/WAKASANGA PABONDE KANGANI KUSVIKA PARI NHASI?

………………………………………………………………………………………………………………

14. IF MANY WAS IT WITH THE SAME PARTNER? KANA KAKAWANDA WAISANGANA NEMUNHU MUMWE IYE HERE?

YES] [NO]

15. WHO DO YOU SHARE WITH ISSUES TO DO WITH SEX? UNOTAURA NAANI NYAYA DZEPA BONDE?

PARENT] [SIBLING] [FRIENDS] [PARTNER]

APPENDIX C: KEY INFORMANT INTERVIEW GUIDE

1. What do you think is causing adolescents in Hopley to engage in premarital sex?
2. What do you think should be done to prevent the adolescents from engaging in premarital sex?

3. Do you think the adolescents use any contraceptives during the sexual engagement?

4. What organisations are you or have you worked with to mitigate sexual abuse among adolescents?
APPENDIX D: FOCUS GROUP GUIDE

1. What do you think of premarital sexual engagement?

2. What do you think is causing adolescents to engage in premarital sex in your community?

3. What are the consequences of engaging in premarital sex?

4. Why do adolescents who engage in premarital sex use contraceptives seldom?

5. What do you think should be done to prevent adolescents from engaging in premarital sex?

6. Who do you discuss with issues to do with sex?
APPENDIX E: CONSENT FORM

My name is Joyce Mavalwane. I am a third year Social Work student at Bindura University of Science Education. As part of the requirements of the programme a student is supposed to carry out an independent research project. Hence I am carrying out this study titled ‘An investigation into the prevalence of premarital sexual engagement among adolescents in the informal settlement: A Case Study of Hopley Harare”. This study is for academic purposes. However the study is of value to you because it will help in trying to address problems faced by adolescents in sexual reproductive health decisions.

I hereby declare that I voluntarily participate in this research study

Signature………………………………

Researcher’s signature………………………………

Date………………………………