Gender power dynamics in sexual and reproductive health

A qualitative study in Chiredzi District, Zimbabwe

by

Jeremiah Chikovore
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To my family
ABSTRACT

This thesis presents perspectives of men regarding abortion, contraceptive use and sexuality. Contrary to what we had expected, men expressed anxiety over abortion and contraceptive use, not because the issues concerned women’s health, but rather because men associated them with extramarital sexual activity they thought women were concealing. To understand the meanings of sexuality and factors shaping these meanings appeared to be a necessary step in promoting women’s health. We thus included in the study participants with different characteristics including men, women and adolescents, and used a variety of qualitative methods to explore in-depth these issues.

Men’s anxiety over wives’ sexuality seemed to be exacerbated by their separation from the family through labour migration, and their inability to play the expected role of the family breadwinner. The men described using different strategies to ensure their wives did not use contraceptives. Men’s perspectives and the related dynamics seem therefore to be a manifestation of contradictory experiences of gender power within contexts of spousal separation.

The thesis also illuminates the paradoxical situation of adolescents and adolescent sexual and reproductive health. As guardians, the men described how they are intolerant to premarital sex and pregnancy, which might threaten the expected bride wealth from the marriage of a daughter or sister. They therefore respond with violence. Ironically, information or service which would enable unmarried girls to prevent pregnancy is also denied. This is so in spite of the great concern by families over premarital pregnancy, and common knowledge that young girls are sexually abused by adult men. The men and boys described the pressure they exert on the girls for sex, but also how they then blame the girls for deliberately becoming pregnant in order to trap them into marriage. The boys are nevertheless anxious about pregnancy also for fear of family violence and the threat of being forced to terminate schooling. The girls expressed feeling trapped between the violence from guardians and partners, a situation which may lead to unsafe abortion.

The silence, denial and violence imply the young people generally cannot discuss sexual abuse or abortion with parents, or seek health care when needed. Rather, sexually transmitted infections may be endured or even self-treated, and abortion sought in silence.
Preventive actions such as condom use are similarly difficult for the youth. The knowledge the youth may have about AIDS may also simply become a burden when room for applying it is limited.

This thesis challenges public health promotion approaches that assume firstly a universal manifestation of gender power, and secondly ability of individuals to effect behaviour change once provided with information regardless of contextual factors. Whether in AIDS education or involvement of men in sexual and reproductive health, understanding social contexts and dynamics, and identities and experiences within these contexts is crucial.

Key words: gender power dynamics, abortion, contraceptive use, HIV/AIDS, adolescents, socio-economic change, Zimbabwe.
This thesis is based on the following papers, which will be referred to in the text by their Roman numerals:


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<table>
<thead>
<tr>
<th>Abbreviation</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<tr>
<td>CSO</td>
<td>Central Statistical Office</td>
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<tr>
<td>DFID</td>
<td>Department for International Development</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>FCI</td>
<td>Family Care International</td>
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<td>FGD</td>
<td>Focus group discussion</td>
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<td>FP</td>
<td>Family Planning</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<tr>
<td>IPENET</td>
<td>International Political Economy Network</td>
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<tr>
<td>JHU/CCP</td>
<td>Johns Hopkins Centre for Communication Programs</td>
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<tr>
<td>KAP</td>
<td>Knowledge, attitude and practice</td>
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<td>MMR</td>
<td>Maternal mortality ratio</td>
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<td>NGOs</td>
<td>Non-governmental organisations</td>
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<td>PRB</td>
<td>Population Reference Bureau</td>
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<td>SRH</td>
<td>Sexual and reproductive health</td>
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<td>STD</td>
<td>Sexually transmitted disease</td>
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<td>STI</td>
<td>Sexually transmitted infection</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNICEF</td>
<td>United Nations Fund for Children</td>
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<tr>
<td>VHW</td>
<td>Village Health Worker</td>
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<td>WHO</td>
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Paper I-IV
AIMS AND SCOPE

The study on which this thesis is based was initiated to explore the perspectives of men regarding women’s sexual and reproductive health (SRH), with specific focus on abortion. Abortion was chosen because it is a problem of great magnitude that makes a substantial contribution to maternal morbidity and mortality. However, because men have been neglected until recently in SRH policy and research, little is known about their perspectives regarding sexual and reproductive health or their views concerning, or influence on abortion. The question we focused upon was: what are the views of men regarding abortion within their communities and in their lives? In the process of this thesis we hoped to capture how men influence or feel they influence abortion decisions, thereby generating insights concerning how to involve men in promoting women’s SRH.

We had assumed that the accounts of men in our study would reflect the documented power advantage men have over women, and their control over contraceptive use and childbearing, which might be a cause of unwanted pregnancy and abortion. However, in a focus group discussion (FGD) with married men, abortion was said to be a problem relating to schoolgirls rather than in marriage. In the same discussion it became apparent that the men were avoiding discussing abortion within marriage because it was shameful, since in their view it was a sign that married women were engaged in extramarital sexual activity. They similarly expressed concern about contraceptive use for the same reason, i.e. that women could engage in illicit sex without any risk or possibility of being found out by their husbands. The men expressed feeling vulnerable and concerned about their perceived inability to monitor the sexual activity of their wives. Furthermore, they seemed anxious when they were away from home for long periods as migrant workers.

These observations raised further questions. Since the men had expressed more concern over contraceptive use, was abortion therefore an option for married women? How did married women negotiate with their husbands regarding contraceptive use? Further, what was the situation like for adolescent girls? Under what circumstances did they decide to seek an abortion? How did men and women cope with sexuality and contraceptives when separated for long periods due to labour migration? Women, unmarried
youth and more men were therefore included in the study in an attempt to answer these questions.

Thus this thesis:

- describes perspectives of men regarding sexuality, abortion and contraceptive use, and highlights the related dynamics within marriage
- describes the context of adolescent sexuality
- locates the above in the context of historical and contemporary developments in Zimbabwe
- raises questions and discusses the implications for SRH promotion.

The thesis focuses specifically on men’s contradictory experience of gender power, and the paradoxical situation of adolescent sexuality illuminated in the accounts of the participants, both of which question the assumptions of individual agency and rational action that are often found in health promotion campaigns.
BACKGROUND

Magnitude of abortion

Abortion is a public health problem of great magnitude. It is estimated that 36 to 53 million abortions are performed each year worldwide, of which 20 million are considered unsafe (Johns Hopkins Centre for Communication Programs [JHU/CCP], 1997). Abortion is estimated to account for 80,000 of the nearly 600,000 maternal deaths occurring worldwide (World Health Organisation [WHO], 1997). In Africa there are nearly 5 million abortions every year, with 34,000 deaths resulting from unsafe abortion (WHO, 1997). These tragic statistics lead to the risk of viewing complications of abortion as confined to death and physical illness, thus overlooking the psychological health dimension. Kero and colleagues (2001) found in a study in Sweden that women who had more than one abortion had more psychological problems and more contact with social services than those having a first abortion. The authors concluded that although the right to abortion is often both questioned as well as defended in public debate, in a sense the impact of legal abortion on women (and men) also remains hidden.

Minimising the need for abortion is an essential element in saving women’s lives and protecting their maternal and psychological health and wellbeing. It is important to understand and address the factors that compel women to abort, including the role of unwanted pregnancy. This is particularly true given the fact that an estimated one third of the 200 million pregnancies that occur every year worldwide are unwanted (Family Care International [FCI], 1998). Efficient contraceptive use has the potential to prevent a large proportion of unsafe abortions.

However, an estimated 120 million women in developing countries have an unmet need for contraceptives (Population Reference Bureau [PRB], 2000; Population Council, 1995). Unmet needs involve situations where women may want to prevent or delay childbearing but do not use contraceptives (Bongaarts & Bruce, 1995). Several factors are mentioned in the literature as being responsible for this. Women may not use contraceptives because of limited availability, and this may result in unwanted pregnancy and high abortion rates. In Russia, abortion had widespread use as a method of birth control in the early 1990s because women had little access to contraceptives. As contraceptives have become more readily available, the abortion rate is reported to have decreased by...
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one third (Familyplanet, 2002). On the other hand, women may not use contraceptives even when they are available (Breslin, 1998). This may be due to service-related factors such as a limited range of available contraceptives (FCI, 1998) or fear of side effects (Hordon, 1995), the latter often linked to limited information. Ahlberg (1991) found that in the absence of adequate information, women in Kenya spread frightening rumours about contraceptives and their effects on the body.

Also important in unmet needs are the attitudes of service personnel. Some service providers rarely discuss the needs of their clients in an adequate way. Women treated for abortion may not be provided with adequate information and methods for preventing pregnancy. In Zambia, a study showed that although 78% of women treated for abortion complications wanted information about family planning, only 33% received it, and none of the women were offered a contraceptive (FCI, 1998).

Another reason for contraceptive non-use that is currently being discussed is the gender power imbalance within sexual relationships (PRB, 2000). The discussion of gender power dynamics is taking place against a background in which men have been neglected in SRH programmes, particularly family planning programmes.

Neglect of men in sexual and reproductive health programmes

Until recently, there has been little focus on men in SRH research and policy. Family planning (FP) programmes have traditionally been conducted based on a biomedical perspective and the pursuit of demographic goals (Doyal, 2000; Allan Guttmacher Institute, 2003). A key assumption in population and SRH policies has been that biologically, women carry the burden of pregnancy and childbirth, and that maternal health interventions would therefore be effective by focusing only on women of childbearing age (Doyal, 2000). Efforts were concentrated on contraceptive technology and on the female body as a panacea for the population problem (Harcourt, 1997). Thus only a small range of contraceptives have been developed for men, and as a result only 28% of couples currently practising contraception worldwide use methods that require male co-operation (Blanc, 2001).
The assumption that family planning could yield benefits by targeting only women ignored the complex realities and contexts of women’s lives, including gender power dynamics (Ahlberg, 1989; Harcourt, 1997). As indicated earlier, studies increasingly suggest not only the importance of gender power in sexual relationships, but also the key role men play in childbearing, including inhibiting contraceptive use by women (Heise, 1992/1993; Piotrow et al., 1993; Bongaarts & Bruce, 1995; Hardon, 1995; Nzioka, 1998; Castle et al., 1999; International Political Economy Network [IPENET], 2002). In Zimbabwe, a hospital-based study that compared women who reported their pregnancy as unplanned with women who reported their pregnancy as planned (Mbizvo et al., 1997) found that 80% of women with unplanned pregnancy, and 95% of those with planned pregnancy, were married and had monogamous heterosexual relationships. Demographic Health Surveys (DHS) from different countries indicate that women with unmet needs regarding contraceptive use are more likely to have husbands opposed to contraceptive use, poorer communication with their spouses regarding FP issues, and less bargaining power in their relationships when compared to women without unmet needs (JHU/CCP, 2002). Thus, when husbands want more children, it has been observed that their wishes prevail over those of their wives (JHU/CCP, 2002).

The influence men have on childbearing and contraceptive use is, however, more complex. Emerging information suggests that men are more open to contraceptive use than is often assumed (Heise, 1992/1993; Population Council, 1995; Central Statistical Office [CSO] & Macro International, 2000). In some African and Asian countries the DHS data indicate that a majority of men are interested in family planning (Robey & Drennan, 1998). It has been shown that some women who reported that their husbands were opposed to family planning had not discussed contraceptive use at all with their partners (Toure, 1996; Castle et al., 1999). Poor communication rather than male opposition may instead be part of the problem (Heise, 1992/1993). These observations indicate that understanding the way gender power dynamics are manifested in different contexts is important, not only in order to understand the SRH behaviours of men but also to design strategies to involve men and to improve the health of women.
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The AIDS pandemic

As already pointed out, the purpose of this study was initially to explore the perspectives of men regarding women’s SRH, with a specific focus on abortion. During the study, HIV/AIDS emerged as an important issue and a concern on the part of young people. This section briefly comments on the AIDS pandemic, particularly as it relates to prevention strategies for young unmarried people.

There is growing evidence concerning the importance of historical, political, social and economic factors in HIV/AIDS (Bassett & Mhloyi, 1991; Schoepf 1991; Seidel, 1993; Schoepf, 1995; Farmer, 1995; Freudenthal, 2001). Nevertheless, research and interventions continue to be based on notions of individual agency or responsibility for prevention (Bolton, 1995; Obbo, 1995). Knowledge, attitude, and practice (KAP) surveys are predominantly used to assess the interventions, ignoring the complex and multi-dimensional context in which sexuality, including adolescent sexuality, is constructed and practised (Taylor, 1995; MacPhail & Campbell, 2001).

AIDS prevention campaigns have, moreover, promoted abstinence, faithfulness, and condom use. However, condom use requires partner co-operation (Gold et al., 1992; Parker & Ehrhardt, 2001), whereas abstinence is almost impossible as a strategy, given that adults are almost universally involved in sexual activity (Parker & Ehrhardt, 2001). In addition, promotion of faithfulness ignores the reality that sexual relationships are often serial, and that partners are often not truthful about their sexual behaviour (Parker & Ehrhardt, 2001). Similarly, proposing the use of a condom questions the image of trust a partner may wish to convey within a love relationship (Taylor, 1995; MacPhail & Campbell, 2001).

Condom use also seems to be influenced by factors other than good knowledge about their role preventing HIV infection. People avoid condoms for many reasons. They may use the looks and background of a partner, for instance being beautiful, coming from a wealthy family, or being educated or intelligent as justification for not using condoms (Gold et al., 1992). In addition, sexual partners are classified as casual or steady, and condoms are reportedly used less with those viewed as steady partners (Preston-Whyte, 1995; Mataure et al., 2002). In other circumstances, sexual activity may be exchanged for economic benefits, now increasingly crucial in deepening economic crises (Schoepf, 1991), or it may be a result of
sexual abuse, and in either case the likelihood of condom use is reduced (Meursing et al., 1995; PANOS, 1999; Campbell, 2000).

Adolescents comprise the social group in which HIV/AIDS is increasing fastest (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2003). Despite this, contradictions and controversies among different stakeholders tend to influence the young people’s response to AIDS. These contradictions are important, as they form the framework within which high infection rates occur.
THEORETICAL CONTEXT

Social constructionism

The social constructionist perspective is used to theorise regarding relations and practices observed in this study that are important for sexual and reproductive health. But rather than being a coherent theory, social constructionism is more or less a body of theories whose authors are linked together by what Burr terms ‘a family resemblance’ (1995, p2). It is used here, for example, to help conceptualise gender relations in the context of socio-economic changes primarily initiated through the colonial intervention, and in the way they persist in the contemporary forms of globalisation, and how they influence identity and subjectivity. Aspects of post-colonial theorisation, particularly the concept of hybridity as discussed below, are used to illuminate contexts emanating from historical and contemporary global processes.

Several features define a social constructionist perspective. One is a critical stance towards knowledge usually taken for granted, that things perceived in the world must not be taken as given, but must be viewed with suspicion, and must be questioned. Social constructionism is also defined by a historically and culturally specific form of analysis, where categories in language used to classify things are viewed as emerging from social interaction within a group of people at a particular time and in a specific place. Categories of understanding are therefore history- and context-specific (Burr, 1995). Related to this is the idea that the world is constructed through daily interactions in the course of social life, and the role of language is central (Burr, 1995). The source of meaning, value, and existence is the inter-relatedness of concepts, and there can therefore be no real world outside the web of concepts (Mohr, 1995).

In social constructionism, knowledge and social action are viewed as going together. The role of social action in creating knowledge provides the possibility of multiple creations of the world (Burr, 1995). Meanings, values, identities, knowledge, and power are plural, ambiguous, multiform, and even contradictory. Everything is determined by and inevitably dissolves into its social context. Moreover, nothing has meaning in itself, and meaning is not stable (Mohr, 1995).
Gender from a social constructionist perspective

In line with social constructionism, men and women can be seen to act the way they do as an expression of masculinity and femininity concepts that they adopt from their contexts and environments. Gender emanates from configurations of practice that are historical and context-specific. Thus, whilst the gender axis involves a power advantage of men over women in virtually all societies (Connell, 1995), gender manifests itself in multiple forms, including relations among groups of men (Connell, 1995; Courtenay, 2000; Monaghan, 2002), and groups of women (Monaghan, 2002). This means that gender power is neither unproblematic nor consistently uni-directional (Kaufman, 1994; Wanzala, 1998).

Some criticisms

The use of social constructionism is not to be oblivious of its limitations and controversies. For instance, Berggren (2003) observes that the approach is sometimes viewed as being too amorphous to ever have the possibility of being tested rigorously. Moreover, in so-called extreme versions of constructionism the world is said to be created through discourse and language. The problem here is that if language is the source, for example, of inequalities, then solutions may merely involve a clever use of language. According to Coltrane (1994), this means that the concrete basis of inequality can be ignored. Conway-Long (1994, p75) adds that the view that life is ‘dramaturgy, performance, … construction and reconstruction of role and identity’ is determinism gone to the extreme end, particularly in ignoring the structuring and shaping of individual consciousness and choice that takes place, for example, in gender. The world is thus reduced to ideas rather than material conditions. In this way, there may be no moral obligation to act on material circumstances, including those sustaining inequalities. Coltrane (1994) similarly criticises postmodernism and constructionism for not seeking causality, as they view all situations as unique.

Regarding gender, MacInnes (2003) raises the question that if the basis of men’s power is social, then it is difficult to explain why biological males have access to that power. According to MacInnes, explanations in terms of masculinity must cater for why only men can become masculine, or alternatively ‘why patriarchy does not take the form of the rule of masculines (regardless of sex) over
feminines (regardless of sex), and how under such circumstance anyone would choose to be feminine’ (2003, p2).

The above criticisms are acknowledged in this thesis, and social constructionism is therefore not used to imply a flawless explanatory tool. We maintain, however, that whatever gave rise to the systematic subordination of women, much of the form and expression that gender takes in contemporary societies is of social origin. Major reasons for this position include the multiple forms that gender, and in particular masculinity, takes, and the fact that patriarchy appears to be under erosion, with significant progress being made in several settings in offsetting the gender order.

On a broader note, social constructionism has the potential to capture the complex and shifting realities and identities in contemporary societies, as well as the role of different actors and historical developments in shaping the present.

Social construction of sexualities, gender identities and relations in Zimbabwe

In the context of Zimbabwe, the role and position of women and men have been shaped by the socio-economic and political changes taking place over the last century, or since the colonial interventions. For example, during this time men assumed a new role of being the family breadwinner, and their lifestyle increasingly became that of a labour migrant. These changes influenced men’s identities and sexuality. The women were also dispossessed of their former roles and were made dependent on the men, which affected their livelihoods and sexuality. Moreover, structures previously important in the socialisation of young people were destroyed or altered, and new actors of importance to the sexuality of young people were introduced. These processes are described in more detail below.

Colonialism and colonial policies had an impact on several spheres of life in Zimbabwe. Household and community structures as well as access to livelihoods were altered. Labour migration, which became the backbone of the colonial economy, had far-reaching consequences in re-defining identity, including gender identity, and sexual relations. Pre-colonial societies in Zimbabwe were organised around the land, which was collectively owned and utilised in a rotational pattern. Women had land use rights and also controlled the food that they produced, and as was the case with the Kikuyu in
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Central Kenya, men had to negotiate with women producers to get the amount they required (Ahlberg, 1991). Silberschmidt (2001) observes that women looked after the family in pre-colonial settings in Kenya. Women’s usufruct rights over land ensured security in the event of death or divorce. In Zimbabwe, on the other hand, men’s duties involved preparing new fields and providing meat for the family (IPENET, 2002). Nevertheless, it is clear that in Zimbabwean settings men were not playing the role of breadwinner in the form it assumed after the colonial intervention (IPENET, 2002).

Colonial policies including land alienation forced the African people to cease rotational farming. They also led to a decrease in cultivable land and land for grazing. This along with the arbitrary taxation schemes, which were measures for generating a labour pool for farms and mines, forced men to migrate, separating them from wives and children. The workload increased for the women who remained. Moreover, the elaborate system that had assured women of land use rights and a livelihood was disrupted (Peters & Peters, 2003). The system introduced through colonial policies involved registration of land or property in a man’s name, thereby not only dispossessing women but also making the man the head of the household and the breadwinner. Coupled with a new emphasis on cash crop production, this effectively ended the control women had previously exercised over food production and distribution (Peters & Peters, 2003). Consequently, rural households became dependent on husbands and fathers, the majority of whom paradoxically could not support their families, given the meagre salaries they received. The colonial employers had expected that the livelihood of male labour migrants would be supplemented by the women’s farm produce (IPENET, 2002). Silberschmidt (2001) made similar observations regarding Kenya.

Although in the contemporary period, women are now primarily involved in cash crop production for export, they still have limited access to resources because their contribution to the national economy is not acknowledged (Department for International Development [DFID], 2002; UNAIDS, 2003). In sub-Saharan African, including Zimbabwe, women rarely benefit from increased export production because their property rights are limited. At the same time, the focus on export production diverts their energies from subsistence farming, exposing their families to famine (DFID, 2002).
Migration and colonial existence also altered social life in other ways. The increasing importance of cash as the medium of exchange led to previously symbolic social transactions such as bride wealth assuming a monetised and commercial value. Previously paid in the form of livestock, gifts, or labour (Gelfand, 1971; Liljestrom et al., 1994), bride wealth was now a monetary transaction. The monetary value of a daughter became increasingly crucial. At the same time, migration of single women created new sexual activity in the form of prostitution (Bassett & Mhloyi, 1991). Prostitution was encouraged by the colonial administration, in part to cater for the African men whose wives were by law not allowed to join their husbands (Van Onselen, 1976), and in part to protect white women from African men (Stoler, 1997).

These were the dynamics that formed the framework within which gender relations were being moulded and remoulded in pace with broader macro-level dynamics. In addition to the colonial economic policies, Christian missionaries were introducing changes through their attacks on African customs, including in particular those regulating sexuality and sexual behaviour (Amadiume, 1987; Ani, 1994; Obbo, 1995, Thomas, 1997). Moreover, colonialists actively marginalised the Africans in an effort to sustain and promote certain images of being European (Stoler, 1997). Men’s lives and identities, including masculinity – sexuality being part of this - in the new work settings were therefore affected by the racial and economic marginalisation. In villages in Zimbabwe, men had previously represented the family in the public sphere, and there were specific requirements for moving up the ladder to become a man, including marrying and setting up a household (Epprecht, 1998). However, in the new work environments a man could remain a boy in spite of his age, marital status, or the children he had.

The marginalisation, the economic exploitation and impoverishment, family separation, the commoditisation of sex, the conversion to new religions while retaining the old, the socialisation through formal as well as African educational systems, all became dichotomised parts of life and of the context for making sense of life for the Africans. Along with the precarious living and working conditions, this also created situations where the men and women acquired and continued to acquire new social identities. Some of these may support behaviours important for HIV/AIDS risk, as was observed by Campbell (1997) in migrant labourers in South African mines.
The socio-economic changes have also influenced the sexual lives of young people. Family and community relations and structures previously relevant for the socialisation of young people, such as initiation rites for adulthood, have been altered. Nowadays young people wait longer before marrying due to schooling and work (UNAIDS, 1997). Moreover, different actors and organisations with different perspectives and moral values have entered the scene (Marindo et al., 2003), and discussion of sexual issues, previously part of the maturation process and public ceremonies, has been forced underground (Ahlberg, 1994). Young people are now sexually active within contexts where sexuality is silenced, and where they therefore have no access to preventive service and information.

The present-day context of adolescent sexuality thus illustrates the concept of hybridity as discussed in post-colonial discourses. Hybridity in postcolonial discourses refers to the mingling of cultural signs and signals of the colonising and colonised cultures, producing what Lye (1998) terms ‘something familiar but new’. According to Fielder, hybridity encompasses ‘processes of cultural linguistic cross-pollination in fairly localised, though intensively creolised, contexts’ (1999: p1-2). The context of hybridity seems to have led to different, perhaps mixed, ways of coping with adolescent SRH. The virginity tests now common in Southern Africa, the persisting rites of passage albeit in distorted forms, and the violence inflicted on girls for being sexually active, all illustrate coping mechanisms in contexts of hybridity.

Figure 1 illustrates the social construction of sexual and reproductive health. Sexual and reproductive health is influenced by factors operating at different but increasingly broad levels of analysis. SRH is shaped by gender and family relations that are themselves influenced by social institutions, social identities and livelihood - all part of mechanisms generated in response to broader changes. The levels are not exclusive, and are viewed here not as linear progression but rather as interacting in sophisticated and complex ways. The aim is to emphasise the breadth of factors to take into consideration when discussing sexual and reproductive health.
Country context: Zimbabwe

Zimbabwe has an estimated population of 13 million, seven million of whom are under 18 years of age (United Nations Fund for Children [UNICEF], 2002). Family planning services in Zimbabwe have been available since 1953. Knowledge of contraception is universal. However, only 54% of currently married women are using a contraceptive method (CSO & Macro International, 2000). This figure is hailed as indicative of the success of family planning in Zimbabwe as compared to other countries in Africa. However, abortion figures, indicating an estimated 60 000-80 000 abortions annually (Johnson et al., 2002), and the high unmet need for contraceptives at 13% of married women (CSO & Macro International, 2000), may also indicate that family planning could achieve more.

The government is the major provider of contraceptive methods and caters for 77% of current contraceptive users (CSO & Macro International, 2000). According to DHS data, married women in rural areas are less likely to use modern methods than their urban counterparts (44% vs. 62%). Overall, the countrywide data show that the pill is the most popular contraceptive, with 36% of married women and 21% of unmarried women using the method. The condom, on the other hand, is much less popular among married than among unmarried women (1.8% vs. 19%) (CSO & Macro International, 2000).
The DHS data also indicate that marriage is nearly universal (CSO & Macro International, 2000). Only 1% of women aged 44-49 years are never married. Maternal mortality is also high. For the decade before 1994, the Maternal Mortality Ratio (MMR) was estimated at 283 per 100 000 live births, and maternal deaths represented 15% of all deaths in women aged 15-49 years (CSO & Macro International, 1995). The latest estimations indicate that the MMR is 700 per 100 000 live births (UNICEF, 2002).

It is difficult to estimate figures for induced abortion because of the legal context of abortion in Zimbabwe. Zimbabwe is one of the countries in the world where abortion is restricted by law. According to the Termination of Pregnancy Act, pregnancy may be terminated where the life and physical health of a mother is in danger, where the health of the foetus is in danger, and where the pregnancy results from unlawful intercourse such as incest or rape (http://cyber.law.harvard.edu/population-abortion/Zimbabwe.abo.html).

Zimbabwe is also heavily affected by the HIV/AIDS pandemic, with an estimated 30% of adults reported to be infected with HIV (UNAIDS, 2003). Although estimates also indicate that 50% of all new HIV infections in Zimbabwe, as in other areas in the region, occur in young people (UNAIDS, 2003), the response regarding the young people is marked by contradictions and disagreements among the different stakeholders, and these often occur in the public arena. The major stakeholders involved are the government, Churches, and other non-governmental organisations (NGOs). Some, especially the international NGOs, have advocated condom use, while others, particularly religious organisations, have stressed sexual abstinence before marriage (Miller, 2001; Marindo et al., 2003). Furthermore, despite making young people a priority group in AIDS prevention, and despite a policy stipulating that all sexually active people must be enabled to protect themselves, the emphasis in government-sponsored programmes for young people is still sexual abstinence, while condom use is omitted (Marindo et al., 2003). The Child Protection Act also defines a child as any person under the age of 16, and because of this health workers are unwilling to provide services to young people without parental consent. In a context where 15% of girls and 18% of boys are sexually active (Ferguson, 1998), denial of service contradicts the international position of the International Conference on Population and Development (ICPD) that sexually active young people must be helped to protect themselves.
RESEARCH PROCESS AND METHODS

Study design
This study was part of a larger collaborative project concerning sexual and reproductive health that was initiated in the late 1980s and involved two universities in Sweden (Umeå and Uppsala) and the University of Zimbabwe. The current study, initiated in 1997, was exploratory and combined qualitative methods and different research participants within an emerging research process. As is reflected by our multi-disciplinary team, the original plan was to conduct a survey following an initial explorative phase. However, after considering the questions emerging in the early focus group discussions, a decision was made to continue with deeper exploration of these questions using qualitative methods.

Study area
Since the initial focus of the study was abortion, a major cause of maternal mortality, Chiredzi District was chosen because it has one of the highest MMR compared with the other rural districts in the country (CSO, 1997). Chiredzi District lies in an arid part of the country, on the borders of Mozambique and South Africa. Figure 2 shows the location of the study area. The Tshangani and Ndwau peoples living on the three sides of the borders are said to have close cultural affinities (Sustainable Livelihoods in Southern Africa, 2001). Rural districts in Zimbabwe are divided into chiefdoms and wards for administrative purposes. Chiredzi District has 30 wards, and the study was carried out in ward 14, 60 kilometres northeast of the district headquarters. As is the case for most rural districts, Chiredzi comprises mainly communal and resettlement areas. The communal villages differ from resettlements in that the latter are relatively new settlements established in the post-independence era. Having said this, the settlement patterns may have changed considerably over the past five years as a result of land reforms.

The major economic activity of the district is irrigation-supported sugarcane farming, and the district headquarters was established around the sugar plantations. There is also extensive wildlife management within the district. Further away from the headquarters, more irrigation activities are ongoing, though generally on a smaller scale. Within the communal areas, people migrate to the sugar estates and mills and to surrounding wildlife parks for employment. A large proportion of young men, and also
some elderly men, cross the border into South Africa in search of employment. A survey indicated that 37% of men had lived outside the study area for at least a month in the preceding year (PLAN International, 1999). During our visits we saw women engaged in tasks such as brick moulding in order to raise money to support their children, a kind of testimony to the absence of men from the villages. Women also grow vegetables for sale, and sometimes they work for wages on the adjacent commercial farms. There is a shopping centre where the local health clinic is located. The centre is very busy, with long distance buses driving through, as well as large trucks. Here at the centre the women sell vegetables and fruits to raise money, and according to key informants they also engage in commercial sex activity.

Some of the patterns and social arrangements and practices reflect the influence of global and colonial processes in the manner described above. The migration of men has led to increasing demands on the labour of women in the communal areas. The need for cash has remained in contemporary society, while the ability to secure it and to provide for the family has concurrently declined. Long periods of spousal separation have meant increased difficulties for women as they try to provide for their families. The female heads of households therefore balance the twin demands for family and economic survival in a context where they have less access to agricultural support, and have smaller land holdings, lower income, fewer assets, and less access to training and support for agricultural work than do men (UNAIDS, 1999a). Sexual activity by women and young girls often becomes one of the means of survival.
Twin demands. In the global economy where the men migrate for labour and rural settings become poorer, women’s workload increases. They have to meet demands of family as well as economic survival. Here women mould bricks for sale while simultaneously engaging in childcare. (Women in picture were not among participants in the interviews).
Madoro, mentioned by several informants in the study area, illustrates some of the activities that people in the area engage in for their livelihood, and which may also influence sexual relations and how they are perceived. Madoro was a form of business whereby women brewed and sold beer from their homes, with music and dance often lasting the whole night. According to the informants, the chief had banned the music and overnight parties for allegedly contributing to immorality. The parties were considered extremely popular but were also said to have led to marital strife and family breakdown because married men and women used the parties as meeting points for illicit sexual activity. Women could nonetheless still make and sell beer during the day, but without music and dance. Although the data are not presented in this thesis, the accounts written by the school youth also expressed worry and concern over parents spending days and nights at beer parties while children remained at home alone.

Figure 2. Map of Zimbabwe showing the study area

Girls and boys still go through an initiation ritual, but the circumstances under which it takes place seem to reflect the nature of the interaction between old and new traditions, or the hybridity. The teachers implied that the practice is so secretive that those among them who had lived in the area for several years were still unaware of what the ceremony entailed. In spite of the secrecy, the
teachers could identify newly initiated youth through a change in behaviour that included increased arrogance, poor attentiveness in class, new networks of friends, and possible school dropout, particularly for the girls. The teachers thus expressed concern about how the initiation ritual interfered with school attendance. Another issue mentioned by the teachers was that even though they tried to adhere to the government policy of teaching sex education, their efforts were not well received by parents.

Data collection methods

Field activities began in 1998 and data collection continued until 2001. There was contact with the study community for a period of at least five months. Data were collected using three qualitative methods including focus group discussions, individual interviews and self-generated questions. The author was involved throughout the data collection process.

We entered the study area through a primary school. Coincidentally, a parent-teacher association meeting had been scheduled the same day we started our fieldwork. Village leaders including the local councillor attended the meeting. We participated in the meeting, and used this opportunity to get information about the community leadership and to introduce our research activities and ourselves. When we later visited homesteads, the people acknowledged being aware of our presence in the community, although we were also frequently confused with an organisation dealing with child welfare and family planning. During the meeting at the school, we met a male FP motivator whom we later used as a field guide to help in identifying research participants. To avoid being closely associated with the FP programme, we did not use the male motivator for interviewing, nor was he present during the interviews.

In the emerging research design that was used, issues that arose during the study were further investigated by identifying suitable informants, so-called theoretical sampling, and using methods considered appropriate for generating additional data. Thus the study was inspired by the grounded theory approach in the tradition of Glaser (1992) and Strauss and Corbin (1998).
Researcher’s prior experience

It would be immoral and deceitful (Chesney, 2000) to imply that I, as a researcher, was a total stranger to all the issues that arose during the study. There is rather a connection between my background knowledge and the research topic that had not been established or thought about previously. For instance, the fact that I am a man may have made some issues in the accounts more salient than others, given my experience and socialisation. During my schooldays I had also witnessed the trauma experienced by teenage girls and boys regarding premarital pregnancy, and some of my classmates even dropped out because they made a girl pregnant or they got pregnant. I also heard of cases where a pregnant girl had gone to the home of her boyfriend ‘to get married’. The boyfriend could instead severely assault the girl, and this was partly justified as a way of testing paternity. If a girl thus assaulted remained there, this was taken as a sign that she was certain this particular man was responsible for her pregnancy.

However, these were occasional, isolated, passing events that I did not initially associate with my study topic. It is therefore highly unlikely that they were influential at the start of fieldwork, although I started remembering them as I had discussions with men and women and went through the accounts of the young people.

Focus group discussions:
First stage in the emerging process

Focus group discussions were chosen in the beginning of the research process. The open-ended nature of FGDs was expected to aid exploration through the interaction of participants as they debated, engaged in self-reflection and even contradicted each other (Krueger, 1998; Morgan, 1998; Kitzinger & Barbour, 1999).

Participants were chosen to include different ages and marital status, what Lincoln and Guba (1985) call maximum variation sampling, in the hope this would provide different dimensions regarding the study issues. Thirty-five men were recruited to four FGDs. They were identified with assistance from the male FP motivator after he was informed of the characteristics required for participation. The discussions, which were tape-recorded, were held at two local primary schools, and lasted one and a half to two hours per discussion. The men were all from the study community and may well have been familiar with each other. Although including
strangers as participants in FGDs is encouraged (Kitzinger & Barbour, 1999), this, as Morgan (1998) observes, may be difficult in rural communities where people are generally familiar with each other. Moreover, according to Kitzinger and Barbour (1999), it is from their experiences within their networks that people tend to discuss or evade issues that are raised in FGDs. This was the case in our study, as participants discussed and argued about issues they commonly experienced, witnessed, and discussed in their settings.

The men engaged in lively discussions, contradicted each other, and shifted positions, thus showing that the interaction was working well as a source of data. It was at this interactional point that some issues emerged unexpectedly and defined subsequent research questions, methods of study, as well as study participants. The author facilitated the FGDs while a young man with professional training in journalism who had previously been involved in reproductive health research acted as the note-taker.

During the first FGD with married men, two major issues were raised that were subsequently important in the research process. The moderator broached the subject by asking about their view toward abortion within the community and in their lives. At this point many participants looked down, and the first response was that abortion was a problem having to do with school youth. After a pause, other men raised their hands and went on to say that it was only because they felt embarrassed about abortion within marriage that they associated it with school youth. According to the men, abortion was also common within marriage, but their wives used it when they had extramarital sexual affairs and became pregnant. Further discussions indicated that abortion was even preferred, because men then had a chance to find out when women engaged in illicit sex. Contraceptive use appeared to be associated with more anxiety because of the potential of concealing illicit sex.

The men were thus concerned about abortion and contraceptive use not as a health issue as we had assumed, but as an issue of female sexuality. The men, it seemed, were expressing anxiety about their lack of control over the sexual activity of their wives, particularly during times when they were working away from home as labour migrants.

During another FGD, unmarried young men described how they migrate after making a girl pregnant to avoid being forced to marry. This means they would neglect the girl until she was forced to
return to her family. Migration therefore seemed important not only as a way of seeking a livelihood but also as a means of escaping from responsibility for a pregnancy.

In view of these observations, we decided to interview other people who would be more likely to have experience and knowledge concerning the issues that seemed salient.

**Individual interviews with married women**

For example, given the concerns men had about contraceptive use and abortion within marriage, and within the migration context, what were the experiences of married women themselves? How did they view and experience the opposition to contraceptive use described by the men? Further, how did women negotiate contraceptive use? Or was abortion then a choice for women? Regarding premarital sexual activity and pregnancy, what were the women’s experiences regarding their own daughters, relatives, or other girls in the community?

To answer these questions, married women were identified and interviewed in their homes. Three interviews were conducted with four women, two of them widows. The sample was relatively small because this was a study about men. Inclusion of women was aimed at obtaining complementary information or even perspectives that were contradictory to men’s accounts, and it was not the intention to treat the women’s accounts as a complete set of data.

Two of the women took part together in a single interview. This was because when we reached the homestead, the co-wives were both present. It was somewhat difficult to select one and not the other. After introductions, we asked to interview only one of them, but both insisted they shared similar experiences, and that they would participate together. During the discussion, the women complemented each other’s views, and also related some personal experiences, reminding each other of important events they had experienced. While we admit that the interview did not follow the orthodox rules of conducting individual interviews, we experienced it as a valuable source of data. Moreover, this experience is one example of how local dynamics surface and affect data collection situations.
Individual interviews with migrant men and wives of migrant men

The interviews with women indicated that abortion was less of a concern to them because they used contraceptives. Instead, the women elucidated the strategies they used to acquire and use contraceptives even in the face of what they perceived to be opposition from their husbands. The women also indicated that migration seemed to be important in increasing the anxiety of the men.

What, then, were the experiences and perspectives of migrant men themselves regarding sexuality and contraceptive use? What were their concerns, and how did they deal with these? What circumstances were involved at the time of the men’s first migration? Was it associated with unwanted pregnancy? What were the experiences of women whose husbands were labour migrants regarding contraceptive use and sexuality within marriage? How did they negotiate with their husbands concerning contraceptive use? What were the circumstances of their husbands’ migration?

To answer these questions, migrant men who had spent reasonably long periods, from one to five years or longer, away from home were recruited and interviewed in their homes. Ten more women married to migrant men were interviewed to get their perspectives regarding sexuality and contraceptive use. The women were identified with the help of a female village health worker (VHW), to whom we were introduced by the male motivator.

Individual interviews with men in the community

Finally, 19 men of varying ages and marital status were recruited based on the criterion that they lived in the study community. The aim was to explore further the issues surrounding contraceptive use and sexuality within marriage, and the violence related to adolescent pregnancy and sexuality that had emerged as important. The researcher recruited the men by approaching homesteads and inquiring about available men. The researcher also asked participants about men living in adjacent homesteads.
Self-generated questions among school youth

The individual interviews indicated that male guardians did not tolerate premarital sexual activity and pregnancy among girls. At the same time, men speaking as partners implied that they responded with violence to premarital pregnancy. What were the experiences or perspectives of the young people themselves? Under what circumstances did the girls decide to have an abortion? How did they view and make sense of the prohibitions and violence described by the men? Moreover, how did the boys and girls view and relate to each other in this setting?

It was therefore decided to include unmarried youth in the study. We felt that the most convenient way to reach unmarried youth was through the school system. We used the self-generated question method, which was chosen for its potential to facilitate self-expression among adolescents concerning this otherwise taboo subject. Five hundred and fifty-six pupils from three schools, two primary and one secondary, participated in the exercise.

The researchers introduced themselves as coming from the medical school, and that they were keen to know the questions the youth had about adolescence and growing up, or any questions they could not ask their teachers, parents or other adults because of fear or shame. The pupils were asked to write these questions anonymously but to include their age and sex. They were also encouraged to use the language in which they felt most comfortable. This method has been used in Kenya after realisation of the difficulties young people had in expressing themselves in FGDs on matters of sexuality (Ahlberg et al., 2001). When used, the school youth in Kenya raised more issues of an intimate nature. Of the 556 school youth who participated, 10 were excluded. Six of them had written illegibly while four had missing data on sex.

The methods used and the respective participants and their characteristics were as summarised in Table 1. Figure 3 shows the research process including the theoretical connections between the different sub-studies.
Ethical issues

Ethical clearance for the study was sought from the Medical Research Council of Zimbabwe and the Research Ethics Committee of the Medical Faculty at Uppsala University, Sweden. We stressed to participants that they were free to decline participation in the study, and to refrain from answering any particular questions. Moreover, they could terminate their participation whenever they felt it was in their best interest to do so.

Regarding the school youth, an ethical issue concerned the way they sometimes asked questions hoping for immediate answers. Such answers could, however, not be given because the questions were read after leaving the school. We had, however, explained that the exercise would be used to inform the various stakeholders, particularly the government, of the concerns of young people.

Practical issues arising during the fieldwork

The purpose of this section is to highlight some practical issues encountered during fieldwork. Implications of working with FP agents, lack of proper venues for interviews, use of a tape-recorder, and carrying out fieldwork during the off-agricultural season are some of the practical issues we discuss.

We worked with the male FP motivator and the VHW to identify the majority of the participants. Because their jobs as FP agents involved frequent visits to homesteads in the community, they were well acquainted with the community, and they were fairly well acquainted with people with the characteristics we required. However, using the male motivator to identify the research participants may have made villagers view us as FP agents. Coincidentally, an organisation with a name including the word ‘plan’ was active in the study area. Often, therefore, community members would indicate that they were aware of ‘plan’ people visiting the area. While at the time the particular organisation was also involved in FP activities through funding male motivators, including our field guide, its major task involved drought relief and child welfare. The participants may have been disappointed when they realised that we had a different mission.

At a later stage of the fieldwork, when we intended to interview women with migrant husbands, the male motivator recommended a female VHW whom he said was in good contact with women, and
was well acquainted with those who had absentee husbands. We introduced ourselves to the VHW, emphasising that we wanted to learn from the women about their lives as wives of migrant men.

The VHW had then met some of the women, and told them to stay in their homes “because the health people are coming, and they want to teach you about family planning, and how you can avoid abortion, especially you women with men who are absent”. The distortion became apparent when we introduced ourselves to the women, who expressed shock and quite consistently repeated the VHW’s message. The VHW had also informed some ten women that we would return on a specific day of the following week to interview them. For this reason, the women had waited for us in their homes the entire day. What we had asked her to do was to assist in identifying informants whom we would interview sometime during the entire week we were going to be in the area.

Lack of a proper venue was a problem throughout the research period. One FGD was conducted in the open, under a tree in the schoolyard. On this particular occasion, a passer-by came and just sat down while the discussion was in progress. The discussion was stopped while he was politely informed that we were already in the middle of the discussion, and it was therefore not possible to include him at that stage. At first he refused to leave, but after a few minutes he just stood up and left. It was a tense moment, especially because we did not know his identity or status in the community. Another FGD was conducted in a classroom and because there were echoes, the recording was poor and the tapes took a longer time to transcribe.

For the interviews during the spring, it was windy and some tapes were affected. Sometimes visitors appeared during an interview, and I would stop the tape whilst they went through the greetings formalities. When the visitor eventually left, it often happened that the tape was not restarted. Some of the visitors were actually coming to see us, and they would ask if we were ‘the ones photographing the children’. This was in apparent reference to the organisation already working in the area that was involved in child welfare and drought relief.

All informants, with the exception of one woman, agreed to use of the tape-recorder. However, sometimes participants restlessly looked at the tape-recorder before proceeding with their accounts,
indicating they were not comfortable. In those cases we stopped recording and relied on the written notes.

We had scheduled fieldwork during the agricultural off-season so as not to interrupt field activities. However, it turned out that participants were involved in leisure-time activities and could be difficult to locate. At one point we visited a homestead and were informed that the adult man in the house was visiting next door, but that we could go and talk to him there. We were not aware that the man was at a beer party. When he came out to meet us, we introduced ourselves but were quickly surrounded by eight or more men who were eager to participate in the study. We made appointments, taking details of the men’s homesteads as they described them. However, it later took an average of four-to-five visits to locate the men, since as they were beer drinkers they were often away from home.
Figure 3. The research process, including the theoretical connection between the different data sources and methods. The boxes show the sampling rationale, and ovals show the respective samples.
Table 1. Study methods and year of activity, the papers comprising the thesis and participants and their characteristics.

<table>
<thead>
<tr>
<th>Method</th>
<th>Year</th>
<th>Papers</th>
<th>No. of participants</th>
<th>Participant category</th>
<th>Age groups</th>
<th>Marital status</th>
<th>Other characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus group discussions</td>
<td>1998 I &amp; II</td>
<td>35</td>
<td>Men</td>
<td>18-20</td>
<td>Never-married</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20-26</td>
<td>Ever-married</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>25-35</td>
<td>Ever-married</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>38-65</td>
<td>Ever-married</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual interviews</td>
<td>1998 I &amp; II</td>
<td>4</td>
<td>Women</td>
<td>30-40</td>
<td>Ever-married</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual interviews</td>
<td>1999 I &amp; II</td>
<td>10</td>
<td>Men</td>
<td>22-48</td>
<td>Ever-married</td>
<td></td>
<td>Labour migrants</td>
</tr>
<tr>
<td>Individual interviews</td>
<td>2000 I &amp; II</td>
<td>10</td>
<td>Women</td>
<td>17-50</td>
<td>Ever-married</td>
<td></td>
<td>Migrant husbands</td>
</tr>
<tr>
<td>Individual interviews</td>
<td>2000 I &amp; II</td>
<td>19</td>
<td>Men</td>
<td>19-65</td>
<td>3 never married 16 ever married</td>
<td>5 labour migrants</td>
<td></td>
</tr>
<tr>
<td>Self-generated questions</td>
<td>2001 II, III &amp; IV</td>
<td>546</td>
<td>School youth</td>
<td>9-25</td>
<td>51% females, 49% males 67% primary, 33% secondary</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Data analysis

As is typical of qualitative studies, data collection and analysis were simultaneous and interwoven activities (Lincoln & Guba, 1985; Glaser, 1992; Coffey & Atkinson, 1996; Krueger, 1998). While doing the fieldwork, I would type the field-notes into the computer upon returning to my room, which allowed me to reflect on what had transpired during the day and to figure out how to proceed. I also began typing the taped interviews and discussions while the fieldwork was ongoing. All this allowed me to stay closer to the research process and the research issues than would have been the case if analysis had been postponed until conclusion of the fieldwork.

The research process thus portrays the researcher as an instrument with ‘responsiveness’ or ability to sense and respond to environmental cues, and ‘processual immediacy’ or ability to process data and seek clarification as soon as the data become available (Lincoln and Guba, 1985).

Audiotaped focus group and interview data were transcribed and translated from Shona into English. The transcripts were read thoroughly and coded manually. Coding involves attaching labels to segments of data on the basis of meanings that the researcher discerns in the data. Glaser defines coding as ‘conceptualising data by constant comparison of incident with incident, and incident with concept so that more categories and their properties emerge (1992, p38). Therefore, coding is about comparison. Thus, if an idea resembling or closely related to an idea that was previously labelled re-appears in the text, a similar label is attached (Krueger, 1998). During coding, texts were compared within and across data sets, i.e. interviews and focus groups.

The text segments with similar codes and concepts were grouped together, re-read, and broken down in the process of axial coding (Strauss and Corbin, 1998; Krueger, 1998). In agreement with Strauss and Corbin (1998), axial coding and open coding are not necessarily sequential steps, since some idea of how categories relate starts emerging during the open coding.

Questions and statements generated from the 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 mode of expression. The questions were coded and categories were
formed around the codes. Each statement could be assigned different codes. Nine categories, including AIDS, sexually transmitted disease (STD) and genitourinary problems, abortion, pregnancy and reproduction, maturation, marriage, contraceptive use, sexuality, reproduction and birthing, and education were generated from the data (Table 2). Themes identified in the questions were also compared with interview and FGD data, yielding confirming but also contradicting observations which are presented in this thesis.

The questions on HIV and AIDS were analysed using content-analysis to gain more insight into the experiences illuminated by the young people within the context of the pandemic. The questions were coded, leading to four categories of issues or themes, including views about transmission, views about prevention, views about symptoms, and infection and illness. Theoretical connections were sought between the themes leading to the observation that the youth were pre-occupied with fears and anxieties concerning how to avoid infection, and the burden of being infected and managing with the illness.

Although the school data were not initially intended for quantification, it was considered important to estimate the prevalence of issues mentioned by educational level and sex. This was possible because age and sex were included in the original transcripts. The nine categories were then computerised and analysed using Epi Info. Table 3 shows the prevalence of issues by sex and level of schooling. AIDS was the most prevalent issue and it was mentioned by 75% of all school youth. To test whether or not the differences between boys and girls were due to random variation, Student’s t-test was used.
Table 2. Illustrating the categories emerging from school data and used for computing frequencies

<table>
<thead>
<tr>
<th>Questions &amp; statements</th>
<th>Codes</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>What causes AIDS?</td>
<td>Cause</td>
<td>AIDS</td>
</tr>
<tr>
<td>How do you contract the disease of AIDS?</td>
<td>Spread</td>
<td>Prevention</td>
</tr>
<tr>
<td>What do we do so that we do not get AIDS?</td>
<td>Signs</td>
<td>Prevention</td>
</tr>
<tr>
<td>When a person gets AIDS, how do we tell?</td>
<td>Signs</td>
<td>Prevention</td>
</tr>
<tr>
<td>Do slim people have AIDS?</td>
<td>Signs</td>
<td>Prevention</td>
</tr>
<tr>
<td>You see a small child pregnant, what causes that?</td>
<td>Early pregnancy</td>
<td>Pregnancy &amp; reproduction</td>
</tr>
<tr>
<td>What do I do if I get pregnant?</td>
<td>Dealing with, Anxiety</td>
<td>Prevention</td>
</tr>
<tr>
<td>Do the things that come out of a man and get into a woman make a child?</td>
<td>Reproductive process</td>
<td>Prevention</td>
</tr>
<tr>
<td>When a person gives birth where does the child emerge?</td>
<td>Birthing</td>
<td>Prevention</td>
</tr>
<tr>
<td>Does the vagina have eggs?</td>
<td>Reproductive process</td>
<td>Prevention</td>
</tr>
<tr>
<td>If you have a boyfriend, and you take the penis and insert it into the vagina, how does it get in?</td>
<td>Curiosity</td>
<td>Sexuality</td>
</tr>
<tr>
<td>Who courts whom between a boy and a girl?</td>
<td>Sexual norms</td>
<td>Sexuality</td>
</tr>
<tr>
<td>At what age is a person allowed to have sex?</td>
<td>Sexual norms</td>
<td>Sexuality</td>
</tr>
<tr>
<td>Why does a boy feel powerless when he is going to have sex?</td>
<td>Myths</td>
<td>Sexuality</td>
</tr>
<tr>
<td>What am I supposed to do during sex with my boyfriend?</td>
<td>Sexual norms</td>
<td>Sexuality</td>
</tr>
<tr>
<td>How can you prevent masturbation?</td>
<td>Masturbation</td>
<td>Sexuality</td>
</tr>
<tr>
<td>What causes bleeding in the vagina?</td>
<td>Bleeding</td>
<td>Maturation</td>
</tr>
<tr>
<td>What causes swelling of the breasts?</td>
<td>Breasts</td>
<td>Maturation</td>
</tr>
<tr>
<td>Why is it when I was in Grade 1 I did not have breasts, but now I have them?</td>
<td>Breasts</td>
<td>Maturation</td>
</tr>
<tr>
<td>What is the meaning of hairs above the penis?</td>
<td>Pubic hair</td>
<td>Maturation</td>
</tr>
<tr>
<td>Do men have menses too?</td>
<td>Menstruation</td>
<td>Maturation</td>
</tr>
<tr>
<td>Our sisters bleed. Do they not want to get treatment?</td>
<td>Bleeding</td>
<td>Maturation</td>
</tr>
<tr>
<td>When your penis gets painful while urinating, and urine hardly comes out, what makes the penis painful?</td>
<td>Painful urination</td>
<td>STD &amp; genitourinary problems</td>
</tr>
<tr>
<td>Why does a testicle swell?</td>
<td>Swelling testicles</td>
<td>STD &amp; genitourinary problems</td>
</tr>
<tr>
<td>What causes ulcers and wounds in the vagina?</td>
<td>Genital wounds</td>
<td>STD &amp; genitourinary problems</td>
</tr>
<tr>
<td>Sometimes I have something like a wound on my leg. It appears between the penis and the testes.</td>
<td>Genital wounds</td>
<td>STD &amp; genitourinary problems</td>
</tr>
</tbody>
</table>
### Table 2 continued

<table>
<thead>
<tr>
<th>Questions &amp; statements</th>
<th>Codes</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>What leads to the removal of pregnancy?</td>
<td>Reasons</td>
<td>Abortion</td>
</tr>
<tr>
<td>What does a person who wants to remove pregnancy do?</td>
<td>Procedure</td>
<td></td>
</tr>
<tr>
<td>We see some girls having aborted, some bleed and others even die.</td>
<td>Bleeding, Death</td>
<td></td>
</tr>
<tr>
<td>One of ours died on Tuesday after removing pregnancy</td>
<td>Death</td>
<td></td>
</tr>
<tr>
<td>My question is, suppose you get pregnant, and you remove, do you get arrested?</td>
<td>Arrest</td>
<td></td>
</tr>
<tr>
<td>When you get pregnant, what do you use to remove it?</td>
<td>Procedure</td>
<td></td>
</tr>
<tr>
<td>Adults must use condoms when they have sex with girls.</td>
<td>Condoms</td>
<td>Contraceptive use</td>
</tr>
<tr>
<td>I can’t think of ways to prevent pregnancy.</td>
<td>Condoms</td>
<td></td>
</tr>
<tr>
<td>When we have sex, we are used to having a condom.</td>
<td>Condoms</td>
<td></td>
</tr>
<tr>
<td>Is it okay to pick a used condom and use it too?</td>
<td>Condoms</td>
<td></td>
</tr>
<tr>
<td>I want to know why men and women marry early?</td>
<td>Early marriage</td>
<td>Marriage</td>
</tr>
<tr>
<td>If a boy and a girl marry and set up a home, what will they be doing in that home?</td>
<td>Curiosity</td>
<td></td>
</tr>
<tr>
<td>If I get married, what am I supposed to do?</td>
<td>Role-expectations</td>
<td></td>
</tr>
<tr>
<td>Why do people marry and get married at tender ages?</td>
<td>Early marriage</td>
<td></td>
</tr>
<tr>
<td>Why does a marriage partner have to be arranged for a boy or girl?</td>
<td>Arranged marriage</td>
<td></td>
</tr>
<tr>
<td>If a person is growing up, and does not complete school, do they get a job?</td>
<td>Drop-out</td>
<td>Education</td>
</tr>
<tr>
<td>What causes us to drop out of school?</td>
<td>Employment</td>
<td></td>
</tr>
<tr>
<td>What if my friend drops out of school but I want him to continue?</td>
<td>Drop-out</td>
<td></td>
</tr>
</tbody>
</table>
Table 3. Prevalence of issues mentioned by school level (Primary, Secondary, Total) and by sex [girls (G), boys (B), Total (T)]

<table>
<thead>
<tr>
<th>Level in school</th>
<th>Sex</th>
<th>No. of pupils</th>
<th>HIV/AIDS</th>
<th>Pregnancy and reproduction</th>
<th>Sexuality</th>
<th>Maturation</th>
<th>STD and genitourinary</th>
<th>Abortion</th>
<th>Contraceptive use</th>
<th>Marriage</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>G</td>
<td>208</td>
<td>83</td>
<td>58</td>
<td>47</td>
<td>27</td>
<td>8.7</td>
<td>25</td>
<td>14</td>
<td>14</td>
<td>4.8</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>155</td>
<td>81</td>
<td>50</td>
<td>42</td>
<td>8.4</td>
<td>17</td>
<td>14</td>
<td>7.7</td>
<td>13</td>
<td>3.9</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>363</td>
<td>82</td>
<td>55</td>
<td>45</td>
<td>19</td>
<td>12</td>
<td>20</td>
<td>12</td>
<td>14</td>
<td>4.4</td>
</tr>
<tr>
<td>Secondary</td>
<td>G</td>
<td>68</td>
<td>65</td>
<td>54</td>
<td>44</td>
<td>19</td>
<td>25</td>
<td>16</td>
<td>28</td>
<td>5.9</td>
<td>12.0</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>115</td>
<td>56</td>
<td>52</td>
<td>65</td>
<td>25</td>
<td>41</td>
<td>8.7</td>
<td>27</td>
<td>7.0</td>
<td>5.2</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>183</td>
<td>60</td>
<td>53</td>
<td>57</td>
<td>23</td>
<td>35</td>
<td>11</td>
<td>27</td>
<td>6.6</td>
<td>7.6</td>
</tr>
<tr>
<td>Total</td>
<td>G</td>
<td>276</td>
<td>79</td>
<td>57</td>
<td>46</td>
<td>25</td>
<td>13</td>
<td>22</td>
<td>17</td>
<td>12</td>
<td>6.5</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>270</td>
<td>70</td>
<td>51</td>
<td>52</td>
<td>16</td>
<td>27</td>
<td>12</td>
<td>16</td>
<td>10</td>
<td>4.4</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>546</td>
<td>75</td>
<td>54</td>
<td>49</td>
<td>21</td>
<td>20</td>
<td>17</td>
<td>17</td>
<td>11</td>
<td>5.5</td>
</tr>
</tbody>
</table>
FINDINGS

Observations based on the data are presented in this section. They include feelings of vulnerability in the men, the dynamics of contraceptive use within marriage, the contradictory contexts of adolescent SRH, and dilemmas faced by young people regarding SRH and HIV/AIDS.

Feelings of vulnerability in men and the hide and seek game (Paper I)

Abortion as a health issue did not seem to concern the men as we had assumed. Rather, it was a sign of illicit sex on the part of women and was therefore a source of shame for the men. Men expressed a great deal of anxiety about abortion within marriage. Initially, the men had said that abortion was a problem associated with schoolgirls. However, in the dynamics of focus group discussions the men said they were embarrassed about abortion within marriage. In their view, abortion was resorted to when women engaged in extramarital sexual activity. Women in such cases were said to fear being discovered by their husband and exposed to violent behaviour.

There was also great anxiety over contraceptive use because, unlike abortion, it was perceived to have more potential for concealing extra-marital sexual activity on the part of the wife. The anxiety appeared to worsen when men migrated for labour purposes. The anxiety and related violent behaviour by men and the fear experienced by married women resulted in a pattern of contraceptive use we have called the hide and seek game, where women use contraceptives secretly, and men search for evidence using different strategies.

Contradictory contexts of premarital pregnancy and sexual activity (Paper II)

The men described their perspectives and responses to premarital sex and pregnancy. The accounts by the men were then considered in relationship to the views of the adolescents, and this illuminated the paradoxes that underline adolescent SRH, both within families and within sexual relationships.
According to the men, the bride wealth anticipated on the marriage of a daughter made them less tolerant toward premarital pregnancy, which threatened to decrease or eliminate the bride wealth, as the girl might never get married. A pregnant daughter is thus abused and referred to as *hure* (prostitute). To extract information concerning the man responsible for a pregnancy, the girl is beaten or chased away from home. Paradoxically, even when they fear premarital pregnancy, men in the families still deny girls information and preventive services, reasoning that these tend to legitimise premarital sex and thus delay marriage and the expected returns. Nor is the use of contraceptives tolerated, because it also means the girl is sexually active outside of marriage, which increases her chances of not getting married at all. This is so despite the fact that the men also acknowledge the existence of sexual abuse of young girls, at times by adult men, which the girls confirm through their accounts.

Young men also indicated that they pressured the girls for sex, even without protection. However, young men were also anxious and concerned about pregnancy. They felt that girls get pregnant deliberately in order to secure a marriage partner. Girls were therefore viewed as calculating agents whose only interest was marriage. The girls were said to have many sexual partners simultaneously, often including wealthy men. In the event of pregnancy, the girls could be unsure of who was responsible, but they were nevertheless said to choose the man they thought could offer material comfort and perhaps also assure them of marriage.

Despite pressures exerted by the boys so that the girls would engage in sexual activity, the anxiety, feelings of being trapped into marriage, and doubts about fatherhood caused the boys to pursue different strategies to avoid both responsibility and marriage. One of these was to migrate on the pretext of searching for work, and then to stay away long enough for the girl to 'voluntarily' return to her family.

Contrary to the assertions by men that girls are aware of their monthly cycle and that they deliberately trap men into sex, the accounts of girls indicated a lack of knowledge of the reproductive cycle. The denial of responsibility for pregnancy by boys appears to be a source of anxiety for the girls. Fear of violent responses from parents and of rejection by male partners leaves girls with few options but to unsafely induce abortion when they get pregnant.
Concerns of adolescents in silenced sexuality (Paper III)

Accounts from the school youth illustrated their concerns about sexual and reproductive health within the silent and prohibitive contexts of their families and communities. Pregnancy was associated with a great deal of anxiety among both girls and boys. The girls were anxious about family wrath, and this could lead to abortion as a strategy for concealing the pregnancy. In addition, they were concerned about how to break the news of pregnancy to their boyfriends. Both girls and boys expressed concern about being forced to drop out of school. The boys indicated shame in facing peers in school, and fear of having their families find out they had made a girl pregnant. The silence also affected access to SRH services, including care for sexually transmitted infection (STI).

In addition to the anxieties described about pregnancy, the statements also indicated the pressures experienced by the young people regarding sexual intercourse. The boys seemed curious about the sexual act, including about having sex with a virgin. They also described how sex was a test of ‘manhood’, and how it was also important in detecting problems such as those related to erection. Furthermore, early sex was viewed as vital in order to gain experience that would be necessary in the future. Rumours were said to be a source of pressure. Acne among young boys was particularly feared because it was considered a sign of a lack of sex.

Girls, on the other hand, were concerned about why boys pressured them for sex and used violence including rape, and often refused to use contraceptives during sexual intercourse. At the same time, the girls blamed themselves and even moralised about becoming pregnant or having an abortion, despite their concern. While the boys pressured the girls for sex, they too blamed the girls for supposedly agreeing to have sex and getting pregnant. These conflicting and contradictory accounts by boys and girls illuminate how the silence and prohibition in SRH results in limited information, anxieties about outcomes such as pregnancy and STI, and generally mixed emotions about pregnancy, abortion, and sexual activity. In these scenarios, they expressed a lack of knowledge about where to report abuse or how to deal with it when it occurred.
Concerns of youth over HIV and AIDS (Paper IV)

The youth expressed concern over the failure of current AIDS prevention strategies to adequately provide them with information and services. The accounts suggest a form of protest against being denied preventive service, at the same time as condom use is intensively promoted in AIDS campaigns. The way young people improvise by wearing two condoms to enhance safety also suggests the effect of contradictory discourses in AIDS campaigns, some indicating the effectiveness of condoms and others giving a contradictory message. Another indication of the contradictory messages to which the young people are exposed is the way they acknowledged being the most infected group, while at the same time moralising that this was punishment for immoral behaviour such as prostitution or having many partners. Furthermore, the youth indicated feeling vulnerable because they could not deal with their growing sexual feelings, as they had no access to methods of protection or to information. This was perhaps the major reason they expressed concern at being the age group most affected by the AIDS pandemic.

The youth moreover expressed concern about dealing with HIV infection once it occurs because of the stigma it entails. They seemed to associate HIV and AIDS with images of quarantine, isolation, and imminent death, as they seemed well aware that there is no cure. A particular source of concern was how to communicate about the infection with health workers, friends, and even relatives, largely because this reveals that they are engaged in sexual activity at a time in their lives when it is prohibited.

The accounts shed light on the knowledge young people have about HIV and AIDS. The youth indicated that they were aware of the symptoms and the transmission routes of HIV and AIDS, but they also had a large number of misconceptions. For instance, although they seemed aware of the long incubation period, they simultaneously seemed to want to know how to tell whether one is infected immediately after sex, or by merely looking at a person. The boys in particular wondered whether symptoms show on the penis. In addition, while they seemed aware that HIV is transmitted through unprotected sex, they still wondered whether the duration of sexual intercourse matters. For instance, they wanted to know whether one gets infected when having sex for only a short time. This is what we refer to as coloured knowledge, which seems to be more burdensome than helpful.
Table 4 presents a summary of the main themes in the findings.

Table 4. Summary of findings, papers I-IV.

<table>
<thead>
<tr>
<th>Paper</th>
<th>Participants</th>
<th>Focal areas</th>
<th>Findings</th>
</tr>
</thead>
</table>
| I     | Men          | Perspectives of men regarding abortion and contraceptive use within marriage | 1. Vulnerability in men  
2. Hide and seek strategies, and violence over contraceptive use  
3. Women’s agency in contraceptive use |
|       | Women        |             |          |
| II    | Men          | The contradictory context of adolescent sexuality and pregnancy | 1. Contradictions at family level  
- Men deny youth services and information  
- Men assault girls and get violent when they get pregnant  
2. Contradictions within sexual relationships  
- Boys pressure girls into sexual activity  
- Boys feel that it is the girls who trap them into marriage  
- The girls have inadequate knowledge about the reproductive cycle  
- Girls feel trapped and may consider abortion |
|       | Women        |             |          |
|       | School youth |             |          |
| III   | School youth | Youth’s experiences and concerns in SRH in silent contexts | 1. Experiences of sexuality in a silent context  
2. Fears regarding pregnancy  
3. Experiences and concerns regarding access to services for contraceptives and STI treatment |
| IV    | School youth | Youth’s perspectives regarding HIV/AIDS | 1. How to avoid infection in context of double messages  
2. Dealing with HIV and AIDS and its stigma  
3. Coloured knowledge about transmission and symptoms |
DISCUSSION

This study combined a variety of qualitative methods to explore the perspectives and experiences of men, women, and young people in sexual and reproductive health. Qualitative methods were considered appropriate for a study such as the current which was dealing with sensitive issues (Farquhar, 1999), but also because of their other advantages. Maxwell (1996) has for example, enumerated strengths of qualitative methods which we consider relevant to the way this study progressed. The strengths of qualitative methods lie in understanding meanings or the participants’ perspectives, understanding contexts in which participants act, identifying unanticipated phenomena, and in understanding the process (rather than merely reading outcomes, for instance) by which events take place (Maxwell, 1996). The flexibility of qualitative methods made it possible to adjust and follow up on unexpected leads and cues of information during the study, and to also include different participants as became appropriate to answer the emerging questions. The study provided insights into the meanings that men have of abortion and contraceptive use. It moreover illuminated dynamics within marriage, family, and heterosexual relationships, which parallels Maxwell’s notion of understanding context and processes. The hide and seek game (Paper I) implies for instance a constitution and experience of gender power that deviates from the common assumption that men exercise power over women, and that women just submit to it. Moreover, men may not necessarily see abortion and contraceptive use as health issues for women. All this has implications and raises questions about what form interventions in SRH in general and involvement of men in particular should take.

Yet, in thinking about the practical implications of our findings, we need to point out that the nature of sampling in this study does not allow generalisation in the statistical or conventional sense. Instead, a different type of generalisation is pursued in qualitative research, for example, in the way articulated by Lincoln and Guba (1985) who contended that qualitative inquiry generates working hypothesis which can be transferred to other settings on the basis of empirical factors. This requires knowledge of both the context from which the data are derived, and the context to which they are being transferred (Lincoln & Guba, 1985). In turn, this requires adequate or thick description of the source context. Kvale (1996) describes this form of generalisation as analytical as it involves analysis of the similarities and differences between situations in the sources and
destinations. One may also view qualitative data in terms of a distinction between what have been referred to as substantive and formal theory (Coffey & Atkinson, 1996). Substantive theory makes sense of particular contexts (Coffey & Atkinson, 1996), and in terms of the present thesis, our findings may be viewed as making sense within the context of our study community. However, at the formal level, one may need to go beyond the data and beyond the context of study (Coffey & Atkinson, 1996) and try to relate settings of many types. This can be compared with Kvale’s view of analytical generalisation. Nevertheless, given the failure of many interventions based on universalising contexts and applying technological fixes to complex social phenomena in SRH particularly contraceptive use and AIDS campaigns, the generalisation models in qualitative research, which emphasise the uniqueness of contexts, make a good deal of sense.

In this section we focus on two issues pertaining to the findings of this study. The first concerns men’s contradictory experience of gender power and the implication for male involvement in SRH, now popular since the ICPD in 1994. The second is the paradoxical context of adolescent SRH and the implications for health promotion particularly AIDS prevention among young people.

Men’s experience of gender power

The way in which men’s vulnerability and anxiety regarding sexuality surfaced in the FGDs and individual interviews illustrates the conflict that may exist between the socially accepted images of masculinity and men’s personal experiences. In the initial accounts, the men claimed abortion was a problem relating to school-age girls, a type of projection by the men of the more socially approved image of control and perhaps, a denial of their actual private experiences. The concept of hegemonic masculinity is enlightening in this respect. Gender relations are sustained through gendered demonstrations and gendered behaviours. The behaviours in masculinity, for instance, are given impetus by dominant or hegemonic ideals that define what it is to be a man. The dominant or hegemonic masculinity is the idealised form of masculinity at a given place and time (Courtenay, 2000; Connell, 1995). Masculinity thus tends to remain at the level of the ideal, and in this way beyond the reach of most men in different societies.
Some of the gender expectations and behaviour for men in this study, or men in Zimbabwe generally can be linked to globalisation processes starting with the European colonial domination, and the creation of the role of breadwinner. This role, which men can hardly fulfil largely due to the conditions of unemployment or just poor remuneration, seems to have become a source of anxiety. Moreover, spousal separation due to labour migration creates further anxieties related to their failure to monitor their wives’ sexuality. Men have thus had to contend with shifting identities, and with situations, both within their working lives and within their family settings, which they feel barely able to control. The observation made of men in this study, particularly their struggles to ensure some form of control over their wives, appears therefore similar to what some analysts have described as the crisis of manhood (Courtenay, 2000; Standing, 2001; Zaremo, 2002). The crisis appears to constitute a major challenge to efforts to involve men in sexual and reproductive health, and to the attendant assumptions.

For example, the ICPD stressed male responsibilities and participation in SRH, with the Programme of Action calling for leaders everywhere to promote the full involvement of men in family life. The assumption seems to have been that men are motivated to participate in family life and parenthood, an assumption also pivoted on the notion of a family in which there is relatively continuous contact among members. Yet, in the light of our findings, should it be taken for granted that men have an interest in women’s SRH? Do issues of SRH have the same meanings everywhere? Our observation that the men were embarrassed to discuss abortion and contraceptive use, matters considered central in women’s health, and that abortion complications are a sign of wives being engaged in extramarital sexual activity suggests just how matters of health may be accorded different meanings in different contexts. This implies therefore that contextualised understanding is required.

The strategy of campaigning for the sake of educating men and making them aware of benefits of family planning, without a contextualised understanding or consideration of the life experiences of the men may therefore be of little value. An example of such a decontextualised approach is the Zimbabwe male motivation project, carried out by the Zimbabwe National Family Planning Council in the late 1980s (Piotrow et al., 1993). Its main focus was educating men via the mass media in order to influence
their knowledge, attitudes and practices in family planning, and to improve communication between spouses. The campaign made use of sports-based slogans to tally with the euphoria surrounding Zimbabwe’s near-qualification for the 1994 soccer World Cup. One of the radio dramas emphasised economic and social hardships faced by large families, and hence the benefits of planning. The campaign recorded marginal gains, but also mixed results as some men reportedly interpreted the campaign messages as meaning that they must exercise more control over child-bearing. Similar examples exist elsewhere. Barnett and colleagues (1999) for example, found in a study in Mali, that men emphasised that their consent was one pre-condition necessary for contraceptive use. However, the meanings behind such observations and the vulnerability the men may experience cannot be captured in the KAP surveys commonly used to evaluate the campaigns. The assumptions entailed in this approach that once knowledge is provided, change of attitude and behaviour will simply follow are questioned in the observations in this study.

In addition, just as men experience gender power in contradictory and perhaps unanticipated ways, so too women challenge the gender order. The male violence or threats of it does not appear to have deterred women in this study from using contraceptives when they need them. Instead, the women simply use clandestine strategies that enable them to access and use the contraceptives. As Giffins (1998) argues, treating women as powerless, passive, and non-reflexive may rob them of those strategies they have developed in their experiences of relating with men, including the clandestine contraceptive use also reportedly common in many other places (Castle et al., 1999; Biddlecom & Fapohunda, 1998; Blanc, 2001). An insensitive approach to male involvement may not only disturb the women in their strategies. It may expose them to even greater violence.

In view of this, calls to facilitate clandestine contraceptive use by women have been made previously (Gupta & Weiss, 1993). Castle and colleagues (1999) noted that clandestine contraceptive use requires a re-evaluation of the appropriateness of involving men, especially where large numbers of women engage in contraceptive use in this manner. These calls may look retrogressive given the predominantly heterosexual transmission of AIDS and therefore the need to promote communication within sexual relationships. However, they can also be taken as indication of the complexity of contexts and of dilemmas and challenges of dealing with SRH issues
in these contexts, that all must be acknowledged in policy discourse and practice. In our view, initiating strategies based on understanding meanings among the men and women, their experiences of power and the impact of this on their behaviours in complex and shifting contexts is an enormous challenge that may require substantial resources and time. Therefore, without downplaying the urgency for a policy that takes such complexity into account, our data suggests there is need for intermediate measures to enable women to access contraceptives when they need them, without risking violence.

The context of adolescent sexual and reproductive health

This study illuminated the paradoxical context of adolescents and adolescent SRH. The young people are exposed to violence within the family in cases of premarital sexual activity and pregnancy. They are moreover targets of conflicting messages from agencies with different perspectives and interests, and all this results in poor communication on sexual matters, failure to access service, and poor knowledge or knowledge that may not be helpful for them.

The violence on adolescent girls and their mothers observed in this study seems to signal attempts by men to instil their authority. It seems therefore a gender power issue that also reflects the contradictory experiences of masculinity. This, however, is not to say that the violence reflects static orders of patriarchal domination. Rather, it needs to be understood as also one of the ways family and gender relations have responded to broader global dynamics and developments, where changes emanating from the colonial establishment have destroyed institutions which previously regulated sexuality and premarital pregnancy (UNAIDS, 1999b; Fuglesang, 1997), but also introduced others. The colonial project created a context that produced a hybrid of the new and the old. New actors and practices co-exist with the old customs and beliefs, the latter in changed forms. Whilst people may still cherish what used to be, how they used to do things, and how they related to each other, material conditions have changed, and new identities and relationships are being created and recreated.

The embodiment of different moral regimes in single contexts may explain, for instance, some current interventions in AIDS prevention. Sexual abstinence before marriage is a strategy embraced by different religious moral regimes whether African religion, Christianity or Islam (Ahlberg, 1994). Virginity tests
currently being performed on girls in countries in Southern Africa, including Zimbabwe should thus be understood in this context. The girls found to still be virgin are provided with certificates (Daley, 1999; Zimbabwe Broadcasting Corporation, 2002). Similarly, some girls still undergo the initiation rituals of adulthood. The main message during the ceremonies is to discourage girls from engaging in sexual activity before marriage. Should they be discovered to have had sex, the girls are subjected to violence by parents and other relatives (Paper II).

The persistence of cultural rituals within the shifting contexts and against an onslaught by Christianity (Schoepf, 1995) and modernisation (Amadiume, 1987) implies the practices are now de-contextualised. Moreover, the current measures to preserve virginity for example, differ considerably from the systems among the Kikuyu in pre-colonial Kenya. Ahlberg (1994:230) observes that sexual moral values were imparted through ‘inductive moral education system’ through presenting concrete situations for example, the youth sleeping together after initiation into adulthood without full sexual intercourse as a case for ethical evaluation of themselves and others. Sexual discipline was moreover maintained through taboos, peer regulatory mechanisms, and social censure (Ahlberg 1994). Setel (1996) describes similar practices among the Chagga in northern Tanzania in the 19th century. Male and female initiation practices were the culmination of a long series of lessons for adulthood that began in early childhood, and morality was symbolically intertwined with the social and economic organisation of the group.
School youth – Boys and girls happy together. The sexual and reproductive lives of young people are marked by anxieties, poor communication, poor health knowledge, peer pressures, violence, and contradictory emotions.
The prevailing context has meant that even though young people are pressured to engage in sexual activity partly as a result of their growing bodies but also from peer influence, they fear the stigma and related consequences such as parental violence. For the boys, the commercialisation and monetisation of bride wealth, the break-up of the extended family, and the increasing poverty exert new pressures on marriage. Once married, the young men assume the role of family breadwinner. This may explain the anxiety the boys expressed over premarital pregnancy, and the related violence in the family and likelihood of being forced into early marriage. In their interviews with women in Zimbabwe who had become mothers as teenagers, Hof and Richters (1999) found that some had been rejected by their partners. Interviews with those partners who had accepted responsibility indicated they experienced difficulties in supporting their families in similar ways as described by the young men in this study.

The hybrid context has affected the response to HIV/AIDS among the young people in other ways. The young people seem to be exposed to double and conflicting messages, for instance, regarding the safety of the condom. AIDS education campaigns by some international NGOs portray the condom as safe while other agencies publicly question this safety (Marindo et al. 2003). These conflicting messages seem to therefore make the young people anxious about the condom. Questions such as whether to wear two condoms may enhance safety indicate the influence of the double messages. Moreover, even though the youth in this study indicated a great deal of awareness about AIDS, how it is transmitted and also prevented, without access to service, this knowledge tends to become a burden for them. The youth expressed concern with the stigma of AIDS as a disease, but also the link made between infection with HIV and being sexually active at a time when this is socially prohibited. The stigma entailed in being known to be sexually active appears important in hindering the youth from pursuing preventive actions such as condom use, or seeking health care when they need it.
CONCLUSIONS AND FUTURE PERSPECTIVES FOR RESEARCH AND INTERVENTIONS

In reflecting on the observations made in this study, a major conclusion is that unless social dynamics, contexts and realities as understood or experienced by the concerned people are well taken into consideration in policy discourses and practice, health promotion initiatives may only remain as rhetoric. Involving the men in promoting women’s SRH, it seems may require a process comprising of a number of steps. The first would be to understand the gender power dynamics, and particularly the unique ways they manifest in particular contexts. The second would be the actions to enable men to recognise their power, particularly the contradictory experiences they seem to demonstrate in this study, and the third would be the actions geared to promote women’s health.

Health promotion for adolescents must similarly consider their social context, including the paradoxes in their sexual lives. Strategies that assume their individual ability to act outside of the social contexts may be meaningless in their lives, as described by the youth in our study. It seems that the problem is less with the youth, as is often thought, than with the forces and actors around the youth. Therefore, in a manner similar to male involvement as described above, promotion of adolescents SRH may require a process that follows at least three stages. The first would be to understand the contexts in which the youth live. The second is to engage the different stakeholders in adolescent SRH so that they recognise this contradictory situation and their own role, for example, in creating this context and the futility of trying to revive the past to deal with current problems. There is need to create space where the different stakeholders can be involved in mapping the roles they play in reinforcing the paradoxes in adolescent SRH but also finding cues for solutions within this complex scenario. This would lead to the third step, which is the actual implementation of activities.

Another conclusion is that given the seeming influences of the globalisation processes during the past century, it is necessary to be cautious regarding the popular view in development discourse of basing interventions on the culture of the people. This may sound contradictory to what we advocate above. However, culture is often conceptualised as though it has remained isolated and static. What seems necessary rather is the ability to understand the dynamics, how people create and recreate their world in interaction with
others, with their beliefs and new knowledge. Discourses and interventions may need to focus on the hybridity contexts, or what may be referred to as ‘moving cultures’, and the ways individuals, families, and communities struggle to deal with new and emerging challenges. Our use of the social constructionist theoretical perspective in this thesis is in part an attempt to highlight the ways contemporary determinants of health including structural factors, and social relations and identities are historically shaped. Rather than arguing for a return to the past as seems to be suggested by the practice of virginity tests, the emphasis should be on understanding how the past has been shaped and is shaping life today. Assuming that the past can persist in unchanged forms can carry serious implications for health promotion.

To deal with the challenges observed here requires research and evaluation techniques that are capable of capturing complexity and dynamics. This calls not only for interdisciplinary research that can capture different dimensions of a research problem, but perhaps more significantly also methods which enable research participants to play a more active role in the research. From the experience with the self-generated questions in schools in this study, one could visualise a process where a type of collaboration involving the school youth, teachers and parents could be organised. By listening to young people and giving them space to express themselves and their concerns, issues that other stakeholders may otherwise overlook can be adopted for discussion and constructive dialogue.
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