

# Traditional Norms and Their Influence on HIV Prevention Behaviours among Urban Youth in Lusaka, Zambia: A Qualitative Phenomenological Study

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## ABSTRACT

Despite expanded access to HIV testing, condoms, pre-exposure prophylaxis, and antiretroviral therapy, HIV incidence among urban youth in Zambia remains disproportionately high. Sociocultural norms continue to shape gender relations, sexual negotiation, and HIV prevention practices, yet limited qualitative research has explored how urban youth actively interpret and negotiate these norms within rapidly changing social and digital environments. This study explored how traditional sociocultural norms influence HIV prevention behaviours among urban youth in Lusaka, Zambia.

A descriptive qualitative study using an interpretive phenomenological approach was conducted between July and August 2025 in six urban constituencies of Lusaka District. Purposive and snowball sampling techniques were used to recruit 72 participants aged 18–30 years, comprising 36 males and 36 females. Semi-structured in-depth interviews were conducted in English, Bemba, and Nyanja. Interviews were audio-recorded, transcribed verbatim, translated where necessary, and analysed thematically following Braun and Clarke's six-phase framework. Reflexive journaling, peer debriefing, member checking, and iterative coding procedures were employed to enhance trustworthiness and analytical rigor.

Four major themes emerged. 1. Traditional constructions of masculinity normalized multiple sexual partnerships and discouraged condom negotiation, while femininity was associated with silence, obedience, and sexual submissiveness. 2. Gendered power imbalances constrained women's ability to negotiate HIV prevention practices. 3. Economic vulnerability and transactional relationships reinforced unsafe sexual behaviours within urban nightlife settings. 4. Participants demonstrated emerging forms of youth agency through peer support and digitally mediated HIV prevention engagement. A key analytical finding was the emergence of "normative dissonance," defined as the simultaneous internalization and resistance of traditional sociocultural expectations. Participants frequently acknowledged the risks associated with harmful norms while continuing to conform to them because of peer pressure, social acceptance, and fear of exclusion.

HIV prevention behaviours among urban youth in Lusaka are shaped by intersecting cultural, economic, interpersonal, and digital influences. Effective HIV prevention interventions should therefore integrate culturally responsive approaches, youth-led engagement, digital health communication, and structural interventions addressing gender inequality and economic vulnerability.

**Keywords:** HIV prevention, sociocultural norms, phenomenology, youth agency, normative dissonance, transactional sex, Zambia

## INTRODUCTION

### Background

Human immunodeficiency virus (HIV) infection remains a major public health challenge among adolescents and young adults in sub-Saharan Africa. Zambia continues to experience a substantial HIV burden, with national

adult prevalence estimated at approximately 11.1% (UNAIDS, 2024). Young people aged 15–24 years remain disproportionately affected, particularly young women living in urban settings where social inequalities, unemployment, migration, and rapidly changing social norms contribute to heightened vulnerability (Zambia Statistics Agency et al., 2019).

Although Zambia has expanded access to HIV testing services, condom distribution, youth-friendly health services, and antiretroviral therapy, reductions in HIV incidence among urban youth have remained slower than anticipated (Ministry of Health Zambia, 2022). Existing evidence suggests that biomedical interventions alone may be insufficient when sociocultural expectations continue to shape sexual behaviour, relationship dynamics, and health-seeking practices (Airhihenbuwa et al., 2009; UNAIDS, 2023).

Traditional gender norms remain particularly influential in many urban African settings. Masculinity is frequently associated with sexual dominance, risk-taking, and multiple partnerships, whereas femininity is often linked to obedience, silence, and limited sexual autonomy (Jewkes et al., 2010; Wyrod, 2011). These expectations may undermine condom negotiation, HIV testing uptake, and open communication regarding sexual health (Isaksen et al., 2020). In addition, economic vulnerability and transactional relationships continue to shape HIV risk among urban youth, especially young women experiencing financial dependence or social pressure associated with urban consumer culture (Stoebenau et al., 2016).

Digital media and social networking platforms have also become increasingly important in shaping youth behaviour and social interaction. While some studies associate social media with misinformation, risky sexual exposure, and peer pressure, emerging evidence indicates that digital platforms can also facilitate HIV education, emotional support, and youth-led advocacy (Goldstein et al., 2021; Madonsela & Tsai, 2022).

## Research Gap

Existing quantitative surveys, including the Zambia Demographic and Health Survey (ZDHS) and Zambia Population-Based HIV Impact Assessment (ZAMPHIA), provide important epidemiological evidence regarding HIV prevalence and behavioural trends among youth. However, these studies provide limited insight into how young people themselves interpret, negotiate, reproduce, or resist traditional sociocultural norms within complex urban environments. Previous qualitative studies conducted in Zambia and other sub-Saharan African settings have examined stigma, gender inequality, and economic vulnerability independently, yet relatively few studies have explored how these factors interact simultaneously with peer influence and digital media within urban youth populations.

## Theoretical and Conceptual Contribution

This study contributes theoretically through the development of the concept of normative dissonance, defined as the coexistence of behavioural conformity and psychological resistance to traditional sociocultural expectations. Unlike cognitive dissonance, which primarily focuses on internal psychological inconsistency (Festinger, 1957), normative dissonance describes a socially situated contradiction in which young people recognize harmful sociocultural expectations while continuing to reproduce them because of interpersonal, economic, or symbolic pressures.

The concept emerged inductively during thematic analysis as participants repeatedly described awareness of HIV risk alongside continued engagement in socially expected practices. This phenomenon was particularly evident in discussions regarding masculinity, transactional relationships, and condom negotiation.

The study was informed by the Health Belief Model and Social Cognitive Theory. The Health Belief Model assisted in understanding how perceived risk, barriers, and benefits shaped HIV prevention practices, while Social Cognitive Theory provided insight into the influence of peer modelling, observational learning, and social reinforcement on youth behaviour.

## General Objective

To explore the influence of traditional sociocultural norms on HIV prevention behaviours among urban youth in Lusaka, Zambia.

## Specific Objectives

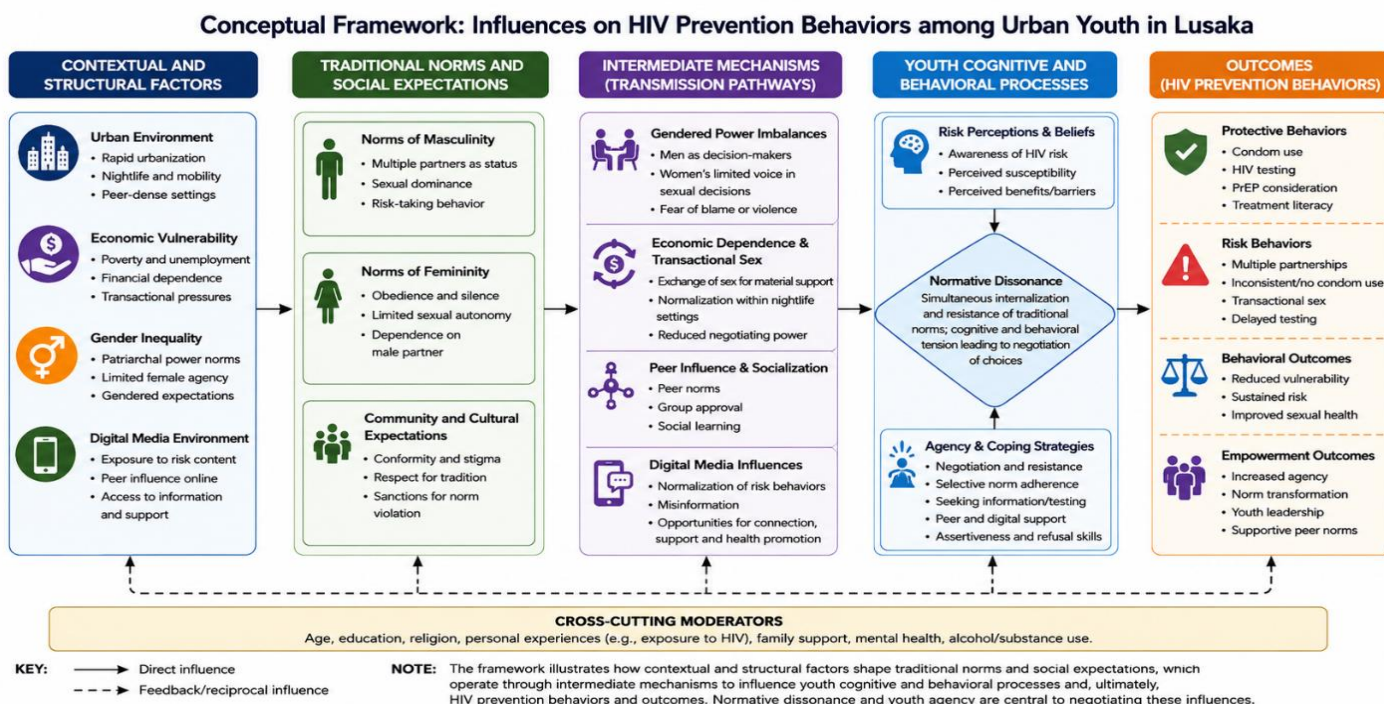
1. To examine traditional beliefs surrounding sexuality, gender roles, and intimate relationships among urban youth.
2. To assess how sociocultural norms influence condom use, HIV testing, and sexual negotiation practices.
3. To investigate the role of digital media, peer influence, and urban nightlife culture in reinforcing or challenging traditional norms.

## CONCEPTUAL FRAMEWORK

The study conceptualized HIV prevention behaviour as being influenced by the interaction of sociocultural, interpersonal, economic, and digital factors. Traditional norms surrounding masculinity and femininity interact with peer influence, economic vulnerability, and urban social environments to shape condom negotiation, HIV testing uptake, and sexual decision-making. Digital media simultaneously reinforces and challenges these influences by functioning as both a platform for risky behaviour and a source of peer education and resistance.

Traditional sociocultural norms continue to influence sexual behaviour, gender relations, and HIV prevention practices among young people. Norms surrounding masculinity often encourage multiple sexual partnerships and sexual dominance, whereas norms related to femininity emphasize obedience, silence, and limited sexual autonomy (Jewkes et al., 2010; Pinchoff et al., 2017). These social expectations may undermine condom negotiation, HIV testing uptake, and open communication regarding sexual health (Isaksen et al., 2020; UNAIDS, 2023).

Figure 1. Conceptual Framework



## METHODOLOGY

### Study Design and Setting

A descriptive qualitative study employing an interpretive phenomenological approach was conducted between July and August 2025. Phenomenology was selected because the study sought to understand the lived experiences, perceptions, and meanings that urban youth attach to sexuality, gender norms, and HIV prevention behaviours within their sociocultural environments.

The phenomenological orientation guided participant engagement, interviewing style, reflexive interpretation, and thematic analysis. Interviews emphasized participants' subjective experiences, emotional interpretations, and social meanings associated with HIV prevention practices. The researchers adopted a reflexive stance throughout the study to acknowledge how their own professional backgrounds and assumptions could influence interpretation.

### **Researcher Positionality and Reflexivity**

The principal investigator is a public health professional with experience in HIV prevention programming and youth health research in Zambia. Because prior professional exposure to HIV-related issues could influence interpretation, reflexive journaling was maintained throughout data collection and analysis to document assumptions, emerging impressions, emotional responses, and analytic decisions.

Peer debriefing sessions were conducted with qualitative research colleagues to challenge potential interpretive bias and strengthen analytical credibility. Reflexivity was further enhanced through repeated review of transcripts and comparison of emerging themes across participants from different constituencies.

### **Study Setting**

The study was conducted in six urban constituencies within Lusaka District: Lusaka Central, Kanyama, Mandevu, Matero, Kabwata, and Chawama. These constituencies were selected to capture variation across high-density settlements, middle-income neighbourhoods, and transitional urban communities.

### **Participant Recruitment and Sampling**

The study population comprised youths aged 18–30 years who had resided in Lusaka for at least one year. Purposive and snowball sampling techniques were used to recruit 72 participants, including 36 males and 36 females. Participants were recruited through youth networks, community referrals, and local social groups.

Eligibility criteria included willingness to participate, ability to provide informed consent, and residence within the selected constituencies. Individuals experiencing acute psychological distress or inability to participate meaningfully in interviews were excluded.

Sampling continued until thematic saturation was achieved. Saturation was determined when no substantially new themes, categories, or explanatory insights emerged from subsequent interviews.

### **Data Collection**

Semi-structured in-depth interviews lasting approximately 30–45 minutes were conducted in English, Bemba, or Nyanja using a pre-tested interview guide. Interview domains included traditional beliefs regarding masculinity and femininity, Sexual relationships and condom negotiation, HIV testing attitudes and experiences, peer influence and nightlife culture, transactional relationships and digital media engagement and HIV-related communication

The phenomenological interviewing process emphasized open-ended exploration of participants' lived experiences rather than structured behavioural reporting alone. Probing questions encouraged participants to describe emotions, meanings, social expectations, and contradictions within their experiences.

All interviews were audio-recorded with consent, transcribed verbatim, and translated into English where necessary.

### **Data Analysis**

Data were analysed thematically following Braun and Clarke's (2006) six-phase framework:

1. Familiarization with the data

2. Generation of initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

Coding was conducted iteratively using NVivo software. Initial codes were generated inductively from participant narratives before being interpreted using constructs from the Health Belief Model and Social Cognitive Theory.

The concept of normative dissonance emerged inductively during coding when participants repeatedly described awareness of HIV-related risk alongside continued conformity to harmful sociocultural expectations. The concept was subsequently refined analytically through comparison across transcripts and thematic categories.

### **Trustworthiness**

Trustworthiness was enhanced using multiple strategies consistent with qualitative research standards (Lincoln & Guba, 1985). Credibility was strengthened through prolonged engagement with participants, member checking, and peer debriefing. Dependability was enhanced through maintenance of an audit trail documenting coding decisions and analytical development. Confirmability was supported through reflexive journaling and collaborative thematic review.

### **Ethical Considerations**

Ethical approval was obtained from the Texila American University Research Ethics Committee. Written informed consent was obtained from all participants before data collection. Confidentiality was maintained through anonymization of transcripts and secure storage of audio recordings and interview data

## **RESULTS**

### **Participant Characteristics**

A total of 72 youths participated in the study, with a mean age of 23.4 years. Participants included students, unemployed youths, informal sector workers, and self-employed individuals. Educational attainment ranged from primary to tertiary level, and duration of residence in Lusaka ranged from two to twenty-five years.

### **Theme 1: Traditional Norms and Sexuality**

Male participants frequently associated masculinity with multiple sexual partnerships, describing such behaviour as evidence of social status, maturity, and strength. Several participants explained that men who maintained only one sexual partner were often mocked by peers.

Female participants described femininity as strongly associated with obedience, modesty, and silence regarding sexual matters. Women who initiated discussions regarding condom use or HIV testing were sometimes labelled as promiscuous or disrespectful.

Participants repeatedly demonstrated forms of normative dissonance. Many acknowledged that these expectations increased HIV risk but nevertheless felt compelled to conform because of social pressure and fear of exclusion.

### **Theme 2: Gender Roles and Power Dynamics**

Participants consistently described men as dominant decision-makers within sexual relationships. Young women reported limited power to negotiate condom use, particularly in relationships involving emotional dependency or financial support.

Requests for condom use were often interpreted as signs of mistrust or infidelity. Consequently, some women described using indirect strategies to negotiate sexual safety, including delaying intercourse or encouraging clinic attendance indirectly.

### **Theme 3: Economic Vulnerability and Transactional Relationships**

Transactional relationships were described as normalized within many urban social environments. Female participants emphasized that economic hardship, unemployment, and aspirations for social mobility reduced their bargaining power within relationships.

Participants distinguished between survival-driven transactional relationships and aspirational relationships motivated by social prestige, material goods, or urban lifestyle expectations.

Nightlife environments such as clubs and entertainment venues were frequently associated with alcohol consumption, transactional exchanges, and unsafe sexual practices.

### **Theme 4: Digital Media and Youth Agency**

Despite structural and cultural barriers, participants expressed strong interest in peer-led HIV prevention interventions delivered through social media platforms such as WhatsApp, TikTok, Facebook, and Instagram.

Digital platforms were described as both sources of misinformation and spaces for anonymous learning, peer support, and resistance to restrictive cultural norms. Participants explained that online spaces allowed them to discuss HIV-related issues more openly than traditional family or community settings.

## **DISCUSSION**

This study demonstrates that HIV prevention behaviours among urban youth in Lusaka are shaped by the interaction of traditional sociocultural norms, gendered power relations, economic vulnerability, peer influence, and digital social environments. The findings support ecological perspectives on HIV prevention which emphasize that behaviour is shaped not only by individual knowledge but also by broader social and structural influences (Airhihenbuwa et al., 2009).

The persistence of masculine norms associating male identity with sexual dominance and multiple partnerships aligns with previous studies conducted in southern Africa (Jewkes et al., 2010; Wyrod, 2011). Similar findings have been reported among urban youth in Zambia, where multiple partnerships were linked to peer recognition, masculinity, and social prestige (Pinchoff et al., 2017). These findings suggest that HIV prevention campaigns focusing exclusively on information provision may have limited impact when risk-taking behaviours remain socially rewarded.

The study further demonstrates that young women navigate HIV prevention within unequal gender systems characterized by limited negotiating power and social stigma. However, unlike studies portraying women solely as passive victims of patriarchy, the present findings reveal adaptive and culturally negotiated forms of agency. Participants described indirect strategies for negotiating condom use and reducing exposure to risky situations, consistent with findings from Tanzania and Uganda (Merten & Haller, 2007; Wyrod, 2011).

An important theoretical contribution of the study is the concept of normative dissonance. Participants frequently expressed awareness of HIV-related risks while simultaneously reproducing behaviours associated with those risks because of peer expectations, economic dependence, and symbolic social pressures. Unlike cognitive dissonance, which focuses primarily on psychological inconsistency, normative dissonance reflects a socially embedded contradiction shaped by competing cultural expectations and survival realities.

The emergence of normative dissonance supports Social Cognitive Theory, particularly the role of observational learning, peer reinforcement, and reciprocal social influence in shaping behaviour. Similar contradictions between HIV knowledge and behavioural practice have been documented in studies from South Africa and Nigeria (Campbell et al., 2005; Airhihenbuwa et al., 2009).

This study also contributes to emerging literature regarding digital media and HIV prevention. While previous studies often emphasized the harmful effects of social media exposure, participants in the present study described digital platforms as contested spaces where both risk and resilience coexist (Goldstein et al., 2021; Madonsela & Tsai, 2022). Digital platforms enabled anonymous discussion, peer education, and youth-led resistance to restrictive sociocultural expectations.

Economic vulnerability emerged as another major structural driver of HIV risk. Participants described how unemployment, social pressure, and material aspirations contributed to transactional relationships and reduced women's ability to negotiate safer sex. These findings are consistent with literature distinguishing between survival-based and aspirational transactional relationships among young women in sub-Saharan Africa (Stoebenau et al., 2016).

On the whole, the findings demonstrate that HIV prevention among urban youth must be understood within interconnected cultural, economic, interpersonal, and digital systems. Interventions that fail to address these intersecting influences may achieve only limited behavioural change.

## LIMITATIONS

Several limitations should be considered when interpreting the findings. Firstly, the study was conducted exclusively within urban Lusaka and may therefore not fully reflect experiences among rural youth or young people living in smaller towns. Secondly, the use of self-reported sexual behaviour may have introduced recall bias and social desirability bias, particularly given the sensitivity of HIV-related discussions. Although confidentiality, rapport-building, and private interviewing procedures were used to minimize these effects, some participants may still have underreported stigmatized behaviours or overreported socially desirable practices.

Thirdly, the cross-sectional qualitative design limited the ability to examine how attitudes and behaviours evolve over time. Finally, although reflexive practices and peer debriefing were employed to enhance credibility, qualitative interpretation remains inherently shaped by researcher perspective.

## CONCLUSION

HIV prevention among urban youth in Lusaka extends beyond access to biomedical services and HIV-related knowledge. Traditional sociocultural expectations, economic vulnerability, peer influence, and digital social environments collectively shape prevention behaviours in complex and contradictory ways.

The study demonstrates that young people frequently experience normative dissonance in which they simultaneously resist and reproduce harmful sociocultural expectations. HIV prevention interventions should therefore move beyond awareness campaigns alone and incorporate culturally responsive, youth-driven, gender-transformative, and digitally integrated approaches that strengthen youth agency and address structural vulnerability.

## RECOMMENDATIONS

1. HIV prevention programs should incorporate gender-transformative approaches that challenge harmful constructions of masculinity and femininity.
2. Youth-friendly HIV services should strengthen confidential counselling, peer-led engagement, and digital outreach platforms tailored to urban youth.
3. Policymakers and public health practitioners should integrate digital health communication strategies using platforms such as WhatsApp, TikTok, Facebook, and Instagram to promote youth-centred HIV education.
4. Economic empowerment initiatives targeting unemployed urban youth, particularly young women, should be integrated into HIV prevention programming to reduce vulnerability associated with transactional relationships.

5. Community leaders, parents, educators, and religious stakeholders should be engaged in dialogue aimed at redefining harmful gender norms and promoting healthier relationship practices.
6. Future research should examine normative dissonance longitudinally and explore how digital social environments continue to shape HIV prevention practices among youth.

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