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ARE GENDER ROLE EXPECTATIONS, ATTITUDES AND BELIEFS ASSOCIATED WITH RISKY SEXUAL BEHAVIOR? A CASE OF OUT OF SCHOOL ADOLESCENTS IN LUSAKA

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ABSTRACT

The study was a cross sectional study aimed at examining gender role expectations, attitudes and beliefs associated with risky sexual behaviour among out of school adolescents. Using quantitative and qualitative methods of data collection, the study concentrated on 250 male and female adolescents aged 15 to 19 found in Jack and Hellen Kaunda compounds in Lusaka. Based on the study findings it was found that due to the cultural attitudes, values and gender role expectations, females are limited from pursuing satisfying safe and pleasurable sexual activities. Instead, these values and norms were found to have a strong influence on male sexual behaviors in the sense that such behaviors would include forcefully engaging someone to have sex with or without protection. One of the recommendations brought out by the study was the involvement of stakeholders and private institutions in sensitizing girls and women through empowerment activities on how they can break free from the cultural attitudes, values and gender role expectations that would inhibit them from having the ability to negotiate for safe sex.

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INTRODUCTION

Adolescence is a period between childhood and adulthood. It is a transformational period that often begins with biological changes associated with puberty and proceeds through a process of psycho-social changes, influenced by cultural factors, which, to a large extent, determines the identity and sexuality of the adolescent (WHO, 2002). According to Bergman (2004), most adolescents tend to define their identity by selecting characteristics from many people, ranging from peers to influential people, through a process which is often full of contradictions. When an adolescent reaches ages 15 to 19 years there is an increased sense of responsibility and independence, as well as increased health risks. During this period, youths of both sexes generally complete or leave school and become sexually active; many girls on one hand would marry and or begin childbearing (Odeyemi *et al.*, 2009). Jaya (2009) observed that adolescents in some African societies have often been associated with risk taking behavior and undertaking high levels of experimentation. In relation to this, gender can be seen as a basic social system of organizing

the society; a system that is continuously constructed and reconstructed by both women and men at all levels of households, community and society (Schlyler, 2002). Gender defines the differences between men and women in terms of what they know, believe and also how they feel and behave. The way a person will respond in a given situation will largely be determined by the dictates of the social norms that ascribe to the reproductive roles of men and women (Bonkole, 2007). The gender perspectives prevailing in a particular environment or context shape the way adolescents view sexuality. Therefore, gender perspectives play an important role in sexual behavior and risk taking attitudes (Raffaelli, 2003). In most societies, there are widely shared ideas about characteristics, abilities and behavior that are considered to be appropriate and characteristic for women and men, girls and boys and are transmitted by families, schools, religion, law, media, entertainment and other institutions (Panos, 2012). There are also many gender based stereotypes which carry many disadvantages too. Adolescents for instance learn that women are not responsible for contraception and cannot make or share any decisions with their sexual partners. In this area it is

usually thought to be a man's responsibility (Pattman, 2008). Pattman argued that women are usually the ones that are most vulnerable to STIs due to their biological make up, lack of decision making power, autonomy within their personal relationships and their lesser access to health care, social services and education (ibid). However, patriarchal systems, customs and traditions that discriminate against women continue to perpetuate inequalities world over (Commonwealth, 1999). At household level for example, men still assume the role of heads and breadwinners. Such attitudes are usually based on the patriarchal structures that limit women's voices and perpetuate the subordination of women. They also limit women and girls' voices to be adequately heard and in turn influence family decisions on resources and other social matters (Robinson, 2010). At community level we find that some gender role expectations affect women and girl's social lives thereby creating challenges in making decisions concerning their health and reproductive health (Biddlecom *et al.*, 2009). According to Lehrer *et al.* (2006), gender systems bring about two principles, one being the separation between males and females and the other of hierarchy, that is, making the male as the norm and the female the subordinate. In the Zambian context as was indicated by the findings of Dover (1995), most public spheres were classified as male or female while in the home there was no labour identified as male. Instead, there was the principle of hierarchy where the man was regarded as being the 'head of the household' and was generally held that the 'man was superior and woman inferior'. Fylkesnes (1995) observed that this type of social subordination of women in such risky cultural practices reinforced the vulnerability of women.

Whilst many researchers have used this gender system to help design and conduct various studies, it does not explain why young women and men reconstruct an unequal gender system (Robinson, 2010). Understanding the sexual behavior of males and females creates a better understanding of gender and sexuality as constructed by the complex interplay of social, cultural, and economic forces that shape most adolescents regardless of their particular circumstances (Mutombo, 2006). There are gender based family and societal role attitudes related to the risky sexual behaviours of adolescents. In the Zambian context, gender role expectations are relatively strong and begin quite early in life for Zambian children (Mpfungu *et al.*, 2006). According to Mpfungu, the upbringing of most Zambian children entails a separation between the way boys and girls are socialized. Boys would often be socialized to assume masculine tasks at an early age that would culturally be considered physically demanding for boys rather than girls. This is in line with literature by Dover who observed that culturally, performing these tasks would harden the boys for manhood (Dover 1995; Ngulube, 1989).

Boys tended to learn how to perform the tasks of manhood from their older siblings, peers, fathers and other males in the extended family. Girls on the other hand would be socialized to assume feminine tasks (Mpfungu *et al.*, 2006). They would often be expected, not limited, to wash clothes, bath babies, work in the kitchen, and clean the house. The girls would learn these roles through a form of apprenticeship with their mothers, older female siblings and female members of the extended family. By the time the Zambian children become teenagers, they are very well versed in their culturally prescribed roles (Ndubani, 2002). Young people are also usually confronted with marked gender disparities in the social

norms that govern their sexual behavior (Bhugra *et al.*, 2007). Young women for instance would be subjected to strict supervision and be prohibited from socializing with males outside the family (Sodhi *et al.*, 2008). The young men on the other hand would be at liberty to explore sex before marriage. They would even use coercive behaviours for their sexual gratification so as to demonstrate their dominance in heterosexual relationships (Abraham, 2008). This gender imbalance has encouraged secrecy and inhibited any form of negotiations between the partners (Jaya, 2009).

According to Hargreaves (2002), men and women young and old, experience insurmountable obstacles inhibiting them from discussing sexual and reproductive health issues. It was observed that discussing sexual matters was still a factor especially for the young ones. Most of them feared to be either rejected by their partners especially if the relationship was still in its infancy. Mutombo (2006), observed that young girls usually succumb to the dictates that come with innocence and passivity associated with virginity thus making them easy prey. They would even go to an extent where they practice anal sex so as to preserve their virginity while putting themselves at an increased risk of infection (Mutombo, 2006).

A study conducted by Forsch *et al.* (2002), found that some expectations that rested on common gender-based beliefs could be prejudicial or faulty, such as men having frequent sexual intercourse to prevent becoming sick, and that women should always seduce men into having sex. These beliefs may be coupled with the view that the individual and family reputations are based on honour (Kaufman, 2001). The male honor is traditionally related to being courageous, morally upright and hospitable while the female honour is traditionally dependent on premarital love and faithfulness in marriage. Such ideas have led many people to restrict young women especially when they reach puberty while the young man is granted increased freedom (Panos, 2012). Past research has found that, during adolescence, children learn gender specific roles within the extended family. For example, they learn about the culturally accepted relationships with spouses, and also their in-laws (Robinson, 2010). These young people would also be expected to master the gender appropriate ways of expressing desirable qualities and be socially responsible (Malungo, 2001; Panos, 2012). In Tanzania, for instance, research had shown that the social relations between girls and boys were influenced by the division of gender roles that were also influenced by the socialization, cultural and traditional practices. Some communities there still perpetuated culturally accepted relations which in turn affected women and girls' social life and created gender gaps in almost all spheres of life (WHO, 2002).

Negative gender beliefs involve endorsement of social norms and scripts that afford men more power than women. Negative gender beliefs have been suggested to be relevant in understanding sexual decision-making and risk taking in adolescence. According to the study undertaken by Shearer *et al.* (2005), when negative gender beliefs are accepted, there is pressure to embody stereotypical traditional gender roles. Men would take on the role of sexual adventurer while the women would drift towards leaving important sexual decisions up to their sexual partners. Recently a number of studies have also supported the link between dimensions of negative gender beliefs and a variety of risky sexual behaviours. Other studies have found that males with traditional gender ideologies

reported more sexual infidelity, casual sexual partners, unprotected sex and negative attitudes toward condoms (Santana *et al.*, 2006; Murnen *et al.*, 2002). At this stage adolescents would develop certain attitudes towards sexual behavior and even start to feel or perceive themselves as not being at risk of contracting STIs or unintended pregnancies. Most of them would often lack accurate information about their sexuality and also lack personal skills for safer sex (Hallman, 2004). Past research had also shown that many adolescents would engage in sexual behaviours other than vaginal intercourse. In a study conducted in South Africa among adolescents aged 15 to 24 years, nearly half had had oral sex and just one in 10 had engaged in anal sex (Mwinga, 2002). The situation is even quite distressing for adolescents coming from poor backgrounds as Brook *et al.* (2006), had shown that such adolescents tended to associate with deviant peers making them vulnerable to risky sexual behavior. He further observed that adolescents engaging in risky behaviors were more likely to have peers who engaged in other problem behaviours such as alcohol and drug abuse (Brook *et al.*, 2006). These poor young people started their sexual experience at an even young age and lacked knowledge and skills to protect themselves. A study conducted in South Africa by Zulu and Ciera (2007), found that most female adolescents from poorer households were more likely to be sexually active at an early age and had reduced condom use (Zulu, 2008).

The PANOS report (2012), showed that there were still various challenges in trying to reach adolescents with sexual and reproductive health information in Zambia. As a result of this, young people are putting themselves at risk as they devise their own methods of dealing with their sexual and reproductive concerns. These inequalities have adversely bred the social, economic injustices and poverty for the affected sex (Nevo, 2006). It appears that the inadequate and unreliable information coupled with restrictive cultural beliefs in many parts of society remains some of the major restraints to adolescents having positive attitudes and practicing safer sex practices (UNICEF, 2010). Whilst this is the reality on the ground, the process of behavior change in young people is relatively easier than that for adults. Young people easily adopt certain behavior patterns that are merely experimental and often temporal due to peer pressure. These patterns are usually forceful at this stage in that they can easily do away with them when all influencing factors are addressed adequately (Zulu, 2008).

The unequal gender systems where the male honour is traditionally related to being courageous, morally upright and hospitable and the female honour being traditionally dependent on premarital love and faithfulness in marriage has led many people to restrict young women especially when they reach puberty while the young man is granted increased freedom (Panos, 2003). Oakley and Mitchel (1994), argue that the physical makeup of human bodies determines the way men and women behave and have been used to emphasize men's and women's roles. However, to achieve equality for women, true advancement towards equality requires fundamental social and cultural change. Eliminating these cultural patterns that reinforce the idea of inferiority of women and girls, and other prejudices that hinder the full operation of the principle of social equality of women and girls will create an environment where they will be able to pursue satisfying, safe and pleasurable sexual lives grounded in and contribute to gender equality and the empowerment of women and girls (Oakley

and Mitchel, 1994). The majority of the adolescents are excessively optimistic and strongly believe that risks do not apply to them thus, some perceive themselves to be invulnerable to the potential negative consequences that might result from their actions and their discernment of risk which is often narrow-minded (Chapin, 2000). Cognitive immaturity in adolescents may limit them to apply their knowledge to their own behavior and execute their skills necessary for safer sex (Behav, 2004). This is mainly because the psychological development affecting sexual risk taking in adolescents is an important element in coping with intense emotions, such as those resulting from physical maturation and newly formed attachment with peers and dating partners (Smith and Gibbons, 1997). Socially, peers have been found to influence adolescents' attitudes, values and sexual risk behavior. In an environment where peers engage in risk behaviors, there is an association with initiation of sexual interaction and other risk behaviours such as alcohol and substance use (Guttmacher *et al.*, 1997). It is argued for instance that adolescents will often use condoms less frequently when they perceive that their friends do not use condoms and conversely are more likely to use condoms when they believe that their friends are using them (Romer *et al.*, 1994). It is on this account that the present study was undertaken to examine gender role expectations, attitudes and beliefs associated with risky sexual behavior among out of school adolescents.

METHODOLOGY

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

Ethical Consideration

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

confidential while the findings from the study were communicated to them.

Analysis of findings

The findings of the study shows that the age of the respondents, the majority of the respondents (110) 44.1 percent were aged between 15 and 16 years while (73) 28.7 percent were aged between 17 and 18. About (67) 27.2 percent of the respondents were aged 19 years. Only (30) 22 percent male respondents were in the maximum age group of 19 years. Female respondents outnumbered the male respondents by having (37) 32.4 percent in this age group. In the other age groups, male respondents outnumbered the females. The background characteristics of respondents is shown in table 1.

Characteristics	Male	Female	Total
Age			
15-16	43.4	44.8	44.1
17-18	34.6	22.8	28.7
19-20	22.0	32.4	27.2
Religion			
Catholic	19.7	28.0	22.7
Anglican	24.5	12.0	19.1
SDA	18.0	24.0	20.9
Pentecostal	10.6	17.0	13.9
Others	26.8	19.0	23.6
Level of education			
Junior primary	39.6	33.0	35.1
Senior primary	50.9	56.0	53.1
Junior secondary	12.2	11.0	11.8
Total	136	114	250

The findings of the study further revealed that about 64 percent male respondents and 31 percent female respondents indicated that the use of condoms reduced sexual pleasure. The negative attitudes displayed by the male respondents may indicate that they are not as keen to use condoms and neither would they allow their sexual partners to do so. This kind of scenario evidently would make the females vulnerable. About 34.4 percent males and 18 percent female respondents indicated that prolonged use of condoms had side effects.

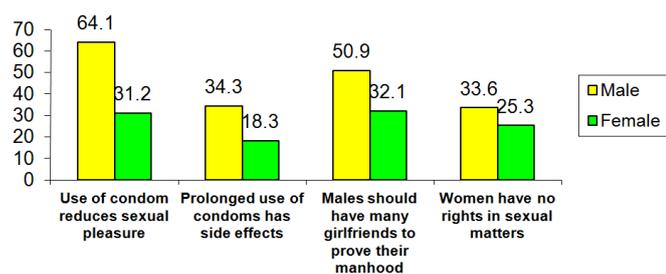


Figure 1. Negative gender beliefs and attitudes

Overall, whilst, out of school adolescents were aware of the role of condoms, many of them continue to display negative attitudes towards them. From the table above, a number of the respondents, 49 percent, reported that condom use reduced sexual pleasure and that prolonged condom use may make them impotent in future. This finding confirmed what had been earlier stated that while most young people in Zambia have knowledge about condoms, the 'skin to skin' (sex without a condom) is most desirable (ZSBS, 2009). The findings also showed that more males, 47.5 percent, than their female counterparts 27 percent reported that coercive sex was permissible. During the focus group discussions and in-depth interviews, it was quite ironic that some female respondents seemed to accept such beliefs and misconceptions that

coercive sex was permissible especially that they had no skills to negotiate safer sex with their sexual partners. *'We all know that any decent girl will not accept sexual advances there and then. A decent girl ought to at least refuse a couple of times and it will be up to the man to tell by her signs especially when she starts laughing shyly that she wants. Moreover, a man is superior to a woman and in such issues we have the upper hand. These girls often want guys to have sexual relations with them, they usually pretend and as such we push them a little and very often than not they give in'* (19 year old male respondent). In response to this, one 18 year old female respondent said that, *'A girl is not able to refuse sexual advances especially from their boyfriends, we know we are told to be assertive in such issues to do with sexual matters but in reality, it's not practical. Besides, most men often use so much force and at the end of the day you just give in to their demands'* (18 year old female respondent).

Women's subordinate roles are underpinned by cultural norms and beliefs thereby depriving them of the power to make decisions regarding sexual matters and also negotiate safe sex practices. In this particular section, respondents were assessed to have an insight of the gender based power relations that exist between male and female respondents. During focus group discussions the researcher established that girls are socialized to assume feminine tasks such as washing clothes and cleaning the house. They would learn these roles through a form of apprenticeship with their mothers, older female siblings and female members of the extended family. By the time they would become teenagers, they would be well versed in their culturally prescribed roles and not necessarily towards sexual risks or personal independence. *'We are brought up to presume feminine tasks in the home from an early age. They tell us it is to prepare us for our future roles as wives and mothers. We are made to do household chores from an early age right through adulthood. Even now, we are still being told that we are being prepared for the future. A girl of my age should know how to take care of a home even when elderly people are not there. They expect to find everything in order as they come back'* (16 year old female respondent).

The family being the primary agent of socialization provides the first teaching for boys and girls. During the socialization process, girls and boys socialized to believe that girls are inferior to boys in all aspects of life. It is also usually thought that women have no right to make decisions with their sexual partners but a man's responsibility. It is with such gender based stereotypes that carry devastating effects on the social and economic wellbeing of the affected sex. *Women have little or no rights to make decisions with their sexual partners. Traditionally, it is a man's duty to say whether he wants to have sex or not or whether to use protection or not. Culturally a girl who has been traditionally taught will not talk about such things even though some people say we should do so'* (17 year old female respondent). In as much as a number of adolescents recognized the repercussions of engaging in risky sexual behaviours, most of the respondents still indicated holding negative attitudes and beliefs thereby causing them not to want to use condoms. In this particular section, respondents were interviewed to gather more information on the negative gender beliefs in sexual behavior and condom use among out of school adolescents. During the focus group discussions, it was observed that respondents' parents or guardians were not as tolerant and accommodating towards their children. One male respondent said that: *'Both my father and mother were*

not so educated and when they both past on, I was made to go and stay with my elder brother who had to stop school when he was in grade 9 to fend for us. In due course I also had to stop school because he was notable to meet our educational needs. However, when it comes to my social life, my brother seems to be ignorant and was always busy or too tired to talk to me and as a result of this, I resorted to find comfort with my friends' (16 year old male).

On the other hand, a 17 year old female respondent reported that, 'My aunty is more authoritative to female dependents in the home than males. My female cousins and I have to always give an account of our whereabouts. With my male cousins, it is a different thing as not so much reporting is required of them. I strongly feel this is not fair; but what can we do, that's our culture.'

The study further showed that about 18 percent of the male respondents and (47) 47 percent of the female respondents representing (69) 31 percent of the respondents reported having been forced to have sex. This kind of scenario indicates that females are vulnerable to such acts as defilement or rape. About (100) 81.9 percent of the male respondents reported that they had never been forced to have sex against (53) 53 percent of the female respondents who reported having been forced to have sex.

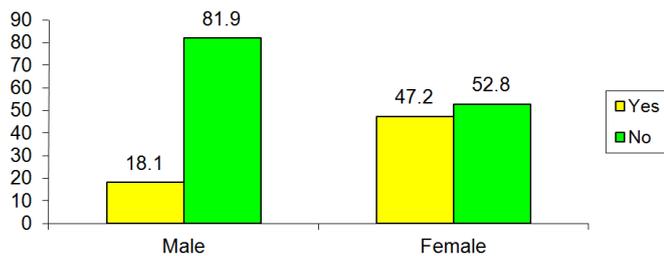


Figure 2. Percentage of respondents who reported having been forced to have sex

During the focus group discussions and in-depth interviews it was observed that sexual encounters were often imposed than voluntary and often led to rape. During the FGD, one female respondent said, 'I have had sex with one of my male cousins who tricked me one day. He asked me to take him some water to drink in his room and when I got there, he dragged me to his bed and raped me repeatedly. Afterwards he promised he would buy me special gifts as long as I did not tell anyone and that he was sorry for what he had done' (17 year old female respondent).

The findings indicated that gender roles as well as cultural values and norms may influence and sometimes define the behavior of men and women in which sexual behaviour occurs. In many societies, especially in Southern Africa, culture exists to serve the interests of men and make women subservient to them. A practice that seriously undermines women's capacity to take control of their own bodies and make informed choices as to either reject sex completely or refuse to engage in it. Having established if respondents ever had been forced to have sex, they were then asked to state with whom sex was forced. The results are shown in figure 3. From the table above, only (5) 4.0 percent of the male respondents stated that they were forced to have sex with someone related to them. (19) 19 percent of the female respondents on the other

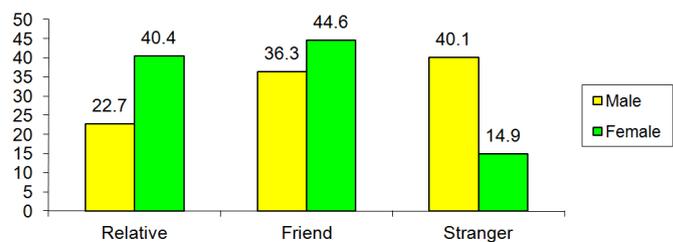


Figure 3. Percentage of respondents who reported with whom sex was forced

hand had been forced to have sex with someone related to them, an indication that girls are more vulnerable to molestation and incest within the home than boys. About (8) 7.3 percent of the male respondents reported having had been forced to have sex with a friend against (21) 21 percent of their female counterparts. (9) 6.6percent of the males admitted to having been forced to have sex with a stranger while (7) 7.0 percent of the female respondents reported the same. The statistics above may imply that girls were more prone to rape or forced sexual activities by relatives and their friends than boys. Events as rape can be quite traumatic and likely to affect women's ability to negotiate sexual behavior. During the in-depth interview, respondents were asked which sex they thought was more prone to STIs and why they thought the sex they mentioned was at risk. Many of the participants stated that it was the females because it was very common for girls to be raped at home especially adolescent girls coming from violent homes. They reported that girls were at greater risk of exposure as they would be victims of sexual abuse by older family members, close kin, friends and even neighbours.

My father and mother divorced many years ago and not until recently, my mother remarried. However, this man became very violent with all of us. At one time, he even raped my older sister for speaking out on the abuse. We didn't know about what transpired until she fell pregnant by this same man (18 year old female respondent). In response to this, one male respondent reported that, "We men are made just like this. 'Ni mwambo!' (It's our culture!). It is very difficult for a man to resist temptation when he is in the middle of it. Even in most of these homes we are coming from, we hear cases of men defiling or raping young girls almost on a daily basis but not much is done because of the social repercussions" (19year old male respondent).

DISCUSSION

From the reviewed literature, one cannot dispute that high levels of negative gender ideologies and attitudes, oppression, ignorance and discrimination are some of the barriers bringing about inequalities in sexual behavior among adolescents in Zambia and many other societies' world over. It can also not be disputed that young people are ignorant of important gender issues and how these affect their sexuality. The findings in the literature reviewed this far seem to bring out a lot of similarities in the studies that have been conducted world over. These findings are relevant to the present study in that they present similarities on the vulnerabilities and discrimination that women and girls face. Most young girls in Zambia like in many societies world over are brought up to believe that a girl must exhibit some degree of shyness and display some form of naivety in sexual matters (Mpofu *et al.*, 2006).

The findings from the reviewed literature in this study indicate that women and girls are able to pursue satisfying, safe and pleasurable sexual lives that are grounded in and contribute to gender equality and the empowerment of women and girls. What mostly inhibit them are the cultural attitudes, values and gender role expectations. These attitudes in turn weaken their ability to realize their full worth in life. However, despite this state of affairs, it has also been shown that with the necessary support from all stakeholders, gender equality and empowerment of women and girls can be attained in this area. Secondly, fundamental social and cultural changes will make it possible for true advancement to attaining equality for all. Other findings in this research are that gender role communication regarding sexuality and negotiation of safer sex is largely ignored yet there is fundamental evidence that this may be one of the important predictors of condom use among heterosexual women and men.

Some of the respondents found the sexual health and gender related information they received from various sources confusing and often embarrassing. This information and knowledge has not substantially affected their willingness to do away with risky sexual activities through which they can be infected with STIs and unintended pregnancies. Most of the confusion could be attributed to the socially sanctioned inequalities between partners, impersonal sources of information such as friends who may not necessarily have the correct information about sexual health and gender related issues. The information they usually receive is distorted and often saturated with a number of misconceptions.

The statistics and responses from the respondents are clearly an indication that young people are often confronted with marked gender disparities in the social norms that govern their sexual behavior. Adolescent girls would be subjected to strict supervision and mostly prohibited from socializing with males outside the family while the young men would explore sex freely before marriage. These findings are in line with those found by Jaya,(2009); Bhugra et al. (2007), that state that gender imbalances in the social norms encouraged secrecy and inhibited any form of negotiations between the partners. The gender implication of all this is that, gender biases in the way males and females are socialized still persistent despite calls by international and regional bodies calling on states parties to tackle them. This could partly explain why most female respondents indicated that they were talked to about sexual health matters more than their male counterparts.

The other contributing factor is that, while different stakeholders have come on board like the churches and civic organizations to reach young people with different aspects of sexual and reproductive health, not so much is emphasized on gender related issues. There is need to harmonize these messages to accommodate gender sensitization in their programmes so as to lessen unnecessary inconsistencies in the sexual behavior patterns of young people. There seems to be a permanent inequality in the social relations between males and females defined by society. In relation to this, Jean Baker Miller (1986) explored the meaning of the permanent inequality in relationships in which one member is defined as unequal by society on the basis of criteria such as sex, race, class or another characteristic ascribed at birth. In her argument, she highlighted women's permanent inequality to have a powerful and persuasive impact on women's life experiences including the nature of male-female relationships

(Miller, 1986). From the findings there is a clear indication that heterosexual relationships are often strongly influenced by culture. For women, it will mean that sexual behavior will occur in the context that socializes them to be passive sexually and in other ways as well. This unequal status of women in turn puts them at a severe disadvantage. These findings correlates with Odeyemi et al. (2009), who observed that numerous cultural practices, attitudes and beliefs brought about gender disparities in Southern Africa and subsequently disempowered women and girls thereby creating challenges in decision making concerning their health and reproductive health.

By and large, participants in the focus-group discussions and in-depth interviews reported that the major influencing risk factors that put out-of-school adolescents at an increased risk of indulging in unprotected sex was the increasing number of places for consuming alcohol in their communities. They also reported that taking too much alcohol, caused them not to restrain from such acts. Such responses were common among the participants irrespective of their age or sex. Out of school adolescents reported the habit of drinking alcohol especially the popular brands such as, 'Shaki Shaki', 'Officer,' 'Zed pride' and sniffing 'Bolstick' glue to be associated with risky sexual practice. They also attributed drug use and accessing pornographic materials to set the stage for sexual activity. Other than this the young males were reported to be using sex stimulants, such as the popular 'Kaimaima' and 'Mutototo' to arouse their sexual desires. Activities such as gambling and stealing were also usually used to obtain the money necessary to engage in free sex. Poverty, lack of economic stability and other opportunities have also contributed to the high level of unprotected sexual activity and inconsistent condom use among them and in turn have slowed down any efforts to fight gender inequalities. From such alarming trends in sexual behaviour, it is important to arm the young people with the correct implications of their sexuality, if they are to be equipped to make appropriate choices that will cordially consolidate traditional values with modern ones. Most respondents in the study expressed ignorance on very important gender issues and how these affect their sexuality. Whilst gender sensitization, is being spearheaded by the Ministry of Gender and Child Development and other collaborating partners, it is not being applied in totality. Therefore, gender sensitization should be made an integral part of various sexual and reproductive health programmes being carried out by various organizations. The findings of this study suggest that a sustainable mechanism is established that will engage both young males and females in the communities in life and vocational skills building, employment opportunities and other recreational activities.

The results of the study shows that many male respondents had attitudes, beliefs and behaviours related to male gender roles which in turn greatly impacted on sexual behavior thereby posing risks for their female sexual partners. Most male respondents seemed to possess masculine ideologies that guided their sexual behaviours and attitudes towards their female partners. These ideologies and the gender role socialization implored them to be sexually aggressive and engage in risky behaviours that in turn placed girls at risk. This finding is in line with experts in the field of gender roles and sexual behavior that state that traditional masculine ideologies did not promote sexual communication and negotiation associated with safer sex (Raffaelli, M. and Crockett, L. 2003).

Additionally, this finding is in line with a study by Shearer et al. (2005), who indicated that the sexual decision-making and risk taking in adolescence is greatly influenced by the negative gender beliefs. In this regard, once these negative gender beliefs are accepted, there is pressure among young people to personify stereotypical traditional gender roles. The males would resort to take on the role of sexual adventurer while the females would drift towards leaving important sexual decisions up to their sexual partners. The negative attitudes and beliefs among out of school adolescents would indicate that both male and female out of school adolescents were ignorant of critical gender issues that affected their sexuality; that in turn put them at risk. These findings can be substantiated with those revealed by WHO (2004), that negative attitudes among adolescents contributed to low condom acceptability among them. In fact, the UNICEF report (2010), had shown that in Zambia like many other countries around the world, women, young and old, are still being discriminated against and violence against them is also on the increase. The negative gender attitudes and beliefs in the sexual behavior patterns of young people will definitely worsen the situation if not addressed and in turn slow down any efforts to fight gender inequalities. It is undoubtedly certain that parents or guardians attitudes towards young people affect them tremendously. The attitude of parents or guardians towards young people has a bearing on what kind of people the adolescents will become in future. Studies have shown that children whose relationship with their parents was poor reported attitudes that placed the mat risk of STIs including HIV and AIDS and unintended pregnancies. In other words, children's attitudes to early sexual activity, condom use, sex with older adults etc were associated with parental relationships.

Studies have shown that key factors for adolescent risky behaviours starts in the home and that adolescents model what they see and are left to steer themselves when they have no guidance and are left to their own devices. This finding also correlates with that of Taffa (2002), who found that there was a strong correlation between the number of hours a youth was unsupervised and their sexual activity. Another study by Shrier et al. 2001 assessed and compared the sexual health knowledge, attitude and risk perception of in-school and out-of-school female unmarried adolescents. The study found that about 21% of adolescents in this study area were involved in risky sexual behavior and this was higher among the out-of-school adolescents than their in-school counterparts. The authors suggested that stakeholders in the state and the Local Government Area should hold hands and develop interventions that would improve the sexual health knowledge and sexual risk perception of the adolescents. Similarly, Margo and Laurence (2005) found significant gender differences in sexual risky attitudes and behaviors among adolescents. The results showed that girls more than boys engaged in risky sexual behaviors. For instance, unprotected sex (12% females and 52 % of the males). Similarly, a South African study that sought to explore gender differences in sexual behavior among students on a university campus found the same gender and year of study as significant determinants of age at first sex. Moreover, in a multivariate perspective, males were less likely to indulge in risky sexual activities compared to their female counterparts. The study recommends that the HIV/AIDS programs on campus should focus on ways to minimize 'irresponsible' sexual activities and put more emphasis on females. Based on the study, it is clear to note that some of the

barriers that bring about inequalities in sexual behavior among adolescents in Lusaka are the high levels of negative gender ideologies and attitudes, oppression, ignorance and discrimination. The study not only found that female respondents were unable to negotiate for safe sex or coercive sex, but also that there was gender biasness in the attainment of sexual health. Such norms further influenced the sexual behavior of male respondents to the state that they would forcefully engage female respondents into safe or unsafe sexual activities. It is on this account that the study found it essential for stakeholders and private organisations to be involved in supporting women and girls in breaking free from cultural attitudes, values and gender role expectations that are imposed on them and inhibit them from engaging in safer sexual practices. Through sensitization and empowerment activities, this can be achieved. Also, such activities should be extended to men and boys considering that it has been noted in the study that they are the most dominant in relationships thus being the decision makers. This will also reduce the biasness found in societies on accessing and disseminating sexual health information further reducing on the role expectations, attitudes and beliefs that are present on relationships and sex.

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