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Sexual behaviour and sexually transmitted diseases among young men in Zambia

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Sexually transmitted diseases (STDs) are an increasing public health problem in Zambia. About 200 000 cases of STDs are treated annually in the formal health sector. Young people are the most affected by STDs. High-risk sexual behaviour has been identified as the major risk factor for STDs among young people.

We conducted interviews and focus group discussions with a purposely selected sample of 126 young men aged between 16 and 26 in Chiawa, rural Zambia. The aim of the interviews and focus group discussions was to explore views about sexual practices and attitudes towards STD. Fifty-eight (59%) young men reported having had pre-marital or extra-marital sexual partners during the past year. The maximum number was five partners for six individuals. Forty-two (43%) had pre-marital or extra-marital sexual partners at the time of the interviews. Focus group discussions revealed that perceptions of manhood encouraged multiple sexual relationships. Twenty-two (23%) reported having suffered from an STD in the past. Seventy-nine (81%) said they were likely to inform their sexual partners if they had an STD. Although condoms were believed to give protection against STDs by the majority (94%), only 6% said they always used condoms. The data suggest that condoms were perceived to affect male potency.

These results show that STDs, multiple sexual relationships and unprotected sex are common among the young men of Chiawa. Perceptions that emphasize manhood are widespread and these may negatively affect efforts for positive behavioural change. Health messages that target the young men should take into account the local perceptions and values that seem to sustain risky sexual behaviour.

Introduction

In Zambia, as in many countries in sub-Saharan Africa, sexually transmitted diseases (STDs) are a major public health problem (Ministry of Health, dissemination seminar 1997). STDs including HIV cause considerable morbidity and premature mortality. Available data shows that at least 200 000 people are infected with STDs annually and as many as 50% of the people seeking treatment for STDs in health institutions could be HIV-positive (Faxelid 1997). About 50% of all new HIV infections take place in persons between the ages of 15–29 years (Nicoll et al. 1996; Ministry of Health, dissemination seminar 1997). This is largely because social and economic conditions may predispose young people to the risks of STDs. The situation is compounded by the fact that the subject of sexuality still remains largely confined to the adult world in many communities. Young people are often less informed about the hazards associated with certain sexual behaviours (Ahlberg 1989).

Control of STDs is increasingly being recognized as a national health priority by the Zambian Ministry of Health. One important way to address the problem of STDs is to raise awareness about transmission and prevention in the general population, especially among the young people. Studies conducted mostly in the urban areas of Zambia show that the majority of young people engage in risky sexual behaviour despite evidence suggesting widespread awareness about STDs (Mkumba and Edwards 1992; Feldman et al. 1997). In Zambia, as in much of sub-Saharan Africa, urbanization, with its attendant social and cultural disruptions, has been identified as the main cause of risky sexual practices among urban young men (WHO 1989). Conversely, in most rural areas of Zambia, it is often assumed that the social conditions that influence risky sexual behaviour are non-existent. Consequently, information about sexual behaviour is not widespread in many rural communities nor is community-based data on sexual practices and perceptions about STDs. In the past, most studies have been confined to the urban centres and those that attempted to cover rural areas were limited to district and sub-district centres. Although the gap between rural and urban appears to be narrowing due to population mobility, the cultural and social bases that determine sexual behaviour are still, to a large extent, distinct (Bond and Ndubani 1997). Factors that motivate certain attitudes and practices still vary, in both extent and content. Instead of relying on urban data to extrapolate to rural young people, it is essential to study rural young people in their cultural and social setting.

In Zambia and elsewhere in the southern African region, few studies addressing the issue of young people's reproductive health deal with the social relevance of young males (Mbizvo et al. 1996). Young men's sexual practices in relation to perceptions about STDs need to be explored and understood in the rural context. In this paper, we present findings from interviews and focus group discussions conducted among young men in Chiawa in rural southern Zambia. The aim of the study was to explore sexual practices, attitudes and perception of STDs among the young men with a view that appropriate prevention messages may be suggested.

Materials and methods

Study setting and population

Chiawa is a rural settlement located in the lower Zambezi valley, about 160 km southeast of Lusaka, the capital of Zambia. Chiawa has an area of 2398 km^2 and is physically separated from the rest of Zambia by the Kafue, Zambezi and Chongwe rivers to the south, east and north, respectively. To the west, it is separated by the Mwinde hills on the foot of the Zambezi escapement. These physical boundaries have restricted easy exit and entry into the area from any other direction except through a government ferry on the Kafue river. Chiawa lies on the border with Zimbabwe and was substantially affected by the Rhodesian liberation war. Consequently, the area was closed to any development efforts for nearly two decades and normal life did not resume until the early 1980s when Zimbabwe became politically independent.

Chiawa is inhabited by about 8000 people (CSO 1990), most of whom are subsistence cultivators and small scale fish traders. Young adults aged between 15 and 29 constitute 29% of the total population (Bond and Wallman 1993). Some of these young adults often take up waged employment in the newly established tourist camps and commercial agricultural schemes located within the area. The majority of the inhabitants belong to an ethnic group called Goba, descendants of the Shona people of neigbouring Zimbabwe. Like many ethnic groups in Zambia, male dominance is rooted in the cultural and social values. Beliefs and expressions continue to emphasize and reinforce masculinity and sexual potence.

Although largely rural and remote, Chiawa is now opening up to the outside world. In the last 10 years or so Chiawa has witnessed an influx of members of other ethnic groups coming to seek waged employment in the newly established agricultural schemes and tourist camps. Its isolation and late start on Zambia's development agenda have to be understood within the context of the Zimbabwe liberation war alluded to earlier in this section. The appointment of a dynamic Chieftainess in 1989 facilitated the acceptance and establishment of external development projects in the area. It is against this background that Chiawa was selected as a rural site for a multidisciplinary research project within which this study was conducted.

Study design

This was an exploratory study using a questionnaire and focus group discussions to collect data. The participants, who were all young adult men, were purposely selected. A computer database established during a household survey conducted in 1991 was used to select the young men. To qualify for inclusion, the young men had to belong to the Goba ethnic group and be aged between 16 and 26 years. The Goba young males, as opposed to immigrants, were considered to be an appropriate measure of indigenous perceptions, sexual practices and attitudes. One hundred and twenty-six young males met the criteria and were selected and listed. Ninety-eight were interviewed using a questionnaire. Twenty-eight were not interviewed because they were absent from their villages at the time of the interviews, although 24 of these were available later, during focus group discussions. The interviews were conducted using a semi-structured questionnaire which was pretested and translated into the local language prior to the start of the survey. The questionnaire was administered by two trained local interviewers. The following issues were addressed by the questionnaire: demographic characteristics, sexual partnership, history of STDs, partner notification and condom use.

Four focus group discussions of 12 participants each were held in four different localities of the research area. The participants were randomly selected from the original list of 126 young males. The focus group disscussions were used to supplement and/or clarify some of the questionnaire data. They also served to collect information that was not easy to address through the questionnaires. For example, obstacles to safe sexual practices were more elaborately addressed during focus group discussions. Perceptions about male potency as a relevant aspect of sexual behaviour were adequately highlighted in the discussions. Focus group discussions were tape-recorded.

Data from the questionnaire were analyzed using the Epi-Info statistical package. Descriptive statistics were used to analyze the data. Data from focus group discussions were transcribed and reviewed. Common statements reflecting perceptions, practices and attitudes were determined and recorded.

This study was approved by the Research and Ethics Committee of the University of Zambia as part of the multidisciplinary research project on AIDS/STD prevention in Chiawa.

Results

Demographic characteristic of the young men

The age of the 98 young men interviewed ranged from 16 to 26 years (median 21). Ninety-two (94%) had attended formal schooling. The mean number of years of schooling was 7 and ranged from 1 to 12. Seventy-three (75%) were able to read a letter or newspaper in the local languages. Christianity was the only religion and was reported by 70 (71%) young males. The common denominations were Catholic (32%), Apostlic Church (19%) and Watchtower (11%); and other minor denominations (9%).

Sexual practices and attitudes

The young men were asked to give the number of girlfriends (regular sexual partners) they had both in the past year and

at the time of interviews. A total of 58 (59%) reported having had one or more girlfriends during the past year. Forty-two (43%) had one or more girlfriends at the time of interview. To obtain a clearer picture about the characteristics of the young men who had girlfriends, the data were broken down according to age groups and marital status (Tables 1 and 2). In the age group 16–21, 41 (63%) and 34 (53%) had girlfriends in the past year and at time of interview, respectively. Almost one-third (28%) of the men had more than one girlfriend at the time of interview (Table 3). The maximum number of girlfriends in the past year was five.

Before a direct question about their own history of an STD was posed, the young men were asked about whether they knew anyone within the area who had suffered from an STD in the past one year. Seventy-one (72%) reported knowing someone who had suffered. Twenty-two (23%) respondents had a history of having suffered from an STD. In Table 4 the reported histories of STDs are related to other variables. The symptoms commonly mentioned were genital sores, urethral discharge and swelling on the groin. Two of the young men, both from the 16–21 age group, reported having suffered twice.

Table 1. Girlfriend, STD history, partner notification and condom use in relation to marital status among 98 young males

Responses	Single (n = 80)		Married (n = 18)	
	n	(%)	n	(%)
Girlfriend(s) during past year	50	(62)	8	(44)
Girlfriend(s) during survey	40	(50)	2	(11)
Willing to inform partner	64	(80)	15	(83)
A history of STD	18	(23)	4	(22)
Belief in the condom	74	(93)	18	(100)
Use condoms always	3	(4)	3	(17)

Table 2. Girlfriend, STD history, partner notification and condom use in relation to age among 98 young males

Responses	16–21 years (n = 65)		22–26 years (n = 33)	
	n	(%)	n	(%)
Girlfriend(s) during past year	41	(63)	17	(16)
Girlfriend(s) during survey	34	(53)	8	(24)
A history of STD	13	(20)	9	(27)
Willing to inform partner	51	(78)	28	(85)
Belief in the condom	59	(91)	33	(100)
Use condoms always	3	(5)	3	(9)

Table 3. Reported number of girlfriends by 98 young males

No. of girlfriends	Past year		At time of interview	
	n	(%)	n	(%)
1	19	(32)	30	(71)
2	18	(31)	6	(14)
3	13	(22)	5	(12)
4	2	(3)	1	(2)
5	6	(10)	0	
Total	58		42	

Table 4. Girlfriends, partner notification and condom use in relation to history of STD among 98 young males

Response	Suffered (n = 22)		Not suffered (n = 76)	
	n	(%)	n	(%)
Girlfriend(s) during past year	16	(72)	42	(55)
Girlfriend(s) during interview	10	(45)	32	(42)
Willing to inform partner	20	(90)	59	(72)
Belief in condom	18	(68)	72	(97)
Use condoms always	2	(9)	4	(5)

When a hypothetical question about whether they would inform their sexual partners if they had an STD was posed to all of them, seventy-nine (81%) said they would inform their sexual partners. The major reasons for informing partners were stated as: alerting the partner in order to avoid infecting her (76%); to assist the partner with securing treatment (14%); she too should attend treatment as she could be already infected (6%); and fear of repercussions if she found out from other sources (4%). Nineteen said they would not inform their sexual partners. The reasons advanced for this were mainly associated with STD stigma and were: suffering from an STD was thought to be a private affair (42%); fear of rejection by the partner (32%); and, fear of the partner divulging to other people within the community (26%).

A vast majority (96.8%) said they felt that condoms protected against STDs. Forty-eight reported having used a condom. Forty-two said they used them sometimes and only six used them always.

Focus group discussion

Sexual behaviour was openly discussed by the young men in all the focus group discussions. All the groups felt that promiscuity had increased in the area. According to some this has worsened the STDs situation. This was attributed to the influx of people into the area.

Multiple sexual relationships were perceived to be determined by marital status. Statements like ‘having a girlfriend depends on whether you are married or not’ and ‘single men can have more than one girlfriend’ reflected perceptions about which groups of people were more likely to engage in multiple sexual relationships. Asked why single men should have more sexual partners, the participants observed that most single men were still young so they found it difficult to control their sexual desires. In addition statements that

reflected male sexuality were recorded. These included statements like 'it is good to experiment with manhood before one marries', 'one should not eat the same type of food every day, it's boring'. Some groups attributed multiple sexual relationships to promiscuity by the women. Statements like 'girls are too loose these days, they do not refuse proposals' reflected the blame put on women.

Most of the focus group participants had heard about condoms and many had seen them but only a few of them seemed to trust or use them. Common statements regarding the use of condoms were 'here in Chiawa, some people do use condoms but many do not', 'condoms are not 100% safe'. Most participants said the reluctance by women to accept condoms also contributed to many men not using them: 'Most women refuse to use condoms because they are not prostitutes'. The young men believed that if condoms were used frequently they would affect their manhood. The general statement was 'if the condom is used too often it can make one to be impotent'.

Discussion

These results show that the young men in Chiawa were engaged in risky sexual behaviour. One-third of them had multiple pre-marital sexual partners, one-quarter had a history of STDs, and although the majority believed that condoms gave protection against STD/HIV, their use was not widely accepted. This is consistent with studies carried out in urban areas of Zambia, and indeed in most of sub-Saharan Africa, which have shown that although there is widespread awareness about STDs and the usefulness of condoms as a means of protection, sexual practices have not necessarily changed (Lema and Hassan 1994; Mbizvo et al. 1995; Feldman et al. 1997).

Our study results indicate that the behaviour of rural young men is not very different from the reported behaviour of urban young men, although observations show that some of the social and cultural conditions that determine the behaviour are different. In Chiawa, even though the young men are caught up in the intersection between traditional values and modern influences, the traditional perceptions of manhood still determine sexual behaviour. The belief that a man must be sexually persistent, vigorous and productive largely influences sexual attitudes. These findings are consistent with other studies in rural parts of sub-Saharan Africa. Among the Gusii of Kenya, men were found to boast of having many wives or girlfriends. Having relationships with more than one woman was perceived as a sign of virility and a way to demonstrate maleness (Silberschmidt 1999). Among the Kikuyu, adolescent boys are said to encourage each other to conquer girls (Ahlberg 1991). Although, in the past, pre-marital sex was often frowned upon by the adults, observations suggest a changing trend in which social controls on pre-marital sexual relationships have loosened. In rural sub-Saharan Africa today, pre-marital sex is expected and is a cause for worry and fear among parents (Ahlberg 1991; Feldman et al. 1997; Mziray 1998).

The term girlfriend (literally translated *shamwari we chitsikana* in Goba) is widely used in Zambia to refer to a stable pre-marital sexual relationship between a man and a woman. In our study the use of this common phrase ensured the exclusion of casual sexual contacts or 'the hit and run'. At the start of our studies, casual sexual contacts were not seen as a common phenomenon in a rural area like Chiawa. This influenced the exclusion of casual sexual contacts from our research instruments.

Our results show that the younger and unmarried males were more likely to have girlfriends. The unmarried were also more likely to have suffered from an STD in the recent past. In an area where the traditional values permit men to have more than one wife, and where manhood seems to be often demonstrated through sex with a number of girls, knowledge about STDs may not be a precondition or the immediate motivation for behavioural change, 'after all you have proved to be a man by suffering from an STD'. Other studies have revealed that this perception sees women as the reservoir of infection and reinforces the misconception that STDs are diseases of females (Adamchak et al. 1990; Mbizvo et al. 1997), and infection seems to indicate sexual prowess.

The biomedical facilities in Chiawa do not function adequately. Diagnosis and management of STDs are always based on the syndromic approach. Although the issue of diagnosis was not addressed in this particular study, other studies in Chiawa have shown that most young men rely on self-diagnosis or that of traditional healers (Ndubani 1997; Ndubani and Höjer 1999). Self-diagnosis and self-treatment, as opposed to attending treatment at a health facility, means that the sufferer may not have access to sufficient information pertinent to the illness. Our data revealed that, although AIDS was seen as a threat in the area, its connection with STDs was not well known among the study group. This means that sexual acts are less likely to be discouraged and more likely to continue while an STD is present. In fact, it was reported that some traditional healers encouraged clients to go on with their normal sexual activity during herbal treatment. Traditional healers constitute a major provider of STD treatment in Chiawa so incorrect information from them may serve to enhance the transmission of HIV (Ndubani and Höjer 1999). It was evident that STDs tended to be regarded as a simple problem. During focus group discussions statements were recorded such as: 'We thought STDs were dangerous, but now there is even a more dangerous thing – AIDS – because it has no cure'. The confidence in the cure of STDs means that the risk of HIV is overlooked.

In all the focus group discussions the men seemed to be blinded by the fact that, unlike in women, symptoms developed much quicker in the men. They could seek treatment early enough before any 'damage' to manhood is done. STDs were viewed, more than anything else, as a threat to male potency. Equally the condom was sometimes perceived as potentially damaging to male potency. One participant said: 'a condom is a tube which you wear on your male organ, but if you use it too often it may damage your manhood'. Condoms were also associated with promiscuity and infidelity. They were seen as objects used only during 'hit and run' sexual relationships or with a prostitute, but never in what was considered a stable sexual partnership. There was a

discrepancy between what the majority of the young men believed about the condom and the practical realities of its use. This is not unique to Chiawa. Other studies, conducted mostly among the adolescents within Zambia, have indicated widespread positive beliefs about condoms but, paradoxically, less usage (Macwan'gi 1993; Maarungu 1995; Feldman 1997). Some of the studies attribute this to inaccurate and unevenly imparted information (Chela 1992; Mudenda 1992). We strongly attribute less condom usage to notions and perceptions about the effects of condoms on manhood and their association to infidelity.

Informing a sexual partner about an STD has been advocated to facilitate the treatment of both the index case and the contacts (Faxelid 1997). Our data show that 81% of the young men who responded to the questionnaire perceived the idea of informing a sexual partner as good. However, discussions and observations often pointed to practical repercussions and problems associated with informing a sexual partner; informing them always created disharmony in the relationship. This was worse in situations where the formal health institutions requested patients to inform their sexual partners and bring them along for treatment. To avoid this, traditional healers are preferred by many people because they do not ask the clients to inform and/or bring a sexual partner. During focus group discussions the participants said that it was easier to inform a wife than a girlfriend. One of the married men remarked 'wives ought to understand that men make accidents'. The term 'accident' was used to refer to the contraction of an STD. To underscore the widespread existence of multiple sexual partnerships, they also said that problems often arose because some young men had more than one girlfriend. In such situations they were faced with problems of deciding who to inform or take to the health centre for treatment; those who were married opted for their wives. The use of such terms as 'accident' is common among Zambian men (Msiska et al. 1997). Cultural values also embrace other esoteric terminology which facilitate disguised communication among the men. Often the use of such terminology encourages risky sexual practices. Terms such as 'socks' or 'gloves' or 'rain coat' for condoms impact negatively on their use.

The relationship between certain types of sexual behaviour and infection with STDs has been widely documented (Hunter et al. 1994). Self-reported STDs have often been used as a proxy for risky sexual behaviour (Fennema 1995; Ward et al. 1997). There is a general consensus today that the prevention of STDs including HIV lies in behavioural change. Sexually active young men have to start using condoms, reduce the number of sexual partners and encourage partner treatment.

The whole concept and notion of behavioural change in the context of STD/HIV is being re-considered. It has proved to be more complex than was previously imagined by health researchers and planners. The assumption that people are going to change their sexual behaviour on the basis of information alone has been shown to be too simplistic in light of the rising incidence of STDs in Zambia (Macwan'gi 1993; Feldman et al. 1997). Instead, a closer re-examination of cultural and social circumstances surrounding sexual behaviour is being encouraged. Both urban and rural communities in Zambia need to be understood within their own social and cultural context. Rural young men who live within the extended kinship system in a village environment may be more prone to the cultural influences of older kin, however risky they may be. On the other hand, urban young men are more exposed to the mass media, which may have a profound influence on their behaviour. Consequently, the urban young man has a wide range of information sources; the notion of individual autonomy may be more appropriate in such a situation.

Conclusions

The young men of Chiawa are engaged in risky sexual practices. These sexual practices have to be understood within the existing social and cultural setting. Although there is widespread awareness about STDs and the effectiveness of the condom, there seems to be no indication that sexual practices are changing. Cultural perceptions about manhood are pervasive in Chiawa. These perceptions encourage the risky sexual behaviour of the young men. Health messages directed at the young men must go beyond merely looking at the individual and his ability to act autonomously. Health messages must attempt to address stereotyped perceptions and values that promote multiple sexual partners whilst at the same time impeding the use of condoms.

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