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Factors Associated with Effectiveness of Comprehensive Sexuality Education in Secondary Schools in Luanshya District, Zambia

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Abstract

Purpose: The purpose of this study is to examine the effectiveness of sexuality education policy in secondary schools.

Methodology: Its school based cross-sectional study which was conducted among secondary school teachers and secondary school going pupils in an urban area of Luanshya district. A self-administered semi structured questionnaire was used to collect data. Students were to answer one option unless specified otherwise. Open-ended questions were given wherever description of answers was required. The questions were framed in English. Completed questionnaires were compiled and entered into Epi data and analyzed using Stata 12. Descriptive and inferential statistics such as frequency tables, percentages and correlation tests were also be used.

Findings: This study allowed for a better understanding of the teachers' and pupils' attitude, knowledge levels, curriculum appropriateness and cultural influence towards provision of sexuality education in secondary schools. Majority of respondent had positive attitude towards the provision of sexuality education and generally majority of respondents had low knowledge levels on sexuality education. Furthermore, most respondent indicated that culture has negative influence towards provision of sexuality education and majority of respondents indicated that the curriculum was appropriate for the delivery of sexuality education. Each school has a different outlook and direction on the subject of sexual education programs; therefore, it is crucial to understand what, where, and why it is being offered.

Unique Contribution to Theory, Practice and Policy: Teachers need training in sexuality education in order to overcome their anxieties about sexuality education and rid them of any negative cultural beliefs they may have regarding sexuality education. In addition, the government should organize trainings and workshops for teachers intermittently to improve their teaching skills in sensitive areas like adolescent sexual health. Lastly Sexuality education should start in primary schools.

Keywords: *Sexuality Education, Curriculum Appropriateness, Attitude, Culture, Knowledge Levels*

Introduction

Sexual and reproductive health is still a subject that is difficult to discuss in many contexts. There is a significant taboo surrounding it that stems from culture, religion, tradition and the often personal matter of its' many subtopics. Many people do not have access to scientifically correct information and there are still many myths regarding sexual and reproductive health (e.g. around menstruation, virginity, etc.) (UNESCO, 2018). Existing educational efforts still focus on abstinence only programs and apply a risk-based approach, even though there is "a significant body of evidence that Comprehensive Sexuality Education enables children and young people to develop: accurate and age appropriate knowledge, attitudes and skills; positive values, including respect for human rights, gender equality and diversity, and, attitudes and skills that contribute to safe, healthy, positive, relationships" (UNESCO, 2018).Due to a disbalance of power, there can be inequalities based on Sexual orientation and Gender identity that can ultimately lead to unhealthy relationships. Legislation and policies that address the free expression and realization of sexual and reproductive health and rights often only adds to the problem. **T**he policy of Sexuality Education in secondary schools was introduced and implemented in order to eliminate the number of school dropout due to unwanted pregnancies, STDs and HIV infections among secondary school pupils, however 6 years after the implementation of CSE policy, there is still an increase in the number of school dropout due to unwanted pregnancy, STDs and HIV infections" (UNESCO, 2018). Therefore, the aim of this study is to assess the factors that are associated to effective comprehensive sexuality education in secondary schools in Zambia.

In 2014, Zambia rolled out a new and ambitious framework for Comprehensive Sexuality Education (CSE) targeting children and adolescents enrolled in grades 5–12 in schools across the country (MOE, 2014). In Zambia, sexual and reproductive health (SRH) knowledge is inadequate and unevenly distributed, leading to considerable SRH-related problems among Zambian adolescents (Zulu et al, 2018). Aimed to address such unequal access to knowledge about SRH, the development of a CSE programme was heavily supported by UNESCO (MOE, 2014).

In Zambia, as many as 25% of married girls aged 15–19 have an unmet need for family planning and about 30% of girls aged 15–19 have begun child bearing (CSO, 2014). Moreover, Zambia has high rates of early marriage with as many as 31% of those aged 20–24 reporting to have married before the age of 18 (Sandøy et al, 2016). While abortions in Zambia are allowed on the broad grounds spelled out in the Termination of Pregnancy Act of 1972, the same law also severely restricts access to safe and legal abortion services by demanding written consent of three medical doctors including a specialist for a legal abortion to take place (G.T.P.A, 1972). This is problematic in a country with critical shortage of health workers. Data on abortion in Zambia is scarce, but recent policy documents from the Ministry of Health estimate that 30–50% of all acute gynecological admissions are caused by abortions and that as many as 6 per 1000 women in reproductive age die from abortion-related causes annually (Cresswell et al, 2016). The problem

affects teenage girls in particular; approximately 80% of women taken to health facilities for abortion-related complications are adolescents (Muzira & Njelesani, 2013).

In 2015, the Population Council in conjunction with UNFPA conducted a study that drew on data from the 2013–14 Zambia Demographic and Health Survey (ZDHS) and the 2010 Census of Population and Housing to identify where adolescent pregnancy is most likely to occur in Zambia. Using a literature review, key informant inter- views among organizations working with adolescents, and in-depth inter- views with adolescent girls, the study also identified key factors that lead to adolescent pregnancy (CSO, 2014).

Study findings reaffirmed that adolescent pregnancies are high in Zambia. According to the 2013–14 ZDHS, 28.5% of girls aged 15–19 have ever been pregnant or had a live birth. There are regional differences in adolescent pregnancy. The Copperbelt has the lowest proportion of girls aged15–19 ever pregnant (16–19%), while the Western Province (38–41%) and the North Western Province (41%) have the highest proportions (CSO, MOH, and ICF International 2014). The rates of adolescent pregnancy are higher in rural areas, where 37% report ever being pregnant or having a live birth compared with 20% in urban areas. When analyzed by province, there are significant differences between urban and rural areas in each province. The highest rates are in rural communities of Northwestern and Western Provinces where the proportion of ever-pregnant females was 44% and 43%, respectively, while in urban areas in these provinces it was 34%. Adolescents in the lowest wealth quintiles are more likely to become pregnant than those in the highest quintiles. Almost half of girls aged15–19 (45%) in the lowest wealth quintile have ever been pregnant compared with 10% in the highest wealth quintile. This suggests that being poor and living in rural areas predisposes adolescents to early pregnancy.

The study also analyzed reports by the Ministry of Education on adolescent pregnancies in schools. Between 2007 and 2014, a total of 120,024 in-school girls became pregnant and dropped out. The majority of the girls, 103,621, were in primary school when they became pregnant as compared with 16,403 who were in secondary school (Ministry of Education, Science, Vocational Training, and Early Education 2015). Girls between grades 5 and 9 are most susceptible to adolescent pregnancy.

At the core of the Zambian sexuality education policy is the idea that there is a substantial need to support adolescents in delaying their sexual debut, to reduce the number of sexual partners and to increase safer sexual practices (Helleve et al, 2011). Backed by evidence on its positive effects on adolescents' level of knowledge, skills, attitudes and values related to sex and sexuality, CSE has been promoted in a series of global policy guidelines and recommended to be integrated into ordinary school curricula (Naezer, 2017). It is anticipated that the positive effects on knowledge, skills, attitudes and values will empower adolescents to realize their health, well-being and dignity; to develop respectful and pleasurable social and sexual relationships; and to understand and ensure the protection of their rights throughout their lives (UNESCO, 2018).

Concerns that CSE is incompatible with the religious and cultural norms have been reported to affect acceptability (UNESCO, 2018). In Zambia, this is commonly expressed as a conflict between CSE and a tradition of grandparents providing sexuality education along with cultural norms condemning discussions about sexuality between the sexes except for in grandparents-grandchild relations. It is also a common concept that providing sexuality information to young adolescents should be avoided since it will trigger sexual promiscuity (Rasing, 2003). Similar difficulties in teaching sexuality education have been reported in other countries (Maharaj, 2005).

Closely linked to cultural norms and moralization over sexuality are religious values. Zambia was declared a Christian Nation in 1991, a declaration that was included in the preamble of the national constitution (Haynes, 2015). This declaration has given Christian morality a particularly prominent place in Zambian politics and society. It emerges in dominant discourses and weighs heavily in public health discussions about access to reproductive health services to homosexuals, or contraception and safe abortion services to adolescents. This contributes to the conditions causing unequal access to SRH knowledge and services among adolescents (Van Klinken, 2014).

While quite a bit of documentation exists on the challenges of approaching sexuality education in schools in Zambia, there is inadequate knowledge about how teachers handle the task of teaching CSE in schools. This study aimed to assess the factors associated to effectiveness of sexuality education in secondary schools in Zambia.

Methods

This was a school based cross-sectional study which was conducted among secondary school teachers and secondary school going pupils in an urban area of Luanshya district. The sample size in this study comprised a total of 170 participants, 150 pupils; 38 from each of the selected schools and 20 teachers; 5 from each selected schools. These are the ones who provided information in this research study. The sample was calculated using slovin's formula using following equation; $n = N / (1 + N e^2)$. Where, **n**is sample**,** N is the Population, and**e**is Margin of error which act as an allowance for (Possible) error that may arise from correspondents/ elements.

A self-administered semi structured questionnaire was used to collect data. Students were to answer one option unless specified otherwise. Open-ended question were given wherever description of answers was required. The questions were framed in English. Completed questionnaires were compiled and entered into Epi data and analyzed using Stata version 12, chi-square test and bar diagram. Descriptive and inferential statistics such as frequency tables, percentages and correlation tests have also be used. Frequency tables cross tabulations have been used to show the association and relationships among variables to ensure easy understanding of data collected. Findings from the study have been presented according to the sequence of questions in the questionnaire in order to show relationships.

Results

Data for this survey was collected from a total of 171 participants from the four selected secondary schools (see Table1). Table 1 also shows that out of the 171 questionnaires that were administered to respondents, 171 questionnaires were returned and analyzed representing a response rate of 100%.A total of 151 pupils were sampled,91 were females representing 60.26% and 60 were males representing 39.74%. 106 out of 151 who participated were within the ages of 14-17 representing 70.20%. 25 of the respondents were between 18-21 years of age representing 16.56% and 17 were between less than 13years of age representing 11.26%. 149 of the 151 respondents were Christians representing 98.68. Hinduism and Islam had one pupil each representing 0.66% each. 149 of were single representing 98.68% and 2 were married representing 1.32%. On the other hand 20 teachers were sampled, 13 out of 20 respondents were males representing 65% and the remaining 7 were females representing 35%. 10 out of 20 females were within the age bracket of 31-39 representing 50%, 6 were within the age bracket of 40-49 representing 30%, 3 were above 50 years and

1 was within the age bracket 22-30. All of the respondents were Christians representing 100%. 18 of the 20 teachers were married representing 90% and 2 were single representing 10. Virtually all respondents had tertiary level of education, out of which 14 teachers reported to have attained a degree representing 70%, 4 reported to have attained a diploma representing 20%, 1 attained master degree and 1 reported to have attained a certificate representing 5% respectively.

Table 2 shows that Males had slightly higher positive attitude position (85%) than compared to females (80%). However, even though males were slightly higher, this was not statistically significant as indicated by p value of 0.453.

Table 2 also shows that with increase in the age group, there was increase in positive attitude. Age group of between 14-17 years had a higher positive attitude position of 82% than compared to age group for>13 with 65% positive attitude, this was however not statistically significant as shown by the p value of 0.099. it was also noted that age group between 18-21 had a higher positive attitude position (92%) compared to the age group for when comparing with higher age group for >13 (65%), this was statistically significant with p value of 0.027. in can be concluded that the positivity increases with increase in age.

Furthermore it can be noted in Table 2 that with increase in knowledge level, there was a decrease in negative attitude. The more the increase in the level of knowledge in sexuality education the more the decrease in percentage in negative attitude towards sexuality education. Moderate knowledge level had a lower percentage in negative attitude (17%) than compared to low levels of knowledge with (29%) negative attitude towards delivery of sexuality education. This was however not statistically significant as indicated by p value of 0.183. Furthermore, it was also observed that high knowledge level recorded a lower negative attitude percentage of 4% compare to low knowledge level with a record of 29. This was statistically significant as indicated by the p value of <0.001.

A particularly interesting finding under table 2 was that those who indicated that culture influences sexuality education recorded higher positive attitude percentage 89% than the 67% positive attitude for those who indicated that culture doesn't influence sexuality education, however, this was statistically significant with record of p value (0.001).

Table 1: Demographic characteristics associated with attitude towards sexuality education

Baseline Factors	**Attitude**						**Chi2**	**P-Value**
	Positive		**Negative**		**Total**			
	n	**%**	**n**	**%**	**N**	**%**		
Gender								
Male	51	85	9	15	60	39.74	1	-
Female	73	80.22	18	19.78	91	60.26	0.5627	0.453
Age								
<13	11	64.71	6	35.29	17	11.26	1	-
14-17	87	82.08	19	17.92	106	70.20	2.7294	0.099
18-21	23	92.00	2	8.00	25	16.56	4.8889	0.027
>22	3	100	0	0	3	1.099	1.5126	0.521
Marital Status								
Single	122	81.88	27	18.12	149	98.68	1	-
Married	2	100	0	0	2	1.32	0.4413	1.00
Widowed	0	0	0	0	0	0	-	-
Divorced	0	0	0	0	0	0	-	-
Religion								
Christianity	123	82.55	26	17.45	149	98.68	1	-
Hinduism	1	100	0	0	1	0.66	0.2111	1.000
Islam	0	0	1	100	1	0.66	4.5861	0.183
Knowledge								
Low	46	70.77	19	29.23	65	43.05	1	-
Moderate	29	82.86	6	17.14	35	23.18	1.7729	0.183
High	49	96.08	2	3.92	51	33.77	12.345	<0.001
Cultural Influence towards CSE								
Culture influence	90	89.11	11	10.89	101	67.33	1	-
Culture doesn't influence	33	67.35	16	32.65	49	32.67	10.561	0.001
Level of Cultural influence towards CSE								
Low	46	70.77	19	29.23	65	43.05	1	-
Moderate	29	82.86	6	17.14	35	23.18	1.7729	0.183
High	49	96.08	2	3.92	51	33.77	12.345	<0.001

Table 2: Factors associated with attitude towards sexuality education among pupils

Demographic characteristics	Pupils		Teachers	
	n	***%***	***n***	***%***
Sex				
Male	60	39.74	13	65
Female	91	60.26	7	35
Age (years)				
< 13	17	11.26		
14-17	106	70.20		
18-21	25	16.56		
22-30			1	5
31-39			10	50
40-49			6	30
>50			3	25
Marital status				
Single	149	98.68	2	10
Married	2	1.32	18	90
Religion				
Christianity	149	98.68	20	100
Hinduism	1	0.66	0	0
Islam	1	0.66	0	0
Qualification				
Master's degree			1	5
Bachelor's degree			14	70
Diploma			4	20
Certificate			1	5
Total	**151**	**100**	**20**	**100**

Discussion

Majority of teachers and pupils have positive attitudes towards sexuality education in the four secondary schools where our study was conducted, namely; Luanshya Boys, Luanshya Girls, Luanshya Central and Mpelembe secondary schools of Zambia. Majority 82 % of the pupils strongly indicated positive attitude in that they portrayed the desire to learn more about sexuality education and agreed that sexuality education has positive impact on the pupils. The remaining 27 (18%) indicated negative attitude and disagreed recorded unwillingness to learn more about sexuality education in that it will corrupt and encourage them to keep sexual partners. Furthermore, 95% (19) of the teachers showed positive attitude and in their view they strongly

agreed that sexuality education is appropriate for pupils and they indicated the willingness to teach sexuality education while 5% (1) of teachers indicated negative attitude and strongly recorded the statement that sexuality education in schools will corrupt pupils and expose them to early sexual debut.

Majority of teachers (95%) showed willingness to teach sexuality education however, many teachers were against providing condoms to students in secondary schools. The positive attitude towards sexuality education provides an opportunity for policy makers to support sexuality education in secondary schools. Furthermore, all teachers in our study indicated they should be at the forefront in teaching sexuality education. This is encouraging because with such a positive attitude towards sexuality education, it is easy to implement in secondary schools in Zambia. In most countries, children between the ages of five and thirteen spend time in schools influencing their attitudes and future behaviors (UNESCO). Thus schools provide a practical means of reaching large numbers of young people from diverse backgrounds in ways that are replicable and sustainable (Gordon, 2008).

A particularly interesting finding was that majority 43% (65) of the participants (pupils) had low levels of knowledge, 34% (51) of the total respondents were highly knowledgeable about some key sexuality issues and the remaining 23% (35) of the same respondents had moderate knowledge on sexuality education. Meanwhile Majority of the teachers representing 60% (12) had moderate knowledge, 25% (5) of the total respondents were highly knowledgeable about some key sexuality issues and the remaining 15% (3) of the same respondents had low knowledge on sexuality education. Furthermore, the majority of teachers representing 45% were highly knowledgeable on effective birth control methods, 45% had low levels of knowledge and the remaining 10% had moderate levels of knowledge. 55% of respondents indicated that age bracket of between 10-14 years is the right age for receiving sexuality education.

To be effective CSE educators, teachers need to be equipped with certain knowledge, attitudes and skills (Barr et al, 2014; WHO & BZgA, 2017). For lots of educators, sexuality remains a sensitive topic. They don't feel comfortable with sexuality or do not know how to discuss topics openly (Van de Bongardt et al, 2013). There is evidence that the beliefs, attitudes, values and sense of self-efficacy educators hold, influence how they deliver CSE messages (Wiefferink et al 2005, Vanwesenbeeck et al., 2016). f the participants (teachers) who had been surveyed (50%) agreed that both abstinence and condoms are effective protection against sexually transmitted diseases, (40%) suggested that only abstinence is effective protection against sexually transmitted diseases and the remaining 10% didn't indicate any responses. However, The majority of respondents indicated that the current school curricula is appropriate for teaching sexuality education even though a large number indicated that it does not include abortion and communication and negotiation skills to reduce risks for HIV, other STDs and pregnancy. Furthermore, the majority of respondents (teachers) (55%) agreed that both abstinence and condoms are effective protection against sexually transmitted diseases, (35%) suggested that only abstinence is effective protection,

5% indicated condom use as the only effective protection against sexually transmitted diseases and the remaining 5% didn't indicate any. Majority of teachers (70%) do not want to discuss the topic of condoms with their students as indicated where many teachers are against making condoms available in secondary schools. This has to change for sexuality education to be effective.

Supporters of comprehensive sex education programs believe that abstinence-only programs use scare tactics and unscientific approaches to keep youth from engaging in sexual behavior. Even though abstinence education programs are more accepted by schools, it seems that there are still high percentages of young teens who become pregnant. Hacker (2000) postulated that teens who choose abstinence want adults to support their decision to refrain from sexual activity, while sexually active teens prefer better access to contraception.

Of the participants (teachers) who had been surveyed the majority (85%) of the teachers were of the view that the curriculum was appropriate for the provision of sexuality education in secondary schools, while 15% were of the view that the curriculum was not appropriate for the provision of sexuality education in secondary school. 50% indicated does not include abortion and communication and negotiation skills to reduce risks for HIV, other STDs and pregnancy. A large number of respondents (teachers) (60%) also indicated the school curricula do not cover issues related to teen pregnancy. It appears the school curriculum is not comprehensive in covering all aspects of sexuality education. The school curriculum needs to be updated to include all aspects of sexuality education. UNAIDS (2009) reported well-planned and implemented life skills or sex and HIV education interventions, even when provided for short periods, have been found to knowledge; develop skills(i.e. self-efficacy to refuse sex and obtain male and female condoms) and positive attitudes required to change risk behavior .

Furthermore, Majority of the respondents (teachers) (95%) indicated they were very willing to teach sexuality education and the majority number (70%) cited availability of school materials on sexuality and public health education. Though a sizeable number (30%) indicated unavailability of the school materials on sexuality and public health education as a barrier for teaching pupils in secondary schools. 45% of them had challenges in accessing these teaching materials and only the remaining 55% could easily access them. This indicated that Teachers' wariness of sexuality education is often exacerbated by a lack of training, which leaves many feeling unprepared to teach the subject (Asekun-Olarinmoye, 2007). As UNESCO (2009) noted well-trained, supported and motivated teachers play a role in the delivery of good quality sexuality education, clear sectoral and school policies and curricula help to support teachers in this regard.

Hindin and Fatusi (2009) reported most youth obtain at least some education-particularly with the international recognition of the importance of schooling (e.g.., the Millennium Development Goals); school-based programs appear to be a logical choice for sexual and reproductive health education. This was supported by David and Bruce (2006) who reported that even though HIV/AIDS information and life-skills education can be provided to young people in a number of ways, schools are a key setting for providing information and teaching adolescents the life skills

necessary to preventHIV/AIDS.

Culture showed to have negative influence on the provision of sexuality education on the learner's perception. Majority 67% (101) of the pupils accepted that culture had negative influence while 33% (49) had negative influence on the provision of sexuality education in secondary schools. While on the other hand reveals that Majority 75% (15) of the teachers indicated that culture had no negative influence on the delivery of sexuality education while the minority 25% (5) indicated that culture hadinfluence on the provision of sexuality education in secondary schools. The biggest barrier to sexuality education identified by the respondents (teachers) was culture (55%) followed by lack of training (30%) and school policy (15%). According to UNESCO one of the common concerns about provision of sexuality education is that sexuality education is against local culture and religion. UNESCO stresses the need for cultural relevance and local adaptation, through engaging and building support among the custodians of culture in a given community (UNESCO 2018)

Recommendations

1. Teachers need training in sexuality education in order to overcome their anxieties about sexuality education and rid them of any negative cultural beliefs they may have regarding sexuality education.

2. The government should organize trainings and workshops for teachers intermittently to improve their teaching skills in sensitive areas like adolescent sexual health.

3. The school curricula should include all aspects of sexuality education on topics such as abortion and communication and negotiation skills to reduce risks for HIV/AIDS and pregnancy for it to be effective.

4. Sexuality education should start in primary schools. As noted by UNAIDS (2009) contrary to what policy-makers, parents and communities at times wish to believe, many young people are sexually active from their mid teenage years onwards-with the vulnerable years being the ages of 15-24.UNAIDS pointed out that early interventions, starting at the primary level of schooling-and before onset of adolescence or dropping out of school-are therefore critical and potentially life-saving.

5. The government should formulate a deliberate policy that promotes the provision of sexuality education among youths in all churches to rid them of any religious misconceptions.

6. A study with a larger sample including teachers in primary schools should be conducted to gain a better picture of the challenges of sexuality education in secondary schools of Zambia.

7. Sex Education must be introduced in the school which should start from the primary school and brings about the age appropriate topics as they go through the high school. It should contain a package of information about life skills, reproductive health, safe sex, pregnancy and STI's including HIV/AIDS.

8. A socio cultural research is needed to find the right kind of sexual health education services for boys and girls separately from the teacher of same gender. It is the responsibility of parents and teachers, so that adolescent girl or boy got legitimate due to education and empowerment and change over to adult men or women is smooth and streamlined with nil or least medical, social or psychological problems.

Conclusion

In conclusion evidences shows that majority of respondents had positive attitude towards the provision of sexuality education in secondary school and that the majority of respondents had low knowledge levels on sexuality education which entails that both teachers and pupils need comprehensive training in sexuality education. Furthermore, it was noted that the current curriculum is appropriate for the delivery of sexuality education in secondary schools and that culture has a negative effect on both pupils and teacher on the provision of sexuality education in secondary school. This shows the need to emphasize like other members of society, teachers and pupils live within a network of cultural and traditional beliefs that must be acknowledged and addressed if they create a barrier to effective teaching and learning.

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