

Reproductive Health Risk and Protective Factors among Youth in Lusaka, Zambia

Background

Few countries have been as affected by the HIV/AIDS pandemic as Zambia. The sexual behaviors of adolescents play a crucial role in the course that the HIV/AIDS epidemic takes there. This study was undertaken to provide a comprehensive look at risk and protective factors for behaviors that put Zambian adolescents at risk for HIV/AIDS and that might be targeted in future interventions. Another purpose was to assess whether research findings from the United States concerning protective factors in high-risk environments might apply to Zambia and other similar settings.

Data and Methods

A community-based sample of 2,328 youth 10-24 years of age residing in greater Lusaka was interviewed, using a structured questionnaire. Multivariate statistical methods were used to isolate risk and protective factors for selected sexual and contraceptive behaviors, including: ever had sex, number of sexual partners over lifetime, number of partners in the previous three months, condom use at last sex, and consistent condom use with most recent partner. Seven categories of risk and protective factors were considered: socio-demographic background factors, sexual-reproductive health knowledge and perceptions, self-efficacy, non-sexual risk behaviors, peer influence, connections with parents and social institutions, and communication with partners about reproductive health. To assess possible gender differences in risk and protective factors, interactions of all factors with gender were tested.

Two limitations of the study should be noted: (1) the study is based upon self-reports of behaviors, and the data are thus subject to reporting errors or bias; (2) because the data are cross-sectional, in some cases the direction of the causal relationships between variables cannot be determined. Panel studies are needed to disentangle cause and effect relationships between certain variables.

Findings

Background characteristics

- Attaining higher levels of education and being currently enrolled in school were associated with a lower likelihood of ever having had sex among females and, for both genders, of having had multiple recent sexual partners, as well as a higher likelihood of consistent condom use.
- Being affiliated with the Protestant or Catholic religions was associated with a lower likelihood of having multiple partners during the past three months, but it was also associated with a lower likelihood of consistent condom use. Regular church attendance was not associated with any of the behaviors considered.
- Living with both parents was protective against ever having had sex, but this factor was not associated with any of the other behaviors considered.

- Maintaining “connections” with parents was not associated with any of the behaviors considered, a finding that markedly contrasts with U.S. research findings. Connections with social institutions (clubs or organizations) did emerge as significant for girls, but such connections were associated with a lower likelihood of having used a condom during last sex.
- Working for pay was a risk factor for having multiple sexual partners in the last three months, but it also appears to be a protective factor for condom use. This might reflect either a peer effect or the fact that working youth have greater financial means to buy condoms.

Knowledge and self-efficacy

- Having knowledge of pregnancy risks was associated with consistent, recent use of condoms.
- Having knowledge of HIV/AIDS was protective against ever having had sex for both genders. Among males, it was also protective in reducing the number of partners over a lifetime, reducing the likelihood of having had more than one partner in the last three months, and of increasing the likelihood of using a condom at last sex. Being worried about getting AIDS was associated with a higher probability of using a condom at last sex, and also with consistent, recent use of condoms, but only for males.
- Being aware of condom availability and having positive perceptions toward condoms were associated with a higher probability of ever having had sex and a higher likelihood of consistent condom use with the most recent partner.
- Perceived self-efficacy with the use of condoms was associated with a higher probability of having used a condom during last sex and also with consistent use of condoms with the most recent partner.

Non-sexual risk behaviors

- Having ever used alcohol and drugs was a risk factor for ever having had sex, having more sexual partners over lifetime, and having more than one partner during the last three months. Unexpectedly, smoking cigarettes was associated with consistent, recent use of condoms.

Peer influence

- Having sexually experienced friends was associated with a higher probability of ever having had sex and having more lifetime sexual partners.
- Youth who engaged in higher-risk activities (attending parties, going to discos, drinking alcohol) with their first close friend were more likely to ever have had sex, were more likely to have a higher number of sexual partners over their lifetime, and were less likely to have used a condom at last sex (boys only). However, engaging in lower-risk behaviors (e.g., watching television or videos) with friends also was associated with a lower likelihood of condom use at last sex.
- Communicating with close friends regarding reproductive health issues was associated with a higher probability of ever having had sex, but it was also associated with a lower number of partners over a lifetime and a higher likelihood of condom use. Among females, it also was associated with a higher probability of having had multiple partners during the last three months.

Communication with sexual partner

- Communicating with a partner concerning reproductive risks was associated with a higher likelihood of condom use at last sex.

Implications

- Because of the number and diverse nature of factors influencing adolescent behaviors, it is unlikely that a single “magic bullet” will be found to immediately reduce sexual risk-taking behaviors in Zambia.
- Community-based efforts to change social norms and values surrounding adolescent reproductive health behaviors and issues are likely to be most cost-effective in addressing the adverse effects of negative peer influences in the long run.
- Future interventions should emphasize knowledge and self-efficacy with regard to specific protective behaviors (e.g., use of condoms to prevent HIV, communication with partners) and focus on overcoming negative, and reinforcing positive, peer influences.
- Gender-specific interventions are needed. Further efforts are required to provide reproductive health information to female adolescents and increase their negotiation skills and assertiveness within sexual relationships. Changing male attitudes and behaviors, especially in relation to sexual violence, would appear to be among the highest priorities in Zambia.

Source: Robert J. Magnani, Ali M. Karim, Lisa A. Weiss, Katherine C. Bond, Musonda Lemba, and Gwendolyn T. Morgan. *Reproductive Health Risk and Protective Factors among Youth in Lusaka, Zambia*. August 2000.

This study was undertaken with support from U.S. Agency for International Development (USAID) under Cooperative Agreement No. CCP-A-00-96-90002-00.