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**WHY IS SEXUAL AND REPRODUCTIVE HEALTH AMONG YOUTHS
CONTINUOUSLY A CHALLENGE?**

- A CASE STUDY OF NGO INITIATIVES IN THE LUSAKA AREA OF ZAMBIA



“People are having sex out there, and that’s the one thing we can’t deny”

(Peer Educators 19)

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ABSTRACT

This study explains why Sexual and Reproductive Health (SRH) among youths continuously pose challenges in the Lusaka area of Zambia, despite multiple Non-Governmental Organizations (NGOs) targeting this. An embedded case study design was applied and staff and youths engaged in NGOs working with youths' SRH were main informants. The Social Ecological Theory was applied to widen the approach of previous research, beyond individual behaviour and focus on how initiatives match needs and preferences for youth, and what role institutional and societal factors play in relation to youths' SRH. Social Cognitive Theory and Inter-organisational Relations Theory were applied to deepen the analysis. Findings showed that initiatives targeting youth SRH are well matched with needs and preferences of youths, initiatives are however usually too small-scale to have impact on the greater majority of youths. On the institutional level, lack of cooperation between organizations is a main challenge, so is lack of parent-youth communication. On the societal level, lack of governmental support together with cultural values seems to be the main hindrances. It appears that for SRH to improve significantly among youths in the Lusaka area of Zambia, advocacy is needed at all levels of society to place youths' SRH on the agenda.

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ACRONYMS

AIDS – Acquired Immune Deficiency Syndrome

CSO – Central Statistics Office

DHMT – District Health Management Team

FYOZ – Forum for Youth Organizations Zambia

HIV - Human Immunodeficiency Virus

IOR – Inter-organizational Relations

MMR – Maternal Mortality Ratio

MoE – Ministry of Education

MoH – Ministry of Health

NGO – Non-governmental Organizations

NYDC – National Youth Development Council

SCT – Social Cognitive Theory

SET – Social Ecological Theory

SRH – Sexual and Reproductive Health

STIs – Sexually Transmitted Infections

UN – United Nations

USAID – United States Agency for International Development

YFHS – Youth Friendly Health Services

1. INTRODUCTION

Sexual and Reproductive Health¹ (SRH) has increasingly claimed its position on the international agenda, partly as a response to the HIV and AIDS pandemic (Creel 2003). SRH challenges such as HIV and AIDS are recognised as overarching impediments to economic and social development and poses threats within developing countries far beyond ill-health of the population. It slows economic growth, widens economic inequality, and causes severe strains on households, thereby limiting the possibility of people to improve their socioeconomic conditions. (UNAIDS 2008:23; Michielsen et al 2008). Youths are recognised as a major resource for development of societies and recognition of youths' specific SRH needs has gradually increased since the International Conference on Population and Development in 1994 (UN 2010; Mpofu et al 2008; Dehne & Riedner 2005). August 2010 till August 2011 is the declared United Nations (UN) International Year of Youths where needs and prospects of youths are brought to attention worldwide, and overall health as well as HIV and AIDS are two of the priority areas for national and international action to support youths (UN 2010). In Zambia where young people under 25 years constitute 75 percent of the population, conditions of youths are of particular relevance to development and prosperity. This is thus a highly relevant time to study SRH among youths in Zambia (WHO 2010:164).

In Zambia youths continuously struggle with SRH problems and although several initiatives to improve SRH among youths are present in the Lusaka area of Zambia, improvements have been limited. Most initiatives focus on awareness raising and individual behaviour change in their effort to improve youths' SRH. Research has however pointed to this as a limiting factor for impact of initiatives, and shown that community initiatives rarely produce significant results if the social ecology of the community is not taken into account (Goodman 2000). To address this gap, this study adopts an ecological approach, where SRH among youths is considered in relation to individual as well as institutional and societal factors. The Social Ecological Theory² (SET) is applied to provide theoretical foundation for focusing on different levels of social and physical

¹ "Reproductive health implies that people are able to have a safe and satisfying sex life and have the capacity to reproduce and to have the freedom to decide if, when and how often to do so" (UNICPD 1994 in: People's Health Movement et al 2005:134).

² The Social Ecological Theory focus on the impact of environments on perceptions, attitudes and behaviours of individuals (Kloos & Shah 2009). This theory will be further introduced under section 4, Theoretical Framework.

environments, and thus provide a comprehensive approach to study SRH among youths in the Lusaka area of Zambia (Burke et al 2009).

1.1 Research Problem

SRH problems still challenges development and prosperity of youths in many developing countries, and is among the main causes of death among young people worldwide (Warenius et al 2006; Blum & Nelson-Nmari 2004; Kesterton & de Mello 2010). The highest rate of Sexually Transmitted Infections (STIs) is reported among youths and up to 60 percent of new HIV infections as well as half of all people living with HIV are youths (Dehne & Riedner 2005). Also in Zambia, SRH problems are highly prominent among youths, where a large part of sexually active young people do not know how, or due to embarrassment and financial costs, cannot access SRH services (Biddlecom et al 2007). HIV and AIDS is in Zambia a generalised epidemic with the highest prevalence of about 22 percent found among the urban population of Lusaka and although some studies show that HIV prevalence is declining among youths in Zambia, this only applies to educated groups (MoH 2005:34; Michelo et al 2006). In Zambia modernization and lifestyle changes have furthermore resulted in a rising age of marriage and an increasing cohort of unmarried young people are thus in need of SRH knowledge and services (Nmari & Magnani 2003; Dehne & Riedner 2005).

Non-Governmental Organizations (NGOs) play a crucial role in providing SRH initiatives in Zambia and according to Benotch et al (2004), they are likely to possess more experience and knowledge within the field than governmental institutions as they are closer to the population at risk and can easier reach the target group. The NGOs' most common strategies are peer education, community outreach, media campaigns and condom distribution (ibid). As NGOs are among the main actors within the field of SRH among youths in Zambia, the viewpoint of this study is that of youths and staff engaged in NGOs. With primary focus on different types of initiatives and contextual limitations that they face, NGOs are, however, perceived simply as the entities that implement initiatives and are chosen based on the initiatives they use, not their individual organizational traits. Thus only limited emphasis is given specific NGOs.

Zambia continuously struggle with SRH problems among youths, and despite a range of NGOs working specifically with this, improvements have been limited. This is the research problem of

this study and the overall purpose thus is to explain why SRH among urban youths, 15-24 years, remain a prominent challenge in Zambia and why impact of NGO initiatives has so far been limited. The three sub-questions of this study are guided by the systems of the SET in the sense that the first question is dealt with primarily in relation to the microsystem, the second question in relation to the meso- and exosystem, and the third question in relation to the macrosystem. The meso- and exosystem of the SET are in this study combined to one level as they both focus on institutional factors and relations that indirectly affects initiatives impact on SRH among youths. The research questions are:

Why does SRH continuously pose a challenge among youths in the Lusaka area of Zambia?

- How does initiatives implemented by NGOs match needs and preferences of youths?
- What role does institutional factors play in relation to SRH among youths?
- What role does societal factors play in relation to SRH among youths?

1.2 Literature Review

According to previous research, initiatives targeting SRH among youths are characterized by small-scale programmes that usually lack linkage to each other (Hughes & McCauley 1998). Outcomes of initiatives are largely un-documented and there is lack of evaluations exploring long term effects, which makes it difficult to conclude their effectiveness. Evidence however indicates that initiatives often have impact on youth's knowledge and attitudes but less so on their behaviour. Studies have furthermore found that as youths are affected by a wide range of factors in their lives, multifaceted interventions are likely to have the greatest impact. (Speizer et al 2003; Gordon & Phiri 2003; Dahlbäck 2006; Magnani et al 2002). Social and economic determinants for sexual behaviour have implications for initiatives to improve SRH among youths and although individual behaviour is important, broader determinants related to social context such as social norms and structural factors must be addressed (Wellings et al 2006).

Whereas previous literature is largely concerned with practices of initiatives targeting SRH among youths, and evaluations of their success, a gap exists regarding why many initiatives fail to produce significant and long-lasting results (Speizer et al 2003; Gordon & Phiri 2003; Dahlbäck 2006; Magnani et al 2002). This study aims to fill into the gap and furthermore applies the SET to provide an alternative perspective by widening the focus of research on SRH among

youths, beyond individual behaviour theories. This to provide a more comprehensive understanding of the underlying factors which explains why SRH remains a challenge among youths.

1.3 Disposition

After a brief introduction where research problem and questions of this study are clarified, a literature review is included to place this study within the wider scientific field of SRH among youths. After this, the background introduces the setting of this study and a thorough description of the research design provides insight and knowledge to judge the value and quality of the study. Following the research design, the theoretical framework presents the SET, which is the main theory applied, as well as the Social Cognitive Theory (SCT), Inter-organizational Relation Theory (IOR), and Organizational Climate, which are used as supporting theories. The analysis and discussion is presented in three sections, one for each system of the SET; the microsystem or individual level, the meso- and exosystem which covers the institutional level and the macrosystem, which correspond to the societal level. The concluding part of this thesis includes the conclusion where the research questions will be answered and areas for future research which will offer suggestions for where and how youth SRH could be further studied to attain improvements on youths' SRH in Zambia.

2. BACKGROUND

To provide an understanding of the context in which NGOs implement initiatives to improve SRH among youths, this section includes information on Zambia, and presents the situation of youths' SRH, as well as primary actors within the field.

2.1 Zambia

Zambia is a landlocked country in sub-Saharan Africa with approximately 12.000.000 inhabitants. The population consists of a majority of youths whom due to economic decline and scarce employment opportunities often are affected by poverty. (Gough 2008). The poverty rate³ in Zambia is approximately 68 percent, and life expectancy is 42 years for men and 43 for women (MoH 2005; WHO 2006). Lusaka is the capital city of Zambia with approximately 1.1 million inhabitants, the majority of them living in so-called compounds, which are areas of high

³ People living of less than 1 USD per day (Haughton & Khandker 2009:39)

population density with low standard housing and lack of most social services such as health facilities (Dahlbäck 2006). The Zambian health system has for several years suffered from a lack of skilled health personnel and traditional doctors are common with 20.000 registered traditional doctors (ibid).

2.2 SRH among Youths in Zambia

Early pregnancy is a main SRH issue among youths, as it is associated with higher morbidity and mortality for both mother and child (CSO 2010). In Zambia, the fertility rate among 15-19 year old youths was in 2010 146 per 1000 girls, well above the regional average of 118 (WHO 2010:29). It is estimated that two thirds of unwanted pregnancies among youths end in unsafe abortions and that 30 percent of Zambia's high Maternal Mortality Ratio⁴ (MMR) is caused by unsafe abortions (Webb 2000). According to the Zambian National Health Strategic Plan 2006-2010 (MoH 2005), a negative development of MMR is prevalent in Zambia, with severe consequences for health of Zambian women. MMR has since 1996 been steadily increasing, reaching a level of 830 per 100.000 live births in 2010 (WHO 2005:13; WHO 2010:26). Births attended by skilled health personnel have in Zambia increased slightly from 2002 till 2010 where it reached a level of 47 percent. The level is the same as the regional average in both years, but as this indicator has proven to greatly affect MMR it is an area within which further action is needed. (WHO 2005:33; WHO 2010:27).

Prevalence of HIV among the Zambian population is high; in 2010 15.2 percent of the population aged 15-49 years was infected compared to the regional average of 4.9 percent. Although a small decrease in prevalence occurred in Zambia from 2003 to 2010 it only reached 1.3 percent points compared to the regional 2.2. (WHO 2005:22; WHO 2010:32). Among young people aged 20 to 24 in Zambia, HIV rates were in 2007 8.7 percent, with twice as many infected females as males (CSO 2010).

Knowledge levels regarding SRH are fairly low among Zambian youths; although 82 percent of adolescents and 96 percent of young people aged 20-24 have heard of STIs, a high percentage of

⁴ The maternal mortality ratio (MMR) is the annual number of female deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, for a specified year (expressed per 100,000 live births). (unstats.un.org)

youths only know of one symptom (CSO 2010). Furthermore, in 2010 only about a third of young people in Zambia had comprehensive correct information about HIV and AIDS, and studies show that although abortion has been legal in Zambia since 1972, the majority of young women are not aware of this (Koster-Oycken 1998; Dahlbäck 2006; WHO 2010:33-34).

2.3 Primary Actors within SRH in Zambia

General health services in Zambia remain underfunded and weak and the proportion of government spending of around 11 percent of the Government's discretionary budget⁵ is significantly lower than the 15 percent that Zambia has committed to by signing the Maputo⁶ declaration (African Union 2006; MoH 2010:1). In 2004 donors accounted for almost half of all health expenditure in Zambia, followed by households and the Government (Econ/UNZA & MOH/Sida/IHE 2006:1) Donors are increasingly channelling their funds through NGOs and international agencies rather than through the Zambian Government and from 2003 to 2006 the proportion channelled through Ministry of Health (MoH) dropped from 63 to 29 percent. Donor support to the Zambian government has recently decreased further due to a situation in 2009 where funds intended to support health service provision were misused. About 200 billion kwacha⁷ was in 2010 withheld which resulted in less than 40 percent of expected funds available for district health services and hospitals. (MoH 2010:2). Government expenditure is now below 10 percent of the total HIV and AIDS expenditure, and about two thirds of Government resources are spent on curative care whereas donors spent an average of 37 percent on prevention from 2004-2006 (MoH 2009). With an increasing proportion of donor funding channelled through NGOs and a financially weak MoH with lack of focus on prevention, NGOs play an important role in the Zambian health sector, especially with regards to SRH prevention.

3. RESEARCH DESIGN

An explanatory case study approach was chosen for this study (Yin 2003:3; Creswell 2007:74). This approach was chosen as focus of this study is to explain the “why” and “how” of a specific

⁵ Discretionary budget or spending is the flexible type of government spending where the government determines how to spend or not spend funds on a yearly bases, as opposed to mandatory spending which is determined by permanent law (en.wikipedia.org)

⁶ The Maputo Declaration on HIV/AIDS, Tuberculosis, Malaria and other Related Infectious Diseases is a declaration where the heads of state and government of the African Union declares their intention to pay special attention to these areas (rollbackmalaria.org)

⁷ Equivalent to USD 416.623 according to OANDA currency converter (<http://www.oanda.com/currency/converter/>) 27th April 2011

current situation which we, as researchers, have little control over. Further, the explanatory approach is used as this study aims to provide a holistic view of the situation and its development as opposed to exploring a single event in detail (Yin 2003:9).

The epistemological and ontological position of this study is that of critical rationalism where theory is guided as much by rational thinking of informants and us as researchers as from evidence, and where it is realised that facts can never be completely separated from values although efforts should be made to do so (Gomm 2009:75). Rationality is in critical theory the means to understand individual behaviour, cultures, and forms of life, and thus supports this study in its ecological approach (Benton & Craib 2001:107).

An inductive approach is applied in this study, where the starting point was observations on the ground, without set hypothesis. The interview guides used were thus semi-structured and were not strictly followed, they allowed for informants to reveal and determine which factors to emphasise when answering the research question. (Creswell 2007).

3.1. Defining the Case

An embedded single-case design is applied in this study. SRH among youths in the Lusaka area of Zambia is the case, whereas initiatives used by NGOs to improve the situation are embedded sub-cases used to explain the case (Yin 2003:42). The sub-cases included are; school-based initiatives, youth-friendly services, sports initiatives, youth clubs, outreaches, media, and advocacy. These sub-cases are used to focus the analysis on the main initiatives, used by NGOs to improve SRH among youths, and through those, return to the overall case to draw conclusions and explain why SRH remains a challenge among youths in the Lusaka area of Zambia. (Yin 2003:43).

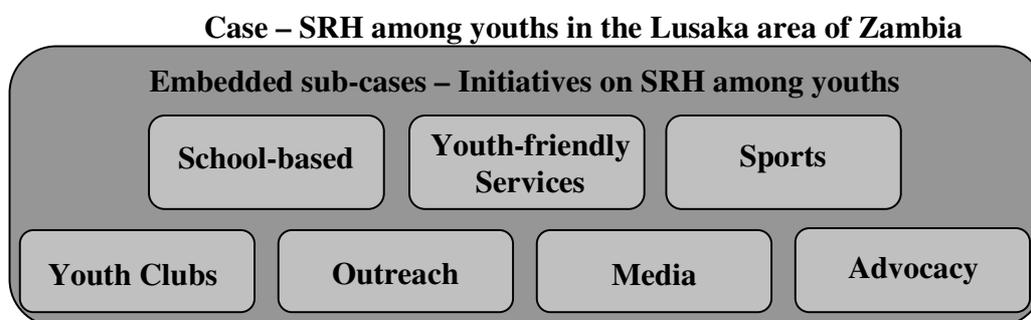


Figure 1 - Case

The case of this study is geographically bound according to the areas within which NGOs working with SRH among youths, located in the centre of Lusaka, directly implement initiatives. As a result information is gathered from Lusaka centre and suburbs as well as from Kafue, which is a smaller neighbouring town where several Lusaka based organizations implement activities. Lusaka was chosen as the area of this study as focus is on urban youth and since Lusaka is the hub where the majority of organizations working with SRH among youths operate from.

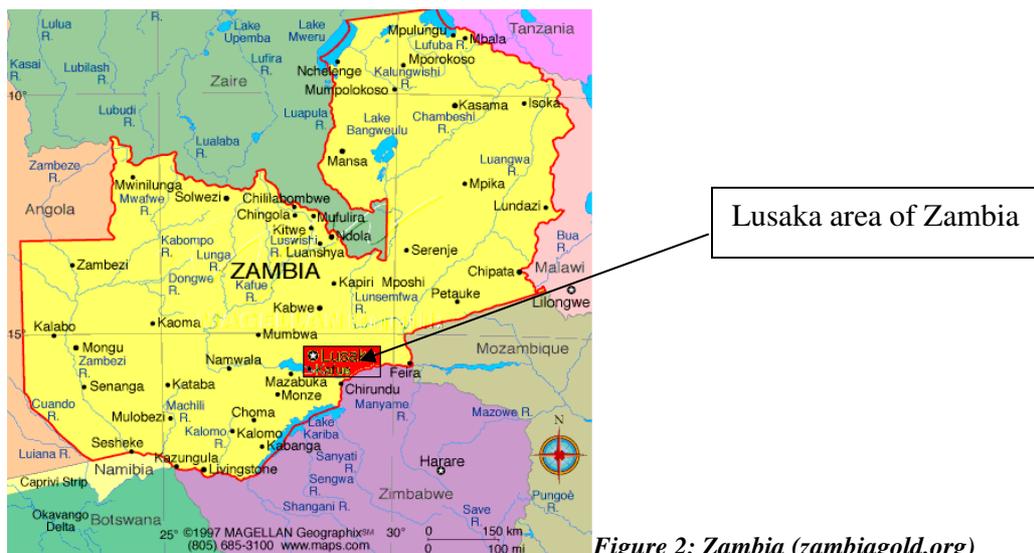


Figure 2: Zambia (zambiagold.org)

3.2 Data Collection

3.2.1 Sampling

The case is studied with focus on different initiatives used by NGOs to influence SRH among youths. Youths and organizational staff involved in or affected by initiatives working with SRH among youths were thus selected as informants. See appendix 1 for an illustration of the sampling process.

Informants were identified based on convenience sampling from organizations where contact was already initiated. We were, prior to the period of data collection, enrolled in an internship with Planned Parenthood Association of Zambia (PPAZ), a leading organization working with SRH among youths in Zambia. We thus received contact details for the most suitable person at the organizations from PPAZ and could introduce ourselves as related to them, which opened many doors and eased the sampling process. Organizations were identified through the National Youth Development Council (NYDC), who provided a list of youth organizations. Further, a chain

methodology was applied, where new sub-cases and new relevant informants were identified by other informants (Creswell 2007:127; Kvale 1997:215). Purposeful sampling was applied to include informants from as many major NGOs working with SRH among youths as possible, as well as to cover major strategies used in the field. This to ensure that the case studied is representative. (Creswell 2007:125). All identified NGOs located in Lusaka which implement initiatives targeting SRH among youths within or in areas nearby Lusaka were approached to be included in the research.

To ensure an in-depth understanding of the situation of SRH among youths in the Lusaka area of Zambia we included informants to the extent that no new information was revealed and no new initiatives discovered (Silverman 2010:144). See appendix 2 for a list of interviews.

Some informants were involved in several initiatives and thus provided knowledge within several of the sub-cases within one interview. Appendix 3 provides an overview of the information gathered from the different interviews based on type of informant and type of initiative or sub-case.

3.2.2 Interviews

Interviews with beneficiaries and youths involved in the organizations were conducted as focus group discussions, as youths may be shy to discuss SRH related topics, and thus be reserved and uninformative in a one-to-one interview. According to Creswell (2007:133) focus groups have been found to be useful when talking about sensitive issues, where people might feel shy or for other reasons be reluctant to provide information. To facilitate a dynamic interaction, discussions were primarily conducted with youths in small groups of 4-8 people of the same sex, and often with youths from already existing groups. Some situations did occur where gender separated groups were not viable as the groups were pre-arranged. This however did not appear to affect the dynamics of the groups, as informants were used to discuss SRH related topics in the presence of both sexes.

One-to-one interviews were conducted with staff from the organizations, such as management, programme staff and implementing youths. This method was chosen, as the informants were asked to provide factual information, of limited personal significance, and they thus were less

prone to be shy and unwilling to discuss the topic. By interviewing one-to-one it was possible to get more detailed information. (Creswell 2007:133).

With the inductive perspective of this study, a main objective of the interviews was to identify themes raised by informants as of importance for SRH among youths in the Lusaka area of Zambia, and it was thus imperative to allow informants room to explain their perceptions. Question guides conducted for both focus group discussions and one-to-one interviews were thus semi-structured and not strictly followed. They were used as a tool to lead the discussion and focused on the initiatives the informants were engaged in, impact and sustainability of the initiatives, as well as the informants' insight on why Zambian youths continuously struggle with SRH problems.

All interviews were conducted in English. Informants were largely comfortable with this as they were used to discuss SRH issues in English rather than in their local languages where some SRH terms are easy to misunderstand. To conduct the interviews in English was a great benefit as it enabled direct communication between us and informants, limited misunderstandings, and increased comprehensiveness of the interviews.

3.2.3 Documents

During the research process, documents about initiatives targeting SRH among youths in the Lusaka area of Zambia were retrieved directly from organizations or from their web-pages. These documents created a foundation for understanding which initiatives NGOs use to target SRH among youths and thus also guided the sampling process. Further, governmental documents, such as surveys regarding SRH and various documents from the MoH provide background information for the analysis and discussion of our findings.

3.3 Transcription and Data Analysis

To comprehensively gather information, all interviews were in this study recorded and a case study protocol describing the interview-situations was continuously kept. The case study protocol facilitates better recollection and thus strengthens validity of the study (Scheyvens 2003:106; Yin 2003:38). The recordings were transcribed word for word, a technique which strengthens the written documentation of the interviews' representation of the primary data recordings, and thus

minimises the risk of misinterpretations, when data analysis is conducted based on the written documents (Kvale 1997:162-166).

Categorical aggregation was used to analyse the data as it was accumulated into categories across interviews which were further merged into themes (Creswell 2007:164). Applying an inductive approach, themes discussed under each sub-heading are identified and defined through data analysis of the findings and the themes further guide the structure of analysis and discussion.

3.4 Research Quality Consideration

The quality considerations of this study are based on three components; validity, reliability, and generalization (Kvale 1997:225).

To strengthen validity “rich, thick description” (Creswell 2007:209) is applied in reporting of this study, describing context of study, as well as informants and interview-situations in detail, thus enabling readers themselves to make decisions about quality of the study. Prior to the study, we spent three months working with SRH among youth in Zambia, gaining insight and understanding of the salient features in the field. Further, we have both previously spent considerable time in sub-Saharan African countries, which provided us with contextual knowledge prior to this study. According to Creswell (2007:207) this is of great importance to minimize the risk of misinformation and to not overlook important information. Also, triangulation was applied, where a mixture of one to one interviews, focus groups and document reviews were conducted and a variety of informants such as programme staff, implementing staff, youths and beneficiaries, were included. According to Silverman (2010:277), validity is strengthened through triangulation of both interview methods and informants. Creswell describes the importance of clarifying researcher bias before initiating a study, a consideration which is also of particular relevance from the stance of critical rationalism (Creswell 2007:208; Gomm 2009:75). Thus, we made an effort to explicate our presuppositions about SRH among youths in Zambia to be able to adopt a more inductive approach where our presumptions did not interfere too much. To do this we used stream of consciousness where we wrote down what came to mind when considering the topic. Results were thereafter compared and discussed and we used our work with SRH among youths, for several months before initiating the data collection process, to gain more knowledge and correct misunderstandings.

The procedures of recording, transcription and keeping of the case study protocol strengthens reliability of this study (Kvale 1997:203). Furthermore reliability is strengthened as we are two researchers who were both involved in transcription and data analysis, drawing conclusions independently from each other for later comparison (ibid).

In this study generalisation is evaluated in an analytical sense, where findings are evaluated in relation to previous research and theory as well as different contexts, their similarities and differences (Kvale 1997:228). This enables us to identify if the findings can be generalised.

3.5 Limitations

As organizations were used as reference point to initiate contact with informants, all interviews were conducted at the location of organizations or when going into the field to approach informants, organizational staff were present. Efforts were made to ensure that interviews were conducted in private rooms or beyond hearing distance of organizational staff. However, although informants were always guaranteed that the study was unrelated to the work of the organizations, and confidentiality was assured, youth informants still may have been restricted in their responses as they wished to provide a favourable picture of the organization, or they may have answered according to what they believed was expected of them.

Youth informants included in this study are not representative for the youth population of the Lusaka area of Zambia, as they were identified by organizations and were often already involved in their work. Using these youths as informants was however a conscious choice as their involvement in initiatives on SRH among youths ensured that they were open to discuss the topic and that they had knowledge and experience on it. Had youths from the general community been targeted, they may not have been willing or allowed to participate due to the Zambian culture where sex generally is taboo. Furthermore a few attempts to actually include this group as informants showed that only limited direct information about the situation of SRH among youths was provided and different approaches from those applied in this study would thus have been needed to obtain useful information from this group of informants.

3.6 Ethical Considerations

As SRH is a sensitive topic in Zambia, particularly in relation to youths, special consideration was shown when conducting the interviews. Often, researchers try to get the informants to open up as much as possible (Scheyvens 2003:146; Bryman 2004:130). To avoid placing the informants in an uncomfortable situation they were however in this study ensured that all information was appreciated but that they were not obliged to answer to any nor all questions. Thorough explanations of the content and objective of the study were provided to informants prior to interviews and verbal consent was obtained regarding participation in and recording of the interview (Kvale 1997:118). Furthermore to avoid placing youth informants in a situation unfamiliar and threatening to them, and limit the risk that they might feel insecure, youths involved in this study were primarily already active in organizations working with SRH among youths, and thus exposed to and used to discuss SRH topics. Finally, although interviews with youths were conducted in focus groups and we thus could not secure confidentiality in relation to their peers, confidentiality was assured on several other levels. As youths were already found in a place where SRH was a common topic, no consent was asked from their parents, which made our conversation confidential in relation to other community members and families. Furthermore interview notes and recordings were kept confidential and none other than we had access to them. Finally informants were not requested to provide their names and they are only referred to in relation to their sex and role within the initiatives when quoted in this thesis. This consideration is vital to ensure confidentiality of our informants when we eventually share the thesis with the NGOs included.

When people from the western world do research in the developing world it may be perceived as exploitive and creating a power imbalance (Scheyvens 2003:2-5,149). To minimize this, efforts were made to ensure equal status between researchers and informants, for example, by sitting down among the informants on the grass as opposed to accepting chairs offered, avoiding formal clothing and by spending time casually chatting with informants before and after the interviews. It was an advantage that we were young students, as informants often had a higher rank than us which appeared to make them feel free to express their views.

A concern when conducting fieldwork is whether or not to provide informants with acknowledgements for their participation. Researchers usually gain more from the research than

the informants and this imbalance is criticisable (Scheyvens 2003:155). In this study youth informants were provided with refreshments during the interview or a small monetary acknowledgement. Furthermore it appeared that informants often felt good about participating in something and appreciated that their views were valued. Organizational staffs were not provided with any acknowledgement as they were interviewed as professional experts and while at work, and acknowledgements thus would have been inappropriate. However all participating organizations showed interest in the study and thus will be provided with a report of the findings, acknowledging their participation and cooperation.

4. THEORETICAL FRAMEWORK

The theoretical framework of this study is primarily based on the SET, to widen the focus of this study beyond individual behaviour, and thus provide a more holistic explanation of why SRH continuously pose a challenge among youths in Zambia. The SET guides the analysis and discussion as it provides different levels of factors important for SRH among youths. In addition to the SET, other theories are introduced to strengthen the theoretical foundation; SCT is applied when analysing how initiatives match needs and preferences of youths, and the IOR theory and Organizational Climate are applied to provide theoretical basis for the institutional part of findings. Appendix 4 presents an analytical model visualizing how the theoretical framework is applied.

4.1 Social Ecological Theory

SET is a psychological theory which focuses on the impact of environments on perceptions, attitudes and behaviours of individuals (Kloos & Shah 2009). It is a response to the shift of emphasis within health promotion from individually oriented theories, to those that are both environmentally based and behaviourally focused (Stokols 1996; Glanz & Bishop 2010). People's individual efforts to change their health behaviours are affected by their social, institutional, and cultural context and creating an enabling environment is thus according to the SET crucial to facilitate adoption of healthy behaviours (ibid).

According to Ecological Systems Theory from which SET has evolved, the individual is nested within a set of interconnected systems, which represents different levels of analysis. These systems provide a set of theoretical principles to organize factors related to the interrelations

between person and environment, so that introduction of initiatives can take place at the appropriate systems level. (Stokols 1996; Corcoran 2000). A key feature of the SET is likewise that it incorporates several analytical levels of systems as determining factors for the success of initiatives, and focuses attention on the contexts of behaviour (Stokols 1996; Panter-Brick et al 2005). Four system-levels are introduced; the microsystem which represents the individual level and relate to youths' individual behaviour, it represents the immediate environment which individuals are influenced directly by and includes the interrelations between the individual and the environment; the meso- and exosystems which concern relations between a set of microsystems in the immediate social environment which indirectly affects the individual, as well as main institutions of society such as family and school; and finally the macrosystem which consists of societal factors such as socioeconomic status and culture, as well as the political, social, legal and economic systems of society, it refers to attitudes and ideologies. (Dumont 2009:8; Corcoran 2000:94).

4.2 Social Cognitive Theory

SCT focuses on psychosocial determinants of health behaviour and strategies to promote behavioural change. The theory specifies the main determinants of health and behaviour and it is as such commonly used for designing health interventions targeting underlying cognitive factors that affect people's behaviour and ability to sustain a behaviour change. (Glanz et al 2002:165). The SCT is in this study used to analyse and discuss how NGO initiatives match needs and preferences of youths and the findings will thus be analysed and discussed in relation to the different cognitive factors which according to the SCT determine behaviour and behaviour change, such as expectancies of outcomes, self-efficacy, capabilities and observational learning (Bandura 2004; Glanz et al 2002:169, Dumont 2009:11).

4.3 Inter-organizational Relations Theory

The IOR theory focuses on how organizations work together (Glanz et al 2002:344). Assuming that organizations make conscious intentional decisions to establish IOR, six contingencies act as motivating factors for organizations to engage in IOR; necessity, asymmetry, reciprocity, efficiency, stability and legitimacy. These are all separate and sufficient factors, but may also interact or occur concurrently. (Oliver 1990). Six types of IOR are typical; trade associations, voluntary agency federations, joint ventures, joint programs, corporate-financial interlocks, and

agency-sponsor linkages. These occur in relation to contingency factors at play and characteristics, interests and needs of the organizations (ibid). Collaboration among organizations has according to IOR theory potential to lead to more successful initiatives to improve SRH among youths than what might be attainable for one organization on its own (ibid).

Relations between NGOs working with SRH among youths are in this study analysed and discussed using the IOR theory to emphasize strengths and weaknesses and provide insight as to how improvements could be attained. Agency-sponsor linkages and joint programs are the types of relations used to discuss findings of this study, as they are found to be of particular relevance in relation to the NGOs included, and the contingencies; reciprocity, efficiency and stability, are touched upon in relation to the motivational factors which guides these NGOs.

4.4 Organizational Climate

Organizational Climate is one of three concepts central to modern Organizational Development Theory, the others being Organizational Culture and Organizational Capacity. It can be conceptualised as the “mood and personality of an organization” (Glanz et al 2002:340) and thus that which distinguish one organization from others. With primary focus on the individual, organizational factors’ importance for the success of health promotion initiatives has often been overlooked (Glanz et al 2002:343). Organizational Climate is however believed to strongly affect the behaviours of people involved in the organization as it influences how supported and appreciated they feel. It thereby also affect how engaged they are in the work of the organization and the success of how initiatives are implemented. (Glanz et al 2002:340-41). Organizational Climate is applied in the discussion of how NGOs treat and make use of youth volunteers in their work to improve SRH among youths.

5. ANALYSIS AND DISCUSSION

In this section, findings of the field study are analysed and discussed using the SET as the primary theoretical framework, with the aim of bridging the gap in knowledge regarding the role institutional and societal factors play in regards to SRH among youths. The analysis and discussion is divided under three sub-headings representing the main elements of the SET. This enables discussion of the findings in relation to different levels at which the research question can be answered, and thereby also matches its sub-questions. In the first part findings related to the

microsystem of the SET are discussed, and to strengthen the discussion the SCT is applied. Under the second sub-heading, the meso- and exosystem, findings related to the institutional level are discussed, and as much emphasis is given organizations, the IOR theory and Organizational Climate are applied. In the third part of the discussion, the macrosystem, findings related to the societal level are discussed.

5.1 Microsystem – Individual Level

Themes identified in this study which match the microsystem of the SET are related to needs and preferences of youths as a population group as well as factors directly related to individual youths' SRH knowledge and behaviour (Dumont 2009:48). This part thus focuses on if and how NGO initiatives of this study match these needs and preferences, and how they affect youths' individual behaviour, and the SCT is applied to analyse this.

5.1.1 Expectations and Expectancies of Outcome

According to the SCT, youths' behaviours are influenced by their expectations of the outcomes of a specific behaviour and how they value these outcomes. Youths' SRH behaviour is thus likely to be influenced by the reactions they expect if they act towards a more healthy SRH behaviour and how much emphasis they place on those reactions. (Glanz et al 2002:169).

Youths in Zambia often expect negative outcomes and reinforcements from revealing sexual activity. Informants described that a general perception among youths is that sex is something everybody are involved in, and that being sexually active may be a prerequisite for having a relationship or for future marriage (Peer Educators 19). SRH is however simultaneously a taboo among youths in Zambia. One informant explained that, due to fear of being perceived as promiscuous youths would rather have unprotected sex than be seen carrying a condom; an example of that youths prioritise to conceal that they are sexually active rather than take action towards healthy behaviours (Sister in Charge 3; Programmes Manager 27; Executive Director 31; Psychosocial Counsellor 32).

Informants described that misconceptions concerning abortions, HIV and AIDS and family planning are highly prevalent among youths (Programme Officer 1). Classic examples include the belief that by having sex with a virgin, one can be cured from HIV; that if one uses two or more

condoms, he will be safer than with just one; and that if a girl wash herself after having sex she cannot get pregnant (Beneficiaries 4; Chair Person 6; Programme Facilitator 9; Peer Educator 17; Programmes Manager 18). Misconceptions largely affect expected outcomes of healthy SRH behaviours among youths, and thus according to the SCT act as an important factor hindering positive behaviour change (Bandura 2004). Some informants explained that parents and other community members often are the ones who teach youths these misconceptions, and that it is a common belief that having knowledge about sex and contraceptives encourage youths to be promiscuous (Programme Officer 1; Sister in Charge 3; Programme Facilitator 9). Accordingly, youths are discouraged by parents and elders from learning about SRH. *“So adults still feel that young people, or no one, should be able to freely talk about issues of sexuality, they misconclude it for promiscuity if a young person, more especially a young girl, opens their mouth to talk about a condom”* (Executive Director 29).

5.1.2 Capabilities

Another component of the SCT, which is likely to affect SRH behaviour of youths in Zambia is the level of capabilities they have to behave in certain ways (Glanz et al 2002:169). The SCT refers to knowledge as one of the main behavioural capabilities needed to perform healthy behaviours and a prerequisite to make informed decisions regarding health (Glanz et al 2002:169; Bandura 2004).

Despite many initiatives to improve SRH among youths in Zambia and although some improvement have been seen, informants stated that more needs to be done to raise awareness of SRH among youths (Programme Officer 1; Peer Educator 17; Hotline Manager 21). Informants for instance explained that, although, according to statistics, 99 percent of youths know about HIV, the prevalence of HIV and AIDS among youths is still rising (Executive Director 31). Further, although condoms are distributed as part of many initiatives, STIs remain a major challenge in the target areas (Chair Person 6). Informants explained that most youths would seek help from friends, relatives or traditional doctors when they have an STI, as they are unfamiliar with the condition (Programme Officer 1). Also most people only learn about STI’s when they themselves are treated for one (Facilitator 16). *“Someone can have a STI for years without knowing where to get treatment”* (Chair Person 6).

Awareness raising is the main focus of many initiatives, despite this, lack of knowledge is still a major challenge among youth. One informant explained this by lack of quality of the initiatives *“We look at so much the information distribution and not really pay attention to are people getting what we are saying”* (Chair Person 6). The small scale of initiatives is furthermore stated as a main reason *“//...much as we are giving people condoms and all, that is just a fraction of the majority, so we need to scale up”* (Facilitator 16). According to the findings of this study, youths in the Lusaka area of Zambia still lack behavioural capabilities to be able to act to improve their SRH.

5.1.3 Observational Learning

Observational learning is one of the main components of the SCT, it entails how youths often acquire behaviours based on what they observe their peers do and thus highlights the importance of role models (Glanz et al 2002:169). Initiatives to improve SRH among youths in Zambia have taken advantage of this, and observational learning techniques, where fellow youths act as role models and educators to their peers, are thus used as a main strategy as it is expected to be a beneficial way to challenge youths’ perceptions and misconceptions (Programme Facilitator 9; Glanz et al 2002:169; Dumont 2009:11). Peer education is applied in several ways and is in its different forms included as sub-cases in this study. Peer educator outreaches are used to raise general SRH awareness and to inform community members about specific topics. They are conducted in communities at places such as markets, but also in schools, workplaces, colleges and churches. (Psychosocial Counsellor 2; Sales Team 26). One-to-one outreaches include a group of peer educators who go into communities and talk to people individually or in small groups. This strategy enables peer educators to provide detailed information and answer questions from youths that they interact with (Programme Officer 1; Peer Educator 17). Peer education is furthermore used in youth clubs in for instance dedicated sessions where groups from other organizations are invited to share knowledge or have discussions on SRH topics and other topics that can affect youths, or when awareness raising sessions are conducted with smaller groups of people such as a group of college students (Facilitator 16; Peer Educator 17). The peer education strategy fits well with the observational learning component of the SCT and it furthermore match preferences of youth in this study who find it easier and more appropriate to discuss SRH with peers (Dumont 2009:11; Glanz et al 2002:169; Corcoran 2000:107).

To use peer educators in initiatives strengthen their general diffusion of impact. Most initiatives intent beneficiaries and youth staff to spread their acquired knowledge to peers and families and through that enhance the diffusion of correct information, and by introducing peer educators as a common strategy peer education becomes accepted and acknowledged throughout communities (Chair Person 6; Peer Educators 11; Anti-Aids club member 12). According to several young informants' diffusion through youth beneficiaries is very effective, and most are eager to explain and spread information to their friends (Beneficiaries 4; Beneficiaries 5). *"You feel that you contribute to something when you inform people //...// its good for the future, the next generation will be better"* (Chair Person 6). Several informants in this study emphasised the risk of youth receiving wrong or misleading information from peers and consequences of this, such as youths seeking abortions from traditional doctors due to a believe that abortion is illegal or expensive (Psychosocial Counsellor 32). It is thus crucial to provide comprehensive training for youths to deliver correct information to their peers.

5.1.4 Self-efficacy and Skills Building

Youth's self-efficacy is according to the SCT of high importance for their behaviour, as it is a person's confidence that he or she is able to perform certain behaviour (Glanz et al 2002:169). Informants in this study unfortunately described that some youths have very low self-efficacy regarding their SRH. In Zambia youths' perceptions of SRH is often very pessimistic, as they believe there is no hope regarding HIV and AIDS and that they are going to die like everyone else (Executive Director 31). A common saying is that *"Either you are affected or infected"* (Facilitator 16).

Sport is one of the sub-cases in this study and is described by several informants as a successful strategy to engage youths in SRH and thus a beneficial tool for awareness raising and skills building (Peer Educators 8; Programmes Manager 27; Peer Educators 33). Some organizations specialise in using sport in their initiatives and stated that they use sport *"as a vehicle to mobilise young people to act upon a prominent issue in their communities"* (Programmes Manager et al 30). Football is the primary sport used in Zambia and works because most youths are eager to engage in events including football and because youths perceive football players as role models (Programmes Manager 27; Programmes Manager et al 30). Football players and trainers are in several initiatives trained as peer educators using observational learning to increase awareness

and further healthy SRH behaviour (Glanz et al 2002:169). Using sport for these initiatives has an additional benefit, as sports activities keep awareness raising activities practical, and according to informants, enables youths to understand the actual scenarios of SRH such as how STIs spread (Trainer 28). Some youths find it easier to grasp concepts if they are having fun and get a feel of what they are being taught (Programmes Manager et al 30). Using games to make youths understand the issues of SRH and strengthen their self-efficacy is received very positively by youths themselves and suggested as a strategy which should be emphasised (Beneficiaries 4).

5.1.5 Environment – Access to SRH Services

For youths to be able to practice healthy SRH behaviour, access to SRH services is crucial, and an environment conducive for youths to seek services is according to the SCT of great importance for their behaviour (Glanz et al 2002:169). The majority of informants in this study described that youths prefer to receive SRH information and services from clinics, but that because of service providers' attitudes, they often seek support from friends, relatives or traditional doctors instead (Programme Officer 1; Project Officer 10; Anti Aids Club members 12; Facilitator 16). Prior research showed stigma and negative attitudes from service providers to be main barriers for youth to access SRH services and found that traditional doctors are often preferred over health personnel, as they are believed to offer more privacy and ask fewer questions (Shaw 2009; Warenius et al 2006; Brabin et al 2001; Webb 2000; Msiska et al 1997). Youth-friendly clinics are identified by informants as of high importance for youths' access to and use of health services and staff of health facilities is one of the factors most often stressed as important for youths to feel welcome and to actually seek services (Psychosocial Counsellor 2; Beneficiaries 5; Project Officer 10; Peer Educator 17; Programmes Manager 18). Informants stated that they want to be attended to by fellow youths who know about the social issues that youths are going through (Sister in Charge 3; Anti-AIDS Club Member 12; Programmes Manager 18; Client 25; Executive Director 29).

The issue of privacy and confidentiality is, according to previous research, as well as findings in this study, crucial for youth's health seeking behaviour (Peer Educators 8; Peer Educators 33; Bearinger et al 2007). Informants in this study explained that they prefer not to go to the hospital as there are signs for the different departments and people might be suspicious of what they are doing at the SRH department (Programmes Manager 18; Peer Educators 33). Youths even prefer

to seek services in another town than where they live to limit the risk of meeting someone they know (Peer Educators 33). According to the informants, government hospitals and clinics offering SRH services are often under-staffed and lack equipment (Executive Director 29). SRH services in government clinics are thus not comprehensive and staff is too busy to care about youths' SRH problems, so youths often have to wait long before they get attended to (Programme Officer 1; Psychosocial Counsellor 2; Psychosocial Counsellor 32). Due to privacy concerns, youths however often do not feel comfortable to wait together with elderly people, they want to be attended to quickly so that no one sees them (Sister in Charge 3).

Long distances to health services were described by informants as another common barrier for youths to access services (Project Officer 10; Facilitator 16). Many youths do not have money for transport and although some informants do say that youths will walk for long distances to access good youth-friendly services, they also emphasise that it is better if services are near-by (Beneficiaries 4; Project Director 14; Psychosocial Counsellor 32). Also prices of SRH services are according to informants in this study very important for youths' access (Peer Educators 33). Although youths may access services for free in government clinics, they will be required to purchase medicine themselves. Youths who suffer from SRH problems and do not have money themselves will thus often rely on their parents' support and in Zambia youths do not wish to involve their parents in SRH related matters (Peer Educator 17).

Youth-friendly services constitute a sub-case in this study. Centres offering SRH services are few in Lusaka and even fewer outside of Lusaka. Access is thus a major barrier for improvement of youths SRH; *“that’s a big, big problem, access is just not there”* (Programmes Manager 27; Programmes Manager et al 30). Two NGO’s offering SRH services through their own clinics were included in this study, both have in different ways made efforts to meet the challenges of providing SRH services for youths. Services are in both organizations close to youths, either near colleges or in high-density areas in the compounds and they are furthermore free for those youths under 25 who are not able to pay (Programme Officer 1; Psychosocial Counsellor 2; Communications Manager 22; Clinical Officer 23). To respect privacy and confidentiality and meet needs and preferences of youths, service initiatives included in this study use youth counsellors to provide youth-friendly services (Psychosocial Counsellor 2). Further, they make an effort to have certain days where the clinic is open only for youths (Communications Manager

22). Another important trait of NGO clinics is that only services related to SRH are offered and people thus do not think about what others are doing there, they are all there for the same reason (Client 25). The SRH specificity however poses a barrier for some youths as they do not want their friends to see that they approach an SRH clinic (Clinical Officer 23). According to informants introduction of youth-friendliness in the NGO clinics does indeed appear to increase the number of young clients seeking services (Psychosocial Counsellor 2). It is however unfortunate that youth-friendly services offered are too small-scale to reach the greater majority of youths.

5.2 Meso- and Exosystem – Institutional Level

The discussion of the individual level showed that initiatives are fairly well matched to meet needs and preferences of youths, findings which were expected as most initiatives focus on individual knowledge and behaviour. Thus main challenges to improve SRH among youths appear to exist on a different level and as the SET guides this study, the following will move from the microsystems to the meso- and exosystems and focus on the role of institutional factors.

The institutional factors identified in relation to the mesosystem include family relations under which parent-youth communication is of most interest for this study. Within the exosystem, organizational relations both among and within organizations, as well as youth environments, such as schools, are the prominent themes identified in this study (Dumont 2009:49)

5.2.1 Family Relations

Informants in this study highlighted parent-youth relations as one of the main institutional factors that influence SRH among youths. In Zambia, grandparents, aunts and uncles might talk to youths about SRH, whereas it is taboo for youths to talk about sex with their parents (Programme Facilitator 9; Facilitator 16; Programmes Manager 18; Executive Director 29; Psychosocial Counsellor 32). *“It’s a taboo if me and my mum and dad was to sit and talk about sex”* (Peer Educators 33) *“There are still places where you just can’t talk about sex, you won’t talk about it. Yes, as peers, yes they will talk about it, but not with the elderly people, they see youth with sexually transmitted infections but they still won’t talk about it”* (Facilitator 16). Lack of parent-youth communication is according to informants detrimental to the situation of problematic SRH

among youths, parents are not free to advice their children on how to conduct themselves, and youths are likewise limited in their communication to their parents (Executive Director 29).

Previous research show that, in Zambia, parents have to a large extent control over the activities of youths, especially girls. Prior research found this to constitute a problem for NGO initiatives as some youths were not free to participate (Dahlbäck 2006). Informants in this study furthermore describe that they often experience that youths are restricted in their participation in activities, as parents expect youths to partake in chores at home (Trainer 28). Those who do come to activities thus often come from a home where the parents appreciate, prioritise and encourage their youths to participate in these activities. Parents who encourages their youths to partake are usually, according to informants, educated and often work within health themselves. (Beneficiaries 5; Peer Educators 11; Peer Educators 19; Programmes Manager 30). Another challenge described by informants is drop-out from the initiatives, which primarily occur as a consequence of youths receiving negative response from their surrounding regarding their involvement in the initiatives. *“Certain parents would not allow their children to talk about sex, relationships, you know, pregnancies and all that”* (Peer Educators 8). *“...// they restrict them from information like sexual and reproductive health; they are thinking that people will be more promiscuous if they get exposed to that kind of information”* (Peer Educators 11).

Despite these challenges only a few organizations make efforts to include parents in their initiatives (Project Officer 10; Executive Director 31). *“I think involve parents at least a bit more in these reproductive health issues, because at the end of the day these young people go back and sleep at their parents home and if the parents don’t know what is happening in their children’s life then they are not able to give them the support that they need”* (Programmes Manager 13). A continuous challenge is how to involve parents and make them accept that their youths are being educated on SRH, something which according to informants is very difficult (Programmes Manager 27; Executive Director 31).

Findings of this study indicates that the strenuous relationship regarding SRH between most parents and youths makes SRH a taboo and forces youths to hide their sexuality and sexual activities which makes them less inclined to adopt healthy SRH behaviour. Further, findings show that those youths most in need of the initiatives rarely are the ones who benefit from them.

This emphasises the importance of involving parents and communities in initiatives targeting SRH among youths, which is however rarely done as it requires large resources as well as coordination between implementing agencies.

5.2.2 Organizational Relations

Organizational relations, both internally and between organizations are institutional factors that indirectly affect SRH among youths, as these conditions affect initiatives used by organizations to reach their objectives of improving SRH among youths.

Inter-organizational Relations

NGOs working with SRH among youths in Zambia largely rely on relations with donors to enable funding for initiatives. The motivational factor for organizations to engage in agency-sponsor linkages is thus often related to reciprocity contingencies when organizations believe that the benefits they gain from increased funding exceeds the costs of losing decision-making power, and from efficiency contingencies where increased funding enables organizations to improve their output. Finally, organizations act according to stability contingencies as they are likely to create agency-sponsor linkages with donors of high influence and resources, which offer stable inflows of funding over a period of time. (Oliver 1990). A limitation of agency-sponsor linkages based on reciprocity contingencies is that donors often set up conditionalities for how funds should be used, obliging strategies or focus of organizations to primarily be based on views and wishes of donors. One example of this limitation concerns condom distribution. Considerable evidence shows that teaching youths about condoms does not encourage sexual activity (Gordon & Mwale 2006). Despite this, IORs regarding both agency-sponsor linkages and joint programs linkages are according to findings from a study by Gordon and Mwale (2006) strongly affected by the recent shift in emphasis to abstinence. Power-imbalance between organizations and donors has grown and organizations relying on USAID funding have lost decision-making power as some organizations working with youth SRH have been forced to adjust policies and initiatives according to requirements from donors. An example of this is one of the organizations included in this study, which refused to accept conditionalities regarding promotion of abstinence only; the cooperation with USAID thus ended, resulting in a severe decrease of the organization's resources. (Gordon & Mwale 2006). Further, this shift of emphasis towards abstinence resulted in that some organizations promote abstinence only, whereas others include family planning

methods and the importance of sticking to one sexual partner (Peer Educator 17). One of the challenges within the field thus is the *“Mushrooming of youth organizations that are dividing the focus of where young people could get the right information”*. *“We have a situation where we have uncontrolled literature getting into the young people, so young people have conflicting information”* (Executive Director 29). When donors take over decision-making power from organizations it may result in implementation of initiatives which matches requirements of donors and thus ensures funding for the organization, but which are of less effect to improve SRH among youths *“/.../ the donors did not intend that this money be used like that /.../ you say, lets print booklets on abortion, then the donor will say, this is too expensive, just reach out to people in the community”* (Facilitator 16).

IOR theory generally assumes that organizations strive for autonomy and thus would prefer not to establish IOR, as they are perceived as competitive actors, striving to achieve each their own goals (Galaskiewicz 1985:281). Organizations within the field of SRH among youths match this assumption to some extent as they are *“racing for the same donors”* (Facilitator 16). And to prevent other organizations from gaining access to funds they rely on, they are reluctant to share knowledge and experience *“Instead of sharing there is a lot of competition, these with good programmes that can benefit the young people on the ground, are holding on to the good information”* (Executive Director 29). Most organizations within the field however have similar approaches and objectives and it is thus interesting to analyse their relations from a joint programs perspective. Initiatives from organizations working with SRH among youths in the Lusaka area are primarily organized through the District Health Management Team (DHMT) and community leaders, and IOR are limited (Programme Officer 1). Lately a realisation, that the same group of youths are often seen attending the activities of several organizations, has however led some organizations to do community mapping and try to understand which organizations are working with what and where, in order to harmonize activities and make better use of resources (Project Officer 10). In relation to this initiative, organizations occasionally cooperate through stakeholder meetings, where they try to decide how the organizations can best assist each other (Programme Officer 1). Reciprocity contingencies are thus the main motivational factor for joint programs relations between these organizations (Oliver 1990). One example of joint programs is that those providing awareness raising activities refer youths to organizations who provide services, and that those who arrange events with awareness raising activities invite service

providing organizations to attend their events and either provide services directly or provide referrals and information about services they offer (Programmes Manager 18; Sales Team 26; Trainer 28).

To strengthen IOR, Zambian consultants, funded by the Global Fund, are currently working on a civil society framework to coordinate organizations. This is hoped to provide a base for more beneficial cooperation between organizations within the field of SRH among youths and thus create an opportunity for better resource usage (Executive Director 29). As one informant stated, improvements in SRH for the greater majority can only be achieved through networking and cooperation between organizations (Facilitator 16). NGOs working with SRH among youths in Zambia are increasingly realising the benefits and necessity of IOR, action is however still needed to strengthen these relations.

Intra-organizational Relations

All initiatives included in this study engage youths in their activities, as peer educators, counsellors or drama artists. How organizations treat and make use of youth volunteers depends on their organizational climate. Often proposals from organizations to donors include a component of youth, and funding is received particularly for this component, “*When you are saying that you are working with young people, money will come*” (Executive Director 29). Despite that, SRH initiatives have been characterised by youth volunteerism and youths may not even know what the budget dedicated for them is. Youths are involved on different levels in organizations included in this study and conditions greatly differ, some organizations manage to create empowering programmes for volunteers to become leaders and creating prosperity in their lives. Other organizations however abuse youths and do not provide acknowledgements, empowerment or skills to the youths. (Programme Officer 1; Facilitator 16; Executive Director 29). When youths are given responsibility and freedom to run programmes they are able to reach other youths with information (Programme Officer 1). Also, when a young person becomes a peer educator, their self-image changes and they become more confident. According to informants, the community will notice this transition and the young person thus often becomes a role model in the community. Eventually those who started as peer educator often end up running their own organization or become very influential in their communities (Programme Officer 1; Programme Facilitator 9; Programmes Manager et al 30). Small acknowledgements are often

provided for youth volunteers when they participate in outreaches or other awareness raising activities. The general support and acknowledgement that youth volunteers get for their work is transport refunds and occasionally refreshment money when they go in the field (Peer Educator 17; Program Manager 27). However, trainings are also offered as an acknowledgement during which the youths receive meals and an allowance for the time spend (Program Manager et al 30). Trainings to become peer educators, psychosocial counsellors and facilitators are highly valued among youths, as an opportunity for skills building (Psychosocial Counsellor 2). So are certificates for the trainings as it provides youths with something to show for their effort, which might strengthen their CV (Peer Educators 11). In some organizations youths however complained that opportunities for trainings primarily are provided for members of staff and that they themselves lack skills to perform their duties as peer educators. The youths furthermore do not receive any documents acknowledging their participation and involvement in the organization and thus have nothing to show neither friends nor families that they are involved in beneficial activities (Chair Person 6; Peer Educators 19). According to peer educators themselves, lack of training causes the activities that they perform to be less effective and youths lack motivation to perform these activities (Peer Educators 19). In some instances youths are unfortunately not even provided with transport money or lunch allowances when they are going to the field. They are thus required to spend their own very limited funds to conduct voluntary work. This is a situation which aside from taking advantage of youths, also place particularly girls in a situation where they become vulnerable to men who are willing to assist them with transport and lunch, but who wants something in return. A result of this is that peer educators lose credibility in the communities, as they are seen to say and promote other actions than what they themselves practice. Another risk of organizations not providing any acknowledgements to their youth volunteers is that they are not able or willing to actually perform the tasks that they are given, and that they instead sham a field-report of their work, thus creating absolutely no impact in the communities. (Executive Director 29).

When organizations do not put in place mechanisms to ensure sustainment of youth volunteers, if they receive another offer, they are likely to accept it. This result in a massive turn-over of youths in organizations and initiatives suffer when educated and experienced youths keep disappearing (Psychosocial Counsellor 2; Executive Director 29; Programmes Manager et al 30). This is a pending problem as funding for training of peer educators and psychosocial counsellors is

limited, and the turnover thus leaves organizations with too few trained youths and no more funding for trainings (Psychosocial Counsellor 2; Chair Person 6). “*The challenge comes down to inadequate funding for human resources*” (Programmes Manager et al 30).

As described in this section, the organizational climate affects the sustainability of NGO initiatives, as youths are engaged on a primarily voluntary basis, which requires an encouraging organizational climate for them to keep engaging in the initiatives and to benefit from engaging (Glanz et al 2002:340-41). It is thus concerning that this area does not appear to be priority within most NGOs.

5.2.3 Youth Environments

School-based Initiatives

School attendance is high among youths in the Lusaka area of Zambia, where primary school enrolment rate in 2000-2009 was 95 percent among males and 96 percent among females (WHO 2010:165). According to informants in this study, schools and churches are the best places for strategies targeting youths, as these are places with large presence of youths from different parts of society, who will be able to diffuse information to their peers and relatives, thus enabling a much larger group to gain from the initiatives (Beneficiaries 4; Beneficiaries 5).

In-school programmes are included as a subcase in this study. They are beneficial as they provide an opportunity for organizations to work with already organized groups of youths and to reach those youths who after grade 12 are likely to become unemployed and thus need knowledge and skills to ensure that they manage themselves well (Project Officer 10). Despite this, few organizations are conducting school based programmes and in-school youths are perceived to often be the hardest to reach with SRH initiatives (Project Director 14; Executive Director 29). One organization experienced negative responses when they approached community schools to propose a programme for them to educate in-school youths on SRH. Teachers and managers believed that by talking about SRH “*if they are not yet having sex they will start having sex*” (Project Director 14). Organizational staff however believes that the negative response is primarily due to teachers and managers not having sufficient information on SRH themselves (Project Director 14).

Even though a syllabus on SRH is available in schools, organizational staff doubts the effectiveness of this. Informants explained that the degree to which the curriculum is used is up to the individual teacher and that as sex, in general is a taboo, it is unlikely that teachers will feel comfortable talking to their pupils about SRH (Project Officer 10; Project Director 14; Nurse 20; Client 24). SRH has indeed been part of the school curriculum since 1993, it is however only included to a limited extent through a syllabus on “Spiritual and Moral Education” for grade eight and nine. Issues of relevance to SRH among youths are touched upon in relation to gender roles, HIV and AIDS transmission, emotions, needs and sexual feelings, and marriage. Emphasis is however primarily on control of sexual needs and feelings and thus promotes abstinence; the syllabus includes no details on how to act when youths become sexually active or if they encounter SRH challenges. (Warenius et al 2007; MoE 1997).

With a weak curriculum on SRH, school clubs are the most likely places for in-school youths to access information (Nurse 20; Client 24). Teacher led clubs have however shown to be problematic because in the educational system in Zambia “*a teacher must feed the pupil a pupil cannot suggest to a teacher*”, which limits the youths freedom to open up regarding SRH issues (Client 25; Executive Director 29). Furthermore, according to informants, these clubs have previously suffered from lack of organization and transparency, which have allowed them in some cases to create an environment conducive for sexual harassment in schools, because of lack of official policies on the teacher/student relationship and how teachers are to behave (Executive Director 29). Finally it is unfortunate that only youths who actively participate in these clubs receive information about SRH (Peer Educators 8). It is thus widely suggested that the government not only introduce a component on SRH in schools but ensure to train teachers to bring up this issue with their students (Project Director 14).

5.3 Macrosystem - Societal Level

Main challenges to improve SRH among youths identified on the institutional level are found to concern organizational relations as well as lack of parent-youth communication. To bridge the gap in knowledge regarding the role of societal factors, this section move focus to the macrosystem of the SET and discuss factors of importance for SRH among youths at societal level.

Themes identified in this study which fit within the macrosystem of the SET are Zambian culture, economic conditions of youths, as well as policies of importance for SRH among youths. In this section those themes are analysed and discussed to answer the question of how societal factors influence SRH among youths and the impact of NGO initiatives.

5.3.1 Politics

Youth-Friendly Health Services

In the National Health Strategic Plan (NHSP) 2001-2005 the MoH introduced different strategies to improve SRH in Zambia. Of special interest to youths was the establishment of Youth-Friendly Health Services (YFHS) in 50 districts. (MoH 2005). Despite success of this initiative and the stated realisation in the NHSP 2006-2010 that scale up to more districts is needed, YFHS are not included in the objectives and strategies of the 2006-2010 plan, neither regarding sustaining the services in the 50 established districts nor expansion to other districts (ibid). Informants confirmed that a few years ago, the Government initiated a successful, large-scale project, introducing youth-friendly corners at governmental clinics all over Zambia. However after a while, youths trained to serve as peer educators and counsellors in the YFHS, became frustrated with the lack of support and acknowledgement they received and dropped out of the programme. By today the governmental YFHS barely exist, and the quality of them is severely compromised after large turnovers of youth staff and quick and incomplete trainings of substitutes. (Executive Director 29). *“It was a good idea these youth-friendly clinics, but it kind of just died out”* (Programmes Manager 13). Several NGOs are today working with this and, as described in section 5.1, offer YFHS.

No Condom Distribution in Schools

Several informants explain that youths are easiest to access in schools where they are already organized in groups. However, organizations are primarily able to target college students as they meet restrictions in secondary schools as to what they are allowed to inform about and promote. It is for instance not allowed to promote family planning and condoms in schools, a policy implemented by the Zambian Government. (Project Officer 10; Programmes Manager 13; Communications Manager 22; Zambian Government & European Commission 2007:15). Some organizations working with youth SRH and receiving funding from USAID have been particularly restricted in their work as a new approach was introduced in 2004-2006, prioritising

funds directly to abstinence promotion, banning condoms from schools, and only allowing condom promotion to high risk population groups (Gordon & Mwale 2006). One informant explains how the Zambian Government acts according to this approach and restricts condom promotion, not only in schools but also in the work of the media *“I remember the launch, the minister of education saying “this is a very good book, our young people need this book, except page 24”, because that’s the one that has the condoms on it”* (Programmes Manager 13). NGOs working with SRH among youths in Zambia are thus working in an environment restricted by political stances and decisions, which limit their possibility to educate youths and improve SRH through healthy SRH behaviours.

Youth Movement

Youths are rarely represented in leadership positions in Zambia, which according to informants might explain why action on youths’ SRH is not a priority (Facilitator 16). To strengthen sustainability of youth NGOs, a voluntary agency federation was established in year 2000, the Forum for Youth Organizations Zambia (FYOZ). FYOZ is a civil society, non-profit and non-partisan national youth network (webcache.html). It was established as a platform for youths involved in SRH to meet, interact, and share best practices, and to coordinate initiatives carried out by youth organizations. The mandate of FYOZ was to make sure that youths and youth organizations do not work in isolation but share what they are doing, to avoid duplication and take advantage of their comparative advantages. Youth movements in Zambia are however facing several challenges, as reports made to strengthen these movements and through that the voice of youths, are for instance continuously overlooked. (Executive Director 29). According to one of the spear-persons working with youth movements in Zambia, these challenges will persist as long as *“//...// attitudes and behaviour of the elderly leaders, the donor community as well as the civil society still perceive the youth movement a threat, still feel that they need to be in control”, “they feel that if the youth movement is strengthened, their proposals, which usually have a component of youth, will not get the resources on youth”* (Executive Director 29). Much advocacy is thus still needed for youths to attain a voice within politics and policy making and for NGOs to be able to provide initiatives suited to meet needs and preferences of youths.

5.3.2 Culture

Youth Culture

Being young in Zambia entails exposure to a changing society where traditional values are mixed with a modern lifestyle. Mixed messages on what is culturally accepted for youths, especially in regards to sex and sexuality are according to prior research highly prominent in such situations (Dahlbäck 2006). Youth culture in Zambia, particularly in Lusaka is influenced by international media such as music videos and soap operas where sexual behaviour differs significantly from what is culturally acceptable and appropriate in the homes of youths, where Christianity, according to informants, affect values and traditions towards a more conservative standpoint. *"Zambia is a Christian nation and a lot of people are influenced by that"* (Programme Officer 1). Media is included as a subcase in this study and several programmes on SRH exists in Zambian radio and TV. The general opinion among informants was that media is a good way to reach out and raise awareness about SRH amongst the general population and amongst youths. It was suggested by informants that, since SRH is a fairly new topic to receive much attention in Zambia, even more awareness campaigns are needed. (Facilitator 16; Peer Educator 17).

The influence of media, combined with lack of openness about sexuality in the communities and between youths and their parents, opens the door for misconceptions among youths, and according to previous research make youths feel compelled to act according to peer pressure, and what they observe within the youth culture (Visser & Schoeman 2004:159; Dahlbäck 2006). Youth informants in this study agree to that, as they to some extent blame western culture for some of the SRH problems, that youths in Zambia experience *"most young people are actually influenced by people from your site //...// I am just saying, a lot of time we are influenced by the western culture //...// let me give an example, like the artists, sex, that's practically all they talk about, and the guys here love that music, so that's practically all they hear, and you know when you are hearing something and it starts speaking to you in your mind, you end up doing it."* (Peer Educators 33). Culture is part of the social environment which shape youths behaviour and is thus very important for NGOs to take into account in their initiatives targeting SRH among youths (Glanz & Bishop 2010:403). In this study culture was however not found to be a main component of any of the initiatives, and this is thus an area with room for improvements.

Gender

SRH among youths in Zambia is affected by several aspects in relation to gender. A strong power-imbalance between males and females exists, which, according to prior research, can lead to risky SRH behaviour, as it is for instance strictly the man's decision whether to use a condom during intercourse, a situation which is stated as common by informants in this study (Dahlbäck 2006; Beneficiaries 5). Furthermore, a common belief in Zambia is that girls are supposed to be passive in regards to sexual activity, while sex is seen as necessary for boys (Dahlbäck 2006). Female youths thus, according to informants of this study, often experience more discrimination than males regarding SRH, and a girl carrying a condom would for instance often be thought of as a prostitute (Project Officer 10). Contrary to what would be expected with a belief that females should not be sexually active, females are in Zambia likely to become sexually active before males. One informant explained that; *“Girls have relationships with older men and then they start having sex much earlier than boys, because boys are the ones to take the initiative, so for them to start having sex it has to come from him, so they keep on postponing, postponing until maybe 20, 24, that's when they start having sex. Now for girls as early as 19, you find these girls they are with a man ... that's why we see a lot of girls with STIs”* (Sister in Charge 3).

Several informants state that it is much more difficult to reach and attract girls to activities. They explain that girls are supposed to be found at home and do not have the same freedom to move around in the communities as boys (Chair Person 6). *“In our Zambian way of life, girls have to be found at home, cooking or cleaning the house, so it's like, ok maybe they don't have enough time to be here”* (Peer Educator 17). This matches previous research, which shows that boys are entitled much more freedom than girls, when reaching puberty (Dahlbäck 2006). One informant explained that using girls as peer educators has a positive effect on this issue through observational learning, as when young females see other girls participating in initiatives, they will be encouraged to participate as well (Programme Officer 1). There is however need for exploring alternative strategies to reach girls with SRH initiatives.

5.3.3 Socioeconomic Status among Youths

Poverty is a major problem among Zambian youths, who often struggle with unemployment (Gough 2008). In relation to SRH, it becomes problematic as poverty, according to informants in this study, sometimes makes young girls trade sex to attain an extra income (Nurse 20). Previous

research shows a strong relationship between sex and poverty, and found that with primary focus on providing food for the next day, and less so on the future, girls may expose themselves to higher SRH risks (Dahlbäck 2006). Informants in this study also highlighted this, as they explained that a common thought among youths is that “*HIV will take a little bit of time to kill me, hunger will kill me tomorrow*” (Programmes Manager et al 30). To provide food or other acknowledgements for youths attending NGO initiatives is an important strategy to target these barriers, and a few of the initiatives included in this study does that to some extent, for example through scholarships or similar solutions for youths to attend school (Programmes Manager et al 30; Psychosocial Counsellor 32). This strategy however only appears to be applied to a very limited extent, which may explain limited results of initiatives, as the youths that are in most need of services cannot reach them, due to financial constraints. Another strategy to encourage youths to participate in the initiatives, which has been found effective in previous research, is to include skills building activities to provide youths with skills that will benefit them in their everyday life (Tranberg Hansen 2005). This is described as an effective way of targeting environmental factors and also to enhance capacity and self-esteem among youths, and has been shown to have positive impact on SRH among youths (Bearinger et al 2007; Harris & Allgood 2009). Only a few initiatives in this study however include this strategy. Further emphasis on socioeconomic conditions and how to target and include this aspect in initiatives is thus needed.

Aside from poverty and scarce employment opportunities for youths, informants also stated that there is lack of recreational activities for youth in the communities, resulting in sexual activity taking a large part of youths’ attention and spare time. On the positive side, lack of recreational activities makes activities offered in the SRH initiatives appealing to youths (Programme Officer 1). Several of the initiatives make use of this incentive, and offer alternative activities such as sports, youth clubs, debates, and drama groups to attract youths (Programme Officer 1; Peer Educators 19; Communications Manager 22).

6. CONCLUSION

The ecological approach in this study is applied to bridge the existing gap in knowledge regarding the role institutional and societal factors play in relation to why SRH among youths continuously pose a challenge in the Lusaka area of Zambia. This study thus widens the focus of

previous studies, and draw conclusions regarding factors within individual, institutional, and societal levels, which are detrimental to SRH among youths.

To answer the first sub-question, initiatives applied by NGOs working with SRH among youths in Zambia, are in this study found to be well suited to meet needs and preferences of youths. Both beneficiaries and implementers find the different strategies effective and successful, and as initiatives often take into account findings and recommendations from prior research, as well as match several components of the SCT, they could be expected to provide significant improvements within youth SRH. Components of the SCT, prominent in initiatives studied, and stressed by informants as central to youths' SRH, are however primarily the ones which target individual behaviour and focus on providing youths with knowledge. Those with focus on skills necessary for youths to realise their needs and how to achieve them, such as reciprocal determination, emotional coping responses, reinforcement, and self-control, are left out. These factors are, according to the SCT, decisive in shaping youths behaviour and it is thus questionable why they are not included in any initiatives nor brought up in discussions of what influences SRH among youths. For NGOs to target these areas, work with individual youths during a longer period of time, such as what is possible within schools, would however be needed and such strategies has shown not to be viable for most NGOs, due to resource constraints as well as restrictions within the Zambian society. It is thus not surprising that findings of this study indicate impact of NGO initiatives to be limited both with regards to reach and sustainability.

Initiatives are found to be fairly successful and well matched in terms of needs and preferences of youths on an individual level, and the main challenges to achieve improved SRH among youths are thus situated within the institutional and societal levels where the work of NGOs is simultaneously weakest. Many constraints on program delivery appear to derive from underlying contextual problems in the community, rather than from program components, and to be successful and sustainable initiatives must thus focus, not only on individual behaviour, but adopt an ecological approach and target enabling and restraining factors at all levels of society. Most initiatives on SRH among youths however primarily target individual behaviour of youths, and only to a limited degree include components on institutional and societal factors. Furthermore primary focus is often on knowledge and awareness raising activities rather than skills building,

and as knowledge is not necessarily related to behaviour change if underlying social norms and structures are not addressed, this might further explain the limited impact of the initiatives.

In relation to the second sub-question, concerning the role of institutional factors, the reach and impact of initiatives on SRH among youths is found to be limited by few and under-funded actors within the field. NGOs working with SRH among youths in Zambia appear to experience a constant lack of resources and they furthermore compete for the same limited sources of funding. This not only means that most NGOs lack resources but also, due to weak inter-organizational relations, creates competition between NGOs, who are thus not willing to share knowledge. Lack of cooperation leads to low coordination of initiatives, high replication, and inefficient use of resources. To target this, Zambian consultants are currently working on a civil society framework to come up with a strategy on coordination of the organizations. A youth forum has however existed for several years, so far with only very limited success in attaining a voice for youths and youth-led organizations within the Zambian society.

When answering the third sub-question, concerning the role of societal factors, it became clear from this study that within communities, families and other segments of society, SRH among youths is in Zambia affected by stigma, misconceptions, and lack of communication, which leaves youths to seek information on sex and sexuality within media and other aspects of youth culture. It is crucial for NGOs to include parents and community members in initiatives, but they face severe challenges in their work as they work, not only within a culture where sex and sexuality is taboo, especially in regards to youths, but also with lack of governmental support, lack of resources, and an international environment which increasingly places conservative financial pressure on actors within youths' SRH. It thus seems unlikely that NGOs will attain much success if action is not taken on a larger political scale.

SRH among youths in general does not appear to be a priority area in Zambia, there is lack of focus on youth in governmental plans and lack of youth representatives. Current policies restrict youths' access to SRH knowledge and services, whereas past actions to create national improvement are neglected, government funding is below otherwise committed levels, and not even in the school curriculum is action taken to educate youths on SRH. With limited support and priority from the government, international donors have gained strength within the field and

donor-interests are thus highly prevalent and donor conditionalities are decisive in many initiatives. Primary funding to SRH is received from donors where agendas and conditionalities are based on a religious agenda, and secular NGOs thus work against a system of strong conservative beliefs which makes it difficult for them to improve knowledge and access to SRH services for youths, and simultaneously create confusion among youths, as contradictory messages are delivered by different actors. This is a challenge likely to persist until the *Zambian Government* accepts its responsibility within SRH among youths.

It appears that for SRH among youths to improve significantly within the *Lusaka area of Zambia*, advocacy is needed at all levels of society, to create a voice for youths and to place youth SRH on the top of the *Zambian agenda*, both politically, within communities and in the *Zambian homes*.

Several comparable studies exist within other contexts which have identified similar initiatives and challenges for improvements of SRH among youths. This supports transferability of findings in this study from the *Lusaka area of Zambia* to *Zambia as a whole*, as well as to urban populations in other developing countries with similar institutional and societal contexts. Few prior studies however apply a social ecological approach and a more holistic perspective than individual behaviour, and this study thus provides a new perspective to the field as it not only identifies a gap in research but also fills into it. Following a general request, the findings of this study will be shared with the NGOs included, to provide them with insight and inspiration as to how they can strengthen their initiatives, to better match the challenges within the meso-, exo- and macrosystem of society. On a broader level, this study fills into a gap in research as it identifies challenges to improve SRH among youths from an ecological perspective. It thus may be used as inspiration for a more holistic focus when planning and implementing initiatives to improve youths' SRH as well as for future research with the aim to explore how this can be applied in practice.

7. AREAS FOR FUTURE RESEARCH

To facilitate practical use of the findings of this study, it would be beneficial if future research focused on exploring strategies to target major challenges identified to hinder improvements of SRH among youths. These major challenges include; how best to include a social ecological approach to ensure that institutional and societal factors of influence to SRH among youths are

targeted in a more effective way, how to target and include parents and community members to facilitate acceptance and sustainability of initiatives targeting SRH among youths, and how to facilitate coordination and cooperation between and within organizations. Further, there is a need to explore strategies to increase the government's role and responsibility within the field and to explore how initiatives can reach out to a larger audience. It would furthermore be beneficial with future similar studies in other contexts, to be able to determine transferability of findings in this study as well as strategies used to target challenges similar to those identified in this study. As focus in this study was on initiatives from an NGO perspective, staff and youths engaged in initiatives were the main informants; an area for future research would be to include beneficiaries as main informant to further explore outcomes of initiatives. This could be done by applying an approach where researchers take part in initiatives and explore outcomes of them through interviews with beneficiaries. Also officials, such as members of Government, could have been included as informants to provide additional information regarding the Governments' role in SRH among youths. These approaches were beyond the scope of this study, but it would be beneficial if it was applied in future research. Finally, to include a more in-depth focus on differences in outcomes, between secular and religiously affiliated initiatives, would be an interesting area for future research, as would to explore differences between initiatives implemented in rural and urban areas.

8. REFERENCES

African Union (2006): *Plan of Action on Sexual and Reproductive Health and Rights (Maputo Plan of Action)*. The African Union Commission, Conference of Ministers of Health, Maputo, Mozambique.

Bandura, A. (2004): Health Promotion by Social Cognitive Means. *Health Education and Behaviour*. 31(2):143-164.

Bearinger, L.H., Sieving, R.E., Ferguson, J., Sharma, V. (2007): Global Perspectives on the sexual and reproductive health of adolescents: patterns, prevention and potential. *The Lancet* 369:1220-1231.

Benotsch, E., Stevenson L., Sitzler, C., Kelly, J., Makhaye, G., Mathey, E., Somlai, E., Brown, D., Amirghanian, U., Fernandez, I., Opgenorth, K. (2004): HIV prevention in Africa: programs and populations served by non governmental organizations. *Journal of Community Health* 29 (4):319-336.

Benton, T., Craib, I. (2001): *Philosophy of social science: the philosophical foundations of social thought*. Traditions in Social Theory, Palgrave, New York, US.

Biddlecom, A., Munthali A., Singh, S., Woog V. (2007): Adolescents' views of and preferences for sexual and reproductive health services in Burkina Faso, Ghana, Malawi and Uganda. *African Journal of Reproductive Health* 11(3):99–100.

Blum, R.W., Nelson-Nmari, K. (2004): The health of young people in a global context. *Journal of Adolescent Health* 35:402-418.

Brabin, L., Chandra-Mouli, V., Ferguson, J., Ndowa, F. (2001): Tailoring clinical management practices to meet the special needs of adolescent sexually transmitted infections. *International Journal of Gynaecology and Obstetrics* 75:123-136.

Bryman, A. (2004): *Social Research Methods*. (3rd Ed.). Oxford University Press, New York, US.

Burke, N.J., Joseph, G., Pasick, R.J., Barker, J.C. (2009): Theorizing Social Context: Rethinking Behavioural Theory. *Health Education and Behaviour* 36:55-70.

Central Statistical Office (CSO), Ministry of Health (MoH), National HIV/AIDS/STI/TB Council, University of Zambia, MEASURE Evaluation (2010): *Zambia Sexual Behaviour Survey 2009*. Lusaka, Zambia.

Corcoran, J. (2000): Ecological Factors Associated with Adolescent Sexual Activity. *Social Work in Health Care* 30(4):93-110.

Creel, L. Perry, R. (2003): *Improving the quality of reproductive health care for young people*. New perspectives on quality of care. Population Council and Population Reference Bureau, No 4.

Creswell, J.W. (2007): *Quality Inquiry & Research Design. Choosing among five approaches*. (2nd Ed.). Sage Publications, Inc. California, US.

Dahlbäck, E. (2006): *Between opportunities and risks: adolescent sexual and reproductive health in Zambia*. Division of international health, department of public health sciences, Karolinska Institutet, Stockholm, Sweden.

Dehne, K.L., Riedner, G. (2005): *Sexually transmitted infections among adolescents: the need for adequate health services*. World Health Organization, Department of Child and Adolescent Health and Development (CAH), Geneva, Switzerland.

Dumont, C. (2009): *Ecological Approaches to Health: Interactions between humans and their environment*. Nova Science Publishers, Inc. New York.

Econ/UNZA, MoH/Sida/IHE (2006): *Institutional Collaboration Health Economics Policy Analysis and Health Economics Project: National Health Accounts for Zambia 2002-2004*. Ministry of Health, Zambia.

Galaskiewicz, J. (1985): Interorganizational Relations. *Annual Review of Sociology* 11:281-304.

Glanz, K., Rimer, K., Lewis, M. (2002): *Health behaviour and health education: theory, research and practice*. (3rd Ed.). Jossey-Bass Publishers, San Francisco.

Glanz, K., Bishop, D.B. (2010): The Role of Behavioural Science Theory in Development and Implementation of Public Health Interventions. *Annual Review of Public Health* 31:399-418.

Gomm, R. (2009): *Key concepts in social research methods*. Palgrave Key Concepts, Palgrave Macmillan, New York, US.

Goodman, R. (2000): Bridging the gap in effective program implementation: from concept to application. *Journal of Community Psychology* 28(3):309-321.

Gordon, G., Phiri, F. (2003): Moving beyond the “KAP GAP”: A community based reproductive health programme in Eastern Province, Zambia. *PLA Notes* 37:67-72.

Gordon, G., Mwale, V. (2006): Preventing HIV with Young People: A Case Study from Zambia. *Reproductive Health Matters* 14(28):68-79.

Gough, K. (2008): “Moving around” The social and spatial mobility of youths in Lusaka. *Geografiska Annaler* 90(3):243-255.

Harris, M.B., Allgood, J.G. (2009): Adolescent pregnancy prevention: choosing an effective programme that fits. *Children and Youth Services Review* 31(12):1314-1320.

Haughton, J., Khandker, S. (2009): *Handbook on poverty and inequality*. The World Bank. Washington DC.

Hughes, J., McCauley, A.P. (1998): Improving the Fit: Adolescents' Needs and Future Programs for Sexual and Reproductive Health in Developing Countries. *Studies in Family Planning* 29(2):233-245.

Kesterton, A.J., De Mello, M.C. (2010): Generating demand and community support for sexual and reproductive health services for young people: A review of the literature and programme. *Reproductive Health* 7:25.

Kloos, B., Shah, S. (2009): A social ecological approach to investigating relationships between housing and adaptive functioning for persons with serious mental illness. *American Journal of Community Psychology* 44:316-326.

Koster-Oyekan, W. (1998): Why resort to illegal abortion in Zambia? Findings from a community based study in Western Province. *Social Science Medicine* 46(10):1303-1312.

Kvale, S. (1997): Interview: *En introduction til det kvalitative forskningsinterview*. Hans Reitzels Forlag, Copenhagen, Denmark.

Magnani, R., Mehryar Karim, A., Weiss, L., Bond, K., Lemba, M., Morgan, G. (2002): Reproductive Health Risk and Protective Factors Among Youth in Lusaka, Zambia. *Journal of Adolescent Health* 30:76–86.

Michelo, C., Sandøy, I F., Dzekedzeke, K., Siziya, S., Fylkesnes, K. (2006): Steep HIV prevalence declines among young people in selected Zambian communities: population-based observations (1995–2003). *BMC Public Health* 6:279.

Michielsen, K., Bosmand, M., Temmerman, M. (2008): Reducing HIV/AIDS in young people in Sub-Saharan Africa: gaps in research and the role of theory. *Africa Focus* 21(1):31-43.

Ministry of Education (MoE) (1997): *Zambia Basic Education Course. Spiritual and Moral Education Syllabus: Grade 8-9*. The Curriculum Development Centre, Lusaka, Zambia.

Ministry of Health (MoH) (2005): *National Health Strategic Plan 2006-2010: "...Towards Attainment of the Millennium Development Goals and National Health Priorities..."* Republic of Zambia, Lusaka, Zambia.

Ministry of Health (MoH) (2009): *Zambia National Health Accounts 2003 to 2006: General accounts with HIV/AIDS, TB and Malaria sub-accounts*. Ministry of Health, Lusaka, Zambia.

Ministry of Health (MoH) (2010): *2010 Narrative Action Plan*. Ministry of Health, Republic of Zambia, Lusaka, Zambia.

Mpofu, E., Lawrence, F., Ngoma, M.S., Siziya, S., Malungo, J.R.S. (2008): Mapping an HIV/STD prevention curriculum for Zambian in-school settings. *International Journal of Psychology* 43(2):97-106.

Msiska, R., Nangawe, E., Mulenga, D., Sichone, M., Kamanga, J., Kwapa, P. (1997): Understanding lay perspectives: care options for STD treatment in Lusaka, Zambia. *Health Policy and Planning* 12(3):248-252.

Nmari, K., Magnani, R. (2003): Does making clinic-based reproductive health services more youth-friendly increase service use by adolescents? Evidence from Lusaka, Zambia. *Journal of Adolescent health* 33:259–270.

Oliver, C. (1990): Determinants of Interorganizational Relationships: Integration and Future Directions. *Academy of Management Review* 15(2):241-265.

Panter-Brick, C., Clarke, S.E., Lomas, H., Pinder, M., Lindsay, S.W. (2005): Culturally compelling strategies for behaviour change: A social ecology model and case study in malaria prevention. *Social Science & Medicine* 62:2810-2825.

People's Health Movement, Medact, Global Equity Gauge Alliance (2005): *Global Health Watch 2005-2006: An alternative world health report*. Zed Books, New York, USA

Scheyvens, R., Storey, D. (2003): *Development fieldwork: a practical guide*. Sage Publications. London.

Shaw, D. (2009): Access to sexual and reproductive health for young people: Bridging the disconnect between rights and reality. *International Journal of Gynaecology and Obstetrics* 106:132–136.

Silverman, D. (2010): *Doing Qualitative Research*. (3rd ed.). Sage Publications, Ltd., London, UK.

Speizer, I., Magnani, R., Colvin, C. (2003): The effectiveness of adolescent reproductive health interventions in developing countries: a review of the evidence. *Journal of Adolescent Health* 33:324-348.

Stokols, D. (1996): Translating Social Ecological Theory into Guidelines for Community Health Promotion. *American Journal of Health Promotion* 10(4):282-298.

Tranberg Hansen, K. (2005): Getting stuck in the Compound: some odds against social adulthood in Lusaka, Zambia. *Africa Today* 51(4):3-16.

United Nations (UN) (2010): *International Year of Youth – Dialogue and Mutual Understanding*. United Nations, New York, US.

UNAIDS (2008): *2008 Report on the global AIDS epidemic – Executive summary*. UNAIDS, Geneva, Switzerland.

Visser, M.J., Schoeman, J.B. (2004): Implementing a community intervention to reduce young people's risks for getting HIV: unravelling the complexities. *Journal of Community Psychology* 32(2):145-165.

Warenius, L.U., Faxelid, E.A., Chishimba, P.N., Musandu, J.O., Ong'any, A.A., Nissen, E.B-M. (2006): Nurse-Midwives' Attitudes towards Adolescent Sexual and Reproductive Health Needs in Kenya and Zambia. *Reproductive Health Matters* 14(27):119-128.

Warenius, L., Pettersson, K., Nissen, E., Höjer, B., Chishimba, P., Faxelid, E. (2007): Vulnerability and sexual and reproductive health among Zambian secondary school students. *Culture, Health and Sexuality* 9(5):533-544.

Webb, D. (2000): Attitudes to Kaponya Mafumo: The terminators of pregnancy in urban Zambia. *Health and Policy Planning* 15(2):186-193.

Wellings, K., Collumbien, M., Slaymaker, E., Singh, S., Hodges, Z., Patel, D., Bajos, N. (2006): Sexual Behaviour in Context: a global perspective. *The Lancet* 368 (9548):1706-1728.

World Health Organization (2005): *World Health Statistics 2005*. World Health Organization, France.

World Health Organization (2006): *Investing in our future: a framework for accelerating action for the sexual and reproductive health of the young people*. WHO, Geneva, Switzerland.

World Health Organization (2010): *World Health Statistics 2010*. World Health Organizations, France.

Yin, R.K. (2003): *Case Study Research: Design and Methods*. (3rd ed.). Applied Social Research Methods, Volume 5. Sage Publications, Inc., California, US.

Zambian Government, European Commission (2007): *Country Strategy Paper and National Indicative Programme for the period 2008-2013*. Lusaka, Zambia.

Web-references

FYOZ,

<http://webcache.googleusercontent.com/search?q=cache:http://www.zgf.org.zm/grantpartners/fyoz.html>, retrieved March 2011.

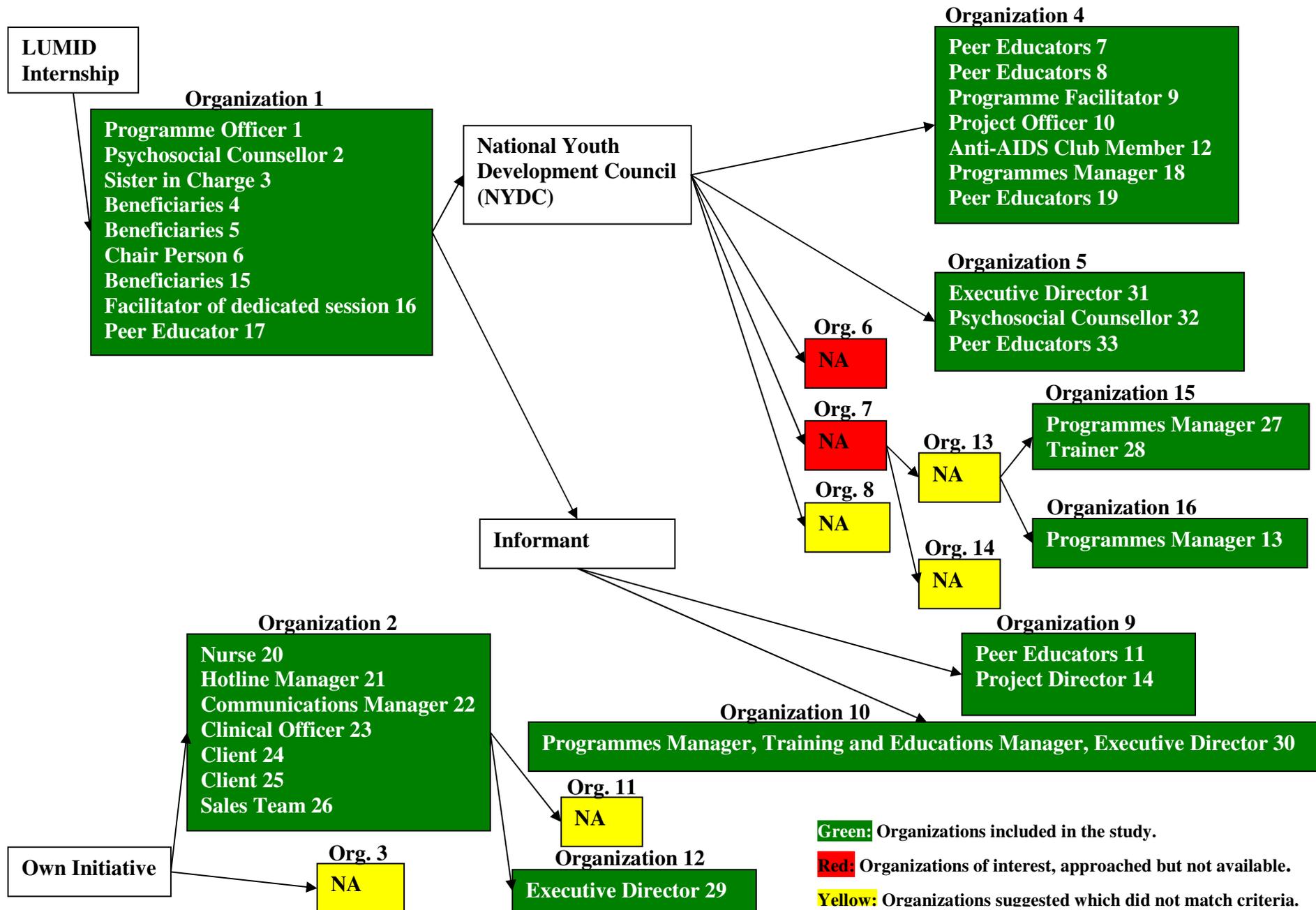
Map of Zambia, <http://www.zambiagold.org/>, Retrieved March 2011.

Maputo Plan of Action, http://www.rollbackmalaria.org/docs/maputo_declaration.pdf, retrieved April 2011.

Millennium Development Goals Indicators: the official United Nations site for the MDG Indicators, <http://unstats.un.org/unsd/mdg/Metadata.aspx?IndicatorId=0&SeriesId=553>, Retrieved 5th May 2011.

Wikipedia “Government Spending”, http://en.wikipedia.org/wiki/Government_spending, retrieved 5th May 2011, last modified 2nd May 2011.

APPENDIX 1 – SAMPLING PROCESS



APPENDIX 2 – LIST OF INTERVIEWS

1. Programme Officer (Youth Club), recorded interview, November 12, 2010.
2. Psychosocial Counsellor (Youth-friendly Services), recorded interview, November 24, 2010.
3. Sister in Charge (Youth-friendly Services), recorded interview, December 14, 2010.
4. Beneficiaries, Female Focus Group (Outreach), recorded interview, November 19, 2010.
5. Beneficiaries, Male Focus Group (Outreach), recorded interview, November 19, 2010.
6. Chair Person (Outreach, Youth Club), recorded interview, November 19, 2010.
7. Peer Educators, Mixed Focus Group (Outreach), recorded interview, November 25, 2010.
8. Peer Educators & Anti-AIDS Club Members, Male Focus Group (School-based & Outreach), recorded interviews, November 25, 2010.
9. Programme Facilitator (Outreach), recorded interviews, November 26, 2010.
10. Project Officer (Outreach), recorded interview, November 26, 2010.
11. Peer Educators, Mixed Focus Group (Outreach), recorded interview, December 2, 2010.
12. Anti-AIDS Club Member, Female (School-based), recorded interview, November 25, 2010.
13. Programmes Manager (Media), recorded interview, December 9, 2010.
14. Project Director (Youth Club), December 2, 2010.
15. Beneficiaries (Mixed Focus Group – Outreach), recorded interview, November 23, 2010.
16. Facilitator of dedicated session (Outreach), recorded interview, December 12, 2010.
17. Peer Educator (Outreach), recorded interview, November 16, 2010.
18. Programmes Manager (Outreach), recorded interview, November 19, 2010.
19. Peer Educators & Youth Club Members, Mixed Focus Group (Outreach, Youth Club), recorded interview, November 26, 2010.
20. Nurse (Youth-friendly Services), recorded interview, November 24, 2010.
21. Hotline Manager (Youth-friendly Services), recorded interview, November 29, 2010.
22. Communications Manager (Youth-friendly Services, Outreach), recorded interview, November 29, 2010.
23. Clinical Officer (Youth-friendly Services), recorded interview, December 2, 2010.
24. Client (Youth-friendly Services), recorded interview, December 3, 2010.
25. Client (Youth-friendly Services), recorded interview, December 3, 2010.
26. Sales Team (Outreach), recorded interview, November 29, 2010.
27. Programmes Manager (Sports, School-based), recorded interview, December 3, 2010.

28. Trainer (Sports, School-based), recorded interview, December 4, 2010.
29. Executive Director (Advocacy), recorded interview, December 2, 2010.
30. Programmes Manager, Training and Educations Manager, Executive Director (Sports), recorded interview, November 3, 2010.
31. Executive Director (School-based, Youth Club), recorded interview, December 7, 2010.
32. Psychosocial Counsellor (Youth Club), recorded interview, December 7, 2010.
33. Peer Educators & Beneficiaries, Mixed Focus Group (School-based, Youth Club), recorded interview, December 7, 2010.

APPENDIX 3 – OVERVIEW OF INFORMATION FROM INTERVIEWS

The below table provides an overview of the variety of informants who contributed to this study as well as how they are divided among the sub-cases. As some informants were involved in several initiatives they provided information about multiple sub-cases in one interview, and these interviews are thus counted several times.

From the table it becomes clear that in this study the primary sources of information were staff and implementing youths, which is not surprising as these were the informants initially meant to be included. Considering this it is however noticeable that in eight out of 33 interviews, information from beneficiaries was also attained, and in relation to four of the sub-cases the study thus gained from the perspectives of beneficiaries as well. It would have strengthened the study further, had beneficiaries been included in relation to all sub-cases.

Information with regards to outreach activities, youth clubs and youth-friendly services is far more common than that regarding the other sub-cases. These are the most common initiatives used to improve SRH among youths in Zambia and more informants are thus naturally available. It would however have strengthened this study if information had been gathered from more informants especially regarding the sub-cases advocacy and media.

Initiatives	Informants		
	Staff	Implementing Youths	Beneficiaries
Outreach	3	9	2
Youth Club	4	1	3
School-based	1	1	3
Sports	2	1	
Youth-friendly Services	5	1	2
Media	1		
Advocacy	1		

The table is based on the allocation of interviews to sub-cases as indicated in brackets after each interview in Appendix 2.

APPENDIX 4 – ANALYTICAL MODEL

The analytical model illustrates how the analysis in this study is performed. It shows the case with embedded sub-cases to the left, and how the Social Ecological Theory creates a theoretical foundation for the analysis. The meso & exosystem includes the Inter-organizational Relations Theory and Organizational Climate as these are added to strengthen this part of the analysis and discussion. The microsystem includes the Social Cognitive Theory which will be used to further analyse how initiatives affect the individual behaviour among youths. Thus, data will be processed through this model to reach conclusions and answer the research questions.

