

## **Extended Abstract**

Ethnicity, Family Structure, Household Socioeconomic Status and Premarital Sexual Initiation and Safe Sex Practices among Adolescents in Zimbabwe

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### **Background**

While a number of studies have examined individual-level correlates of sexual behavior among adolescents in sub-Saharan Africa, little research has focused on familial and cultural context of adolescent's health and well-being. The latter approach views adolescents' interactions with the context of their daily life as the primary determinants of their preparation for a healthy adulthood. A clear implication of the contextual view is that adolescent sexual health is hypothesized not as the sole responsibility of adolescents themselves. In this study we argue that an accurate and comprehensive understanding of adolescent sexuality must include familial and cultural factors that contribute to the decision to become sexually active and subsequently, the decision to engage in risk-promoting or risk-reducing behaviors.

Although differences in premarital sexual initiation and other sexual behaviors are well established in sub-Saharan Africa, only a few studies have considered variations across ethnic groups and household level predictors within the adolescent population in this region. Ethnic and familial background have been typically been ignored or data not collected in most research in sub-Saharan Africa. Current sexual and reproductive health programs for adolescents remain limited in their appreciation of ethnic and household context and as a result, often fail to engage with the diversity of adolescent's needs (Runganga 2000). With respect to African cultures, socio-ethnic frameworks have been viewed as important determinants of changes in health behavior.

Given that the burden of new HIV infections in the developing countries is concentrated among adolescents, there is a merging awareness that even with the knowledge of how to protect

oneself from infection such information may not always be useable in daily situations of social and cultural disadvantages that characterize many adolescent's lives. As the AIDS epidemic continues to cause havoc within sub-Saharan Africa, voices are growing for serious consideration of a socio-cultural approach to prevention and awareness of HIV infection. (Sithole 2001). Policies and intervention promoting preventive sexual behavior among adolescents would benefit from advances in the mapping of cultural and familial context of sexual behavior. The comparative lack of attention paid to this area of research represents a potential missed opportunity for containing the HIV epidemic.

### **Objectives and Significance of Study**

This study expands on the small but growing literature pointing to the effects of ethnicity and familial background on sexual behavior among adolescents throughout sub-Saharan Africa. Specifically, the current study's main objective is to examine the relative effects of ethnicity and familial background *per se*, independent of individual socioeconomic and demographic factors on premarital sexual activity and safe sex practices among adolescents in Zimbabwe. The social and cultural reality of sexual behavior in most developing countries is different for male and female adolescents; hence this study will examine sexual behavior for both sexes. None of the studies in Zimbabwe have simultaneously addressed sexual behavior of males and females at the national level.

### **Data and Method**

Data supporting these analyses are derived from the 1999 Zimbabwe Demographic and Health Survey<sup>1</sup>. In this study, we examine sexual behavior of boys and girls aged between 15 and 24 years. In all, responses from 1,514 boys and 1,137 girls are included in the analyses. The risk of

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<sup>1</sup> The analyses will utilize the latest DHS data, i.e., the Zimbabwe Demographic and Health Survey (ZDHS 2005/6), as soon as it accessible for public use.

initiating premarital sexual activity at a given age is modeled using a discrete-time hazards model, where the outcome is whether the adolescent initiated sex at each discrete year of age. The second model examines current sexual behavior classified into one of three groups representing different levels of risk according to the ABC prevention approach. The outcome variable has three categories: never had sex (A); had one partner in the last 12 months or used condom at last sex; had one partner in the last 12 months and used condom at last sex (B/C); had more than one partner in the last 12 months and did not use a condom at last sex (risky sex). Abstinence is somewhat different from the other two behavior outcomes in that it is difficult to ascertain whether it is an intentional or unintentional outcome. The other two categories of sexual behavior suggest some decision-making and choice on the part of the boys and girls. A multinomial logistic regression is executed to estimate the net effects of independent variables on the likelihood of adopting a safer sex practice.

To explore cultural and familial effects on sexual behavior the main independent variables are ethnicity, family structure and household socioeconomic status. The measure of ethnicity used in this study consists of three categories, the two main ethnic groups in Zimbabwe (i.e., Shona and Ndebele) and a third group classified as “other”. Family structure represents adolescent’s relationship with head of households. Household socioeconomic status is measured using an index constructed by summing the number of consumer durables owned by the household with adolescents. Inclusive of the main independent variables, we control for age, place of residence, childhood residence<sup>2</sup>, employment status, education, religion<sup>2</sup>, and current school status.

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<sup>2</sup> Childhood residence is measured as a dummy variable set to equal 1 (rural) if the respondent place of residence until they were 12 years was in a commercial or communal farm or other rural area and urban if they resided in a city or town (code=0).

## Results

The ethnicity variable, which also acts as a proxy for unobserved differences in culture and socioeconomic class, significantly affect girl's age at first sex. For female adolescents, being affiliated with the Ndebele ethnic group significantly increases the probability of becoming sexually active at an early age than adolescents affiliated with either the Shona or "Other" ethnic groups. However, ethnicity was not a significant factor for premarital sex for male adolescents. Household socioeconomic status does show significant relations to premarital sexual initiation; however the effects become attenuated with the introduction of family structure in the full model. As they grow older, there is a monotonic increase among still celibate boys and girls in their likelihood of having sexual intercourse during the upcoming 12 month interval. The increase in the likelihood of having sexual encounter is seen to be especially stronger between the ages 20 and 21 for girls and between 18 and 19 for boys. Further, childhood residence shows that village-born boys have a less likelihood of premarital sex than urban-born boys. Only girls with secondary or higher educational attainment are significantly less likely to become sexually active at early ages.

Application of the multinomial logistic regression model to the safe sex analysis helps to identify the most relevant variables which in combination model adoption of sex safe practices as reflected by the data. Ten variables were examined using forward stepwise multinomial logistic regression procedure. For both sexes, affiliation with the Ndebele ethnic group significantly decreases the likelihood of abstinence, and being faithful and condom use. For males, living with a grandparent decreases the probability of being abstinent while living with a non-relative seems to confer measures of protection for this group. For female adolescents, residing with other relatives significantly decreases the probability of B/C behavior. Presence of a parent and household socioeconomic status were not significant factors either as risk or protection for abstinent or being

faithful/using a condom at last sex. Regardless of ethnicity, there was a relationship between age and residence of female adolescent to any sexual behavior. Education and in-school status were significant factors in adolescent sexual behavior.

In conclusion, the results of both regression points to the importance of ethnicity for postponing first sexual intercourse and for adopting safe sex practices. The relationship between ethnicity and sexual behavior was only slightly affected by adjustment for household socioeconomic factors, family structure and other confounding factors. Family structure in is shown to be having declining influence over adolescent's adoption of safe sex practices, however it did not show a significant relation to premarital sexual initiation.