Combining photo-elicitation and discourse analysis to examine adolescents' sexuality in rural Zambia

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Abstract

Introduction: This article aimed to analyse constructions of adolescents' sexualities and sexual health and the consequences of these discourses for adolescents' exercise of their sexual reproductive health and rights (SRHR) in rural Zambia.

Methods: We analysed data from photo-elicitations interviews and focus group discussions with 25 adolescents who participated in a SRHR intervention that aimed to reduce adolescents' pregnancies and early marriages.

Results: We identified three interpretative repertoires: 1) sex is for mature people in which adolescents positioned themselves as 'immature, and young to engage in sex; 2) gendered respectful behaviours in which what was considered disrespectful (and respectful) behaviour in relation to sexuality were strongly influenced by gender, and more clearly defined for girls than it was for boys. Sexuality was not only about individual choices but about being respectful to parents; and 3) acquiring and using knowledge about sexuality in which adolescents conflicted between having and applying SRHR knowledge.

Conclusion: These repertoires offer an important context that shape how adolescents negotiate, adopt and resist SRHR interventions. Future interventions that target adolescents' SRHR must aim to address the sexual scripts that have served to erect barriers against positive sexual behaviours, including access to SRHR services that promote safer sex.

Introduction

Despite the achievement of sexual and reproductive health and rights (SRHR) having far-reaching benefits for adolescents to live healthy and fulfilling lives, it remains a neglected issue, especially in sub-Saharan Africa, where more than half of the population are young people below the age of 25 years (Krug and Van der Kwaak 2019; Starrs et al. 2018), for example, data across the globe shows that adolescents' unmet needs for contraception are high, and maternal mortality remains a leading cause of death among adolescents aged 15–19 years (UNICEF 2019).

In order to address these challenges, SRHR interventions targeting adolescents in sub-Saharan Africa have flourished over the last two decades (Starrs et al. 2018). However, as described by Kruger and Van der Kwaak (2019, p. 1), such interventions "sometimes yield positive results, but other times, the investments result in no effects or are counterproductive". We argue that, in order to achieve comprehensive SRHR for adolescents, there is a need for a holistic approach that recognizes the immediate, distal, social and cultural factors shaping adolescents' sexuality and sexual practices. Therefore, we agree with Hindin's (2016) argument that the success of adolescent SRHR interventions does not only depend on ensuring sustainable resources but must also consider how cultural and social expressions of youth sexuality shape its adoption and adapt their design accordingly.

Previous studies have shown that cultural and social norms play a major role in adolescents' understandings and practices in relation to sexuality and reproduction (Simon and Gagnon 1986; Jackson and Scott 2004; Parker 2010). In many countries, such understandings and practices are shaped by laws that often limit adolescents' autonomy in relation to SRHR, but also by cultural factors such as religion, gender norms and inequalities. In sub-Saharan Africa, these understandings and practices are shaped by a complex set of interactions between contextual factors (i.e., poverty, a high disease burden and weak healthcare systems) and political factors (i.e., lack of political will and power) that shape how adolescents understand and experience sexuality and SRHR programs (Krug and Van der Kwaak 2019).

Thus, far from approaching sexuality as an "innate natural drive", in this paper we consider it as strongly shaped by (and shaping) cultural, social and political norms (Jackson and Scott 2004). We adopt Butler and Trouble's (1990) description of sexuality – as fluid and non-essentialist – and acknowledge that what is considered erotic, together with how adolescents engage in sex, with whom and under what circumstances, is not the consequence of an "inner biological and/or psychological drive" but socially constructed. Of interest here is Gagnon and Simon's concept of sexual scripts – cognitive schema that instruct people how to understand and act in sexual situations (Simon and Gagnon 1986). The concept of sexual scripts challenges essentializing constructions of sexuality to acknowledge that sexuality and sexual practices are culturally embedded and need to be understood in the intersection between intrapersonal, interpersonal and cultural sexual scripts (Simon and Gagnon 1986; Goicolea et al. 2012). Parker (2010) argues that, while the sexual script and discursive theories differ extensively, sexual scripts, especially the cultural dimension, might be complementary in understanding adolescent sexuality (Simon and Gagnon 1986; Jackson and Scott 2004; Parker 2010).

In literature, the media and everyday interactions we can identify recurring cultural scripts on adolescents' sexuality that shape how (young) people understand and experience sex and SRHR programs. These include, among others: 1) gendered scripts that undermine women's reproductive choices by constructing men as rational and women as irrational in decision-making, 2) the representation of women as passive sexual objects while multiple partners for men is seen as a norm, and 3) the construction of the male sex drive as natural and unavoidable and the acceptance of men's use of sex as a way to prove their masculinity (Shefer and Foster 2001; Shefer and Ngabaza 2015; Bhana 2016). Scripts around adolescents' sexuality portray sexual practices within this age-group as not adhering to sanctioned cultural practices and, thus, discussions about sex are constructed as 'taboo' (Shefer and Ngabaza 2015). Frequently, adolescents' sexuality is seen as immature, inferior, immoral and dangerous compared to that of adults. Adolescents' specific sexual scripts attract strong rules governing their sexual display, sexual interactions, reproduction and other socially defined 'dos' and 'don'ts' (Shefer and Foster 2001; Shefer and Ngabaza 2015; Bhana 2016).

Interventions targeting adolescents' SRHR have focused on ensuring that essential information and services are available, accessible, acceptable and of good quality (Starrs et al. 2018; Engel et al. 2019). While such aspects are unquestionably relevant, many of these interventions have favored individualistic approaches, disregarding the social and cultural factors that shape how adolescents negotiate, adopt

and resist SRHR interventions. There remains a critical gap in understanding how sexual scripts influence the negotiation and adoption of SRHR interventions among adolescents. To fill this gap, this study aimed to analyse discourses on adolescents' sexualities and sexual health and the consequences of these discourses for adolescents' exercising of their sexual and reproductive rights in rural Zambia.

Methodology

Study design

In this study, we used participant-driven photo elicitation in combination with both individual and group interviews (PEIs). The use of a combination of diverse approaches when collecting data on adolescents' sexuality has been advocated in previous research (Plummer et al. 2004).

Photo elicitation is a qualitative methodology within the scope of participatory research, in which researchers use photographs or other images as stimuli to solicit responses, insights or reactions from participants (Harper 2002). The use of participant-driven PEIs was motivated by several factors. Firstly, this approach reduces the power imbalance between researcher and participants, since participants are given the power to define what is important to them. Secondly, PEIs provide the researcher with an opportunity to use photographs as a tool to expand on a question, and at the same time allow participants to use photos to depict unique dimensions of their lives. Thirdly, the use of photos in an interview has been shown to make it easier to achieve rapport and lessen some of the awkwardness experienced during conventional interviews (Clark-Ibáñez 2004; Copes et al. 2018). Combining PEIs with individual interviews provided adolescents with an opportunity to share information and talk about photographs that they would not feel comfortable about sharing openly in a group. As our interest was to collect both individual and group opinions and discourses on heterosexual sexuality, we also conducted one focus group discussion per school with our participants.

Context

This study draws on data collected during a larger project that explores how community-based interventions for strengthening adolescents' SRHR can be integrated, sustained and made responsive to adolescents within a community health system (Zulu et al. 2018; Mulubwa et al. 2020). The broader study is nested within the full intervention arm of the Research Initiative to Support the Empowerment of Girls (RISE), which offers economic support, comprehensive SRHR education and community dialogue meetings with the aim of supporting adolescent girls to continue attending school, and increase girls' opportunities to postpone pregnancy and marriage. Details of the RISE intervention have been described elsewhere (Sandøy et al. 2016; Zulu et al. 2018).

This study was conducted in four rural communities in the Central province of Zambia. The population size of these communities ranged from approximately 1600 to 2100. The key infrastructure in the four communities included at least one government school, a healthcare facility, a market area and a police post. All the communities were characterized by high levels of unemployment and poverty.

Approximately 53% of the total population of Zambia is under the age of 18 years, with 58% living in rural areas. According to the 2018 Zambia demographic health survey (ZDHS), the percentage of adolescents girls who have begun childbearing rises from 6% among those aged 15 years to 53% among those aged 19 years; one in seven female (15%) adolescents aged 15–19 years are married (or in a union) compared to only 1% of their male counterparts; 21.5% of married girls aged 15–19 have an unmet need for family planning; HIV prevalence among adolescents and young people aged 15–24 years was estimated at 3.8% (5.6% among girls and young women vs. 1.8% among boys and young men) (ZDHS 2018). Apart from HIV, all the above SRHR challenges were more prominent in rural than in urban areas. In rural Zambia, practices such as early marriage and childbearing are still prominent and very likely to limit girls' education while favouring boys' education (Krug and Van der Kwaak 2019; Svanemyr 2020).

Participants

Twenty-five school-going adolescents aged 16 to 18 years who were attending year 9 (the last year of basic education) were recruited from four schools to participate in the PEIs (Figure 1), in-depth interviews and focus group discussions (Table 1). The first author (CM) contacted the teachers who at the time were facilitating the RISE comprehensive sexuality education curriculum to help identify adolescents who were participating in the schools' youth clubs. From the list of potential participants, the researcher then purposively selected six participants per school, making sure to include both boys and girls, from diverse socioeconomic backgrounds and with diverse self-reported experiences in terms of accessing SRHR services in the community. Our final list of participants consisted of six adolescents each from communities 1, 2 and 4 and seven from community 3. Informed consent and assent were obtained prior to commencement of PEIs.

Procedure

Data collection took place between August and November 2018. We adopted the four stages of PEIs (preparation, taking the photographs, the interview and post interview) as described by Overmars-Marx et al. (2018), and adjusted them to suit our study. The PEIs started with a half-day workshop activity and ended with post-interview activities in which both visual and text data were analysed (Figure 1). The first author (CM) facilitated stages 1–3 of the data-collection process with the help of a trained research assistant. Stage 4 was conducted by the first author together with all the co-authors.

We equipped participants with cameras and asked them to take pictures of any part of their lives that could help them to illustrate how they construct, understand and view sexuality and sexual health. We encouraged participants to use pictures of objects and living things that would express their views. During in-depth interviews, we used pictures to start the discussions around sexuality. Participants were invited to describe what the photograph represented, why they had taken it and how they wanted to apply the photo in relation to the study. An open-ended, unstructured interview guide was used to elicit more information. In-depth interviews were conducted in a private space within the school area and each one lasted approximately 30 to 45 minutes. The interviews were conducted in a mixture of English – which is an official language spoken in schools – and Bemba, a local language spoken by all the participants and

a mother tongue for the first author. We ended our data collection by bringing together all the participants in each school for a group discussion. Using the same approach as the in-depth interviews, we conducted a total of four group discussions (one per school). The group discussions lasted approximately 60 to 80 minutes. All the interviews were tape recorded and later transcribed verbatim. The interviews were then linked to the pictures by the first author.

Ethical considerations

Ethical approval for this study was granted by the Excellence in Research Ethics and Science (ERES) committee in Lusaka, Zambia (approval number 2018-Jan-007). Written assent and parental consent were obtained for all participants prior to commencement of photo elicitation activities. Ethical considerations of taking the camera to school and appropriate use of the camera in both the school and the community were addressed during the initial workshop (Clark-Ibáñez 2004; Copes et al. 2018). Participants were asked to avoid taking pictures of other people that would include identifying personal details that they would not like to share unless they had given consent to be photographed. Furthermore, we obtained consent from the participants to publish their photographs. During workshop, participants were asked to choose a pseudonym for use during data collection and presentation of the results.

Data analysis

In this study, the aim of the analysis was to capture both textual and visual data. We adopted the analytical approach of interpretative repertoires, which is rooted in discursive psychology (Jørgensen and Phillips 2002). Interpretative repertoires have been described as ‘clusters of meanings that people utilize to build up their arguments in a way that makes sense for them’ (Wetherell and Potter 1993, p. 90). Since repertoires are (re)constructed within moment-to-moment interactions, they are characterized by variability, inconsistencies and contradictions (Jørgensen and Phillips 2002; Goicolea et al. 2010). Thus, the analysis does not focus on determining whether an interpretative repertoire is “true” or “false” but on analysing practices through which repertoires are constructed to appear. In this study, we focused on analysing constructions of adolescents’ sexualities and sexual health and the consequences of these discourses for their exercising of their SRHR. Although combining discourse analysis and the scripting theory could be regarded as conflicting, we agree with Jackson, who argues that these two approaches could be complimentary (Jackson and Scott 2004).

We began our analysis by reading and re-reading transcripts from one school in order to identify initial codes, which were mainly statements about sexuality and the consequences of these statements for adolescents’ SRHR. Then we read through these initial codes to identify interpretative repertoires, focusing more on meanings in the adolescents’ statements, how they expressed themselves and how they built their arguments. We used the technique of identifying “crisis points” and “pronouns” (i.e., signs of conflict, repeating statements and use of words such as “I”, “we”, “they”). The preliminary repertoires were then discussed among co-authors to identify dominant and contradictory statements. The second step involved going through the pictures that had been selected and interpreted by the participants in

order to identify pictures that related to each of the identified preliminary repertoires. Through regular discussions, we arrived at the final repertoires presented in this study.

Results

We developed three interpretative repertoires: sex is for mature people; gendered (dis)respectful behaviour; and acquiring and using knowledge on sexuality (if you have knowledge, could you do things differently?).

Sex is for mature people

In this repertoire, adolescents constructed themselves as young and “immature individuals”, not qualified to engage in any form of sexual activity. Their construction of “immaturity” was mainly based on age (being young) and being in school. Being ‘immature’ was portrayed as a subject position in which one needed to avoid discussing certain topics about sexuality, and abstain from sexual activity, since one was not old enough to make informed or correct decisions. As a consequence, school-going adolescents who became pregnant or got married were positioned as immature people who had made “bad” decisions. Whereas what was not available/appropriate for “immature” positions appeared to be clear-cut, the exact age or conditions when one could emerge from the position of immaturity was less clear, although references to the age after one completes school and gets married appeared during interviews.

In the pictures, adolescents depicted themselves as a young chick, young plant or tree and stressed that they were still growing and thus not mature enough to make “good” choices about their own sexuality. At the same time, adolescents were constantly comparing themselves against their parents or guardians, whom they considered to be mature. Twinkles described this using the photograph he had captured of a hen and a chick (Figure 2):

.....I put the picture of the mother (chicken) showing the baby (chick)

how to eat...this chicken was looking out for its children (chick),....even us, we are young and not mature, our parents look after our sexual health...our parents teach us ‘this is bad, this is good’. This is how they live, this is how they behave..... So, one of the positives that parents show us... is how to look after ourselves in terms of sexual and reproductive health. (IDI, Male, School 1)

Figure 2: A hen and chick feed in the yard

Contradicting the statements that certain topics on sexuality can only be discussed when people are “mature”, discussing sexuality in the youth clubs at school was constructed as a maturing and empowering experience. When asked what this meant, Sata explained using this photograph of a growing tree (Figure 3):

I can say we have grown now, because of this youth club that has come. Actually, we are maturing in terms of gaining knowledge, just like this young plant [referring to the picture]. (IDI, Male, School 3)

Figure 3: Sata's photograph of a young plant

However, the maturity acquired from school youth clubs was limited to acquiring knowledge about (certain aspects of) sexuality. Adolescents portrayed some of the SRHR information that was discussed in the youth clubs, such as condoms and contraceptive use, as information that was meant for use, not at the present time, but in the future when they have completed school and get married. Thus, participants identified themselves more with the lessons that focused on “not having sex” and “not becoming pregnant” and were aimed at promoting abstinence for adolescents, as the words of Felemeza portray:

When we were attending the youth clubs they were teaching us [about] contraceptives and condoms, but they did not mean that we should be practicing. They said that that knowledge is for us to use in our future time. Maybe when we complete our education, when we are at the right age to get married... not now. (FGD, School 4)

For these adolescents, engaging in sexual activity was “immature” and consequently dangerous and a “highway” to negative consequences, where the risk of getting pregnant (for girls) overshadowed other potential problems, as Fros B stated:

.... the girl when she is pregnant and stops going to school, so she starts suffering with the pregnancy until she delivers, after that she becomes sick with an incurable disease... they are more scared of getting pregnant... (IDI, Female, School 3)

Very few adolescents constructed sex as part of romantic relationships, and such relationships were represented as a sign of immaturity. Participants used the words “they”, “those” or “them” as a way of distancing themselves from “immature” adolescents who fell in love, got into romantic relationships and ended up having sex. For example, Felemeza showed a staged picture (Figure 4) she had taken of a boy and girl with their arms linked as they would do if they were in a romantic relationship. She commented:

So, there are those who started getting into relationships, falling in love and having sex, those were separating themselves and we did not want them to share their ideas with us. (IDI, Female, School 2)

Figure 4: Male and female students linking their arms

As a consequence of this representation of adolescents as immature, seeking certain SRHR services such as contraceptives and condoms was constructed as an action that can be taken only when adolescents reach an acceptable age (after completing school), while seeking information related to abstinence was portrayed as “normal” and “acceptable”. In one of the FGDs, a photograph of condoms taken by Charlie (Figure 5) triggered discussions around what SRHR services adolescents can ask for if they visit a health facility. During the discussion, Charlie explained some of the issues an adolescent had to consider before requesting condoms and contraceptives at the health facility as follows:

You just have to check your age. When you go there [to the health facility], you don't have to ask the doctor, the nurse about things like condoms, contraceptives because she will tell you bad things [meaning

shout at you] and you are going to be upset. You just have to go there to seek [SRH] information according to your age. You should check your age before you...ask for condoms and contraceptives. (IDI, Male, School 3)

Figure 5: Picture of male condoms

Teresa and Franko elaborated further on this point, connecting the construction of adolescents as immature with the consequences that it brought for them in terms of how they might be approached by healthcare professionals:

It [sex] is not good at our age, you can even feel embarrassed doing it, or going to the hospital asking for condoms as young as I am. How can the doctor feel...looking at me asking for a condom? It is not good. (IDI, Female, School 4)

An exception for seeking contraceptives was made only for girls who are sexually active as a solution to prevent oneself from becoming pregnant. Boys were not mentioned in this exception. As Mira explained: *I think for those who are sexually active, they can go and seek that [referring to contraceptives and condoms] (IDI, Female, School 3)*. However, for all our participants, this exception did not mean that seeking contraceptives was considered acceptable. It was just portrayed as a solution for girls who could not meet the 'gold standard' of sexual abstinence.

Gendered (dis)respectful behaviour

Sex during adolescence, besides being dangerous and a signal of immaturity, was also constructed as a way of being disrespectful towards parents/guardians. The construction of what was considered (dis)respectful behaviour in relation to sexuality was strongly influenced by gender, and more clearly defined for girls than it was for boys. For girls, respectful behaviour was defined as not engaging in sexual intercourse, not getting pregnant, dressing "appropriately" and staying at home when not at school. To occupy the position of a "respectful girl" demanded fulfilling all of these standards, and there were consequences attached to diverging from them. Respectful girls were labelled by participants as "good" girls, while those who did not conform to these standards were "bad" girls. To illustrate this, Cath showed a photo (Figure 6) she had taken of children displaying the symbol she described as "abstinence ili che" (meaning abstinence is great). When asked why she had taken that photo, she responded with passion:

Good girls? They can't have sex because they are still young, and they are still living at their parents' house. I think it's not the right thing to do. It's not respecting their parents (IDI, Female, School 3)

Figure 6: Children displaying the symbol of the slogan "Abstinence is great!"

Photographs also emphasized the importance of clothes and body presentation as "markers" of respectability for girls and women. Felemeza, for example, took and chose a picture of a girl wearing a miniskirt (Figure 7) as a symbol of being a "bad girl" and elaborated:

She's [pointing at the picture] the girl in the miniskirt....If you sleep with men, you will become like her wearing miniskirts looking for boys...You will stop obeying adults like her. She has lost respect She is not a good girl. (IDI, Female, School 2)

Figure 7: Girl wearing a mini skirt

Noticeably, our participants distanced themselves when discussing disrespectful behaviours by referring to adolescents who engaged in sexual activity as “those girls”, “they” and “them”. All our participants highlighted the need to make friends only among individuals they classified as “good girls” because befriending a “bad girl” was seen as contagious, something that could spoil good morals while the reverse was not true. However, not all interactions with “bad girls” were constructed as unacceptable. All the participants emphasized how important it was for girls who became pregnant to continue going to school, while at the same time stressing that interaction with such girls should be limited.

Very few statements were made in reference to disrespectful (or respectful) behaviour for boys. Where this was done, respectful behaviour was defined mainly as studying and getting good grades at school. As expressed by Twinkles:

.... but my mum she doesn't say anything..... Actually, all she talks to me about sex is how to be a good boy, like how to behave and how to be smart in school... My dad doesn't say anything. (IDI, Male, School 1)

Boys were portrayed as victims of the “bad” girls, while “bad” girls were constructed as “seducers” of the boys. At the same time, heavy expectations were placed on adolescent girls to protect themselves from the negative consequences of sex and pregnancy. For example, it was expected that girls and not boys should abstain from sexual activity, dress “appropriately” and stay away from places where boys and men are found. As girls could get pregnant and boys could not, the responsibility for avoiding the consequences of sex were seen as a girl's duty. As McZee explained:

So, when you have sex with a girl, she will fall pregnant. A boy does not become pregnant, so you won't fall pregnant. When you make that girl pregnant you will make her suffer. (IDI, Male, School 4)

Acquiring and using knowledge about sexuality(if you have knowledge, could you do things differently?)

In this repertoire, having knowledge about sexuality was portrayed as essential for preventing most of the unwanted pregnancies and early marriages experienced by adolescents. Our participants positioned girls and boys who accepted and practiced abstinence as having knowledge while those who engaged in any form of sexual activity as lacking knowledge.

Engaging in sexual activity was constructed as a consequence of lacking knowledge, which often resulted in unwanted pregnancies and disease. Pregnant and sexually active girls were thus portrayed as girls who did not pay attention to what was taught, and who lacked understanding and knowledge. Mira's photograph offers a good example of how images were used to illustrate the position of lacking

knowledge and its consequences. Mira took a photo of her friend (who had consented to be photographed) holding her baby of four months (Figure 8) to illustrate how lack of knowledge can lead to adolescent pregnancies. Commenting on Mira's picture, Skyfresh reflected:

... You know, sometimes those people who are pregnant – it's not their fault. It's actually lack of understanding ... that when you have sex without a condom you can get pregnant (IDI, Female, School 2)

Figure 8: Girl aged 14 holding her baby

In the group discussion, the position of lacking (or having enough) knowledge and how it can influence uptake of SRH services (for sexually active adolescents) was rigorously debated. Some participants highlighted that, even with knowledge, gaining access to “certain kinds of” sexual and reproductive health services, such as contraceptives and condoms, was still challenging. The fear of being stigmatized by others when accessing certain types of SRHR services such as contraceptives, coupled with the repertoire of “immaturity”, and constructions of the health workers as unfriendly and un-confidential, exacerbated the lack of access to condoms and contraceptives and consequently resulted in adolescent pregnancies. As Lee questioned:

Because of late we have been hearing that they are pregnant. If they do go [to seek condoms and contraceptives], why are they pregnant? So, they do not go. Maybe they do go, but they do not use them in a correct way. (FGD, School 3)

Discussion

In our findings, adolescence was represented as a period when people are not old enough to make informed decisions about their own sexuality, they should avoid discussing certain topics relating to sexuality and need to abstain from sexual activity. These findings are in line with one of the perspectives described by Cuervo and Wyn (2014), in which adolescence is conceptualized as a transitional and “risky” period in life during which young people progress from one status to another. In our study, sexuality was portrayed as not only a “risky” area for adolescents to navigate through as they transition to adulthood, but also as an arena for respectability.

Thus, rational decision-making about one's sexuality was influenced by age, knowledge and ideals of what was considered (dis)respectable for oneself but also for other people (i.e., parents) within the community. Gender played a pivotal role – stronger norms for behaving in a respectable way in relation to sexuality were placed on girls than on boys. Although engaging in sexual activity was constructed as a consequence of lacking knowledge, other factors, such as poverty and contextual factors around pregnant girls, shaped adolescents' understanding of their sexual practices and why adolescent girls became pregnant. Additionally, adoption of SRHR information offered to adolescents was checked against the sexual scripts of what was available/appropriate for adolescents. The repertoires described in this article reflect bigger discourses holding on to moral standards of abstinence that did not align with young people's everyday experiences of engaging in sex voluntarily or through coercion or violence.

Similar to other studies, adolescents' sexual practices were mainly framed within public health discourses that focus on 'risks related to engaging in sex', such as early pregnancy, and sexually transmitted infections (Allen 2007a & b). Sexuality seemed to be perceived as equivalent to heterosexual sexual intercourse – a narrow view that could limit both the implementation and adoption of sexuality education. Although previous studies have highlighted how sex for pleasure, fun or love is intrinsically connected to sexual experience, very little discussion on such appeared in our material. It is possible that our participants did not feel comfortable to freely express their thoughts on sex for pleasure, fun and love because of the perceived need to conform to the sexual scripts that promote abstinence and delayed sexual debut for adolescents. Thus, the need to conform to such sexual scripts could hinder sexually active adolescents from accessing SRHR information and services that might help them engage in safer sex. As Clief (2020) argues: 'unless sexuality education is positioned in the broader scope of sexual experience, it is unlikely to fully and effectively engage young people' (Van Clief and Anemaat 2020; pg. 8).

Constructing sexuality in terms of age and maturity has serious implications for how adolescents adopt SRHR interventions. An emphasis on age and maturity, coupled with teaching adolescents about sexual risks and the dangerous outcomes of sex, could open up the possibility of delayed sexual debut due to fear, but at the same time it stigmatizes adolescents' sexual practices and discourages them from seeking SRHR services. We have seen from previous studies that an emphasis on age, maturity, and fear limits access to comprehensive SRHR information, thus running counter to the principles of SRHR that emphasize unhindered access to a range of health facilities, goods, services and information (United Nations Economic and Council 2016; Starrs et al. 2018). Defining certain forms of information as inappropriate for adolescents also reinforces the notion that young people are not autonomous, and consequently limits their SRHR choices.

We found that adolescents were conflicted between having knowledge and applying it. The solution to preventing pregnancy for sexually active adolescents was described as acquiring "more" SRHR knowledge and listening to advice from parents, despite the fact that adolescents still considered discussing certain types of SRH topics with their parents' 'taboo' due to their "immature" situation. In this study, "having knowledge" was equated to abstinence and "not having" sex in any form before marriage. Although adolescents talked about transactional sex and early marriages as resulting from poverty, adolescents who were subjected to these situations were still portrayed as lacking knowledge. Paucity of knowledge, combined with poverty and inability to seek available SRHR services, could prevent many adolescents from enacting their SRHR. At the same time, we agree with Starrs et al. (2018), who suggest that individuals' autonomy and choice to access SRHR cannot be addressed by imparting knowledge to adolescents alone. It must be achieved through using a combination of services, counselling and information and these should be implemented in a way that recognizes the immediate, distal, social and cultural factors that shape adolescents' values and behaviour (Engel et al. 2019).

Our study also found that sexual scripts are gendered: female adolescents were portrayed as "bad" or disrespectful to adults when they engaged in sex, while male adolescents were portrayed as victims of

these “bad” or disrespectful girls. This finding was unexpected because most studies that have explored heterosexual sexuality portray men as dangerous and women as victims in need of protection (Bhana 2016). However, similarly to other studies, we found that the responsibility for protecting oneself from pregnancy and sexually transmitted infections was principally placed on girls, ignoring contextual factors and power relations at play within the setting (Bhana 2017). These gendered sexual scripts have been shown to affect the way in which comprehensive sexuality education (CSE) is implemented in Zambia and neighbouring countries. Recent evaluations of other CSE programs indicate that these interventions are commonly characterized by approaches that highlight the dangers, risks and negative consequences of sex, and in which the responsibility for preventing such problems is placed on girls’ shoulders (Shefer and Foster 2001; Zulu et al. 2019). We found that when sexual activity resulted in negative outcomes (i.e., unwanted pregnancies, early marriages or sexually transmitted infections), the blaming fall on the girls while boys/men walk free without any questioning. Furthermore, sex for pleasure has often been ignored and left out of scholarly discussions and health messages, including SRHR interventions that target adolescents. Where sex for pleasure has been discussed, gender norms have created a double standard under which unmarried women and girls who engage in sex are shamed while the same act is celebrated if performed by their male peers (Shefer and Ngabaza 2015). Such stigmatization could have led to participants talking about their own stories but positioned such stories as happening to “other” adolescents. More research is required to understand how these differences in expectations of men vs. women influence how messages are perceived, especially in SRHR interventions that target adolescents and aim to reach both men and women equally. Furthermore, we agree with Sheffer and Foster (2001), who argued that the mere act of adding sexuality education to the school curriculum does not guarantee a constructive or appropriate approach to addressing adolescents’ knowledge gaps because many teachers tend to re-inscribe the negative sexual scripts that perpetuate gender inequalities, stereotypes and stigma into their messages (Shefer and Foster 2001).

Finally, we found that some aspects of sexuality, such as non-heterosexual sex, were silenced in the discussions with our participants. As described in previous studies (Simpson 2005; Kaunda and Kaunda 2012), this could be attributed to hegemonic heteronormative discourses that represent heterosex as “the norm” and ‘the normal’. Heteronormative discourses produce (and are reproduced by) policies, laws and regulations, such as the law that criminalizes homosexual sexual relationships in Zambia. There is a need for future studies to explore the extent to which heteronormativity limits the SRHR and services for LGBTQI+ adolescents.

Methodological considerations

Our study used a robust methodology to understand the social construction of adolescents’ sexuality and provides insights that will be useful for intervention strategies, in terms of taking into consideration the pivotal role of cultural scripts in shaping adolescents’ sexuality (Bhana 2016). This is one of very few studies to combine PEI and discourse analysis to explore adolescents’ sexuality. As described by Shefer and Foster (2001), the use of PEI enhances qualitative inquiry, while discourse analysis allows for a detailed analysis.

This study was not without challenges. Although most adolescents found the use of cameras and photo elicitation acceptable and even exciting, a few acknowledged that the process was time-consuming and felt stressed regarding what pictures to take. This was consistent with the findings of other authors who have used PEI (Clark-Ibáñez 2004; Copes et al. 2018). To alleviate this discomfort, guidance was provided, and participants were encouraged to take pictures at a time when they felt comfortable. Because of the potential to include individuals who were not willing to be photographed, adolescents were asked to limit identifying features when taking photos. This was experienced as limiting by some participants, who wanted to share photographs that included friends and family. In instances where participants ignored this and brought pictures that included other people, we obtained informed consent and assent (if needed) from those persons. All pictures that were submitted with identifiable features were de-identified by the researcher.

A limitation that we acknowledge is that the researcher could have been considered as an outsider from the city in the rural schools, and connected with the intervention which could have led the participants to avoid uttering resistance or challenge to normative discourses on sexuality.

Conclusion

This article reveals how adolescents construct their sexualities and sexual health, and the consequences of these discourses for adolescents' exercising of their sexual and reproductive rights in rural Zambia. We found that adolescents portrayed themselves as "immature", not old enough to engage in sex or make decisions about their own sexuality. Constructions of sexuality were influenced by gender and were more clearly defined for girls than for boys. Consequently, the adoption of SRHR knowledge and decisions to access services were influenced by sexual scripts around adolescents' sexuality, including how and what information and services were considered available/appropriate for adolescents. Future interventions that target adolescents' SRHR must aim to address the sexual scripts that have served to erect barriers against positive sexual behaviours, including access to SRHR services that promote safer sex.

Implications for SRHR interventions

The effects of constructing sexuality in terms of age and maturity have serious implications for how comprehensive sexuality education and other SRHR interventions are implemented in Zambia. Effective interventions that aim to promote adolescents' accessing of their SRHR should be comprehensive, instead of being limited to promoting abstinence as the only acceptable choice, even though this might conflict with dominant sexual scripts. Such interventions should be sensitively tailored to address the needs of diverse sub-groups of the adolescent population.

At the same time there is need to take into consideration the sexual scripts that frame how young people engage with and understand sexuality. Knowing that constructions of sexuality are influenced by gender and differentiate what is considered 'appropriate' for boys and for girls give several and all reasons for the inclusion into comprehensive sexuality education discussions about gender issues, about consent, about normative gendered expectations, about masculinity/femininity, and a strong emphasis on SRHRs.

This raises a key question for designers and implementers of such interventions: is it possible and, if so, how could we then design and implement interventions that align with both dominant cultural scripts (and consequently are more easily accepted) and with the aims of comprehensive SRHR?

Declarations

Ethical approvals and consent to participate

Ethical approval to conduct this study was granted by the Excellency in Research Ethics and Science (ERES) Committee.

Consent for publication

Written informed consent and assent for publication was obtained from the participants.

Availability of data and materials

The data for this study can be accessed freely by sending a reasonable request to the corresponding author

Competing interests

The authors declare that they have no competing interests.

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Authors contribution

All authors contributed to the development of the article. CM, AKH, JMZ and IG were involved in the conceptualization of the idea, development of the study tools and analysis. CM was involved with field data collection. AKH, JMZ, CM, IFS and IG provided expertise knowledge. AHK, JMZ and IG oversaw the study. All the authors read and approved the final manuscript.

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Disclosure Statement

The authors declare that they have no competing interests.

Abbreviations

CSE	Comprehensive sexuality education
ERES	Excellence in research ethics and science
FGD	Focus group discussion
IDI	In-depth interviews
PEIs	Photo elicitation interviews
RISE	Research initiative to support the empowerment of girls
SRHR	Sexual reproductive health and rights
ZDSH	Zambia demographic health survey

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Tables

Table 1: Number of participants per school

School	Participants (Aged 16–18 years)			IDIs ¹	FGDs ²
	Female	Male	Total		
School 1	3	3	6	6	1
School 2	3	3	6	6	1
School 3	4	3	6	6	1
School 4	3	3	7	7	1
Total	13	12	25	25	4

¹In-depth interviews; ²Focus group discussion with 6 participants in schools 1, 2 and 3 and 7 participants in school 4

Figures

Figure 1

Summary of the PEI data collection as adopted in this study

Figure 2

A hen and chick feed in the yard

Figure 3

Sata's photograph of a young plant

Figure 4

Male and female students linking their arms

Figure 5

Picture of male condoms

Figure 6

Children displaying the symbol of the slogan “Abstinence is great!”

Figure 7

Girl wearing a mini skirt

Figure 8

Girl aged 14 holding her baby