EXECUTIVE SUMMARY

Adolescent girls’ susceptibility and vulnerability to hiv and aids: the case of murewa district, zimbabwe

Wekwete N.N. and Madzingira N.

University of Zimbabwe, Institute of Development Studies, P.O. Box MP167, Mt Pleasant, Harare, Zimbabwe


Background

The Joint United Nations Programme on HIV/AIDS (UNAIDS, 2000) estimates the number of people living with HIV and AIDS globally at 40 million people. The Sub-Saharan Africa is the worst affected with an estimated 28.5 million people living with HIV and AIDS (70% of the global total). Zimbabwe is one of the Southern African countries with high prevalence of HIV and AIDS. Ministry of Health and Child Welfare (2003) estimate that 1.82 million Zimbabweans are living with HIV and AIDS; of whom 1.5 million are adults aged 15-49, giving a prevalence rate of 24.6%.

The HIV and AIDS epidemic is wiping out the gains Zimbabwe has achieved since attaining independence in 1980. It is that estimated 135,000 AIDS-related deaths among adults and 36,000 among children in 2003 (MOHCW, 2003). Life expectancy has declined from 60 years in 1990 to 43 years in 2004 (National AIDS Council, 2004) while the 1994 and 1999 Zimbabwe Demographic and Health Surveys (ZDHS) recorded increase in infant mortality from 53 deaths per 1,000 births to 65 respectively, a trend largely attributed to HIV and AIDS.

An estimated 166,000 new infections occurred among adults aged 15-49. Unfortunately, almost half of these new infections are among adolescents aged 15-24, with girls often risking infection very early. Young adolescent girls are more vulnerable to HIV and AIDS because of
their risky sexual behaviour, biological vulnerability, socio-cultural norms and values, as well as insufficient knowledge and misunderstanding about the HIV and AIDS i.e. their vulnerability to it, how to prevent it.

Documentation about adolescent girls’ vulnerability to HIV and AIDS has been presented from the views of the elders and not as the voice of the adolescents. Such information coming from the voices of the young girls is very important in determining how they perceive themselves as vulnerable. Therefore, an understanding of the complex socio-economic, cultural and psychological factors on girls’ vulnerability is important for the design of prevention programmes for this particular age group.

**Objectives**

The ultimate objective of this study was to generate information on girls’ perceptions of their vulnerability to HIV and AIDS. To achieve this general objective the following specific objectives were set:

- To investigate adolescent girls’ sexual behaviour and their attitudes towards teenage sexual behaviour.
- To collect information on adolescent girls’ health beliefs and misconceptions about HIV and AIDS.
- To assess girls’ self-efficacy to effectively perform the required behaviour.
- To determine barriers to condom use sex.
- To determine the external factors (socio-economic and cultural) that influence girls’ sexual behaviour.
- To investigate girls’ perception of their risk to HIV and AIDS.

**Methods**

*Study Design and Sample*

A cross-sectional study was carried out among 538 in- and out-of-school girls aged 15-19 in Murewa, a rural district north east of Zimbabwe. The study collected both quantitative and qualitative data, which included a desk review of relevant documents, 5 focus group discussions, and the main survey carried among adolescent girls using semi-structured
questions. Schoolgirls were randomly selected from 7 secondary schools in the district and out-of-school girls from the surroundings communities served by the sampled schools.

Data Processing and Analysis
Quantitative data was analysed using the statistical package for social scientists (SPSS). Cross tabulations were run to test the relationships of the variables. The Pearson’s Chi-square was used to test the strength of the relationship and the Cronbach’s alpha to assess the internal reliability of scales on attitudes, knowledge about HIV and AIDS, self-efficacy, norms, and barriers to condom use. Data from the FGDs was analysed using DT Search, a programme for qualitative analysis.

Findings
Sexual Behaviour
The results revealed that about 15% of the girls have had sex, with girls-out-of-school more likely to be sexually experienced than schoolgirls. However, under-reporting of sexual activity by the girls is suspected. This finding is consistent with other studies carried out in Zimbabwe on this particular age group (Wekwete, 2002; Phiri and Erulkar, 2000; Meekers and Wekwete, 1998). The rates of unplanned pregnancies, school drop out and infection rates support the view that significant numbers of girls are sexually active.

In contrast to the HBM and TRA, which stipulate that girls make rational decisions before they engage in sexual activity, the findings seem to suggest that sexual activity “just happened” as reported by 30% of the sexually experienced girls. Other reasons for engaging in sexual activity cited include forced sex or rape (16.3%), coercion or tricked (13.8%), to show love to a partner and to experiment. When such unintended or unplanned sexual behaviour occurs, girls are in most cases not likely to use methods to prevent HIV transmission thereby putting themselves at risk of HIV infection. In most cases, these men are older than them and are more likely to have had multiple sexual partners.

Nearly half of the sexually experienced girls had one lifetime sexual partner, which meant that the other half had more than one partner. About 40% of the sexually experienced girls never
used condoms to prevent contracting STIs and HIV. These girls subject themselves to higher chances of HIV infection. Premarital sex, compounded by having multiple sexual partners, is considered as a risk factor in HIV and AIDS infection.

**Attitudes towards Teenage Sexual Activity and Condom Use**

Nearly two-thirds of the respondents had negative attitudes towards teenage sexual activity. Schoolgirls were more likely to have negative attitudes towards teenage sexual activity than out-of-school girls.

However, most of the respondents were liberal in terms of condom use by the sexually active adolescents. Just over half (51%) of the girls were more positive towards condom use by the sexually active adolescents, with younger girls and schoolgirls more likely to be acceptable to condom use than older girls and those out of school. The relatively high acceptance of condom use in comparison to attitudes towards sexual activity is largely attributed to the AIDS awareness in the media and several AIDS service organisations such as Population Services International that promote condom use to prevent HIV infection.

**Beliefs and Misconceptions about HIV and AIDS**

HIV and AIDS awareness was almost universal among the respondents as 99.6% reported that they had heard about HIV and AIDS. Level of knowledge about HIV and AIDS among the girls was also generally high (69.2%). This can be attributed to Government’s initiative to disseminate HIV and AIDS information nationwide. Schoolgirls were more likely to have high levels of knowledge of HIV and AIDS compared to out-of-school girls. The high levels of knowledge among schoolgirls is mainly due to the introduction of a course on “HIV, AIDS and Life Skills Education” in schools. This is evidenced by the relatively high percentage of girls (80%) who reported that they had heard about HIV and AIDS from school, when compared to the second mentioned source, the media (38.7%). Other sources included clinic (15.3%), family member (15.3%) and peers (10.7%). Also, schoolgirls are more exposed to other sources of information such as drama, theatre and the media i.e. newspapers, magazines and radio.
Despite girls having high levels of awareness and knowledge of HIV and AIDS, misconceptions about the disease still prevail among some of the girls. Some of these beliefs are factually incorrect and since perception of risk is related to knowledge, girls may subject themselves to infection thinking that they are safe. For example, 8.1% believe that a man can be cured of HIV and AIDS if he slept with a virgin while more than a quarter of the girls still believe that HIV can be transmitted through mosquito bites.

**Self-Efficacy**

Less than half (45.3%) of the girls had high levels of self-efficacy in refusing sex. Girls who had never had sex were more likely to have high self-efficacy in refusing sex compared to the sexually experienced. Self-efficacy in communicating about condom use was low (44%), although it was relatively higher than self-efficacy in refusing sex. Younger girls were more likely to have high self-efficacy in communication than older girls. Self-efficacy among adolescent girls was lowest in condom use with a fifth of the girls having high self-efficacy.

**Barriers to Condom Use**

A significant proportion of the girls (44.3%) reported more barriers to condom use. About two-thirds (62.6%) of the girls agreed that it would be an embarrassment to buy condoms from the store, 64.4% found it uncomfortable to carrying condoms with them, and 72.3% believed that if they carried a condom with them they would be labelled as sexually active. Higher percentages of “not sure” responses were recorded on items like “putting on a condom being a hassle”, “embarrassment in using a condom”, and “displeasure in sex when using a condom”. Younger girls and the sexually inexperienced were more likely to report more barriers than the older and the sexually experienced.

**External Factors**

The socio-economic factors identified as drivers of girls’ vulnerability to HIV and AIDS included poverty, “sugar daddies” who tend to be older and more sexually experienced than them, dressing by girls which was seductive to men, peer pressure and sexual abuse. Some negative cultural practices such as ‘kuzvarirwa’ (marrying off a girl child to an older man), the practice of using unsterilised instruments during healing sessions by traditional and faith
healers, and some religious sects, such as the “vapostori”, which promote early marriage of young girls to older men from the same church, were also cited.

More than half (52.8%) of the girls reported conservative norms about teenage sexual activity. Younger girls and schoolgirls were more likely to report conservative norms than the sexually experienced and older girls. With regards to norms about teenage condom use most girls (30.3%) reported conservative norms about teenage condom use, with younger girls and schoolgirls more likely to report the norms as conservative than older and out-of-school girls. The sexually inexperienced girls were more likely to report conservative norms about teenage condom use than the sexually experienced.

Perception of Risk to HIV and AIDS
The majority (87.9%) of the girls perceived themselves not at risk of HIV and AIDS, with the sexually experienced girls more likely to perceive themselves at risk than the sexually inexperienced. The majority (79.2%) of the sexually inexperienced girls perceived themselves not at risk because they were not sexually active. Other reasons given included not having had any blood transfusions or injections. The reasons given by the sexually experienced girls for perceiving themselves not at risk were that they used condoms and had been faithful to one sexual partner. The sexually experienced girls perceived themselves at risk because they had not used condoms and they have had multiple sexual partners.

Conclusions
Sexual activity is suspected to be under-reported. The reluctance to admit to sexual activity among adolescent girls emanates from the prevailing restrictive social norms and values that are strongly against premarital sexual activity, especially among schoolgirls. This is shown by the high percentage of girls who were conservative about teenage sexual activity. Similar sentiments were also noted by the subjective norms. Given that pre-marital sexual activity is not accepted by the society at large and in schools, girls especially schoolgirls, tend to report on what is acceptable to the community. Inaccurate reporting of sexual activity not only undermines efforts to document and to explain sexual behaviour among adolescent girls, but also compromises program implementation and evaluation. Girls’ unwillingness to reveal...
information about their sexual activity could partly be the reason for the high infection rates in this age group.

A significant number of girls reported that sex “just happened” or were coerced or tricked. Socially these girls are not expected to engage in sex outside marriage yet a significant number do so. This may be explained by the fact that they may have no control over their lives, despite the social norms that discourage pre-marital sexual activity. On the other hand, it could be argued that these girls may be making rational decisions in their purposeful quest for sex for a variety of benefits and reasons and thus taking the socially prudent stance of disclaiming any responsibility for their sexual behaviour.

Of major concern is the significant number of girls who reported sexual abuse. Such incidences are reported to be on the increase in the country. These include fathers’ sexual abuse of their daughters, prophets and pastors abusing young female church members, and older men molesting young girls. These men are older than them and more likely to have had multiple sexual partners, thereby risking the young adolescent girls.

Faithfulness and sticking to one partner was one of the factors mentioned by a minority of girls as putting them at risk of infection because of the unsafe practices by their partners. This issue of fidelity is very critical because faithfulness is not only to be observed by the female partner but by both. This emanates from double standards in the society where different sets of sexual rules for women and men prevail. Society usually promotes fidelity on the one hand, and at the same time transmitting the message that women should not question male unfaithfulness and/or men are expected to show their manhood by having multiple sexual partners. Thus, pressure may make it difficult for boys to resist experimenting with multiple partners, while girls are expected to remain virgins until marriage or to at least remain faithful to one partner. This puts girls at higher risk of HIV infection because of infidelity on the part of the man.

Despite the high levels of knowledge about HIV and AIDS, misconceptions are still found among adolescent girls. Such beliefs are not only found among girls but in other sections of the community and thus the society is to blame on some of the misconceptions by young girls.
Some of the misconceptions are also related to such beliefs that a man could be cured of AIDS if he has sex with a virgin girl.

Although self-efficacy was low in refusing sex and communicating about condom use, it was lowest in condom use. Girls may have been reluctant to talk about condoms and more responses of ‘not sure’ were registered under this measure. Consequently, the embarrassment to discuss sexual issues might be a barrier to HIV and AIDS programmes addressing infection risk among girls and young women.

Recommendations

The following recommendations were drawn from the study:

- The Ministry of Education, Sports and Culture prioritise HIV and AIDS prevention in education by making the course on HIV and AIDS examinable and that they take the responsibility of training the teachers. This may result in increased internalisation and commitment of students and teachers towards the course.
- The sensitive issue of condoms has to be addressed in schools to encourage adolescents to communicate about condom use.
- Decentralisation of Police posts to village level to increase reporting of sexual abuse
- An expansion/provision of youth friendly centres to dispel the misconceptions and obtain information on reproductive health
- Involvement of family and traditional leaders in addressing cultural beliefs and practices in order to attain effective HIV and AIDS programmes
- Political will by introducing policies that protect the rights of young girls and women against sexual abuse.