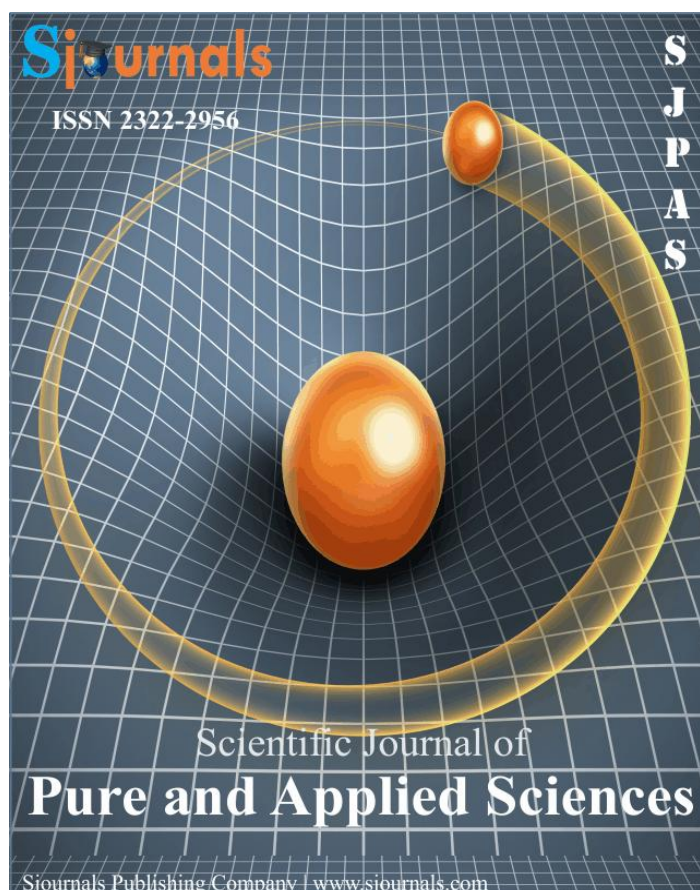


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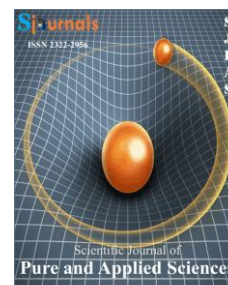
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### Original article

## Management of risky adolescent sexual behaviour in rural secondary schools in Zimbabwe

**Patrick Sibanda\***

*Faculty of Applied Social Sciences, Zimbabwe Open University, Zimbabwe.*

\*Corresponding author: [patrickssibandac@gmail.com](mailto:patrickssibandac@gmail.com)

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### ABSTRACT

The study was aimed at examining methods and strategies used by rural secondary schools of Zimbabwe in managing risky adolescent sexual behaviour with the view of recommending more protective practices and improving on the existing ones. Literature is replete with cases of high incidences of risky adolescent sexual behaviours in schools in various countries and the need for methods for managing them thereof. The study utilized a mixed methods sequential explanatory research design with 200 teachers chosen using cluster sampling for the quantitative phase and 10 teachers purposively sampled for the qualitative phase of the study. The results of the study indicated that the most common risky adolescent sexual behaviours included premarital and unprotected sex, dating older partners and having multiple partners. Prostitution was also found to be causing concern, although it was not widespread. Corporal punishment was found to be the most dominant method used for managing risky adolescent sexual behaviour, although protective methods such as counselling, information dissemination, parental engagement and social academic supports were also used. Of note was that the positive or protective methods lacked precision in their practice. The schools had also to some extent established programmes such as Scripture Union (SU), Career Guidance and Counselling Clubs (CGCCs) and Sex Education programmes as means of combating risky sexual behaviour among adolescent

students. They also used resource persons. However, these programmes were not well established and properly utilized. From the results, the study concluded that management of risky adolescent sexual behaviour in rural secondary schools of Zimbabwe was not premised on theoretically sound methods and programmes and was therefore bound to be ineffective. The study also concluded that girls were more predisposed to risky adolescent sexual behaviour than boys. The study then recommended in favour of training and awareness workshops as well as gender mainstreaming towards capacitating teachers in rural schools with skills and strategies for protective management of risky adolescent sexual behaviour.

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## 1. Introduction

In Zimbabwe, just like in many African countries, openly talking about sexuality particularly that of children and adolescents is often regarded taboo. Oyinloye (2014) posits that, in African cultures the subject of sexuality is regarded as sacred and is hardly openly discussed. Meanwhile, engagement in risky sexual behavior by adolescents is a global concern and management of risky adolescent sexual behavior is a paradox for many secondary schools where the majority of adolescents are found. Risky adolescent sexual behaviour constitutes sexual activities that could predispose the young person to Sexually Transmitted Infections (STIs) and unwanted pregnancies (Oluwatoyin and Modupe, 2014). This scenario is associated with the tendency of adolescents seeking information from wrong sources such as peers and the media in the absence of proper deliberate guidance from family and school. At times it is the fault of the community when it fails to transmit proper and guided information about sexuality issues to adolescents. In this context, Shittu et al. (2007) opine that the sexual behaviour of adolescents reflects attitude and behaviour in the society. Simons-Morton et al. (1999) also add that adolescent problem behaviour can be, in part, a reflection of the school's failure to capture the adolescent student's sense of social affiliation and to provide educational experiences and a social context within which he/she can develop competence. When the family and school fail to meet their mandate of guiding adolescent sexual behaviour, the adolescents tend to turn to the widespread use of social media and other information and computer technologies which are often unedited and hence misleading. This study sought to examine methods and strategies used by secondary schools in managing adolescent sexual behaviour with the view of recommending more protective practices and improving on the existing ones. Background literature consulted reflects on the magnitude and scope of the problem of risky adolescence sexual behaviour and consequences thereof. Some of these consequences place adolescents in danger of acquiring sexually transmitted infections (STIs), contracting HIV which leads to AIDS, unintended pregnancies and becoming a teen parent (Terzian et al., 2011). Further review of literature shows existence of various methods and strategies that could be used for managing risky adolescent sexual behaviour that are at the disposal of schools.

## 2. Background to the study

The prevalence of school going adolescents engaging in risky sexual behaviour is visibly high in secondary schools in Zimbabwe. While this problem was thought to be more pronounced in urban secondary schools where cultural morals are believed to be less strict, the breakdown in traditional family setups and proliferation of media technologies, adolescents in rural secondary schools are no longer spared from the problem. Moyo (2018) reports that according to a survey by Amnesty International, 40% of adolescents in Zimbabwe become sexually active before the age of 18, a development which compromises their health. The survey blames some inconsistent laws and cultural sexual taboos for putting the health and future of adolescents at risk. Generally, cases of risky sexual behaviour increase dramatically at adolescence with statistics showing that on average, experience with sexual intercourse for instance, increases from zero percent to 61.6% (Simons-Mortons et al., 1999) regardless of

location. Moreover, the drastic increase in the prevalence of such problems during adolescence is a national concern for all countries (Dryfoos, 1990; Feldman and Elliot, 1999; CDC, 1995). For that matter, Djamba (2004) observes that the average age at menarche is decreasing worldwide, the age at first sexual debut is declining, the number of sexually active adolescents is increasing and therefore the prevalence of risky sexual behaviour is intensifying. According to Caron (2013), experience has shown that risky adolescent sexual behaviours in school settings pose substantial problems for school staff. The author implores that these problems are not only restricted to managing the risky sexual behaviours per se but also extend to protecting the whole school population and dealing with pressure from parents. This is coupled with problems of how to talk to parents about the sexual behaviour of their child considering the right words to use, cultural issues and child protection procedures. As already suggested, adolescent sexuality issues can present challenges for everyone, including the fact that adults may not like that adolescent children are connected in any way to sexuality (McGrath, 2010). Many adults, including school personnel are at time at loss on how to handle risky adolescent sexual behaviour. Dealing with adolescence sexuality actually provoke personal responses even in professionals- responses that are shaped by personal, cultural, religious, community and societal values (Caron, 2013). This according to Caron has often seen under - or over-reactions with regards management and prevention of risky adolescent behaviour.

Preventing risky adolescent sexual behaviour is important because continuous engagement in it has the propensity for setting the stage for engaging in other risky behaviours, thereby increasing the likelihood of self-injury and future social, behavioural, physical and mental health problems (Terzian et al., 2011). Rashid and Mwale (2016) concur that adolescents are at high risk of unsafe sexuality activities leading to infection with HIV/AIDS, STIs and to unintended pregnancies. For those in school, the net result is often school dropout followed by a pathetic lifestyle of unemployment and poverty. The rationale for such interrogation is that adolescents naturally experience numerous developmental challenges, including increasing need for independence, evolving sexuality, transitioning through education, consolidating advanced cognitive abilities and negotiating changing relationships with family, peers and the broader social connections (Cameroon and Kanabarrow, 2003). As such, Schmied and Tully (2009) postulate that, by its very nature, the adolescent period is marked by an increased involvement in risky behaviours which often have long term negative effects. This is motivated by the hormonal changes that characterize the stage and the tendency for adolescents to always experiment with what they view as adult like behaviour. In the process adolescents find themselves entangled in risky sexual and other behaviours.

Inyang (2014) observes that most adolescents actually engage in indiscriminate sexual experimentation. In effect, adolescence is a period of life that is characterized by intense sexual drive leading to this experimentation hence making adolescents a vulnerable group (Ajibade et al., 2013) that needs increased research attention. Quite interestingly, adolescents remain a neglected, difficult to measure and difficult to reach population (Omotoso, 2002). These revelations justify the need for the current study. The situation is exacerbated by lack of accurate information and proper adult guidance of adolescents' sexuality. For Oluwatoyin and Modupe (2014) lack of information and guidance about sex and sexuality make adolescents vulnerable to disease, physical, emotional and economic exploitation as the adolescents unknowingly engage in risky sexual behaviours that might expose them to negative effects. The results of a Demographic Health Survey (DHS) in 2015 reflect low and declining knowledge of HIV prevention among adolescents, especially in rural areas of Zimbabwe, that is, 46.3% to 41.4% for females and 41.7% to 41.4% for males between 2010 and 2015 (Government of Zimbabwe, 2016). According to Washaya (2013), studies have proved that adolescents in Zimbabwe who receive age appropriate information are less likely to engage in risky sexual behaviour than their peers who are not exposed to the information. It is against the background of the aforesaid consequences of risky adolescent sexual behaviour that this study was conducted with the view of devising and recommending methods and strategies for managing risky adolescent sexual behaviour in rural secondary schools in Zimbabwe. This study is premised on the social learning theory which is pillared on the fact that environmental contingencies play an important role in guiding behaviour (Durkin, 1995) and the attachment theory which is hinged on the fundamental principle that humans are social beings and therefore have an innate propensity to connect with those around them. In addition, Bronfenbrenner (1979) social ecological model which propounds that child development is influenced not only by the more proximal and relatively stronger influences of family, peers and school but also by distal factors of the broader social context, such as media and policies including any dynamic changes that often affect the family and school (Schmied and Tully, 2009). In the context of this study, it is assumed that the social environment in which adolescents grow should model them to shun risky sexual behaviour.

### 3. Conceptualising adolescence

Adolescence, as has already been noted, is a complex but the most interesting and dynamic transitional phase in the life cycle of a human being. Put in another way, adolescence is one of the most intriguing and difficult transitions in the lifespan of mankind (Adegoke, 2003). It is a stage when lots of physiological as well as anatomical and cognitive changes take place resulting in reproductive maturity (Olurunda, 1990; Oyinloye, 2014). In a way, adolescence is a period of intense and rapid development characterized by numerous developmental tasks including gaining new and more mature relationships, achieving masculine or feminine social roles and achieving emotional independence. According to Chinawa et al. (2014) adolescence is a complex maturational and developmental process which varies across individuals and cultures. Similarly, Schmied and Tully (2009) conceptualise adolescence as a period of transition from childhood to adulthood, a stage of major growth and development in which significant physiological, cognitive, psychological and behavioural changes take place and important developmental tasks need to be accomplished. It is characterized by increasing sexual arousal and desire and at the same time formation of a sexual identity. Adolescence sexuality therefore includes an altered appearance, sexually maturing body, increased sexual desires, changing sexual attitudes and values, experience of a sexual debut, which is often a result of experimentation and integrating these feelings, attitudes and experiences into a developing sense of self (Halpern et al., 1993; Ananthakrishnan, 2002). However, Schmied and Tully (2009) also believe that the concept of adolescence is socially constructed rather than biologically determined and thus how it is defined vary with cultures and overtime. This leads to a variation in the chronologic definition of adolescence with some literature pointing to 10 to 19 years (WHO, 2003; Action Health Incorporated, 1996) while APA (2002) point to 10 to 18 years, yet Santrock (2002) believes that the period of adolescence stretches from approximately 10 to up to 22 years. Adolescence can actually last anything between 9 and 25 years, depending on the child's rate of development and cultural predictors. There is therefore no standard age range for defining adolescence (APA, 2002) although 10 to 19 years is widely accepted in the majority of literature. Elliot (1990) concurs that adolescence is typified by dramatic physical, cognitive and psychosocial maturation that varies widely in timing and tempo. These variations have resulted in a dualistic view of adolescence, that is, as either a natural acceptable transition or as a period of physiological, social and cognitive turmoil.

Although the characterization of adolescence is generating overwhelming research interest today, it is not a new phenomenon. As early as 1904, Stanley Hall attributed adolescents' misbehaviours such as engagement in risky sexual activities to the 'storm and stresses' of the transition from childhood to adulthood. For this reason, many psychologists have christened it a period of storm and stress characterized by changes which if not checked could result in maladaptive behaviours such as risky sexual activity (Kwaja and Morma, 2010). In a study, Sawyer (2001) found increasing evidence of the significant level of emotional and behavioural difficulties such as depression, anxiety, conduct disorders, substance abuse, suicidal thoughts and careless sexual involvement at adolescence. However, Mead (1928) in her works published in 'Coming of age in Samoa' argues that conceiving adolescence as a period of storm and stress is an over-generalisation since adolescence is a normal transitional period. The so called storm and stress is often temporary and many adolescents pass through without much anomaly. Oluwatoyin and Modupe (2014) confirm that while some adolescents do experience major stress and find themselves engaging in behaviours such as risky sexual experimentation many manage this transformation successfully. In agreement, Schmied and Tully (2009) speculate that many of the risky factors attributed to adolescent sexuality are relatively transitional in nature and are often resolved by the beginning of adulthood. In this context, Santrock (2002) argues that while the lives of adolescents become wrapped in sexuality, adolescence is a normal aspect of human development and should not be presented as scary and sinful.

### 4. The nature and scope of risky adolescent sexual behaviour

Adolescence, as Santrock (2002) rightly articulates elsewhere in this paper, is wrapped in sexuality of which sexuality reflects the integral joyful part of humans with biological, social, physiological, spiritual, ethical and cultural dimensions of humanity (Shittu et al., 2007). Sexuality also encompasses growth and development, human reproduction, anatomy, physiology, masturbation, family life, pregnancy, child birth, parenthood, sexual responses, sexual orientation, contraception, abortion, sexual abuse, HIV/AIDS and STIs (Action Health Incorporated, 2003). When these dimensions of sexuality are aroused at adolescence, they can be interpreted as obscene and as definitive of risky sexual behaviour particularly in African cultures where adolescents, especially



those in school, are regarded as minors. Practice of any sexuality related behaviour by adolescents is almost always seen as risky since adolescents are believed to be unqualified, unready and inexperienced to handle the dangerous terrain of the sexual world. Therefore, the nature and scope of risky adolescent sexual behaviour is a negative construction of the aforesaid sexuality dimensions and their negative consequences. According to Simons-Morton et al. (1999) risky adolescent sexual behaviour is associated with a host of negative health and social outcomes, including school failure, arrest, addiction, STIs, pregnancy, injury and even death. Oluwatoyin and Modupe (2014) identify too early initiation of sexual activity, unprotected sexual intercourse, unplanned pregnancy, multiple sexual partners and sexual intercourse with a person infected with STIs or HIV/AIDS as some of the parameters that constitute what entails risky adolescent sexual behaviour. As adolescents experiment sexual activity, they fall victim to a number of physical consequences, including pre-mature loss of virginity, unwanted pregnancy, illegitimate children, forced marriage, abortion and STIs. Further, Simons-Morton et al. (1999) add that factors such as sexual abuse, exposure to sexualized environments, media and peer pressure are significant risk factors in the designation of risky adolescent sexual behaviour. Similarly, Rashid and Mwale (2016) regard inconsistent or non-practice of safe sex and having multiple sexual partners as other predictive factors of risky adolescent sexual behaviour. Thus, risky adolescent sexual behaviour is correlated with serious long term and in some cases life-threatening consequences (Terzian et al., 2011). For McGrath (2010) risky adolescent sexual behaviour interferes with the adolescent's holistic development. It puts the adolescent's body at risk of harm, leads to constrained family and other social relationships since the adolescent tends to violate rules, norms and values and generally become problematic and ungovernable. The risk factors linked to adolescent sexuality are found across all domains including individual characteristics, family, peers, school and community (Schmied and Tully, 2009).

According to Oluwatoyin and Modupe (2014) many recent studies have shown that the main factors for risky sexual behaviour may be a result of peer pressure, curiosity or lack of knowledge. However, peer pressure can tend to be a protective factor if the peers are not pre-disposed to unbecoming sexual behaviour themselves. A study conducted by The Centre for Disease Control (2002) in the USA reported that 47% of high school adolescent children were sexually active and 14% of them had had four or more sexual partners during their life. Such careless sexual activity maybe explained through the construct of personal fable in the context of Elkind (1984) theory of social cognition. Personal fable is whereby adolescents engage in risky sexual behaviour, for example, while perceiving themselves as free from risk. This is also consistent with the theory of optimistic bias in which case adolescents gain a false sense of security by attributing most of the vulnerability to others and not to themselves (Rashid and Mwale, 2016). After all adolescents at times lack understanding of what constitutes a risky sexual behaviour (Dietrich, 2003). Such tendencies fuel the prevalence of risky adolescent sexual behaviour. There is therefore an overwhelming need for methods, strategies and programmes for effectively managing risky adolescent sexual behaviour. The current study is focused on reviewing the methods and strategies for managing risky adolescent sexual behaviour that are utilised in rural secondary schools in Zimbabwe. This would enable recommendation of best and more practical means of managing the problem.

## **5. Methods and strategies for managing risky adolescent sexual behaviour**

McGrath (2010) contends that existence of risky adolescent sexual behaviour necessitates a plan for its management. According to the author, management of risky adolescent sexual behaviour depends on the nature of the problem and parents and teachers are mandated to take an active approach to monitoring risky sexual behaviours among school going adolescents through observation, exploration, education, limit-setting, redirecting and behaviour management. In effect, research has established that effective and feasible strategies and relevant programmes for managing risky adolescent sexual behaviour in general include supporting and strengthening family functioning, increasing connections between students and their schools, making communities safe and supportive, promoting high quality out of school programmes, building social and emotional competence and providing high quality education for adolescents (Terzian et al., 2011). Meanwhile, decision making pertaining to management of risky adolescent sexual behaviour should be informed by research and practice (Caron, 2013) hence the need for the current study. For this study, focus is on methods, strategies and programmes that fall within the purview of the school system. In this context, the school ethos is important in terms of how staff model pro-social behaviour and therefore guidance on risky sexual behaviour should be integrated into the school policies but should at the same time be considerate of child protection policy provisions (Caron, 2013). Protective

factors include a positive peer group, positive school climate, religiosity, adult support, family support, positive view of the future and involvement in extra-curricular activities (Perkins and Jones, 2004).

Since the school is the primary institution outside the family within which adolescent behaviour can be directed and shaped, there are specific interventions that schools could utilise. Traditionally, punitive strategies such as corporal punishment, detention, suspension or temporary expulsion and exclusion have been used by schools to manage risky sexual behaviour. In modern education, such methods are no longer totally acceptable. For example, in Zimbabwe there is so much debate on the legality of corporal punishment and its administration is restricted. According to the Ministry of Education, Sport and Culture Circular Minute Number 362 of 1998, corporal punishment is prohibited, although under article 241 of Criminal Law (Codification and Reform) Act and article 66 of the 2004 Education Act it is legal in schools but only for boys. Circular Minute Number 362 of 1998 therefore stipulates that, where it becomes necessary, it is the responsibility of the Head of the school to administer it or to delegate a staff member to do so but under no circumstances should female students be subjected to it. Despite these regulations in Zimbabwe, Matope and Mugodwa (2011) discovered in a study that corporal punishment was widespread in secondary schools and that it was applied indiscriminately on both male and female students. In a related study, Gugyanga et al. (2014) established that, after all, corporal punishment was not effective in combating unbecoming behaviour among adolescent students. An alternative to negative punishment methods is exploration of more interactive methods and pro-social methods such as deliberate information dissemination, sex education, family or parental engagement and training, peer education and counselling.

With regards to information dissemination Rashid and Mwale (2016) argue that adolescents who lack information on sex and sexuality issues which concern them are often alienated and are likely to indulge in risky sexual behaviour. In Zimbabwe, studies show that adolescents who receive age appropriate information are less likely to become sexually active and for those already active are likely to reduce the frequency of further exposure (Washaya, 2013). The author also reports that the government of Zimbabwe has called for increased access to knowledge and life skills for children and adolescents regarding their sexual and reproductive health including issues of HIV infection, care and treatment services. This was to be achieved through the Life Skills, Sexuality, HIV and AIDS strategy whose aim was to ensure access to correct information by 2015. This strategy has been extended to become the Zimbabwe National HIV and AIDS Strategic Plan which targets to end AIDS by 2030 (Government of Zimbabwe, 2016). Under the Safeguarding Young People (SYP) Programme, UNFPA has also supported both in and out of school comprehensive sexuality education, including supporting policy and strategy development, technical support to development of syllabi, teacher and learner materials (Government of Zimbabwe, 2015). The Ministry of Education, Sport, Arts and Culture then, launched the Life Skills, Sexuality, HIV and AIDS Education Strategic Plan (2012-2015) to demonstrate the education sector's commitment to the national multi-sectorial response to HIV and AIDS and to seek to address Millennium Development Goal Number 2 on combating HIV/AIDS among other diseases (Government of Zimbabwe, 2010). All these efforts in Zimbabwe priorities adolescents in general but a gap exists in ensuring whether these efforts are adopted in rural secondary schools in which adolescents spend most of their time.

Related to information dissemination is the use of sex education in the management of risky adolescent sexual behaviour in schools. Sex education is done focusing on reducing HIV/AIDS infection rates, including raising knowledge and awareness about sex and sexuality so that adolescents refrain from undertaking risky sexual activities (Rashied and Mwale, 2016). Sex education actually enables adolescents to be well guarded and better able to face challenges related to sex and sexuality (Obiekea et al., 2013). In these regards, Oyinloye (2014) believes that lack of sex education is the major factor in the escalation of risky adolescent sexual behaviour. In a school setup, sex education can be part of a social or life skills curriculum. For Simons-Morton et al. (1999) a social skills curriculum can improve the adolescents' self-management and self-control skills. However, a study by Rashid and Mwale (2016) concluded that sex education in Malawi, for example, failed to effectively and positively impact on adolescents' sexual behaviours due to some personal and cultural factors which tended to contradict the purpose of the programme. The study indicated that despite HIV/AIDS awareness brought about through sex education, adolescents still engaged in risky sexual behaviours.

These negative outcomes reflect on the need to engage parents and communities by rigorously orienting them about the need for sex education in the school. This should be done with tolerance and recognition of the local culture. Research suggests that parental or family supervision is of crucial importance in preventing a range of adolescent risk behaviours (Coleman, 1997; DeVore and Ginsburg, 2005). Thus schools could engage parents through family focused interventions such as Parent Management Training (PMT), Functional Family Therapy (FFT),

Brief Strategic Family Therapy (BSFT), Multidimensional Family Therapy (MDFT) and Multi-Systemic Family Therapy (MSFT) to effectively improve parenting skills and therefore reduce adolescent risky sexual behaviours (Schmied and Tully, 2009). A study by Oyinloye (2014) in Nigeria recommended a complementary effort of the home and school in providing information and services that help adolescents understand their sexuality and refrain from engaging in risky sexual behaviour. However, the author also notes that research on the effectiveness of parenting programmes is sparse and that many of these programmes have not been evaluated.

Peer education may also have significant positive impact on the management of risky adolescent sexual behaviour. Ajbade et al. (2013) argue that peer groups play a significant role in the socialization of adolescents and that peers serve as a credible source of information and therefore play a crucial role in reproductive health practices both in suggesting courses of action and at other times, providing service. Peer pressure is, in effect, a powerful influence on adolescents to engage or not to engage in risky sexual behaviours particularly early sexual debut and unprotected sexual intercourse (WHO, 2003). Simons-Morton et al. (1999) concur that peer affiliation can either be a risk or protective factor since adolescents tend to behave in ways that are consistent with the behaviour of their friends regardless of whether the behaviour is good or bad. In another study, Sambisa et al. (2008) found out that seeking advice from peers was a significant risk factor of premarital sex debut. In other words, whether peer pressure will have positive or negative influence depends on the department of the peers the adolescent hangs out with.

The aforesaid methods and strategies are pillared on counselling. Counselling according to Kwaja and Morma (2010) is one effective strategy for managing maladaptive behaviour such as engaging in risky sexual activity. Counselling is a helping profession which should be conducted by trained, qualified or knowledgeable personnel. Specific counselling interventions such as Cognitive Behavioural Therapy (CBT) and group counselling have been found to be efficacious in these regards (Butler et al., 2006; Barret et al., 2004; Dufour and Chamberland, 2004; Schmied and Tully, 2009). In addition to professional counsellor skills of being a good listener, being non-judgmental, straightforward and accountable towards the adolescent, teachers should display attributes such as tolerance, empathy, honesty, humility, flexibility and practicality if they are to effectively deal with the problem of risky adolescent sexual behaviour in schools (Schmied and Tully, 2009). That is why there is need for at least one qualified Guidance and Career counsellor or school counsellor in each and every school or cluster of schools in Zimbabwe.

## **6. Materials and methods**

The purpose of this study was to examine methods and strategies used by teachers at rural secondary schools of Zimbabwe in managing risky adolescent sexual behaviour with the view of recommending more protective practices and improving on the existing ones. To achieve this, the study adopted a mixed methods sequential explanatory design which is rooted in pragmatism. A sample of 200 teachers was cluster sampled from 20 schools and responded to a structured questionnaire in the quantitative phase of the study. Ten of the teachers chosen from the quantitative sample by way of purposive sampling took part in face to face qualitative interviews. The results of both phases of the study were then integrated to present a comprehensive picture of the methods and strategies for managing risky adolescent sexual behaviour in rural secondary schools of Zimbabwe.

## **7. Quantitative results**

Table 1 illustrates that 41% of the rural secondary school teachers who dealt with adolescents held Undergraduate Degrees while 38% of them held Certificates or Diplomas in Education as their highest qualification. Fourteen percent (14%) had Masters Degrees yet 7% had Post Graduate Diplomas in Education in addition to their Undergraduate Degrees. Thirty-eight percent (38%) of the teachers in rural secondary schools of Zimbabwe had experiences of between 5 and 9 years, yet 34.5% had less than 5 years' experience with adolescents at secondary schools. The other 20.5% of the teachers had had experiences of over 20 years with the adolescents and 3.5% apiece had experiences of either 10 to 14 years or 15 to 19 years. Interestingly, the majority of those with experiences of 20 or more years held Certificates or Diplomas in Education as their highest qualifications. On the whole, however, the results indicate that the teachers were relevantly qualified with appropriate experience for managing adolescents in secondary schools.



**Table 1**

Highest qualifications and experiences of teachers (n=200).

Highest qualification	N	%	Experience	N	%
Master's degree	28	14	<5 years	69	34.5
Undergraduate degree	82	41	5-9 years	76	38.0
Post graduate diploma (Education)	14	7	10-14 years	7	3.5
Certificate/Diploma (Education)	76	38	15-19 years	7	3.5
			20 <sup>+</sup> years	41	20.5
Total	200	100		200	100

**Table 2**

Common risky adolescent sexual behaviour cases in the rural secondary schools of Zimbabwe (n=200).

Aspect	Agree (%)	Uncertain (%)	Disagree (%)
Multiple partners	69	28	3
Dating older partners	76	17	7
Premarital sex	90	10	0
Unprotected sex	66	31	3
Commercial sex/prostitution	14	52	34

It is evident from Table 2 that 69% of the teachers of adolescents in rural secondary schools of Zimbabwe agreed that having multiple partners was the most common risky sexual behaviour among the adolescents. Seventy-six percent (76%) of the teachers believed that the most common risky sexual behaviour was dating older partners, 90% and 66% respectively said that it was premarital sex and unprotected sex respectively that topped the list of risky sexual behaviours among adolescents in rural secondary schools of Zimbabwe. In addition, 14% agreed that commercial sex or prostitution was the other common risky sexual behaviour. The table also shows striking results that 52% of the teachers expressed uncertainty over commercial sex or prostitution, 31% over unprotected sex, 28% over multiple partners, 17% over dating older partners and 10% over premarital sex as common risky adolescent sexual behaviours. Meanwhile, 34% of the teachers disagreed that commercial sex or prostitution and 7% that dating older partners were common risky adolescent sexual behaviours in the rural secondary schools. In each case 3% disagreed that having multiple partners or unprotected sex were common practices among adolescent students yet none of the teachers disagreed that pre-marital sex was a common risky adolescent sexual behaviour.

**Table 3**

Methods used for managing risky adolescent sexual behaviours in rural secondary schools of Zimbabwe (n=200).

Aspect	Agree	Uncertain	Disagree
Corporal punishment	41	0	59
Physical punishment	48	14	38
Individual counselling	97	3	0
Group counselling	93	7	0
Parental engagement	86	11	3
Information dissemination	86	14	0
Social and academic supports	86	11	3
Exposing the delinquent individual	34	32	34
Class/school exclusion	7	14	79

The results in Table 3 indicate both the negative and positive or protective methods used by teachers and administrators of rural secondary schools of Zimbabwe to manage risky adolescent sexual behaviours that are noted in Table 2. Forty-one percent (41%) of the teachers agreed that corporal punishment was the dominant method, 48% cited physical punishment, 34% exposing the delinquent individual and 7% pointed to class or school

exclusion. On the positive, the teachers cited individual counselling (97%), group counselling (93%), parental engagement (86%), information dissemination (86%) and academic and social supports (86%) as the methods used for managing risky adolescent sexual behaviours in rural secondary schools of Zimbabwe. Quite interestingly, 62% of the teachers reported that their schools did not have qualified counsellors in their schools. None of the teachers expressed uncertainty at the use of corporal punishment, yet 59% disagreed that it was used as a method of managing risky adolescent sexual behaviour. However, some teachers expressed uncertainty at the use of physical punishment (14%), exposing the delinquent individual (32%), class or school exclusion (7%), individual counselling (3%), group counselling (7%), parental engagement (11%), information dissemination (14%) and social and academic supports (11%) as methods of managing risky sexual behaviours in the schools. Contrary to those who agreed, 38% of the teachers disagreed that physical punishment was used while 34% disagreed that exposing the delinquent individual and 79% that class or school exclusion was used. In addition, 3% apiece disagreed that either parental engagement or social and academic supports were used. None of the teachers disagreed that individual and group counselling as well as information dissemination were used as the methods of managing risky adolescent sexual behaviours in the rural secondary schools of Zimbabwe.

**Table 4**

Programmes for managing risky adolescent sexual behaviours in the school.

Aspect	Agree	Uncertain	Disagree
Scripture Union (SU)	66	14	20
Career Guidance and Counselling Clubs (CGCCs)	79	7	14
Peer Education	38	41	21
Parent Management Training (PMT)	38	41	21
Resource persons	79	7	14
Sex Education	90	3	7

Data in Table 4 present the deliberate programmes that had been established in rural secondary schools of Zimbabwe as means of managing risky adolescent sexual behaviour. The teachers agreed that the programmes that were available included SU (66%), CGCCs (79%), Peer Education (38%), PMT (38%), use of resource persons (79%) and Sex Education (90%). Some of the teachers were however uncertain whether their schools had SU (14%), CGCCs (7%), Peer Education (41%), PMT (41%), use of resource persons (7%) and Sex Education (3%) programmes for managing risky adolescent sexual behaviour. At the same time, some teachers disagreed that their schools had programmes such as SU (20%), CGCCs (14%), Peer Education (21%), PMT (21%), use of resource persons (14%) and Sex Education (7%) for managing risky adolescent sexual behaviour in their schools.

## 8. Qualitative results

To authenticate especially the interesting and novel data that arose during the quantitative phase of the mixed methods study, the researcher used qualitative interviews to further interrogate issues. This enabled an in-depth understanding of the issues involved. Relating to the common risky adolescent sexual behaviour cases in rural secondary schools of Zimbabwe, the teachers who were interviewed insinuated that boys were the worse culprits than girls in having multiple partners. This was attributed to engendered indigenous cultures which allowed males to have more than one female partner. The teachers also confirmed that dating older partners was rampant among adolescent girls. In provinces in the southern part of the country, data were consistent that the school girls fell victim to older men, often those who worked either in South Africa or Botswana. These older men lured the adolescent girls using material and monetary gifts. Some of these girls were reported to end up pregnant, dropping out of school and forced into often dysfunctional marriages. Some female teachers confided that some male teachers in rural secondary schools of Zimbabwe were also guilty of having sexual relationships with the adolescent school girls. Concerning commercial sex or prostitution as a common risky adolescent sexual behaviour in the schools, it emerged during the interviews that, in isolated cases some girls were known for trading sex at local drinking sports during the night. These girls often acted under the influence of older peers who had left school.

On methods used for managing risky adolescent sexual behaviour in rural secondary schools of Zimbabwe, the teachers exposed that corporal and physical punishments were dominant methods. This was despite their

conservative responses to the questionnaire, they said. Asked whether corporal punishment was used indiscriminately for the boys and girls, the teachers commented to the affirmative. The teachers also revealed that the counselling which they reported in the questionnaire was tantamount to mere advisement and was not professional since they were not trained or in-serviced on even the basic professional counselling skills. Even those who had indicated that their schools had qualified counsellors revealed that they were referring to those teachers who were delegated by schools to be school counsellors and to teach Career Guidance and Counselling although none of them had a qualification in the area. In addition, the qualitative data also showed that parental engagement by schools as a method of managing risky adolescent sexual behaviour was reactive and not proactive. At times parents of the delinquent adolescents failed to cooperate or in some cases parents were not even available as some of the adolescent children came from child headed families. Information provision was scanty in most cases but where it was fairly comprehensive, it was provided by some local non-governmental organisations, churches or the police and not by the schools themselves.

In the case of deliberate programmes designed by the schools to manage risky adolescent sexual behaviour, save for SU, CGCCs, use of resource persons and Sex Education which were conceived as extensions of the school curriculum, the teachers who were interviewed generally expressed reservation as to the existence of these programmes in rural secondary schools of Zimbabwe. The teachers also reported that the resource persons often offered themselves and the schools rarely initiated such a programme particularly as a way of managing risky adolescent sexual behaviour.

## **9. Discussion and conclusion**

The purpose of this study was to examine methods and strategies used by secondary schools in managing adolescent sexual behaviour with the view of recommending more protective practices and improving on the existing ones. The study established that the most common risky adolescent sexual behaviours in rural secondary schools of Zimbabwe included premarital and unprotected sex, dating older partners and having multiple partners. While other risky sexual behaviours affected boys and girls equally, having multiple partners affected boys more while dating older partners affected the girls more than the boys. While prostitution was not widespread, it was a concern since some adolescent secondary school girls were influenced into it by older peers who had left school. Overall, the study concluded that girls were more predisposed to risky adolescent sexual behaviour than boys.

In combating risky adolescent sexual behaviour, rural secondary schools of Zimbabwe used corporal punishment, counselling, information dissemination, parental engagement and social and academic supports. Although the quantitative results indicated otherwise, the overall picture is that corporal punishment was used as the most dominant method of managing risky adolescent sexual behaviour in rural secondary schools of Zimbabwe. This was despite Ministry of Education, Sport and Culture Circular Minute Number 362 of 1998 which prohibits indiscriminate use of corporal punishment. This revelation is similar to Matope and Mugodwa (2011) study which established that corporal punishment was widespread in secondary schools of Zimbabwe and that it was applied indiscriminately on both male and female students. The current study also discovered that the counselling that schools claimed to use was done by teachers who had no basic professional counselling skills and tended to be mere advisement while information dissemination was sparse and parental engagement was reactive rather than proactive. The need for teachers who conduct counselling for adolescent students is widely supported by previous research (Dufour and Chamberland, 2004; Barret et al., 2004; Butler et al., 2006; Schmied and Tully, 2009). With regards information dissemination, Rashid and Mwale (2016) found out, in a similar study that, adolescents who lacked information on sex and sexuality issues which concern were often alienated and were likely to indulge in risky sexual behaviour. For Washaya (2013) the Government of Zimbabwe has called for increased access to knowledge and life skills for children and adolescents regarding their sexual and reproductive health including issues of HIV infection, care and treatment services. It however appears that such government efforts are targeted at local communities and have not resonated to in-school adolescents. As for parental engagement, previous research suggests that parental or family supervision is of crucial importance in preventing a range of adolescent risk behaviours (Coleman, 1997; DeVore and Ginsburg, 2005). In particular, a similar study by Oyinloye (2014) in Nigeria recommended a complementary effort of the home and school in providing information and services that help adolescents understand their sexuality and refrain from engaging in risky sexual behaviour.

In addition to the foregoing methods, rural secondary schools of Zimbabwe had deliberate programmes meant for managing risky adolescent sexual behaviour. These included SU, SGCCs, Sex Education and engagement

of resource persons. However, the study noted that these programmes were not solely aiming at managing risky adolescent behaviour and that they were neither well established nor given full attention. About Sex Education, Obieka et al. (2013) earlier argued that it actually enables adolescents to be well guarded and better able to face challenges related to sex and sexuality (Obieka et al., 2013). On these bases, Oyinloye (2014) in another study concluded that lack of sex education is the major factor in the escalation of risky adolescent sexual behaviour in secondary schools. Peer Education programmes were scarce in rural secondary schools of Zimbabwe yet a study by Sambisa et al. (2008) suggests that it is a significant factor in these regards. Similarly, Ajbade et al. (2013) argue that peer groups play a significant role in the socialization of adolescents and that peers serve as a credible source of information and therefore play a crucial role in mitigating risky sexual behaviours. The current study concludes that management of risky adolescent sexual behaviour in rural secondary schools of Zimbabwe was not premised on theoretically sound methods and programmes and was therefore bound to be ineffective. This was evidenced by the continued escalation of such cases in the schools. However, the level of education and professional experiences of the teachers provide a potential for a better picture.

### Recommendations

The study recommends the following as strategies for adopting more protective practices and improving on the existing ones:

- ✓ Training of teachers in rural secondary schools of Zimbabwe in basic counselling skills;
- ✓ Awareness workshops on policy regulated methods and programmes for managing risky adolescent sexual behaviour;
- ✓ Making it mandatory for secondary schools of Zimbabwe to establish Sex and Peer Education programmes to combat risky adolescent sexual behaviour;
- ✓ Establishment of more defined policies and procedures on parental engagement as a proactive strategy for managing risky adolescent sexual behaviour;
- ✓ Integrating programmes meant for adolescents in local communities into the school system;
- ✓ Incorporating gender mainstreaming into all school based methods and programmes for combating risky adolescent sexual behaviour.

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