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Researching sexual and reproductive behaviour: a peer ethnographic approach

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Abstract

In recent years, ethnographic research has challenged the notion within demography that fertility-related behaviour is the outcome of individualistic calculations of the costs and benefits of having children. Anthropology has further criticised the abstraction in demographic analysis of sexual behaviour and fertility decision-making from the socio-cultural and political context in which the individual or couple is located. Within demography itself, institutional and political-economic analyses have argued strongly that sexual and reproductive behaviour must be understood within locally specific social, cultural, economic and political contexts. Positivist and empiricist research methods, such as the sample survey and focus groups, which continue to dominate demographic inquiry and applied research into sexual and reproductive behaviour, have been shown to be limited in their ability to inform about the process of behaviour change and contexts within which different behaviours occur. The article introduces a new methodology for researching sexual and reproductive behaviour, called the peer ethnographic approach, which the authors have developed in an attempt to address some of the limitations of the methods which currently dominate research into sexual and reproductive behaviour. The peer ethnographic methodology is discussed in detail and the results of recent field-testing are reported, which show that, although the approach has limitations, it also has the potential to make a significant contribution to our understanding of sexual and reproductive behaviour. © 2002 Elsevier Science Ltd. All rights reserved.

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Introduction

In this article we introduce a new methodology for researching sexual and reproductive behaviour, what we are calling the 'peer ethnographic approach'. We have developed the approach in an attempt to address some of the limitations of the methods that currently dominate sexual and reproductive health and beha-

vioural research. After reviewing the dominant theoretical and methodological approaches to the study of sexual and reproductive behaviour, we discuss the peer ethnographic methodology in detail and present the results of recent field-testing. The article concludes with our reflections on the peer ethnographic approach: although the approach has limitations, it also has the potential to make a significant contribution to our understanding of sexual and reproductive behaviour.

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The social context of sexual and reproductive behaviour

Demography has been criticised for paying insufficient attention to the social, cultural and political-economic contexts of sexual, and particularly reproductive behaviour (Greenhalgh, 1995; Kertzer & Fricke, 1997; Price & Thomas, 1999), and for failing to take on board

methodological advances made in cognate disciplines such as anthropology (Fricke, 1997, p. 249; Greenhalgh, 1990, 1996; Kertzer, 1995, p. 29; McNicoll, 1992, p. 400).

One strand of criticism focuses on the limitations of economic-rationalist models, in which fertility behaviour is understood as driven by attempts to maximise scarce resources (Easterlin & Crimmins, 1985; Behrman & Knowles, 1998). In their conceptualisation of the individual or reproductive couple as the fulcrum of reproductive decision-making, such models abstract the decision-making process from the socio-cultural and political context in which the reproductive unit is located (Schneider & Schneider, 1995; Simmons, 1988) and fail to consider the influences of social institutions and social relations that structure that context (Thomas & Price, 1999). Anthropological analyses have challenged the notion that fertility-related behaviour is the outcome of individualistic calculations of the costs and benefits of having children (see Price, 1996).

In an apparent move away from an economic-rationalist understanding of fertility behaviour, cultural diffusion has gained increasing prominence within demography over the past two decades. Diffusionism understands culture as sets of attitudes and values that act as both facilitators to and inhibitors of the spread of knowledge and consequently behaviour change (Greenhalgh, 1995, p. 20). While the diffusion of new (western) ideas about modern contraception to 'traditional cultures' is seen as a precursor to fertility decline, deeply rooted elements of traditional culture are understood as inhibiting family planning programme effectiveness (see for example Freedman, 1987). Diffusion theorists such as Cleland & Wilson (1987) and Lesthaeghe (1989) have sought to identify elements of traditional cultural and belief systems which support high fertility, along with the socio-cultural variables which act as 'barriers' to contraceptive uptake, in order to facilitate the design of 'culturally' appropriate family planning service delivery systems (Kertzer, 1995).

Social demography has looked beyond family planning programme failures to explain the persistence of high fertility. Drawing on micro-ethnographic research methods, Caldwell & Caldwell (1987) and Caldwell, Orubuloye, and Caldwell (1992), for example, have demonstrated the relationship between local kinship and belief systems and the demand for children in sub-Saharan Africa. In particular, these demographers have focused attention on the role of intra-familial relations and descent systems, which continue to imbue fertility with a high symbolic and moral value, in maintaining high fertility. Despite the emphasis on locating fertility behaviour within its cultural context, however, many social demographers (see for instance Caldwell & Caldwell, 1992) continue to view the process of fertility decline in 'traditional' societies as dependent upon the diffusion of western ideas, largely brought about

through the spread of Christianity and modern education.

Economic rationalism and cultural diffusionism conceptualise fertility transition as resulting from an evolutionary and unilinear process of development in which societies transform from 'traditional' to modern (or western) forms (Greenhalgh, 1990, 1995, 1996; Price & Thomas, 1999). This understanding of development is predicated upon modernisation theory, which has come under a sustained critique in the social sciences since the 1960s as providing an inadequate understanding of the diversity of development contexts around the world (see Gardner & Lewis, 1996; Price & Thomas, 1999). The Westernisation hypothesis, which forms the lynch-pin of cultural diffusion theory, has been increasingly challenged by institutional and political-economic demographers who, drawing extensively upon anthropological theory and method, have demonstrated that sexual and fertility related behaviour is embedded within locally specific institutions and social and political contexts, which both determine and constrain behaviour change (Greenhalgh, 1990; Hammel, 1990; Lockwood, 1995; McNicoll, 1994; Price, 1996; Price, 1998; Price & Thomas, 1999; Schneider & Schneider, 1995).

Institutional demography (see Frank & McNicoll, 1987; McNicoll, 1980, 1994) has sought to demonstrate that reproduction is shaped by relations of power and inequity at different levels of social organisation and, as such, is a highly political process. Institutional demographers have, for instance, shown how patrilineal kinship systems and associated virilocal marriage patterns in Africa and India affect fertility through their construction of gender roles, by isolating women economically, concentrating child-rearing costs almost exclusively on them, and denying them any authority in decisions about family size and the practice of family planning (see Thomas & Price, 1999). While institutional demographers locate reproductive decision-making within social institutions and political structures, political-economic demographers (such as Schneider & Schneider, 1995; Fricke, 1995, on Sicily and Nepal respectively) demonstrate the linkages between broad macro-economic processes, social inequalities and local-level fertility and sexual behaviour.

Anthropological analyses have demonstrated that far from the reproductive couple performing a utilitarian decision-making function, reproduction is negotiated within gender-based power relations and within local knowledge and health systems (Angin & Shorter, 1998; Dixon-Mueller, 1993; Oppong, 1995; Renne, 1993; Ryloko-Bauer, 1996). A study in the Gambia shows how fertility related behaviour and decision-making are based upon indigenous understandings of bodily processes rather than calculations regarding the demand for children (Bledsoe, Banja, & Hill, 1998). Use of contraceptive and other sexual and reproductive health services

has also been shown to be mediated by power differentials between health providers and the community they serve, based on gender, ethnicity and class relations (Schuler, Choque, & Rance, 1994; Rutenberg & Cotts Watkins, 1997). Thus, even in societies where indigenous fertility regimes support fertility regulation, utilisation of modern family planning services often remains low, with indigenous health practitioners continuing to be used in preference to bio-medical services as a consequence of the significance of the social relations implicit in the client–provider relationship (Hawkins & Price, 2001).

We now turn to a discussion of the methodological implications of researching sexual and reproductive behaviour within specific social, cultural, and political-economic contexts.

Researching sexual and reproductive behaviour: methodological issues

Economic-utilitarianism and cultural diffusionism are informed by functionalist theories of social organisation, in which behaviour (or social action) is understood as being driven by an individualistic means-end rationality. Social order is considered to be achieved through the integration of individual goal-oriented actions into a shared system of cultural and moral values, reinforced and maintained through sets of socially sanctioned norms and rules. Until recent years, mainstream demographic and family planning research has relied heavily upon a positivist and empiricist research methodology, the goal being to produce ‘empirical’ and concrete knowledge concerning the variables that govern sexual and fertility related behaviour, utilising ‘verifiable’ and ‘objective’ methodological approaches.

The large-scale sample survey has remained the dominant method of demographic research and has provided much of the empirical basis for family planning and other sexual and reproductive health programme design, monitoring and evaluation, most notably through the use of knowledge, attitude and practice (KAP) surveys. The high value placed on the survey method has centred on its apparent ‘scientific’ legitimacy and the objectively verifiable and therefore generalisable data produced. However, the limitations of survey data in producing the knowledge necessary to understand the complexity of social institutions and relations in which sexual and reproductive behaviour are contextualised has been highlighted by a number of methodologists (Baum, 1995; Greenhalgh, 1990; Hammel, 1990; Hauser, 1993; Lockwood, 1995; Warwick, 1982). While a well-constructed statistical sample can provide important data on trends in social behaviour, it cannot necessarily inform about the contexts in which different behaviours occur or indeed about causality. Statistical data can only

accurately represent an empirical pattern at one point in time, whereas causality depends upon an analysis or understanding that goes beyond the collection of surface facts and figures (Calhoun, 1995).

Over the past two decades there has been a notable increase in the use of qualitative methods for applied policy research (Ritchie & Spencer, 1994). These methods have increasingly been employed in family planning and sexual and reproductive health research. The value of qualitative methods is seen to lie in their potential to explore and probe more deeply into people’s accounts of social life than survey methods allow. Nonetheless, a good deal of qualitative research remains informed by positivism, aimed at collecting objective social facts and eliciting accounts of shared norms and values. The use of the focus group is a case in point (see Cunningham-Burley, Kerr, & Pavis, 1999). In recent years, the focus group has become the qualitative method *par excellence* of the sexual and reproductive health field. Its utility is seen to lie in its ability to explore attitudes, opinions and values, as a basis for understanding the social norms which guide the behaviour of programme users and non-users (Bender & Ewbank, 1994, p. 63). While the focus group is a useful tool for eliciting discourses on dominant social values, one of its main limitations lies in its tendency to produce normative responses (Parker, Herdt, & Carballo, 1991). Focus group participants are often reluctant to discuss openly experiences that deviate from the accepted norms and values, and hence the method provides little information about how, when and why people use norms to legitimise behaviour or use strategies which contradict dominant norms (Parker et al., 1991).

The faith placed by positivism on the empirical efficacy of stated values and norms raises a fundamental dilemma in social research, which can be summed up as the “difficult relationship between the ‘is’ and the ‘ought’ in social action” (Cohen, 2000, p. 82). While positivist approaches may successfully elicit socially and morally prescribed principles for behaviour, they are limited in their ability to lay bare the concrete reality of everyday actions that often deviate from these norms and values. The importance of making the conceptual distinction between stated social norms and everyday behaviour has been raised in a number of recent anthropological critiques of functionalist social demography (Carter, 1995; Greenhalgh, 1995; Hammel, 1990; Lockwood, 1995). These critiques suggest that a conceptual and methodological distinction needs to be made between what people say they will do or should do, and what they actually do. Because of the implicit assumptions made by functionalism regarding the normative nature of social behaviour, this distinction is largely overlooked in the main body of demographic research (Lockwood, 1995). Furthermore, the views of different sets of actors

(including the most marginalised) are often missing from demographic accounts of sexual and reproductive behaviour.

These shortcomings allude to the need for a methodological approach to researching sexual and reproductive behaviour that enables a more rigorous engagement with the realities of the everyday lives of poor and marginalised people: far from being a static set of norms and expectations, culture is continually being constructed and negotiated in social interactions and everyday practice. A starting point for such a methodological approach is to develop an 'actor-centred' view, which investigates how actors strategise and deploy different social norms in different concrete situations (Lockwood, 1995). Investigating actors' views of their social world has largely been the domain of the anthropologist, using ethnographic fieldwork and participant observation over substantial periods of time to reach below the surface of reported social norms, to observe concrete actions, and to collect the discourses and narratives of people as they go about their daily lives.

The recognition by development agencies and practitioners of the limitations of positivist research methods for generating valid and appropriate information on social behaviour and of the time constraints in conducting in-depth ethnographic research has led to an increased interest in employing rapid assessment methods (Manderson & Aaby, 1992). Participatory rural (or rapid) appraisal (PRA) and participatory learning for action (PLA) methods² have been used effectively by development agencies to conduct community based analyses from an actor-centred perspective. Nonetheless, experience has also shown that far from being rapid, the effective use of PRA/PLA tools often requires an initial extensive input of time and resources for building relations of trust with the community and to generate an understanding of local social contexts and social networks. Without this initial understanding of community dynamics, PRA/PLA tools may produce normative statements which unknowingly favour the discourses of the powerful and elite, while the perspective of socially marginalised groups may remain unheard (Mosse, 1994). One of the major shortcomings of PRA is that it often represents an activity far removed from informal, everyday life, hence promoting the production of a consensus view and normative discourse from participants:

It seems highly probable that this social formality imposes a selectivity on the kind of information

²PRA and PLA are two of a number of participatory approaches that developed out of the earlier rapid rural appraisal, notably rapid assessment procedures, beneficiary assessment, and community diagnosis.

which is presented and recorded in PRAs. At the very least, where critical debate in public is not an established convention, we should avoid unwarranted assumptions about the accountability of publicly processed information... PRAs tend to emphasize the general over the particular... tend towards the normative ('what ought to be' rather than 'what is'), and towards a unitary view of interests which underplays differences... The tendency to give normative information may be encouraged by faulty interviewing techniques... but often the very structure of the PRA sessions—group activities leading to plenary presentations—assumes and encourages the expression of consensus. (Mosse, 1994, p. 508)

Methodologies such as case study and social network analysis are increasingly being advocated by anthropologists for researching sexual and reproductive behaviour (Hammel, 1990; Lockwood, 1995; Smith, 1993). Wolf (1998) reports on the evaluation of youth health programmes through exploring young people's social networks. Eyre (1997) suggests using 'vernacular term interviews' to elicit social knowledge related to sex among young people, on the basis that conventional research on adolescent sexual behaviour has provided little understanding about the context in which sex takes place, because '...most adolescent sex research has been conducted using only surveys and focus groups rather than interviews, which allow the greatest probing of individual knowledge' (Eyre, 1997, p. 9). Recent research on the cultural construction of young gay men's HIV vulnerability has utilised peer researchers to carry out interview and group discussions (Trussler, Perchal, Barker, & Showler, 1999).

Building upon some of the above methodological approaches, we have recently developed and field-tested a method that we refer to as peer ethnography.

The peer ethnographic method

The peer ethnographic method is derived from the anthropological approach of ethnographic fieldwork, which holds that building a relationship of trust and rapport with the community is a prerequisite for researching social life. The ethnographic approach used by anthropologists is based on the premise that what people say about social life and behaviour changes according to the level of familiarity and trust established between the researcher and researched. In recognition of the extensive timeframe required for ethnographic research, the peer ethnographic method has been designed to be carried out by what we are calling 'peer researchers', who are already recognised members of the community. We are not using the term 'peer' to refer

exclusively to young people, whose peers are often of the same age, but to refer to membership of any significant social network, such as friends, neighbours, work-mates, and kinsfolk.

The peer researchers conduct in-depth and unstructured interviews with individuals selected by them from their own social networks. The peer researchers in effect become *key informants* by virtue of their recognised status as community members and their local knowledge (see Manderson & Aaby, 1992, p. 842). Rather than a large sample of people being interviewed once only, a series of in-depth interviews are conducted with a small sample of individuals, selected from the same social network, on the basis that data produced by intensive exploration of a few cases produce a more thorough understanding of social life than the superficial exploration of many cases (Hammel, 1990, p. 471).

A further basic tenet of the approach is that the peer researchers have an established relationship of trust with the people they are interviewing. As a result, the fieldwork does not require the same amount of time for rapport building as conventional anthropological ethnography or some PRA exercises. In designing the approach we have also taken account of the fact that social networks are not made up of consensus groups, but include relationships of conflict and mistrust. It is anticipated that by using an approach which does not ask the interviewee to talk directly about themselves (and therefore make themselves vulnerable to their peers), but about 'other people like themselves', differing and conflicting perspectives will emerge in the narratives. The aim of the interviews is not to collect demographic or social 'facts' through individual accounts of personal experience, but to elicit the meanings that actors attribute to the social behaviour of their peers. An important aspect of the method, therefore, is that all interviews are conducted in the third person, in an attempt to elicit narrative accounts of how interviewees conceptualise the social behaviour of 'others' in their networks, not accounts of their own behaviour or normative statements about how they 'ought' to behave.

In the design of the data collection tools we have also been aware that it is not possible to observe the behaviour or to record the narratives of others without filtering the data through an analytical framework, involving some level of meta-analysis. The tools that we designed and subsequently field-tested in Zambia (see below) were therefore structured around several key analytical issues, which we considered to be central to the social analysis of sexual and reproductive behaviour. The framework consisted of a set of five conversational interviews aimed at eliciting perceptions of social identity and social networks, health and illness, sexual knowledge and sexual behaviour, reproductive behaviour and fertility decision-making, and access to and quality of health services.

We included in the tools a set of conversational prompts for each of the interviews, to assist the peer researchers to initiate conversations and to follow up on key issues. Some of the prompts covered the same issue through different ways of asking, in order to allow probing and changes in conversational context. The prompts were presented to the peer researchers as a framework for their conversations, rather than as an interview script. Interviewees were often also asked by the peer researchers to tell a story about someone they know (without giving names) in a particular situation (for example, someone who had sought treatment for a STI), and to describe what happened to them.

Prior to the fieldwork, we provided participatory training to the peer researchers in the use of the tools. During training the peer researchers suggested significant changes to the prompts, refining them so that they translated easily into appropriate local language and context. Some of our initial prompts were found to have little meaning in the context of young people's lives in urban Lusaka (where the method was field-tested), while other important issues and topics had not been covered in our initial framework. The peer researchers field-tested different ways to raise the same issue with different interviewees, as the way something is talked about varies even within one social context, according to the age, gender, and ethnicity of the interviewee. Following the training the peer researchers piloted the tools in the community for a week, during which time we provided them with support and supervision. Following the field-testing, the prompts were refined further, so that the tools that the peer researchers finally took to the field were locally specific versions of the generic tools that we had initially designed.

We did not intend that the peer researchers should record a detailed script of each conversation or produce vast quantities of authentic conversational narrative or qualitative research data. The data collection prompts were designed to assist the researcher to record phrases and/or events given most importance by the interviewee during the course of the conversation. The interviewee participates in the data recording process through confirming that the phrases and events recorded by the peer researcher were the most important ones in their narratives and explanations. The peer researchers recorded the key words, phrases and data from each interview on a sheet, and during data analysis these sheets were used to show how different themes had emerged in different conversational contexts.

Field-testing the peer ethnographic method

The peer ethnographic tools were field-tested in collaboration with CARE International in Zambia through their Partnership for Adolescent Sexual and

Reproductive Health (PALS) project in Lusaka, which seeks to improve the sexual and reproductive health of young people. The initial design of PALS was informed by a PLA appraisal process, involving 10,000 young people (see Shah, Zambezi, & Simasiku, 1999). Following the PLA exercise, the PALS project was designed with the following key components: the establishment of youth-friendly counselling corners in government clinics; a cadre of trained youth educators to lead discussions with young people in the community and provide counselling in the youth-friendly corners; and the establishment of community agents to promote and sell contraceptives to young people.

The peer ethnographic method was field-tested over four months, between October 1999 and January 2000. The field-testing was undertaken by eight of the PALS youth educators: four female and four male, with three still in school/college, two in part-time employment, and three being unemployed. Each of the peer researchers interviewed between four and six young people, with a total of 30 young people interviewed. The PALS youth educators underwent the initial training as peer researchers in early October 1999. We conducted the training, in conjunction with CARE programme staff, who then supervised the peer researchers over the subsequent three-month data-collection period. Following the three months of data collection, a data review and analysis process was facilitated over a three-week period (described in more detail below), during which we collected data from the peer researchers' interviews and from their experience of using the tools, by individually interviewing each of the peer researchers.

The field-testing was carried out in three compounds in Lusaka: Chilenje, Mandevu and Chipata. Each compound is served by a government clinic, in which a youth-friendly corner has been established. While the compounds are relatively close to each other (Mandevu and Chipata border each other), they are also quite distinct in character and layout. Chilenje, the most affluent, was constructed by the government to provide housing to state employees, but during the 1990s housing passed from government to private ownership. Chilenje has a higher proportion of residents in employment than either of the other two compounds and a relatively well-developed infrastructure.

Mandevu and Chipata compounds differ significantly from Chilenje, with much higher levels of unemployment and poverty. Houses in Chipata and Mandevu are mainly one-room buildings constructed by residents from mud bricks with corrugated iron (or cardboard) roofs, in contrast to the largely brick built two-three room houses of Chilenje. While Chilenje is built around an infrastructure of roads, Mandevu and Chipata are accessible only by dirt tracks. All three compounds are ethnically mixed: residents include Bemba, Shona and Nyakusa. The peer researchers were also from different

ethnic groups, as well as from a range of social backgrounds.

The interview narratives provided rich data from which to build up an understanding of young people's perceptions and experiences of sexual and reproductive health. The section which follows provides a summary of selected key issues emerging from the interviews.

Key issues emerging from the interviews

Categorisation of social groups

The interviews showed a surprising consistency in the terms and categories used by young people to describe the different groups of people that live in their compounds. For young people, ethnicity was not an important category in describing their social world. Rather, categorisations were based on perceived social behaviours, placed within a predominantly moral framework. The most common categories used by interviewees to describe the people in their compounds were churchgoers, school-goers, self-employed, businessmen, poor/unemployed, drunkards, thieves, prostitutes and gangsters (*yos*). Several interviews also referred to wizards (particularly in Chilenje and Mandevu compounds).

Within young people's narratives, by far the most important aspect of social organisation and identity is church membership, and each compound has a multiplicity of churches including Catholic, Evangelical, Jehovah's Witness, Seventh Day Adventists, and Spiritualist. Church membership provides structure to young people's daily lives, both in terms of a moral framework of behaviour to which they aspire and access to a social support network. Many out-of-school and unemployed youth talk about the church as a major social resource in their community and a focus for their daily activities. Although the church provides young people with a set of ideals of moral behaviour, in young people's narratives being a church-goer does not preclude being a member of groups whose behaviours are described as immoral, bad or unchristian, such as drunkards, thieves and prostitutes.

Local belief systems

Wizards, in young people's narratives, are those members of the community who practise witchcraft. It is beyond the scope of this case study to go into detail about indigenous witchcraft beliefs and practices. However, wizards are pervasive throughout the compounds, and are active mainly at night. Wizards have an ambivalent place in young people's belief systems, illustrative of their ambivalent position vis-à-vis their traditional culture. Most young people describe wizards

as being older people, who by practising witchcraft show themselves as unchristian: the churches teach that believing in witchcraft is the equivalent to worshipping the devil. Although young people reject witchcraft as a false and traditional (and hence unchristian) belief system, most young people confirmed that there are many wizards in the compounds, but being Christians they are protected by the blood of Christ from the effects of witchcraft. In other words, young people associate witchcraft with the traditional belief systems of their parents' and grandparents' generation from which they are socially and culturally separated. These belief systems have important implications for young people's health-seeking behaviour.

Social identity and livelihoods

The categories of social behaviour used to describe the groups of people living in their compounds are also closely linked to young people's perceptions of poverty and livelihood strategies. Those described as being businessmen, are mainly young men who own small shops or bars in the compounds or who drive or work as conductors on mini-buses, the informal transport services that link the compounds to the town. The category of self-employed includes those who work as market traders (such as women who sell fruit and vegetables) and young men or *ntemba* boys (who sell sweets and biscuits from small kiosks at the side of the road). While market traders of their parents' generation are not necessarily perceived as being rich, *ntemba* boys are perceived by their peers as being well-off having their own independent source of income. Gangsters (*yos*), identified by their style of dress (T-shirts and wide trousers) and their following of black American cult music figures, are also categorised by other young people as self-employed or businessmen.

Bars and nightclubs emerge as an important part of social life in the compounds, particularly for those young people who are out-of-school. The category 'drunkards' refers to those young-men who spend their days around the many small bars in the compounds. These young men usually earn money from piecework (casual labour). One interviewee described drunkards as those who "after earning a small amount from piecework, spend it in the bars and on *chibuku* (locally brewed beer) and *dagga* (marijuana)". While bars are a focal point for social networking they are also important contact points for piecework which is usually contracted through these informal social networks.

'Prostitute' was a significant category referred to in the interview narratives. These narratives indicated that the nature of commercial sex activity varies between the different compounds. In Chilenje commercial sex appears to be more organised (in a 'red-light area'), whereas in Mandevu and Chipata commercial sex seems

to be a more pervasive activity throughout bars and nightclubs. While young women's narratives tend to associate commercial sex with vulnerability and poverty, young men's discourses relate such activities to 'bad behaviour', with moral judgements and condemnations of commercial sex often referring to young men's vulnerability to HIV/AIDS:

Prostitutes talk about how to make money. There was this girl who, before she was married, was a prostitute because she had nothing to do at home and no money. She joined a small group of girls who used to go in the street and hang out around the cabs. She was lucky because she did not get HIV and found her husband while she was a prostitute. She told him about being a prostitute and he offered to marry her... now she says she will never be a prostitute again. (girl)

Prostitutes are different to people like me. They don't have good morals—even though some of them do go to church... Prostitutes cause worry because sometimes they go round knocking on single men's doors looking for business. Some men are not strong enough to resist. (boy).

Health and health-seeking behaviour

Poverty is described in many of the narratives as the major determinant of health. The rich or well-off are identified as those who have three meals a day, can afford the costs of medicines, are in good health, and look fat and confident. Those who are poor eat one meal a day (and sometimes none), cannot afford to buy medicines, and consequently suffer from poor health. The main illnesses about which young people are concerned are sexually transmitted infections (STIs) and HIV/AIDS, malaria, cholera, diarrhoea, and tuberculosis.

The narratives also revealed the very ambivalent nature of young people's health-seeking behaviour. Few young people trust *nyangas* (traditional healers), who are referred to variously as 'witches', 'cheats', and 'tricksters', and seen as 'unreliable and expensive'. Narratives describe *nyangas* as causing distrust in the community because of their association with witchcraft. Young people consider bio-medical health professionals (doctors and nurses) as having the appropriate knowledge and skills to treat their illnesses. Nonetheless, there is an apparent contradiction between discourses on health knowledge and belief systems and narratives describing health-seeking behaviour. Peer researchers in their discussions observed that while young people say they do not trust *nyangas*, many stories indicate that a significant proportion of young people still visit *nyangas*, in particular for treatment of STIs. This is largely

attributed to lack of accessibility, availability and affordability of such treatment from government clinics and private doctors.

Sexual relationships

One of the key findings of the interviews is that young people have a high level of awareness and accurate knowledge on sexual health, and many have been successfully reached with information on STIs and HIV/AIDS. Most young people were able to identify accurately transmission routes, how to protect against infection, and where to go for treatment for a sexually transmitted infection. Nonetheless, such infections are a major concern of young people and figure prominently in their narratives as worries, problems and illnesses experienced among their social networks.

Narratives on sexual relationships also indicate that sexuality presents itself as a major area of conflict in young people's lives. The majority of young people cite abstinence as the preferred option for protection against HIV. Abstinence is the message received by young people from the church as the 'moral standard' to which they should adhere. Sticking to one partner and using condoms are mentioned in the interviews largely as second options, if a person is unable to abstain. However, narrative accounts of sexual relationships present a very different reality: sexual relationships are an integral part of most young people's lives and an important source of social and emotional support and self-esteem. Sexual relationships are described as being important because they are 'fun', 'enjoyable' and 'help you experience new things' and because it is 'not normal to not have a sexual relationship'.

As was highlighted in the initial PLA exercises undertaken as part of the PALS project design process, economic exchange forms an integral part of young people's sexual relationships, and the giving of gifts by boyfriends is talked about by young women as an important part of a caring sexual relationship. While young men referred to women's physical appearance as being one of the most important concerns in choosing with whom to have a sexual relationship (eg 'she is pretty', 'she wears nice clothes', etc.), young women refer to men's economic status and sexual behaviour. A boy who expects a girl to have sex with him and who does not make her feel good by giving her nice gifts such as biscuits, body lotion and make-up, is considered not only undesirable but also immoral. For many young women, boyfriends are their only means of accessing desirable consumer goods, as well as money to pay for essentials such as school fees.

Economic criteria figure largely in young women's descriptions of their ideal boyfriends. In particular young women describe ideal partners as being *ntemba* boys (kiosk owners), bus drivers and bus conductors,

and those who have the 'four C's' (a car, a crib/house, cash and a cell-phone). However, men who have access to income also figure largely in the narratives as those most likely to have multiple sexual partners and to engage in high risk sexual activity, especially around bars and night-clubs. Young men talk about sexual relationships as central to their esteem and social status, but also refer to sexual relationships as difficult when they do not have money to buy gifts for girlfriends. Hence, for young men securing an income appears to be as much about being able to secure a girl-friend as it is about access to a livelihood. For young women, a sexual relationship is as much about being able to secure a livelihood as it is about achieving sexual and emotional security. Hence, sexuality and livelihood strategies are closely intertwined in young people's construction and negotiation of sexual relationships and the social contexts in which they engage in high-risk sexual activity.

Reproduction and fertility

While knowledge of HIV and other STIs appears to be high, the interviews indicate that many young people lack knowledge of family planning and reproductive health. Unwanted pregnancy emerged as a major concern for young women and the majority of pregnancies described by young people in their social network were unplanned.

While abortion is legal in Zambia (requiring the signature of three doctors) only one of the stories referred to a young woman accessing a safe abortion through the University Teaching Hospital in Lusaka. All the other narratives concerning abortion described unsafe abortions, procured through insertion of instruments into the vagina or consuming large quantities of chloroquine. Several narratives refer to unsafe abortion leading to death and to young women disposing of newborn babies in pit latrines.

Access to sexual and reproductive health services

Cost of services emerged as a major barrier to young people's access to health care. As with the interviews on health-seeking behaviour, interviews concerning access and quality of services indicated that young people consider clinic personnel as having the most appropriate skills and knowledge to meet their needs. The majority of young people indicated that personnel at government clinics would be their first choice of service provider, while those with access to income tend to seek services from private doctors.

Nonetheless, interviews identified some significant barriers to young people's access to treatment and services. Most young people know that STI services are provided free of charge at government clinics and select

clinics as their first option for treatment. However, while young people consider that clinic staff are the most appropriate providers to diagnose infections effectively and accurately, government clinics are often short of drugs, and young people are unable to afford prescriptions. As a consequence many young people turn to self-medication, using drugs sold by peddlers (which are usually expired), or turn to traditional healers.

Condoms are provided free as part of the government family planning programme, available at clinics. Interviews indicate that barriers to young people accessing family planning services include lack of knowledge of their availability, negative attitudes of nurses, and fear of being seen at clinics. Public sector family planning services are provided within the maternal and child health clinic, and young men in particular describe feeling self-conscious about visiting such female environments to ask for condoms.

Socially marketed condoms are available at kiosks, bars and pharmacies in the compound (three condoms retail for the price of a glass of *chibuku*). Lack of access to economic resources was identified as a major concern for all young people interviewed. The lack of availability of free condoms at community-based outlets located close to centres of high-risk sexual activity (such as bars and night-clubs) emerged in discussions with peer researchers as a major barrier to access. As one peer researcher put it: “If a young man is at a bar, and he has been drinking beer, and he meets a girl, if he has a choice between spending his money on condoms or buying another *chibuku*, he will buy another *chibuku*”.

The data analysis

The data presentation above amounts to what could be considered as our ‘meta-analysis’, in which we have drawn on the peer researchers’ narratives as our primary ethnographic data. In undertaking this analysis the peer researchers became our key informants. We complemented our in-depth interviewing of the peer researchers (as our key informants) with participant observation that we carried out in the compounds during the training, supervision and data-collection process. During our visits to the compounds we were also able to conduct informal interviews with community members, including friends and kin of our key informants, as well as with other significant community members (such as *nyangas*, church leaders, bar owners, and health care providers). Hence, through the peer researchers we were able to gain rapid access to the community, including to community members who were not an immediate part of the key informants’ social network. However, we recognise that it is not possible to interpret what people say and do in a way that is uninfluenced by theory (Lockwood, 1995, p. 14). Our interpretation of the data

has, therefore, necessarily been filtered through an analytical framework, the theoretical background to which has been outlined at the start of this paper.

At a second level of analysis, we are also aware that the peer researchers filtered their understanding of the data they collected through their own world view. The initial participatory training session served to highlight the normative discourses of peer researchers regarding young people’s sexual and reproductive behaviour. One of our concerns in field-testing the method was that by interviewing people from their own social networks the peer researchers may only access perspectives that reflected their own normative frameworks. In order to partially safeguard against this, we asked the peer researchers to conduct the interviews with young people in their networks who were *not* youth educators in the CARE PALS project. During the data analysis process, the contradictions between the peer researchers’ normative frameworks and the narrative accounts of behaviour collected in the interviews became evident.

The peer researchers also conducted their own data analysis process, in which they worked as a group to identify what they considered to be the key issues emerging from the interviews and of most importance to feedback to the CARE programme. One of the key observations of the peer researchers was that while the young people using the youth-friendly corners saw them as very valuable, certain groups of young people remained almost entirely unserved by these services. In particular, the most marginalised groups of young people, such as out-of-school youth, those engaged in commercial sex, young men who spend their time in bars, and mini-bus drivers and conductors, were not being reached. The peer researchers’ analysis highlighted the need for the PALS project to develop a more in-depth understanding of the social networks and behaviour of marginalised youth. Furthermore, the peer researchers suggested that peer ethnography could provide useful means for reaching these more marginalised groups and increasing their participation and dialogue with health care providers. Several peer researchers observed that young people they had talked to who had never used the clinics had expressed an interest in carrying out interviews with others in their social networks, in order that their views may also be heard.

Peer ethnographers also utilised the data to identify key areas in which the PALS project could be improved or strengthened from young people’s perspective. These included: utilising peer networks to reach young people with information and condoms in places where they meet such as bars, night clubs, and on mini-buses (especially for out-of-school youth); using peer networks to make free condoms more easily available; and increased advocacy on behalf of young people, for example, to increase their access to effective drugs for

treating STIs, and to information (for example on treatment of complications of abortion). Through the 30 interviews conducted during the field-testing, the method was able to confirm many of the findings of the PLA research which was carried out with 10,000 young people during the initial PALS project design process.

Conclusion: reflections on the method

The peer ethnographic method was designed to address some of the limitations of other applied research methods. However, it does have limitations of its own, as well as considerable strengths. One of the most important outcomes of the data collection and analysis process was the ensuing dialogue that it generated, both between the peer researchers and the CARE programme staff and between the peer researchers and other young people in their social networks. In this respect, we consider that the peer ethnographic method has potential to facilitate greater participatory dialogue between programme implementers and the groups in the community that they are aiming to reach. As we field-tested the method, its potential as a dynamic and flexible approach, which can be continually adapted and re-designed as part of the research process, also became evident. Indeed, following its field-testing by the peer researchers, the final version of the tools was quite different to the one we had initially designed, and which had been based upon our initial (possibly ethnocentric) assumptions. In this sense our ownership and control over the method and the tools diminished in the course of it being used in the field.

A key issue that we have sought to address in the peer ethnographic method is in the domain of language and interpretation. Nuance is of the essence in understanding and collecting local narratives. We therefore considered that it was of particular importance that the interviews were conducted in local languages, particularly as the research focused on such intimate issues as sexuality, health, illness and reproduction. In our view this is one of the key strengths of the peer ethnographic method: it facilitates interviews to be carried out using local colloquialisms and nuances. The major linguistic and interpretative problems arise at the level of 'meta-analysis'. In our case we had to interview the peer researchers (our key informants) in English, as we did not have the time in the field that conventional anthropological ethnography would allow for learning the local language. A further limitation of the method is that the peer researchers must be sufficiently literate to be able to record the conversational interview data. This requirement may, therefore, preclude the most marginalised groups from becoming peer researchers. While we consider that the approach has potential to be developed

as a purely 'oral' method with non-literate groups, such an application of the method remains to be developed and field-tested.

We are aware that the approach is vulnerable to the criticism that the sample of respondents may be biased and unrepresentative. We recognise the importance of ensuring a locally representative sample, while also recognising that it is extremely difficult to use random sampling techniques to find representative informants. Local experience is needed to know what representativeness means, using researchers who are able to locate a point of entry into the local social and cultural system. The peer ethnographic approach endorses this principle, using peer researchers as key informants, who are strategically placed by virtue of their membership and understanding of the communities in which the research is undertaken. The field-testing confirmed that collectively the peer researchers had talked to young people from different sections of the local community, with whom they made contact through their own social networks and through 'friends of friends'. Diversity of interviewees was further facilitated by the fact that the peer researchers were a mix of male and female, and came from a range of different ethnic groups and socio-economic backgrounds.

A more substantial potential criticism surrounds the question of validating the data, by ensuring that the peer researchers and interviewees are indeed telling us the 'truth' about their social lives and behaviour. It is, perhaps, at this point that the method makes its greatest departure from positivism. Indeed, in our view the key strength of the method lies in its very lack of claims to any positivist criteria for the collection and presentation of 'objective' or 'standardised' data. The main focus of the method is on analysing contradiction and difference in the discourses of different people within a social network, rather than on gathering 'social facts'. A further aim is to look at different ways in which the same issue is talked about at different stages in the relationship between the researcher and the actor and how this varies according to conversational context.

One of the key social dynamics that the method draws upon is that of gossip (see Hammel, 1990). The contradiction between consensus statements made by groups and what individuals gossip about provides important insights into social context. Gossip is the local currency of social networks, providing invaluable insight into relationships of power and vested interests that operate under the surface. Instead of discarding gossip as invalid because it derives from biased accounts, the peer ethnographic method embraces and analyses gossip as an essential component of ethnographic data. In our use of the peer ethnographic approach we are not seeking social 'truths', as positivist methods may understand them, but a rich and dynamic social commentary, in which subjective identity is created

and in which sexual and reproductive behaviour is given meaning.

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