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Denial and violence: Paradoxes in men's perspectives to premarital sex and pregnancy in Rural Zimbabwe

Abstract

This paper describes the perspectives of men on premarital sex and pregnancy in rural Zimbabwe. It is based on data collected using three qualitative methods including focus group discussions and individual interviews among men and women, and self-generated questions and statements among school youth. The paper illuminates the paradoxes of denial and violence implicit in the way men speak: as relatives on the one hand and as partners on the other regarding pregnancy in girls. The men say they react violently to premarital pregnancy, but neither do they tolerate sexual activity, or allow contraceptive information or service for unmarried daughters and sisters, even though their accounts paradoxically suggest that sexual abuse of young girls is rampant. Despite denying them preventive service and information, men speaking as partners expect girls to have knowledge about sexuality, the menstrual cycle and pregnancy. They blame their girlfriends for getting pregnant, despite indications from the accounts of the girls that it is male partners who pressure the girls into unprotected sexual activity. In such circumstances, the girls say the pregnancy may translate into unsafe, induced abortion. These are complexities at the micro-level that need to be understood for any meaningful programme to improve adolescent sexual and reproductive health.

Introduction

This paper describes perspectives of men and their involvement in adolescent girls' sexual and reproductive health (SRH). It specifically focuses on men's reasoning around premarital pregnancy, particularly the paradoxes men describe to be their response to pregnancy and contraceptive use by girls before marriage. The paradoxes of denial and violence are conceptualised in the context of rapid social change including modernisation processes which have dismantled and transformed institutions that previously regulated adolescent sexuality, marriage and gender relations (Population Reference Bureau (PRB) 2000a, Ahlberg 1994), and introduced new actors and new ways of seeing and dealing with adolescent sexuality.

Background to adolescent sexual and reproductive health

Adolescent SRH has become a major issue in national and international discourses in recent years, mainly due to its gloomy scenario with high rates of early pregnancy, unsafe abortion and related complications, school dropout, and STIs including AIDS (PRB 2000b). Part of the explanation for this scenario are the rapid changes that have occurred over the past century in many countries in the African region including Zimbabwe. Urbanisation and migration have altered family structures and gender relations in families, changing the social and economic contexts within which young people live. In most countries in Africa, the transformations were set in motion by the establishment of colonial rule which among other things changed households' livelihood which

was then largely dependent on land, and altered the settlement patterns and life in the countryside (International Political Economic Network (IPENET) 2002) as it forced men to provide labour at settler controlled mines and farms (Van Onselen 1976).

Pre-colonial African societies in Zimbabwe were organised around the land, a collectively owned property. A portion of land was used until its fertility declined, whereupon a new piece was cleared and the older one was left to revitalise. Women tilled the land and looked after children. Men's duties mainly involved preparing new fields and providing meat for the family, although it cannot be claimed that men were breadwinner in this context (IPENET 2002). Married women enjoyed support from kin, and elders watched and regulated relations between young husbands and wives, ensuring protection against domestic violence and abuse (IPENET 2002).

The colonial administration demarcated special areas for Africans, forcing them to cease rotational farming. Deliberate measures to generate a supply of labour for farms and mines forced the men to migrate, separating them from wives and children, and in the process creating a new sexuality in form of prostitution (Bassett & Mhloyi 1991). Meanwhile, the workload for women increased as they had to also do tasks originally done by men. The increasing pressure on land meant that rural households became poorer, and this caused some women to migrate to the cities, mines, and farms to join their husbands, giving rise to a new type of family which was individualistic, and within which the man now played the role of breadwinner (IPENET 2002). Unlike in the communal areas, compound accommodation was crowded with little privacy and entire families often sharing single quarters (Van Onselen 1976).

In the villages, men represented the family in public sphere, and there were specific requirements for moving up the ladder into becoming a man, such as marrying and setting up a household (Epprecht 1998). In contrast, in the new working environment on the farms and mines, a man could remain a 'boy' in spite of his age, marital status, or number of children. Moreover, several men found themselves staying longer in 'boyhood' because they eked a living on meagre earnings and could not meet the cost of the increasingly monetised bride wealth. The loss of authority and status for men in the new working and social environment coincided with the new definition of breadwinner which was increasingly difficult to fulfil. A potential outcome of this scenario is that men become violent even with family members as one way to attempt to assert authority within the family (Reproductive Health Outlook 2002, Gwagwa 1998).

For the adolescents, the situation of increasing poverty, limited accommodation, and changing family structures meant that their sexual and reproductive health circumstances were also transformed. Traditional structures of socialisation and the management of childhood and transition into adulthood were affected. The traditional multi-generational extended family, within which adolescents grew and social values were inculcated, has been increasingly replaced by nuclear or single-parent families, and in some cases, families with a complete absence of parents (Rivers & Aggleton 2002). Socialisation institutions, for instance the initiation rituals, have disappeared in some instances (Fuglesang 1997), or have lost meanings or assumed new forms (Ahlberg 1994). Grandparents who used to play a major role in socialisation and imparting of knowledge on sexual matters have also been separated from the youth by schooling and labour migration. Formal education, along with peers have thus assumed prominence as sources of information for young people (Liljestrom *et al.* 1994).

But the potential for schools to offer life skills education is limited, in part due to opposition from parents, school authorities, politicians, and religious groups (UNAIDS 1999a, Ahlberg 1994). It is argued that giving information and service to adolescents would legitimise premarital or casual

sex (UNAIDS 1997) although increasing evidence indicates this may not be the case (Rivers & Aggleton 2002). In Zimbabwe for example, the implementation of a school programme for AIDS prevention was opposed by teachers and religious groups (UNICEF 1996). Some teachers felt that the issues included in the AIDS education were too advanced for primary school pupils while authorities in some mission schools viewed the project as going against their moral values. In a recent study in Zimbabwe, only 50 percent of men and 37 percent of women agreed that young people of 12-14 years could be taught about condom use in the attempt to prevent HIV infection (Central Statistical Office and Macro International Inc. 2000). In Kenya, school authorities objected to a feedback discussion with pupils from whom the questions had been generated, the argument being that the questions were too explicit on sexual matters (Ahlberg *et al.* 2001). Where life skills education is provided, its content usually revolves around basic biology while topics on sexuality are avoided. Most teachers moreover lack basic counselling skills and are not adequately trained to teach life skills education (Population Council 2001a).

Within the modernisation processes, the increasing significance of cash in social and economic life has transformed practices such as *lobola*. *Lobola*, a transaction between families at the marriage of a daughter took the form of a transfer of animals such as cattle and goats, gifts (Batezat & Mwalo 1989), and in some cases, labour (Gelfand 1971, Liljestrom *et al.* 1994). *Lobola* remains important in contemporary Zimbabwean and other societies in countries in Southern Africa. However, it is now a monetary form of exchange (Geographical Magazine 2001), and has increasingly become a compensation to parents for raising and educating a daughter. The more educated the daughter the higher the *lobola*, where payment may sometimes be in form of mobile phones (*Sunday News* 2001). It is common also for parents to demand huge payments before the burial of a daughter in a case where *lobola* has not been fully paid (Women's Action Group 1996).

The prohibitive silence, the view that a girl should remain chaste until marriage and the related demand for family honour, paradoxically exist side-by-side with a great deal of unprotected sexual activity, and the sexual exploitation and abuse of young girls both within their families and with what is commonly known as the 'sugar daddy' phenomenon (UNAIDS 1999b, Silberschmidt & Rasch 2001). The latter is a relationship where elderly men entice young poor girls into sexual activity in exchange for money or gifts. In a school-based study in Zimbabwe, Leach *et al.* (2000) found that 92 percent of the girls had been proposed to by an adult man. Young girls are sexually exploited by elderly men also in the belief that they are free from AIDS (Population Council 2001b, Silberschmidt & Rasch 2001), and can cleanse the men of the infection (UNAIDS 1999b, UNICEF 2000). The sexual abuse and exploitation occur even in school settings where girls are forced into sexual relationships with teachers on the promise of benefits such as high grades (Koster-Oyekan 1998, UNAIDS 1997). When girls are abused within or outside the family by young or elderly men, parents may be unable to protect them for fear of losing *lobola* or in an effort to save the family name.

Most studies on adolescent SRH have chiefly employed quantitative approaches (for instance Gage & Meekers 1994, Campbell & Mbizvo 1994, Okpani & Okpani 2000, Siziya *et al.* 1998, Kasule *et al.* 1997, Rwenge 2000). These quantitative studies need however to be complemented with other research approaches more appropriate for addressing complexities in sexual matters and for generating experiences and meanings (Rich & Ginsburg 1999) associated with sex and SRH.

Given also that adolescent sexuality is socially constructed in interaction with different actors, it is

pertinent that groups with different perspectives are included in the mapping to identify determinants of and to seek solutions to adolescent SRH. Men's perspectives thus need to be understood as part of the social world of the young people. This paper presents some perspectives of men to adolescent SRH.

The research process and methods

This paper is based on data collected within a study initiated to explore the views of men to abortion (Chikovore *et al.* 2002). The study site was Chiredzi, a rural district in south eastern Zimbabwe bordering Mozambique and South Africa. It was chosen because it is among the districts with the highest maternal mortality in Zimbabwe (Government of Zimbabwe 1997). The administrative ward where the study took place is situated 60 kilometres northeast of the district headquarters, and was chosen for its accessibility through a highway linking the district headquarters with another border town (Mutare) and the capital city Harare. Data were collected in 1998-2000 after getting ethical clearance from the Medical Research Council of Zimbabwe and the Research Ethics Committee of the Medical Faculty, Uppsala University in Sweden. Permission was also sought from the local authorities before the start of fieldwork.

Due to the complex nature of the topic, and the fact that little is known about men and their perspectives, the study used qualitative methods and an exploratory or emergent design. The study began with focus group discussions (FGDs) with men. We viewed FGDs as appropriate for an initial exploration of general beliefs and practices around induced abortion. Thirty-five men, selected to vary by age and marital status, participated. We found that in the FGDs, men surprisingly did not view abortion as a health problem for women as we had expected. Rather they saw it as an indication of illicit sexual activity by married women. The men were moreover anxious about their wives' sexuality, particularly when away from home (see Chikovore *et al.* 2002). Initially, the men had also denied that abortion occurred within marriage. Instead, they said it was common among young unmarried girls. However, as they interacted in the group, it became clear the men were just embarrassed to discuss abortion within marriage.

On the basis of the accounts by men in the FGDs, four ever-married women were interviewed in order to gain their perspectives and experiences of sexuality, contraceptive use, and abortion. In addition, 29 men were interviewed in order to gain insights on their personal experiences around issues emerging in focus groups, including abortion among adolescent girls. Participants in FGDs and interviews were identified with help from a male family planning motivator and a female village health worker. All interviews and FGDs were conducted by the first author and were tape-recorded.

Men in FGDs and individual interviews spoke about abortion among adolescent girls as partners and as relatives/guardians. But for them, whether sexual partner or guardian, the men described violence as one of their responses to a pregnant girl. These accounts necessitated inclusion of adolescent girls in part to obtain their own perspectives and experiences of premarital pregnancy and abortion.

We used the self-generated question method among school youth. Five hundred and fifty-six pupils from two primary schools grades 5-7 (aged 10-18) and one secondary school forms 1-4 (aged 13-25) took part in the study. The self-generated question method involved asking pupils to write anonymously but include their age and sex, questions about adolescence, growing up, or any other issues, or those questions they could not ask their teachers, parents or other adults for fear

or shame. Pupils were encouraged to use the language that they felt most comfortable in. The method was chosen for its potential to facilitate self-expression among the adolescents on this otherwise taboo subject. The method had been used in Kenya after realising the difficulties young people faced in expressing themselves in focus group discussions on matters of sexuality. The method enabled school youth in Kenya to raise more issues of an intimate nature, otherwise suppressed due to normative constraints (Ahlberg *et al.* 2001).

In the current study, the questions were also explicit and illuminated concerns of adolescents in ways not thought about by the researchers. For instance, the youth described their experiences and expectations in heterosexual relations, citing the contextual pressures for sexual activity, and abuse by adults including teachers. The accounts by the school youth also indicated that they lack knowledge about sexual and reproductive matters, and cherish a number of myths about sex. Girls moreover indicated the anxieties they feel about pregnancy and the response of their partners and relatives. These fears often force them to contemplate, and actually secure, abortion. The free writing thus enabled the youth to highlight diverse issues in ways that helped better understand their life situation and context.

There were however some problems in using this method in a school setting. Due to the lack of a large hall, the pupils could not sit together in one room. And despite our insistence that pupils write down their questions privately, there was in some instances a great deal of whispering and giggling. Moreover, the presence of class teachers in the rooms could hinder pupils from being explicit in their questions for fear of being discovered. Nonetheless, they raised issues in ways that illuminated more sharply their paradoxical experiences.

Data analysis

As is common in exploratory research (Lincoln & Guba 1985, Rich & Ginsburg 1999), data analysis was ongoing as data was collected. This permitted the identification of emerging issues and allowed us to follow them during the research process.

The audio taped FGDs and interviews were transcribed and translated from Shona into English. The first and last authors read and re-read the transcripts separately and then discussed coding segments bearing meaning, and then grouping codes into categories and themes. Conceptual linkages were made between categories to form the themes presented here. Questions and statements generated from school youth were also transcribed and translated, keeping the translation as close to the text as possible. Those written in English were retained in their original form except for minor editing in part to keep the original way of expression. The questions were coded and categories were formed around the codes. Ten categories, including AIDS, sexually transmitted disease, abortion, pregnancy, maturation, marriage, contraceptive use, sexuality, reproduction, and education were generated from the data. Since the primary reason for including the youth was in response to the accounts of men, only those categories shedding further light into men's accounts are presented in this paper, for instance abortion, pregnancy, sexuality, and contraceptive use, violence, and forced marriage.

Findings

In this section we present three themes derived from the data. The first theme concerns the circumstances and sexual relationships in which according to men, premarital sex takes place,

pregnancy occurs and abortion is a likely outcome. The second is about responses described by men speaking as partners and as relatives concerning premarital sex and pregnancy. Lastly, the perspectives of girls including their fears and experiences are presented. The girls illuminated their paradoxical life situation, particularly how they are trapped in the violence from their male relatives, and denial or rejection by male partners. Being so trapped, the girls contemplate and are actually forced to abort, although as their accounts suggest, they have little knowledge about abortion or where to get help. Quotes from interviews, focus group discussions as well as the self-generated questions and statements from the school youth are used to illustrate various aspects of the themes.

Sexual relations and circumstances leading to premarital pregnancy and abortion

Men as guardians and as sexual partners described the girl as a calculating agent, her main goal being how to get a marriage partner. Marriage was viewed by men as a major factor influencing the behaviour of the girls. According to the men interviewed, girls use various strategies to reach their goals. Girls for example, commonly enter into sexual relations with several men simultaneously. A middle-aged man said in an interview:

...you ask the girl why she has many boyfriends and she will say, 'I fear that if I have only one, he may fail to marry me'.

The accounts of the men also suggest that even though girls are calculating agents, having many sexual partners may be problematic and the girl may opt for an abortion once pregnant but is not sure of the man responsible. A middle-aged man made this point:

...when she gets pregnant, the girl then does not know which man is responsible... because, you know, these days the girls have many boyfriends...

According to the men, girls may also abort when pregnancy results from sexual relations with elderly men. In their questions and statements, the schoolgirls seemed to acknowledge the sexual exploitation of young girls by elderly men, which leads to pregnancy, abortion, and school dropout:

I think these problems are caused by love of money. We go out with old men and get pregnant. The girl then decides to take pills and die or kill the child in the stomach (12 yr.). I think we girls are cheap. When they have sex with us they use their money. Eventually you get pregnant and for you to go to school you are now too embarrassed. That is what causes girls to remove pregnancy (14 yr.) Why is it that a small girl is made pregnant by a *zidhara* (old man)? (14 yr.).

The men added that the girls often seduce men whom they consider to be materially well off enough to offer a secure marriage. A girl may however be impregnated by a man she would not want to marry. In such a case, the girl may simply point at another man, often a man she feels is capable of comfortably looking after her. A young man referred to his own sister to illustrate this behaviour that he viewed to be typical of most girls:

... my sister was 15... She had too many boyfriends... but wanted to marry a specific one... when she got pregnant he was away... She then ran to his place... But he noticed she was already pregnant, forcing her to confess that she wanted to live with him because

it would be more comfortable...

The perception that girls lie about the responsibility for a pregnancy seemed to cause a great deal of anxiety among male partners. A participant speaking as a partner in a FGD with unmarried men said:

... with some girls, you actually see that she is involved with many men... When she gets pregnant, she cannot tell who is responsible. You may think you are the one responsible, but then sometimes you really can tell that you are not the only one ... She may just pick at you because she looks and says, 'Look at his family. Would it not be nice to marry into his family?'...

Questions and statements suggest that schoolboys are similarly concerned about being falsely picked as responsible for a pregnancy:

When your girl has another boyfriend with whom she has sex and she gets pregnant, and then says you are responsible when you never had sex with her, what do you do? (15 yr.) Who said sex guarantees marriage? (14 yr.) When a girl lies to police that you made her pregnant, what do you do? (15 yr.) How can I prove that this is truly my pregnancy; how really can I calculate the days? (15 yr.) Why is it that when you are seen with a girl they say you are the one who made her pregnant when in fact she had sex with many other men? (16 yr.)

The accounts by boys however also suggest that the boys are curious about sexual activity, but are poorly informed about conception:

What can you do to acquire things to give to a girl so that she gets pregnant? (12 yr.) Does pregnancy catch after sex with a boy? So why do other girls sleep with boys and not get pregnant? (15 yr.) I do not know what should be done with girls who do not get pregnant after they have had sex (17 yr.) When a penis gets in, how far does it go for a woman to get pregnant? (18 yr.)

Having sexual intercourse during their most fertile period was described by men as another strategy girls use deliberately to trap the man they want for marriage. During a FGD with unmarried men, two participants expressed these sentiments:

...when a girl wants to marry you, she encourages you to have sex with her knowing that she will get pregnant... (*group laughter*)... And then shortly after - she says to herself first: 'Yes! I have had sex so I am pregnant' - so she tells you that she is pregnant, even before you can see it yourself. She is already excited that her plan has worked...

The other participant in the same group added:

...Indeed she lies about her monthly cycle... you then think that if you have sex with her she will not get pregnant. Yet she deliberately lied to you. Then she gets pregnant...

Questions and statements from the girls seem however to contradict the claims by men that girls are calculating, and that they deliberately use sexual intercourse as a strategy to secure marriage partner. Rather, the questions and statements indicate that they have little knowledge about conception and contraception:

If you have sex with a boy, do you get pregnant right there? (11 yr.) How many times of sex does it take to get pregnant? (13 yr.) At what age can a boy make a girl pregnant? (13 yr.) If a boy fondles my breasts, do I get pregnant? (14 yr.) If you have sex for one day, do you get pregnant? (16 yr.)

The girls appear to have little knowledge about the monthly period, what it is, or how the safe period works:

If I know that tomorrow is the first day of my monthly cycle, can I sleep with a man? (11 yr.) What happens to me when I am about to menstruate? (12 yr.) When I bleed, what does it mean because sometimes I am caught unawares? (12 yr.) When I release blood from the front, do I have a disease? (13 yr.) When one releases blood from her (private) parts, does it mean she has AIDS or it means something else? (13 yr.) When you start having menses what happens to you? (13 yr.) Is it painful to menstruate? Why? (13 yr.) What causes menstruation and how can it be prevented? (13 yr.) So do men also release that blood? It surprises me because it comes out when I do not expect it. I am surprised by that (menstruation) because I have not yet had sex (14 yr.) When girls have menses, is it a result of sexual intercourse? (15 yr.) Since I started menstruating, I have had many diseases. I do not know what causes that. I wonder what causes the disease of period pains, and how it can be treated? (16 yr.) Why do boys not menstruate? (19 yr.)

The accounts of girls furthermore indicate that it is not them trapping their sexual partners into marriage. Rather, it is the male partners who pressure them into unprotected sexual intercourse even at times when the girls are unwilling. The pressure from the men may involve rape and violence, even when the girls consider that they are in a love relationship. The girls fear to report the rape due to threats from male sexual partners or ignorance of where to report the incident.

When boys have a girl, they demand her breasts to fondle (11 yr.) Why is it when a boy is accepted by a girl he rushes into saying he wants sex? (12 yr.) What can a girl do if she is forced to have sex by her boyfriend? (15 yr.) If you have a boyfriend with whom you have sex all the time, though you really may not wish to have sex with him all the time, and you get pregnant, is it okay to remove? (16 yr.) Some boys even force you to have sex with them when you do not want. You fear reporting him to police as he may kill you or beat you (17 yr.) What if a girl does not like having sex, but the boy wants and forces her even when these two are well in love? (17 yr.) My problem is that since I started going out with my boy he does not want to use protection. I am now worried that I may get pregnant and he will not accept, and this may cause me to remove the pregnancy (17 yr.)

Contrary to the views of men that girls become pregnant deliberately for marriage, the girls worry a great deal about getting pregnant before marriage particularly because this forces them to terminate schooling. They may even want to prevent pregnancy, but have little knowledge how to do so, nor have they access to contraceptive services:

When a girl without a husband gets pregnant, what is done to her? (12 yr.) How can one avoid getting pregnant? (13 yr.) If we want do *zvemumba* (what married people do) and we have no condoms, can I get pregnant? (13 yr.) If I do not want to get pregnant what do I do? If I want to use pills like other women to prevent pregnancy, I am not allowed. They say they are for women with husbands, so what do I do? (14 yr.) Others do not

complete education because they are ashamed to come to school while pregnant. (12 yr.)
What can I do if I am pregnant but want to continue with my schooling? (16 yr.) At our
school some girls have dropped out because they are pregnant. If you get pregnant while
in school, whom do you tell? (17 yr.)

The following section describes the manner in which men, speaking as relatives and as partners, say they respond to premarital pregnancy. The men admit being violent in the case of both premarital pregnancy and contraceptive use by unmarried daughters, sisters, as well as girlfriends.

Responses of male guardians to premarital pregnancy and contraceptive use

For the male guardians, *lobola* was said to be a major concern especially because pregnancy before marriage diminishes the value of the bride. An elderly man described it in the following way:

...She has destroyed my chances of enjoying *lobola*... I supported her when she grew up. When she got ill, I used to run around with her... And then she does the impossible! ...

Male guardians said they react angrily and abuse the pregnant girl physically and psychologically. The girl is simply referred to as *hure* (prostitute). An elderly man said during an interview:

... You will know that your daughter is now a *hure*, getting pregnant without a husband...*Hure!* You already know this one has become a *hure*.... We shout at her.... 'Look, you have become a *hure*, isn't it? ... You do not have a husband, so you are a *hure!* ... We shout at her... 'You are a *hure!*' ... We really are mad...

In the event that the man responsible or the one identified by the girl to be responsible for the pregnancy rejects or does not want to marry the girl, seduction damages are paid to the girl's parents, as the following quote from an interview with an elderly man indicates:

... when a boy and a girl have sex, and pregnancy results.... her parents will expect that which is due to them. They say, 'Your son *damaged* my daughter, so what do you think we should do?' If I see that my son really has *damaged* another person's daughter, I should go to the girl's parents and pay so that our relations in the community are not disturbed...

When a pregnancy occurs before marriage, the girl is therefore forced to disclose the man responsible for the pregnancy. The men elaborated on how they force a girl to confess. They beat her and force her to move to the man, who is by now referred to as *murume wake* (her husband). A young married man said in an interview:

We ask her whose pregnancy it is. If she refuses to say, we beat her and tell her to go to *murume wake*... There is no other way... You beat her so she moves to the home of the man who made her pregnant... That is where she should stay...

The girl's mother is also blamed for the pregnancy. According to the men interviewed in this study, fear of being blamed and violence from the husband forces the mother to assist her daughter to secure abortion, or move to *murume wake*. A middle-aged man said during another interview:

... the girl's mother tells her to go to *murume wake*... preferably before her father knows about it... because once he knows about the pregnancy, he for sure beats... he beats the mother...

This point was corroborated by the married women interviewed in this study who said they are indeed blamed and exposed to violence. According to one woman:

... the men ask, 'So, where were you when your daughter got pregnant?'... You see, everything bad is blamed on the mother. Even if it is a son, the mother is said to be responsible for his behaviour...

To the male guardians, neither is contraceptive use by an unmarried girl acceptable because it implies she is sexually active. According to the young men in a FGD, even though contraceptive use may help the girl avoid pregnancy, it may also interfere with her marriage, thus making the girl an economic burden to her family:

... when she uses contraceptives, she is capable of preventing pregnancy... this can also prevent her from getting married... then she remains at home... so it will be difficult for you to keep on supporting a person (*group laughter*) who does not benefit you. As a father one hopes that his daughter will get married. Is it not so? And then she begins using pills...

A middle-aged participant stressed in an interview that contraceptive use is not tolerated. Instead, initiation rituals are used to teach girls what it means to be an adult woman:

... people here do not favour prevention methods. That is not accepted at all. They think that by encouraging contraceptive use they also encourage a girl to become *hure*. Instead, we teach *komba* (initiation) in this community ... We teach our daughter that she is now grown up, and what we expect of her, but not that she should now obtain condoms.

Those girls who attempt to use condoms or pills seem to be exposed to even heavier punishment and violence as illustrated in a FGD with married men:

You get hold of her and beat her up... so much so that she won't touch those pills... before marriage. Why should she use them? ... Without a husband! ...

Another participant in the same group added:

I would ask what she is doing with pills when she is not yet married. I, her brother, must use them because I am married. What would she know about pills when she is a mere schoolgirl and thus a virgin?

An unmarried young man described during another FGD how he would react on discovering his sister using contraceptives. He said amid agreement in the group:

... I would take them and throw them away or into a pit latrine...

Responses described by male partners

The men interviewed also described the way men as partners respond to premarital pregnancy. If the girl moves or is forced to move to his home, he may simply migrate to avoid marriage:

... if I do not want to marry, but a girl has run to my home, I leave and go away. Then I stay away for 3-5 years. My parents get tired of looking after a person, one who does not offer them any benefits. She will eventually realise it is no use waiting for me. Then she will return to her home.

Migration to other rural and urban areas within Zimbabwe, but also to South Africa was commonly mentioned as a strategy used by young men to escape being forced to marry. Examples of men who 'ran away' were given during individual interviews. Even the accounts of schoolboys in the self-generated questions and statements indicate that they are aware of migration as an option and strategy for young men to escape forced marriage:

If I *nyenga* (have sex with) a girl and she later gets pregnant, what do I do? I become so bothered that in the end I go to Joni (Johannesburg) and they say 'the man disappeared' (16 yr.). Why is it when a boy marries, he goes away to some far away place where he suffers? (17 yr.). We boys leave school after making someone pregnant and go to South Africa. (18 yr.)

The accounts above indicate how girls are trapped between interests of their male relatives and partners, how they are exposed to violence at family level, and rejection by the male partners. In the following section, the girls describe their views of pregnancy before marriage and their experiences of violence, denial from men, and silence about sexual matters.

Girls' descriptions of being trapped

From the self-generated questions and statements, girls express concern over the risk of violence from male relatives and rejection by male partners. The girls say they are unsure how to deal with the situation, particularly how to approach their partners with the news of pregnancy. Their questions illuminate the nature of their concern, being assaulted and chased from home, and being rejected by partners:

What does it mean for a person to deny after making a girl pregnant? (12 yr.) Why is it when a boy marries, he runs away from his wife? (12 yr.) Why do people enjoy making someone pregnant, and when they are told they start denying? (12 yr.) If a girl has a boyfriend and has been made pregnant, what does she say to him? (13 yr.) If you get pregnant at 13, what do you do? Parents chase you from home, what causes all that? (13 yr.) Why do parents chase their children away when they are pregnant? (age missing) If I get pregnant and he denies, what is the meaning of this? If you are a girl and you get pregnant, you stop going to school because of this love for men, then you are rejected by the man and you suffer (13 yr.). When they fall in love, it is very new and nice. The boy tells the girl, 'let me accompany you fetching firewood', when the aim is to make her pregnant in the bushes. But when the girl is pregnant, the boy starts to deny. But why does the boy deny the pregnancy? (15 yr.) When I get pregnant, will my parents chase me from their home? (15 yr.) My parents chase me away because I am pregnant, and my boyfriend and his parents also chase me, so what do I do? (16 yr.) If a boy makes me pregnant and denies, and all my relatives are chasing me from home, what do I do? (16 yr.)

The questions and statements by girls moreover indicate that abortion may be sought as a way to

avoid parental violence in the event of premarital pregnancy. However, the girls also express a lack of knowledge or possibilities of how to do it:

If I get pregnant and my parents don't know and I want it removed, what do I do? (16 yr.)

What are the methods of abortion when my parents say they want to kill me? (15 yr.) If my father says he will kill me what can I do? It's better for me to abort (16 yr.).

Discussion and conclusion

This paper has presented the perspectives of men on adolescent girls' SRH. Referring also to girls' own experiences and fears, the paper has illuminated the paradoxes of violence, denial, and silence in the ways men say they view and respond to pregnancy and sexuality before marriage. In such a context, young girls are trapped between violence from male relatives and rejection by male partners, causing the girls to contemplate and even secure abortion.

One consequence of the historical transformations discussed earlier was the silencing of adolescent sexuality. Different stakeholders including the Church, the school authorities, the political leadership, and parents, increasingly have had difficulties reaching a common ground. This has resulted in different and at times contradictory messages being provided to youth (Card 1999). The silence, denial and complexity around adolescent sexuality present challenges also to research, and were one reason for using qualitative methods in this study. Because of their flexibility and possibility to allow reflection, qualitative methods give voice to the participants and this allows them to set their own priorities. The FGDs, for example, right from the beginning allowed issues to emerge in unexpected ways. The men initially denied that abortion occurs in marriage, saying that it is a problem among young unmarried girls. However, the ensuing dynamics and group processes in their interaction allowed men to shift this view and to indicate that their initial response was to avoid embarrassment for what could be construed as failure to control women sexuality. Contrary to our understanding that abortion is a serious health problem for women and families (WHO 1997), for the men in this study abortion was a sign of illicit sexual activity on the part of a wife. The men viewed abortion in marriage as less of a health problem than an issue of sexuality (Chikovore *et al.* 2002).

The accounts of men about abortion being a problem of adolescent girls induced the study to explore further into the perspectives of men to adolescent girls and to premarital sex, pregnancy and abortion. The self-generated question method was chosen for its appropriateness in promoting free expression among the adolescents. While qualitative methods are flexible and allow reflection on the part of the participants and researchers as discussed above, they are nonetheless not without shortcomings. The researchers, for example, commonly depend on gatekeepers in entering their study communities (Barbour & Kitzinger 1999). In our case, family planning workers who already had established a certain relationship with the local community were used as the guides. Potentially, this could negatively affect the way we were viewed by the research participants. We however have little reason to believe this was the case. The guides did not participate in the interviews. Moreover, the active discussions, the contradictions, and the shifting of positions by men particularly in FGD may be further evidence against such negative effect. Another issue of concern was the giggling and whispering during the question generation exercise. We cannot say how much this affected the data, but the breadth of issues raised, including questions of intimate character and personal experiences suggests the effect may have been minimal. Whispering and giggling seemed to be the result of excitement for being asked to

write on a taboo subject within the restrictive school environment. The excitement may therefore have helped the school youth to express their concerns more candidly. The youth may also have hoped to get immediate answers to their questions, although they had been informed that the exercise would be of use in a general way in the future policies by the government and other agencies concerned with the welfare of the young people.

A criticism often levelled against qualitative inquiry is that it relies on small samples and hence cannot be generalised in the statistical sense (Oka & Shaw 1999). However, qualitative research as case description can be generalised to contexts similar to the area studied. This however requires that the analytical framework, including study context and research process, is presented in what Guba and Lincoln (1989) call an audit trail with thick description so others may recognise the findings in other contexts.

The paradoxes described in this paper highlight the dilemmas that families and communities face in dealing with adolescence and adolescent SRH. Through the historical process traditional structures have been destroyed or transformed, new actors and perspectives have been introduced and families have become poorer and more individualistic. The men are under pressure to provide for their families in contexts where they are increasingly without employment. As households get poorer, the importance of money for the welfare of the members of households has also increased. Van Onselen (1976) describes the impact of labour mobilisation practices in the early part of the last century. The significance of money increased and individuals in the families became valued to the extent that they contributed to the cash income of the family. Meanwhile, the poverty at the family level has also meant that young girls are sexually exploited in exchange for money and gifts by rich men within contexts where schooling has delayed marriage and extended the period of adolescence. Girls are thus living longer outside marriage where they are forced into sexual activity which is paradoxically not tolerated, not to mention the denial for access to preventive information and service (Central Statistical Office & Macro International Inc. 2000).

One of the results is that youth are gravely misinformed about SRH issues. This phenomenon of silence and denial is not restricted to Zimbabwe. In Ghana, only 18 percent of youth surveyed could correctly indicate when in a monthly cycle pregnancy is likely to occur (Glover *et al.*, 1997). Adolescents in a study in Zambia indicated that they had no reliable sources of information about sex. They even obtained some information from observing the sexual activities in animals such as dogs (Fetters *et al.* 1998). Youth also rely on incomplete information from peers, the media, and their own experiences which often involve mistakes (Fetters *et al.* 1998, Fuglesang 1997, Kebede 2001, Liljestrom *et al.* 1994, Quattara *et al.* 1998, PANOS 1999). Increasingly, adolescents are also turning to popular magazine 'agony aunts' for advice as they feel nobody else attends to their concerns (Finlay *et al.* 1998).

Without information and services while at the same time being sexually exploited by adult men or pressured into sex by boys, young girls are exposed to premarital pregnancy and related violence. In the fear of violence young girls decide to abort, commonly inducing abortion crudely with harmful consequences (WHO 1997). The family violence in abortion decisions by unmarried girls has been reported in other areas. Rogo *et al.* (1999) found in Kenya that one of the most common reasons for abortion cited in interviews with unmarried girls was fear of negative reactions from parents and communities. In a study in Tanzania, Katapa (1998) reports also that pregnant girls are chased from home, in some cases along with the mother. We however argue that while the family is central in abortion decision, it is only one among complexly intertwined factors leading to premarital pregnancy and abortion. These need to be unpacked and mapped in order to come

up with inclusive and comprehensive solutions to abortion among unmarried adolescents. In conclusion, adolescent SRH is complex and paradoxical. Given this complexity, interventions must be informed by an understanding of the contexts within which adolescent girls live, including processes, dynamics, and reasoning at the micro family and community levels. Social contexts often ignored in service provision and policy for adolescents, should be considered. A reliance on biomedical premises and assumptions which has dominated the history and practice of sexual and reproductive health programmes needs to be seriously reconsidered. One way is include men who until recently have been ignored in studies and programmes aimed to improve the SRH of girls. This is to say that the negative experiences of girls is a gender issue that cannot be grasped without a critical analysis of the gender dynamics at the micro-family and relational levels.

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References

- Ahlberg B.M. 1994. 'Is there a distinct African sexuality? A critical response to Caldwell'. *Africa* 64, 220-40.
- Ahlberg B.M, Jylkas E, Krantz I. 2001. 'Gendered construction of sexual risks: implications for safer sex among young people in Kenya and Sweden'. *Reprod Health Matters* 9, 26-36.
- Barbour R, Kitzinger J. 1999.(eds.) *Developing focus group research: politics, theory, and practice*. London. Sage.
- Bassett M.T., Mhloyi M. 1991. 'Women and AIDS in Zimbabwe: the making of an epidemic'. *Int J Health Serv* 21, 143-56.
- Batezat E., Mwalo M. 1989. *Women in Zimbabwe*. Harare. SAPES Trust.
- Campbell B., Mbizvo M.T. 1994. 'Sexual behaviour and HIV knowledge among adolescent boys in Zimbabwe'. *Cent Afr J Med* 40, 245-50.
- Card J.J. 1999. 'Teen pregnancy prevention: do any programs work?' *Annu Rev Public Health* 20, 257-285.
- Central Statistical Office Zimbabwe and Macro International Inc. 2000. *Zimbabwe Demographic and Health Survey 1999*. Calverton: Maryland. Central Statistical Office and Macro International Inc.
- Chikovore J., Lindmark G., Nystrom L., Mbizvo M.T., Ahlberg B.M.. 2002. 'The hide and seek game: men's perspectives on abortion and contraceptive use within marriage in a rural community in Zimbabwe'. *J Biosoc Sci*. In press.
- Epprecht M. 1998. 'The "unsaying" of indigenous homosexualities in Zimbabwe: mapping a blindspot in an African masculinity'. *Journal of Southern African Studies* 24, 631-652.
- Fetters T., Mupela E., Rutenberg N. 1998. *Youth talk about sexuality: A participatory assessment of adolescent sexual and reproductive health in Lusaka, Zambia*. Lusaka. Care Zambia and Population Council.
- Finlay F., Simpson N., Jones R. 1998. 'Adolescent health services'. *Arch Dis Child* 78, 195.
- Fuglesang M. 1997. 'Lessons for life -past and present modes of sexuality education in Tanzanian

society'. *Soc Sci Med* 44, 1245-54.

Gage A.J., Meekers D. 1994. 'Sexual activity before marriage in sub-Saharan Africa'. *Social Biology*, 41, 44-60.

Gelfand M. 1971. *Diet and tradition in African culture*. Edinburgh. Livingstone.

Geographical Magazine. 2001. Geopolitics: *Land rights and wrongs*. Website: http://www.geographical.co.uk/geographical/features/nov_2000_zimbabwe.html

Glover K., Bannerman A., Miller R. 1997. *Adapting reproductive health strategies to adolescent needs. Findings from three Ghanaian towns*. Accra. Planned Parenthood Association of Ghana and The Population Council.

Government of Zimbabwe. 1997. *Maternal mortality statistics*. Harare. Central Statistical Office.

Guba E.G., Lincoln Y.S. 1989. *Fourth generation evaluation*. London. Sage.

Gwagwa N.N. 1998. 'Money as a source of tension: an analysis of low income households in Durban'. In M. Matseliso, A. Larsson & A. Schlyter (eds.) *Changing gender relations in Southern Africa: Issues of urban life*. Stockholm. Nordiska Afrikainstitutet.

International Political Economic Network (IPENET). 2002. *The disintegration of immunity and subsistence: women. AIDS and ESAP in Zimbabwe*. Website: <http://csf.colorado.edu/IPENET/po497/tonia/paper.html>

Kasule J., Mbizvo M.T., Gupta V., Rusakaniko S., Mwateba R., Mpanju-Shumbushu W., Kinoti S.H., Padachy J. 1997. 'Zimbabwean teenagers' knowledge of AIDS and other sexually transmitted diseases'. *East Afr Med J* 74,76-81.

Katapa R. 1998. 'Teenage mothers in their second pregnancies'. In M.K. Rwebangira & R. Liljestrom (eds.) *Haraka haraka...look before you leap. Youth at the crossroad of custom and modernity*. Nordiska Afrikainstitutet. Stockholm.

Kebede T. 2001 *Teens pay the deadly price of religious taboo*. Website: <http://www.panos.org.uk>

Koster-Oyekan W. 1998. 'Why resort to illegal abortion in Zambia? Findings of a community-based study in Western Province'. *Soc Sci Med* 46, 1303-1312.

Leach F., Machakanja P., Mandoga J. 2000. *Preliminary investigation of the abuse of girls in Zimbabwean secondary schools*. London. Department for International Development.

Liljestrom R., Masanja P., Mkai C.P.B., Tumbo-Masabo Z. 1994. 'The pubescent girl-past and present'. In Z. Tumbo-Masabo & R. Liljestrom (eds.) *Chelewa, chelewa: the dilemma of teenage girls*. Nordiska Afrikainstitutet. Stockholm.

Lincoln Y.S., Guba E.G. 1985. *Naturalistic Inquiry*. London. Sage.

Nare C., Katz K., Tolley E. 1997. 'Adolescents' access to reproductive health and family planning services in Dakar, Senegal'. *Afr J Reprod Health* 1,15-25.

Oka T., Shaw I. 2000. 'Introduction to social work research'. *Qualitative Research in Social Work*. Online Journal: Website: <http://pweb.sophia.ac.jp/~t-oka/qrs.html>.

Okpani A.O.U., Okpani J.U. 2000. 'Sexual activity and contraceptive use among female adolescents - a report from Port Harcourt, Nigeria'. *Afr J Reprod Health* 4, 40-47.

PANOS. 1999. *Young lives at risk - adolescents and sexual health*. PANOS briefing No. 35. Website: http://www.panos.org.uk/briefing/young_lives_at_risk.htm

Population Council. 2001a. *Gender, Family and Development*. Website: <http://www.popcouncil.org/gfd/gfd.html>

Population Council. 2001b. *Adolescents and reproductive tract infections*. Website: <http://www.popcouncil.org/rhfp/rtifactsheets/adolescents.html>

- Population Reference Bureau (PRB). 2000a. *The world's youth 2000*. Population Reference Bureau. Washington.
- Population Reference Bureau (PRB). 2000b. *Meeting young women's reproductive and sexual needs*. Population Reference Bureau. Washington.
- Quattara M., Purna S., Thomson M. 1998. 'Forced marriage, forced sex: the perils of childhood for girls'. *Gender and Development* 6, 27-33.
- Reproductive Health Outlook. 2002. *Men and reproductive health: overview and issues*. website: www.rho.org/html/menrh_overview.htm
- Rich M., Ginsburg K.R. 1999. 'The reason and rhyme of qualitative research: why, when and how to use qualitative methods in the study of adolescent health'. *J Adolesc Health*, 25, 371-78.
- Rivers K., Aggleton P. 2002 *Adolescent sexuality, gender and the HIV Epidemic, Gender and the HIV Epidemic*. New York. UNDP HIV and Development Programme. Website: www.undp.org/hiv/publication/gender/adolesce.html
- Rogo K., Bohmer L., Ombaka C. 1999. *Community level dynamics of unsafe abortion in Western Kenya and opportunities for prevention. Summaries of findings and recommendations for pre-intervention research*. California. Pacific Institute for Women's Studies.
- Rwenge M. 2000. 'Sexual risk behaviours among young people in Bamenda, Cameroon'. *International Family Planning Perspectives*, 26, 118-23 & 130.
- Silberschmidt M., Rasch V. 2001. 'Adolescent girls, illegal abortions, and sugar daddies in Dar Es Salaam: vulnerable victims and active social agents'. *Soc Sci Med* 52, 1815-26.
- Siziya S., Rusakaniko S., Marufu T., Matchaba R., Mudyarabikwa O., Gwanzura L. 1998. 'Adolescent pregnancy in Zimbabwe: distribution by socio-demographic factors'. *African Journal of Health Sciences* 5, 174-77.
- Sunday News. 2001. *Lobola beyond the reach of many*. 6 January. Bulawayo. Zimpapers.
- UNAIDS. 1997. *Women and AIDS*. Geneva. UNAIDS (Best Practices Collection).
- UNAIDS. 1999a. *Sex and youth: contextual factors affecting risk for HIV/AIDS. A comparative analysis of multi-site studies in developing countries*. Geneva. UNAIDS (Best Practices Collection).
- UNAIDS. 1999b. *Gender and HIV/AIDS: Taking stock of research and programmes*. Geneva. UNAIDS (Best Practices Collection).
- UNICEF. 1996). *Report on an evaluation of the implementation of the Grade 7 AIDS Action Programme Book 'Lets Talk' in schools in Zimbabwe*. Harare: UNICEF.
- UNICEF. 2000. 'Domestic Violence against women and girls'. *Innocenti Digest No. 6* May 2000. Italy. UNICEF.
- Van Onselen C. 1976. *Chibaro: African mine labour in Southern Rhodesia, 1910-1933*. London. Pluto Press.
- Women's Action Group. 1996. *Speak Out/Khulumani/Taurai*. Volume no. 35. Harare. Women's Action Group.
- WHO. 1997. *Unsafe abortion: global and regional estimates of incidence of mortality due to unsafe abortion with the listing of available country data*. Geneva. WHO.

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