

Exploring Intersections between Teenage Pregnancy and Gender Violence: Lessons from Zimbabwe

Caroline Hof¹ and Annemiek Richters¹

ABSTRACT

A qualitative study of teenage pregnancy was conducted over a period of three months in 1996 in Bulawayo, Zimbabwe. Interviews with teenage mothers and fathers gave reason to explore the various intersections between teenage pregnancy and gender violence. Gender violence is defined as acts of force or coercion directed at an individual woman and perpetuating female subordination. Teenage pregnancy and its relationship with gender violence are analysed against the background of the social and cultural conditions that promote, facilitate, or prevent violence against adolescent girls. It is argued that a much-needed improvement of adolescent sexual and reproductive health interventions should be based on the incorporation of new gender norms in all levels of society. (*Afr J Reprod Health* 1999;3[1]: 51-65)

RÉSUMÉ

Explorer les intersections entre la grossesse des adolescentes et les violences sexistes : leçons du Zimbabwe. Une étude qualitative sur la grossesse des adolescentes avait été menée sur une période de trois mois en 1996 à Bulawayo au Zimbabwe. Les résultats d'interviews avec des filles-mères et jeunes pères ont justifié l'exploration des liens qui existent entre la grossesse des adolescentes et la violence sexiste. La violence sexiste est définie comme l'exercice de la force ou coercion sur une personne de sexe féminin dans le but de perpétuer la subordination féminine. Dans cette étude, la grossesse des adolescentes est analysée sur le fond des conditions sociales et culturelles qui promouvoient, facilitent ou préviennent la violence à l'encontre des adolescentes. L'étude argumente que l'amélioration des interventions de santé sexuelle et reproductive des adolescents devrait être basée sur l'incorporation de nouvelles normes de parité des sexes à tous les niveaux de la société. (*Rev Afr Santé Reprod* 1999; 3[1]: 51-65)

KEY WORDS: *Teenage pregnancy, sexuality, reproductive health, gender violence, socio-cultural context, Zimbabwe*

¹Office for Women and Health Care, Leiden University Medical Center, Poortgebouw-South, 4th Floor, P.O. Box 9600, 2300 RC Leiden, The Netherlands.

Introduction

Various studies on fertility in sub-Saharan countries have revealed that sexual activity among teenagers starts at an early age.¹⁻³ This activity can have severe consequences, especially for females. Unprotected sexual intercourse may result to sexually transmitted diseases such as HIV infection and unwanted premarital pregnancies that often lead to expulsion from school,⁴⁻⁶ thereby reducing employment options in later life.¹ Furthermore, adolescent pregnancy and child-bearing, whether wanted or not, pose health risks to mothers as well as children. In comparison with infants born to older mothers, infants born to very young mothers experience greater risks of prematurity, low birth weight, birth injuries, and mortality. Young women are more likely than older women to attempt dangerous abortions or suffer damage in the birth process that renders them infertile or endangers their lives.¹

Over the years, a considerable number of studies have stated that insufficient knowledge concerning reproduction, sexuality and contraceptives, and inadequate family planning facilities are the reasons why teenagers do not use contraceptives.^{1,2,6-8} The decision by teenagers to use or not to use contraceptives is, however, not solely based on knowledge and availability of contraceptives, but is also influenced by the social and cultural context in which particular beliefs are embedded. Programmes geared towards prevention of teenage pregnancies are likely to fail if they do not take into account ideas and behaviours concerning gender relations, sexuality, and contraception.

One way of approaching and analysing unwanted teenage pregnancy and its causes is through a focus on gender imbalance and gender violence. Sexuality and contraception are pre-eminent aspects of life in which inequalities between men and women are reproduced, and in which women's rights are often violated.^{9,10} Focusing on gender imbalance and concomitant

violence against women may add to our understanding of the complexity of factors which result in teenage pregnancy. Gender violence, however, may not only be a cause but may also be the result of teenage pregnancy, since such pregnancies are regularly followed by further violations.

Thus far, attention to gender violence as a possible direct or indirect cause of teenage pregnancy has been relatively low in literature on teenage pregnancy. Gershenson *et al*¹¹ were among the first to pay attention to the incidence of sexual violence as a possible risk factor for unwanted teenage pregnancies. There is now a growing body of evidence that a considerable number of unplanned pregnancies may be the result of forced sexual intercourse.¹²⁻¹⁴ It is not until very recent, however, that violence within teenage relationships has become more intensively investigated.^{15,16}

In the preparation of our own study of 'possible causes and consequences of teenage pregnancy in Zimbabwe', we regarded sexual abuse as merely one of many possible factors to pay attention to. It was only during and after the interviews with both teenage mothers and fathers that we became fully aware of the weight of this factor in connection with unwanted teenage pregnancy in Zimbabwe, and of the possible intersections between other forms of gender violence and teenage pregnancy. What particularly struck us was the firm rootedness of the forms of gender violence at issue in a socio-cultural context that fuels gender inequality in all aspects of life. Some of the research findings which focus on these topics are presented in this article. The purpose of the article is to contribute to a further awareness of factors which may be linked to unwanted teenage pregnancies but have been neglected for too long in literature. It is also to give some direction to the kind of questions that need to be addressed in more detail in future studies of these pregnancies.

Field study of teenage pregnancy in Zimbabwe: methodology and participants' characteristics

In 1996, over a period of three months, qualitative research was carried out in and around Bulawayo, Zimbabwe's second largest city. The request for the research came from a gynaecologist working in Bulawayo who was confronted with the frequent occurrence of pregnancy and induced abortion among teenage girls. He was interested in an exploration of the socio-cultural context that enhances early child-bearing. Before attributing the high number of teenage pregnancies and induced abortions to an inadequate family planning system, he wanted to know the extent to which teenage pregnancies were caused by variables other than lack of access to contraceptives. His assumption was that at least some of the pregnancies were planned, and not considered a problem by the teenagers concerned.

Based on the request of the gynaecologist, the research was embarked upon as an exploration of the socio-cultural context of both teenage mothers and their partners by means of semi-structured interviews and focus group discussions. The interviews addressed the following topics: the upbringing of boys and girls, school career, dating, sexuality, contraceptive use, and the experience of pregnancy and parenthood. Much attention was paid to the investigation of communication processes between males and females on general issues within their relationship and on contraceptive use and sexuality in particular. Finally, the occurrence of sexual coercion within relationships was an important issue of inquiry.

Twenty-five young women (14-24 yrs) who had been teenage mothers when they were between 14 and 19 years were interviewed. The average age of the female interviewees was 16.5 years at the time of pregnancy, whereas at that time the average age of the fathers of their children was 22.3 years. In addition, fifteen males (22-35 yrs) who had impregnated teenage girls when they were between 16 and 26 years were

interviewed. Most of these male interviewees were not teenagers at the time of pregnancy. Their average age was 22.1 years when they became fathers. The majority of the teenage mothers had given birth within the two years preceding the research. Some of the girls had given birth to their baby just a few days before the interview. Some of the other interviewees had become teenage mothers more than two years before then. Similar differences in time elapsed since the births of their children were also found among the group of young fathers.

The majority of teenage mothers (14 girls) had already left school before they got pregnant, either due to lack of money (11 girls) or because they were not interested in going to school (3 girls). Eleven of the 14 girls had not finished primary school, the remaining three girls had terminated their education during their first year in secondary school.

There were only nine girls who became pregnant while they were still in school. They were forced to terminate their schooling because of the pregnancy. They, however, had all wanted to finish their education and did not think that money would have been a problem. Their educational levels were much higher than those of the girls who left school before they got pregnant – eight of these nine girls had gone to secondary school for several years, and only one had had to leave primary school. There was only one girl who had been able to continue schooling after she became pregnant, as her pregnancy was terminated through an abortion. It had resulted from an incestuous relationship with a family member, and in Zimbabwe, abortion is legal when it concerns pregnancy resulting from incest. Details of the educational careers of two girls were lacking.

The teenage mothers interviewed in this study can be described as coming from poor, low-income families, with only one girl having a middle class background. Nearly all teenage mothers worked in the household of their own families or as domestic servants after they left

school. They all had little or no prospect of going back to school or upgrade themselves educationally. Only one girl succeeded in going back to school and she now works as a teacher. Her middle class background had helped her to achieve an educational certificate.

The majority of teenage mothers (14 girls) were rejected by their boyfriends after they had become pregnant. Ten girls got married or were arranging marriages with the fathers of their children. One girl became pregnant by her own father. Nearly all males interviewed in our study had low-income jobs. The ones (8 men) who had accepted the pregnancy all reported having difficulties in supporting their families financially. Only one man had a well-paid job and came from a middle class background, but he did not take financial responsibility for his child.

The interviews were arranged by key informants who introduced the interviewers to teenage mothers or fathers known in their suburban neighbourhoods. One of our key informants brought us into contact with married men working for a brick company or women who were teenage mothers and married to employees of this company. In the recruitment of these interviewees, men who have taken responsibility for their pregnancies may have been over-selected.

The first author with the help of two highly qualified Zimbabwean nurses who had experience as assistants in other research on sex-related issues and felt comfortable discussing such issues conducted the interviews. They had an important role in constructing the interviews and discussing the responses of the interviewees. During the research period, additional information was obtained in conversations with teachers, family planning personnel, religious leaders, and individual teenage and adult women. The mother tongue of the two nurses is Ndebele, the language primarily used in the interview process. The language spoken by the interviewees was mainly Ndebele. Some spoke a little English. The translation from Ndebele into English was

carried out by the two Zimbabwean research associates during and after the interviews. The second author supervised the research and was later involved in a project on gender violence in Southern Africa, which included Zimbabwe.

During the interviews, several of the female interviewees told us that they had been forced into sexual intercourse by their boyfriends or relatives. Most of these girls had not talked about incidents of violence before. They spoke up for the first time during the interview. They reported that being able to talk about these issues confidentially was a new experience. Following the interview, a few girls decided to take somebody into their confidence and to report their sexual abuse. When girls were interested in the subject of sexual violence, little booklets that discussed this problem were provided. The girls who had experienced sexual violence were informed where they could get further information and counselling.

In addition to the interviews with individual teenage mothers and fathers, four group discussions with both male and female teenagers (16-19 years.) without children were held. During these group discussions, themes such as causes and consequences of teenage pregnancy, refusal of pregnancies by boys, contraceptive use, and premarital sexuality were discussed. Gender violence as such was neither raised by the research team as an issue in these discussions, nor by the teenagers. When relevant to this article, references are made to these group discussions. The main results, however, will be reported in an ongoing work.¹⁷

A drawback of the recruitment by key informants is that it may have produced an unrepresentative selection of teenage mothers and fathers since the search for informants has not been at random. Our assumption is, however, that the possible selection bias has not necessarily had a negative influence on the research, since it was not directed at obtaining statistics, but, in the first instance, at acquiring a deeper insight into the embeddedness of teenage pregnancy and related issues in a particular socio-

cultural context. The approach chosen was, therefore, a qualitative one. It was also exploratory in nature due to time constraints. The data obtained, our interpretation, and conclusions must obviously be validated by further research.

Gender Violence: Problems of Definition

As there is no uncontested definition of gender violence yet,¹⁸⁻²⁰ the problem is that violence is a broad concept, lending itself to various definitions and theories, significations and categorisations. However, on the whole violence is seen as an act carried out by one person with the intention, or perceived intention, of causing pain and injury to another. In addition to physical injury, however, violence in a fuller sense includes sexual and psychological abuse. When the act of violence is directed against a woman because of her sex, or affects women disproportionately, one generally speaks of the phenomenon of gender violence. At times gender violence may be consciously used to perpetuate male power and control; at other times, that intent may be missing, but the effect nonetheless is to cause harm or suffering in a way that reinforces female subordination. Accordingly, gender violence then comprises any act of force or coercion directed at an individual woman or girl that jeopardises her life, body, psychological integrity, or freedom and that perpetuates female subordination.

A more expansive definition of gender violence would move beyond discrete acts to include forms of ongoing, institutionalised sexism, such as discrimination against girl children in food and medical care, lack of access to 'safe' contraceptions and abortion, and laws and social policies that perpetuate subordination without necessarily leading to physical, sexual, or psychological harm, or suffering. The appeal of such an all-embracing definition is that it would permit many violations of women's rights to be addressed under the rubric of violence. A drawback, however, is that it is so all-embracing that one loses focus.

In literature on gender violence in sub-Saharan Africa, one often does not find a definition of gender violence but instead a list of abuses which constitute gender violence. Sometimes the definition given in the United Nations Declaration on the Elimination of Violence against Women is quoted with approval. This declaration was adopted in 1993 at the 48th session of the United Nations General Assembly. It was drawn up in order to stress that violence against women occurring across the world should finally be acknowledged and addressed as an issue of human rights. The UN definition offers a list of abuses, which represents a compromise between a desire to be inclusive and the need to keep the definition specific.¹⁹

In this article, which focuses on dyadic teenage relationship, we will adhere to the above limited definition of gender violence and examine which forms of gender violence can be identified and are prominent within teenage relationships. Gender violence will thereby be emphatically conceptualised as an act embedded in the socio-economic, political, and ideological context of power relations between men and women, as violence that reflects power imbalances inherent in patriarchal society. It is our contention that investigating teenage pregnancy and its intersections with gender violence demands an analysis of social and cultural conditions which promote, facilitate, or prevent violence against adolescent girls.

Taking the narrow definition of gender violence as our point of departure, we encountered the problem in our analysis that we could not always strictly separate individual acts of psychological gender violence from the social and cultural pressures to conform to gender norms which subordinate women. If individual men reinforced those norms in their relationship with female teenagers in specific behavioural acts in a way that girls experienced pain and suffering, we classified those acts as psychological violence. But a problem remains because there may be a discrepancy between an outsider's judgement in this respect and the judgement of the women

concerned. The concept of gender violence presents a classic example of the problem of universality versus cultural relativity of individual human rights. For example, is exclusion from decision-making in matters of sexuality and contraceptive use an assault on a woman's mental integrity if the woman herself does not clearly recognise it as such? These and other problems will be discussed after the presentation of three themes which should be examined regarding the intersection of gender violence and teenage pregnancy – age and power differences in teenage relationships in general; the expression of sexuality and decision-making in sexual relationships; and the control of fertility and safe sex by means of contraceptives. We want to explore these intersections in the light of existing research findings on gender violence in Zimbabwe, and definitions of gender violence used by women activists challenging gender violence in Zimbabwe: hence we first provide information about the research covering the situation in Zimbabwe.

Zimbabwe-focused Research

Women's organisations throughout sub-Saharan Africa have identified violence against women as a priority issue, including organisations like *Musasa* and *Women and AIDS Support Network* (WASN) in Harare, Zimbabwe. There is a paucity of data, however, detailing the extent of different forms of violence against women. With specific reference to Zimbabwe, Maboreke²¹ notes:

Everybody knows it exists. Everybody knows that there is a great deal of it. But nobody knows its extent. There are no figures.

To address this problem, Musasa's research unit conducted a household survey in the Midlands Province in which almost 1000 women of over 18 years participated.²² The results confirmed that violence against women in Zimbabwe is widespread. Since age 16, 42 per cent of the women interviewed reported experiencing specific acts of psychological violence, 39 per cent

specific acts of economic violence, 37 per cent specific acts of sexual violence, and 32 per cent specific acts of physical violence. Only 15 per cent reported no experience of violence. Prior to this prevalence study, Musasa conducted a major qualitative study in the same area.²² Men and women from a range of backgrounds gave their views on domestic violence and what they thought were the causes of this problem. What we will discuss later is whether the specific acts of gender violence distinguished by Musasa in the Midlands research and their other activities cover the forms of gender violence we encountered in our research on female teenagers.

We could not find any figures on gender violence among females under the age of 16 years. A representative of WASN, however, told us in 1998 that WASN is very worried about violence against teenage girls. The prevalence of AIDS among teenagers is high in Zimbabwe and much of it is attributed to gender violence. The ratio of AIDS among 13-19-year old males and females is approximately one to five (1:5).

We did not succeed in collecting recent information about the extent of teenage pregnancies in Zimbabwe. As of July 1998, *The Zimbabwe Women's Resource Centre and Network*, which has good documentation on women's issues,²³ did not have one entry to teenage pregnancy in their library, suggesting a paucity of research on teenage pregnancy in Zimbabwe. A good source on the social dynamics of adolescent fertility in sub-Saharan Africa is the report made by Bledsoe and Cohen¹ with some quantitative data from demographic and health surveys, including data on Zimbabwe. A problem with these data is that they were not collected with adolescent fertility in mind, and, therefore, the number of women <19 years is small. The strength of the book lies in the qualitative anthropological findings. The report builds on the fact that many of the problems of adolescent fertility appear to stem from condemnation of premarital child-bearing. Although various forms of

discrimination against female adolescents which are familiar to us from our own research are discussed as an explanation of the social dynamics of adolescent fertility, no references are made by Bledsoe and Cohen to gender violence, narrowly defined, and specific ethnography on Zimbabwe is missing.

Problems in Male-female Relationships: Age and Power Differences

What is striking in the population of teenagers in our study is the age difference in teenage relations. On average, males are almost six years older than females. The age difference characteristic for many Zimbabwean relationships can be regarded as a way of maintaining authority over women. In our study, both males and females mentioned that women are believed to mature much faster than men. They think women of the same age as their male partners will end up appearing older than their partners, and a woman looking older than her partner is considered a threat to male authority. The following two responses clearly indicate the anxiety some males experience about having a girlfriend of the same age:

I want to have a younger girlfriend because younger girlfriends do not challenge older boyfriends. So the communication will be better. If my girlfriend would be of the same age, she will not accept things so easily from me. Then she will also have the power to challenge me. (26-year old male)

I think that women should have limited opportunities of decision-making. I will be scared of women who have power. (22-year old male)

This preference for age differential also applies to girls. Their choice of older men is based on the fact that they consider schoolboys too immature for them. Girls think they cannot communicate very well with boys of the same age. Additionally, they feel that they cannot accept directions given by boyfriends of the same age, whereas they will accept decisions made by older boys because of the authority of age. Some

girls reported being seduced by older working men, also called 'sugar daddies', who are able to give them gifts and money. Also during the group discussions the exchange of sex by girls for material reasons was frequently mentioned. Poverty was regarded to be the main motivation for these relations.

Although not all teenagers considered age difference to be very important, societal pressures made males feel obliged to choose younger girlfriends, while females felt they were forced into choosing older boyfriends. Not every teenage relationship is characterised by male authority, however. Some males and females responded that they both made decisions in their relationship and that they did not necessarily want an age difference in order to maintain male authority.

My mother told me not to have a girlfriend of the same age, because she will challenge me. But I did not want to lead my girlfriend and to be the only decision-maker. (30-year old male)

Preference for a partner of the same age was based on the fact that both partners can have the same level of thinking and that decisions can be made in consultation with each other.

On the whole, however, our findings confirm what others have written about gender relations in Zimbabwe. Women are culturally bound to obey older men and experience little decision-making power.¹⁵ In Zimbabwe, male-headed families are the ideal family model. The preference for this kind of family organisation gives men the ultimate power of decision-making. In addition, in some ethnic groups, the payment of *lobola* (bride price) to the family of the woman for contracting marriage strengthens the belief that the woman is the man's property.^{24,25} Also in our study, males are regarded as the future head of the family which gives them, by definition, the right of decision-making. Hence, little opportunity is left for women to disagree with their partners. One girl mentioned that women are sometimes allowed to take decisions, but that men will have the final say. According to her, women just have to follow the male. She

would like to change this, but sees little possibility of doing so since it is the tradition.

Refusing decisions made by a male partner can have negative consequences, which frequently make a woman refrain from disagreeing with him. A substantial number of girls reported fear of physical abuse if they argued against their partner's decisions. Loss of respect was mentioned as consequence for a girl if she disagrees with her boyfriend. The following remark reflects the reluctant acceptance of submission:

In my relationship my boyfriend takes the decisions because he is older. I accept these decisions out of fear; it has already become an automatic reaction. If I would argue against him, then he may become aggressive. I rather prefer participating in the decision process, but it makes life easier if I do not argue against him. (16-year old female)

The problems young women experience in their interaction with men may partly originate from attitudes shaped during childhood and adolescence. Zimbabwean boys and girls are treated differently from an early age. Girls can face discrimination in terms of education and workload and are considered to be poor investments. Women are reported to have a low status.^{25,26} This was confirmed by one of the girls:

I think that men are taking the decisions in a relationship. It was taught in my upbringing that women are lower than men are and that they are subordinated to them. I think it is o.k. And I do not really want to change it. (17-year-old female)

The question here is whether being brought up to feel weaker and less useful to their families and society affects women's psychological health. It is our impression that at least some girls, while growing older, have come to experience low self-esteem and lack of confidence, which has slowly weakened their potential to exercise decision-making power.

From our research we conclude that women's low status, the age difference within re-

lationships, and existing gender-roles lead to a lack of decision-making power for women and lack of control over a woman's own life. Fear of violence or loss of respect prevents young women from disagreeing with their male partners. Although most girls in our study seem to conform to traditional norms and rules regarding appropriate female behaviour, at least a number of them did not seem to do so whole-heartedly.

One could choose to classify the structural denial of a girl's autonomy and inability of decision-making as forms of psychological violence. We, however, have decided to adhere to the narrower definition of violence. In this approach, the dominant cultural norms and beliefs regarding appropriate male and female behaviour form the basis of power imbalances within relationships which make women vulnerable to various acts of violence. We do consider that instilling fear, and threats of reprisal for failing to conform to expected behavioural norms, are forms of psychological violence. This is in accordance with the examples Musasa^{22,27} gave about acts which are violent to women's psychological health - forced isolation, public humiliation, constant criticism, instilling fear or threats, and use of bad language. Further research is needed to identify more precisely what can be considered psychological violence in teenage relationships and to study its prevalence.

In its approach to domestic violence, Musasa distinguishes not only between physical, sexual and psychological forms of violence as is usually done, but adds economic violence as a fourth form. Examples of "economically disempowering acts" include preventing someone from working, not providing support when money is available, and forcing a woman out of the house where she lives. Should the act of refusing pregnant girls to finish their schools, which limits them in their abilities to overcome their poor conditions and to work for a better future, be considered an act of economic violence?

Even more difficult is the question of

whether any economic violence is involved in dating older men for economic reasons, as is common in Africa.^{7,25,28,29} In our study, the poor living conditions of the teenagers contributed to their dating older men. Perhaps the threat of withholding further gifts if women don't comply with men's wishes could be seen as economic violence.

The social and cultural conditions in which the teenagers were living, as described in this section, promote and facilitate the occurrence of unwanted teenage pregnancy as we will see in the next two sections. In addition, the psychological violence girls experience may be a direct or indirect cause of these pregnancies. Psychological violence, again, can be strongly linked to sexual and physical violence. It reduces women's control over their own lives even further and, as such, makes them vulnerable to sexual violence in the form of rape and physical violence in the form of the inability to protect oneself against unsafe sex.

The Expression of Sexuality and Decision-making in Relationships

In order to understand why teenagers become pregnant, and whether they are willing to use contraceptives to prevent this, teenage sexuality should be explored in more detail. The willingness to use contraceptives is dependent on the kind of sexual behaviour that is socially acceptable to men and women. During the focus group discussions, the general attitude was that women are responsible for controlling the occurrence of sexual relations with men. They are expected to dress properly to avoid stimulation of men's sex drive, to refuse men's initiatives for sex and to stay pure. Pregnancies were frequently blamed on women since they had not been able to prevent sexual intimacy with a man. Men were hardly blamed for the occurrence of sexual intercourse since they are believed to have an uncontrollable need for sex.

In sexual relationships, women are fre-

quently unequal partners who have to satisfy men's sexual needs at the expense of their own pleasure. Their sexuality is seen as the fulfilment of male sexuality. Many girls reported that it is the men who enjoy sex while they themselves find it less enjoyable.

I think men are physically made to enjoy sex. Sex for women is just part of life and is not important to them. However, I think that women also need to enjoy it. (*18-year old female*)

Males are expected to take the initiative in sexual matters, according to both male and female interviewees. A few males thought that women who took the initiative were mentally ill.

I think that women who initiate sex are crazy and disturbed, it should be the man who takes the first steps. (*24-year old male*)

The girls not only experience difficulty in bargaining for pleasurable sex, they also report problems in refusing sex. They, however, adapt their own behaviour to what is expected of them.

I told my sisters-in-law that my husband had forced me into sex, but they told me that this is part of life. (*22-year old female*)

Some girls said they would have loved to be in a position to refuse, but were unable to do so. Not being able to refuse is sometimes accepted as part of a woman's life.

A woman can refuse, but then this woman will run the risk that she will be forced into sex. I would like to change it, but it cannot be done, because a woman needs to follow the man. (*16-year old female*)

In addition to gender stereotypes about sexual behaviour, girls' lack of negotiating power due to the age differential increases the incidence of coercive sex:

I knew that my boyfriend was cheating on me, but because he was older, I could not refuse sex to him. (*16-year old female*)

Several girls decided to give in to the sexual

demands of their partners for fear of sexual or physical abuse. One girl told us that she was often afraid of physical abuse when refusing sex to her boyfriend. This boyfriend did not respect her refusals and finally raped her. Other girls in our study reported that although they themselves did not fear sexual abuse by their own partners, they did think that other men might force their girlfriends into sex. The fear of violence creates a powerful situation for men since they can control the woman's sexual and reproductive behaviour.³⁰

Another reason given by girls concerning why refusing sex is problematic is that refusal may lead to separation from their boyfriends. A boy may reject a girlfriend because he suspects her of having other boyfriends or because he thinks that she does not love him. This fear of being rejected is also possibly related to the fact that some girls may be dependent on money or gifts from their boyfriends. This dependency may make such girls more vulnerable to sexual violence in the form of sexual exploitation by men:

Some girls sleep with boys because they feel pressurised into sex because they have received presents and money from them. (*25-year old male*)

The origin of beliefs and attitudes concerning sexuality as identified in this study can be traced back to the upbringing of boys and girls. In Zimbabwe, girls have been brought up to be socially and sexually passive and have not been able to develop assertiveness skills relating to matters of sex. From an early age, they are taught that particular behaviour may provoke male violence and they, therefore, learn to adapt their own behaviour to what is expected of them. They are socialised to accept the occurrence of sexual violence.

Different expectations exist concerning men and women's sexual behaviour. Women are restricted in expressing their sexuality, whereas men are allowed to have sexual relations both inside and outside marriage. Zimbabwean

women are culturally expected to comply with their partners' sexual wishes. They have no right to question the man's behaviour and authority.³⁰ The confusing messages teenagers are confronted with make the boundary between agreeable and coercive sex less clear. Zimbabwean women are expected to say 'no' to sex, even if they are interested in it. Men on the other hand are expected to play an active role and their sexual drive is believed to be uncontrollable. They don't consider it very problematic if they pressurise women into sex. As a result, the risk women face in being coerced into sex by their partners is high.^{25,31} Meursing *et al*³¹ indicate that half of the rape cases which had come to light in their study concerned girls under 15 years of age. Some of these rape incidents had resulted in a pregnancy.

For some women, it is difficult to see that the forced sexual intercourse they have experienced can be classified as rape. However, despite the fact that the violent act is sometimes not recognised as rape by these women, this does not mean that they cannot feel that their sexual integrity has been violated. Heise *et al*¹² reported that exiled Iranian women living in the United States would never have applied the term 'rape' to some of their sexual experiences in Iran. But they freely started to use terms like 'rape' and 'torture' to describe those experiences, after being exposed to this language in the United States. This new language merely gave voice to feelings they already had.

Another difficulty in researching sex-related issues is the possibility of receiving what are considered socially acceptable answers. However, even socially acceptable answers provide information on how sexuality in pre-marital relations is experienced in a particular society – they reflect what that society expects from teenagers in this particular respect.

In this section, we have highlighted two serious forms of sexual violence – the denial of a woman's sexuality and sexual coercion. Our

findings conform to what has been described in literature on the experience of sexuality and sexual behaviour in various sub-Saharan African countries, including Zimbabwe.^{9,16,25,30,32,33} The definition of Heise *et al*¹⁹ of sexual coercion covers very well what we identified as such – "the act of forcing (or attempting to force) another individual through violence, threats, verbal insistence, deception, cultural expectations, or economic circumstances to engage in sexual behaviour against her/his will." The denial of a woman's sexuality and the occurrence of sexual coercion not only affect the mental health of women negatively, but also make them vulnerable to unwanted pregnancies. Sexual violence may increase the risk of unwanted pregnancies since, in coercive situations, women cannot protect themselves against pregnancies through contraceptives, except when they are using the pill.

The Control of Fertility and Safe Sex by Means of Contraceptives

As we have seen above, the teenage women participating in our study experienced barriers to insisting on pleasurable sex, or taking initiatives in sexual matters. It is, therefore, not surprising that they also faced difficulties in the use of contraceptives. Contraceptive use was reported to be almost non-existent among the teenagers. Fear of side effects, lack of knowledge and inaccessibility of family planning services were often given as reasons for non-use. It is questionable whether the removal of the obstacles mentioned would lead to a dramatic increase in contraceptive use. The decision to practice family planning is not solely based on a rational decision outside a socio-cultural context. Personal and societal attitudes towards sexuality and contraceptives influence the adoption of family planning. If a person feels ashamed of being sexually active, then it is unlikely that that person will go out and look for contraceptives since by buying contraceptives, one admits both to the outside world and oneself that one is sexually active.

Our informants associated the use of contraceptives with promiscuity and loose morals. Whether they were giving socially desirable answers is, however, unclear. It is nevertheless certain that the remarks made relating to contraceptive use indicate that premarital sex is regarded in a very negative way in Zimbabwe. Some adolescents considered a girl using contraceptives to be more promiscuous than a boy using contraceptives.

Boys and girls have also mentioned that health workers at family planning clinics display negative attitudes towards adolescents who want to buy contraceptives. This negative approach to teenagers finally drives them away. Family planning clinics seem to have different attitudes, however, towards boys and girls:

A boy should buy contraceptives because he has authority and nobody will question him. But if a woman will do it, family planning people become suspicious. (24-year old female)

Many teenagers believed that contraceptives were only for married couples. The fact that family planning clinics in Zimbabwe mainly focus on married couples and pay little attention to young people also indicates ignorance or disapproval of teenage sexuality in Zimbabwean society.

Some girls reported that they had talked about contraceptives with their male partners, but that they (the males) would finally decide about it. However, most girls said that they had not suggested the use of contraceptives to their boyfriends. Some girls said they were afraid of violence from the side of their partners if they suggested the use of contraceptives. By insisting on safe sex or refusing unsafe sex, women are frequently threatened with the breaking up of the relationship. This threat can ultimately make them accept unsafe intercourse. As one girl said:

If my boyfriend would refuse me using contraceptives, then I want to refuse having sex with him. However, if I refuse sex, I will be accused of wanting other boys and he will leave me. I will feel powerless because I know I will be in a no-win situation. (16-year old female)

Other girls were of the opinion that whether or not they proposed contraceptive use, it would be the boy who would take the final decision. If he refused, there was nothing they could do about introducing contraceptives into their relationship. The only way of protecting themselves against unwanted pregnancy would be by using the pill secretly.

Boys will reject girls if they find out that they are using contraceptives. I do not think that a girl can refuse a boy if he does not want to use contraceptives. It is the way women should react. (18-year old female)

It was sometimes difficult to find out why teenagers had not used contraceptives. During the interviews, a substantial percentage of teenagers reported that they hardly knew anything about contraceptives. However, when we questioned other teenagers about contraceptives during group discussions, most seemed to be well informed on the subject. This made us wonder whether our group of teenage mothers and fathers really knew so little about contraceptives, or whether they had been fully candid.

Our findings are similar to those reported in other studies on sexuality and family planning in various African countries.^{2,6,14,16,20,28,30,34,35} In Zimbabwe, men are brought up with the belief that they are the ones who decide about the use of contraceptives and the number of children.³⁰ Many women seem to comply with this belief. But it is also fear of physical abuse and rejection that discourage the female teenagers from suggesting the use of contraceptives to their partners. This kind of fear is generally considered as a form of psychological violence.

While lack of access to 'safe' contraceptions and abortion does not fall under our definition of gender violence, we are not sure of how to categorise the denial of women's rights to regulate their own fertility and to protect themselves against unsafe sexual intercourse. Considering the consequences of women's inability to protect themselves against sexuality transmitted diseases (including AIDS) and unplanned pregnancies,

sometimes resulting in unsafe abortions and gynaecological complications, one might consider speaking of physical violence when an individual man prevents his female partner from taking measures to protect herself against unsafe sexual intercourse. We could also follow Toubia²⁰ and use the term sexual violence here. Toubia feels that "the most damaging type of sexual violence, in terms of long-term and far-reaching effects, centres around the lack of control women are allowed over their fertility" (p.18).

Discussion

In this article we have explored the multifaceted context and consequences of gender violence for the sexual and reproductive health of teenage girls in a suburb of Bulawayo, Zimbabwe. The gynaecologist who asked for the research reported in this article wanted to know the extent to which the high number of teenage pregnancies and induced abortions he encountered in his practice could be related to inadequate family planning services, and the extent to which teenage pregnancies were planned and found unproblematic. In our teenage sample, most of the pregnancies were unplanned. We estimate that about one third of them were wanted. Girls who were happy with their pregnancies had often left primary or secondary school several years before they got pregnant, mainly because of financial problems. They worked in their parents' homes or in other households, and the coming of a child was seen as a positive change in their lives. Most of these girls were also married to their former boyfriends. In contrast, teenage pregnancy was experienced as problematic to girls who did not feel ready yet for motherhood, who wanted to finish their education and look for a good job, or whom their boyfriends rejected.

In our analysis, gender violence has been defined as any act of force or coercion directed at an individual woman or girl that causes harm and suffering, and serves to reinforce women's subordinate position. This kind of violence

turned out to be all-pervasive in the lives of most of the teenage girls in our study. Family planning services were indeed inadequate and this contributed as such to unwanted teenage pregnancies. But the root causes of these pregnancies were found to be power inequalities based on age and gender. They promoted and facilitated different forms of gender violence, which were in various ways causally connected to unwanted teenage pregnancy. The main forms of gender violence identified were:

1. psychological violence – being forced to conform to gender norms, including threats (and fear) of sexual or physical abuse;
2. sexual violence including forced sexual intercourse and denial of a woman's sexuality;
3. physical violence including the prevention of safe sex.

These are all violations of women's rights to bodily integrity and freedom, and equality in sexual and reproductive matters. Our opinion in these matters corresponds with the concerns of women activists in Zimbabwe.^{22,27}

We look forward to future studies that will elaborate on our findings and the conclusions we have drawn from them as presented in this article. Since our study concerns young parents from the lower class background, in future research works it will be necessary to compare our results with those based on studies of other groups of teenagers in Zimbabwe, particularly teenagers who are more educated and those who do not have children. It will also be important to determine the extent to which teenagers actually suffer from them and really want their situations changed. Before any intervention, one should carefully and critically listen to what women have to say about their needs and wishes. Some girls in our study said that they did not mind being unable to exercise more influence over their own lives since culturally it has always been that way. It could be that these girls honestly do not long for more participation in decision-making processes. Regarding them as be-

ing deprived of their rights, and being at risk of gender violence, may therefore be seen as an inappropriate judgement. However, this lack of interest in pursuing their basic human rights may have been caused by anxiety about change and its consequences. Any attempts to alter the situation must, therefore, be handled with utmost care and must actively involve teenagers themselves.

Conclusion

There is a growing body of literature attributing various reproductive health problems, including teenage pregnancy, to gender abuse. Our findings correspond to this literature. For the direct and indirect implications of such an analysis for adolescent sexual and reproductive health interventions, and the development of more comprehensive policy measures, we refer to this growing body of literature.^{14,22,30,31,35-38}

Based on the results of this study, we venture to put forward for further investigation that one of the causes of unwanted teenage pregnancies are power imbalances between men and women at both societal and personal levels. Preventing unwanted teenage pregnancies, therefore, demands shifts in attitudes in the society as a whole. A woman activist in an AIDS prevention campaign told us in 1998: "A woman in Zimbabwe is a sitting duck." She continued: "We have to start attacking the cultural values we have." As long as women cannot fully participate in the decision-making process to control their own sexuality and reproductivity, a substantial percentage of teenage pregnancies will remain manifestations of a male-dominated society.

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