



ZIMBABWE FURTHER ANALYSIS

The Socioeconomic and Demographic Situation of Adolescents and Young Adults in Zimbabwe



Demographic and Health Surveys
Macro International Inc.

Zimbabwe Further Analysis

The Socioeconomic and Demographic Situation of Adolescents and Young Adults in Zimbabwe

Dominique Meekers
Population Services International
Washington, D.C.

Naomi Wekwete
Institute for Development Studies
University of Zimbabwe
Harare, Zimbabwe

Macro International Inc.
Calverton, Maryland USA

October 1997

This report summarizes the findings of one of five further analysis projects for the 1994 Zimbabwe Demographic and Health Survey (ZDHS). Macro International Inc. coordinated and provided technical assistance for the further analysis projects. Funding was provided by the U.S. Agency for International Development (USAID).

The ZDHS further analysis is part of the worldwide Demographic and Health Survey (DHS) programme, which is designed to collect data on fertility, family planning, and maternal and child health. Additional information about the Zimbabwe further analysis project may be obtained from the Central Statistical Office, P.O. Box 8063, Causeway, Harare, Zimbabwe (Telephone: 706-681, Fax: 708-854). Additional information about the DHS programme may be obtained by writing to: DHS, Macro International Inc., 11785 Beltsville Drive, Calverton, MD 20705 (Telephone: 301-572-0200 and Fax: 301-572-0999).

Recommended citation:

Meekers, Dominique, and Naomi Wekwete. 1997. *The Socioeconomic and Demographic Situation of Adolescents and Young Adults in Zimbabwe*. Zimbabwe Further Analysis. Calverton, Maryland: Macro International Inc.

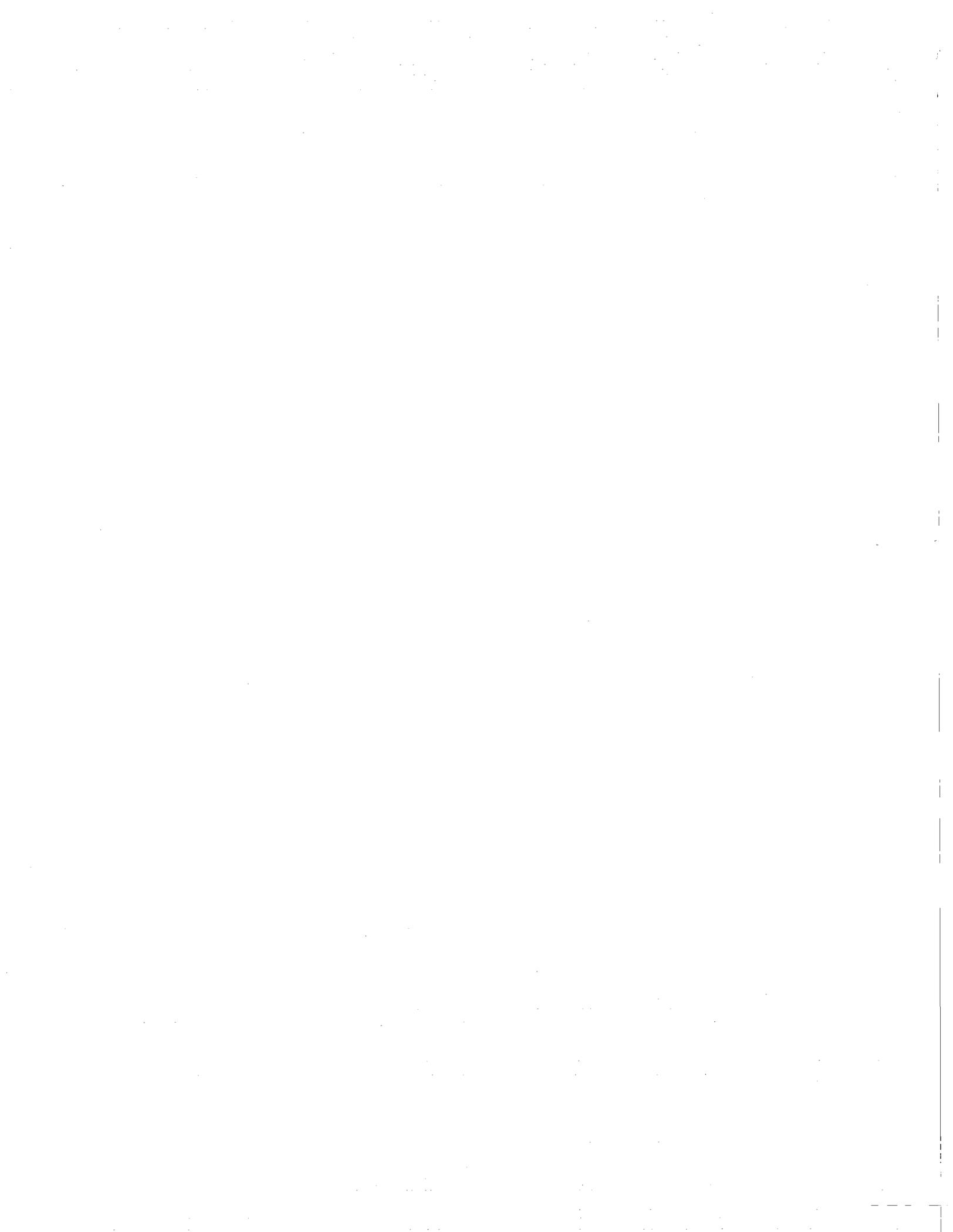
PREFACE

One of the important contributions from the 1994 Zimbabwe Demographic and Health Survey (ZDHS) Project is the series of collaborative further analyses based on the ZDHS and other data. These analyses—funded by USAID/Zimbabwe and coordinated by Macro International Inc.—are intended to inform health and family planning policy development in Zimbabwe.

A significant objective of the further analysis effort was to facilitate a collaborative link between individual researchers and institutions in Zimbabwe and other researchers working in the international arena. The present paper represents one of the important “fruits” of that investment. It presents the findings of an analysis entitled “The Socioeconomic and Demographic Situation of Adolescents and Young Adults in Zimbabwe,” which uses the 1994 ZDHS data to examine various important aspects of the lives of young women and men in Zimbabwe.

We extend our thanks to the Central Statistical Office for collecting the ZDHS data and thus making this study possible.

Martin Vaessen
DHS Project Director



1 INTRODUCTION

Social and behavioural scientists have been slow to recognize the special needs of adolescents. However, by merely looking at the numbers in this age group and the problems that have developed among young adults in sub-Saharan Africa, it is imperative that the needs of adolescents be addressed. Adolescents in sub-Saharan Africa constitute 23 percent of the total population; in Zimbabwe 20 percent of the population are adolescents. Moreover, since Zimbabwe has a youthful population (45 percent of the population is below 15 years of age) the number of adolescents will increase further in the future.

Adolescence is the process through which an individual makes the transition from childhood to adulthood (Senderowitz and Paxman, 1985). The beginning of this process is related to the onset of puberty and a period when many life-long behaviours are adopted. Traditionally, systems existed in Zimbabwe that prepared adolescents for adult life. Young adults received guidance mainly from their aunts in the case of girls and uncles in the case of boys. But this traditional system has been eroded by socioeconomic development and other "modernizing" influences. Aunts and uncles are now often physically and socially removed from adolescents and are no longer able to guide them. "Modernization and rapid urbanization have left young people spatially and psychologically cut off from their elders, who were traditionally responsible for conveying information" (Kulin, 1988).

As a result, adolescents in Zimbabwe often lack information on adolescent life, their bodies, and the reproductive process prior to getting married. At the same time, some aspects of urbanization, such as housing shortages and increased education for females, have created an environment for increased interaction between adolescent males and females and allowed for peer pressure to exert its powerful force (Kulin, 1988). Recent studies have documented increasing problems for adolescents and young adults, including problems related to teenage pregnancies, pregnancy-related school dropouts, the spread of sexually transmitted diseases and HIV/AIDS, "baby dumping", suicides, and drug abuse among young adults (Basset and Mhloyi, 1991; Moyo et al., 1993; Wilson, Greenspan, and Wilson, 1989; Wilson, Lavelle, and Hood, 1990; Wilson, Manual and Lavelle, 1991; Wilson and Marindo, 1987; Wilson, Zenda, McMaster, and Lavelle, 1992; World Bank, 1988). The objective of this report is to examine various aspects of the lives of adolescents in Zimbabwe using data from the 1994 Zimbabwe Demographic and Health Survey (ZDHS). These aspects include the household environment, education, marriage and sexual behaviour, employment, fertility and family planning, and HIV/AIDS.

2 DATA AND SETTING

Zimbabwe is a landlocked country, which lies in the southern part of Africa. It is bounded on the north by Zambia, on the east by Mozambique, on the south by South Africa and on the west by Botswana. The country is divided into ten provinces, namely Mashonaland North, Mashonaland East, Mashonaland Central, Harare Urban, Manicaland, Midlands, Masvingo, Matabeleland North and South, and Bulawayo urban.

The bulk of Zimbabwe's population is comprised of two major tribal groups: the Shona, who constitute about 80 percent of the total population and the Ndebeles who constitute about 19 percent of the total. The Shonas are mainly found in the first seven provinces listed above, while the Ndebeles are concentrated in the south-western regions of the country, that is in Matabeleland and Bulawayo. The country also has small minorities of Europeans, Asians, and persons of mixed race.

Demographic, economic, and political factors vary widely across the country. The 1992 Population Census (CSO, 1994) revealed a difference in fertility levels. Fertility levels were found to be lowest in Matabeleland, with Bulawayo having the lowest fertility rate of 4.35 children per woman, compared with other

provinces, such as Masvingo which recorded a total fertility rate of 6.7. Economically, Matabeleland is disadvantaged because it includes regions characterized by low rainfall and poor soil. In addition, of all the major cities in the country, namely Harare, Bulawayo, Chitungwiza, Mutare, Gweru, and Kwekwe, only one is found in Matabeleland. Due to adverse economic conditions, food production is low and has been worsened by recurrent droughts. As a result, most economic activities and employment opportunities are found in other regions, and this has forced many economically active persons in Matabeleland to migrate to the provinces in the north or even to nearby South Africa and Botswana. Also, development in this region has been politically affected during the struggle for independence and, to a lesser extent, after independence. In addition, the Ndebele in Matabeleland and the Shona have different cultural traditions. In this report, results are thus presented separately for Matabeleland and the other regions.

This study is based on data from the Zimbabwe Demographic and Health Survey, conducted July-November 1994 using a two-stage nationally representative sampling design (CSO and MI, 1995). The resulting household data include information on 10,079 adolescents and young adults aged 10-24; the individual file contains information on 2,741 women aged 15-24, and 1,004 men aged 15-24. Table 2.1 shows some basic characteristics of the adolescents and young adults included in the household and individual samples, broken down by age group. The first panel shows information based on the household data, while the second and third panels show data from the women's and men's samples, respectively.

Approximately 26 percent of the population age 10-24 live in urban areas and 17 percent reside in Matabeleland. Among women, 33 percent of those aged 15-24 live in urban areas. Interestingly, the percentage of urban residents increases with age, suggesting that some women migrate to urban areas when they get older (or perhaps upon marriage). Seventeen percent of the women live in Matabeleland. About half of the women are Christian, the percentage being somewhat higher among the younger age groups than among the older ones. Nearly one in three men aged 15-24 live in an urban area and about 15 percent live in Matabeleland. Fewer than half of the men are Christian and, as with women, the percentage declines with age.

Table 2.1 Characteristics of respondents in the ZDHS household and women's data

Age	Percent Urban	Percent Matabeleland	Percent Christian	Number of cases
Household data				
10-14	19.7	17.7	U	4,405
15-16	20.9	17.1	U	1,334
17-19	29.8	16.5	U	1,867
20-24	36.0	15.6	U	2,489
10-24	25.7	16.9	U	10,097
Women's data				
15-16	21.7	17.0	57.7	616
17-19	35.3	18.3	57.6	856
20-24	37.2	15.7	51.1	1,269
15-24	33.1	16.7	54.6	2,741
Men's data				
15-16	23.6	14.4	50.1	256
17-19	23.6	14.2	48.8	349
20-24	41.3	15.9	46.1	399
15-24	30.6	14.9	48.1	1,004

U = Unknown (not available)

3 HOUSEHOLD ENVIRONMENT

Background

In Zimbabwe, children typically grow up in an extended family setting, either living with their biological parents, relatives, or foster parents. As adolescents and young adults start forming their own families, they gradually leave their natal household and establish their own household.

Previous research has shown that about a third of households in Zimbabwe are headed by females (Adams, 1991). Female-headed households are most common in rural areas. This is accounted for in most cases by the system of migrant labour, because many young male adults are absent working in the urban areas.

It is very common in Zimbabwe for the husband to stay in town while the rest of the family is in the rural areas. Thus, many unmarried young adults in rural areas are either staying with their mothers or with their grandparents. These youths grow up in extended families where members reside in a common household and their economic lives are closely linked.

In contrast, in urban areas most young adults reside with their parents while some stay with members of the extended family. Houses in urban areas are typically simple four-room buildings (Bourdillon, 1994). Families may rent a single room or a rough wooden shack outside the main house, or even perhaps a half room. In the more densely populated areas, there may be up to 30 people staying on a plot, with one official dwelling unit and normally only one toilet. Thus, parents and children, including young males and females, may have to sleep in the same room.

Data and Methods

This chapter examines the following aspects of the household environment of Zimbabwean adolescents:

- *Living arrangements.* The first indicator reflects whether the adolescent/young adult is living in his/her own, or his/her spouse's household, in his/her parental household, in another relative's household, or in the household of a nonrelative. Cross-tabulations are used to show differentials in living arrangements by age, gender, and residence.
- *Household mass media exposure.* Cross-tabulations are used to show differentials in the percentage of adolescents living in a household that owns a radio, and in the percentage living in a household that owns a television set.

Findings

Table 3.1 shows the distribution of male and female adolescents and young adults by their relationship to the head of household, broken down by place of residence (Matabeleland versus other regions) and by type of place of residence (rural versus urban). As expected, the first panel of the table shows that the percentage of respondents who are head of household, or who are the spouse/partner of the head of household gradually increases with age. Although this pattern applies to both males and females, females start forming their own households at a much earlier age than males. For example, in rural areas 6 percent of males aged 17-19 and 14 percent of females aged 17-19 are the head or spouse of the head of household; for the group aged 20-24 the corresponding percentages are 22 and 45 percent, respectively. This pattern reflects the differences in age at first marriage/union for males and females. As in most sub-Saharan countries, Zimbabwean females tend to marry (or start an informal union) at much earlier ages than do males (for further details, see Chapter 6, Marriage and Sexual Activity).

Adolescents and young adults in urban areas also tend to form their own households at an earlier age than in rural areas; this is particularly so for males. For all ages combined (ages 10-24), 10 percent of urban males, but only 6 percent of rural males, are the head or the spouse of the head of household. For females, it is 19 and 13 percent, respectively. Comparison of adolescents and young adults in Matabeleland with the rest of the country further shows that in Matabeleland the percentage of respondents who are the head of household, or his/her spouse, is lower than in other regions. This regional differential is observed among both males and females, and in urban as well as rural regions.

The second panel of Table 3.1 shows the percentage of respondents who are a child of the head of household. The data further confirm that as adolescents get older, they gradually leave their natal household parental homes to form their own independent household. Roughly three out of four urban adolescents in the age group 10-14, and two out of three rural adolescents in that age group, live in their natal household. Among

Table 3.1 Percentage distribution of respondents by relationship to the head of household

Age	Urban						Rural					
	Matabeleland		Other		Total		Matabeleland		Other		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Head of household, or spouse of the head of household												
10-14	0.7	0.0	0.2	0.0	0.3	0.0	0	0.2	0.1	0.1	0.1	0.1
15-16	0.0	0.0	0.0	1.7	0.0	1.2	0.6	3.1	1.2	1.6	1.1	1.8
17-19	2.4	6.0	6.9	16.9	5.9	14.5	5.1	11.1	6.3	14.4	6.2	13.9
20-24	18.8	38.7	28.5	45.3	26.3	44.3	15.8	29.0	22.1	45.3	21.3	42.7
10-24	7.0	11.1	11.0	21.1	10.1	19.0	3.5	8.9	5.8	13.1	5.5	12.5
Child of the head of household												
10-14	75.3	71.8	79.0	80.5	78.2	78.3	58.1	57.8	71.2	67.7	69.1	66.1
15-16	81.8	56.4	77.3	55.7	78.4	55.9	50.3	56.6	71.4	67.1	68.2	65.6
17-19	64.7	47.3	48.7	36.1	52.3	38.8	50.8	53.4	63.7	57.9	62.0	57.3
20-24	43.5	28.6	30.2	20.4	33.1	21.7	46.2	50.7	46.7	36.7	46.6	38.9
10-24	63.3	53.1	56.4	45.5	58.0	47.1	53.8	55.3	64.9	58.8	63.3	58.3
Other relative of the head of household												
10-14	22.5	25.7	20.6	19.0	21.0	20.7	40.1	40.5	27.3	31.4	29.4	32.9
15-16	16.2	38.7	21.0	30.1	19.9	32.6	42.2	36.5	23.2	28.1	26.0	29.3
17-19	29.2	34.9	40.8	30.8	38.2	31.8	35.4	28.2	24.9	23.4	26.2	24.1
20-24	34.8	23.8	38.8	24.7	37.9	24.6	28.0	18.0	25.1	15.3	25.4	15.7
10-24	27.1	29.3	30.7	24.8	29.9	25.8	37.7	32.9	25.8	25.9	27.5	27.0
Not related to the head of household												
10-14	1.5	2.5	0.3	0.5	0.5	1.0	1.8	1.5	1.4	0.8	1.5	0.9
15-16	2.0	4.8	1.7	12.5	1.8	10.3	6.8	3.8	4.3	3.3	4.7	3.3
17-19	3.8	10.8	3.6	16.2	3.7	14.9	8.6	7.3	5.1	4.3	5.6	4.7
20-24	3.0	8.9	2.6	9.6	2.7	9.5	10.0	2.4	6.2	2.7	6.6	2.7
10-24	2.5	6.5	1.9	8.6	2.0	8.1	5.0	2.8	3.5	2.1	3.7	2.3

urban young adults aged 20-24, 33 percent of males and 22 percent of females live in their parental household. In rural areas, it is 47 percent of males and 39 percent of females in that age group.

The third panel of Table 3.1 shows the percentage of adolescents and young adults living in the household of a relative who is neither their parent nor their spouse. The results shows that there is little variation by sex or type of place of residence, with the sole exception of rural Matabeleland. In this region, the percentage of adolescents living in a household headed by another relative is noticeably higher than in both urban Matabeleland and regions outside of Matabeleland.

The percentage of respondents living in a household headed by a nonrelative is shown in the last panel. Overall, this type of household composition is fairly uncommon, but there are important differentials across categories. In general, the percentage of respondents living in a household headed by a nonrelative increases with age until the age group 17-19, after which the percentage decreases. In urban areas, females are more likely than males to live in the household of a nonrelative (8 percent of females versus 2 percent of males), but in rural areas the pattern is the opposite (4 percent of males versus 2 percent of females). These findings are consistent with the fact that many young females in urban areas work as live-in maids.

In Zimbabwe, female-headed households are common. Female-headed households can result from marital dissolution (through widowhood, divorce, or separation), but at younger ages female-headed

households may also reflect the growing tendency for women to postpone marriage, or to bypass marriage altogether. The percentage of adolescents and young adults living in female-headed households is shown in Table 3.2. The extent to which adolescents and young adults live in female-headed households is affected by both the overall percentage of female-headed households and the average number of adolescents and young adults in female-headed households relative to the average number in other households. The results show that female-headed households are much more common in rural areas than in urban areas. In rural regions, 39 percent of males and 42 percent of females live in a female-headed household; in urban areas it is 14 percent and 21 percent, respectively. The fact that the average size of a rural household is larger than that of an urban household, which implies that rural households tend to have a larger number of adolescents and young adults, contributes to the observed urban-rural differential in the percentage of adolescents and young adults living in female-headed households. Adolescents and young adults living in Matabeleland appear slightly more likely than adolescents living elsewhere to live in a female-headed household, but the difference is relatively small. In urban areas, young females are more likely than young males to live in a female-headed household; in rural areas there is no clear gender differential.

Table 3.2 percentage of respondents who live in a female-headed household

Age	Urban						Rural					
	Matabeleland		Other		Total		Matabeleland		Other		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
10-14	19.3	22.5	16.1	17.8	16.8	19.0	41.7	45.1	41.7	42.4	41.7	42.9
15-16	(26.3)	(26.3)	14.1	19.5	17.0	21.4	49.6	41.2	41.7	48.7	42.9	47.6
17-19	19.2	29.4	11.0	24.7	12.8	25.8	42.9	42.2	35.9	37.5	36.8	38.2
20-24	14.1	28.0	9.7	18.2	10.7	19.7	30.3	37.9	32.0	39.3	31.8	39.1
10-24	18.4	26.1	12.7	19.7	14.0	21.1	41.3	42.5	38.7	41.7	39.1	41.9

() = based on 25-49 unweighted cases

Table 3.2 further demonstrates that the age pattern of the percentage of adolescents and young adults living in female-headed households differs by gender. For males, the percentage living in a female-headed household increases from the age group 10-14 to 15-16, but rapidly decreases afterward. Most likely, the initial increase in the percentage of males living in a female-headed household is caused by the mortality of the male head of household (usually the respondent's father). From ages 15-16 on, however, a considerable fraction of males live in the household of another relative, and some start their own household. For females, there is a different pattern in rural and urban areas. In urban areas the percentage of females living in a female-headed household increases from age group 10-14 through age group 17-19, and decreases subsequently. Among females living in rural areas, on the other hand, the percentage living in a female-headed household decreases after age group 15-16.

The percentage of adolescents living in a household with a radio or television set is shown in Table 3.3. As anticipated, there is a large differential between urban and rural areas. In urban areas, roughly three out of four adolescents live in a household that owns a radio, but in rural areas this is the case for only about one-third of respondents. The percentage of adolescents and young adults living in a household that owns a television set, shown in the second panel of Table 3.3, reveals a similar pattern, with about half of the urban respondents living in a household with television, compared with less than 1 out of 25 rural respondents.

Table 3.3 Percentage of respondents (both sexes) who live in a household with a radio or TV

Age	Urban			Rural		
	Matabeleland	Other	Total	Matabeleland	Other	Total
Radio						
10-14	76.2	76.7	76.6	33.8	31.7	32.1
15-16	76.8	77.1	77.0	36.8	32.0	32.7
17-19	74.3	73.6	73.7	36.7	36.9	36.9
20-24	72.5	71.9	72.0	36.1	40.0	39.5
10-24	74.8	74.4	74.4	35.1	34.5	34.6
Television						
10-14	53.9	56.3	55.7	1.5	3.3	3.0
15-16	55.0	54.0	54.3	0.3	3.4	2.9
17-19	56.5	52.9	53.8	2.1	4.5	4.2
20-24	42.6	45.3	44.8	0.9	4.8	4.3
10-24	51.4	51.4	51.4	1.3	3.9	3.5

Discussion

Household headship among adolescents generally increases with age. In the age group 15-16, very few adolescents are heads of household or spouses of heads of household; by age 20-24, 20-25 percent of males and 40-45 percent of females are head or spouses of heads of household. Women tend to form their own households much earlier than men do. This is consistent with other research findings which indicate women have a lower age at marriage compared with men. Women in Zimbabwe tend to marry earlier than their male counterparts and usually are married to men older than they are. In addition, urban women tend to form households later than rural women. This urban-rural differential is likely due to women in urban areas delaying marrying and forming households because they are pursuing education and careers. In rural areas, these opportunities are less available and this results in many women marrying and forming households much earlier.

Female-headed households are common in Zimbabwe, especially in rural areas. This pattern is due primarily to labour migration. Men migrate to urban areas in search of employment and better amenities, leaving women behind to head the households.

The percentage of young adults living with a relative (other than a parent) is high in rural Matabeleland. This finding could be explained by the lack of job opportunities in the area, which causes parents to move out of the region in search of employment, leaving their children behind to be looked after by other family members. These other family members are mostly grandparents. In urban areas, the majority of adolescents live in households that have a radio and/or a television. In contrast, rural adolescents are much less likely to live in households with these items, especially television.

4 EDUCATION

Background

The educational achievements of Zimbabwe are a genuine success story. Education at the primary level is almost universal in Zimbabwe. The introduction of mass education and the provision of free primary education soon after independence has contributed to the high literacy levels in Zimbabwe. Young people are more educated than the older generations. According to the 1989 Zimbabwe Demographic and Health Survey 9 out of 10 women in Zimbabwe had at least some education. The distribution of respondents by educational status and age indicates a recent trend toward higher educational attainment among young women, with younger women clearly being better educated than older women (CSO and MI, 1995). Only 1.0 percent of young women aged 15-19 had no education, compared with 3.2 percent in the 20-24 age group. Likewise, among young men, less than 3 percent had no education.

However, young men tend to be more educated than their female counterparts. Also, literacy levels are lower among adolescents in rural areas than in urban areas.

The progress made in education is threatened by the adverse effects of the Economic Structural Adjustment Programme (ESAP) adopted in 1991, which has resulted in cuts in state funding for social services, including education and health services, removal of subsidies, and increased retrenchments. School fees have been reintroduced at the primary level in all urban areas, while fees in secondary schools, including "O" and "A" level examination fees have been increased substantially. An increasing number of parents find it difficult to pay these fees, and school dropouts have increased. It is likely that these changes will affect young women's access to schooling and their ability to acquire the knowledge and skills to function efficiently in a modernizing economy (Sanders and Davies, 1988). In times of economic hardship parents sometimes sacrifice their daughters' education to pay for the education of their sons.

Data and Methods

This chapter includes information on current school attendance, level of educational attainment, combined school attendance and work, and the reasons for dropping out of school.

School attendance. Cross-tabulations of variables in the household data are used to describe differentials in current school attendance of young household members by age, gender, and region. Because the household file does not contain much background information about the household members, the individual data file is used instead to obtain logistic regression estimates of the effect of explanatory variables such as age, marital status, religion, etc. on the likelihood of currently being in school.

Level of educational attainment. This information is available in both the household and individual data files. Once again, the household data file is used to examine differentials in the percentage of household members who have secondary or higher education by age, gender, and region, but the individual data file is used for the logistic regression analysis of the effects of various explanatory variables on the likelihood of having attended secondary school.

Schoolgirl's work experience. The individual data file contains information on current school attendance as well as on current employment. This information is used to tabulate differentials by age and residence in the percentage of schoolgirls who report that they are also working.

Reasons for School Dropouts. The detailed information on the reasons for dropping out of school in the individual data file is recoded into the following groups: family-related reasons such as childbirth or marriage, accessibility factors such as school fees and distance to the school, performance indicators such as failing or

disliking school, and other factors. Cross-tabulations show variations in the reasons for dropping out of school by age, region, and type of place of residence.

Findings

Table 4.1 shows the percentage of adolescents and young adults enrolled in school at the time of the survey. Roughly one of two respondents (ages 10-24) was attending school, with the percentage somewhat higher in rural than urban areas. About 95 percent of urban respondents, and 90 percent of rural respondents, of primary school age (i.e. those aged 10-14) were attending school at the time of the survey.

Table 4.1 Percentage of respondents who are still in school

Age	Urban						Rural					
	Matabeleland		Other		Total		Matabeleland		Other		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
10-14	97.6	93.6	96.3	94.7	96.6	94.5	89.0	89.5	92.0	90.3	91.5	90.1
15-16	(77.8)	(74.4)	85.5	72.8	83.6	73.3	52.4	54.1	74.4	57.7	71.1	57.2
17-19	43.2	24.4	41.6	21.6	41.9	22.3	21.1	14.4	48.8	28.4	45.2	26.3
20-24	5.4	4.5	13.0	6.0	11.3	5.8	4.8	1.6	14.1	5.0	13.0	4.5
10-24	53.7	52.5	56.6	43.3	55.9	45.3	58.9	53.7	66.2	56.2	65.2	55.8

() = based on 25-49 unweighted cases

Overall, it may appear that males have only a small edge over females in terms of school attendance. However, this overall picture is misleading. Breakdowns by age group show that the percentage of males and females aged 10-14 attending school is about the same. Despite this gender equality at the younger ages, at older ages females are less likely than males to be in school. For example, among urban respondents aged 17-19, 42 percent of males but only 22 percent of females, are enrolled in school. In rural areas the pattern is similar, with 45 percent of males aged 17-19 and 26 percent of females aged 17-19 in school at the time of the survey.

Table 4.2 shows the logistic regression results of the effect of various background factors on the likelihood that a respondent was attending school at the time of the survey. The results for females are shown in the top panel; those for males are shown in the bottom panel. The odds ratios have a multiplicative effect on the odds of attending school. Thus, an odds ratio that is smaller than one implies that the variable has a negative effect on the likelihood that the respondent is attending school, while an odds ratio that exceeds one implies a positive effect. The results for female respondents living in urban areas show that Christian females are 1.8 times more likely than female respondents of other religions to be in school, and that ever-married females are only 43 percent as likely as never-married females to be attending school. As expected, the likelihood of being in school decreases with age. The likelihood of attending school also is reduced with the respondent's number of children, but that effect is not significant. In rural areas, female respondents living in Matabeleland are only 58 percent as likely as those living in other rural regions to be in school. As in urban areas, Christianity has a positive effect on school attendance. Childbearing and marriage both significantly reduce the likelihood that a woman is attending school.

Note that the effects for males are in the same direction as for females, but not nearly as large. For males marital status and number of children ever born does not significantly affect the likelihood that a male is attending school. This latter finding was anticipated since males tend to marry and have children at a later age than females, but also because such events tend to have less impact on the daily life of males.

Table 4.2 Odds ratios of adolescents age 15-24 currently enrolled

	Odds ratio	
	Urban	Rural
Females		
Age	0.61 ***	0.69 ***
Matabeleland	1.04	0.58 ***
Christian	1.80 ***	1.96 ***
Children ever born	0.71	0.52 **
Ever married	0.43 **	0.09 ***
Female head of hh	0.90	1.25
Age head of hh	1.01	1.00
Number of cases	783	1924
Minus 2 log lik.	920.76	2,011.01
Males		
Age	0.64 ***	0.60 ***
Matabeleland	0.61	0.41 ***
Christian	2.32 ***	1.41 *
Children ever born	1.25	0.77
Ever married	0.76	0.57
Female head of hh	0.41 *	1.35
Age head of hh	1.01	1.00
Number of cases	260	753
Minus 2 log lik.	394.51	937.94

* p < 0.10
 ** p < 0.05
 *** p < 0.01

These high school attendance rates translate into a large percentage of adolescents and young adults obtaining secondary level education. Table 4.3 shows the percentage of male and female respondents who have attended secondary or higher education. For the youngest age group (10-14), the percentage of respondents having attended secondary school is very low, because most of them are too young to have completed the seven years of primary school. From ages 15-16 on, a large percentage of respondents have attended secondary school.

The results presented in Table 4.3 show a very large difference in secondary school attendance between rural and urban regions. In urban areas, 63 percent of males aged 10-24 and 59 percent of females in that age group attended secondary school. In rural areas, 32 percent of male and 29 percent of female respondents have attended secondary school. Despite the existence of this rural/urban differential, there are no noteworthy differences between Matabeleland and the rest of the country, suggesting an equitable distribution of educational resources by region.

Consistent with the earlier finding that males tend to stay in school longer than females, Table 4.3 shows that females are less likely than males to have attended secondary school. It is noteworthy, however, that the gender differential in secondary school education is relatively small. This finding is consistent with the earlier finding that the gender gap in

school attendance is fairly small up to age 16, but very large at older ages. In other words, females and males progress to secondary school at approximately the same rate, but females terminate their secondary education sooner than males.

Table 4.3 Percentage of respondents who attended secondary school or higher

Age	Urban						Rural					
	Matabeleland		Other		Total		Matabeleland		Other		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
10-14	14.0	15.9	13.4	16.8	13.5	16.6	5.6	7.8	4.1	5.6	4.3	5.9
15-16	87.9	78.2	91.7	77.1	90.8	77.4	44.3	48.7	42.5	45.9	42.8	46.3
17-19	86.3	78.9	90.3	74.4	89.4	75.5	42.3	48.1	62.6	51.2	60.0	50.8
20-24	86.6	80.0	89.9	82.6	89.2	82.2	50.8	49.5	67.1	50.6	65.0	50.4
10-24	61.8	55.7	63.1	60.2	62.8	59.2	24.8	28.5	33.4	29.0	32.1	29.0

The top panel of Table 4.4 shows the results of a logistic regression analysis of the effect of various background variables on the likelihood that a young woman has attended secondary school. The results for urban areas show that Christian women are more than two and a half times as likely as non-Christian women to have attended secondary education. As expected, having children is associated with a reduced likelihood of having attended secondary school for women. The reasons for this finding are twofold. On the one hand, women who become pregnant while in school may not be able to complete their education. On the other hand, women who stop schooling early are more likely to start a family.

These variables have a similar effect in rural areas. However, in rural areas, ever-married women are only 47 percent as likely as never-married women to have attended secondary school (in urban areas, the effect of marital status is in the same direction, but is small and not significant). In rural areas, the characteristics of the head of household also significantly affect a female's likelihood of having secondary level education. In particular, females who live in a female-headed household are 1.6 times as likely as other women to have attended secondary school. This finding may reflect that female heads of households are more supportive of their daughters (or other resident females) who want to pursue secondary education. It is also possible that some of the women who have attended secondary school are economically self-sufficient, and have established their own households. The results for males, shown in the bottom panel of Table 4.4, reveal a different picture. Urban males living in Matabeleland are less likely than those living elsewhere in the country to have secondary or higher education. Urban males living in a female-headed household are significantly less likely than those living in male-headed households to have secondary education. For rural males, the results shows that the likelihood of having secondary or higher education is higher for males who are older and for those who are Christian. As in urban areas, rural males in Matabeleland are significantly less likely than those in other rural areas to have secondary education.

Table 4.4 Odds ratios of adolescents age 15-24 who attended secondary education or higher

Variable	Odds ratio	
	Urban	Rural
Females		
Age	1.16 ***	1.25 ***
Matabeleland	1.16	0.96
Christian	2.60 ***	2.76 ***
Children Ever Born	0.58 **	0.52 ***
Ever Married	0.93	0.47 ***
Female Head of HH	0.68 *	1.63 ***
Age Head of HH	0.99	1.01 ***
N of Cases	786	1929
Minus 2 Log Lik.	884.58	2,537.36
Males		
Age	1.17	1.27 ***
Matabeleland	0.38 **	0.58 **
Christian	2.16 *	1.58 ***
Children Ever Born	0.56	0.72
Ever Married	1.00	0.53
Female Head of HH	0.16 ***	1.13
Age Head of HH	1.02	1.00
N of Cases	263	753
Minus 2 Log Lik.	180.34	951.01

* p < 0.10
 ** p < 0.05
 *** p < 0.01

Some schoolgirls may need to get jobs to help pay for their education. Table 4.5 shows the percentage of schoolgirls (i.e. those who are currently enrolled in school) who reported that they are currently working (self-reported status). Eleven percent of urban schoolgirls and 11 percent of rural schoolgirls said they were working at the time of the survey. Interestingly, the data reveal that working outside of school is very uncommon for schoolgirls in Matabeleland, but fairly common elsewhere. In urban areas outside of Matabeleland, the percentage of schoolgirls who are working increases from 7 percent for the age group 15-16 to 17 percent for the age group 17-19. In rural areas outside of Matabeleland, on the other hand, the percentage of schoolgirls who are working appears to decrease with age, from 14 percent for ages 15-16 to 9 percent for ages 17-19. The results for males indicate that 10 percent of urban schoolboys, but only 1 percent of rural schoolboys are working. The latter finding suggests that rural schoolboys have fewer opportunities to work while in school, but may also indicate that rural schoolboys are taken out of school when their help is needed on the farm.

Table 4.5 Percentage of schoolgirls and schoolboys who are working

Age	Urban			Rural		
	Matabeleland	Other	Total	Matabeleland	Other	Total
Schoolgirls						
15-16	0.0	7.3	5.1	(1.6)	14.0	12.4
17-19	---	(16.8)	12.3	---	9.1	8.8
20-24	---	---	24.5	---	(22.1)	(20.7)
15-24	0.0	14.4	10.6	(2.3)	12.0	11.3
Schoolboys						
15-16	---	(0.0)	0.0	---	0.0	0.0
17-19	---	---	(0.0)	---	0.7	0.6
20-24	---	---	(42.3)	---	---	---
15-24	---	(10.6)	10.1	(2.0)	0.7	0.8

--- = < 25 unweighted cases

() = based on 25-49 unweighted cases

The percent distribution of reasons why females drop out of school is shown in Table 4.6. The results show that there are important differences between respondents of different age groups, as well as between rural and urban areas. (Note that age refers to current age, not age at the time the girl left school.) Among urban dropouts aged 15-16, high school fees and the distance to the school accounts for nearly all dropouts. In rural areas, these reasons are also very important, but in addition a significant percentage of respondents indicate that they dropped out for other reasons, most likely to work on the land. Older dropouts tend to have different reasons for having dropped out of school, with family-related reasons (such as marriage and childbirth) and failure accounting for a substantial fraction of the dropouts. As expected the cost of education and the distance to a school tend to be more important reasons for dropping out in rural areas than in urban areas.

Discussion

The results from the analysis have shown the equity in educational enrolment and attainment among Zimbabwean youth. Disparities in the enrolment of girls and boys were virtually eliminated in the 1980s at the primary school level when the Government introduced free primary education. At the secondary school level, the disparity has been drastically reduced. Nevertheless, the participation of females in education at higher levels still lags behind that of their male counterparts. Various reasons may be cited for this difference. First, women tend to drop out of school earlier than males to form families. In Zimbabwean culture, status for women is still attained largely on the basis of getting married and having children. Thus, some women, especially in rural areas where more women are disadvantaged, still opt for this. Second, many women drop out of school after getting pregnant and it is very difficult for them to get back to school after childbearing.

There are other reasons given for school dropouts for both males and females, which include school fees and the distance to the school, the latter being common in rural areas. This is because secondary school is not free in Zimbabwe. Also, in rural areas, youths are less likely to have secondary education than their urban counterparts. This is due to the fact that rural areas in Zimbabwe have fewer secondary schools than urban areas and many youths have to travel long distances to get to the nearest school. In addition, most parents in rural areas are poor and cannot afford the school fees. However, there are no differences between rural Matabeleland and other rural areas, showing the equitable distribution of educational facilities.

Table 4.6 Reasons for having dropped out of school (females only)

Age	Reason	Urban			Rural		
		Matabeleland	Other	Total	Matabeleland	Other	Total
Schoolgirls							
15-16	Family	---	(5.9)	(4.5)	(1.6)	7.1	6.3
	Fees/too far	---	(77.9)	(81.6)	(75.5)	78.1	77.7
	Graduated	---	(0.0)	(1.6)	(1.6)	0.0	0.3
	Failed/disliked	---	(10.8)	(8.2)	(3.3)	4.2	4.0
	Other	---	(5.4)	(4.1)	(18.0)	10.6	11.7
17-19	Family	4.5	5.8	5.5	10.7	8.2	8.7
	Fees/too far	48.1	54.5	52.9	73.8	73.6	73.6
	Graduated	14.3	8.6	10.0	3.9	1.1	1.6
	Failed/disliked	26.0	24.5	24.9	7.0	9.6	9.1
	Other	7.1	6.6	6.7	4.6	7.5	7.0
20-24	Family	23.5	10.4	12.4	22.2	15.4	16.6
	Fees/too far	33.2	49.7	47.1	53.0	63.1	61.4
	Graduated	15.5	7.0	8.4	5.3	1.7	2.3
	Failed/disliked	23.3	28.5	27.7	8.0	13.0	12.2
	Other	4.5	4.4	4.4	11.5	6.7	7.5
15-24	Family	13.9	8.7	9.7	15.6	12.0	12.6
	Fees/too far	43.8	52.7	51.1	62.8	68.6	67.6
	Graduated	14.4	7.1	8.5	4.3	1.2	1.8
	Failed/disliked	22.7	26.3	25.6	7.0	10.6	10.0
	Other	5.2	5.1	5.1	10.3	7.6	8.0

--- = < 25 unweighted cases

() = based on 25-49 unweighted cases

It has also been shown that Christians are more likely to be at school compared with other religions. Apostolics constitute a significant proportion of the Zimbabwean population and it is this religious group that discourages their followers from education, especially at higher levels.

Another interesting observation made is that in rural areas young people staying in female-headed household are more likely to have secondary education than youths staying in male-headed households. Also interesting is that working outside of school is not common in rural Matabeleland. There are less job opportunities in the rural areas, as already stated earlier in the report.

To conclude, the disparity between males and females, and rural and urban areas at secondary school level should be addressed by the Government, if it is really interested in attaining equitable education. More secondary schools should be built in rural areas to reduce the distance travelled to school. The Government also realized that parents in the rural areas were poor and thus have set up a fee structure in which rural secondary schools have lower fees compared with urban schools. At primary school level, rural pupils receive free education.

5 EMPLOYMENT

Background

The unemployment rate in Zimbabwe is high and prospects for employment are bleak. Unemployment is probably the most daunting challenge facing the Zimbabwean Government today (Nhundu, 1992). The rate of job creation has remained stagnant since 1981 due to the economic recession, economic stagnation and decline, and the prevailing drought. Between 1980 and 1984 the average increase in annual employment was 1.1 percent. The unemployment rate increases as about 100,000 Zimbabwean school leavers join the labour market annually. The situation has been exacerbated by the ongoing retrenchments due to economic policy reforms. The official unemployment rate is estimated at around 24 percent, but some economists have given an estimate of more than 40 percent.

Unemployment has affected many young women who expect to be employed after completing their education. School leavers often fail to get jobs and the situation is getting worse as more school leavers enter the labour market. Most young people in the 15-16 age group are still at school and only 15 percent in this age group are working (CSO, 1989). The number of young people working increases with age, with 31 percent of those in the age group 20-24 working.

In rural areas, the majority of the working adolescents are working on farms, and many work seasonally. A study carried out in Masvingo revealed that women predominated among wage workers in the rural areas, particularly those involved in low paid casual agricultural work (Adams, 1991). In urban areas, youths are working in both formal and informal jobs. Regular full-time workers are found in urban areas, mainly in Harare and Bulawayo, the country's major cities.

Many youths who found it difficult to get formal employment have moved to the informal sector. Those working in the informal sector, especially women, are involved mainly in selling food and vegetables, and second-hand clothing. Flea markets have also mushroomed and many adolescents travel to South Africa to obtain imported goods which they sell upon their return to Zimbabwe. Some young people, including street children, are basically involved in petty vending such as selling sweets and cigarettes; or washing and guarding cars (Bourdillon, 1994; Harrison et al., 1995). Many of these street jobs are done by young males. Most of these young adults are selling to earn a little extra money to supplement family income or even for their school fees. Such young children work after school either at their own initiative or at the instigation of their parents (Harrison et al., 1995).

There are also those children who have nowhere to stay and thus sleep on the streets. A survey of children working on the streets in all the main centres in Zimbabwe in 1990 showed that among a sample of 520 children working on the streets, 15 percent were actually living on the streets (Bourdillon, 1994). Most of the street children are aliens in Zimbabwe and some of them stay with patrons for whom they work. Because these young people are afraid of exposure and afraid of being sent back home, they are vulnerable and easily exploited. Of the children working on the streets only 5 percent are girls, probably because families are afraid to let girls go out on the streets. Also, girls are perceived to be more useful than boys in performing household chores, and therefore are more willingly taken in by relatives.

Data and Methods

In this chapter, differentials are examined by age, region, type of place of residence, and level of education, in: the percentage of women who are currently working; the percentage of working women who work away from home; and the percentage of working women who earn cash. Logistic regression analyses are used to estimate the effects of age, level of education, and other variables on the likelihood that a woman is currently employed, and on the likelihood that a working woman is working for cash.

Findings

The percentage of young women and men who are currently working is shown in Table 5.1 (based on the question "Are you currently working?"). As anticipated, the percentage of working women increases with age, from 16 percent for ages 15-16 to 46 percent for ages 20-24 in urban areas, and from 20 percent to 47 percent correspondingly in rural areas. Further examination of the results shows that there is a substantial urban-rural difference in Matabeleland, particularly at age 17 and older. This differential undoubtedly reflects the limited employment opportunities in rural Matabeleland, where the economy is based mostly on ranching, which is not labour intensive. In regions outside of Matabeleland, there are no substantial urban-rural differences in the percentage of women working. The pattern for males is similar; the main difference is that at younger ages males are less likely than females to be working, while at older ages the reverse is the case. This is consistent with earlier findings indicating that young males are more likely to be in school than young females.

Breakdowns by level of education shows that among female teenagers the percentage who are currently working is lower among those who have secondary or higher education than among those with lower levels of education. This reflects the fact that many of the former respondents may still be in school. Among those women aged 20-24 the percentage working is higher among those with secondary education and higher education, particularly in Matabeleland. Once again, the pattern for males is similar.

Table 5.1 Percentage of adolescents who are currently working

Age	Urban			Rural			< Secondary			Secondary+		
	Matabeleland	Other	Total									
Females												
15-16	(5.3)	20.6	16.4	7.3	22.4	20.3	9.9	28.7	25.8	4.4	16.9	14.7
17-19	23.9	38.4	34.8	15.3	39.2	35.7	26.3	52.3	48.2	15.6	29.6	26.8
20-24	34.5	48.3	46.2	16.7	53.0	47.2	14.5	49.0	43.1	29.0	52.5	49.0
15-24	24.3	41.5	38.0	13.9	40.6	36.6	17.1	45.0	40.5	18.7	38.2	34.9
Males												
15-16	---	7.2	7.0	(5.8)	11.1	10.3	---	15.4	14.6	---	4.7	4.5
17-19	---	25.2	22.6	(15.2)	31.5	29.6	---	57.7	49.0	(13.1)	19.7	19.0
20-24	(48.2)	60.8	58.2	(28.2)	58.6	54.7	---	70.4	61.5	(44.1)	56.3	54.5
15-24	31.2	40.6	38.7	16.7	34.9	32.7	17.4	43.5	39.0	26.0	33.4	32.4

--- = < 25 unweighted cases

() = based on 25-49 unweighted cases

Table 5.2 shows the results of multivariate logistic regression models estimating the effect of socio-economic variables on the likelihood that an adolescent is currently working. The top panel shows the results for females. In urban areas, the odds of currently working are significantly higher for older women than for younger ones, as expected. Consistent with the limited employment opportunities in Matabeleland, women living in Matabeleland are significantly less likely to be working than other women. The results also indicate that ever-married women are less likely to be working than women who have never been married. This finding may be attributed to the fact that these women are probably supported by their husbands, and perhaps also because husbands do not always approve of their wives working outside the house. Counter-intuitively, having secondary or higher education has a negative effect on the chances that a woman is working (significant only at $p < .10$). Most likely this finding is a reflection of the fact that some women who have secondary education may still be in school, while most of those with only elementary education will already have left school (because respondents are aged 15+).

Findings for rural areas are similar in many respects. However, in rural areas living in Matabeleland has an even stronger negative effect on the likelihood that a female is currently working. Contrary to the urban scenario, in rural areas being ever married significantly increases the chances that a woman is working ($p < .10$), presumably because these women can work on their husband's land. Finally, in rural areas the age of the head of household has a small but highly significant negative effect on the likelihood that a female is working, which may reflect that rural women are expected to care for elderly parents and grandparents.

The results for males, shown in the second panel of Table 5.2, resemble those for females. However, as expected, marital status does not affect the likelihood that a young male is currently working. Males living in female-headed households and those living in households with an older head of household are less likely than other males to be working.

As noted above, the fact that adolescents and young adults are working does not necessarily imply that they are working outside the house. Table 5.3 shows the percentage of working women who are working away from home (these data are available for females only). In urban Matabeleland, and perhaps even more so in rural Matabeleland, the majority of women who work, work away from home. This finding reflects the fact that there is little communal land in Matabeleland, which forces people to look for formal employment away from home. Outside of Matabeleland, the percentage of women working away from home is somewhat lower. In most regions, the percentage of working women who work away from home declines with age, reflecting the fact that older women are more likely to be married. Breakdown by educational level reveals no difference in the

Table 5.2 Odds ratios of adolescents age 15-24 who are currently working

Variable	Odds ratio	
	Urban	Rural
Females		
Age	1.30 ***	1.14 ***
Secondary +	0.70 *	0.77 **
Matabeleland	0.47 ***	0.22 ***
Children ever born	0.99	1.03
Ever married	0.36 ***	1.31 *
Female head of HH	0.95	0.96
Age head of HH	0.99	0.99 ***
Number of cases	786	1,926
Minus 2 log lik.	1,206.68	2,402.42
Males		
Age	1.30 **	1.47 ***
Secondary +	0.57	0.32 ***
Matabeleland	0.73	0.28 ***
Children ever born	2.75	0.93
Ever married	2.60	1.16
Female head of HH	0.31 **	0.64 **
Age head of HH	0.96 ***	0.99 **
Number of cases	263	753
Minus 2 log lik.	410.3	879.75

* $p < 0.10$
 ** $p < 0.05$
 *** $p < 0.01$

Table 5.3 Percentage of working women who are working away from home

Age	Urban			Rural			< Secondary			Secondary+		
	Matabeleland	Other	Total	Matabeleland	Other	Total	Matabeleland	Other	Total	Matabeleland	Other	Total
15-16	---	---	(51.2)	---	64.9	67.0	---	63.5	65.9	---	58.3	61.6
17-19	---	36.5	40.8	---	59.5	61.5	---	58.5	59.5	---	44.8	48.9
20-24	(71.7)	45.7	48.8	(77.9)	54.9	56.5	---	62.7	63.7	(73.9)	45.8	48.5
15-24	69.7	43.0	46.6	83.7	57.8	59.6	(78.4)	61.3	62.5	76.1	46.7	49.8

--- = < 25 unweighted cases
 () = based on 25-49 unweighted cases

percentage of working women who work away from home in Matabeleland. However, in other regions working women who have lower levels of education are more likely than those with higher levels of education to work away from home. In regions outside of Matabeleland, women with lower levels of education are more likely to work away from their home than women with higher levels of education.

Working women may or may not work for cash. Table 5.4 shows the percentage of working women who earn cash. The results indicate that in urban areas most working women work for cash. Among rural areas, there is a difference between Matabeleland and other regions. As indicated earlier the scarcity of communal land in Matabeleland forces most people to look for wage employment. Consequently, most of these women earn cash. In rural regions outside of Matabeleland opportunities for agricultural work are better, which explains why about one out of four working women do not earn cash. Surprisingly, there are no clear differentials in the percentage of working women earning cash by level of education.

Table 5.4 Percentage of working women who earn cash

Age	Urban			Rural			< Secondary			Secondary+		
	Matabeleland	Other	Total									
15-16	---	---	---	---	73.0	73.7	---	85.1	85.4	---	67.0	67.6
17-19	---	93.2	94.3	---	78.1	79.5	---	85.7	86.6	---	78.6	81.5
20-24	(100)	92.4	93.3	(92.6)	77.3	78.3	---	77.4	78.2	(98.7)	85.3	86.6
15-24	98.7	93.1	93.9	92.9	76.9	78.0	92.5	81.8	82.5	97.4	82.0	83.6

--- = < 25 unweighted cases

() = based on 25-49 unweighted cases

The results of the multivariate logistic regression analysis of the likelihood of a working woman earning cash, shown in Table 5.5, indicate that in urban areas among the variables in the model, the only one with a significant coefficient is whether she works at home or away. Women working away from home are far more likely to earn cash than those who work at home. Among rural working women, older women are more likely than younger women to work for cash. The results also confirm that women in rural Matabeleland are more likely to earn cash than those in other rural regions, even after controlling for other factors. Finally, in rural areas working women living in a female-headed household are less likely than others to work for cash, suggesting that female-headed households (who are often relatively poor) put greater labour demands on their daughters.

Table 5.5 Odds ratios of adolescent females age 15-24 working for cash

Variable	Odds ratio	
	Urban	Rural
Age	0.87	1.10 **
Secondary +	1.19	0.71 *
Works away	13.26 ***	1.26
Matabeleland	3.51	4.25 ***
Children ever born	1.02	0.66 **
Ever married	0.83	1.19
Female head of HH	1.03	0.52 ***
Age head of HH	0.99	0.99
Number of cases	308	782
Minus 2 log lik.	172.35	817.14

* p < 0.10

** p < 0.05

*** p < 0.01

Discussion

It has been observed that adolescents in Zimbabwe start working at a young age (i.e., 15-16 years). At this age 16 percent of females and 7 percent of males in urban areas are already working while 20 percent of females and 10 percent of males in rural areas are working, indicating that more adolescents in rural areas start working at an early age.

This tendency to work increases with age; in urban areas, 46 percent of female adolescents and 57 percent of male adolescents age 20-24 are working. In rural areas the percentage working in the age group 20-24 is lower—37 percent of females and 33 percent of males. A distinct urban-rural differential has been observed in Matabeleland, particularly at age 17 and older. More adolescents work in urban areas of Matabeleland than work in rural areas. This difference may be explained by the fact that rural Matabeleland has few job opportunities and youths move to urban areas within the region or elsewhere. The area is mainly a dry region and ranching, which is not labour intensive, is widespread there. However, in areas outside Matabeleland an urban-rural differential in the percentage of adolescents working has not been found. Also consistent with the limited employment opportunities in Matabeleland is that women from this area are less likely to work than women from other parts of the country.

Marriage tends to affect employment amongst female adolescents. Women who are never married are more likely to be employed than the ever-married. This is explained by the fact that most women, once they get married, tend to stay at home and look after the family, while the husband becomes the sole breadwinner. Also some husbands do not want their wives to work outside the home.

6 MARRIAGE AND SEXUAL ACTIVITY

Background

As in many African countries, the peoples of Zimbabwe value marriage. Among the Shona, the most numerous ethnic group, the traditional and normative marriage process involves the payment of bridewealth (called *roora*) by the family of the groom to the family of the bride (Bourdillon, 1987; Meekers, 1993, 1994a). Even though there are civil and religious marriage ceremonies nowadays and *roora* is no longer legally required to validate a marriage, the Shona people believe that marriages that do not involve the exchange of *roora* are inferior. Therefore, church and civil marriages are typically held only after the exchange of *roora*.

Despite this preference for *roora* marriages, the Shona now practice several forms of unions that do not conform to this ideal type. Young people are said to oppose *roora*, in part because *roora* marriage implies parental control over the union, and partly because some young men are unable to afford it. Nowadays, young couples sometimes elope and subsequently try to legalize their union by paying *roora*, and sometimes couples live together without trying to legalize their union.

Consequently, although there may be an increasing tendency to postpone formal marriage, or to forego formal marriage altogether, many young people in Zimbabwe have premarital sexual relationships and start cohabiting with a partner before formal marriage. The 1988 ZDHS shows that 8 out of 10 women aged 15-19 had not yet married or lived with a man; (for the age group 20-24 (Central Statistics Office 1989: 16) this was the case for only 3 out of every 10 women. Among women aged 15-19 who were never married and had never lived with a man, 16 percent said they were sexually experienced and 5 percent that they were currently sexually active. For women aged 20-24 the corresponding percentages are 48 percent and 15 percent, respectively.

Data and Methods

This chapter examines marital status, age at marriage, premarital sexual experience, and premarital childbearing.

Marital Status. Cross-tabulations highlight differentials by age, region, and type of place of residence in the percentage of adolescents and young adults who have ever been married, and in the percentage of ever-married youths who are widowed, divorced, or separated.

Age at Marriage. Differentials in the timing of marriage are described by examining the percentage of respondents aged 15-24 who were married by age 15, and the percentage of respondents aged 17-24 who were married by age 17.

Premarital sexual experience. The indicator for premarital sexual experience is the percentage of never-married women who admit being sexually experienced. This indicator is constructed on the basis of the marital status variable and the variable on age at first sexual intercourse. Cross-tabulations show differentials by age, region, and type of place of residence.

Premarital childbearing. This indicator measuring the percentage of women who had a premarital birth is based on the respondent's reported age at first marriage and age at first birth. Women whose age at first birth is lower than their age at first marriage, and women who have given birth but never married are coded as having a premarital birth. All other women are coded as not having a premarital birth. Cross-tabulations show differentials by age and regions, as well as by type of place of residence and level of education.

Findings

Contrary to the situation in many other African countries, a relatively small percentage of young women in Zimbabwe are married. In countries such as Cameroon and Nigeria about a third of women aged 15-19 are married, in Mali and Niger more than half of all women in this age group are married (Westoff et

Table 6.1.1 Percentage of women who are ever married, and the percentage of ever married women who are widowed, divorced, or separated

Age	Urban			Rural		
	Matabeleland	Other	Total	Matabeleland	Other	Total
Ever married						
15-16	(1.8)	6.1	4.9	4.0	9.2	8.4
17-19	15.1	24.1	21.9	35.5	34.7	34.8
20-24	51.5	59.5	58.2	70.2	81.3	79.6
15-24	26.7	41.2	38.3	43.7	48.0	47.3
Widowed, divorced, separated (ever married only)						
15-16	---	---	---	---	(6.8)	(6.4)
17-19	---	2.4	4.0	(14.7)	12.4	12.8
20-24	(9.4)	10.6	10.5	9.7	13.5	13.0
15-24	(9.9)	8.9	9.0	10.7	13.0	12.7

--- = < 25 unweighted cases

() = based on 25-49 unweighted cases

al., 1994). Table 6.1.1 shows the percentage of Zimbabwean women who are ever married, and among ever married women the percentage whose union ended due to widowhood, divorce, or separation. The results show that only a very small fraction of women aged 15-16 are married, even in rural areas. Among women aged 17-19, about one in five in urban areas is married, and about one in three in rural areas. At subsequent ages many women marry, and for the age group 20-24, 58 percent of urban women and 80 percent of rural women have married. Comparison of Matabeleland with other regions suggests that women in Matabeleland marry somewhat later, especially in urban areas.

The second panel in Table 6.1.1 shows marital dissolution. The most noteworthy finding is that marital dissolution starts to affect women at a fairly young age, especially in rural areas. In rural areas 13 percent of ever-married women aged 17-19 have experienced a union dissolution.

Table 6.1.2 shows the same information for males. The results presented in Table 6.1.2 confirm that males tend to marry at a much later age than females. Even among the oldest age group (aged 20-24) only about one in four males have married. The results further show that males living in Matabeleland tend to marry later than those living in other regions of the country.

Table 6.1.2 Percentage of men who are ever married, and the percentage of ever married men who are widowed, divorced, or separated

Age	Urban			Rural		
	Matabeleland	Other	Total	Matabeleland	Other	Total
Ever married						
15-16	---	0.0	0.0	(0.0)	0.6	0.5
17-19	---	4.7	3.7	(1.7)	2.7	2.6
20-24	18.9	30.7	28.3	(17.4)	26.3	25.2
15-24	10.2	17.7	16.1	6.5	10.1	9.6
Widowed, divorced, separated (ever married only)						
15-16	---	---	---	---	---	---
17-19	---	---	(2.4)	---	---	---
20-24	---	(2.8)	(2.8)	---	10.2	10.2
15-24	---	(5.2)	4.6	---	9.0	9.0

--- = < 25 unweighted cases

() = based on 25-49 unweighted cases

To get some indication of variations in female age at marriage, Table 6.2 shows the percentage of females who were married by age 15 and the percentage who were married by age 17. The results shown in the first panel of Table 6.2 indicate that in urban areas female marriage tends to be quite late by African standards, and that there is a trend toward later age at marriage for females. The percentage of urban females who married by age 15 declined from about 6 percent for women aged 20-24 to 1 percent for women aged 15-16. Correspondingly, the percentage of urban women who married by age 17 declined from 18 percent for women aged 20-24 to 14 percent for women aged 17-19. In rural areas, the percentage of women who married by age 15 and by age 17 are considerably higher than in urban areas, indicating an earlier age at marriage in rural areas. Nevertheless, even in rural areas there is strong evidence that female age at marriage is increasing. Comparison of the results for Matabeleland and other regions further shows that females in Matabeleland marry later than females in other regions of the country. This latter differential holds for both urban and rural regions. Examination of the differentials by level of education shows that women who have secondary or

higher education are much less likely to have married either before age 15 or before age 17 than women with lower levels of education. This differential by level of education holds for all age groups considered here, and for Matabeleland as well as other regions.

The results for males, shown in the second panel of the table, confirm the previous finding that males typically do not marry early. In fact, less than 2 percent of males were married by age 17.

Table 6.2 Percentage of respondents who were married by age 15 and the percentage who were married by age 17

Age	Urban			Rural			< Secondary			Secondary+		
	Matabeleland	Other	Total									
FEMALES												
Married by age 15												
15-16	(1.8)	1.2	1.3	3.2	6.8	6.3	3.9	9.6	8.7	1.9	2.8	2.6
17-19	0.9	2.6	2.2	13.4	8.4	9.2	17.6	14.1	14.5	2.2	1.2	1.4
20-24	4.9	6.0	5.8	10.6	16.8	15.9	15.5	26.8	24.9	3.8	4.7	4.6
15-24	2.6	4.3	3.9	9.7	11.6	11.3	13.5	18.5	17.6	2.8	3.3	3.2
Married by age 17												
15-16	NA	NA	NA									
17-19	8.0	15.6	13.7	26.9	25.1	25.4	32.8	39.4	38.4	9.8	9.9	9.9
20-24	15.1	18.9	18.4	28.8	40.4	38.6	38.9	55.0	52.3	13.7	19.4	18.5
17-24	11.5	17.7	16.6	28.1	34.1	33.2	36.4	48.4	46.4	11.9	15.8	15.1
MALES												
Married by age 15												
15-16	---	0.0	0.0	(0.0)	0.6	0.5	---	0.9	0.8	---	0.0	0.0
17-19	---	0.0	0.0	(1.7)	0.8	0.9	---	2.2	2.2	0.0	0.0	0.0
20-24	(1.9)	0.0	0.4	(0.0)	0.8	0.7	---	2.1	1.7	(1.4)	0.0	0.2
15-24	1.0	0.0	0.2	0.6	0.7	0.7	0.9	1.6	1.5	0.7	0.0	0.1
Married by age 17												
15-16	NA	NA	NA									
17-19	---	1.8	1.4	(1.7)	0.8	0.9	---	2.2	2.2	(0.0)	0.5	0.5
20-24	(1.9)	0.0	0.4	(1.7)	3.8	3.6	---	4.6	3.7	(2.5)	1.7	1.8
17-24	1.2	0.6	0.7	1.7	2.2	2.1	(1.3)	3.3	2.9	1.6	1.2	1.2

NA = Not applicable

--- = < 25 unweighted cases

() = based on 25-49 unweighted cases

Although marriage is relatively late, sexual unions may be formed at a much earlier age. Table 6.3 shows the percentage of never-married women who report being sexually experienced. In addition to the expected increases in sexual experience by age, the results show that premarital sexual activity is much more common in Matabeleland than in other regions of the country. Outside of Matabeleland, only about 1 in 10 unmarried women aged 17-19 and 1 in 3 of those aged 20-24 are sexually experienced (with only minor urban-rural differences).

Table 6.3 Percentage of never-married women who are sexually experienced

Age	Urban			Rural		
	Matabeleland	Other	Total	Matabeleland	Other	Total
Ever married						
15-16	(5.4)	5.3	5.3	20.8	3.4	5.9
17-19	29.2	10.3	15.3	64.2	10.3	18.2
20-24	(58.0)	27.1	32.6	(94.3)	34.5	48.3
15-24	30.2	15.6	19.1	53.4	10.8	17.7

() = based on 25-49 unweighted cases

In urban Matabeleland 29 percent of unmarried women aged 17-19 and 58 percent of unmarried women aged 20-24 are sexually experienced. In rural regions of Matabeleland, the corresponding percentages are 64 percent and 94 percent, respectively.

Because of the relatively high levels of premarital sexual experience, one may expect that premarital childbearing is common. Table 6.4 shows the percentage of all women who had a premarital birth. As expected, the patterns of premarital childbearing correspond with the patterns of premarital sexual unions, with Matabeleland having a higher incidence of premarital childbearing than other regions. This regional differential holds after breakdown by level of education (secondary or higher versus less than secondary).

Table 6.4 Percentage of women who had a premarital birth

Age	Urban			Rural			< Secondary			Secondary+		
	Matabeleland	Other	Total									
15-16	(0.0)	0.0	0.0	3.2	0.6	1.0	4.0	0.5	1.0	0.8	0.5	0.6
17-19	8.7	2.0	3.8	24.9	3.1	6.3	26.3	4.6	8.1	13.0	1.4	3.7
20-24	26.9	7.9	10.8	43.0	8.1	13.6	37.4	7.7	12.7	37.0	8.2	12.5
15-24	14.5	5.0	6.9	27.9	4.6	8.1	26.2	4.9	8.4	20.3	4.6	7.3

() = based on 25-49 unweighted cases

Discussion

The results show that few Zimbabwean adolescents are married at young ages compared with other African countries. Very few women aged 15-19 are married in Zimbabwe, both in urban and rural areas. This could be attributed to the massive promotion of education by the Government, and the resulting desire by many to attain their education before they get married. At ages 17-19 the percentage, though still low, shows that more rural women are married compared with urban women. At age 20 and above the figure is even higher; 60 percent of urban women are married while 80 percent of rural women are married. Urban women have better access to education and job opportunities and thus pursue these ends rather than marry. This has led to a higher age at marriage among urban women. Marriage is also associated with level of education. Those women with secondary and higher education tend to marry late compared with women with lower levels of education. As expected, the data show that males tend to marry much later than females. Only about one in four males aged 20-25 have married.

Although Zimbabwean women tend to marry relatively later than women in other African countries, they are involved in sexual unions at an early age. This is surprising because Zimbabwean culture had always discouraged premarital sex. The dilution of African culture by modernization could partly explain this change.

Of particular interest is the observed late age at marriage in Matabeleland, both urban and rural, compared with other regions. However, premarital sex is much more common in this region compared with other areas. This may explain why they tend to get married late. Also, premarital childbearing is high in Matabeleland. In Ndebele culture, a man is supposed to impregnate a woman and have a child before marrying that woman. This is done to make sure that he does not marry a barren woman. This is different from the Shona culture in which a woman is supposed to remain a virgin until married.

7 FERTILITY AND FAMILY PLANNING

Background

Zimbabwe is one of the few sub-Saharan countries where there is fairly strong evidence that fertility has declined during the last decade (CSO and MI, 1995). Up to the early 1980s, the total fertility rate was about 6 children per woman. However, since that time fertility has declined considerably. It is estimated that the total fertility rate has declined from 5.5 children per woman in 1988 to 4.3 children per woman in 1994, a 22 percent decline. However, fertility rates have declined disproportionately among older women (i.e., stopping behaviour). Among younger women, on the other hand, age-specific fertility rates have changed little. For example, among women aged 15-19, age-specific fertility rates declined only from 103 per 1,000 women for the period 1985-88 to 99 per 1,000 women for the period 1991-94. For age-group 20-24, the corresponding decline in this time period was from 247 to 210 children per 1,000 women. Despite this decline in the total fertility rate, women in Zimbabwe continue to start childbearing at a relatively young age. The 1994 ZDHS data indicated that 14.7 percent of women aged 15-19 were mothers, and an additional 5.0 percent were pregnant with their first child. The median age at first birth for females is roughly 20 years of age, and as yet there is no evidence of a trend toward later childbearing.

Although knowledge of modern methods of family planning, such as hormonal pills and condoms, is nearly universal among sexually active Zimbabweans, use of such methods remains fairly low (although high compared with most other African countries), particularly among adolescents and young adults. The 1994 ZDHS data show that only 44 percent of currently married women aged 15-19 have ever used a modern method of contraception, and 30 percent are currently using a modern method. The data further show that most young women who have used contraception only did so after bearing their first child. For currently married males, contraceptive use is somewhat higher, with 55 percent ever using a modern method, and 47 percent currently using such a method.

Data and Methods

The ZDHS individual questionnaire contains a large number of questions on fertility and family planning, including questions on knowledge, use, and attitudes regarding family planning, on contraceptive discontinuation, contraceptive demand, and on fertility levels.

Knowledge, use, and attitudes regarding family planning. Differentials are examined by age, region, type of residence, and level of education in: the percentage of respondents who report knowing a modern method of contraception are examined; the percentage who ever used a modern method of contraception; and the percentage currently using a modern method. Differentials are also examined in the percentage approving of family planning, and logistic regression analysis is used to examine the effect of explanatory variables on the likelihood of approving of family planning.

Contraceptive discontinuation. Contraceptive discontinuation rates are examined using life table methodology. Reasons for contraceptive discontinuation include: contraceptive failure, the desire to have a child, side-effects of the method, other method-related issues (including partner disapproval, health concerns, availability/access, desire to use more effective methods, inconvenient use, and loss), and other reasons (including infrequent sex, subfecundity, separation/widowhood, fatalism, don't know, and other).

Contraceptive demand. Indicators of contraceptive demand (or lack thereof) include the percentage of respondents having an unmet need for contraception, the percentage wanting a child in the next two years, the percentage reporting having a spacing or limiting failure, and the percentage of mothers, who at the time of their last birth would have preferred to postpone having a child for two or more years, or preferred not to have any more children.

Fertility. The percentage of adolescent and young adult respondents who had one child, and the percentage who had two or more children are used as indicators of cumulative fertility. Cross-tabulations show differentials by age and region, and by type of place of residence and level of education.

Findings

Table 7.1.1 shows the percentage of women who know a modern method of contraception, the percentage of sexually experienced women who ever used a modern method of contraception, and the percentage of sexually active women who are currently using a modern method. The results shown in the first panel of Table 7.1.1 indicate that knowledge of modern methods of family planning is nearly universal, the only exception being the youngest group of women (aged 15-16) in rural Matabeleland, among whom 20 percent do not know a modern method of contraception. Breakdown by level of education shows only very small differentials in knowledge of contraceptive methods, except for the very youngest group of women among whom those with secondary or higher education are much more likely than less educated women to know about modern contraceptives.

Table 7.1.1 Percentage of women who know a modern methods of contraception, percentage of sexually experienced women who ever used a modern method of contraception, and the percentage sexually active women who are currently using a modern method of contraception

Age	Urban			Rural			< Secondary			Secondary+		
	Matabeleland	Other	Total	Matabeleland	Other	Total	Matabeleland	Other	Total	Matabeleland	Other	Total
Knows modern contraception												
15-16	(93.1)	97.5	96.3	80.1	90.8	89.3	73.5	85.2	83.4	91.9	97.4	96.4
17-19	98.2	98.9	98.7	93.4	95.1	94.8	93.1	92.8	92.8	97.1	98.8	98.4
20-24	99.1	99.6	99.5	97.9	98.9	98.8	95.8	98.5	98.1	100.0	99.5	99.6
15-24	97.5	99.1	98.8	92.2	95.6	95.1	89.8	93.4	92.8	97.1	98.9	98.6
Ever used modern contraception¹												
15-16	---	---	---	(13.3)	23.7	21.2	---	(27.5)	24.7	---	(29.2)	(25.8)
17-19	(44.2)	58.4	54.3	36.0	42.7	41.0	(35.2)	47.9	45.1	(41.7)	45.6	44.4
20-24	77.3	75.3	75.6	55.0	74.8	71.3	56.8	77.1	73.4	66.2	73.4	72.2
15-24	64.9	71.2	69.9	45.8	64.2	60.6	46.1	65.5	61.6	56.6	67.1	65.0
Currently using modern contraception¹												
15-16	---	---	---	---	---	9.9	---	(9.3)	9.6	---	(15.0)	(14.1)
17-19	(25.5)	45.9	40.1	19.0	26.7	24.9	23.2	30.1	28.6	19.3	35.2	30.5
20-24	57.5	52.6	53.4	30.2	43.3	41.2	28.9	41.5	39.3	47.5	49.9	49.5
15-24	45.8	50.2	49.4	24.9	37.5	35.2	25.3	36.3	34.2	37.3	45.9	44.3

¹ Restricted to sexually experienced respondents

--- = < 25 unweighted cases

() = based on 25-49 unweighted cases

In many African countries, knowledge of family planning methods is not matched by a corresponding use of family planning methods. The results presented in the second panel of Table 7.1.1 indicate that ever use of modern contraceptives is relatively high in Zimbabwe. Among urban women, the percentage who ever used a modern method ranges from 54 percent of women aged 17-19 to 76 percent for women aged 20-24; among rural women, the corresponding range is from 41 percent to 71 percent. Ever use of a modern method tends to be lower in Matabeleland, especially in the rural area, than in other regions.

Likewise, the percentage of women currently using a modern method of contraception (shown in the third panel) is high, ranging from 40 percent for women aged 17-19 to 53 percent for women aged 20-24 in urban areas. For rural areas these percentages are 25 percent and 41 percent, respectively. Once again, current use is lower in Matabeleland than elsewhere. Level of education has no consistent effect on the percentage of women who ever used or are currently using a modern method of contraception.

Table 7.1.2 shows knowledge, ever use, and current use of modern methods of contraception among adolescent and young adult males. As was the case for females, knowledge of modern methods of contraception is nearly universal among young males. Ever use of modern contraceptives is higher among males than among females, particularly in regions outside of Matabeleland. Overall, 84 percent of urban males and 77 percent of rural males report ever having used modern contraceptives. Furthermore, 45 percent of urban males and 37 percent of rural males report that they are currently using a modern method of contraception.

Table 7.1.2 Percentage of men who know a modern method of contraception, percentage of sexually experienced men who ever used a modern method of contraception, and the percentage sexually active men who are currently using a modern method of contraception

Age	Urban			Rural			< Secondary			Secondary+		
	Matabeleland	Other	Total	Matabeleland	Other	Total	Matabeleland	Other	Total	Matabeleland	Other	Total
Knows modern contraception												
15-16	---	87.4	89.5	(82.2)	84.6	84.2	---	78.6	78.9	---	92.1	92.1
17-19	---	100.0	100.0	(94.8)	97.0	96.8	---	95.2	95.2	(98.1)	98.6	98.5
20-24	(100.0)	97.6	98.1	(100.0)	99.0	99.1	---	100.0	100.0	(100.0)	98.0	98.3
15-24	100.0	96.1	96.9	92.7	94.2	94.0	92.6	89.6	90.1	97.7	97.1	97.2
Ever used modern contraception¹												
15-16	---	---	---	---	56.7	(48.7)	---	---	---	---	---	---
17-19	---	(83.3)	(80.9)	---	75.3	69.6	---	(62.7)	55.6	---	83.1	79.8
20-24	(74.5)	88.9	86.0	(63.1)	89.0	85.3	---	83.9	79.6	(71.5)	90.5	87.6
15-24	74.8	86.1	83.8	48.6	81.6	76.8	(49.2)	72.6	67.7	66.0	87.0	83.8
Currently using modern contraception¹												
15-16	---	---	---	---	21.0	(19.1)	---	---	---	---	---	---
17-19	---	(46.0)	(48.9)	---	37.0	33.8	---	(39.3)	34.4	---	39.2	39.3
20-24	(51.2)	42.2	44.1	(31.4)	42.9	41.3	---	43.0	42.8	(41.2)	42.5	42.3
15-24	(54.5)	42.0	44.6	23.7	39.1	36.9	(30.5)	38.2	36.6	40.9	40.8	40.8

¹ Restricted to sexually experienced respondents

--- = < 25 unweighted cases

() = based on 25-49 unweighted cases

This high prevalence of use of modern contraceptives suggests that family planning is well accepted. The first panel in Table 7.2 shows the percentage of women who approve of family planning. As anticipated, acceptance of family planning is nearly universal, even among very young women. The percentage of women approving of family planning is lowest in rural Matabeleland, but even there 84 percent approve of family planning. There are only small differences in approval of family planning by level of education. These high approval rates suggest that women who are not currently using family planning may decide to do so in the future. The results for males, shown in the second panel of the table, are similar to those for females.

Table 7.2 Percentage of respondents who approve of family planning

Age	Urban			Rural			< Secondary			Secondary+		
	Matabeleland	Other	Total									
Females												
15-16	(89.5)	97.5	95.3	69.7	78.7	77.4	(68.2)	71.4	70.9	82.3	90.6	89.1
17-19	92.7	96.5	95.6	88.2	90.7	90.3	87.6	87.1	87.2	91.8	96.4	95.5
20-24	95.5	98.7	98.2	88.9	94.4	93.5	84.9	92.2	91.0	95.7	98.1	97.8
15-24	93.2	97.9	96.9	84.0	89.1	88.3	81.9	85.4	84.8	91.3	96.1	95.3
Males												
15-16	---	100.0	96.8	(84.3)	79.4	80.1	---	71.6	71.9	---	97.2	96.3
17-19	---	100.0	98.4	(86.3)	93.9	93.0	---	88.8	85.8	(98.1)	97.9	97.9
20-24	(94.3)	100.0	98.8	(92.9)	94.6	94.4	---	93.4	93.6	(93.5)	97.7	97.1
15-24	91.8	100.0	98.3	87.9	90.1	89.8	81.7	82.7	82.5	94.3	97.7	97.2

--- = < 25 unweighted cases

() = based on 25-49 unweighted cases

Table 7.3 shows the effect of socioeconomic factors on the likelihood that a woman approves of family planning. In urban areas, women with secondary or higher education are 4.7 times as likely to approve of family planning than women with lower levels of education, while women living in Matabeleland are only 0.27 times as likely as those living elsewhere to approve of family planning. The number of children ever born also increases approval rates. In rural areas the pattern is different. As in urban areas, approval of family planning is also significantly higher for women with secondary or higher education, and for women who have a larger number of children. In addition, approval rates in rural areas are significantly higher for older women, and for ever-married women. These latter findings are consistent with a desire to space, or even stop, childbearing. For urban males, the explanatory variables do not significantly affect approval of family planning. Among rural men, age and secondary level education increase approval of family planning.

Consistent with the high levels of family planning acceptance, Table 7.4 shows that the main reason for discontinuation of modern contraceptives is to have a child, which accounts for roughly half of all contraceptive discontinuations. The finding that wanting to have a child does not become the dominant reason for discontinuing modern contraceptives until after about two years of contraceptive use indicates that contraceptives are often used for spacing purposes.

Table 7.3 Odds ratios of adolescents age 15-24 who approve of family planning

Variable	Odds ratio	
	Urban	Rural
Females		
Age	1.03	1.11 **
Secondary +	4.70 ***	3.42 ***
Matabeleland	0.27 ***	0.58 ***
Children ever born	3.02 **	1.69 ***
Ever married	0.48	1.67 **
Number of cases	785	1931
Minus 2 log lik.	249.95	1,322.30
Males		
Age	1.18	1.17 **
Secondary +	4.16	4.67 ***
Matabeleland	0.00	0.95
Children ever born	159.11	7.31
Ever married	117.65	0.63
Number of cases	263	753
Minus 2 log lik.	51.97	457.44

* p < 0.10

** p < 0.05

*** p < 0.01

The finding that a high percentage of women approve of and use modern methods of family planning suggests that the unmet need for contraception may be small. Table 7.5 shows the percentage of women who have an unmet need for contraception. The results confirm that unmet need is small, with only 12 percent of urban women and 15 percent of rural women having an unmet need for contraceptives. Unmet need remains highest among women in rural Matabeleland (28 percent). The second panel of Table 7.5 shows that the demand for children, as measured by the percentage of women who want to have a child in the next two years, exceeds the unmet need for contraception. The finding that a significant percentage of women prefer to have children at an early age suggests that early childbearing may sometimes interfere with their education, and that premarital childbearing will be common. Information, education, and communication (IEC) programmes can help inform young women of the advantages and disadvantages of childbearing at an early age.

Table 7.4 Contraceptive discontinuation rates, age 15-24

Duration l(x) months	Cumulative percent discontinuing due to:					
	Failure	Wants child	Side effects	Method- related	Other reasons	All reasons
0	0.0	0.1	0.2	0.6	0.1	1.0
6	1.3	2.0	1.0	2.6	1.0	8.0
12	3.4	6.6	2.0	5.8	1.8	19.5
18	6.6	12.9	3.5	9.4	2.9	35.4
24	9.0	22.0	4.4	12.1	4.7	52.2
30	9.7	28.2	5.1	14.6	5.0	62.6
36	13.0	41.3	7.2	16.9	6.7	85.2

Note: N=1248; Method-related includes: partner disapproved, health concerns, availability/access, wants more effective methods, inconvenient to use, lost/misplaced; other includes: infrequent sex, subfecund, separated/widowed, fatalistic, don't know, other

Table 7.5 Percentage of women who have an unmet need for contraception, percentage who want to have a child within two years, and the percentage who had a spacing or limiting failure

Age	Urban			Rural		
	Matabeleland	Other	Total	Matabeleland	Other	Total
Unmet need for contraception						
15-16	---	---	---	(13.6)	5.9	7.2
17-19	---	14.8	17.3	(36.3)	18.1	21.7
20-24	10.6	10.6	10.6	28.2	13.1	15.5
15-24	14.6	11.0	11.7	27.8	13.0	15.4
Want a child within two years						
15-16	---	---	---	(7.8)	17.5	15.8
17-19	---	22.0	22.2	(24.7)	40.5	37.3
20-24	18.7	28.1	26.5	24.8	31.3	30.3
15-24	19.4	27.1	25.7	22.0	30.9	29.4
Had a spacing or limiting failure						
15-16	---	---	---	(0.0)	1.9	1.6
17-19	---	4.7	4.5	(2.6)	1.9	2.0
20-24	4.0	2.1	2.4	2.9	3.0	2.9
15-24	3.7	2.5	2.7	2.3	2.6	2.5

--- = < 25 unweighted cases

() = based on 25-49 unweighted cases

Another way of looking at unmet need for family planning methods is to focus on the frequency of unwanted childbearing among young mothers. Table 7.6 shows the percentage of young mothers who indicated that they would have preferred to postpone their last birth for two or more years, and the percentage who said they wanted no more children at that time. In urban areas, 36 percent of young mothers said they had wanted to postpone the birth of their last child, and another 3 percent said they wanted no more children at that time. In rural areas, the corresponding percentages are 40 percent and 3 percent, respectively. In urban areas there are no clear differences in the level of mistimed and unwanted children, but in rural areas the frequency of mistimed births is much higher in Matabeleland than other regions. The frequency of mistimed and unwanted children declines with age, indicating the youngest women have the greatest need for family planning information and services.

Table 7.6 Percentage of women who preferred to have postpone their last birth, and the percentage who wanted no more children at the time of their last birth

Age	Urban			Rural		
	Matabeleland	Other	Total	Matabeleland	Other	Total
Wanted to wait 2+ years						
15-16	---	---	---	---	---	---
17-19	---	(43.2)	44.1	(63.1)	44.7	49.4
20-24	(33.2)	34.3	34.1	50.6	34.5	37.3
15-24	(36.7)	36.0	36.1	54.4	37.1	40.4
Wanted no more children						
15-16	---	---	---	---	---	---
17-19	---	(0.0)	5.1	(1.6)	4.7	3.9
20-24	(11.4)	0.8	2.6	5.7	1.7	2.4
15-24	(14.3)	0.6	3.1	4.8	2.4	2.9

--- = < 25 unweighted cases

() = based on 25-49 unweighted cases

Table 7.7 shows the percentage of adolescent and young adult women and men who have had one child, and the percentage who had two or more children. The first panel of the table shows that in urban areas, 23 percent of women aged 15-24 have given birth to one child, and 11 percent to two or more children. In rural areas, this is the case for 24 percent and 18 percent, respectively. As expected, the number of children a woman has borne increases with age. More noteworthy is the fact that women start having children at a very young age. In urban areas 17 percent (16.0 percent + 1.2 percent) of women aged 17-19 have one or more children; this corresponds with roughly one out of every six women. In rural areas childbearing starts even earlier. Five percent of rural women aged 15-16 already have one child; for age group 17-19, it is 21 percent, and an additional 5 percent already have two or more children. Women with secondary or higher levels of education are much less likely than those with lower levels of education to have had children. This differential by level of education holds for Matabeleland as well as for other regions of Zimbabwe. Consistent with the late age at marriage for males observed earlier, the second panel of Table 7.7 shows that only 11 percent of urban males aged 15-14 and 7 percent of rural males in that age-group have children.

Table 7.7 Percentage of respondents who have one child, and who have two or more children

Age	Urban			Rural			< Secondary			Secondary+		
	Matabeleland	Other	Total									
FEMALES												
Has one child												
15-16	(0.0)	0.0	0.0	4.8	4.9	4.9	5.3	7.0	6.8	1.7	1.6	1.6
17-19	16.7	15.8	16.0	36.8	18.3	21.0	40.8	27.9	29.9	19.9	10.2	12.1
20-24	39.0	32.6	33.5	40.1	36.0	36.6	36.5	34.5	34.8	41.8	34.8	35.9
15-24	22.1	22.9	22.8	30.5	22.3	23.5	30.6	25.6	26.4	25.0	20.5	21.3
Has two or more children												
15-16	(0.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
17-19	0.0	1.4	1.2	7.2	4.0	4.5	9.8	6.8	7.3	0.5	0.7	0.6
20-24	25.8	20.1	21.0	42.1	37.8	38.5	47.7	47.4	47.5	28.3	21.9	22.8
15-24	10.2	11.5	11.3	21.5	17.5	18.1	24.8	22.7	23.1	12.1	11.0	11.2
MALES												
Has one child												
15-16	---	0.0	0.0	(0.0)	0.0	0.0	---	0.0	0.0	---	0.0	0.0
17-19	---	0.0	0.0	(0.0)	0.8	0.7	---	1.0	0.8	(0.0)	0.5	0.4
20-24	(9.4)	17.8	16.1	(14.0)	12.8	13.0	---	25.2	23.6	(9.3)	11.8	11.5
15-24	5.1	9.5	8.6	4.8	4.6	4.6	5.5	7.3	6.9	4.5	5.5	5.3
Has two or more children												
15-16	---	0.0	0.0	(0.0)	0.0	0.0	---	0.0	0.0	---	0.0	0.0
17-19	---	0.0	0.0	(0.0)	0.4	0.4	---	1.2	1.0	(0.0)	0.0	0.0
20-24	(9.4)	4.0	5.1	(3.5)	6.8	6.4	---	4.6	5.0	(6.5)	6.0	6.1
15-24	5.1	2.1	2.7	1.2	2.5	2.3	2.2	1.6	1.7	3.2	2.7	2.8

--- = < 25 unweighted cases

() = based on 25-49 unweighted cases

Discussion

Knowledge of modern contraception is almost universal in Zimbabwe. This is due to the commitment by the Government to make sure everyone has access to such services. The Government formed the Zimbabwe National Family Planning Council to provide family planning even to the remote areas of the country.

Ever use and current use of modern contraceptives are relatively high in Zimbabwe compared with other African countries. Ever use of contraceptive methods increases with age. In urban areas 54 percent of women in age group 17-19 have ever used contraceptives while 76 percent of women aged 20-24 have done so. The corresponding figures in rural areas are 41 percent and 71 percent, respectively. For males, ever use tends to be somewhat higher than for females. Younger women are less likely to use contraceptives since some believe that using contraceptives before they have children might affect their childbearing. Also, fewer rural than urban women have ever used contraceptives. Women in rural areas are less educated than their urban counterparts and also have less access to family planning facilities. They also receive much more pressure from their elders who believe that they should have more children. Ever use of contraceptives is lowest in rural Matabeleland, even though approval of family planning is high. The same pattern is found the percentage of women currently using modern contraceptives.

Acceptance of family planning is associated with level of education. Women with secondary and higher education are more likely to use modern contraceptive methods compared with those with lower education. Most educated women, having realized the benefits of smaller families, like to pursue their education and careers, and thus rely on contraceptive use to delay childbearing or to space their children.

It has been observed that unmet need is lower in urban areas than in rural areas, and is particularly high in rural Matabeleland. Thus, greater family planning effort should be put in the rural areas, especially the Matabeleland region.

The number of children has been shown to increase with age, as expected. Rural women start having children at a much earlier age than women in urban areas. Rural areas tend to follow cultural norms. Rural women marry early and once married start having children. The status of women, especially in the rural areas, is associated with the number of children they have. Women in rural areas are also on average less educated than their urban counterparts. Lower education is, as we have seen, associated with higher fertility.

8 HIV/AIDS

Background

The incidence of HIV infection and AIDS cases in Zimbabwe has rapidly increased since the first case was diagnosed in 1986 (Mbizvo et al., 1996; Munodawafa and Gwede 1996). At present, 18 percent of pregnant women in Harare are seropositive, and it is predicted that by the end of the century 10 percent of the total population of Zimbabwe will be seropositive (Bassett et al., 1992; Mohamed et al., 1991). In mid-1987 Zimbabwe started a national AIDS awareness campaign that emphasized the importance of having a single lifetime sexual partner and advocated the consistent use of condoms. Information about AIDS was distributed through television and radio broadcasts, through the printed press, posters and leaflets, as well as via educational programmes held by church and volunteer organizations (Pitts and Jackson, 1993; Wilson, Greenspan, and Wilson, 1989; Wilson et al., 1989). Nevertheless, recent findings reveal that knowledge about HIV/AIDS remains incomplete (and sometimes incorrect), and that the limited use of condoms among sexually active persons make it unlikely that the spread of the disease will be curtailed in the near future (Adamchak, Mbizvo, and Tawanda, 1990; Mbizvo and Adamchak, 1989; Wilson, Greenspan, and Wilson, 1989).

The results of the 1988 ZDHS show that nearly 9 out of 10 women aged 15-24 had heard of AIDS (Central Statistics Office 1989: 101-105). Nevertheless, among women aged 15-19 only 32 percent believed that someone could contract HIV/AIDS from having sex with a person who has AIDS, only 43 percent believed that one could get infected by having sex with multiple partners, and only 17 percent from having sex with a prostitute. The corresponding percentages for women aged 20-24 are similar.

The 1988 ZDHS also showed that only 15 percent of sexually experienced women aged 15-19 and 17 percent of those aged 20-24 reported that they had taken any action to avoid becoming infected with the HIV virus. The most commonly mentioned reason for not taking preventive action is the perception that one was not at risk of contracting the virus.

Further research on the age-distribution of the HIV/AIDS epidemic in Zimbabwe shows that most AIDS cases fall in the age group 20-39, suggesting that the risk of HIV infection may be highest among teenagers and young adults (Munodawafa and Gwede, 1996: 4-6). The increasing rates of HIV infection and AIDS among young adults are a matter of great concern to everyone. It is also noteworthy that there are nearly six times as many females aged 15-19 diagnosed with AIDS than males aged 15-19, suggesting that young women are having sexual relationships with older men (who have been at risk of contracting HIV for a longer period of time). In Zimbabwe, as in many other African societies, young females may have sexual relationships with "sugar daddies" in exchange for food, clothes, gifts or money. Young women fall prey to "sugar daddies,"

who offer them gifts in exchange for sexual favours (Basset and Mhloyi, 1991). These men are sometimes infected with the HIV/AIDS virus and can spread the disease to young women. For such women using condoms may not yet be acceptable because of the stigma that condoms are used primarily by prostitutes.

Data and Methods

The ZDHS individual questionnaire contains several questions on HIV/AIDS knowledge and related behaviour, including source of AIDS information, respondent's perceptions of behavioural changes that would reduce the risk of contracting HIV/AIDS, respondent's reported behavioural changes in response to the AIDS epidemic, the respondent's condom use, whether the respondent knows someone who has AIDS or died of AIDS, and respondent's perceived personal risk of contracting AIDS.

Findings

Nowadays, information about AIDS is available from a variety of sources. Table 8.1.1 shows the percentage of women who heard about AIDS from selected sources. The majority of women heard about AIDS on the radio, more so in urban than in rural areas. In urban areas, 82 percent of the women heard about AIDS on the radio; in rural areas it was 57 percent. Older women are more likely to have heard about AIDS on the radio than younger women. In urban areas more than half of the respondents (58 percent) indicated that they heard about AIDS on television, but in rural areas only 16 percent heard about AIDS on television. There is no clear difference between Matabeleland and the other regions, nor is there a pattern by age. Newspapers and clinics are also important sources of information about AIDS.

As yet, a relatively small proportion of women have heard about AIDS in school. Of course, many of these women left school before AIDS was a major concern. The finding that nearly half of the women aged 15-16 had heard about AIDS in school suggests that schools are becoming an extremely important source of information about AIDS.

Table 8.1.2 shows the same information for men. As with women, the majority of young men have heard about AIDS on the radio, especially in urban areas. In urban areas the majority of males have also heard about AIDS on television, but in rural areas that is not the case. Newspapers are a more important source of information about AIDS for men than for women. In urban areas, 60 percent of men heard about AIDS in the newspaper;

Table 8.1.1 Percentage of women who heard about AIDS from various sources

Age	Urban			Rural		
	Matabeleland	Other	Total	Matabeleland	Other	Total
Heard about AIDS on the radio						
15-16	(76.3)	75.7	75.9	37.8	47.5	46.2
17-19	78.2	80.7	80.1	56.5	57.6	57.4
20-24	86.2	84.8	85.0	51.4	65.7	63.5
15-24	81.0	82.3	82.0	49.7	58.4	57.2
Heard about AIDS on TV						
15-16	(61.6)	56.4	57.9	8.8	12.2	11.8
17-19	57.5	59.8	59.2	20.0	13.9	14.7
20-24	50.2	58.1	56.9	13.8	20.5	19.5
15-24	55.4	58.4	57.8	16.3	16.3	16.1
Read about AIDS in newspapers						
15-16	(30.8)	37.8	35.8	29.0	29.0	29.0
17-19	42.0	45.4	44.6	35.9	31.9	32.5
20-24	44.6	46.3	46.0	29.1	28.3	28.4
15-24	40.7	44.9	44.0	31.1	29.6	29.8
Heard about AIDS in clinics etc.						
15-16	(16.0)	31.7	27.3	27.3	23.6	24.1
17-19	24.1	33.4	31.2	42.8	30	31.8
20-24	36.3	46.3	44.8	57.7	52.9	53.6
15-24	27.3	40.3	37.7	46.0	38.2	39.3
Learned about AIDS in school						
15-16	(36.0)	45.1	42.6	49.2	49.2	49.2
17-19	36.3	29.1	30.8	20.8	34.9	32.9
20-24	10.5	10.7	10.7	7.6	13.5	12.6
15-24	26.0	21.1	22.1	21.4	29.4	28.3

() = based on 25-49 unweighted cases

rural areas, it was 39 percent. As with women, only a small proportion of men obtained information about AIDS from schools.

AIDS information campaigns have educated people about ways they can reduce the likelihood of contracting the HIV virus. The Zimbabwe DHS questionnaire asked respondents if a person can do something to avoid getting the AIDS virus, and if so, what exactly it is a person can do to avoid getting the AIDS virus. The percentage of women and men reporting that AIDS can be avoided by using condoms, by being monogamous, and by avoiding sex with prostitutes is shown in Table 8.2.1 and 8.2.2. The results presented in Table 8.2.1 show that in urban areas roughly two-thirds of young women (67 percent) mentioned that condom use is an effective means to prevent contracting AIDS; in rural areas only 55 percent noted this. Forty-four percent of urban women, but only 35 percent of rural women, said that AIDS can be avoided by having only one sex partner. Only a small fraction of women report that one can avoid contracting the HIV virus by avoiding sex with prostitutes. Distinguishing between women with secondary or higher education and those with lower levels of education shows that higher levels of education are associated with increased awareness that condom use and monogamy can help prevent AIDS. However, there are no clear differences by level of education in the percentage of women who reported that avoiding sex with prostitutes will reduce the risk of contracting AIDS. The results for males, shown in Table 8.2.2, are similar, the major difference being that urban males are more likely than urban females to report that AIDS can be avoided by having only one sex partner.

The data also contain self-reported information on behavioural changes in response to the AIDS epidemic. Table 8.3.1 shows the percentage of women who stopped all sexual activity, who started using condoms, who started having only one sex partner, and who reduced their number of sex partners. Despite the fact that knowledge of preventive behaviour is fairly good, only a small fraction of women report changing their behaviour. As shown earlier, 38 percent of married urban women aged 15-24, and more than 19 percent of unmarried urban women are sexually experienced; for rural young women the corresponding percentages are 47 percent and 18 percent, respectively (see Tables 6.1.1 and 6.3). Yet, only 7 percent of all urban and 4 percent of all rural young women report stopping all sexual activity, with the youngest women being most likely to do so. Only 3 percent of both rural and urban women started using condoms. The most common behavioural change in reaction to AIDS is limiting sex to only one partner. This is the case for 11 percent of

Table 8.1.2 Percentage of men who heard about AIDS from various sources

Age	Urban			Rural		
	Matabeleland	Other	Total	Matabeleland	Other	Total
Heard about AIDS on the radio						
15-16	---	78.3	80.0	(31.8)	45.4	43.7
17-19	---	88.1	87.0	(54.1)	61.2	60.4
20-24	(85.9)	90.0	89.2	(66.5)	79.1	77.5
15-24	85.5	87.1	86.8	52.0	62.9	61.6
Heard about AIDS on TV						
15-16	---	38.0	45.7	(6.3)	13.0	12.1
17-19	---	60.4	62.5	(8.5)	22.3	20.7
20-24	(66.8)	65.0	65.4	(22.8)	25.9	25.5
15-24	70.1	58.4	60.8	12.9	21.0	20.0
Read about AIDS in newspapers						
15-16	---	32.3	36.4	(23.3)	22.8	22.8
17-19	---	70.0	65.3	(34.1)	37.9	37.5
20-24	(66.8)	64.3	65.3	(52.6)	52.4	52.4
15-24	61.1	59.2	59.6	37.5	38.7	38.5
Heard about AIDS in clinics etc.						
15-16	---	33.9	30.3	(27.8)	18.9	20.0
17-19	---	33.6	30.0	(17.0)	31.7	30.0
20-24	(31.0)	36.5	35.4	(36.9)	39.6	39.2
15-24	24.1	35.2	33.0	27.1	30.9	30.4
Learned about AIDS in school						
15-16	---	53.0	50.3	(42.4)	54.5	52.9
17-19	---	38.0	35.5	(25.3)	46.8	44.3
20-24	(12.4)	26.2	23.4	(13.9)	19.9	19.1
15-24	20.7	34.7	31.9	26.3	39.8	38.1

--- = < 25 unweighted cases

() = based on 25-49 unweighted cases

Table 8.2.1 Percentage of women who believe AIDS can be avoided through various behavioural changes

Age	Urban			Rural			< Secondary			Secondary+		
	Matabe- leland	Other	Total									
Use condoms during sex												
15-16	(60.2)	64.7	63.5	37.8	49.8	49.3	(35.6)	35.9	35.9	53.0	65.2	63.0
17-19	69.7	65.4	66.5	61.5	54.4	55.4	56.6	51.6	52.4	69.9	62.5	63.9
20-24	65.5	69.3	68.7	50.1	59.7	58.2	40.7	51.8	50.0	65.4	69.8	69.1
15-24	66.1	67.5	67.2	50.8	55.5	54.8	44.6	47.8	47.4	64.2	66.6	66.2
Have only one sex partner												
15-16	(36.7)	38.6	38.0	18.5	33.4	31.5	(10.1)	29.6	26.8	33.8	38.0	37.3
17-19	41.4	42.9	42.6	26.9	32.8	32.0	20.6	29.8	28.5	40.4	40.4	40.4
20-24	55.0	44.2	45.8	25.0	41.3	38.8	24.7	35.9	34.1	43.5	46.1	45.7
15-24	45.8	43.1	43.6	24.0	36.6	34.8	20.2	32.4	30.5	40.2	42.7	42.3
Avoid sex with prostitutes												
15-16	(14.2)	5.7	8.1	3.5	11.4	10.4	(7.2)	12.7	11.9	7.8	8.5	8.4
17-19	14.8	2.7	5.6	4.1	9.9	9.1	7.2	7.0	7.0	10.3	7.9	8.4
20-24	11.0	6.7	7.4	1.3	8.6	7.5	3.4	7.5	6.8	5.9	8.2	7.8
15-24	13.1	5.3	6.9	2.7	9.7	8.7	5.4	8.6	8.1	7.9	8.1	8.1

() = based on 25-49 unweighted cases

Table 8.2.2 Percentage of men who believe AIDS can be avoided through various behavioural changes

Age	Urban			Rural			< Secondary			Secondary+		
	Matabe- leland	Other	Total									
Use condoms during sex												
15-16	---	70.4	69.0	(57.2)	59.2	58.9	---	55.5	54.7	---	68.2	67.9
17-19	---	67.3	67.6	(49.0)	71.3	68.7	---	65.8	61.2	(66.2)	72.2	71.5
20-24	(74.1)	74.6	74.5	(59.4)	78.0	75.7	---	79.7	73.9	74.0	75.8	75.6
15-24	70.6	71.8	71.6	55.0	70.2	68.4	47.5	65.4	62.3	70.0	73.1	72.7
Have only one sex partner												
15-16	---	43.9	43.2	23.4	34.3	32.9	---	31.4	30.2	---	41.8	40.5
17-19	---	47.7	50.1	(20.4)	37.3	35.4	---	28.8	25.8	(50.7)	43.6	44.4
20-24	(49.9)	75.2	70.0	(24.5)	46.8	44.0	---	41.2	37.6	43.9	62.6	59.8
15-24	50.7	61.6	59.4	22.7	39.7	37.6	19.3	33.3	30.9	43.6	51.8	50.7
Avoid sex with prostitutes												
15-16	---	8.4	7.0	(0.0)	8.4	7.3	---	11.8	10.4	---	4.9	4.1
17-19	---	5.9	6.1	(5.1)	9.9	9.3	---	6.7	6.3	(6.5)	10.0	9.6
20-24	(0.0)	3.1	2.5	(0.0)	6.7	5.9	---	4.7	3.7	(0.0)	5.5	4.7
15-24	2.0	4.9	4.3	1.8	7.0	7.6	1.9	8.2	7.1	1.9	7.0	6.3

--- = < 25 unweighted cases

() = based on 25-49 unweighted cases

urban women and 8 percent of rural women percentages are somewhat higher for women at the top of the age range (ages 20-24). The results shown in Table 8.3.2 show that males are more likely than females to report a change in behaviour in response to the AIDS epidemic, most notably in terms of condom use and monogamous relationships. Among urban males, 23 percent said they started using condoms and 27 percent reported having only one sex partner. For rural men, the corresponding figures are 21 percent and 13 percent, respectively. As expected, men with secondary or higher education are more likely than those with lower levels of education to report a change in behaviour in response to the AIDS epidemic.

Table 8.3.1 Percentage of women who changed their behaviour because of AIDS

Age	Urban			Rural			< Secondary			Secondary+		
	Matabe- leland	Other	Total									
Stopped all sex												
15-16	(8.7)	16.4	14.3	4.0	5.7	5.4	(4.1)	7.8	7.3	6.7	7.6	7.5
17-19	6.4	7.3	7.1	4.0	6.0	5.7	0.8	7.7	6.6	7.5	5.6	5.9
20-24	6.5	4.3	4.6	1.7	3.1	2.8	1.6	1.7	1.6	4.7	4.6	4.6
15-24	6.9	6.9	6.9	3.0	4.7	4.4	1.9	5.1	4.6	6.2	5.5	5.6
Started using condoms												
15-16	(0.0)	1.8	1.3	2.4	0.3	0.6	(4.0)	0.8	1.3	0.0	0.4	0.3
17-19	4.3	0.5	1.5	5.3	1.9	2.4	6.6	2.0	2.8	3.8	1.0	1.6
20-24	4.2	4.4	4.4	5.6	4.4	4.5	6.2	3.7	4.2	4.3	4.7	4.7
15-24	3.4	2.8	2.9	4.7	2.5	2.8	5.8	2.5	3.0	3.2	2.7	2.8
Started having only one sex partner												
15-16	(5.3)	5.1	5.2	0.0	1.8	1.5	(3.2)	2.3	2.5	1.0	2.5	2.2
17-19	15.9	5.4	8.0	10.5	6.1	6.7	1.6	5.5	6.5	13.9	6.1	7.6
20-24	28.0	13.0	15.3	11.2	12.3	12.1	7.0	9.2	8.9	24.2	14.4	15.9
15-24	18.5	9.5	11.4	8.2	7.6	7.7	7.5	6.3	6.5	15.4	9.4	10.4
Reduced the number of sex partners												
15-16	(0.0)	1.8	1.3	0.0	0.8	0.7	(0.0)	1.0	0.8	0.0	1.0	0.8
17-19	1.8	3.4	3.0	1.3	2.7	2.5	0.0	2.8	2.3	2.4	3.1	2.9
20-24	1.2	3.0	2.7	0.4	2.2	1.9	0.3	2.2	1.9	1.0	2.7	2.4
15-24	1.2	2.9	2.6	0.6	2.0	1.8	0.1	2.1	1.8	1.3	2.4	2.2

() = based on 25-49 unweighted cases

The finding that relatively few adolescents (particularly women) started using condoms in the face of the AIDS epidemic suggests that either many were already using condoms for family planning purposes, or that they do not consider themselves at risk of contracting AIDS. Table 8.4 shows the percentage of women who ever used a condom. In both rural and urban areas, the percentage of women who report having used a condom ranges from less than 5 percent among women aged 15-16 to more than 30 percent among women aged 20-24. For males, ever use of condoms is much higher; 54 percent of urban men and 40 percent of rural men report having used condoms.

The finding that unprotected intercourse is common, even though the majority of young adults are sexually experienced, suggests that women may not consider themselves at risk of contracting the HIV virus, even though the level of HIV prevalence among sexually active adults is high in Zimbabwe. To assess to what extent people are aware that the AIDS problem is real, Table 8.5 shows the percentage of adolescents who know someone who has AIDS, or who died of AIDS. Fifty-one percent of young women in urban areas and 40 percent of women in rural areas know someone who has AIDS or died of AIDS. The results for men are similar.

Table 8.3.2 Percentage of men who changed their behaviour because of AIDS

Age	Urban			Rural			< Secondary			Secondary+		
	Matabe- leland	Other	Total									
Stopped all sex												
15-16	---	20.2	21.2	(4.0)	7.0	6.6	---	3.9	3.8	---	16.5	16.3
17-19	---	13.4	16.2	(5.1)	12.0	11.2	---	9.4	9.5	(15.3)	13.3	13.6
20-24	(18.6)	9.2	11.1	(1.7)	3.7	3.5	---	2.4	3.3	(12.2)	6.9	7.7
15-24	22.0	12.6	14.5	3.6	7.8	7.3	7.1	5.2	5.5	13.9	11.1	11.4
Started using condoms												
15-16	---	5.2	5.4	(0.0)	3.7	3.2	---	2.0	1.8	---	6.2	5.7
17-19	---	21.2	19.5	(8.4)	18.2	17.0	---	17.7	15.6	(12.7)	19.5	18.5
20-24	(33.2)	30.5	31.1	(22.7)	43.6	41.0	---	40.2	36.5	(31.0)	38.0	37.0
15-24	23.0	22.9	23.0	10.7	22.7	21.2	9.8	17.4	16.0	19.5	25.2	24.4
Started having only one sex partner												
15-16	---	3.8	4.2	(3.8)	3.9	3.9	---	2.5	2.2	---	5.3	5.8
17-19	---	26.2	24.9	(8.5)	11.7	11.3	---	10.7	10.5	(15.5)	16.4	16.3
20-24	(34.8)	37.2	36.7	(20.9)	24.2	23.8	---	22.1	21.0	(33.1)	31.4	31.6
15-24	25.9	27.5	27.2	11.3	13.7	13.4	9.1	10.4	10.2	22.5	21.0	21.3
Reduced the number of sex partners												
15-16	---	3.2	2.6	(0.0)	1.5	1.3	---	2.2	1.9	---	1.5	1.3
17-19	---	8.9	8.2	(5.1)	2.2	2.5	---	0.0	0.5	(7.8)	5.0	5.3
20-24	(3.5)	14.6	12.3	(17.4)	13.7	14.2	---	9.3	9.7	(9.4)	15.4	14.5
15-24	3.7	10.8	9.3	7.7	5.8	6.1	4.6	3.5	3.7	6.9	9.0	8.7

--- = < 25 unweighted cases

() = based on 25-49 unweighted cases

Table 8.4 Percentage of respondents who ever used a condom

Age	Urban			Rural			< Secondary			Secondary+		
	Matabe- leland	Other	Total									
Females												
15-16	(7.1)	3.7	4.7	6.4	3.7	4.0	9.5	5.0	5.7	4.8	2.7	3.0
17-19	16.0	12.5	13.4	21.8	11.0	12.6	16.5	14.6	14.9	20.5	9.3	11.5
20-24	32.9	29.5	30.0	33.7	36.7	36.2	31.5	34.9	34.4	34.7	33.4	33.6
15-24	20.9	20.7	20.8	23.5	20.6	20.6	21.7	21.0	21.1	22.9	19.8	20.3
Males												
15-16	---	12.8	12.6	(3.9)	13.3	12.0	---	11.5	10.0	---	14.9	14.3
17-19	---	45.0	43.8	(22.0)	36.0	34.4	---	33.6	30.3	(37.5)	39.6	39.3
20-24	(37.2)	76.4	73.6	(56.3)	72.5	70.4	---	74.3	69.9	(62.8)	73.9	72.3
15-24	52.3	55.2	53.7	28.2	42.0	40.2	23.6	35.6	33.5	44.0	50.4	49.5

--- = < 25 unweighted cases

() = based on 25-49 unweighted cases

Table 8.5 Percentage of respondents who know someone with AIDS or who died of AIDS

Age	Urban			Rural			< Secondary			Secondary+		
	Matabeleland	Other	Total	Matabeleland	Other	Total	Matabeleland	Other	Total	Matabeleland	Other	Total
Females												
15-16	(33.3)	48.1	44.2	22.3	39.2	37.0	(29.5)	41.0	39.4	24.5	40.8	38.0
17-19	41.5	52.4	49.9	26.2	40.7	38.6	31.2	42.8	41.0	34.6	45.7	43.6
20-24	50.1	54.0	53.4	31.5	45.6	43.5	30.7	41.7	39.9	43.2	52.8	51.4
15-24	43.4	52.8	50.9	27.7	42.4	40.3	30.6	41.9	40.1	36.1	48.2	46.2
Males												
15-16	---	(52.4)	51.9	(25.6)	24.8	24.9	---	18.8	19.2	---	43.6	43.1
17-19	---	61.3	58.5	(22.1)	38.8	36.8	---	42.7	39.5	(35.8)	44.0	43.1
20-24	---	55.1	51.3	(31.5)	41.8	40.5	---	51.2	46.1	(38.3)	45.7	44.6
15-24	42.8	56.2	53.4	26.4	36.0	34.8	25.4	35.3	33.5	38.1	44.7	43.8

--- = < 25 unweighted cases

() = based on 25-49 unweighted cases

Table 8.6 shows the percentage of youths who think they have a moderate or great chance of getting AIDS. Only about 10 percent of women think they are at a moderate risk of contracting AIDS. Only 6 percent of the women considered themselves at high risk. There are no consistent differentials between Matabeleland and other regions, or by age group. For men, these percentages are even lower; only 2 percent of urban men and 3 percent of rural men considering themselves at high risk of contracting AIDS.

Discussion

Knowledge of AIDS/HIV among Zimbabwean adolescents is widespread. Women residing in urban areas have heard more about AIDS than their rural counterparts. AIDS information is delivered mainly through radio and television, which are more accessible in urban areas. Information is also acquired through schools for a significant number of adolescents; this is an important source of information because the number of AIDS cases is increasing among adolescents. Secondary and higher education is also associated with increased awareness.

Table 8.6 Percentage of adolescents who think they have a moderate or great chance of getting AIDS

Age	Urban			Rural		
	Matabeleland	Other	Total	Matabeleland	Other	Total
FEMALES						
Moderate risk						
15-16	(8.9)	3.1	4.7	4.4	5.3	5.2
17-19	6.3	10.1	9.2	10.4	5.2	6.0
20-24	8.8	13.3	12.6	8.9	15.9	14.8
15-24	7.8	10.9	10.3	8.3	9.8	9.6
Great risk						
15-16	(3.6)	4.3	4.1	4.4	0.8	1.3
17-19	8.1	4.7	5.6	4.1	2.7	2.9
20-24	8.8	6.9	7.2	10.7	7.1	7.6
15-24	7.5	5.9	6.2	7.3	4.1	4.6
MALES						
Moderate risk						
15-16	---	3.8	5.2	(2.1)	1.3	1.4
17-19	---	11.8	13.7	(8.4)	4.0	4.5
20-24	(9.2)	9.5	9.4	(10.5)	5.9	6.5
15-24	13.0	8.9	9.7	7.3	3.9	4.3
Great risk						
15-16	---	(3.8)	4.2	(6.5)	0.9	1.6
17-19	---	(5.9)	4.6	(5.1)	1.7	2.1
20-24	(1.9)	0.0	0.4	(10.5)	2.7	3.7
15-24	2.0	2.3	2.3	7.4	1.8	2.5

--- = < 25 unweighted cases

() = based on 25-49 unweighted cases

Condom use was the most common measure taken to avoid contracting AIDS. The level of condom use was higher among urban than rural women. Others reported having one sexual partner and avoiding sex with prostitutes as ways to avoid contracting the disease.

Despite a high rate of AIDS awareness, few people said they changed their behaviour because of the threat of AIDS. However, men are more likely than women to report a change in behaviour such as becoming monogamous and starting to use condoms. Despite these positive changes, the large majority of adolescents and young adults do not consider themselves at risk of contracting the HIV virus.

REFERENCES

- Adamchak, Donald J., Michael T. Mbizvo, and Michael Tawanda. 1990. Male knowledge of and attitudes and practices toward AIDS in Zimbabwe. *AIDS* 4(3): 245-50.
- Adams, Jennifer M. 1991. Female wage labour in rural Zimbabwe. *World Development* 19(2/3): 163-177.
- Andifasi, J. 1970. An analysis of Roora. In *Shona customs: Essays by African writers*, ed. C. Kileff and P. Kileff, 28-32. Gweru: Mambo Press.
- Bassett, Mary T. and Marvellous Mhloyi. 1991. Women and AIDS in Zimbabwe: The making of an epidemic. *International Journal of Health Services* 21(1): 143-156.
- Bourdillon, Michael. 1987. *The Shona peoples. An ethnography of the contemporary Shona, with special reference to their religion*. Gweru: Mambo Press.
- Bourdillon, M. F. C. 1994. Street children in Harare. *Africa* 64(4): 516-532.
- Central Statistics Office (CSO) [Zimbabwe] and Institute for Resource Development/Macro Systems Inc. (IRD). 1989. *Zimbabwe Demographic and Health Survey 1988*. Harare: Central Statistics Office, Ministry of Finance, Economic Planning, and Development, and Columbia, Maryland: IRD.
- Central Statistics Office (CSO) [Zimbabwe]. 1994. *Census 1992: Zimbabwe national report*. Harare.
- Central Statistical Office (CSO) [Zimbabwe] and Macro International Inc. (MI) 1995. *Zimbabwe Demographic and Health Survey 1994*. Harare: Central Statistical Office, and Calverton, Maryland: Macro International Inc.
- Harrison, Algea O., Robert B. Stewart, Kathleen Myambo, Clarkston Teveraishe. 1995. Perceptions of social networks among adolescents from Zimbabwe and the United States. *Journal of Black Psychology* 21(4): 382-407.
- Kulin, Howard E. 1988. Adolescent pregnancy in Africa: A programmatic focus. *Social Science and Medicine* 26(7): 727-735.
- Mbizvo, M.T. and D.J. Adamchak. 1989. Condom use and acceptance: A survey of male Zimbabweans. *Central African Journal of Medicine* 35(11): 519-23.
- Mbizvo, M.T., A. Mashu, T. Chipato, E. Makura, R. Bopoto, P. F. Fottrell. 1996. Trends in HIV-1 and HIV-2 prevalence and risk factors in pregnant women in Harare, Zimbabwe. *Central African Journal of Medicine* 42(1): 14-21.
- Meekers, Dominique. 1993. The noble custom of Roora: The marriage practices of the Shona of Zimbabwe. *Ethnology* 32(1): 35-54.
- Meekers, Dominique. 1994a. Combining ethnographic and survey methods: A study of the nuptiality patterns of the Shona of Zimbabwe. *Journal of Comparative Family Studies* 25(3): 313-328.
- Meekers, Dominique. 1994b. Education and adolescent fertility in Sub-Saharan Africa. *International Review of Modern Sociology* 24(1): 1-43.

- Meekers, Dominique. 1994c. Sexual initiation and premarital childbearing in Sub-Saharan Africa. *Population Studies* 48(1): 47-64.
- Mohamed, K., J. Kasule, D. Makuyana, S. Moyo, M. Mbidzo and S. Tswana. 1991. Seroprevalence of HIV infection amongst antenatal women in greater Harare, Zimbabwe. *Central African Journal of Medicine* 37(10): 322-325.
- Moyo, Mavis. 1991. Development through radio. *Community Development Journal* 26(3): 227-232.
- Moyo, I.M., C.S. Ray, D. Chisvo, N. Gumbo, A. Low, T.M. Katsumbe, and O.L. Mbengeranwa. 1993. Behavior which may predispose to HIV infection or further transmission and possible intervention strategy in the City of Harare. Part 2. *Central African Journal of Medicine* 39(1): 217-21.
- Munodawafa, Davison and Clement Gwede. 1996. Patterns of HIV/AIDS in Zimbabwe: Implications for health education. *AIDS Education and Prevention* 8(1): 1-10.
- Nhundu, Tichatonga J. 1992. A decade of educational expansion in Zimbabwe: Causes, consequences, and policy contradictions. *Journal of Negro Education* 61(1): 78-98.
- Pitts, Marian and Helen Jackson. 1993. No joking matter: Formal and informal sources of information about AIDS in Zimbabwe. *AIDS Education and Prevention* 5(3): 212-19.
- Sanders, David and Rob Davies. 1988. Economic adjustment and current trends in child survival: The case of Zimbabwe. *Health Policy and Planning* 3(3): 195-204.
- Senderowitz, J. and J. Paxman. 1985. Adolescent fertility: Worldwide concerns. *Population Bulletin* 40(2).
- Westoff, Charles F., Ann K. Blanc, and Laura Nyblade. 1994. *Marriage and entry into parenthood*. DHS Comparative Studies No. 10. Calverton, Maryland: Macro International Inc.
- Wilson, David, Ruth Greenspan, and Christopher Wilson. 1989. Knowledge about AIDS and self-reported behaviour among Zimbabwean secondary school pupils. *Social Science and Medicine* 28 (9): 957-961.
- Wilson, David, Christopher Wilson, Ruth Greenspan, Pauline Sibanda, and Shiela Msimanga. 1989. Towards an AIDS information strategy for Zimbabwe. *AIDS Education and Prevention* 1(2): 96-104.
- Wilson, D. J., S. Lavelle, and R. Hood. 1990. Health knowledge and beliefs as predictors of intended condom use among Zimbabwean adolescents in probation/remand homes. *AIDS CARE* 2(3): 267-74.
- Wilson, D., A. Manual, and S. Lavelle. 1991. Psychological predictors of condom use to prevent HIV transmission among Zimbabwean students. *International Journal of Psychology* 26(6): 705-21.
- Wilson, David and Ravai Marindo. 1989. Erotophobia and contraception among Zimbabwean students. *Journal of Social Psychology* 129(5): 721-723.
- Wilson, D., A. Zenda, J. McMaster, and S. Lavelle. 1992. Factors predicting Zimbabwean students' intentions to use condoms. *Psychology and Health* 7: 99-114.
- World Bank. 1988. Education in Sub-Saharan Africa: Policies for adjustment, revitalization, and expansion. Washington D.C.: The World Bank.