



## Early Sexual Engagement a Barrier to Personal Development: A Case of Mucheke Suburb in Masvingo Province.

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### Introduction

Early sexual engagement is a pervasive issue affecting adolescents worldwide, with far-reaching consequences on their personal development. In Zimbabwe, the Mucheke suburb in Masvingo province is no exception. This article examines the nexus between early sexual engagement and personal development among adolescents in Mucheke suburb, highlighting the challenges and implications for their future prospects.

### *Background and Context: Overview of the Mucheke Suburb*

Mucheke is a densely populated suburb located in Masvingo, Zimbabwe, with a population estimated at over 30,000 residents (ZimStat, 2022). As one of the oldest residential areas in the city, Mucheke exhibits a mix of low-income housing and informal settlements, which are a reflection of the broader socio-economic challenges faced by Zimbabwe, including high inflation, unemployment, and inadequate social services (Mhlanga & Sibanda, 2021). The majority of Mucheke's residents are employed in the informal sector, primarily through vending, artisanal work, and casual labor, as formal employment opportunities remain limited. The data from 2020 suggests that 60% of Zimbabwe's workforce operates within the informal economy, with Masvingo contributing significantly to these figures (Chiripanhura & Makwavarara, 2020). This has exacerbated poverty in the suburbs, leading to diminished access to quality education, healthcare, and social services (UNICEF, 2021).

The cultural environment in Mucheke is heavily shaped by traditional beliefs and practices, much like other suburban and rural areas in Zimbabwe. There is a strong influence of patriarchal norms that often place women and girls at a disadvantage, restricting their educational opportunities and increasing their vulnerability to early marriages and sexual exploitation (Maphosa, 2019). Cultural pressures, combined with economic hardship, significantly impact the life choices of young people, particularly girls, who are often expected to marry early or assume domestic roles.

One of the most pressing issues in Mucheke is the rampant abuse of illicit drugs, particularly among the youth. A 2020 study by the Zimbabwe Civil Liberties and Drug Network (ZCLDN) found that 70% of drug users in Masvingo were between the ages of 15 and 25, with the most commonly abused substances being marijuana (locally referred to as "mbanje"), cough syrups containing codeine, and crystal methamphetamine, also known as "mutoriro" (ZCLDN, 2020). This drug abuse problem is closely intertwined with other social issues, including crime, school dropouts, and risky sexual behaviors. Studies have shown that substance abuse often lowers inhibitions, leading to risky sexual encounters, which in turn contribute to the rising cases of early sexual engagement among teenagers and young adults in Mucheke.

The high levels of unemployment in Mucheke—where 45% of the youth are jobless (ZimStat, 2022)—leave many young people idle and frustrated. In search of escape, they turn to drugs and sexual relationships as coping mechanisms. This creates a vicious cycle in which early sexual engagement leads to unplanned pregnancies, sexually transmitted infections (STIs), and school dropouts, all of which further limit opportunities for personal development (Chirisa et al., 2020). Without effective intervention from community leaders, health professionals, and law enforcement, these problems continue to proliferate. Consequently, a generation of youth is left grappling with the long-term consequences of early sexual engagement and drug abuse, which stifle their educational and economic prospects (Moyo, 2020).

### *Statement of the Problem*

Early sexual engagement in Mucheke has emerged as a significant social problem, with far-reaching implications for the personal and economic development of young people in the suburbs. Adolescents, particularly girls, are increasingly engaging in sexual activities at an early age, often without adequate knowledge of sexual health or access to contraceptive services. According to a 2019 Zimbabwe National Family Planning Council (ZNFPC) report, approximately 28% of adolescent girls in Masvingo are sexually active by the age of 16, with limited access to sexual health education and reproductive services (ZNFPC, 2019). This situation is compounded by the high prevalence of drug abuse in the community, which exacerbates risky

sexual behaviors. Research by Mlambo (2020) indicates that 65% of drug-using youth in Muccheke have engaged in unprotected sex, contributing to the rising cases of early pregnancies and sexually transmitted infections (STIs). This not only affects the health and well-being of the youth but also disrupts their educational and economic trajectories. The lack of awareness and limited access to sexual education in Muccheke means that many young people are unaware of the risks associated with early sexual activities, leading to a higher incidence of unplanned pregnancies, STIs (including HIV/AIDS), and emotional trauma (Masvingo Child Protection Network, 2021). Cultural acceptance of early marriages further exacerbates the problem, as young girls are often coerced into sexual relationships under the guise of marriage or social expectations. The 2021 National Gender-Based Violence Survey highlighted that 22% of marriages in Masvingo involve girls under the age of 18, further limiting their opportunities for education and personal development (Gender Links, 2021). As such, this research aims to investigate how early sexual involvement can act as a barrier to the overall development of individuals.

### ***Research Questions***

This study seeks to address the following key research questions:

1. What are the primary factors contributing to early sexual engagement among adolescents in Muccheke?
2. How does drug abuse influence the sexual behaviors and choices of young people in Muccheke?
3. What are the consequences of early sexual engagement in the Muccheke suburb?
4. What interventions can be implemented at the community and policy levels to mitigate the risks and consequences of early sexual engagement in Muccheke?

These questions will guide the research in understanding the complexities surrounding early sexual engagement and in identifying effective solutions to address this social issue.

### ***Objectives of the Study***

The primary objectives of this study are as follows:

- 1) To identify the causes of early sexual engagement in Muccheke.
- 2) To explore the role of drug abuse in exacerbating risky sexual behaviors and early sexual engagement in Muccheke.
- 3) To assess the consequences of early sexual engagement on personal development
- 4) To propose practical interventions that can be adopted by the community, local authorities, and policymakers to reduce the prevalence of early sexual engagement.

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## **Literature Review**

### **Theoretical Framework**

To understand early sexual engagement and its impact on personal development, several theoretical frameworks provide critical insights. These include Social Learning Theory, Adolescent Development Theories, and Ecological Systems Theory, which offer explanations of the behaviors exhibited by adolescents and their environment.

#### **Social Learning Theory**

Albert Bandura's Social Learning Theory posits that behavior is learned through observation, imitation, and modeling. Adolescents in environments like Muccheke, where drug abuse and risky sexual behaviors are prevalent, may observe such behaviors in their peers or community members and adopt them (Bandura, 1977). Peer influence is particularly strong during adolescence, as young people seek acceptance and validation from their social groups (Ogunwale & Ajuwon, 2019).

Table 1 below illustrates the primary mechanisms of Social Learning Theory and their applicability to early sexual engagement.

**Table 1: Primary Mechanisms of Social Learning Theory**

Mechanism	Description	Application to Early Sexual Engagement
Observational Learning	Learning by observing others.	Adolescents may learn sexual behaviors from peers or media.
Reinforcement	Behaviors are reinforced by rewards or consequences.	Sexual behavior reinforced by peer approval or popularity.
Modeling	Replicating behaviors of role models or influential individuals.	Adolescents imitate risky behaviors seen in older peers.

### Adolescent Development Theories

Adolescence is a critical period of development marked by identity formation, exploration of autonomy, and emotional fluctuations (Steinberg, 2021). Erik Erikson's psychosocial development theory highlights the "identity vs. role confusion" stage, where adolescents grapple with forming their identity, which may include experimentation with sexual behaviors (Erikson, 1963). Piaget's Cognitive Development Theory further asserts that adolescents' ability to reason and make decisions is still developing, which can lead to risky behaviors such as early sexual engagement (Piaget, 1954). These theories help explain why adolescents in Muccheke, under the influence of drugs or peer pressure, may struggle to understand the long-term consequences of their actions.

### Ecological Systems Theory

Bronfenbrenner's Ecological Systems Theory emphasizes that an individual's development is influenced by multiple layers of their environment, including the family, peers, school, and broader community (Bronfenbrenner, 1979). In Muccheke, where poverty, drug abuse, and weak institutional support systems prevail, adolescents are exposed to environments that encourage risky sexual behaviors. This theory suggests that addressing early sexual engagement requires multi-layered interventions that target the various systems surrounding the individual.

**Table 2: Core tenants of Ecological Systems Theory**

System	Description	Influence on Early Sexual Engagement
Microsystem	Immediate environment (family, peers).	Direct influence from peer pressure and family dynamics.
Mesosystem	Interactions between microsystems (school, community).	Influence of school and community programs on sexual behavior.
Exosystem	External environments that indirectly affect the individual.	Broader socio-economic challenges influencing adolescent choices.
Macrosystem	Cultural and societal norms.	Societal attitudes toward early marriage and sexual norms.

### Previous Studies on Early Sexual Engagement

Numerous studies have explored the phenomenon of early sexual engagement and its effects on personal development globally, regionally, and locally. This section reviews key findings that highlight the causes and consequences of this behavior.

Globally, early sexual engagement has been linked to numerous adverse outcomes, particularly among adolescents in low- and middle-income countries. A study by Hindin & Fatusi (2009) revealed that in Sub-Saharan Africa, about 40% of girls are sexually active by age 15, often without access to adequate sexual health information. This exposure has been linked to high rates of teenage pregnancies, sexually transmitted infections (STIs), and school dropouts (UNICEF, 2021). The World Health Organization (WHO) estimates that 16 million girls aged 15–19 give birth each year, with the majority living in low-income countries (WHO, 2020). Early sexual engagement impairs educational attainment and limits the economic opportunities available to young women, perpetuating cycles of poverty and gender inequality (Patton et al., 2016).

In Sub-Saharan Africa, early sexual engagement is often driven by socio-cultural factors such as early marriage, traditional gender roles, and poverty (Mensch et al., 2006). Studies in Kenya and Uganda show that girls from impoverished backgrounds are more likely to engage in early sexual activities, often as a means of financial survival (Biddlecom et al., 2008). In Zimbabwe, as elsewhere, early sexual engagement has been strongly associated with child marriages, which remain prevalent despite legislative efforts to curb the practice. Approximately 32% of girls in Zimbabwe are married before age 18 (UNICEF, 2019).

Furthermore, research has shown that adolescent girls who engage in early sexual activities are more likely to drop out of school due to pregnancy or marriage, severely limiting their potential for personal development (Mupambireyi et al., 2014). This outcome is exacerbated by the stigma and social exclusion that many pregnant adolescents face within their communities, further hindering their ability to return to school or pursue economic opportunities.

Locally, studies in Zimbabwe have shown that early sexual engagement is a pressing issue, particularly in low-income areas such as Muccheke. A 2020 report by the Zimbabwe National Family Planning Council (ZNFPC) revealed that 28% of girls aged 15-19 in Masvingo province had engaged in sexual activities, with the majority of these cases occurring without proper sexual health education or contraceptive use (ZNFPC, 2020). These adolescents face significant barriers to accessing sexual health services, such as social stigma, lack of youth-friendly clinics, and limited knowledge about contraception (Chirinda et al., 2012).

In addition, local studies have highlighted the strong connection between early sexual engagement and educational attainment in Zimbabwe. A study by Moyo (2021) found that adolescent girls who become pregnant are twice as likely to drop out of school compared to their peers, and they face significant challenges in re-entering the education system. These findings suggest that early sexual engagement significantly hinders the personal and economic development of adolescents, perpetuating cycles of poverty and marginalization in communities like Muccheke.

### **Drug Abuse and Sexual Behavior Correlation**

Research has consistently shown that drug abuse and early sexual engagement are closely correlated, especially in low-income and high-risk environments. Substance abuse is a known risk factor for engaging in unprotected sex, multiple sexual partnerships, and early sexual initiation (Brook et al., 2006). Adolescents under the influence of drugs such as marijuana and methamphetamine often exhibit lower inhibitions, impaired judgment, and a greater likelihood of engaging in risky sexual behaviors (Parsons et al., 2017).

Studies conducted globally have shown that adolescents who abuse substances are significantly more likely to engage in early and risky sexual behaviors. According to a study by Guo et al. (2002), adolescents who abuse alcohol or drugs are five times more likely to initiate sexual activity by age 15 compared to their non-using peers. Moreover, these adolescents are also more likely to engage in unprotected sex, increasing their risk of contracting STIs and experiencing unintended pregnancies (Fergusson et al., 2002).

In Sub-Saharan Africa, the correlation between drug abuse and risky sexual behavior is well-documented. A study in South Africa found that adolescents who use substances such as alcohol, marijuana, and methamphetamine are at increased risk of early sexual debut and inconsistent condom use (Peltzer & Pengpid, 2016). Similarly, research in Kenya has shown that adolescents involved in drug abuse are twice as likely to engage in unprotected sex, with a significant portion of them engaging in transactional sex to support their drug habits (Zulu & Chepngeno, 2003).

In Muccheke, illicit drug abuse, particularly of "mutoriro" (crystal methamphetamine), has been identified as a significant contributor to early sexual engagement (Mlambo, 2020). A study by the Zimbabwe Civil Liberties and Drug Network (ZCLDN, 2020) found that 65% of adolescents using drugs in Masvingo had engaged in unprotected sex, with many reporting multiple sexual partners. These findings suggest a strong link between substance abuse and risky sexual behavior in Muccheke, where poverty and limited social support systems exacerbate the problem. Without proper intervention, this combination of drug abuse and early sexual engagement threatens the personal development and future prospects of young people in the community.

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## **Research Methodology**

### **Research Design**

This study employs a qualitative research design to explore the relationship between early sexual engagement and personal development in Muccheke Suburb. The qualitative approach is chosen because it allows for an in-depth understanding of the social, cultural, and personal experiences of individuals within this context (Creswell & Poth, 2018). Through this approach, the study aims to capture the subjective experiences of the participants and uncover underlying factors contributing to early sexual engagement, including the influence of drug abuse (Denzin & Lincoln, 2011).

Qualitative research is particularly suitable for this study because it enables the collection of rich, descriptive data that is critical in understanding complex social phenomena such as early sexual engagement (Mason, 2002). By using interviews with key informants and focus groups with youths, the study will provide insights into the perspectives of those directly affected by the issue (Silverman, 2016). Furthermore, qualitative research is flexible, allowing for adjustments as new themes or patterns emerge during data collection, which is essential when dealing with sensitive topics like sexual behavior and drug abuse (Bryman, 2016). The dynamic nature of qualitative research ensures that the data collected is reflective of the real-world complexities surrounding early sexual engagement in Muccheke (Patton, 2015).

In addition to primary data from interviews, secondary data will be used to supplement the findings. This includes reviewing reports, studies, and policy documents from reputable organizations such as the Zimbabwe National Family Planning Council (ZNFPC), Zimbabwe Civil Liberties and Drug Network (ZCLDN), and UNICEF, providing a broader context for the analysis. Secondary data helps triangulate the findings from interviews and focus groups, ensuring the research is robust and comprehensive (Bowen, 2009).

### **Sampling Techniques**

This study uses a purposive sampling technique to select participants who have relevant knowledge or experience with early sexual engagement and drug abuse in Muccheke Suburb. This non-probability sampling method is appropriate because it allows for the intentional selection of participants who can provide the most relevant and insightful information regarding the research topic (Etikan et al., 2016). Given the sensitive nature of the subject, purposive sampling ensures that only individuals who are directly affected or who have expert knowledge on the topic are included (Palinkas et al., 2015). This approach is particularly useful for studying complex and context-specific phenomena such as early sexual engagement, where the insights of key informants and youths are invaluable (Teddle & Yu, 2007).

The sample includes two key groups:

1. **Key Informants:** These are individuals from reputable departments and organizations who work directly with youths in Mucheke, including health officials, educators, social workers, and community leaders. They are selected based on their professional experience and insight into the issue.
2. **Youth Participants:** Adolescents and young adults (aged 15-24) living in Mucheke, with a focus on those at risk of or involved in early sexual engagement and drug abuse. This group is selected to provide personal accounts and experiences.

**Table 3: Sample Size and Characteristics**

Category	Sample Size	Characteristics
Key Informants	10	Professionals from health, education, and social services.
Youth Participants	30	Adolescents aged 15-24, both male and female, from Mucheke Suburb.

The total sample size for this study is 40 participants. This size is sufficient to provide meaningful insights into the issue while ensuring the depth of data collected.

## Data Collection Methods

The primary data collection method for this study is semi-structured interviews, supplemented by focus group discussions and secondary data analysis. Semi-structured interviews are ideal for exploring sensitive topics such as early sexual engagement because they provide flexibility in probing deeper into participants' experiences while maintaining a structured format to ensure consistency across interviews.

### Semi-Structured Interviews

**Key Informants:** Interviews will be conducted with professionals from the Zimbabwe National Family Planning Council (ZNFPC), Zimbabwe Civil Liberties and Drug Network (ZCLDN), and local health and education departments. These interviews will focus on their perspectives on early sexual engagement, the role of drug abuse, and community-level interventions.

**Youth Participants:** Youths will be interviewed to understand their personal experiences with sexual behavior, drug use, and the factors influencing these behaviors. Questions will address their knowledge of sexual health, access to contraceptive services, and their views on the barriers to personal development.

### Focus Group Discussions

Two focus groups will be held with adolescents in Mucheke to explore collective attitudes and experiences. Each group will have 8-10 participants. These discussions will provide insight into peer influences and community perceptions of early sexual engagement and drug use.

### Secondary Data

Relevant reports, studies, and policy documents from the Ministry of Health, UNICEF, and ZNFPC will be analyzed to provide background information and context. This data will help triangulate the findings from the interviews and focus groups, ensuring a comprehensive understanding of the issue.

## Data Analysis

The data collected through interviews and focus groups will be analyzed using thematic analysis. This qualitative method is appropriate because it allows the researcher to identify, analyze, and report patterns (themes) within the data, providing a detailed understanding of the issue.

Source: Secondary data

Below are the findings that indicate the primary factors contributing to early sexual engagement among adolescents in Mucheke.

**Drug and Substance Abuse:** This is the most significant factor, suggesting that substance abuse plays a critical role in lowering inhibitions and promoting risky sexual behaviors among adolescents.

**Economic Hardship and Poverty:** Poverty pressures adolescents into engaging in transactional sex or early relationships as a coping mechanism for financial insecurity.

**Cultural Norms and Early Marriages:** Cultural expectations and patriarchal norms encourage early sexual activity through early marriages, particularly for adolescent girls.

**High Unemployment Rates and Idleness** (tied with Limited Sexual Health Education). A lack of economic opportunities and structured activities leaves adolescents idle, increasing the likelihood of risky behaviors, including early sexual engagement.

**Limited Sexual Health Education** : Poor access to comprehensive sexual health education leaves adolescents ill-equipped to make informed choices about their sexual behaviors.

**Inadequate Access to Reproductive Health Services** : Limited access to contraception and reproductive healthcare exacerbates the risks of unprotected sex, early pregnancies, and STIs.

**Peer Pressure and Social Influences** : Peer pressure normalizes early sexual engagement, particularly in environments influenced by substance abuse and inadequate guidance.

The results highlight a multi-dimensional problem, with substance abuse and socioeconomic factors being the leading contributors to early sexual engagement. The interplay between poverty, unemployment, cultural norms, and inadequate health education creates an environment where adolescents are particularly vulnerable. Addressing these factors requires integrated interventions, including education, community sensitization, and socio-economic support. These results are consistent with the findings from a study by Mlambo (2020) on the impact of substance abuse on adolescent behavior in Zimbabwe similarly found that drug use significantly increased the likelihood of risky sexual behaviors among youth. This aligns with the top-ranked factor in Mucheke. A UNICEF report (2020), on adolescent health in Zimbabwe highlighted that poverty and limited access to sexual health education are primary factors influencing early pregnancies and STIs, corroborating the importance of these factors in the Mucheke study.

### **Influence of drug abuse on the sexual behaviors and choices of young people in Mucheke**

The study also sought to determine the influence of drug abuse on the sexual behaviors and choices of young people in Mucheke.

#### **Main Theme 1: Lowered Inhibitions and Risk-Taking Behaviors**

To investigate the Influence of drug abuse on the sexual behaviors and choices of young people in Mucheke, the researcher conducted interviews with ten key informants. A recurring central theme was Lowered Inhibitions and Risk-Taking Behaviors.

*"Drugs make me lose control. When I'm high, I just do whatever feels right at the moment, even if it means sleeping with someone without protection."* [Participant 3]

*"Most of us don't think straight after using mutoriro or drinking cough syrups. It's like the fear of consequences disappears."* [Participant 10]

*"I've done things under the influence that I wouldn't even consider when I'm sober. It's like the drugs take over my choices."* [Participant 2]

*"We often end up at parties where drugs are everywhere, and it's easy to hook up with people without thinking about the risks."* [Participant 7]

*"Being high makes it feel like you're invincible like nothing bad can happen to you even if you don't use protection."* [Participant 6]

*"A lot of my friends and I don't plan these encounters; they just happen because the drugs make you feel so free and reckless."* [Participant 5]

*"Sometimes, I don't even remember what happened the night before because of the drugs. It's scary, but it keeps happening."* [Participant 8]

*"We don't think about consequences like pregnancy or diseases when we're high. All you care about is feeling good in the moment."* [Participant 9]

The responses suggest that drug abuse significantly lowers inhibitions and impairs judgment, leading to impulsive and risky sexual behaviors among adolescents in Mucheke. These behaviors include unprotected sex, multiple sexual partners, and an inability to consider the long-term consequences of their actions. Drugs not only diminish awareness of risks but also create an environment where risky behaviors are normalized. Similarly, a global report by UNAIDS (2021) on youth and drug abuse revealed that substance use often leads to impulsive decisions, including unsafe sexual practices, which contribute to the rising rates of STIs and unplanned pregnancies in communities with high drug prevalence.

#### **Interventions can be implemented at the community and policy levels to mitigate the risks and consequences of early sexual engagement in Mucheke**

The study sought to provide interventions that be implemented at the community and policy levels to mitigate the risks and consequences of early sexual engagement in Mucheke.

#### **Main Theme 2: Policy Reforms and Enforcement**

The most prevalent theme during the analysis of the interventions that be implemented at the community and policy levels to mitigate the risks and consequences of early sexual engagement in Mucheke was Policy Reforms and Enforcement. The researcher conducted ten interviews and the respondent had the following to say:

*"Community leaders should implement stricter measures to enforce child protection laws. Sensitization programs on sexual health should be made mandatory, involving parents and traditional leaders to address cultural attitudes enabling early sexual engagement."* [Participant 9]

*"Policies should mandate the establishment of youth-friendly health centers offering education on sexual and reproductive health and access to contraceptives without stigma."* [Participant 2]

*"The government must strengthen policies that keep adolescents in school, like enforcing a zero-tolerance policy for expelling pregnant girls while promoting re-entry programs."* [Participant 5]

"Law enforcement should work closely with community stakeholders to curb the drug trade and ensure stringent penalties for dealers targeting youth." [Participant 7]

"Police need to enforce existing laws on statutory rape and child marriages more effectively while ensuring that violators face appropriate consequences." [Participant 3]

"Policies should focus on youth empowerment through skills training and employment programs to reduce idleness, which contributes to both drug use and early sexual engagement." [Participant 6]

"Policies should involve young people in planning interventions to ensure their voices are heard and their actual needs are addressed." [Participant 10]

"There's a need for cultural reforms through policy, challenging harmful traditional practices like early marriages and gender bias that increase risks for adolescent girls." [Participant 4]

The responses suggest that adolescents in Muccheke perceive both systemic and cultural factors as critical contributors to early sexual engagement. They emphasize the importance of integrating legal reforms with community-based interventions to address the root causes. Major themes include the need for enhanced law enforcement, youth-focused education, and health services, and addressing socio-economic disparities that increase vulnerability. The emphasis on cultural reform and community involvement highlights the interconnectedness of policy and traditional norms in influencing behaviors. These results are consistent with the findings by Chirisa et al. (2020) who highlighted the role of socioeconomic hardships and lack of employment opportunities in driving risky behaviors among youth, aligning with the need for economic empowerment policies identified in the interviews.

## Conclusions of the Study

The study examined the primary factors contributing to early sexual engagement among adolescents in Muccheke, the influence of drug abuse on sexual behaviors, and potential interventions to mitigate risks. Key conclusions are as follows:

- **Primary Factors Contributing to Early Sexual Engagement:**

- **Drug and Substance Abuse** emerged as the most significant factor. Adolescents reported that substance abuse lowers inhibitions and promotes impulsive sexual behaviors.
- **Economic Hardship and Poverty** were major drivers, leading adolescents to engage in transactional relationships for financial stability.
- **Cultural Norms and Early Marriages** reinforced early sexual engagement, especially among girls, due to patriarchal societal expectations.
- **High Unemployment Rates and Idleness** and **Limited Sexual Health Education** (RII = 0.74) were tied as significant contributors. Unemployment creates idle time, while poor access to education limits informed decision-making.
- **Inadequate Access to Reproductive Health Services** further exacerbated vulnerabilities, making it difficult for adolescents to access contraception and guidance.
- **Peer Pressure and Social Influences** normalized risky behaviors, especially in environments influenced by substance use.

These findings highlight a multidimensional problem that interlinks socio-economic, cultural, and educational factors, requiring a comprehensive response.

- **Influence of Drug Abuse on Sexual Behaviors:**

- Drug abuse significantly lowers inhibitions and impairs judgment among adolescents, leading to impulsive sexual behaviors such as unprotected sex and multiple partners.
- Substances like *mutoriro* and cough syrups create a sense of invincibility, reducing concern for long-term consequences like pregnancies or STIs.
- The study found that environments where drugs are prevalent often normalize risky behaviors, perpetuating a cycle of substance abuse and early sexual engagement.

- **Interventions to Mitigate Risks:**

- **Policy Reforms and Enforcement** emerged as the most critical approach:
  - Stricter enforcement of child protection laws and enhanced penalties for drug dealers targeting youth are essential.
  - Mandatory community sensitization programs on sexual health, involving parents and traditional leaders, could address harmful cultural norms.

- Establishing youth-friendly health centers to provide stigma-free sexual health education and contraceptives is necessary.
  - Education policies should support re-entry programs for pregnant girls and reduce expulsion rates, ensuring continued education.
  - Economic empowerment through youth skills training and employment programs could address the root causes of idleness and poverty.
- **Integration of Cultural Reforms:**
  - Participants emphasized the need for challenging harmful traditional practices such as early marriages and addressing gender biases that disproportionately affect adolescent girls.

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## Recommendations for Relevant Stakeholders in Mucheke

- 1) **Local Government and Policy Makers:**
  - a. **Strengthen Youth Empowerment Programs:** Introduce vocational training, entrepreneurship initiatives, and after-school programs to address idleness and provide adolescents with productive alternatives to risky behaviors.
  - b. **Enhance Law Enforcement:** Collaborate with law enforcement agencies to combat drug trafficking and enforce laws against statutory rape and child marriages. Stricter penalties for drug dealers targeting youth should be a priority.
- 2) **Educational Institutions:**
  - a. **Incorporate Comprehensive Sexual Health Education:** Schools should adopt mandatory, age-appropriate sexual health curricula that address the risks of early sexual engagement, substance abuse, and peer pressure. This should be done in collaboration with health professionals and community leaders.
  - b. **Support for Pregnant Adolescents:** Establish policies that encourage re-entry programs for pregnant adolescents, ensuring they can continue their education without stigma or discrimination.
- 3) **Community Leaders and Traditional Authorities:**
  - a. **Challenge Harmful Cultural Norms:** Work with local leaders to address patriarchal practices, such as early marriages, through community sensitization campaigns that promote gender equity and delay marriage age.
  - b. **Promote Community-Led Health Initiatives:** Develop community-based youth-friendly health centers providing access to contraception, counseling, and drug rehabilitation services.
- 4) **Parents and Guardians:**
  - a. **Enhance Parental Guidance and Communication:** Parents should be encouraged to have open, non-judgmental conversations with their children about sexual health and the dangers of substance abuse. Workshops or parenting programs can support this effort.
  - b. **Monitor Adolescent Activities:** Increase parental supervision to minimize exposure to environments where substance abuse and risky sexual behaviors are prevalent.
- 5) **Non-Governmental Organizations (NGOs) and Health Practitioners:**
  - a. **Expand Access to Youth-Friendly Reproductive Health Services:** Provide adolescents with free or subsidized access to contraceptives and reproductive health services without stigma.
  - b. **Conduct Awareness Campaigns:** Collaborate with local media and schools to raise awareness about the consequences of early sexual engagement and drug abuse. Campaigns should be culturally sensitive and tailored to resonate with adolescents.
- 6) **Law Enforcement Agencies:**
  - a. **Curb Drug Trafficking:** Strengthen community policing initiatives to disrupt the supply chain of drugs targeting youth and foster a safer environment for adolescents in Mucheke.
  - b. **Increase Visibility and Responsiveness:** Establish partnerships with schools and community groups to create a reporting system for drug-related activities and cases of child exploitation.



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## Recommendations for Future Researchers

- i. **Explore Longitudinal Impacts of Interventions on Adolescent Behavior:** Future studies should investigate the long-term effectiveness of implemented interventions, such as youth-friendly health services, community sensitization programs, and education reforms. Longitudinal research could provide insights into the sustainability of these measures and identify any gaps that may arise over time, enabling continuous improvement.
- ii. **Examine the Role of Digital Media in Shaping Adolescent Behaviors:** With the increasing influence of social media and digital platforms, future researchers should analyze how online content and peer interactions via these channels contribute to early sexual engagement. This could include investigating the role of online drug promotion, exposure to sexual content, and the potential for digital interventions, such as awareness campaigns and e-health education platforms, to mitigate risks.

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