Sexuality Education and Personal- Efficacy in Safe Sexual Behaviour

A Study on Secondary School Girls in Chipata Zambia

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Abstract

The purpose of this study is to explore, from the Zambian adolescent girls’ point of view; the strengths and weaknesses of the Comprehensive Sexuality Education (CSE) curriculum, how they define it by content and strategy, what they expect to learn from it and how junior and senior students’ perception of it vary. The study further aims to explore the adequacy of information disseminated by different stakeholders in supplementing the school Curriculum on CSE.

The thesis is a qualitative interview study that collected data from respondents through interviews. They describe the content and strategy of the curriculum as focused on abstinence with less information given on other protective measures. The study compares perceptions and experiences of the curriculum between junior secondary school students and upper senior secondary students. By using Bandura’s theory of social learning, it was found that girls at senior secondary level had personal- efficacy in methods of prevention and interacting with the opposite sex, while students at junior level had self–expectancy, and avoided socialising with boys to prevent pregnancy.

The study presents the weaknesses of the program as incomprehensive due to the curriculum’s integrated nature. Untrained teachers were also reported to give insufficient information. Students suggested that there is a gap in information on how to relate with boys, and opined that it was just as important as learning about abstinence and other methods of prevention.

Other stakeholders such as civil society organisations were found to play an integral role in providing information on sexual reproductive health, and supplemented the school curriculum in CSE. Respondents found their involvement helpful with some reporting that they are confident making informed decisions because they are part of the NGOs programs.
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### Acronyms

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<th>Abbreviation</th>
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<tr>
<td>CSE</td>
<td>Comprehensive Sexuality Education</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>AIDS</td>
<td>Acquired Immuno Deficiency Syndrome</td>
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<td>UNESCO</td>
<td>United Nations Educational Scientific Cultural Organisation</td>
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<td>STI</td>
<td>Sexually Transmitted Infections</td>
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<td>SIDA</td>
<td>Swedish International Development Agency</td>
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<tr>
<td>SDG</td>
<td>Sustainable Development Goals</td>
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<td>PEPFAR</td>
<td>President’s Emergency Plan for Aids Relief</td>
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<td>DREAMS</td>
<td>Determined Resilient Empowered AIDS-free Mentored Women</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>UNDP</td>
<td>United Nations Development Program</td>
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<td>SRH</td>
<td>Sexual Reproductive Health</td>
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Chapter 1

1. Introduction

UNESCO defines comprehensive sexuality education:

*Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.* (UNESCO, 2018a)

The international technical guidance on sexuality education developed by UNESCO was formed on an evidence based approach which emphasises the need for programs that are founded on evidence, adapted to local contexts and are designed in a logical manner to address and measure factors such as attitudes, skills, beliefs and values which may in turn affect the health and well-being of young people in relation to sexuality. The guidance on comprehensive sexuality education is meant to be delivered in formal and informal settings and should be:

*Human rights based:* it should build on and promote an understanding of rights of children and of all other persons to non-discrimination, health, information equality and education. This should involve raising awareness among adolescents and encourage them to recognise their rights, respect and acknowledge the rights of others and also advocate for those whose rights are violated. Thus, young people should be provided with good access to CSE which acknowledges their rights to the highest attainable standard of safety by providing them with information to make safe and responsible sexual choices which are free from coercion and violence.

*Supportive of healthy choices by developing required life skills:* These skills include the ability to analyse and make informed decisions, communicate and effectively negotiate as well as demonstrate assertiveness. These skills can help young people develop relationships built on respect with family, peers, friends and sexual partners.

*Culturally appropriate and relevant:* CSE must foster responsibility and respect in relationships by supporting learners to examine, understand and challenge how cultural structures, norms and behaviours influence peoples choices and relationships in a given setting.
**Transformative:** CSE should contribute to developing fair and compassionate societies by empowering individuals and communities by promoting critical thinking skills. It should provide learners with opportunities to explore and nurture positive values and attitudes towards sexual reproductive health and develop self-esteem and respect for gender equality and human rights. CSE should further empower young people to take responsibility for their decisions and behaviours and the ways in which their decisions may affect others.

**Based on gender equality:** CSE is expected to address the different ways that gender norms contribute to influencing inequality and in turn, how these inequalities affect the overall health and well-being of children and adolescents while also wielding efforts to prevent STIs, early unintended pregnancies and gender based violence. It should do so by analysing gender norms shaped by cultural, social and biological differences and similarities and encourage the development of respectful and equitable relationships.

**Comprehensive:** CSE should provide opportunities to enable acquisition of age appropriate, evidence supported, accurate and comprehensive information on sexuality. It should address sexual and reproductive matters including but not restricted to: sexual and reproductive anatomy and physiology, puberty, menstruation, HIV/AIDS and other STIs, pregnancy, child birth and modern contraception. It should also foster communication for health and well-being regarding sexuality by developing healthy interpersonal relationships among peers, family and sexual partners.

**Curriculum based:** CSE should be included in a developed curriculum to guide educators’ efforts to support students’ learning. The curriculum should include main teaching objectives such as the development of learning objectives, the presentation of concepts and the delivery of clear key messages in an organised way.

**Incremental:** CSE should be a continuous educational process that starts at an early age and where new information should be built on pre-existing knowledge, using a spiral-curriculum approach.

**Age appropriate:** CSE content should be responsive to the changing needs and capabilities of the child/young person as they grow older. Based on the age and development of the learners, it should address developmentally relevant topics when it is suitable for learners’ health and well-being. It should accommodate developmental diversity and adapt content when emotional and cognitive development is delayed (UNESCO, 2018a)

According to an earlier guideline, Successful Comprehensive sexuality programs in schools have been found to:
- Reduce misinformation
- Increase correct knowledge
- Clarify and strengthen positive values and attitudes, increase skills to make informed decisions and act upon them
- Increase communication with parents or other trusted adults

Research further shows that programmes sharing certain key characteristics can help to:

- Abstain from or delay the debut of sexual relations
- Reduce the frequency of unprotected sexual activity
- Reduce the number of sexual partners
- Increase the use of protection against unintended pregnancy and STIs during sexual intercourse.

(UNESCO, 2009b).

### 1.1 Overall Aim

The main aim of this research is to investigate how Comprehensive Sexuality Education (CSE) impacts Zambian adolescent girls’ sexual behaviour and personal efficacy as well as to explore the influence of relevant stakeholders in CSE.

### 1.2 Research Questions

The study employed the following research questions:

- According to the girls’ perspective, what are the strategies and the content of CSE in mitigating adolescent pregnancy and HIV prevalence?
- According to the girls, what are the strengths and weaknesses of the program?
- What information do junior and senior secondary school girls think the curriculum should consist of?
- How adequate is the information provided by different stakeholders in helping adolescents make informed decisions on sexuality and or sexual practices?
1.3 Delimitations and Limitations

Due to the qualitative nature of the research, this study cannot claim to be objective or factual. The researcher may not have been immune to a subjective interpretation of what the respondents wished to express; however, the researcher has taken great effort to give agency to the girls’ perspectives without the interference of the researcher’s values where applicable i.e. in relation to relevant research questions.

1.4 Relevance to the Field of ICE

This research is relevant to the field of International and Comparative Education (ICE) because it is based on the UNESCO international technical guidance on sexuality education (UNESCO, 2009b) that informs individual national governments under the United Nations on how their CSE curriculums should be structured and designed as well as what the overall objectives of CSE should be and the human rights on which the objectives are based.

The research is also comparative because it compares the learning experiences between girls in grades 9-10 to those in grades 11-12. This comparison is in line with the cube on international and comparative education. It compares individuals (level seven of the Bray and Thomas Cube) to their experience of the curriculum (first row on the education aspect of the cube) within different age groups (nonlocational demographic group on the cube) (Bray, Adamson, & Mason, 2014).

1.5 Organisation of the study

The study is organised as follows:

Chapter one: defines Comprehensive Sexuality according to UNESCO and lists guidelines. Overall aim, research questions, limitations and the relevance to the field of ICE are presented in chapter one. Chapter two: Presents a review of the literature on which the study in based, presenting themes that that merged in the literature review. Chapter three: Presents background information on the country (Zambia) and the province (eastern province) that is relevant to this study and where the study where the research was conducted. Suggests how the study contributes to current literature on CSE. Chapter four: Presents the social learning theory theoretical framework. Chapter five: Methodology: Presents the design of the study, motive for selecting the organisations, research methods, use of semi structured interviews, rationale for selecting informants,
interview guides, processing of the data, quality criteria of the research and ethical considerations. Chapter six: presents the findings of the study. Chapter seven: Discusses the findings of the study according to the themes identified, with reference to previous studies. Chapter eight: analyses the findings using Bandura’s Social Learning theory, Compares the knowledge and attitudes among respondents categorising them under personal efficacy and outcome expectancy.
Chapter 2

2. Review of the Literature

Research has been conducted on CSE/SRH in school curricula in order to understand the challenges of sexuality and reproductive health in the school population, and by extension societies, and how these challenges could be better addressed. In a literature review conducted earlier in preparation for this research (Khan, 2018) the main findings and themes (discussions) used in the study are presented below with supplementary literature that has been added to support the findings.

2.1 Knowledge, Comfortability and Confidence of Teachers in Teaching CSE

A study conducted on the factors that are associated with school teachers’ perceived needs and the level of adoption of HIV prevention education, argued that more confidence elevates teachers’ attitude in teaching HIV/AIDS education and that training to boost confidence might support the adoption of more widespread school based HIV/AIDS education (Henning, Chunheui, & Khanna, 2011). Similarly, a different study undertaken by Klein and Breek on the influence role model teachers had on student teachers when they were in elementary school argued that the experience they had with their teachers had an influence and impact on how they perceived sexuality and consequently, how they teach it (Klein & Breek, 2010).

In a study related to educators’ attitudes and considerations, it was found that teachers attending a particular course in sexuality education did not necessarily translate to preparedness and confidence. In order for this to be achieved, more theoretical and practical training was required (Brouskeli & Sapountzis, 2017).

According to a study to investigate the efficiency and relevance of sexuality education programs it was argued that various areas need to be covered in CSE training of teachers. The study suggested that there is need for teachers to understand how different pedagogical factors and process variables influence the impact of sex education programs (Leung, Shek, Leung, & Shek, 2019).

A research aimed at exploring the link between teachers’ motivation and students’ knowledge found that the relationship between teachers’ motivation and students’ knowledge was linked. The finding was that teachers’ level of motivation, attitude and confidence in teaching HIV/AIDS education and students’ attitude towards sexual behaviour portrayed a positive relationship.
Teachers were considered to play a big role in the formation of a positive attitude by students toward subjects (Thuo, Nyaga, Bururia, & Barchok, 2016).

### 2.2 Cultural and Social Attitudes Towards CSE

A study conducted to investigate various stakeholders’ perspective on the UNESO CSE technical guideline revealed that stakeholders such as parents and religious leaders preferred sexuality education to focus on and promote abstinence and discourage sexual practices which they viewed as immoral (Bwalya, 2011). The findings of a study on psychosocial life skills and their impacts on the sexual behaviour of adolescent learners in Zambian schools revealed that life skills in education were taught in schools that were selected by the use of Anti AIDS clubs, and talks from community health workers. Transmission, prevention and the dangers of HIV and AIDS were the main topics taught by educators. The respondents reported that they were more comfortable talking to their friends regarding matters of sex related issues than either their parents or teachers (Muzila, 2011).

Boys and girls tended to construct themselves as opposites with little in common, and sexuality was spoken about in ways which tended to cement gender polarized identities. For boys were positioned, by both boys and girls, as possessors of sex drives and as bad and irresponsible, by most girls, and girls were positioned as objects of sexual desire, with most girls constructing themselves, in interviews, as ‘good’ in resisting boys and boyfriend relations (Pattman, 2005).

A study with the aim to investigate how adolescents view the opposite sex argued that physical, mental and psychological changes occur during adolescence and this period requires acceptance and acknowledgement of the opposite sex for confidence throughout adolescence and eventually healthy relationships in adulthood (Pathan, 2011).

A research that investigated how adolescent girls discussed matters of sex with their parents, found that girls were fearful of their parents in discussing matters of sexuality as they were taught by their parents and warned to stay away from boys, making it challenging for girls to communicate with their parents. (Elegbe, 2018).

According to the Human Rights Watch, cultures that promote violence against women such as initiation ceremonies practiced in Zambia are focused on teaching girls to be a submissive woman and being able to please her husband. This culture not only eventually leads to women’s disempowerment and engendering their subordinate role, it also includes instilling the norm of not negotiating issues related to sex (Human Rights Watch, 2003).
2.3 Knowledge on Safe Sexual Practices and Behaviour

2.3.1 Knowledge on General Prevention

A study conducted on HIV knowledge and risk, investigated risk factors and challenges to HIV prevention, and identified community-based solutions to prevent HIV among younger Zambian girls. Primary outcomes highlighted a lack of school-based sexuality education was associated with deficiencies in knowledge regarding safer sex practices, and that communication between parents and children on matters concerning sex was lacking. Poverty was also found to increase early sexual debut among girls, and resulted in survival-based sex exchange (Butts, Kayukwa, Langlie, Rodriguez, Alcaide, Chitalu, Weiss and Jones, 2018).

In assessing the impacts of sex education, a study was conducted to explore the effects of sexuality education on risky sexual behaviour of school going adolescents in Zambia, the study found that a majority of the schooling adolescent respondents were knowledgeable enough in sex and sexuality issues, including a wide range of sexual risks. Their knowledge pertaining to sexual and reproductive health, HIV and STI transmission including pregnancy prevention was found to be significantly high, compared to the findings of adolescents who were not in school. The underlying factor being that schooling youths are subjected to all forms of sex education ranging from the curriculum, multimedia and youth-empowering social groups (Rashid & Mwale, 2016).

Similarly, a study conducted in Namwala district in Zambia, found that secondary school learners were knowledgeable about safe sexual practices, and this had an effect on their sexual behaviour as they practised safer sex (Mweembe, 2016). In a reversed study, a lack of a comprehensive sexuality education subject was found to be a missed opportunity to curb the high HIV/AIDS prevalence in Zambia. Owing to a lack of decline of HIV/AIDS prevalence over the years, it was found that teaching on the pandemic and on safer sex practices from other subjects like biology and environmental science was inadequate in curbing the scourge among adolescents, arguing that a comprehensive stand-alone subject would be more effective (Banda, 2016).

2.3.2 Abstinence-Only Focus - Infringement on Access to Information

‘Abstinence only’ training programs that focus on abstinence as the best way to prevent STI’s and unwanted pregnancies rarely discuss alternative methods for prevention. By including alternatives, curricula can address the needs of adolescents who are already sexually active. Abstinence-only programs fail to acknowledge sexual activity among adolescents and consequently do not meet the needs of sexually active teens. Abstinence-
only focused programs provide little understanding of the social context of sexual behaviours and their frequent link with other risk-taking behaviours (Kelly & Schwartz, 2007). Abstinence from sexual intercourse that is viewed as the only certain way to avoid out-of-wedlock pregnancy and STIs, has been found to be misleading and harmful because it conflates effectiveness of intentions to remain abstinent and the actual practice of abstinence. The study revealed adolescents who intend to be abstinent fail to do so, and that when abstainers do initiate intercourse, many fail to use condoms and contraception to protect themselves (Santelli, Kantor, Leslie, Grilo, Ilene, Speizer Lindberg, Heitel, Schalet, Lyon, Mason-Jones, McGovern, Heck, Rogers & Ott, 2017).

2.3.3 Knowledge and Confidence in Condom Use

In a study conducted on condom awareness and perception among adolescents, revealed that approximately 45% of students agreed to a statement that they would not use protection if they had a chance of having sex while 22% were not sure if they would use protection or not in the event they had a chance to have sex due to uncertainty of its efficiency (Mucugu, Migosi, & Mwania, 2013).

A link between positive attitudes towards condom use and confidence in using them was found in a study. Positive attitudes were linked with high self-efficacy of condom use. The study also showed that frequent use of condom use increased students’ confidence in using them as they were more familiar with how to use them (Farmer & Meston, 2006).

Similarly, a study found that students generally had a favourable attitude towards condom use, these were associated with greater condom use personal-efficacy. The study highlights the importance of the relation between condom use attitudes and personal-efficacy during early adolescence. It argued that early adolescents are actively developing opinions and attitudes about condom use through their experiences, conversations with friends, families and other authorities such as teachers (Richwood, Penn, Peasant, Albritton, & Smith, 2017). Social cognitive correlates of sexual experience and condom in adolescents also confirmed a positive correlation between the confidence in putting on a condom and the consistent use of it by adolescents (Diiorio, Dudley, Kelly, Soet, Mbwara, & Potter, 2001).

A Survey conducted on adolescent students’ sexual practices found that over 75% of all the students surveyed had once engaged in sex without a condom, even though the majority (97.4%) had seen a condom and believed that condoms were effective in protecting against pregnancy 52.3% vs. 21.6%, only 22.9% students thought condoms were effective in protecting against HIV/AIDS (Abok, 2011).
2.4 Non-Governmental Organisations’ Role in CSE

Social actors were found to play an important role in the dissemination of information on sexual reproductive rights in schools through partnerships with the government of the republic of Zambia and partnerships with schools. Their impact presented below is worth discussing.

The organisation Restless Development is in long term partnerships with the government and private stakeholders. The organisation leads coordinating roles at both national and community level between government and civil society. The organisation Campaigns for Female Reproductive Education and is aligned to the Sixth National Development Plan; the National Youth Plan of Action and National HIV Strategy as well as wider regional framework of the Commonwealth Plan of Action for Youth Empowerment (Restless Development Zambia Strategic Plan).

In Zambia, DREAMS, a program developed by PEPFAR is developing a model of new HIV diagnoses among adolescent girls and young women ages 15-24. The first round of this modelling, which used data from 2015–2017, revealed that comprehensive sexuality prevention interventions improved the lives of women and that new HIV diagnoses among adolescent girls and young women declined by more than 25 percent. Further research on the effects of CSE dissemination showed that girls between the ages 15-24 were inconsistent or did not use condoms in their relationships. Gender norms prohibiting refusal of sex to partners was found to still be prevalent (PEPFAR, 2018).

A comparative analysis of the policy environment surrounding school based sexuality education in Ghana, Peru, Kenya and Guatemala, found that countries have developed regional and international policies and laws through which they intend to create an enabling environment in successful implementation of CSE. However, the study found that the policies of the developing countries that were being investigated showed that none of the countries had their own individual national policy developed for school based CSE and a challenge was found that the general policies adopted were not being well implemented. This had an impact on civil societies that conducted CSE sensitisation, arguing that the lack of a national policy on CSE coupled with poor implementation of general adopted policies posed challenges for awareness programs by civil society organisations who were still active and showed commitment to CSE sensitisation in spite of the non-enabling environment they were operating in (Panchaud, Keogh, Stillman, Kofi, Asare, Motta, Estelle & Monzon, 2018).

The importance of stakeholders in CSE was acknowledged in a study that explored the challenges faced by civil society organisations in disseminating information related to CSE in South Africa. The study revealed that civil society organisations bridged the gap between learning CSE and accessing sexual reproductive health services.
Civil society organisations also provided teaching resources for educators and schools, as well as delivering life skill programmes and talks. The study argued that there is room and opportunity for collaboration between civil society organisations and the ministry of education (Tucker, George, Reardon, & Panday, 2016).
Chapter 3

3. A Study on Zambia

Zambia is a landlocked country in central southern Africa with a population estimated at over 17 million. With the age population demographic distribution as follows as 15-24 years, 20.8 % and 15-49 years at 36.7 % it currently has the largest young population in its history (Njelesani & Tapera, 2013). The country also has one of the highest rates of child marriages in the world with 42% of girls aged 20-24 married by the age of 18 and has an HIV prevalence rate of 13.3% between the ages of 15-49 (Zambia Demographic Health Survey, 2014). Adolescent pregnancy is rife with 28.5% of girls being pregnant or having given birth between the ages 15-18 (Zambia Demographic Health Survey, 2014).

In 2018, eastern province recorded the highest number of adolescent pregnancies in the country with over 24,000 teenage pregnancies recorded from January to September. According to the Chipata district health Director this was attributed to cultural traditions such as initiation ceremonies, rampant increase in child marriage and poverty. The statistics were from 3 districts, namely Chipangali, Kasenengwa and Chipata (Maamba, 2018). Chipata; where this research was conducted, ranking the highest.

Adolescent pregnancy deprives girls of their right to education and puts them at risk of HIV contraction and gender based violence (UNDP, 2018). The plight of the adolescent girl in Zambia necessitates access to comprehensive sexuality education to mitigate adolescent pregnancies, reduce HIV rates and help girls realise their right to education.

In a country with such a large young population, high HIV, child marriage and adolescent pregnancy rates, it is critical to national development that the government attempts to mitigate these challenges. On 7th December 2013, Zambia was among the countries that signed the ministerial commitment on comprehensive sexuality education and reproductive health services for adolescents and young people in Eastern and Southern Africa. The commitment aims to and acknowledges individual governments’ role to promote human development.

This includes good access and quality education and to implement strategies to educate and protect all children and adolescents from early pregnancy, sexually transmitted infections and to combat all forms of female discrimination and human rights violations such as early child marriage (UNESCO, 2013d).
In a ministerial speech by Jean Kapata from the Ministry of Community Development Mother and Child Health Zambia, the minister referred to a life skills education framework development that was adopted by the country in 2011. The framework is based on the WHO objective of life skills which prioritised the need for abilities and positive behaviour that would enable individuals to deal effectively with the demands and challenges of everyday life. The framework adopted provides guidelines to direct service providers on minimum content to be taught at various levels of education in order to standardise the life skills offered to students (Kapata, 2012). The minister reported that the policy framework enabled critical partnerships to be developed between Zambia’s ministry of Education and civil society organisations who can deliver services in school settings. The collaboration between the two sectors is meant among others to:

- Increase quality and coverage of sexuality education in schools and targeted behaviour change programmes/campaigns for young people, particularly young women.
- Scale-up evidence-based prevention programmes for women and men aged 15–24.
- Enhance programmes that facilitate and promote girls’ completion of the basic education programmes.
- Support links between the Poverty Reduction Strategy Programme and HIV prevention programmes to reduce structural factors such as gender inequality, poverty, income disparities that promote transactional sex, particularly for women and girls.

Thus, various stakeholders have been identified to promote CSE, a multi sectorial effort has been recognised and developed to mitigate the scourge of adolescent pregnancies and HIV.

### 3.1 Contribution to Literature on CSE

This research contributes to the studies that have been conducted on Comprehensive Sexuality education. According to the literature review that has been conducted, the following findings were consistent with the previous research conducted.

- Insufficient knowledge on CSE by students, particularly regarding protection.
- Teacher unpreparedness, bias and discomfort in teaching CSE.
- Incomprehensive CSE curriculum.
The following are new findings that contribute to the literature on CSE.

- Disparities in knowledge and personal-efficacy among adolescent girls in Zambia
- Scepticism about condom use among adolescent girls in Chipata Zambia
- Focus on abstinence - avoiding boys conflated with avoiding sex.
- Gap in knowledge by girls on how to relate with boys.
- Actors’ contribution to CSE in schools.

In line with the themes from the literature review that was conducted for this research, this research would be categorised under ‘Adolescent Knowledge on safe Sexual Practices,’ as the study explores through the girls’ perspectives what they have learned, challenges faced, what their individual opinions are regarding sexuality education content and what they would like to learn.
Chapter 4

4. Theoretical Framework

This study employs Albert Bandura’s social learning theory in order to understand how girls adopt risky sexual behaviours and the processes involved. Bandura’s theory of social learning was developed by merging two main theories of learning: Cognitive theory and behavioural theory. This chapter deconstructs the social learning theory into the cognitive and behavioural theory in order to better understand how its constitutive theories work and how they combine to form Banduras social learning theory.

4.1 Cognitive Learning Theory

Cognitive learning theory has been used as an explanation for the mental processes that are influenced by both intrinsic and extrinsic factors which have been argued to bring about learning in an individual. The theory posits that different processes regarding learning can be explained by first analysing the mental processes. It argues that with efficient cognitive processes, learning is easier and new information can be stored in the memory for the execution of future tasks (Sincero, 2011).

Cognitive theorists have emphasised the role of personal hypotheses or expectations held by the subject. Behaviour, in this regard, is considered a function of the personal value of an outcome and of the subjective estimate that a particular action will achieve a desired outcome. Reinforcements or consequences of behaviour are believed to operate by influencing expectations regarding the situation (Rosenstock, Strecher, & Becker, 1988). Thus, the lessons learned from a behaviour or task, fall under cognitive theory because these lessons are mental processes that enhance skills (behaviour factor) that help execute the task better in the next encounter (efficacy). Bandura’s theory on cognitive factors holds that behaviour is determined by cognitive expectancies, these are:

(a) Expectancies about environmental cues (knowledge about how events are connected; information on cause and effect).

(b) Expectancies about the consequences of one’s own actions (estimation about how individual behaviour is likely to influence outcomes). This has been termed ‘outcome expectancy’

(c) Confidence about one’s own competence to perform the behaviour needed to influence outcomes. This is termed as personal-efficacy (Rosenstock, et al., 1988).
4.2 Behavioural Learning Theory

The Interaction between determinants in behaviourism can be conceptualized in different ways reflecting alternative views of how causal processes operate. In the unidirectional argument of interaction, persons and situations are treated as independent entities that combine to produce behaviour. This may be represented as: \( B = (P, E) \) where \( B \) represents behaviour, \( P \) the person and \( E \) the environment. However, it has been found that environmental factors do not function as independent determinants but rather, they determine each other; neither can the persons be considered independent from their behaviour (Bandura, 1977). Bandura further argues it is largely through their actions that people produce the external environmental conditions that affect their behaviour in a reciprocal fashion. The experiences brought on by earlier behaviour may determine what a person can become and what they can do which in turn affects their subsequent behaviour (Bandura, 1977).

Bandura’s social learning theory posits that behaviour is determined by incentives. Incentive is defined as the value of a particular object or outcome. The outcome may be health status, physical appearance, approval of others, or other consequences. Behaviour is therefore regulated by its consequences (reinforcements), but only as those consequences are interpreted and understood by the individual. Thus, for example, individuals who value the perceived effects of changed lifestyles (incentives) will attempt to change if they believe that (a) their current lifestyles pose threats to any personally valued outcomes, such as health (environmental cues); (b) that particular behavioural changes will reduce the threats (outcome expectations); and (c) that they are personally capable of adopting the new behaviours (efficacy expectations) (Rosenstock, et al., 1988).

4.3 Social Learning Theory

The social learning view of learning is an active process of reciprocal determinism; behaviour, personal factors and environmental factors operating as interlocking determinants of each other. The influences expended by these interdependent determinants may differ in various situations and for different behaviours. There are times when environmental factors exert powerful constraints (outcome expectancy) and other times when personal factors are the regulators of the course of environmental events (personal- efficacy) (Bandura, 1977).

Bandura posits that self-efficacy information derives from four sources: enactive, or performance attainments; vicarious experience; verbal persuasion; and physiological state. Performance accomplishments are the most effective sources of efficacy formation because they are based on personal mastery experience. Vicarious experience obtained through observation of successful or unsuccessful performance of others is the next most effective. Verbal persuasion (or exhortation) by verbally informing participants about an action or event and Finally, physiological states, particularly anxiety, may inform the
individual, correctly or not, that they are capable of performing or maintaining a given action or success in eliminating negative affect may enhance one's self-efficacy (Rosenstock, et al., 1988).

In a study on social learning theory in youth sexual behaviour, the researchers used Bandura’s theory of social learning to categorise their variables into the following factors:

**Cognitive factors:** These included variables such as knowledge and awareness of HIV and other STIs, aspects of reproductive health, attitude to relevant services, sexual and gender attitude, perceived vulnerability to reproductive health risk, general lifestyle, self-esteem, locus of control, social activity, self-efficacy and demographic variables (such as: age, religiosity, marital status).

**Environmental factors:** included variables such as access and contact with sources of support and information, social culture, value and norm as a social support/model to specific behaviour.

**Behavioural factors:** included variables such as sexual lifestyle (orientation, experience, numbers of partners), health events (Sexual Transmitted Infection/STI’s, pregnancy, abortion) and condom and contraceptive use (Suryoputro, Ford, & Zahroh, 2007).

Thus, in relation to this study, human behaviour can be determined by the three following factors:

**Cognitive factors:** include knowledge, attitude and self-efficacy. This includes knowledge on safer sex practices, information on how safe alternative methods of prevention are, such as condoms, attitudes towards prevention methods and confidence (self-efficacy) with their risk environment (interacting with the opposite sex/ using contraceptives such as condoms).

**Behavioural factors:** these include skills and practice, i.e. knowledge on how to interact with the opposite sex (to either draw boundaries or negotiate condom use) and efficient use of condoms.

**Environmental factors:** these include social norms and the influence of others. In this study, these are: the taboo culture of discussing matters of sex with parents, premarital sex viewed as immoral by relevant stakeholders such as religious organisations and parents. Teachers who have an influence over the respondents in how and what to inform them on, are also a product of the conservative society that regards premarital sex as immoral, thus their values interfere with information delivery.

According to Bandura, a distinguishing feature of social learning theory is that it has a prominent role in assigning self-regulatory capacities. By arranging environmental inducements, generating cognitive supports, and producing consequences for their own actions, people are able to expend some measure of control over their own behaviour. Thus, the self-regulatory functions are created and occasionally supported by external influences. A comprehensive theory of behaviour must explain how patterns of behaviour
are acquired and how their expression is continuously regulated by the interplay of self-generated and external sources of influence. From a social learning perspective, human nature can be characterized as a vast potentiality that can be altered by direct and vicarious experience into various forms. However, within biological confines, as the level of psychological and physiological development, naturally restricts what can be acquired at any given time (Bandura, 1977).
Chapter 5

5. Methodology

According to Bryman a research is built on five fundamental factors: the chosen theory for the study, the ontological perspective, the values of the researcher and other practical factors and considerations. Bryman defines epistemology as a matter of what is regarded as sufficient knowledge. Epistemological considerations provoke inquiry into how research should be done and raise questions on the issue of how the social world should be studied. Ontology is mainly concerned with whether social entities exist independently of social actors or whether they are constructed or necessitated by the actions of these actors (Bryman, 2008).

The epistemological perspective of this research is interpretative and was necessitated by the nature of the research questions which required respondents to give individual detailed discussions about their opinions on CSE and how it has impacted their individual experiences as well as those of their friends (social circles). Thus, qualitative inquiry was best suited for this research in order to reach its objective.

Constructivism is the ontological position that argues that social phenomena and their meanings are continually being practiced and accomplished by social actors. This entails that social phenomena and categories are produced through social interaction and are in a constant state of revision (Bryman, 2008).

In line with this ontological position, this research uses Albert Bandura’s ‘social learning theory’ to offer an explanation of the mechanisms of the relationship between knowledge and risky sexual behaviour in adolescent girls. Bandura’s theory analyses the relationship among three determinants: The person, behaviour and the environment where the action of the behaviour takes place. These 3 determinants are in constant interaction among each other in a triangular bidirectional relationship, impacting on one another with different determinants having an overriding influence over the others depending on the situation.

5.1 Design of the Study

This study employed a qualitative interview design according to Kvale (1996) qualitative research aims to seek to explore the meanings of central themes in the life world of the subjects, with an aim to understand the meaning of what the interviewees say (Kvale, 1996). McNamara (1999) suggests that interviews are useful for getting the story behind the subjects’ experience. The researcher can pursue information in depth around a topic (McNamara, 1999).
Thus, this study is based on qualitative interview, which attempts to explore the meanings of central themes in the world of adolescent girls on how they perceive CSE in order to understand how it is perceived from their perspective. The study employed a general interview guide approach which intends to ensure that the general areas of information are received by the researcher, while allowing a degree of freedom and adaptability in collecting information from the respondent (Kvale, 1996).

5.2 Selecting the Organisations

The organisations (schools) were selected from Zambia’s Eastern province in the town of Chipata. Eastern province records the highest rates of adolescent pregnancies in the country, with one of the schools in the research (Secondary School A), recording the highest number of adolescent pregnancies in the country, with as many as 68 pregnancies in 2011 (NGO report, nd)\(^1\)

School A is a government school that runs from grades 8-12. However, the study only included respondents from grades 10-12. Grade ten has five classes, Grade eleven has have 5 classes and Grade twelve has five classes with an average of 45 pupils in each grade and class. The school is located in centre of the city and its accessibility was an advantage for the researcher.

School B is a co-education government school (has both male and female learners) that runs from grades 1-9 in a peri urban area of the town. The school has one regular grade nine class and one 1 afternoon class. The respondents of this study only included girls in grade 9. The school was suitable for the research because it is among the 4 schools in the town that record a high number of adolescent pregnancies enough to warrant civil society educational assistance in matters of CSE (NGO report).\(^2\)

\(^1\) Source withheld to avoid disclosing the identity of the school
\(^2\) Source withheld to avoid disclosing the identity of the school
5.3 Research Methods

5.3.1 Semi-structured Interviews

Semi-structured interviews were conducted to collect data for this research. In order to grasp the view of students, it was important to have them discuss issues pertaining to Sexual Reproductive Health (SHR) what they had learned, what their opinions of the information were, and what their experiences were. According to Fontana and Frey, interviews are one of the most common and powerful ways with which we try to understand our fellow humans. However, unlike unstructured interviews, the same topics are covered for the same groups of informants in the semi-structured interviews. This helps enable a comparison and is particularly useful when exploring issues, like requesting for clarification and asking spontaneous questions in line with the topic, the order of topics can be switched in order to maintain a line of thought, Bryman adds that the focus of these interviews is on the informants understanding of the issue or topic and events (Bryman, 2008).

In order to collect information about CSE from the respondents, the concept of CSE and what it consists of had to be introduced in the first question asked. Because CSE is not a “Stand alone” subject in the syllabus, the concept and its content had to be introduced to acquaint the informants with the idea and scope of the topic.

Asking them if they had learned about matters to do with sex, female and male reproductive health, STI (particularly HIV and AIDS) contraction; if the response was affirmative, to find out in which subject they had learned about it (in order to exclude what they had learned from civil society organisations) then they would go on to respond the subject(s) they had learned about these matters (or if not, the civil society organisation where they had learned this) then the researcher would find out from them what they had learned about; exploring avenues of information delivery, interaction with boys, STI prevention methods, their opinions on it and the challenges regarding sexuality faced in their social circles.

Fontana and Frey offer advice on what to consider when doing unstructured interviews, and even if the semi-structured is not accurately the same type, their advice seems useful to follow. Among other things, they stress the importance of understanding the language and culture of the respondent (Fontana & Frey, 2005). The researcher understands the culture and is fluent in the language spoken in Zambia’s eastern province (CiNyanja). The researcher encouraged informants to speak in the local dialect if they were not comfortable with speaking English in order to make them comfortable and express themselves better. Some participants were interviewed in CiNyanja, others in English and some would code switch between CiNyanja and English in order to express themselves better.
Fontana and Frey (2005) speak of the importance of building trust, this was particularly crucial for this study as matters of sexuality may be embarrassing to discuss particularly for adolescents in Zambia where discussing matters of sexuality is considered taboo and more so discussing it with unfamiliar people. To remediate the circumstances, the researcher introduced herself to the informants on the day of giving out consent forms. The researcher spoke in the local language informally in order to familiarise with the informants, assuring them that there was no need to feel ashamed or embarrassed, having once been an adolescent before and understanding their issues and challenges.

The interviews were conducted in private on a one on one basis, in a classroom that was made available by the senior teachers. They lasted on average 7 minutes for each. The respondents were assured anonymity in the presentation of this research, and so, their identities have been anonymised and their names presented as pseudonyms.

There is not only a challenge seeing the world from the eyes of the interviewee, at the same time, the researcher must keep his/her objectivity (Fontana & Frey, 2005). The researcher was not immune to this challenge. The researcher put in effort to preserve and prioritise the words, meaning and intent of the respondents with as little interference from the researcher’s values as possible, in order to give the respondents’ perspectives agency.

### 5.3.2 Rationale for Selecting Informants

This study had 24 informants: 11 from grade 9 School B. 7 from the regular morning class and 4 from the afternoon class. 13 respondents were from School A. All respondents from this school were from regular classes (non-afternoon classes) and from the senior secondary level (Grades 10-12) Grade 10 respondents included a total of 5 respondents, 1 from each class (GBYRP), Grade 11 had 4 each from a different class (YRBP) and Grade 12 had 5 respondents, one from each class (GBYRP).

Priority was given to make sure the sample was as diverse as possible by selecting at least one participant from every class. One class in grade 11 was not represented because the informant who had submitted her parents’ consent form did not report to school on the day of the interview. Giving another student a parents’ consent form to have their parents’ consent, meant conducting the interview the next day when the form would be brought, this was not an option due to time constraints. 11 respondents from grade 9 were more presented in the study compared to the 13 respondents that were spread out in different grades at senior secondary school level. This ‘over representation’ was found necessary by the researcher in order to collect as much data as possible from the age group (14-15) which has the highest rate of adolescent in school pregnancies compared to other age groups (Educational Statistical Bulletin, 2015)
The participation was voluntary, and this was the foundation of selecting informants. The researcher went into classes and explained the purpose of the study and asked for volunteers who would be interested in taking their parents/guardians the consent forms to sign and return on the day that they will be interviewed. The consent forms were given to those that seemed confident that their guardians/parents would approve. With an average of 3 girls willing to volunteer in each class at senior secondary level, priority was given to the one who raised their hand first.

The purpose of this study is to get a perspective of CSE from a secondary school girls’ perspective. Grade 8 was not included in the study because during the time of the interviews (March) was early in the year and the newly Grade 8 classes and students at School B had not learned anything at secondary level concerning CSE, and so the CSE information that they would provide would be what they had learned in upper primary school (grade 7), as was advised by the head teacher of the school, the researcher assumed this would be the case for Grade 8 classes from other schools.

5.3.3 Interview Guides

Non-explicitly developed interview guides were used in this study, the respondents were encouraged to give their own views and opinions and some of their opinions led to other avenues being explored to get an in-depth perspective of their thoughts. There have been 4 main probes in all the interviews in order to steer the discussion in the direction of the purpose of the research while exploring other avenues to these probes in order to get as much meaning and context as possible. The following are the guides whose themes were present in all interviews.

- What they have learned
- What they know about protection and prevention
- Is the information enough
- What do they feel they need to learn more about

5.4 Data Processing

The data collected for this research was thematically analysed. After the interviews were conducted, the recordings were then transcribed and analysed manually using thematic analysis. Coding is a core activity of data processing. Coding is the tagging or applying of labels (codes) to the bulk of the data source. This “bulk” can be passages of text, sections of video or audio or regions of images or survey answers.
Coding indicates that that the content is relevant to a theme, concept or category that has been identified, this enables the researcher to retrieve and collect together all the text and other data that they have associated with a thematic idea, so that they can be collectively examined and the data from various cases can be compared (Coe, et al., 2017).

In a step by step guide on how to conduct a thematic analysis (Braun & Clarke, 2006) offer the following points:

The researcher should familiarise themselves with their data. This also includes transcribing and translating the data. The data collected was in audio form with some interviews conducted in the local language. The researcher translated the data during the transcribing process. After this process, the researcher familiarised herself with the data by reading it regularly and taking note of common ideas in the data.

Generating initial codes is the second stage of thematic analysis. At this stage, the researcher codes interesting features from the data in a systematic way across the data collating data relevant to each code. (Braun & Clarke, 2006). After the researcher identified common ideas, (focus on abstinence, inaccurate information, attitudes about certain information, and opinions on requirements) she went on to collate the data relevant to the general idea found.

Searching for themes was the next step after collating data relevant to the interesting common data. At this stage, Braun and Clarke suggest that the collated codes from step two should be supplemented by gathering all other data that subscribe to the theme identified (Braun & Clarke, 2006). This was done by collecting and grouping data across the entire date set that correspond to the general idea of the themes found.

In the fourth step, the researcher reviews the themes by ensuring that the themes work in relation to the coded extracts from step 1 in order to generate a thematic ‘map’ of the analysis (Braun & Clarke, 2006).

The researcher did this to ensure that the collated data (in specific) relates to or corresponds to the general idea from step 1 in order for the theme to be coherent and viable in creating the thematic ‘map’.

The fifth step includes defining and naming the themes. In this step, the ongoing analysis is to refine the specifics of each theme and the summarised story that the analysis tells in order to generate clear names and definitions for each theme (Braun & Clarke, 2006). The researcher did this by summarising the content of each theme into idea that that it represents in order to develop a summarised definition of the theme and developing a fitting name that encapsulates the summarised definition.

The sixth step of the analysis consists of the selection of vivid, compelling extract examples of the final analysis of selected extracts relating back to the analysis of the motive for the research and literature, in order to produce a scholarly report of the analysis.
The researcher did this by finding the most vivid quotes that relate to the idea of the theme selected and has presented them in the findings of this study, under the themes that they relate to.

5.5 Quality Criteria

There exists two main criteria for the evaluation of social research, these are trustworthiness and authenticity. Trustworthiness includes the criteria of credibility, transferability, dependability and confirmability; whereas authenticity includes criteria that raise wider issues that concern the political impact of the research; these are; fairness, ontological authenticity, educative authenticity, catalytic authenticity, and tactical authenticity (Bryman, 2008). This subchapter intends to define each of the criteria and analyses how the research corresponds to each one of them.

5.5.1 Trustworthiness

Credibility: The significance of credibility is stressed on multiple accounts of social reality. Credibility asserts that there can be several possible accounts of an aspect of social reality, however, it is the feasibility or validity of the account that a researcher arrives at that is going to determine its acceptability to others. The assertion of the credibility of findings entails that research has been carried out according to the pillars of good practice (Bryman, 2008). The findings of this research showed that there could be various factors that that directly or indirectly contribute to the high adolescent pregnancy prevalence. This research takes all the factors given by respondents into account and lays them as the foundation to build on what they report that they would like to learn more about, which is interacting with the opposite sex. Thus, this research does not negate other factors but instead incorporates them in the discussion and analysis in order to present a holistic account of the phenomenon being investigated, thereby increasing its credibility.

Transferability: Qualitative research typically entails the comprehensive study of a small group of individuals that share particular characteristics, these findings tend to be oriented to the contextual uniqueness and significance of the aspect of the social world being studied, thus, researchers are encouraged to produce a description that is, rich and accounts of the details of a culture. This description provides others with what may be referred to as a database for making judgements about the possible transferability of findings to other similar situations (Bryman, 2008). The researcher ensured that the context/background of the social world being investigated was discussed in the study. Among the details of this culture are HIV and adolescent pregnancy prevalence, cultural contexts (i.e. where premarital sex is considered immoral and discussing matters of sexual activity is taboo). Thus, the procedure of this research is transferable to contexts that share a similar background.
**Confirmability:** Confirmability is concerned with ensuring that, despite recognizing that complete objectivity is impossible in social research, the researcher is shown to have acted in good faith. It should be apparent that the researcher has made effort to not overtly allow personal values or theoretical inclinations to manifestly to sway the conduct of the research and the findings deriving from it (Bryman, 2008). As the limitation of this study indicates, the researcher took caution to not let her values interfere with interpreting the data and was conscious to ensure a none bias interpretation to the best of her ability by prioritising and giving agency to the perspectives of the respondents in the study from presenting the findings to analysing them through the theoretical framework.

**Dependability:** Dependability entails that, to establish the merit of research in terms of the criterion of trustworthiness, researchers should adhere to an ‘auditing’ approach. This entails ensuring that records are safely stored of all phases of the research process such as problem formulation, selection of research participants, fieldwork notes, interview transcripts and data analysis decisions in an accessible manner. Peers would then act as auditors, possibly during the course of the research and certainly at the end to establish how far proper procedures are being and have been followed (Bryman, 2008). The researcher ensured that the records of the research in all phases are safely stored. The recordings of the interview were uploaded on ‘drop box’ which is a website that the researcher was invited to upload and store her recordings (sound files) by her supervisor to ascertain their safety by ensuring non authorised people have access to them, which is in line with the GDPR ethics from (CODEX rules and guidelines for Research, 2018). All other records such as anonymised transcripts, fieldwork notes and data analysis procedures are safely in the care of the researcher and maybe accessible to peers where necessary.

In addition to the trust worthiness criteria the criteria of authenticity has been suggested by Lincoln and Guba. These concern a wider range of issues concerning the political impact of research. These criteria are:

### 5.5.2 Authenticity

**Fairness:** this is concerned with whether the research fairly represent different viewpoints among members of the social setting. The researcher ensured that the perspectives of all the respondents were fairly represented; this includes respondents who embraced other methods of protection other than abstinence, and those who were of the opinion that only abstinence should be practiced.

**Ontological authenticity:** this is concerned with the question of whether the research helps members to arrive at a better understanding of their social milieu. The researcher presents her thesis in a way that highlights the social milieu of the environment of the respondents, and how it contributes to the high adolescent prevalence.

**Educative authenticity:** Whether the research helps members to appreciate better the perspectives of other members of their social setting. As all the perspectives of the respondents have been presented, it is hoped that other members of society can appreciate the perspectives and plights of the respondents in this research.
Catalytic authenticity: Whether the research has acted as an impetus to members to engage in action to change their circumstances. It is hoped that once the research is published, it can contribute to the literature on the importance of CSE and that the recommendations suggested in this thesis will be considered by relevant stakeholders to bring about positive change and transformation in the lives of adolescent girls by providing them with necessary unbiased information to help them make informed decisions on their sexual behaviour.

5.6 Ethical Considerations

The ethical considerations of this research were generally guided by (Bryman, 2008). The interviewees were firstly informed about the purpose of the study. The researcher informed them on what it was about and what the research required of them. The respondents were informed that the interviews were going to be voluntary and that they were free to leave the interview at any time without giving a motivation why and that even after the information was collected, the respondents could still request that their data be withdrawn from the study. This is in line with the code of ethics by (CODEX rules and guidelines for Research, 2018).

The GDPR (CODEX rules and guidelines for Research, 2018) guidelines stipulate that in order for personal data to be collected from respondents below the age of 18, consent should be sought from their parents/guardians.

The researcher gave the volunteers the parent/guardian consent form and explained to them that information could not be collected unless their parents gave consent, and briefly explained the content form.

The consent form had contact details of the researcher and the researcher’s supervisor in the case that parents had queries about the research, they could contact either. The researcher then informed potential respondents that the consent forms would be collected from them on the day of the interview and interviews would be conducted if permission was granted from parents/guardians by signing them. Before the interview, the volunteers were asked to append their name to a consent form developed from Bryman (2008) general guidelines on the ethics of interviews. The consent form was simplified in order for the volunteers to understand, it contained information about the voluntary nature of the interview, that respondents could withdraw from the interview at any time they felt uncomfortable and that they too could request that their data be withdrawn even after participation. Interviews were conducted in a classroom that was made available for the interviews. The interviews were held in private (researcher and respondent only).

The data was collected on a sound recorder, and after the interviews had been conducted, the data was uploaded on drop box which the supervisor invited the researcher to upload the data on, after which the sound files were deleted from the recorder.
After transcribing the data, the researcher anonymised the names of the respondents and replaced their names with pseudonyms in order to conceal their identity as is required by (CODEX rules and guidelines for Research, 2018).
Chapter 6

6. Findings

The following are the findings from the study presented as themes that were recurring and emerging from the girls’ reports in the interview. The findings are varied and widespread and touch on matters outside of the education field such as social, cultural and economic factors that also have an influence on how girls adopt risky sexual behaviour; to avoid acknowledging the factors outside the scope of education that have an influence on girls’ sexual behaviour would be to risk epistemological inconsistencies. Thus, the findings are presented as intertwining factors among education, social and cultural practices/values, and economic status.

6.1 Teachers’ Attitudes

The girls reported a bias towards abstinence over safer sex practices in information delivery and teacher discomfort in how they taught, which in some cases led to excluding certain topics that would be considered ‘embarrassing’ and consequently depriving students of important information.

6.1.1 Pro Abstinence

Most of the girls interviewed, described a leaning towards abstinence in what they had been taught, information regarding protection (condom use) was given; however, ‘pro abstinence’ was given more priority.

Irene in grade 9 reports that girls were taught to keep themselves ‘chaste’ until they are married by not over familiarising with boys.

We were taught how to take care of ourselves and protect ourselves. Not to engage in sex outside of marriage and not to over familiarise ourselves with boys

Nyuma in grade 10 reports that she has learned about abstinence, condom use and other methods of contraceptives, however, limits protection use to married couples.

Like on pregnancies, like for me as a school going child, I have to abstain, I and then for those who are in marriages, can prevent pregnancies by using protection like condoms and they can use other methods of preventing pregnancies

Chomba in grade 10 emphasises the need to abstain to protect oneself from contracting HIV without any other alternative forms of prevention in what she has been taught.

They said that if you don’t want to get HIV/AIDS, to protect yourself, it just has to be abstinence
Precious in grade 9 reports on the imposition to abstain:

_They say that we shouldn’t have sex at this age_

Abstinence in CSE according to the girls is being offered as the main strategy in preventing early pregnancies and STI contraction until marriage, when prevention methods such as condom use can be used or considered. The imposition of abstinence has seen an attitudinal change in some girls like Nyuma above who reports that she has been taught, and is also of the opinion that school going girls like her should not engage in sexual activity until they are married, limiting condom use to married couples.

### 6.1.2 Teacher Discomfort

The girls reported teacher discomfort in how they delivered their information on CSE and suggested that this discomfort affected how they delivered the information with some excluding important information.

When asked if the information on CSE was enough to make informed decisions on sexual practices, Hope who is in grade 12 reports that adding jokes to CSE content by some teachers to make it less embarrassing reduces the intended efficiency of the information as the girls take the information lightly “until it happens to them” entailing until they succumb to risk of HIV and adolescent pregnancy.

_Yes it is at times when the person who is teaching us is serious about it, coz other teachers take it like.... They teach us but they add a lot of jokes. The more they make it less embarrassing, even us the students we get that thing that it’s just something, we can get over it, coz when they are telling us about it, some add jokes, so... some students can take it as ‘it’s just a joke’ until it happens to them._

When asked if she found the information helpful, Hope explains that some girls could be absent minded and if the teacher includes too many jokes as referenced above in how they express themselves, belittles a serious issue that slides without being given due attention.

_As for me, out of 100, I would give it a 60._

Researcher: Why would you give it a 60?

_Most of the time it might be that some might be absent, like they don’t pay attention, and just like I said before, even the way the person expresses themselves when teaching us, it just sounds like it’s something that happens and goes like that._

Irene in grade 9 reports that she has only been taught about foetal development but not how conception takes place or what leads to it, indicating a stage in this teaching has been omitted.
We’ve been taught that when a boy and a girl are in a relationship, this may lead to pregnancy. But how exactly one conceives, we have not been taught. The teacher told us that he’ll teach us about it next time, and to this day, we have not been taught about it.

Teacher discomfort in teaching matters of sexuality has been reported to affect information delivery by omitting information that could be regarded as embarrassing. Omitting matters of sex in delivering CSE defeats its purpose, particularly in the Zambian context where CSE has been recognised as a tool to help curb STI contraction and adolescent pregnancies. Hope gives teachings on CSE a 60 out of 100 score because the unpreparedness and teacher discomfort fails to grab the attention of students who may be absent minded as its delivery is given very casually and consequently students do not regard it seriously.

6.2 Student Knowledge on Prevention

When asked what the girls learned regarding prevention, most of them knew about prevention through condom use, however, some did not know about protection measures required to be taken if they were to engage in sexual activities, some knew about it, while still placing emphasis on abstinence.

Grace in grade 9 reports having learnt about avoiding sharp instruments and heeding to abstinence, she makes no mention of the use of condoms:

*By not sharing sharp things with an infected person and by abstaining.*

Irene in grade 9 reports being told to stay avoid boys and avoid sex until married, that boys will tell them lies to have sex with them (girls), adding that when they are approached they should tell them they’re not interested.

*We were taught how to take care of ourselves and protect ourselves. Not to engage in sex outside of marriage and not to over familiarise with boys.*

Researcher: is there anything else that you have been taught on how to protect yourselves?

*we’re taught that we should avoid boys and avoid befriending them, that they’ll tell us lies and tell us they like us just so they can have sex with us. When they show interest in us, we should out rightly tell them that we are not interested, and should not say “I’ll think about it” because that would imply that we are.*

Knowledge on protection by some students, particularly by students at junior secondary level was found to be insufficient. Some students reported knowing only about abstinence and avoiding sharp instruments where infected blood would put them at risk of contracting STIs such as HIV. Others reported remaining abstinent until they get married.
6.2.1 Knowledge on Prevention by Avoiding “Peer Pressure”

Brenda in Grade 10 suggests that girls who are wishful for “fancy things” are prone to contracting STIs and unwanted pregnancies by getting a sugar daddy, if they have friends who have working boyfriends. When asked what she has learned concerning issues of pregnancy and STI contraction, Brenda in grade 10 narrates:

We’ve learnt about pregnancy issue, the thing that causes teenage pregnancy. Teenage pregnancy is caused due to peer pressure, at times it’s caused by............ let me just explain on peer pressure, peer pressure, is when, for example I have a friend and then my friend has a boyfriend who is older than her and is working, he’ll be buying her things ..... when she has these things she’ll tell her friend “oh, my friend bought me this” to make her friends wish or be envious of her. Then the friend will be influenced to have a sugar daddy which will increase the rate of having a teenage pregnancy and STI’s.

Brenda further narrates the experience her friend had with sugar daddies which according to her resulted in her getting pregnant and discontinuing school.

In our class, we had a friend, her name was Mary, so Mary failed grade 9, she repeated in our class, there was a girl who had a sugar daddy, no wonder I explained; Yes, so due to the friend having a sugar daddy, then Mary also had a sugar daddy, after having a sugar daddy she got pregnant, after getting pregnant, she even stopped coming to school.

When asked if there were issues concerning sex or sexuality that occur in her social circles in how she or they interact with boys that she wished she could be taught about, Precious who is in grade 9 reports of the dilemma she faces where her friends tell her she is grown and should have a boyfriend, but does not know what to do, saying she has not learned from school if she can have a boyfriend or not. She reports:

Yes, some of my friends from home tell me that when a girl is as grown as I am, they should have a boyfriend. So according to what we have learned at school, I do not know if one should have a boyfriend or not. We have not learned about it.

Researcher: What do your parents or family say about having a boyfriend?

They strongly discourage this

When asked if her friends have challenges in abstaining, Chifundo in grade 11 explains the challenges of heeding to abstinence while having friends who are sexually active:

Yes, maybe due to peer pressure, when you have bad friends, you find that your friends, you feel as if you’re left out, all your friends are dating, maybe you find
your friends have made a group talking about their boyfriends; “no, yesterday I did this with my boyfriend” you feel left out as in maybe you’re not good enough for your friends, or being associated with them

Lucy in grade 12 attributes some cases of teenage pregnancies to poverty, discrimination, curiosity and ultimately peer pressure, implying that some of them do not know the repercussions of their actions and are blindly influenced by their friends.

Like girls those who get early pregnancies, others get those because of poverty, peer pressure, discriminations, curiosity and such yes like uhhmm... in our area, we have girls those that can’t understand, they usually do things maybe according to peer pressure, they choose, because of their best friend, so maybe that can be taught, going in areas, not only in school but you can walk around and teach others.

When asked what her thoughts were regarding teenage pregnancy, and on whether the message of abstinence is effective, Hellen in grade 10 attributes the scourge of teenage pregnancy by some girls to poverty and covetous attitudes by some girls, she opines:

When you talk about pregnancy, like some girls get pregnant because of peer pressure and sometimes if you come from a poor family, and you wishful for the “fancy things” your friends have, then you get yourself a working boyfriend, you could get pregnant.

The study found a dilemma faced by girls of the pressure to have a boyfriend and the cultural and school dictate of avoiding boys/boyfriends. This put them in a position of feeling left out by their friends who are dating and not knowing what to do or how far to go if they are in a relationship. Some reported of their friends getting into relationships with working men due to poverty and peer pressure of wanting to ‘fit in’ with their peers.

### 6.3 Scepticism about Condom Use

Some girls had reservations about condom use, having learned that they were not completely safe. Their scepticism about the efficiency of condoms in protecting them from STIs and pregnancy led some to a dilemma on whether or not they should even be seriously considered.
When asked what she thought about protection in order to prevent pregnancies in her social circles, Hope who is in grade 12 opined that protection during sex is not focused on in teaching, suggesting that that is the reason for the high pregnancy prevalence at her school. She reported that most girls do not have enough information about protection or how it works, which puts them at risk of getting pregnant or contracting STIs:

*OK, what I’ve observed is that mostly, like here at my school, the protection, the protective sex is not too much focused on, that’s why there are a lot of girls who have fallen pregnant here because that part concerning protection ….. like there’s this conversation that goes on among girls here, that after having their period, there’s the seven safe days and others think they can have unprotected sex and in the process get pregnant because they don’t understand it, and others when it comes to the issue of using condoms, like they don’t really understand, if it’s 100% protecting them from getting pregnant or 100% protecting them from STIs and other diseases. So that issue should be focused on, both the protective and the issue of abstinence should be focused on.*

Researcher: What do you know about it, are they using protection or not, would you know?

*Most of my friends like, even when we’re in class, we just get conversations where friends are talking and most of them are using protection but not in the correct way.
I overheard a conversation that when you’re having sex with someone, then that person releases sperms in you for the first time, or the first time they use protection, then the second time you won’t get pregnant. So I feel that’s not safe because they don’t have much information about it.*

Violet in grade 9 explains that using condoms can be dangerous too as they are prone to tearing and can put one at risk:

*Pregnancy? You can avoid by not having sex or that you should use a condom, but that can be dangerous too because it can burst then you can get diseases or fall pregnant.*

When asked what her views on using condoms are, Margaret in grade 11 reported:

*Coz the way we know it, a condom isn’t 100%, there can come a time when you’re having sex and then the condom just…… just like tears, then the sperms come in.*

When asked if the ‘focus on abstinence’ message was effective, and what her thoughts were regarding prevention, a conflicted Chomba in grade 10 responded:

*I think something else needs to taught, because it is not working.*
When asked why it’s not working, she explains that the focus on abstinence is not followed by some of her peers and turning to condoms is not safe because they are prone to tearing:

*They say we should use condoms, but condoms tear, they teach us about abstinence, but you find others have failed to abstain.*

When asked if girls would be receptive to protection by using condoms, Hellen in grade 10 responded that some would not due to the fact that condoms are not 100% safe:

*Others can others can’t*

When asked why others can’t, she responded:

*Because others will say condoms are not 100% perfect*

Kunda who is in grade 12 in responding to what message in teaching on protection and prevention she thinks has been prioritised, she says:

*The way they have been teaching us since grade 8, we’ve only learnt that we should be abstaining.*

And further asked if there is a different message being communicated in senior secondary school, she responded that not much has changed, and that girls are conflicted on the safety of condoms and usually argue on whether it’s safe to use condoms or abstain, adding that most girls in grade 12 are experienced in sexual matters, referring to them as “qualified” she explains:

*It’s just the same, but according to the students, whereby they do talk about it as in, “no, you can use condoms”, as like an argument or like they are debating whether do this or do that, but as in mostly secondarys in grade twelves ah it’s like they are qualified, no lie, because most of the times, you hear people, “no you can use a condom, no you can abstain” it’s like they come up with different answers.*

Scepticism about condoms has shown that some girls do not consider it a safe and protective measure in preventing pregnancies and STIs. The lack of understanding on the efficacy of condoms has led to a debate among the girls on whether they are safe to use or if abstinence is their only safe option. Chomba who is in grade 10 analyses girls’ position on sexuality and information, encapsulates the dilemma thus: *“They say we should use condoms, but condoms tear, they teach us about abstinence, but you find some have failed to abstain”* Not all girls are heeding to abstinence and they face their only other option of protection with scepticism.
6.4 Incomprehensive Curriculum

The curriculum was found to be incomprehensive as girls reported on infrequency in teaching CSE, with some in senior secondary school reporting that they were last taught about it in primary and junior secondary.

Margaret in grade 11 opines that the infrequent teaching of CSE could lead some students to forgetting what they have learned, suggesting it should be taught in every grade to help students recall what they learnt. She adds that they were regarded as ‘young’ in grade 9 hence certain information was omitted by teachers due to their age, now that they’re older, they can understand it better:

*There are some people who are forgetful, like now in grade 11, they don’t even remember what they learned back then, So we should learn it in each grade so that can help us remember.*

Researcher: So that information you learned in grade 9, do you think it’s enough to make informed decisions?

*no it’s not enough, because the time we were taught in grade 9, they took us as if we’re young children, they never explained things to us fully, now if they teach us in grade 11, we’ll be able to understand everything.*

When asked if the information they received from school was enough to help them make informed decisions, Rachel in grade 12 explained that only contraction of HIV/AIDS and early pregnancy is being taught, however the impact of the pandemic on society and communities is not being taught:

*It’s not very enough because we need to learn more, when it comes to issues of HIV/AIDS, we only learn how HIV is contracted and how to prevent it, but we haven’t learnt how the....... the effects HIV has in our lives, like in our communities or here at school, we haven’t learnt about that very much, and issues of early pregnancies, we only, we have only learned a bit of it*

Caroline who is in grade 9 opines that the content is sufficient, however, it needs to be taught frequently in order to reduce the number of those engaging in unprotected sex:

*I think the information for me is enough, but they need to teach more about it, so that the number of those people, according to my opinion on my own, they need to teach about it more often so that the number of those engaging in unsafe sex does not increase, teaching it more often will help reduce the rate of those engaging in unprotected sex.*
The study found that CSE teachings were incomprehensive due to infrequent lessons, resulting in some students forgetting what had been taught before. Other girls reported on insufficient information that did not address their current challenges, as they were regarded as “children” when they first learned about sexuality education.

6.5 Relating with Boys

When asked if there were any issues related to sex or sexuality that occur in their social circles/ or with them personally in how they relate with the opposite sex that they wish they could learn more about, most girls reported that they wish they could learn how to interact with boys, with some saying, not knowing how to interact with boys leads some girls to casually engage in sex with boys.

Rachel in grade 12 suggests that girls do not know how to interact with boys saying they do not draw distinction or know that they are supposed to interact differently with boys, suggesting this lack of knowledge leaves them prone to having sex unintentionally.

*I think we should really be taught on how to play in our communities with other people, like how to play with boys, others don’t really understand, they just take them as friends and they end up doing something else.*

*Many girls play with boys like they are playing with their fellow female friends, they don’t understand that we are different, our bodies are different. When you…. The way they play, they touch each other, like uuhhmmm….. in a different way*

*They end up having sex, but it starts from the way they play. I may touch my fellow female friend, maybe the shoulder, she won’t feel anything, but it will be different if I touch a boy the same way.*

Bupe in grade 10 reports of the pressure faced by girls to engage in sexual activities because they are in a relationship with boys, she opines:

*Yes, in situations for instance, where just because he’s your boyfriend, you’re obliged to kiss him or he asks you to have sex with him and you do; that should be discouraged.*

Nyuma in Grade 10 regards being taught on how to interact with boys as just as important as learning about sex and abstinence:
Like for the school, like the way we’re being taught about sex and abstinence, we also need to be taught like on how we can interact with the opposite sex, you can have friends but you have to be taught how you can interact with them.

The study found a gap in knowledge among girls on how to interact with the opposite sex and the limits to the interaction. They reported on the need to know how to interact with boys without their interaction always having to lead to sex. This gap in knowledge is mainly attributed to the emphasis of ‘staying away from boys’ by teachers when teaching on methods of prevention of pregnancies and STIs as show in the second finding (6.2).

6.6 Actors’ Contribution to Sexuality Education in Schools

Some of the girls interviewed reported having learned about sexual reproductive health issues from a civil society organisation PEPFAR through their program DREAMS that visited their schools to educate girls on matters relating to sex. Some of them reported that the information learned from DREAMS was similar to what they were learning within the school curriculum. When asked if the girls learned anything on issues regarding CSE and in which subjects they learned it, they had the following responses:

When asked if she had learned about matters regarding sexuality education, Caroline who is in grade 9 first response was:

Yes, I’ve learned about it, it was a program conducted by dreams, it was a program that only involved girls and that’s where I learned about issues to do with sexuality education.

Irene in grade 9 responded:

Yes we do learn about it, but not often. We learn about female reproductive health in class in science.

Researcher: ok, ok. Is there anything else you have learned about?

There was a group of women from dreams that came to teach us about conception, how HIV and AIDS is contracted, and how to avoid getting pregnant.

When asked if she has enough information to make her confident to make an informed decision, Milika in grade 9 confidently responded that she does, owing to the fact that she has joined a group that teaches them on matters regarding CSE, saying she finds both the group and the school curriculum equally useful as she gets the same information from the school curriculum and the group, she reports:

Yes I have, because I joined a certain group DREAMS that talks about these issues, so I have the information. They teach us how we can prevent HIV and
AIDS, how we can get pregnancies and how to avoid it, how we can talk in our community with older people and so on.

Researcher: ok, so which programme is more helpful, what you learn here at school with the syllabus and curriculum?

*both are useful, we get the same information*

When asked if she has learned anything related to sexuality Education, Mercy in grade 12 responds:

*Yes, we’ve learned about it, people from DREAMS have taught us about how you can get HIV how you can prevent it, how to prevent getting early pregnancy as a teenager, and when you get pregnant, things that you can pass through, the circumstances that you have.*

In responding to whether she has learned about sexuality education said she had learned about it in junior secondary school, but only learned about it from DREAMS in senior secondary school, Kunda in grade 12 says:

*Yes we’ve learned, in school we learnt this in biology when I was in grade 9, we learned about sexual intercourse and diseases; senior uhmm...here in school we haven’t learned, but there were some people who came and teach us, which is DREAMS; they came to teach us all about HIV and STIs.*

The study found that actors (civil society organisations) were actively engaged in teaching CSE in schools, outside of the school curriculum. The girls reported finding the information from these programs by these actors very informative where most girls learned about matters concerning sexuality. Some of them reported confidence in being able to make informed decisions on matters of sexuality because they belonged to a club by these actors where they could get the information and support. Most girls in senior secondary school who reported not having learned about sexuality in the school curriculum, did report having learned about sexuality through the programs conducted by these actors (DREAMS).

### 6.7 Disparities in Knowledge and Self-Efficacy Among Girls
Disparities in knowledge and self-efficacy on making informed decisions about sex and having enough information on prevention was observed among girls, Sungani in grade 9 reports:

On how to contract HIV, we learned that HIV can be contracted using sharp objects like razors. If the fresh blood of an infected person comes into contact with one who is not infected, the person may get infected.

Interviewer: ok, anything else?

I have forgotten most of what I’ve learned

Researcher: From what you’ve learned on sexuality, do you think the information you have is enough to make informed decisions? Do you feel you have been taught enough? What are your thoughts?

We’re taught enough they do not leave out or exclude anything.

Mwenya in grade 10 reported:

By abstaining or sometimes if you really want to have sex you can just use a condom.

When asked if the information received was enough to make an informed decision Mwenya responded:

The information is enough yes.

Researcher: What about those that want to engage in sex, and those that end up having sex, do you think that the information you get from school is enough for them to protect themselves?

Yes, but it’s just that sometimes you really have no idea of what happens, sometimes you have very little control over what happens. There are a lot of temptations.

Rachel in Grade 12 responded:

The purpose is to teach us about sexuality education, we’re going through a lot, we know a lot of our sexual rights.

Researcher: According to what you have observed in your social circles, what message regarding prevention do you think would be more effective?
I think both, abstinence and the use of condoms, because they’ve tried abstinence, it seems like it’s not working, so for those who think they can manage abstaining, I think it should be taught and it should be overly emphasised, and for those who feel like they can’t, the use of condoms at least they should be distributing in schools. it’s not really enough, because we are only taught to abstain and the use of condoms, but I don’t think it’s enough. It isn’t really.

Hope in grade 12 reported:

We learnt about HIV, we learnt about diseases that affect us when we have unprotected sex like STIs and other diseases that come from unprotected sex.

Researcher: is the information enough to make an informed decision?

As for me out of 100 I would give it a 60

Disparities in knowledge and self- efficacy among the girls is apparent in the findings, girls in senior secondary school had more information on prevention but reported that it was insufficient, while girls at junior secondary level had insufficient knowledge on prevention but reported that the information they received is sufficient.
Chapter 7

7. Contribution to Research on Sexuality Education

The study revealed a multi-layer of factors that could be directly and/or indirectly responsible for the risky sexual practices by girls; putting them at risk of adolescent pregnancies and contracting STIs such as HIV. The findings illuminate the plight of girls in how they learn and deal with matters of sexuality. An understanding of their challenges from their perspective could help education policy makers and planners develop more effective policies and measures to address their challenges, thereby reducing the rate of adolescent pregnancies and HIV contraction rates.

7.1 Content and Strategies in CSE

7.1.1 Focus on Abstinence

According to the girls, the main content and strategy in CSE is abstinence. They reported an emphasis on abstinence saying they were strongly encouraged to abstain in order to avoid contracting STI’s and unwanted pregnancies, in some cases, they were encouraged to stay away from boys in order to prevent this and to wait until they are married in order to engage in sex. Studies on ‘Abstinence only’ programs have been conducted and findings have shown that in programs where abstinence is emphasised as the best way to avoid pregnancy and sexually transmitted diseases gave very little information on alternative methods of prevention.

Abstinence from sexual intercourse has been widely adopted as the most certain way to avoid pre-marital pregnancies, sexually transmitted diseases, and other associated health problems. This message has been argued to be a misleading and harmful because it conflates theoretical effectiveness of intentions to remain abstinent and the actual practice of abstaining. In an analysis of a survey that was conducted by (Survey Says: Investing in results. Washington, DC: The National Campaign). The study analysis argues that abstinence is often ineffective in preventing pregnancy and STIs because many young people who intend to practice abstinence eventually fail to do so. According to the research, the most useful observational data in understanding the efficacy of abstinence intentions comes from examination of the virginity pledge movement in the National Longitududinal Survey. The data suggests that many teenagers, who intend to be abstinent, fail to do so and argues that when pro abstainers do initiate in sexual behaviour, many fail to use condoms and contraception to protect themselves (Santelli, et al., 2017).
A study that argued that abstinence only programs are a violation of human rights, found that including information on alternative methods in the curricula would help address the needs of adolescents who are already sexually active. It suggests that abstinence focused curricula fail to understand sexual activity among teenagers and consequently do not meet the needs of sexually active adolescents; neither do they consider possibilities that can reduce the risk of sexually transmitted infections or pregnancy during adolescence such as delaying sexual initiation until high school graduation, decreasing the number of one’s sexual partners and increasing condom use. The abstinence focused programs provide little understanding of the social context of sexual behaviors and their frequent link with other risk-taking behaviors (Kelly & Schwartz, 2007). The findings of this research were consistent with the findings of the study as abstinence continued to be the primary focus of prevention while teaching little about other methods of protection in spite of some girls reporting that their peers and friends were sexually active. Abstinence focused programs focus particularly on abstinence and virginity, rather than sexual health and development; in so doing, the curricula ignores the specific needs of high-risk groups (Kelly & Schwartz, 2007). In the case of this study, the ‘high risk’ group is adolescents in rural areas.

Similarly to the studies presented, respondents in this research reported being advised to keep ‘chaste’ by not engaging in sexual activity until they get married. Even with knowledge on prevention methods, most girls considered them to be for married couples, in some cases, girls reported knowing only about abstinence and avoiding unsterilized instruments in avoiding pregnancies and contracting STIs respectively. However, (Santelli, et al., 2017) argues that with laws that place legal marriage at the age of 18, adherence to abstinence becomes more difficult. In Zambian, the law forbids marriage below the age of 21 (UNDP, 2018). This would make it even more challenging to adhere to abstinence.

### 7.1.2 Knowledge on Prevention

Students reported on the content of CSE in what they have learned. The research findings indicate that some respondents have inadequate information about matters related to sexuality, particularly to do with prevention other than abstinence in order to protect themselves from STIs and unwanted pregnancies. Most of the students were well informed on issues regarding protection. This finding supports the findings of a study conducted to investigate the impacts of sex education on risky behavior of adolescent girls in Zambia. The study revealed that a vast majority of respondents were well informed on matters regarding protection and prevention. Knowledge regarding sexual reproductive health, STI transmission and avoiding unwanted pregnancy was high compared to their peers who did not attend school (Rashid & Mwale, 2016).
These results are consistent with the findings of this research that most respondents did have information on how to protect themselves from STI contraction, some reported that their peers who do not go to school do not have the information on prevention and protection and suggested that relevant stakeholders should also go out of schools to teach non-school going adolescents on matters of sexual reproductive health. However, there could also be other underlying social factors apart from the school environment that impede the objectives of learning about CSE and puts adolescents at risk, particularly in a culture that regards discussing matters related to sex as taboo (Carm, 2017). HIV knowledge and risk among Zambian adolescent girls was explored in a study that investigated the risk factors and barriers to HIV prevention among the girls. The findings revealed that lack of school based sexuality education was linked to deficiencies in knowledge regarding prevention, however, It was also found that communication between parents and children on issues regarding sex was lacking and in some cases, other factors such as poverty were found to increase the risk of early sexual debut among girls which resulted in survival based sex exchange (Butts, et al., 2018). Thus, CSE is important because it informs adolescents on matters related to sexual reproductive health which cannot be provided by their parents or guardians due to cultural values that consider it to be a taboo and immoral (Bwalya, 2011).

In linking girls’ knowledge about sex and prevention and the importance of discussing sexuality matters with parents, a study conducted on parents and adolescent girls’ discussion about sex found that the majority of adolescents interviewed were afraid of their parents. It was found that most parents, particularly mothers, instilled fear in their daughters with the intent of keeping them away from making mistakes in how they interacted with boys. The findings revealed that the poor parent-child communication on sex led the girls to having poor information on sex and behaviour (Elegbe, 2018).

In order to decentralise the teaching of CSE from the classroom, a study on psychosocial life skills and how they affected the sexual behaviours of adolescents in Zambia, found that life skills of STI prevention in education is taught in schools, by community health workers that do so through extra curricula clubs such as Anti AIDS clubs focused on topics to do with transmission, prevention and the dangers of HIV/AIDS. The respondents reported that they were more comfortable talking with their peers regarding sexual matters than they were talking to their teachers or parents (Muzila, 2011). This research also found that students were uncomfortable to talk to their teachers on matters regarding sexual reproductive health as they could not approach teachers on the scepticism they had regarding contraception such as condoms. A respondent reported teachers being uncomfortable and embarrassed when teaching about CSE.

This subchapter has discussed the role of schools in information dissemination on CSE and the positive contributions that have been made in sensitisation and learning, however, it has also explored other social and socioeconomic factors that maybe drivers of unsafe sexual practices and early sexual debut particularly among girls.
7.1.3 Disparities in Knowledge and Self-Efficacy among Girls

Junior and senior secondary girls showed disparities in knowledge and self-efficacy in the study. Students who had insufficient knowledge on protection methods such as the use of condoms or only regarded protection to only be for married couples reported having had enough information to make an informed decisions regarding sex; whereas girls with more information on pregnancy and STI protection methods were more critical and analytical about the information they received and how this information was used within their social circles, reporting that the information they received was not sufficient.

It could be argued that the girls who had more information on protection were well enough informed to analyse and criticize the information they received on how effective it was in their social circles and what their peers knew about protection. It could be said that these girls have personal efficacy which according to Bandura is the conviction and confidence that one can successfully execute the behaviour required to produce desired outcomes (i.e. avoid getting pregnant) (Bandura, 1977). This finding is consistent with a study conducted on knowledge, attitudes and practice of condom use among secondary school students, which showed that favourable attitudes toward condom use among adolescents was associated with greater condom use self-efficacy. The study particularly highlighted the importance of the relation between condom use attitudes and self-efficacy during early adolescence. Because early adolescents are actively developing opinions that form attitudes about condom use through their own experience, conversations with friends and lessons by teachers play an important role at informing. Thus, teachers play an important role in informing adolescents on the importance and efficiency of other protection methods such as condoms in order for students to have a positive attitude about using them. The study argues the importance of highlighting the benefits of condom use to promote positive attitudes toward condom use, leading to greater condom use self-efficacy and potentially, more condom use during sexual activity (Abok, 2011).

In a research that was conducted on the predictors of condom use self-efficacy, a positive relationship between condom use attitudes and condom use self-efficacy was found, as positive attitudes required students to be open minded to the practice of using condoms there by raising their confidence in using them (Farmer & Meston, 2006). Some of the respondents had negative attitudes about condom use, restricting them to married couples, thus, their efficacy on condom use could be said to be low.

Thus, girls who were not well informed about protection methods or restricted protection use to married couples in the opinions they gave, reported they had enough information to make informed decisions could be said to have an outcome expectancy which is a person’s estimate that a particular behaviour will lead to certain outcomes.
7.1.4 Scepticism about Condoms

Students reported that part of the content in of CSE was the inefficiency of condoms in prevention of STIs and unwanted pregnancies, this led to scepticism among the respondents on condom use. Their scepticism led to distrust on whether or not their use should be seriously considered in preventing pregnancies and STIs as respondents reported that they are prone to tearing. This has made some students analyse the challenges within their social circles, observing that their peers are not heeding to abstinence and they are taught that condoms would still put them at risk, leaving them with no reliable option on prevention.

Respondents reported that protection methods were not given equal importance in teaching as much as abstinence. This finding is consistent with research that was conducted on the attitudes of stakeholders toward the inclusion and teaching of sexuality education Zambia. It was found that on the inclusion of sexuality education topics in the curriculum, the teachers were highly positive in their attitudes towards abstinence until marriage, family values and moral beliefs on sexuality. The teachers had negative attitudes on the inclusion of sex before marriage, sexual, masturbation and homosexuality as topics in the curriculum (Adebayo & Chilekwa, 2014).

Some respondents in this study showed scepticism about condom use and reported they were not sure or confident about their safety suggesting that they were prone to tearing. A survey conducted by Abok (2011), found that adolescent students were sceptical about condoms arguing that they were afraid condoms would tear or slip off during sexual intercourse, due to scepticism and misinformation among students, condom use at first sex was 22.9% among both male and female students (Abok, 2011). In a similar study, students who were well informed on how to use condoms and who had used them before, reported more confidence in their efficacy than the students who were misinformed about them and had a negative attitude about their efficiency (Farmer & Meston, 2006).

A study conducted on condom use awareness and perceptions among secondary school students in Kenya showed negative perceptions and attitudes on condom use made students prone to risky sexual behaviour with 46% of students reporting that they would not use protection if they had a chance to have sex (Mucugu, et al., 2013). Similarly, a research conducted on non-use of condoms among adolescents in Zambia found that adolescents did not use condoms in their last sexual encounters one of the reasons for this was the negative perceptions adolescents had about male condoms (Pinchoff, et al., 2017).

A research on social cognitive correlates of sexual experience and condom use among adolescents found that sexually active adolescents that expressed confidence in putting on a condom and being able to refuse sex with their sexual partner and who expressed more favourable outcome expectancies with using a condom were likely to use condoms more consistently. Therefore, the study recommends that STI and prevention programs
should emphasise peer influences in the initiation of sexual intercourse and the use of safer sex methods among adolescents, as well as confidence in negotiating safer sex practices with their partners (Diiorio, et al., 2001). In relation to this study, scepticism about condoms could be abated by learning how to use them which could lead to confidence in how to use them better, building on previous experiences, this confidence could also lead to assertiveness to decline sex with a partner when they do not want to engage in it.

According to planned parenthood, condoms are 98% effective in preventing unwanted pregnancies and STIs, however, if not used correctly, their efficiency drops to 85% (How effective are condoms?, 2019). Thus, teachers should place more emphasis on teaching about the efficiency of condoms than placing emphasis on their deficiencies as their effectiveness is very high when used correctly.

This subchapter highlights the risk scepticism has on safe sexual practices with evidence from studies suggesting that negative attitudes and misinformation on condom use leads adolescents to negate them during sexual practices, putting them at risk of STIs and unwanted pregnancy. A positive correlation has been found between a positive attitude towards condom use and confidence in their efficiency with consistent use of them by adolescents. Conversely, a negative attitude towards condom use and scepticism regarding them correlates with inconsistent use. The chapter has also highlighted the importance of confidence in negotiating safer sex practices with sexual partners who initiate it. In the case of this research, girls need to learn how to negotiate safer sex practices with boys as boys have been found to be twice more likely to initiate sex according to (Abok, 2011).

7.2 Weaknesses of the Curriculum

7.2.1 Teacher Comfortability and Confidence

Lack of teacher confidence and comfortability was reported by some respondents to be a weakness of the curriculum. The subject of teacher comfort and confidence in teaching CSE is a popular one, and was a main finding in this research. Respondents reported omission of information that would be deemed “embarrassing”, by teachers such as the act of sexual intercourse that leads to conception in biology and environmental science. Respondents also reported the use of too many jokes by teachers when teaching uncomfortable topics on CSE, which lead to discussions not taken seriously or given due attention and resulted in important information being excluded by teachers.

According to a study that was conducted on the factors that are associated with school teachers’ requirements and the level of adoption of STI prevention education, revealed
that more confidence heightens teachers’ attitudes and increases positive opinions towards in effectively teaching CSE and argues that teacher training in in CSE to boost confidence may support the adoption of more widespread CSE (Henning, Chunheui, & Khanna, 2011). According to SIDA (2016), the Zambian government and civil society organisations recognise the need and urgency to train teachers in CSE in order to mitigate the scourge of HIV/AIDS and adolescent pregnancy even though commendable effort at training teachers has been made, there still remains a large proportion of teachers that require training.

A study conducted on the influence role model teachers had on student teachers when they were in elementary school, found that experiences they had with their teachers had an impact in the way that they perceive and conceptualise sexuality and eventually how they teach it (Klein & Breek, 2010). This finding is consistent with the findings in this study that show that students developed negative attitudes towards premarital sex and consequently towards methods of protection used outside of marriage from their teachers.

A handbook developed by UNESCO for teachers to aid with self–training in order to better prepare them to teach CSE (UNESCO, 2013c), could help teachers teach it better and with more confidence, however, research that focused on attitudes and considerations of teachers in teaching CSE, warns that teachers who attended a particular course in CSE did not automatically translate to preparedness and confidence in teaching CSE. The study argued that in order for that to be achieved, more practical, comprehensive and theoretical training was needed (Brouskeli & Sapountzis, 2017). Thus, a more comprehensive program in preparing teachers could be more effective.

A link between teachers’ motivation and students’ knowledge and attitudes towards HIV/AIDS and other sexuality related matters was found in a study that investigated teachers’ level of motivation, confidence and attitude sexuality matters and HIV/AIDS education and students’ attitude in relation to sexual behaviour showed a positive relationship. Students considered teachers to play a major role in the formation of a positive attitude (Thuo, Nyaga, Bururia, & Barchok, 2016). The findings of this research support the study as a link was found between teachers’ negative attitudes towards premarital sex and students’ negative attitudes towards it that affirmed that girls should abstain until they marry.

This subchapter has explored the challenges of teacher confidence, motivation, and attitudes regarding CSE and the impact it has on learners and on perpetuating particular attitudes and perceptions about matters pertaining to sexuality it has explored with the help of previous studies, the solutions to dealing with these challenges. In order to achieve this, more practical, comprehensive theoretical training of teachers is required (Brouskeli & Sapountzis, 2017).

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7.2.2 Limitations of the Integrated Curriculum

The integrated curriculum on CSE was found to be incomprehensive by some girls who reported not getting enough information. Some reported that the teachings on CSE were infrequent, while one respondent in senior secondary suggested that the information was not enough because they were considered to be “young” when they first learned about CSE in junior secondary, and now that they are older they could learn better. This could suggest that now that they’re older, they need more information to address new challenges that they did not experience before. This could be due to the integrated nature of the curriculum that only allows for it to be integrated in “carrier subjects” that leads to it being subject to the discretion of teachers in prioritising topics they are comfortable with and neglecting those that may be regarded as “embarrassing” (UNESCO, 2013c). The ‘selective teaching’, bias and omission of topics considered taboo and embarrassing was found in the research. Respondents reported that this caused the lessons and information to be taken lightly and disregarded as well as other important information to be omitted. Information omission and bias towards abstinence may have an influence on girls’ attitudes regarding premarital sex as well as having insufficient knowledge on pregnancy and STI preventative methods such as condom use and other contraceptives. The Zambian Comprehensive Sexuality Education Curriculum is being used in tandem with the syllabi for their subjects to identify where CSE can be incorporated, and thus produce schemes of work and lesson plans that include CSE (SIDA, 2016).

In a study that was conducted on the efficiency of an integrated curriculum, it was found that schools with an integrated curriculum lacked a sexuality education syllabus and selected topics in integrated science, social studies and civic education to provide knowledge and awareness of STI’s and unwanted pregnancies. The study revealed that this form of awareness through integration was insufficient to curtail the high rates on new STI infections and pregnancies (Donkor & Lariba, 2017). Similarly, a study conducted by Banda (2016) found that teaching on the HIV/AIDS pandemic, pregnancies and on safer sex practices carried in other subjects such as biology and environmental science was inadequate to mitigate the scourge of high adolescent pregnancies and suggested that a much more comprehensive stand-alone subject specifically dedicated to CSE would be more effective as more time and emphasis would be dedicated to teaching about it.

Subjects that offered information on issues of sexual abuse, sexual rights and gender and gender and violence such as civic education were found to be optional subjects in in senior secondary school, with only a few respondents reporting they had learned on these issues. This result is consistent with a research conducted by Mweembe (2016) which revealed that civic education was an optional subject in which students learned about issues of sexual rights, Gender equality and gender based violence.
The study also found that the integrated nature of the curriculum lead to challenges such as inadequate teaching time for sex education, lack of teaching and learning materials for sex education and teachers failing to articulate and teach the subject in detail with comfort. Very few topics in sex education were found to be incorporated in the curriculum. Cultural beliefs were also found to impede information dissemination and learning on CSE (Mweembe, 2016).

School based integrated sex education programs have been argued to be important, according to a research conducted on their efficiency, however there lacks a systematic and validated program for teachers and allied professionals on sex education, arguing that with systematic programs it is not clear whether the teachers are professional and passionate enough to implement required sex education programs. The study further argues that several areas should be covered in training programs in order to make them more effective, these should include knowledge, attitude, value and behaviour in adolescent sexuality taking into account specific cultural contexts. The study further suggests that sex education teachers should be particularly familiar with the arguments for and against different positions of sex education such as abstinence versus comprehensive sexuality education programs (Leung, et al., 2019).

Educators should also understand how different pedagogical factors and process variables impact the efficiency of sex education programs in the school context (Leung, et al., 2019). This argument is relevant to some of the findings of this study where respondents reported teachers’ bias towards abstinence, at the expense of other methods of prevention and revealed having a negative attitude towards premarital sex by advising respondents to abstain from sex until they marry. The teachers did not take into consideration the cultural context which considers discussing sexual issues with parents taboo, or they would acknowledge their role in information dissemination as important in providing necessary information to both abstinent and sexually active students.

7.3 “We Need to Learn How to Interact with Boys”

Girls reported that the curriculum should aid in teaching them how to interact with boys. Learning how to interact with boys is a gap in knowledge that most respondents reported wanting to learn more about. Most girls reported not knowing how to interact with boys, and some reported that this lack in knowledge eventually leads to unintended sex when they do get to interact. Some of the girls reported feeling obligated to engage in sex because they were in a relationship. One of the respondents considered learning how to interact with boys as important as learning about abstinence and protection.

These findings support the findings of a study that was conducted by Elegbe (2018), that girls who had challenges interacting with or facing a problem with the opposite sex could not tell their parents of these challenges or seek advice on how to deal with it because
they did not want their parents to think that they are “vulnerable to boys”. The study argues that this lack of trust in girls in their parents may lead many adolescents seeking information from outside home and may put them at the risk of misinformation (Elegbe, 2018). Similarly, Pattman attributes a gap in knowledge of interaction between boys and girls to a patriarchal cultural background that discouraged familiarity and eventually led to forming stereotypes. He argues that isolation leads to boys and girls constructing the opposite sex as extreme opposites. The subjects spoke about sexuality in ways that cemented gender polarized identities. According to the female respondents, boys were viewed as possessors of sex drives and as careless and irresponsible by most girls (Pattman, 2005). The finding by Pattman supports the findings of this research which showed that girls stereotyped boys as possessors of sex drives who would lie to them to win their affection in order to have sex them.

According to a research on attitudes on how boys and girls view the opposite sex, the study argues that in the early childhood period girls and boys prefer to play and interact with members of their own sex, however, as they grow into adolescence, due to hormonal changes and development of secondary sex characteristics, interest in the opposite sex becomes more significant. Along with physical, mental and psychological changes, social changes in interpersonal relationships also occur (Pathan, 2011). This has been a finding in this research, adolescent girls expressed a lack of confidence and knowledge in how to relate with the opposite sex, with one respondent opining that having knowledge on how to interact with boys was just as important as learning about methods of prevention and pregnancies, thus there is interest and curiosity by girls to know how to interact with boys.

The acceptance by members of the opposite sex gives the feeling of approval and acceptance and also increases confidence in social interactions which later becomes the foundation for adult level healthy relationships. The study suggests that an adolescent is sensitive towards comments about their physical appearance which in turn develops into either positive or negative attitudes towards the opposite sex. Good and positive reactions will help foster positive attitudes about the opposite sex. The study argues that these psychosocial relationships describe the various aspects of development that are social and psychological in nature these include development of an intimate relationship and includes knowing self (Pathan, 2011).

Pathan (2011) in analysing Howard (1983) argues that there is beneficial gain to both girls and boys who grow up together and interact in the same school. By interacting, they are able to work out a better and more enduring relationship as they develop a capacity for intelligent friendship and they realise that friendliness can exist without flirting or over familiarity. They also learn to value and develop the art of interaction and cooperation as there is an instinctive and unconscious desire by either sex to be at its best in the presence of others (Howard, 1938; Pathan, 2011).
This could be applicable for respondents in this research who reported that they avoid socialising with boys in order to avoid pregnancy. They can learn how to interact with boys and develop healthy friendships and fondness without flirting or over familiarity. This could eventually lead to confidence (self-efficacy) in interacting with them without getting sexually or romantically involved with them.

Part of the deficit in knowledge in how to interact with boys could be attributed to the emphasis to “stay away from boys” by the teachers in teaching about prevention of pregnancy and STIs “staying away from boys” was conflated with abstinence, or avoiding possible sex during socialisation or interaction.

This subchapter has discussed the importance of socialising with the opposite sex, it has discussed how trust can be established between the two sexes, and the importance of learning to interact with the opposite sex and how it entails a healthy prospect for future adult relationships. One of the studies discussed in this chapter shows how isolation and lack of interaction can lead to forming stereotypes. From the girls’ perspective, there is need to learn how to socialise with boys.

7.4 The Role of Civil Society Organisations in CSE

Stakeholders such as civil Society organisations have been found to play an important role in CSE. Programs such by civil society organisations such as Restless Development conduct CSE programs in schools and are in partnership with the Ministry of Education in disseminating information to students in schools through social programs (Restless Development Zambia Strategic Plan 2011-2015).

In a study conducted to assess the challenges faced by Civil society organisations in disseminating information on CSE and the impact they had in communities, it was found that civil society organisations delivered life skill programs and talks as was reported by respondents, linked learners to health and social services and provided teaching resources and promotional materials. Schools in rural areas were given priority by civil society organisations the higher prevalence rate of adolescent pregnancies and STI contraction in rural areas (Tucker, et al., 2016). This finding is consistent with the findings of the study which showed active participation of civil society organisations in rural areas. PEPFAR reports that it provides basic reproductive health services to women and adolescents (PEPFAR, 2018).

Commitment to CSE by social actors has also been shown to be effective even in spite of unfavourable policies impeding progress on CSE. According to a research conducted on the policy environment surrounding school-based sexuality education in Ghana, Peru, Kenya Guatemala, the study found that government support and commitment to addressing CSE through policies and laws is integral to creating an enabling environment.
in successful implementation of CSE with civil society organisations. While the four countries in the study have different policies rights, access and information on sexual reproductive health for young people that include provisions for CSE, none of the countries had a national policy specifically dedicated to school-based CSE and the challenge present was that policies that do mention CSE are not always adequately implemented. One main factor for inadequate implementation is that many of the policies that address CSE, emanate from national ministries of health, and therefore do not contain detailed and valid provisions for delivering school-based sexuality education. Civil society organisations were found to be willing to promote CSE even with resistance from community leaders from religious groups and members of society with conservative values; these social stakeholders were found to oppose the inclusion of particular topics in CSE (Panchaud, et al., 2018).

The opposition of CSE by religious organisations and social organisations with conservative values particularly with topics that promote using protection during sex was also found in Zambia, a study by Bwalya (2011) found that stakeholders such as parents, Christian and Muslim leaders preferred abstinence to be prioritised in CSE and discouraged premarital sex which they perceived as immoral and a degrading to cultural and religious values (Bwalya, 2011). In relation to this study, the opposition by religious organisations and other relevant stakeholders runs the risk of communicating conflicting messages and information to adolescents on what sexual behaviours to adopt, this may also bring about challenges and shame in adolescents who are sexually active and require access sexual reproductive information and services.

This subchapter has discussed the importance of civil society organisations in supplementing CSE within the education sector. It has further explored the challenges faced by civil society organisations by other stakeholders in society such as religious groups and parents of students. The negative attitudes of these stakeholders towards teaching protective methods of sexual behaviour consequently highlights the non-cooperation by these important stakeholders in mitigating STIs and early pregnancies through protection methods, therefore the social environment (out of school environment) is not conducive or supportive of behavioural change in how adolescents may want to practice safer sex.
Chapter 8

8. Comparison of Knowledge-Outcome Expectancy and Personal Efficacy Among Girls - an Analysis

One of the purposes of this research is to give agency to Girls’ perspectives on what they would like to learn more about, thus, this analysis intends to show the importance of their opinion to learn about how to interact with boys. This analysis places the interpersonal relationship with boys at the centre of the study; while their knowledge, and attitudes gained from CSE that have been discussed in the previous chapter have been placed in the immediate background. By doing so, the study intends to contribute to the current literature by arguing the importance of interpersonal relationships between adolescent boys and girls in mitigating adolescent pregnancies and STIs.

Figure 1 shows the flow of information and attitude development; how this information and attitudes prepare girls for “risk” when they interact with boys, and consequently how their inability to successfully manage risk and exposure may lead to “ostracization” serving as an example to other girls of the consequences of not heeding to abstinence. The figure has been developed by the researcher and will be further discussed in the chapter. The figure is based on the concept of the knowledge of conditional relationships which enables a subject to predict with varying accuracy, what may likely occur under particular antecedent conditions and how this is likely to affect a subject’s action outcome. Bandura who developed this concept argues that in order for people to function effectively, they must anticipate the likely consequences of these events and courses of action in order to regulate their behaviour accordingly (Bandura, 1977).

The Zambian Comprehensive Sexuality Education Curriculum is integrated, therefore it is taught in carrier subjects where applicable. This leaves the curriculum prone to “selective teaching” by teachers and subject to the discretion of teachers in how they deliver it and what they choose to emphasise on which would be considered biased (UNESCO, 2013c). In the findings and discussion chapters of this study, it was suggested that teachers lack training in CSE and this may be the cause of biased information delivery in CSE focusing on abstinence and avoiding boys with insufficient information on methods of prevention such as condom use and other methods of modern contraception.

The students acquire this information (cognitive theory) that has been given by teachers which is mainly pro abstinence focused, discourages condom use and insufficient information on other methods of prevention. Attitudes also develop according to the information they receive, this information then prepares them for risk in how they interact with peers of the opposite sex. Thus, with findings showing that some girls had negative attitudes towards premarital sex and showed scepticism about condoms, according to the social learning theory, this puts them at risk of being unable to successfully perform a behaviour (use condoms correctly during sex) as they do not have sufficient information.
on how to use condoms or have a negative attitude about using them (restricting them to married couples). Studies in the discussion also found that students who were more biased towards abstinence and subsequently had insufficient information on condom use and other methods of contraception, were at high risk of not using protection the first time they engaged in sex.

Knowledge on safer sex practices and how to use condoms would help girls build their self-efficacy on how to use protection/condoms effectively and consequently reduce adolescent pregnancy prevalence and STI contraction. According to the social learning theory, if the girls handle risk successfully by using condoms correctly (behavioural theory) their self-efficacy in using them is strengthened due to the knowledge that they have acquired from their experience (cognitive theory) (Bandura, 1977).

According to the findings on how knowledge and information flows within the studied circuit, a diagrammatic presentation in figure 1 shows that if they are unsuccessful in handling risk (behavioural theory) and get pregnant, they serve as a lesson to other girls of the consequence of engaging in sex and are “ostracized” by their friends and regarded as bad company or “Peer pressure” who may be a bad influence to them (cognitive theory). Thus, information flow from the perspective of girls (cognitive theory) in this study comes from two sources in the circuit: teachers and ostracised girls who handled risk unsuccessfully. A third source of information as this study attempts to argue, would be the lessons learned from successfully interacting with their risk environment (boys, through sex and condom use) that would familiarise them with the event and provide them with information to better execute the task in the next event; thus enhancing their confidence and consequently their self-efficacy.

The figure on the next page (information circuit) has been developed by the researcher and shows the flow of information and meeting risk.
8.1 Outcome Expectancy and Self-Efficacy- A Comparison between Girls in Junior and Senior Secondary School

According to Bandura, there exist regularities in the coexistence of most environmental events/actions. These regularities or uniformities create expectations about what actions lead to what outcomes. Therefore, knowledge of conditional relationships helps one to predict with varying accuracy, what is likely to happen under particular antecedent conditions. If individuals are to function effectively, they should be able to anticipate the likely consequences of different events and courses of action and regulate their behaviour accordingly.
Without anticipatory capacities, people may respond to these actions blindly and may prove to be unproductive or hazardous (Bandura, 1977). Knowledge about the likely effects of specific actions is conveyed by their environmental contexts (such as experience in dealing with risk) however, one can be informed on what to expect by persons, things, social signals in language or by the actions of others (Bandura, 1977). Thus, teachers can help inform students of what to expect during sexual encounters, such as how to effectively use condoms and other contraceptives and how to assertively negotiate condom use with their partners, or how to assertively decline sex for those who want to abstain.

In the social learning view, psychological modifications regardless of the methods used to achieve them, derive from a common mechanism. The explicit divergence of theory and practice is merged by acknowledging that change is mediated through cognitive processes, but the cognitive events are induced and altered more readily through experience of mastery arising from successful performance. Psychological procedures, regardless of their form, change expectations of personal efficacy. Within this analysis, efficacy and outcome expectations are distinguishable (Bandura, 1977).

An outcome expectancy is defined as a person's estimate that a particular behaviour will lead to certain outcomes while an efficacy expectation is the conviction and confidence that one can successfully execute the behaviour required to produce required outcomes. Outcome and efficacy expectations have been differentiated because individuals can come to believe that a particular course of action will produce certain outcomes, but question whether they can successfully perform those actions. The strength of people's convictions and confidence in their own effectiveness will determine whether they will even try to cope with difficult tasks/actions (Bandura, 1977).

Therefore, in order to masterfully modify their behaviour to achieve desired outcomes, girls should be able to accurately anticipate/predict the outcome of different events and actions. This requires that they have the necessary knowledge/information about this action as well as the consequences of their actions. The more knowledge/experience/information they have, the higher their efficacy to successfully execute the task in question and minimise the risk of pregnancy and STIs.
8.2 The ‘Blind Spot’

The gap in knowledge on how to form relationships or socialise with boys (risk environment) would likely put girls at risk, as it makes them unable to anticipate or predict what is likely to occur during their interaction in order for them to either:

(a) Draw boundaries in the case of abstinence: girls would be unable to socialise with boys and will be unfamiliar and uncomfortable with them to draw boundaries on what they are not comfortable doing. For example engaging in sexual activity or getting romantically involved with them.

(b) Be familiar enough (have established a relationship) to communicate and negotiate safe sexual practices with their sexual partners, i.e. to tell them to wear condoms, as male condoms are more abundant than female condoms. Girls have to anticipate the likelihood that they will not wear the condom but their male sexual partners will, and so an interpersonal relationship has to be established to build this familiarity with boys to be comfortable enough to communicate with them about using protection. An example of this failure to anticipate what is likely to occur during sex is encapsulated by one of the respondents; when asked if the information received was enough to make help them make informed decisions she responded: “yes, but it’s just that sometimes you really have no idea of what happens, sometimes you have very little control over what happens. There are a lot of temptations.”

According to a study on interpersonal communication to encourage use of female condoms in Zambia revealed that there is only one female condom which is available in Zambia and is free at health centres, it is distributed by civil societies engaged in CSE. Despite the support in promotion of the female condom, it is poorly known and use is low at two percent amongst the general population compared to the male condom at 56 percent (Chowdhuri, Ngo, & Pinchoff, 2017). Thus, there is a higher likelihood that male condoms will be used instead of the female one, and so girls will need to negotiate condom use with their sexual partners.

8.3 Personal Efficacy

This study revealed a difference in knowledge and personal efficacy among girls. This subchapter presents a comparison of the differences between the outcome expectancy and personal efficacy of girls as well as the knowledge and attitudes that place them in the given categories.

Girls in this category shared similar characteristics in knowledge, attitude and regarding their risk environment (interacting with boys).
8.3.1 Knowledge

Girls were well informed on matters of protection (condoms) and other contraceptives to prevent pregnancies. They were aware of their friends engaging in unprotected sex, were critical and analytical about the information received from their teachers that they opined did not address the challenges of the sexual practices within their social circles.

8.3.2 Experience

Girls showed knowledge in being able to manage their risk environment (interacting with boys) owed to the knowledge they had on prevention. They recommended that girls should learn how to interact with boys.

The girls were open minded about other methods of protection such as condom use and other contraceptives being taught about in schools and used.

8.3.3 Confidence

Due to experience and being well informed on matters of protection, it could be deduced that girls in this category were confident in their knowledge and experience about their risk environment. Although they reported that the information they received was insufficient, they were well informed about protection methods, had a positive attitude about other methods of prevention and were not challenged by their risk environment to avoid it i.e. avoiding interaction with boys.

The figure below is a diagrammatic presentation of the components (characteristics) of personal efficacy and was developed by the researcher from Bandura’s concept of personal efficacy (Bandura, 1977). This model is more applicable to the respondents at senior secondary level (grades 11 and 12) as they exhibited the characteristics presented. It is also supports the findings in the (Educational Statistical Bulletin, 2015) which reports that the rate of adolescent pregnancies reduces as the level of educational attainment increases.
8.4 Outcome Expectancy

Girls in this category had similar characteristics in knowledge, attitudes and confidence about their risk environment.

8.4.1 Misinformation/ Biased Attitude

Girls had insufficient information on protection methods or had sufficient information but restricted them to married couples, encouraged only abstinence in spite of reporting that their friends were sexually active and engaging in unprotected sex (negative attitudes towards other methods of prevention) They were also sceptical about condom use and had a negative attitude about pre-marital sex.

8.4.2 Inexperience

Girls showed they had little or no experience with their risk environment. This could be deduced from their reports where their attitudes to avoid risk was shown in their opinion to stay away from boys as a protective measure to avoid unwanted pregnancy and remain abstinent. Girls also avoided risk by avoiding girls who are sexually active that they deemed to be a “bad influence” and feared they would be influenced by their “bad” behaviour.
8.4.3 Scepticism

By avoiding interacting with boys due to the perception that it would lead to sex because they feel boys would manipulate them into having sex, could suggest that the girls have little confidence in themselves to be comfortable enough to interact with boys and draw boundaries on what they are not comfortable doing. For the same reason, girls could be avoiding socialising with girls who are sexually active as they might eventually expose them to risk. Some girls in this category reported having enough knowledge to make informed decisions even though some of them had insufficient knowledge on protection methods. They felt the information received was adequate and those who were well informed on protective methods but restricted it to married couples reported that the teachers taught well, but it was up to a girl’s individual effort to avoid boys. Girls were not critical of the information they received or analytical about how or whether or not the information was addressing the needs and challenges of their sexually active peers.

The figure on the next page is a diagrammatic representation of the outcome expectancy of the girls. It has been developed by the researcher and is based on Bandura’s concept of outcome expectancy (Bandura, 1977). The model is more applicable to girls in grades 9-10 and supports the findings in Zambia’s educational statistical bulletin which reports that the rate of adolescent pregnancies reduces as the level of educational attainment increases (Educational Statistical Bulletin, 2015).
This chapter has analysed the findings of this study through the social learning theory lens that was developed by Bandura (1977). It has discussed within the context of the findings, the difference between personal-efficacy and outcome expectancy. It has attempted to develop an argument in general through social learning theory for the reason why the information received in CSE by girls is not adequate to mitigate the scourge of adolescent pregnancies and STI contraction. It has given agency to the girls’ opinion on what they think they need to learn more about (interacting with boys) by discussing the importance of this interpersonal relationship in mitigating pregnancies and further drew distinction between personal efficacy and outcome expectancy from the findings using the social learning theory.

**Figure C83. Outcome expectancy of girls in lower secondary school.**
Conclusion

This study sought to explore, from the girls’ point of view, the strategies and content of CSE, what they think are its strengths and the weaknesses. It also analysed the differences in knowledge and preferred content of CSE among the girls. It explored the role of various stakeholders in CSE and to what degree their input on information dissemination was adequate to help adolescents make an informed decision on their sexuality and sexual matters.

From the girls’ perspective, it has been found that abstinence is the main emphasis and strategy in CSE in order to prevent unwanted pregnancies and STIs. The content of the curriculum as reported by the respondents consisted of condoms as a preventive measure, some respondents restricted condom use to married couples, reporting that they have been taught to keep abstinent until they get married.

Some girls reported that the strength of the program was that they knew about prevention methods in avoiding pregnancy and STIs such as condom use and avoiding unsterilized instruments that have been exposed to infected blood. They reported that the weaknesses of the curriculum were unconfident teachers in teaching CSE, this led to teachers omitting information that may be deemed as embarrassing and adding jokes and making light of topics that they considered important, students also reported having being taught that condoms were not effective in prevention of STIs and pregnancies. Another limitation of the curriculum that the respondents expressed, was the infrequent teachings related to CSE, this was found to be due to the nature of the integrated curriculum. Some students at senior secondary level reported not having learned about CSE since they were in junior secondary school.

Regarding the information junior and secondary students have and what information they think the curriculum should consist of, the findings between junior and senior students varied. Junior students, in spite of having insufficient and/ or negative attitudes towards protection methods, reported that the information they received was adequate in addressing the challenges they faced in sexuality. Senior students were better informed in protection methods compared to junior students, they however reported that the information was inadequate in addressing their challenges opining that prevention methods other than abstinence were not taught effectively, with one of the students suggesting that condoms should be distributed in schools. More at junior level reported that they would like to learn more about how to associate with boys than students at senior level.

Regarding the adequacy of the information by relevant stakeholders such as NGOs, it was found that civil society organisations played an active role in information dissemination related to CSE, respondents reported having learned about protective methods from the organisation with some respondents at senior secondary level reporting that they only
learned about CSE from these organisations since they went into senior secondary level. Additionally, some respondents reported that they were confident in making informed decisions in matters related to sexuality because they are part of the program organised by these organisations.

The introductory section of this thesis began by defining CSE according to UNESCO, (2018a) guidelines and what the objectives of CSE should consist of in order to realise the rights of adolescents. The benefits of a successful CSE curriculum according to UNESCO, (2009b) are to:

- Reduce misinformation
- Increase correct knowledge
- Clarify and strengthen positive values and attitudes; increase skills to make informed decisions and act upon them.
- Increase communication with parents or other trusted adults.

According to the findings of this research, the Zambian CSE curriculum has been unsuccessful in reducing misinformation, aiding in disseminating correct knowledge, inculcating positive values and attitudes that help adolescents make informed decisions, improve perceptions about peer groups and increase communication with parents and trusted adults.

From the overall findings of this study, it can be acknowledged that a multi-sectorial effort is required by all relevant stakeholders to realise the overall objective of CSE which fosters the recognition of human rights, particularly the rights of adolescents through quality education to help them make informed decisions about their sexuality.
**Recommendations**

Several challenges that impede the successful delivery of CSE have been found and discussed in this study. On the background of the discussion and analysis used in this study, the researcher would like to make the following recommendations on order to better deliver CSE and make it more effective:

- Instead of generally teaching students about using condoms during sex, teachers could teach them (girls in particular) to expect their sexual partners to wear condoms. Male condoms are more readily available, distributed by NGOs and are more popular than female condoms (Chowdhuri, et al., 2017). This cognitive approach will help girls anticipate the event more accurately and will be cognitively expectant of their partners wearing condoms. This will in turn modify the behaviour of the boys by wearing condoms because their partners have been taught to expect them to.

- There is need for training of teachers in order to make CSE more effective. Theoretical, practical and comprehensive programs need to be developed in order to train teachers to motivate them and instil confidence to better teach CSE, the healthcare sector must also be involved to provide sexuality health services.
**Suggestion for Future Research**

The study found that there was more emphasis put into informing girls on matters of prevention regarding pregnancy and STI contraction than boys. Some girls reported being told to avoid or stay away from boys by teachers, conflating avoiding boys with abstinence as a way to prevent sexual engagement. Civil society organisations showed emphasis on informing girls over boys in their programs.

The DREAMS program by PEPFAR conducts programs on CSE in schools and holds that only includes girls on sensitisation and information delivery, efforts by civil society organisations should be regarded (PEPFAR, 2018).

Another civil society organisation that disseminates information on sexuality education is Restless Development, like DREAMS above, its programs on comprehensive sexuality education do not include boys (Restless Development Zambia Strategic Plan 2011-2015). Thus, there is need for research in order to determine how girls only focused programs in CSE compare with co programs that include boys; which is more effective and why.
References


SIDA. (2016). *Strengthening Comprehensive Sexuality Education for Young People In School Settings in Zambia: A Review and Documentation of the Scale up process*. UNESCO.


UNESCO. (2013c). Comprehensive Sexuality Education in Teacher Training in Eastern and Southern Africa. UNESCO.

UNESCO. (2013d). Ministerial Commitment on Comprehensive and Sexuality Education and Sexual Reproductive Health Services for Adolescents and Young People in Eastern and Southern Africa. Cape town: UNESCO.


APPENDIX

Appendix 1. Official’s Letter

Re: Permission to conduct research for a Master’s Programme in International and Comparative Education 2017

The District Education Board Secretary
Ministry of General Education
Lusaka, Zambia
18th March 2019

Dear Sir/Madam,

We kindly request that you allow our student to conduct a study comparing girls’ perspectives on sexuality education in an international context. The study aims to explore girls’ views on the Comprehensive Sexuality Education program that was introduced in 2013. The implication of the study is to explore, from the pupils’ point of view, the strengths of the program and where they think it falls short. In order to carry out the study, we need to collect data in the form of oral interviews during the period March-April 2019, in grades 8-12.

The study forms part of the compulsory program curriculum and is supervised by one of the assigned supervisors of Dept. of Education at Stockholm University, who will ensure that our student adheres to all the necessary rules. The resulting thesis is assessed and graded by an examiner at the end of the course.

We ask for your approval to allow our student to conduct the research. Participation is voluntary and the pupil may withdraw from the interview anytime without giving a motivation why.

During the course of the study, the personal data are protected and will not be disclosed to unauthorized persons. We will store recordings and other details in a safeguarded manner. Any sound files collected from the study will be anonymized, coded and transcribed as text. The consent forms will be kept in locked storage at Stockholm University so that they may not be linked to our recording. When the study is completed
and the thesis has passed assessment, we will destroy the original data that has been collected (sound files).

The results of the study will be published in the thesis in a manner that will not reveal the participant’s identity. The study adheres to the guidelines on research ethics and common laws. You may read more about these at the bottom of page 2.

In order to complete the study, it is very valuable for us to receive your consent. Please contact us in case you need further information.

Student’s name: Zarina Khan
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Supervisor’s name: Susanne Kreitz-Sandberg
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Telephone: +46-8-120 763-43

Date………………………………………………

Official/Administrator’s Consent

Official’s/Administrator’s signature……………………………………

Name (In block letters)…………………………………………

Further regarding guidelines and legislation related to the study

The personal data essential for carrying out the study are regulated according to the requirement of consent (samtyckeskravet) in the Swedish legislation (the Personal Data Act, in Swedish Dataskyddsförordningen). Stockholm University is responsible for personal data. According to the law of protection of Personal Data Act (dataskyddsförordningen f.o.m. 25 maj, 2018) you are entitled free access to all information involving you and if needed, to have incorrect information amended. You also have the right to request deletion, limitation or objection to the use of personal data, with an opportunity to lodge a complaint to the data security officer at Stockholm University at dpo@su.se alternatively the Swedish Data Protection Authority at https://datainspektionen.se/kontakta-oss/. Please approach the supervisor or student for further information.
Appendix 2. Parents’ Consent Form

Master’s Programme in International and Comparative Education 2017 Consent Form

Dear Parent/Guardian,

We hope you are willing to let your daughter/dependant take part in a study comparing girls’ perspectives on sexuality education in an international context. The study aims to explore girls’ views on the Comprehensive Sexuality Education curriculum that was introduced in 2013 in Zambia and their attitudes towards it. The implication of the study is to explore, from the pupils’ point of view, the strengths of the program and where they think it falls short. In order to carry out the study we need to collect data in the form of oral interviews that will be recorded during the period March – April 2019.

The study forms part of the compulsory program curriculum and is supervised by one of the assigned supervisors of Dept. of Education at Stockholm University, who will ensure that our student adheres to all the necessary rules. The resulting thesis is assessed and graded by an examiner at the end of the course.

We ask for your approval to use the data collected for the study. Participation is always voluntary and the pupil may withdraw from the interview anytime without giving a motivation why. In order to collect data for the study, we need your signed consent on the second page of this form. Even in the case that you sign the form at this point, it is still possible for you to withdraw from participation at any time without giving a motivation why.

During the course of the study working on the study, your personal data are protected and will not be disclosed to unauthorized persons. We will store recordings and other details in a safeguarded manner. Any sound recordings collected during data collection will be anonymized, coded and transcribed as text. This will be done immediately upon transmission in order to disable
any potential for detecting that your daughter/dependant has participated. The consent forms will be kept in locked storage at Stockholm University so that they may not be linked to our recording. When the study is completed and the thesis has passed assessment, we will destroy the original data that has been collected (sound files).

The results of the study will be published in the thesis, in a manner that will not reveal the participant’s identity. The study adheres to the guidelines on research ethics and common laws. You may read more about these at the back of this page.

In order to complete the study, it is very valuable for us to receive your consent. Please contact us in case you need further information.

Student’s name: Zarina Khan
Email: zarinabkha@gmail.com
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Supervisor’s Email: susanne.kreitz-sandberg@edu.su.se

Telephone +46-8-120 763 43

Date _________________________

Parent’s Consent Form

I have read the information on the study and accept that the material is recorded and stored for use in the master’s thesis.

□ Yes
□ No
Legal guardian’s/parent’s signature…………………………………

Name (In block letters)……………………………………………

**Further regarding guidelines and legislation related to the study**

The personal data essential for carrying out the study are regulated according to the requirement of consent (samtyckeskravet) in the Swedish legislation (the Personal Data Act, in Swedish Dataskyddsförordningen). Stockholm University is responsible for personal data. According to the law of protection of Personal Data Act (dataskyddsförordningen f.o.m. 25 maj, 2018) you are entitled free access to all information involving you and if needed, to have incorrect information amended. You also have the right to request deletion, limitation or objection to the use of personal data, with an opportunity to lodge a complaint to the data security officer at Stockholm University at dpo@su.se alternatively the Swedish Data Protection Authority at https://datainspektionen.se/kontakta-oss/. Please approach the supervisor or student for further information.
Appendix 3. Student’s Consent Form

Master’s Programme in International and Comparative Education 2017 - 2019

Consent form

As a participant who is giving personal information on the Comprehensive and Sexuality Education curriculum through my perspective and experience, I understand the purpose of the research and know that my participation is voluntary and that I may withdraw from the recorded interview at any time without giving a motivation why.

I understand that my personal data will be protected and will not be disclosed to unauthorized persons, and that my name will be anonymized. I understand that I may request that the data collected about me may be withdrawn at any time even after consenting to giving it by contacting the student or supervisor.

Date _________________________

Participant’s Consent Form

I have read the information on the study and accept that the material is recorded and stored for use in the master’s thesis.

☐ Yes
☐ No

Name ..................................................

Grade ...............................................
Appendix 4. Interview Guide

1. What have you learned in relation to CSE?

2. What have you been taught know on protection and prevention?

3. Do you think the information is enough to make an informed decision on sexuality and sexual practices?

4. What do you think you need to learn more about?