

Stakeholders Perspectives on Condom Promotion in Schools in Zambia: A Grounded Theory Approach of four selected schools in Lusaka District.

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A Dissertation submitted in partial fulfillment of the requirements for the award of Master of Public Health (MPH) degree in Health promotion and Education

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DECLARATION

This dissertation is the original work of NATHAN KAMANGA.

It has been produced in accordance with the guidelines for MPH dissertation for the University of Zambia. It has not been submitted elsewhere for a degree at this or another University.

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ABSTRACT

Background: Adolescents in several LDCs, including Zambia experience early sexual debut resulting in STIs and unplanned pregnancies. The use of condom has been identified as one of the major steps aimed at reducing these negative SRH problems. The study explores stakeholders' perspectives on condom promotion in schools in Zambia with regard to Stakeholders in support of condom promotion and against condom promotion in schools.

Methods: This study is a qualitative research driven by a grounded theory design. The population was restricted to key stakeholders in education, including pupils from Kamwala, David Kaunda, Matero Boys and Kamulanga Secondary schools within Lusaka district of Zambia. In order to select and identify participants, purposive sampling was used which was combined with theoretical sampling to build up a theory. Seventeen (17) interviews were conducted with various stakeholders and seven (7) Focus Group Discussions (FGDs) with pupils were used as methods. The data were analyzed by means of grounded theory.

Results : One core category emerged “*selective condom promotion in schools*” which connected other categories ‘health related benefits’, educational and empowerment reasons’, and ‘social and economical reasons on one hand and ‘against culture and sexual norms’, ‘promoting immoral sexual behavior among pupils, against Christian teachings and ‘affect pupils academic performance,’ on the other hand. In this setting, stakeholders preferred selective condom promotion in schools as opposed to targeting all the pupils. Stakeholders were of the view that in schools some pupils are sexually active while others are young and may not be sexually active. Pupils who are sexually active must be given a choice by providing them with knowledge and information so that they are able to make a decision whether to use condom or not while those who are young and not sexually active should not be exposed to condom promotion. Therefore condom promotion should only target pupils who need the service so that they can make a decision on whether to protect themselves against STIs and unwanted pregnancies or not. Acceptability of condom promotion among many stakeholders was problematic because of the dominance of culture and religious issues which have placed a negative connotation on condom promotion.

Conclusion: Although it was evident from the study that many youths were not abstaining from sexual activities, many stakeholders still felt that abstinence is the way to go because it was acceptable by society as opposed to condom promotion which many stakeholders believe is at variance with societal norms and beliefs. Issues of culture and religion had a huge influence on Stakeholders perspectives on condom promotion in schools. Key theoretical constructs that guide decisions regarding promotion of condoms in schools revolved around health related benefits considerations, educational and empowerment reasons, social and economic dynamics, moral and religious values as well as academic performance concerns.

Key words: *Grounded theory, Stakeholders, perspectives, condom promotion, Zambia*

DEDICATION

I dedicate this piece of work to my dearest Wife Pretty Kamanga, my sons Lung'anda, Nathan Jr and Victor for their support and understanding during the period of my studies.

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LIST OF ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
CCZ	Council of Churches in Zambia
DEBS	District Education Board Secretary
CSO	Central statistics office
CSOs	Civil Society Organizations
EFZ	Evangelical Fellowship of Zambia
FAWEZA	Female Women Educationist of Zambia
FGDs	Focus Group Discussions
LDCs	Less developed countries
MGE	Ministry of Education General Education
NGOs	Non Governmental Organizations
SSA	Sub Saharan Africa
HIV	Human immunodeficiency virus
IDIs	In-depth interviews
SRHs	Sexual and Reproductive Health Services
STIs	sexually transmitted infections
UN	United Nations
UNAIDS	United Nations Action against AIDS
UNICEF	United Nation International Children Fund
UNZA	University of Zambia
UNZABREC	University of Zambia Biomedical Research and Ethics Committee
WHO	World Health Organization
ZDHS	Zambia demographic health survey
ZEC	Zambia Episcopal Conference

CHAPTER ONE

1.0 INTRODUCTION

Globally, an estimated 35.3 million people were living with HIV in 2012 an increase from previous years as more people are receiving the life-saving antiretroviral therapy. However, there were 2.3 million new HIV infections globally, showing a 33% decline in the number of new infections from 3.4 million in 2001 (UNAIDS, 2013). The trends in new adult infections differ among regions. The epidemic continues to disproportionately affect sub-Saharan Africa (SSA), home to 70% of all new HIV infections in 2012 (WHO and UNICEF, 2013, UNAIDS, 2013).

According to UNAIDS, SSA still bears a disproportionate share of the global burden and although the rate of new HIV infection has decreased, the total number of people living with HIV continues to rise. Knowledge of the epidemic and how to prevent HIV infection has increased among young people aged 15-24 years. However, young people still lack the knowledge and importantly, often lack the tools they need to practice HIV risk-reduction strategies (UNAIDS, Global report 2013). According to the world AIDS report, across sub-Saharan Africa, diverse countries have achieved notable reductions in HIV prevalence among young people (15–24 years). In sub-Saharan Africa, HIV prevalence among young women and men fell by 42% from 2001 to 2012 although even with these favorable trends, HIV prevalence among young women remains more than twice as high as among young men throughout sub-Saharan Africa (WHO, 2014).

In Zambia, 13 percent of adults aged 15-49 years are infected with HIV (15 percent of women and 11 percent of men). A comparison of the HIV prevalence estimates from the 2001-02, 2007, and 2013-14 Zambia Demographic Health Survey (ZDHS) indicates that HIV prevalence among adults in Zambia has decreased over time from 16 percent in 2001-02 to 13 percent in 2013-14 (Central Statistical Office (CSO) [Zambia], 2014).

Adolescents have not been spared by the HIV epidemic. The ZDHS estimates the HIV prevalence among female adolescents (15-19) at 5.7% compared to their male counterpart whose prevalence is at 3.6%.(Central Statistical Office (CSO) [Zambia], 2010).

Young people have unprotected sexual intercourse with one or more partners, potentially exposing themselves to HIV and other sexually transmitted infections (STIs) or unintended pregnancy (Van Dyk, 2008, Smith, 2003, Maticka-Tyndale and Tenkorang, 2010) . Comprehensive sexuality education programmes work to delay initiation of sex, reduce the number of sexual partners and increase the use of condoms and other forms of contraception (Gupta et al, 2003). Correct and consistent condom use remains by far the most effective way of protecting sexually active young adults from the risks of high risk sexual behaviors (Peltzer, 2000a, Smith, 2000, Holmes and Weaver, 2004). The long-term health consequences of teenage pregnancy and STIs necessitate the advent of effective health education strategies to reduce high-risk sexual behaviors among adolescents which include condom promotion and use.

One of the fast emerging public health concerns is the high risk sexual behavior among adolescents. There has been an apprehension on the increasing number of sexually active adolescents in developing countries more especially the Sub-Saharan Africa (Kapolo, 2014, Peltzer, 2000a). Adolescents in several of these less developed countries (LDCs), including Zambia experience early sexual debut which is usually unplanned and as a result, many of the adolescents became victims of several negative sexual and reproductive health outcomes such as HIV infections, sexually transmitted infections and unplanned pregnancies (Gupta and Mahy, 2003).

Teenage pregnancy and motherhood is a major social and health issue in Zambia. Early pregnancy can cause severe health problems for both the mother and child. Statistics indicate that 29 percent of women age 15-19 years have already had a birth or are pregnant with their first child. At national level, the proportion of teenage pregnancies has hardly changed in the last six years (Central Statistical Office (CSO) [Zambia], 2014).

The major debate dilemma facing learners, teachers, parents and various stakeholders is to find a lasting and effective intervention to curb pregnancies among learners while at the same time preventing the spread of the HIV/AIDS pandemic. One of the central issues of debate is the issue of condom promotion in schools especially in secondary schools where youths are more sexually active.

While other stakeholders deride condom promotion as a major driver of immorality and declining of moral values, others are encouraging condom promotion in schools as a way of reducing school drop outs and halting the spread of STIs (Kapolo, 2014, Peltzer, 2000c, WHO, 2014).

Therefore , this study was to explore different stakeholder's perspectives on condom promotion in schools thereby understand the views of those who are against the promotion of condoms and those who think condoms should be promoted in schools as a prevention and protective measure against HIV and unwanted pregnancies among school going adolescents.

1.2 STATEMENT OF THE PROBLEM

Given that most HIV infections in Zambia are contracted through heterosexual contact, information on sexual behavior is important in designing and monitoring intervention programmes to control the spread of the pandemic. In Zambia, 56% of women and 50% of men aged 18-24 are reported having sexual intercourse before age 18 which means that adolescents are engaging in sexual activities at an early stage hence the need to have protection from STIs and unwanted pregnancies (Central Statistical Office (CSO) [Zambia], 2014).

Studies have shown that there is low utilization of Condoms among adolescents despite the obvious benefits that can be realized from correct and consistence use of condoms (Peltzer, 2000c, WHO, 2014, UNAIDS, 2009) . Condom use is one of the main strategies for combating the spread of HIV and unplanned pregnancies among school going youths which has resulted in many girls dropping out of School. However, educating pupils about condoms is sometimes controversial, with some stakeholders believing that it promotes extramarital relations among married people and early sexual experimentation among pupils and those who are not married. This has resulted in unclear messages to enable the youths to make decisions on issues of sexuality and condom use.

One of the issues relating to low condom use has to do with limited promotion of condoms among adolescents. One of the platforms which can serve as a good platform for promoting condoms is the school. However, condom promotion in schools in Zambia is currently restricted and not allowed by the Ministry of Education. This has brought debate among various

stakeholders with some arguing that condoms should be promoted in schools while others such as the church have argued from the moral perspective that condom promotion will result in moral degradation.

Many studies done in Zambia by (Agha, 1998, Agha et al., 2002, Sandøy et al., 2012) have concentrated on condom use among the general population and no studies have been done to focus on stakeholders' perspectives on condom promotion in schools. There is limited information on stakeholders' perspectives on condom promotion in schools. There has been no useful information to guide policy on this debate. The Ministry of Education has no clear policy on this matter hence the study to understand various perspectives from stakeholders' point of view regarding condom promotion in schools.

Therefore, this study aims at analyzing various stakeholders' perspectives on condom promotion in schools. The study targeted adolescents in the age group 15-19 years old in secondary schools where the risks are higher and was done in Lusaka district of Zambia.

1.3 JUSTIFICATION

The Issues about condom promotion in schools in Zambia have been a subject of debate over the years with some stakeholders arguing for and other stakeholders arguing against condom promotion in schools. There was need therefore for a research on stakeholders' perspectives on condom promotion in Zambia since this is a Public health issues to understand what arguments various stakeholders have on this subject matter. This study therefore paid more attention to stakeholders within the Zambian society in order to understand their views and they included; pupils themselves, parents, Teachers, Government officials, NGOs, the church and human rights activist. Since the government will be implementing the comprehensive sexuality education framework which was developed in 2014 by the Ministry of education, it is important from health promotion point of view to understand people views and perception regarding condom promotion which is part of comprehensive sexuality education. With this understanding, implementers can well know how best to integrate the community perspectives so that the program can be successful. It is hoped that the findings of the study will assist in providing some insights towards the implementation of comprehensive sexuality education in schools.

1.4 RESEARCH QUESTION

What are the stakeholders' perspectives on condom promotion in schools in Zambia.

1.5 RESEARCH OBJECTIVES

1.5.1 General Objective

To explore stakeholder's perspectives on condom promotion in schools in Zambia, a case of four selected secondary Schools in Lusaka district.

1.5.2 Specific Objectives.

1. To explore stakeholders perspectives in support of condom promotion in schools.
2. To explore stakeholders perspectives against condom promotion in schools.
3. To develop a substantive theory on stakeholders perspectives on condom promotion in schools.

1.6 Definition of Key terms.

For the purpose of this study the following are the working definitions of the following key terms.

Adolescents - defined as children and young people between the ages of 10-19 years (WHO, 2010).

Stakeholders – The term stakeholder is defined as a person or group of people or organization with an interest, involvement or investment in something (Griffiths, 2007).

In this study stakeholder in education is representing those that have an interest, involvement and investment in education.

Perspectives – A way of thinking about something or sensible way of judging how good, bad, important etc something is in comparison with other things (Sutherland, 1995).

Promotion – Promotion refers to the entire set of activities, which communicate the product, brand or service to the user with the idea to make people aware, attracted, use and induced to buy the product, in preference over others (Bennett et al, 1961).

Sexual and reproductive Health services (SRHs) - Sexual and reproductive health relates to and includes family planning, maternal and newborn health, the prevention of STIs, the promotion of sexual health, the prevention and management of gender-based violence, the prevention of unsafe abortion, and post-abortion care(Organization, 2010, WHO, 2014)

CHAPTER TWO

2.0 LITERATURE REVIEW

Studies have shown that there is low utilization of Condoms among adolescents despite the obvious benefits that can be realized from correct and consistence use of condoms (Peltzer, 2000c, WHO, 2014, UNAIDS, 2009) . One of the issues relating to low condom use has to do with limited promotion of condoms among adolescents. One of the platforms which can serve as a good platform for promoting condoms is the school.

Condom availability to the youths in general and school going pupils in particular is a challenge since it carries some social stigma associated with promiscuity and prostitution . The use of condom is associated with being sexually active as well as promiscuity, often creating barriers for the youths and sexually active learners to access them. However condoms remain one of the most effective tools of preventing HIV transmission and unwanted pregnancy among the sexually active youths the majority of them are found in schools (WHO, 2010, Gupta and Mahy, 2003)

High prevalence of premarital and unprotected sex has been reported among adolescents in several settings and studies, resulting in adverse reproductive health outcomes (Gupta and Mahy, 2003). Inadequate Sexual reproductive health and rights (SRHRs) education and knowledge is one of the factors indicated in literature as contributing to early and unprotected sex and other risky adolescent sexual behavior (Aransiola et al., 2013, Asekun-Olarinmoye et al., 2007).

The spectrum of diseases due to unprotected sex, in particular HIV/AIDS and other negative social vices such as unplanned pregnancies clearly indicates a significant Public and personal health problem which justifies condom promotion as a prevention and protective measure. However, the success of this program depends on perceptions people have on condom promotion and use in the communities. It is therefore important to understand potential barriers and perspectives on condom promotion in order to have successful program that would bear intended results of reducing the spread of HIV and unwanted pregnancies.

2.1 Negative attitudes to condom use

By involving various stakeholders in society and jointly addressing policies, cultural practices and economic conditions that increase people's vulnerability to HIV infection, change will be achieved because changing attitudes and behavior is the heart of HIV prevention (Cullinan, 2009). People's negative attitude to condom use has resulted in negative perceptions of how people view condom promotion and use.

In Malawi UNAIDS (2011) notes how the community treats promotion and distributing of condoms in schools with negative attitude saying it is encouraging risky behavior arguing that when condoms are available for students, they are going to be tempted to use them because they are just handed to them saying that sex is basically okay at their age, which should not be the case. The community viewed condom promotion as corrupting pupils' morals and argued that pupils are not able to resist temptations from something which they perceive to be giving them pleasure.

Mulonyeni and Nkhoma in opposing promotion of condoms in schools felt that giving learners condoms to solve the issues of HIV and school pregnancy is addressing symptoms and not causes. It is so much less time consuming, and less embarrassing to advocate safe sex through condom promotion than to step back and really examine why teenagers are having sex so early. The reasons for early sex go far beyond just hormones, but admitting the true causes requires one to take responsibility for a complicated solution, a solution that involves action, not only by teenagers, but also by parents, teachers and other stakeholders. (Mulonyeni and Nkhoma, 2011(un published article))

However, (Shakil, 2011) pointed out that the ever increasing number of students contracting HIV and school girls falling pregnant should necessitate authorities to introduce further ways of tackling these challenges. For these reasons, he argued that the promotion of condoms in schools is a reasonable option which may save some students from HIV and unwanted pregnancy hence they will not be dropping out of school.

In another study by (Brown et al., 1997) adolescents noted that some parents may oppose condom promotion and distribution in schools, but the adolescents believed that these parents

would be a minority and their thoughts would be based on their antiquated attitudes. The adolescents believed that “times have changed,” “parents do not understand what it is like to be a teenager today,” and rates of sexual activity and risk of HIV warrant changes in practice.

In a similar study conducted on adolescents by (Hacker et al., 2000) samples of adolescents revealed that access to healthcare information on condoms and contraception were critical to teenage pregnancy prevention and more than 50% of the youths in this study indicated that more information about contraception including condom promotion would predispose youths to engage in safer sexual practices. In agreement with these findings, a study in Delaware in the United States of America (USA) also found that the majority of Delawareans surveyed agreed that to prevent teenage pregnancy adolescents should have access to information regarding sex and access to contraception and condoms. Furthermore, Delawareans were in favor of providing more resources to public schools and agencies to help reduce teenage pregnancy within the State (Herrman et al., 2011).

2.2 Cultural barriers to condom promotion

Main studies reviewed have shown that traditional and cultural issues especially in sub Saharan Africa have a lot of influence on people and their way of life. In a study by Green (Green and Ruark, 2011), they noted that traditional cultural issues exert much pressure on acceptability of condoms. A lot of unfounded myths and beliefs are attached to condoms resulting in negative attitudes towards their use. A belief of linking HIV to witchcraft results in less positive attitudes about condom use and less likely to believe in the effectiveness of condoms in preventing HIV. Similarly (Baxen and Breidlid 2009) identify the following cultural beliefs as barriers to the use of condoms; the belief that the condom remains in the female reproductive organs, condoms lead to sterility, condoms blocks sexual enjoyment and are laced with pathogens. These beliefs as observed in a study by (Agweda, 2001) creates negative attitudes towards the use and effectiveness of condoms. Even if given the condoms, they will not be used because of these cultural barriers. Structural barriers such as gender norms and roles, social stigma, and lack of knowledge and access to youth friendly health services constitute additional major factors undermining the capacity of young people to be protected from HIV infections.

Adolescents have been generally neglected in most of the HIV services that are being implemented in Zambia (International AIDS Alliance 2011). A study done by the International AIDS Alliance (2011) showed that there is ‘silence’ in most interventions because adolescents were assumed not to be having sex. The study also found that because of cultural barriers, parents were having difficulties to discuss matters of sex with their children, hence making it difficult for them to know their sexual and reproductive health needs. Further, at political level, most programmes targeting adolescents have focused on promoting abstinence than condom promotion because of arguments from religious organizations that it was not only against their teaching but also against a way to promote morality (International AIDS Alliance 2011).

2.3 Social economic reasons and policy issues

According to (UNAIDS, 2010) Senegal and Thailand indicate that the introduction of condom promotion programmes early in the epidemic strengthens HIV prevention. Higher rate of condom use among populations at higher risk of HIV acquisition, before an epidemic spreads to the general population, may account for successful control of the epidemic. Condoms clearly played a key role in HIV prevention efforts in Thailand. The success of the 100% Condom use Program implementation was rooted in strong political commitment and support at all levels, including that of government officials, local health workers, Non-governmental organizations (NGOs), the media, brothel owners, and the public in general. The pattern of the epidemic in Thailand in the late 1980s mandated the need for a prevention strategy targeting sex work venues, at a time when unprotected sexual activity was the driving force of the Thai epidemic (UNAIDS, 2009).

Similarly reporting on the same issue in South Africa, Nathan Geffen, a spokesperson for the Treatment Action Campaign, reveals that condoms are not promoted and distributed in schools and therefore, the culture of using condoms for sex is not developing in the adolescents (Voice of America 2006). In addition, Michael Banish, who runs the Mpilonhle program in rural Kwa-Zulu Natal Province in South Africa, contends that there are serious gaps in access to condoms, especially among rural youths. He states that shops and clinics are few and far between and that it is expensive and unlikely that learners would go to a clinic just to access condoms (Plus News 2009).

Overall prevention and success are dependent on strong focused political leadership appropriate funding, supportive policies and well planned and coordinated programmes that work to influence attitudes and behavior change. The government in collaboration with other stakeholders such as civil society that is well attuned to the community's cultural norms need to create and nurture an HIV and AIDS free environment

Top-level commitment is needed to put in place policy and programmatic interventions aimed at young people, which back up prevention education with access to prevention tools (WHO and UNICEF, 2013, UNAIDS, 2009) .

2.4 Effect of condom promotion on pupil's academic performance

According to the Delaware study, some parents, politicians, and educators have questioned whether making condoms available should be the job of the schools. They argued that schools should be a place for learning mathematics and reading and science, not how to put on a condom (Herrman, 2013). In contrast to this study, (Liddell C et al., 2011) have argued that public secondary schools are the best place to provide sex education and make condoms available to teenagers because that is where the teenagers are, and that is why there are adults who are trained and willing to counsel them.

Literature has also shown that the majority of adults are of the view that Sexual and reproductive health services should be given to school going children to avoid school drop outs. In a study conducted in Delaware, the majority of Delawareans (82 %) surveyed agreed that to prevent teenage pregnancy adolescents should have access to information regarding sex and access to contraception and condoms. Condom promotion also yields other benefits, such as preventing unintended pregnancy and reducing the transmission of other STIs. The Delawarean study further demonstrates that lower age seems to be one of the strongest predictors of condom use. At the same time, there remain a number of obstacles to ensuring that young people use condoms. Myths, fears and misconceptions about condoms among young people, combined with inaccessibility to supplies, severely weaken prevention practices among 15–24-year-olds, yet this is the age group hit hardest by the epidemic in many settings (WHO, 2014).

2.5 Adolescents rights to sexual and reproductive health services

Supporting the need for continuous open communication and support between children and their parents, The Commission on HIV and AIDS Governance in Africa (2008) believes that when teenagers do not receive a clear message concerning the love and support of their parents, often, they seek that love and support in a romantic relationship.

According to (Green and Ruark, 2011) some opponents of sex education and condom availability programmes argue that these programmes violate the right of parents to educate their children about moral behavior and religious values.

Findings from the California survey have also revealed that 71% of respondents agreed that access to birth control methods or contraceptives was very important for reducing the number of unplanned teen pregnancies in their region and 73% supported government funding for birth control for adolescents (Baldassare, 2005).

In another study almost half of respondents of the Indiana survey strongly or somewhat agreed that condoms should be made available without parental permission (48%) and without cost because it is their right to sexual and reproductive health (46%) (Yarber et al., 2005). In a Similarly study conducted on parents, the majority of Minnesota parents were in favor of information about condoms in schools because the children have a right to decide if information is provided to them (86%) and 77% thought that condoms should be demonstrated in the classrooms (Eisenberg et al., 2008b)

In another study conducted in California in 2006, parents were surveyed in regard to their views over the merits of abstinence-only versus comprehensive approaches to sex education; Overall 89% of parents reported a preference for comprehensive sex education, and 11% for abstinence-only education. Support for comprehensive sex education was high in all regions (87–93%) and across all subgroup characteristics; race or ethnicity (79–92%), age (86–94%), education (84–93%), household income (87–92%), religious affiliation (86–91%), religious service attendance (69–96%) and ideological leaning (71–96%) (Norman et al., 2006). The research also shows that, the high levels of support for comprehensive sex education across California's diverse regions and demographic subgroups suggest that such support may be generalizable to communities and

school districts both in California and around the country. Furthermore, ideological differences might be less important to the sex education debates than the distinction between pragmatic and absolutist perspectives (Perspectives on Sexual and Reproductive Health, 2007).

Research has further shown that, Condom promotion for the general population can encourage people to think and talk about HIV prevention and other issues of sexual and reproductive health services and make safer sex the norm. This can be seen from the study which showed that When respondents were asked what they believed teenagers should be taught in school, the overwhelming majority of parents 89.3% favored teaching both abstinence and other strategies for pregnancy prevention (Eisenberg et al., 2008b).

2.6 Against Christian teachings and good morals

According to (Baxen and Breidlid 2009) a major barrier that condom promotion and usage face is religious influence. For example, the Vatican's negative stance on the condom has affected condom promotion, distribution and usage in sub-Saharan Africa, as Catholicism is a dominant religion in the region. When Pope Benedict XVI visited the region in March 2009, he promoted abstinence and marital fidelity as HIV solutions, and spoke out against condom promotion. According to BBC News, he said that HIV and AIDS was a tragedy that cannot be overcome through the distribution of condoms, which can even increase the problem. The Vatican believes that condoms promote sexual promiscuity, which contributes to spreading the disease (Baxen and Breidlid 2009). Condom promotion and distribution to students can offend people from different religion arguing that schools are not places for condom machines (Green and Ruark, 2011).

Brown et al. (1997) conducted a study on adolescents' perceptions on the availability of condoms. The participants overwhelmingly agreed that condom availability did not increase sexual activity, and that, in order for condom promotion to be most acceptable to adolescents, the services must be private, physically accessible, at reduced or no cost, and convenient. Cost is a significant barrier especially for low-income youth, also arguing that 14% of youths made decisions about contraception based on cost.

A similar study of adolescents found that 85% of students surveyed believed that condom distribution in schools would increase access to condoms and 76% believed that condom

availability programs would not increase sexual activity among youths (Fanburg et al., 1995) . The study further reviewed that adolescents that were against condom promotion in schools (the 15%) noted that school was not the place to receive contraception, it was religiously wrong, it may increase the frequency of sexual activity, or “it is a waste to hand them out because I do not use them every time I have sex” one of the respondent stated (Fanburg et al., 1995, p. 182). In this sample, 42% of the students believed condoms should be made available in the nurse’s office or wellness center, 45% in a machine in the bathroom, 8% from other students, and 5% from teachers (Fanburg et al., 1995).

2.7 Education and empowerment reasons

Another study of nearly 13000 public high school students (Grade 9-12) in New York City and Chicago confirmed that making condoms available in high schools does not increase teenage rates of sexual activity, but does result in higher rates of condom use among sexually active students, (Guttmacher et al., 1997). Whereas in a study conducted among 1821 pupils from 27 primary and secondary schools in rural southwestern Uganda, 58% show that they would use condoms if they were made available to them at school (Kisman et al. 2001).

Contrary to findings endorsed by the World Health Organization, a study conducted in Malawi showed that many teachers were worried that introducing condoms in schools will lead to earlier and increased sexual activity. They argued that providing condoms to learners encourages early sexual activities. If young people believe that they will be safe when using condoms it is unlikely that they will abstain. Higher rate of sexual intercourse might off set positive effects of condom use in preventing pregnancies and STIs.

This was supported by a study conducted by Iyaniwura in Nigeria which had similar findings. He reported teachers in Sagamu state Nigeria, a majority disapproved of the idea of providing condoms in schools because they felt they could promote promiscuity.(Iyaniwura and Salako, 2005). In a similar studies conducted in Botswana, many respondents (64%) did not agree condoms should be made available to students in their schools while (36%) agreed. Most of respondents (72%) agreed sexuality education should include contraception while a sizable number 28% disagreed. On the question of whether sexuality education promotes promiscuity

among students, (72%) respondents believed sexuality education does not promote promiscuity while 28% had a view that it promotes promiscuity (Kasonde, 2013).

2.8 Health reasons for condom promotion

Health related reasons have been sighted as reason for some stakeholders to support condom promotion in schools. A study conducted in Namibia among teachers in Oshana region found that 80% of respondents indicated that availability of condoms in schools has nothing to do with pupil's sexual behavior. Those that supported the idea argued that Condoms reduces teenage pregnancies and the transmission of HIV. Condoms are the most popular form of birth control, safe and have no hormonal side effects. They enable both man and women to take responsibility for preventing pregnancy and sexually transmitted infections. Some learners are very sexually active and their parents are not ready for learner mother and learner fathers. Those that did not support the distribution of condoms to schools felt that availability of condoms encourages learners to practice sex while at school. They argued that sex is for adult not for the learners with all its challenges and consequences around it that learners cannot withstand. They strongly believe that learners should be motivated to stay away from sex until they are done with grade 12 (Kapolo, 2014).

2.9 Summary

Various studies have suggested that one way to make condoms accessible is to make them available in schools. But this has become a divisive approach, with the Ministry of Education indicating that education authorities will not be making condoms available to pupils in schools. While other stakeholders believe that it is morally wrong to promote condoms in schools, others have argued that pupils have a right to sexual and reproductive health services and making condoms available to them is one of them. Literature has also shown that culture and religion have a big influence to the promotion and acceptability of condoms arguing that it is against Christian teachings and culture norms for young people to be engaging themselves in sexual activities before they are married. This study therefore was seeking to understand perspectives of stakeholders in support of condom promotion and against condom promotion in Schools.

CHAPTER THREE

3.0 METHODOLOGY

3.1 Study Design

The study employed a qualitative research approach which adopted a grounded theory methodological orientation. For the purpose of this dissertation I limit the discussion to the structured approach of Strauss and Corbin (1990) as it is the easiest introduction to grounded theory. The study employed prescriptive methodology using coding paradigm that consist of core phenomenon and categories for casual conditions , strategies , contextual and intervening conditions and consequences (Creswell, 2007, Strauss and Corbin, 1990)

Qualitative research employs an interpretive and naturalistic approach, which emphasises the understanding of the meanings people attach to the phenomena under study. Grounded theory was suitable for this study because it is used to study the process, action or interaction involving pupils, teachers, parents and other stakeholders. Grounded theory consists of flexible methodological strategies that were aimed at constructing middle-level theory directly from data analysis (Charmaz, 2011, Hancock B. et al., 2007, Kendall, 1999, Creswell, 2013, Goulding, 1999, Strauss and Corbin, 1994).

3.2 Study setting

This study took place in four schools in Lusaka district. The schools were purposively selected for the study and included; Matero Boys, Kamwala, David Kaunda and Kamulanga secondary schools. Matero boys is a single sex school and grant Aided school run by the church therefore, bringing the dynamics of religion where pupils are supposed to comply with the Christian principles at school and it is located in Matero township which is a high density area. David Kaunda Technical school is a co-education school and the only government boarding school in the district located in the low density area and the school runs from grade eight to ‘A’ classes. The school has SAFE club and Anti AIDS club and also other co-curricular activities. David Kaunda technical school has one of the lowest rates of school dropouts due to pregnancy among

school going girls according to MOE, DEB, 2013/14 annual census report hence including it in the study to see how it compares to other secondary schools in the district. Kamulanga secondary school is a coeducation government school located in a high density area surrounded by compounds and slams and it has been adopted as a centre of excellence which is a role model school for FAWEZA activities. Kamulanga secondary school had the highest number of girls who re-enrolled back in schools after getting pregnancy on re-entry policy according to the ministry of education DEBS office 2013/14 records. Kamwala secondary school is a co-education government school located near the Kamwala trading area and the school had the highest number of school dropout due to pregnancy in 2013/14 according to the Ministry of education Annual census report. The school is located in the middle class area and has SAFE club and Anti AIDS club.

3.3 Study population

The study population included various stakeholders in education in Lusaka. These included pupils, teachers, parents, policy makers, NGO representative, church leaders and human rights activist. Lusaka district has a population of about 12,800 pupils in secondary schools according to the Ministry of education district office 2013/14 records.

3.4 Sampling procedures and sample size

Purposive sampling was used to select pupils (boys and girls) from four selected schools. Twenty (20) pupils were selected from each school ten (10) boys and ten (10) girls except Matero boys' secondary school were ten boys only were selected because it is a single sex school with boys only. Pupils were selected from grades ten and eleven because they were in the target group of 15 – 18 years. Pupils were selected with the help of school management through guidance and counselling office using class registers. In addition three(3) girls who were on re-entry policy were selected through the guidance and counselling office because of their previous experience of getting pregnant and returning to school after giving birth in order to get their views on condom promotion in schools. Pupils were included in the study because they are the largest group of stakeholders in terms of education because they are the learners themselves and are directly affected by what happens in schools in terms of condom promotion because of being the

target group of stakeholders. Four (4) parents one from each of the selected schools were selected through respective PTAs with the help of school administration. The parents had children in the respective schools and were members of the PTAs.

Parents were included in the study because they are the custodians of pupils and they have a greater influence in the decision making process of their children who are the pupils. Guidance and counselling teachers were selected because of their role as counsellors in schools and their daily interaction with pupils on issues of SRH in schools. In this study Guidance and counselling teachers one from each of the four schools were purposively selected to participate in the study. In the ministry of Education, the District Education Board secretary (DEBS) was selected because he is the custodian of the schools and in charge of policy implementation at the district level while Gender focal person was selected from the ministry of Gender because of his role in gender issues. Representatives of three (3) mother church bodies (ZEC, CCZ and EFZ) were selected because of their influence as spiritual leaders. In addition, FAWEZA which deals with issues of girl child and support girls' education in schools was selected because of its role in ensuring that girls stay in school and complete their education. One (1) human rights and women activist was selected because of her contributions to the rights of women and girls in society as well as her gender activism in the country.

3.4.1 Theoretical sampling

Theoretical sampling was used to come up with the theory that stakeholders preferred selective condom promotion in schools by targeting pupils who are sexually active as opposed to involving all the pupils. At this stage the core category selective condom promotion in schools was identified and thereafter the researcher went back to the data and information to look through the statements and phrases again and select only the information which was necessary to build up a theory or an explanation that stakeholders wanted promotion of condoms to be targeting sexually active pupils and not those who are not sexually active. This process also involved going back to the field to talk to some key informants who were ministry officials and church mother bodies' representatives who were able to give the information that was helpful to develop the theory or an explanation.

3.5 Data collection

The data was collected using In-depth interviews, Focus Group Discussions and Key informants. In each school data collection started with in-depth interviews with Guidance and counselling teachers which informed the FGDs with pupils and interviews with girls on re-entry policy and parents. Later key informant interviews with government officials and church leaders were conducted. Finally in-depth interviews with FAWEZA and human rights activist were also conducted.

3.5.1 In- depth –Interviews

In-depth interviews were employed to give detailed information on stakeholders' perspectives on condom promotion. Mainly open ended questions were asked around the issues of knowledge on condom promotion and what factors influence the informants to either support or not to support condom promotion in schools. The detailed information gathered during the IDIs informed the FGDs with the pupils in the next stage at the school level and this was repeated at all the sites. The participants were free to express themselves in the language of their choice. The interview guide was developed by pre-testing the guide before going into the field for data collection to ensure good quality data was collected.

3.5.2 Focus Group Discussions

Focus Group discussions were chosen because they have a way of revealing social processes and the ways in which these processes are collectively shaped (Denzin 1998). The participants were boys and girls who were in the target group of 15- 18 years old. Seven (7) FGDs were held, two from each of the three core education schools, Kamwala, Kamulanga and David Kaunda Technical School and one FGD was done at Matero boys secondary school. Boys and girls in core education schools were separated during the discussions due to the sensitive nature of the topic in relation to issues of sexuality to allow for free discussion so that pupils can express themselves freely without feeling shy due to the presence of the opposite sex.

Each FGD had 10 participants. The FGDs were conducted by the principal researcher who was the moderator. The FGDs were digitally recorded. The moderator led the discussion and ensured

that all the topics were covered in the interview guide. A note taker assisted with the facilitation of the group to ensure smooth discussions. The note taker took general notes on the discussion, which helped in determining emerging themes. FGDs lasted between 60 to 90 minutes.

The FGDs were all held at the school premises. This was the most conducive place at the time because there were enough rooms in schools during the period of data collection because the grade twelves had finished their examinations leaving a lot of room which the guidance office took advantage of. The FGDs were conducted in an environment with minimal disturbances and this made it easier for recording of the discussions hence all the FGDs were recorded without any problem. The participation of boys was very good and all of them seemed excited and freely participated in the discussion with a few who were initially feeling shy at first becoming more free as the discussion progressed because there was constant assurance from the moderator that the information will be kept secret and will not be shared with any one without their consent. Also the fact that both the moderator and the note taker were males helped the boys to discuss freely among themselves.

However, there was a challenge regarding the FGDs with girls some of whom were not free to discuss issues of sexuality especially that both the moderator and the note taker were males. This was addressed by constantly assuring them of confidentiality and the moderator tried to be as friendly as possible which led to full participation as the discussions progressed. Another challenge faced with the pupils was that of attention span and level of participation. These reduced towards the end of each interview. The level of participation was handled by reminding the pupils that the information they were providing was very important to the nation and that they were representing other pupils who had no opportunity to participate in the study.

3.5.3 Key informant interviews

These were with people who have a concern on education. They were useful in the understanding of stakeholders' perspectives on condom promotion. The participants under this method were drawn from ministry of education Lusaka district office and ministry of Gender. Other key informants included church representatives from the three mother church bodies (ZEC, CCZ and EFZ) in Zambia. The idea was to have varied views from experts and policy implementers in trying to understand stakeholders' perspectives on condom promotion in schools. In this light

concerns from parents, teachers and re-enrolled girls, human rights activist through IDIs and pupils through FGDs were triangulated in a quest to get clear information.

In all these methods, a semi-structured guide with mostly open-ended questions was employed to aid the collection of data. Data collection and preliminary data analysis was a cyclical process; data collected from interviews informed FGDs which later informed the data from key informants. This process was important in ensuring that all necessary data collection was concluded and no new information was emerging from the data, a stage called theoretical saturation. In this process interview guides, field notes and tape recorders were used as tools.

3.6 Data Management and Analysis

Data preparation and organisation were done immediately after each interview and FGD. This involved ensuring that interviews, FGDs, notes and participants were properly labelled for easy management of the collected data. Labelling involved using codes to prevent the revelation of participants' identity. Audio files were marked with codes together with all notes made during interviews. No names were included to avoid linking to any participant. A verbatim transcription was done on the collected data. Interviews and FGDs or sections thereof done in local languages were translated into English language. After familiarisation with the data, came the generation of codes.

The data was analysed using grounded theory technique. As the data were collected, they were also analysed simultaneously by looking at all possible interpretations through the process of coding. Three types of coding applicable to grounded theory technique were used namely; open coding, Axial coding and selective coding (Corbin and Strauss, 2014, Glaser and Strauss, 2009, Kendall, 1999, Strauss and Corbin, 1990, Creswell, 2013).

During open coding the data was put into categories of information about stakeholders perspectives by looking through the phrases or sentences that represented aspects of data or captured the data. This process involved matching the codes with segments of text or participant statements selected as representative of the codes. The themes which come out during open coding were; Health benefits, education and empowerment related issues and social and economical reasons on the one hand and against cultural and sexual norms, against Christian

teachings, promoting immoral sexual behaviour and affecting pupils' performance on the other hand. During open coding process, attention was placed on retaining the original meaning of what was communicated by the informants. The data at the end of open coding were put into segments of themes of information.

The next stage involved axial coding where the information was first placed into two major categories of stakeholders in support of condom promotion and against condom promotion. The two major categories were further put into themes which come out from two perspectives of stakeholders and finally into sub themes. During axial coding one open coding category was identified which was "*selective condom promotion*" by arranging data into new ways after open coding using tables showing the themes and subthemes. The texts from informants were re written, rearranged and summarised in a table form showing major themes and subthemes which came out from various stakeholders perspectives.

The final stage of coding was selective coding. This is where selective condom promotion which is the core phenomenon was connected to other categories, health benefits , education and empowerment and social and economical reasons on the one hand and against cultural and sexual norms, against Christian teachings, promoting immoral sexual behaviour and effects on pupils performance on the other hand. This allowed for a possible explanation of what was happening between the categories to make sense out of the data. This stage involved systematically relating selective condom promotion to other categories with the help of a logic diagram to make theoretical explanation of stakeholders' perspectives to represent the views of the participants. The substantive level theory was used to come up with a matrix that shows the social, historical and social economical conditions influencing selective condom promotion. The matrix showing the summary of results which emerged during data analysis is shown in table 2. The diagram below shows the categories, themes and sub-themes which emerged during data analysis

Table 1: Selected major categories, themes and sub-themes

Major categories	Axial coding	Open coding
In support of condom promotion	Health benefits	-prevention of HIV -Promote safer sex -preventing pregnancy complications
	Education and empowerment	-Empower pupils to make decisions -pupils easy to reach through schools -sexually active pupils should be given a choice -SRHRs of pupils
	Social and economical related reasons	-pupils not economically and socially ready for the baby -cheaper to prevent pregnancies among pupils -pupils are still dependants
Against condom promotion	Against cultural and sexual norms	-sex is for married people -pupils should wait for the right time -Culturally not acceptable for pupils to be having sex
	Against Christian teachings	-Zambia is a Christian nation -sex before married is sin -against the teachings in the bible
	Promoting immoral sexual behaviour	-multiple sexual relationships -pupils will not be abstaining from casual sex -morally wrong for people who are not married
	Affecting pupils performance	-Shift pupils concentration from school work to sexual matters -pupils will be psychologically affected.

3.7 Ethical considerations

Several issues in relation to the three ethical principles were anticipated to be encountered during the conduct of the study. The anticipated ethical issue included; consent, confidentiality, possible risks, benefits and fairness.

3.7.1 Informed Consent

A written consent was given to the Key informants and the parents of the pupils concerned. Only the pupils whose parents /guardians gave consent were interviewed. However, at David Kaunda which is a boarding school the consent was given by the school administration because the pupils could not be allowed to go home to get the consent from the parents. In addition assent was obtained from the concerned pupils. Both the consent and the assent forms had an information sheet attached. In the case of pupils, consent and assent were sought a week prior to the Focus Group Discussion. This was done to give them ample time to make an independent decision without pressure. Obtaining consent and assent in this study was important for the sake of treating the participants justly, respecting the participants basic rights to autonomy, as well as encouraging active participation of participants (Levy et al., 2003).

Permission to use the tape recorder was sought from the participants. Participants were assured that all information they gave would be treated with utmost confidentiality and that they would remain anonymous. In this regard, it was ensured that minimal personal data was collected on the participant especially geographical description. In the writing and analysis of a thesis no names were used. To maintain privacy, all electronic data in a computer were stored on a password protected computer with access only restricted to the principal researcher.

3.7.2 Beneficence

Participants were assured that no harm would be done on them as there were no risks from this study, apart from the likelihood of sharing confidential or personal information by chance or feeling uncomfortable talking about issues of sexuality. These risks were tackled by encouraging and assuring the participants that all the information from the interview would be kept confidential and that they had the right to withdraw from the interview or not talk about things

they were not comfortable with. In the case of the pupils, apart from being assured of confidentiality, they were also urged to be as free as possible. The researcher also tried to be as friendly and open minded as possible. This helped to remove the social barriers that the pupils might have anticipated. In terms of benefits, snacks and a drink were provided during discussion with pupils because the discussions were only allowed to take place after classes the time pupils were supposed to go for lunch.

There were no direct benefits for the other participants but rather, their participation contributed to scientific knowledge.

3.7.3 Justice

All the participants were availed with information of how they had been selected. This helped in reducing uncertainties and answering questions such as ‘why me and not them?’ which the respondents may have had. Participants were given the information regarding their rights to quit the study anytime and to submit their complaints to the authority and even to the researcher.

In the case of the pupils who participated in the FGDs, the participants were selected fairly. There were a variety of children from different grades and ages to represent all categories within the school.

3.8 Dissemination of Results

These results will be disseminated to the Ministry of Education and the four schools where the study was conducted. The results will also be shared with other stakeholders who participated in the study. In so doing confidentiality will be considered

CHAPTER FOUR

4.0 FINDINGS OF THE STUDY

This study set to assess Stakeholders perspectives on condom promotion in schools.

In relation to specific objectives, the study identified two major perspectives on condom promotion in schools and these were; in support of condom promotion and against condom promotion in schools.

4.1 In support of condom promotion in schools

As indicated in table 1, the following themes emerged from the data in support of condom promotion in schools; Health benefits, educational and empowerment reasons and social and economic related reasons.

4.1.1 Health Benefits

Promoting safer sex

Stakeholders in support of condom promotion in schools largely argued on the bases of health benefits condom offer to the users and youths in particular. Stakeholders indicated that condom promotion should be encouraged in schools due to the high prevalence of HIV/AIDS among young people. Most of the stakeholders in support of condom promotion in schools said condom has been known to contribute to the reduction of HIV infections and promoting condoms in school will not only protect the youths from STIs but it will also help to reduce unwanted pregnancies among school going children. One of the stakeholders had this to say in support of condom promotion;

If condoms are provided and they should be for both males and females and information given on how correctly to use these products we shall see the drop in STIs and pregnancy rate among pupils in school (52- year old human rights activist).

Similar sentiments were mentioned by pupils during FGDs who felt that pupils like many youths are sexually active hence preventing pregnancies has proved difficult and the best is to educate them about the use of condoms to prevent these unwanted pregnancies and STIs among pupils. Pupils indicated in the discussion that sexual feeling are very strong during their age as a result many of them fail to deal with sexual feelings which result in unwanted pregnancies and STIs. This is what one of the pupils said in support of condom promotion in schools.

I feel that you cannot stop pregnancies but to prevent them and I believe one of the ways which we can use to prevent pregnancies and STIs is by using a condom (16 year old boy, FDG 1).

When asked about what her views were on condom promotion in schools one of the key informants from Ministry of Gender said schools have pupils coming from different back ground where some are sexually active while others are not sexually active. There is need to help retain pupils in school by ensuring that those who are sexually active do not drop out of school on account of pregnancy and this calls for concerted efforts among all the stakeholders to ensure that a girl child is not disadvantage by getting pregnant and stopping school. This can be confirmed by the following quote:

... condoms should be allowed in schools because in school that is where we find the youths, and to assist them into preventing those pregnancies and STIs , they should be given that chance to have condoms in schools . I think there is no problem with that as long as they go with responsibility. They should explain to them what those condoms are really meant for... (Key informant 2, ministry of Gender).

Protecting sexually active pupils

Some teachers in support of condom promotion in schools were of the view that condom promotion should be done in schools for the sake of those pupils who are sexually active because they deserve to be given information on safer sex and protection so that they do not put their

lives in danger of contracting infections and getting pregnancies which will force the girls out of school. For this reason some parents and teachers said condom promotion in school should be done selectively as opposed to targeting everyone in school. They said that even though they are for the idea of selective condom promotion, the program should be done with caution so that it does not result in undesirable outcomes. One of the teachers had this to say in affirming selective approach to condom promotion in schools:

I cannot dispute that our school going children are indulging in Sexual activities if I say that then it is pretence otherwise our boys' and girls are doing it. So to help them, the condom has to be used but selectively, it should not be as if we are trying to advocate for condom use no, only where there is a problem then we can introduce condoms (47 year old Guidance and counseling teacher).

It was also interesting that some parents and teachers admitted during the study that pupils are not abstaining from sexual activities as evidenced by a high number of pregnancies and school dropout among pupils on account of pregnancy to justify their support to condom promotion in schools. This is what one of the teachers said on abstinence:

The fact that they are a lot of pregnancies and school dropout proves that pupils are indulging in sexual relationships obviously it means that the status quo is not conducive. The failure to promote condom use and the restriction policy by the ministry of education is stopping anybody from doing anything about the problem. It is the cheapest, easiest and the most health of doing it (43 year old Parent, PTA member).

The pupils themselves confirmed during the study that most of them were not abstaining from sexual relationships and this was echoed across most of the FGDs. During a discussion with boys one of them had this to say:

most of us in schools have got girl friends as we are growing up we engage ourselves into intimacy relationships with girls you tend to find that, it is not a simple relationship. we are growing up and emotions tend to catch up with us and you find that you feel the edge for you to have sex with girls it is normal body reactions so they should advise us on using condoms at an early age (17 year old boy , FGD 5).

Sexual reproductive health and rights for pupils

Some participants were in support of condom promotion because they felt that pupils' rights to SRHRs should be respected because they are humans and biologically they are subjected to sexual feelings and emotions as human beings. They argued that sex is a human right and it should not be violated but be respected. This is what a human rights and women activist said when she was asked what her views were on issues of SRHRs.

... It is your right biological right, so we must facilitate it so that it is done in none harmful way because sexuality will happen. It is more dangerous to engage in sex without protection so you may abstain, your one failure is enough to get the infections, and for girls it is enough to ruin your life with pregnancy which might kill you (52-year old human rights and gender activist).

On the other hand, pupils from all the FGDs said that their rights to sex should not be granted because they are still dependant on their parents therefore they cannot claim to have rights to sex. This finding though surprising, came out strongly across all the FGDs for both girls and boys. This is what one of the pupils said during the FGDs:

The general view is that no, pupils rights to sex should not be granted, because we are not independent when we are on our own then our rights can be respected our guardians do

everything for us so how can our sexual rights be respected in that way? That is expecting too much (16 year old girl, FGD 7).

4.1.2 Educational and empowerment reasons

Retaining girls in school

Some key informants who supported condom promotion in schools based their support on educational reasons arguing that there is need for stakeholders to support girls especially to remain in school by not falling pregnant. Most of them were of the view that girls are disadvantaged when they get pregnant because they have to leave school while their male counterparts still continue attending school. There is need to encourage especially the girl child to be able to protect themselves from unwanted pregnancies by using condoms because they are cheap and readily available. One key informant had this to say:

The rate of school dropout due to pregnancies in the district is quiet alarming for instance in 2014 we had about 400 plus just for Lusaka province, out of those the number of those who came back to school due to the introduction of the re-entry policy by the government was very small (Key informant 1, ministry of Education).

Most of the parents also said schools are the best place to teach pupils on issues of sexuality and SRHRs so that they can understand how their bodies operate and know how to prevent and protect themselves against pregnancies and STIs. Most of the parents were for the view that condom promotion be incorporated in the school curriculum and be taught as part of SRH as opposed to condom promotion alone because pupils can misunderstand it and later on abuse the program. One parent said this in confirmation of her thoughts:

Condom promotion can be done by revising the education curriculum not necessarily promoting the physical products in schools. Incorporating information about condoms in the

curriculum especially in the science curriculum so that if they find themselves in such situations they can make informed decisions (46 - year old male parent, PTA member)

One civil society representative in support of condom promotion indicated that schools as learning institutions have a lot of youths who are eager to learn and can easily be reached in these institutions meaning that schools offer a conducive environment through which condom promotion can effectively be done to reach out to the youths who are sexually active and vulnerable to diseases and unwanted pregnancies. This is what she said in confirmation:

... we have a lot of teenagers in learning institutions most of them are sexually active it will be better to give them that freedom to access condoms from within the school or to have a corner whereby there will be a person who is going to counsel them and give them the information or referral to a person who is going to provide those services to them (Female civil society organization representative).

4.1.3 Social Economical Reasons

Cannot support a child economically

With regard to social economic reasons for supporting condom promotion, many participants felt that school girls and boys are not socially and economically ready to handle consequences of unprotected sex such as pregnancy and later on a baby. They said pupils are not economically and socially empowered to provide for the child hence it is important to encourage them to use condoms to avoid getting unwanted pregnancies because they still depend on their parents.

This is what one of the parents said on the fears that pupils are not socially and economically ready to have children:

...looking at what is happening especially to the girls who will be lumbered with children at an earlier age when they are economically and socially not ready, to handle the consequences of unprotected sex... (47-year old male parent, PTA member)

4.2 Against condom promotion in schools

With regard to objective number two, *'to explore stakeholders' perspectives against condom promotion in schools'* the following themes emerged; against cultural and sexual norms, against Christian teachings, promoting immoral sexual behavior and affect pupils' academic performance in schools.

4.2.1 Against cultural and sexual norms.

Questioning the condom effectiveness

One of the most common reasons given against condom promotion in schools by most pupils during the FGDs was the fact that most pupils felt that a condom is not 100% protective. They argued that the use of condom will not give them maximum protection from either the STIs or unwanted pregnancies. This feeling was shared by most pupils across all the 7 FGDs for boys and girls during the study. This can be exemplified by the following quote:

I think condoms are not 100% safe , so sensitizing the youths will be the best solution than introducing condoms and contraceptives because it will make youths to think that it is normal to engage in sexual relationships as long as they use a condom

(15 year old girl, FGD 3)

Pupils also reviewed that condom can allow the semen to pass through hence they had a view that condom will not give them the protection that they need and this had an impact on their perspectives on condom promotion in schools. On the number of reasons for being against condom use, some pupils felt that semen can pass through a condom and make someone pregnant or contract STIs. One pupil said this in confirmation to this:

...the fact that it is not very safe means that someone can become pregnant when they did not intend to do so because the semen can pass through the condom increasing the number of unwanted pregnancies among pupils (17 year old girl, FGD 2).

During the FGDs some pupils argued that condom can burst during sexual intercourse. Bursting of condoms can result in putting their lives in danger hence it was not possible for them to affirm that it offers maximum protection. According to some pupils they have heard of stories where the condom has been said to have busted during sexual intercourse hence their negative attitude to condom promotion. One of the pupils had this to say:

I do not agree on the idea of condom promotion in schools because they can burst during the process and someone can still get pregnancy or STIs so I do not advise using a condom may be another method (16 year old boy, FGD 4).

Cultural issues exert much pressure on the acceptability of condoms. A lot of unfounded myths and beliefs are attached to condoms resulting in negative attitudes against condom promotion. A belief of linking HIV to witchcraft results in less positive attitude about condom and less likely to believe in the effectiveness of condoms in preventing HIV. Despite the benefits and advantages which condom has on prevention of STIs and unwanted pregnancies various stakeholders have continued to express mixed feelings on the product based on cultural reasons. This is what one of the parents said in confirmation:

What has actually killed us are our traditional norms where they say it is taboo for me to discuss with my child things to do with sexuality such as condom promotion, unless his grandfather or grandmother (39 - year old male parent, PTA member) .

Culturally wrong to talk about sex anyhow

Some parents and teachers talked to were of the view that in African culture people are generally not comfortable to talk about the issues of sex in public or with their children. This has made issues of sexuality and condom promotion to be treated like secret and a preserve for the married people making those who openly want to discuss issues of sexuality to be looked at as deviants in society. This was evidenced from the following quote by one of the parents:

the attitude society has towards issues of sexuality, you cannot just come out in the open to talk any how because issues of sex may be uncomfortable to talk about and it is not appropriate in the Zambia culture for people to be talking about sexuality in public because our culture is against that kind of behavior especially in public (49- year old male parent, PTA member).

4.2.2 Against Christian teachings

Sex outside married is sin

Findings from this study revealed that religion has a lot of influence on stakeholders' perspectives against condom promotion. The results show that a lot of people were basing their reasoning and arguments on their religious affiliation and this in turn had an influence on how they viewed condom promotion and use. Findings from the study revealed that most of the people in the Zambian society profess faith in one way or another and they are reluctant to do something they think will be against their Christian beliefs. The findings show that religion has a big influence on the people's response because most of the respondents were of the view that condom promotion is in conflict with their Christian beliefs hence they felt that supporting condom promotion will be committing sin. One of the church representatives had this to say:

I also think that condom promotion in schools is not a good idea because it will encourage people to involve themselves in bad activities they will think it is normal and it is going to affect our culture as Zambians because as per our culture it is not good for pupils to engage in sex at that early stage and Zambia is a Christian nation so this is against the Christian principles and teachings (Key informant 4, church mother body representative).

Against Christian values

One of the selected schools was a grant aided school which is run by the church and the guiding principles are Christian values. Pupils are made to understand that they cannot do or behave

contrary to the teachings of the bible. In these schools condom promotion is against is not allowed as it is against Christian teachings. In catholic schools for example, they do not encourage the use of condoms at all; even in the marriage set up what is allowed is the natural family planning which according to them is God's plan. This was expressed in the statement below from one of the guidance and counseling teacher:

We believe it is against Christian values which encourage them to have children and subdue the earth. so religions such as Catholics do not allow contraceptives even in married because even here I remember I was given some condoms to help out to those who may need them but I was warned to say this is a mission school there is no need for promotion of condoms (Female Guidance and counseling teacher).

Pupils also supported this position during FGDs. One of the pupils said that the body is a temple of God according to the bible therefore; promoting condoms will cause someone to defile the body. It must not be entertained because according to the bible the body belongs to Christ. This was evidence from this quotation.

I believe when we talk of morality we also talk of a Christian aspect and the bible is very clear that your body is the temple of the Lord now if you are given condoms you go around sleeping with girls what kind of temple of the lord are you giving so it does affect the moral and Christian aspect (18 year old boy, FGD 3).

However, one stakeholder from the civil society organization was of the view that Christianity is not a problem what is the problem however is when Christianity is in the hands of conservatives and this can cartel the rights of individuals. The feeling from this quota is that religion should not be used to perpetuate human rights violation and abuses, religion should be used for human good. This was exemplified by the following quote from a representative from civil society organization:

Christian nation is not an issue but in the hands of conservatives it is a problem. Declaration of Christian nation in the hands of

conservative society is a danger because freedoms such as sexual freedoms and other freedoms of women are carteled behind the net of Christianity and morality and of course the traditionalists will also join that curtain (female civil society organization representative).

4.2.3 Promote immoral sexual behavior

Increasing sexual activities among pupils

Findings from the study have shown that some stakeholders felt that condom promotion in school will affect the morality of pupils because they are still teenagers who cannot easily resist the temptation of sexual immorality. The stakeholders were of the view that pupils may misunderstand condom promotion to mean that they can have sex as long as it is protective sex which is not the intention of the program. One of the girls who have re-enrolled in school after dropping out due to pregnancy had this to say:

What I am saying is that they should not promote condoms because it will affect many youths, it will result in increasing sexual activities resulting in increasing unwanted pregnancies, STIs including HIV/AIDS (20 year old re-enrolled girl child 2).

Some pupils also indicated that condom promotion in schools will affect the morality of pupils by making them to indulge in sexual activities because they will think that they are protected hence they can have sex and they will not fall pregnant and this can result in moral degradation among the young people. During the FGDs same pupils said they have nothing to do with condoms because they should focus on their education and not thinking about things which will disturb their academic program. One pupil had this to say in opposing condom promotion in schools while agreeing with stakeholders who felt that there should be no condom promotion in school.

What is the motive of condom promotion among the pupils because what we know is abstinence condom promotion will encourage pupils to have sex because condoms are only found with those

people who usually have sex . If I do not involve myself in sexual activities what is the use of a condom and where am I going to take it? (18 year old girl, FGD 4)

Multiple sexual partnerships

Findings have also revealed that some teachers argued that promoting condoms in school will result in multiple sexual partnerships among the learners because according to them, pupils will be thinking that they are protected from pregnancy and STIs and they have blessings from the school authorities. This is what one of the teachers had to say:

....condom promotion will not be received responsibly by the pupils, they will take it as a challenge to others to see who uses more condoms than others within a given period of time , they will take it as a game they will not take it responsibly for the intended purpose (47 year old guidance and counseling teacher).

Against abstinence messages

Some key informants against condom promotion in schools said the program will be counterproductive to the messages currently being disseminated in schools about the need for the pupils to stay away from sexual relationships. They argued that abstinence should be the key message to the pupils in schools and were in support of the policy by the Ministry of Education to restrict condom promotion in schools. Despite the fact that there is evidence that many pupils are not abstaining from sexual activities some stakeholders still felt that abstinence is the best way to go for the pupils.

This was supported by pupils both boys and girls across all the 7FGDs who also indicated that the best method for them was abstinence and not condom promotion in schools. The perspectives of the pupils regarding condom promotion in schools were based on the fact that it was morally wrong for them to be involved in sexual relationships as pupils because society does not approve of this behavior. This is what one of the pupils had to say:

Condom promotion will make pupils to be having sex and not abstaining because they know that they are going to be protected from diseases and pregnancies so I feel that abstinence is the best for us because our parents will not allow us to be involved in immorality (16 year old boy , FGD 7)

Restriction of condoms in schools by the ministry of education

Some key informants who opposed condom promotion in schools said they were in support of the stance taken by the ministry of Education to restrict condom promotion in schools adding that pupils go to school to learn things that will build them up in future and not to be taught things that can disturb their academic programs. This is what one of the key informants said:

the fear of the ministry is pupils will think they are allowed to have sex, pupils go to school to learn, general subjects English , mathematics etc and not to learn about how to protect themselves from unwanted pregnancies , STIs because as pupils they are not supposed to have all those things in mind what they are supposed to have on mind is how to pass school examinations (Key informant 2, ministry of Education).

Against parents rights to discipline their children

Some parents justified their opposition to condom promotion in schools by saying that if condoms are promoted in schools it will be contradicting what the children are taught at home by their parents and this will be undermining parent's rights to teach and discipline the children in the way they feel is right and acceptable in society . One of the parents had this to say when he was asked about his thoughts on issues of teaching the children on issues of sexuality including condom promotion:

... Parents have a responsibility and rights to discipline their children in a way they see it fit. Pupils are more influenced by what they learn in schools hence this will make it difficult for

parents to teach their children good morals and values acceptable in society... (47 year old Male parent, PTA member)

4.2.4 Affect pupils academic performance in school

Shifting pupils concentration from academic issues

Some parents and teaches felt that condom promotion in schools will affect the performance of pupils because this program has the potential to shift the attention of teenagers who are still in the age of experimenting and not yet fully matured to resist influences from such programs. This is what one of the girls who re-enrolled in schools after getting pregnant said when she was asked if condom promotion in schools has any impact on pupils' academic performance:

I think condom promotion in schools can contribute to poor results because sex is addictive , when you have it you will not stop all you will be thinking is when is the next time you are going to have sex, thinking about that can shift your attention from studies to issues of sexuality, impacting negatively on pupils academics (19 year old re-enrolled girl child, 3).

Some key informants were of the view that pupils need to put in a lot of concentration in school so if you start attracting them with things which will make them think they will have pleasure this will definitely affect their concentration on their studies and the end result will be that their academic performance will be affected negatively. This is what one of the church representatives said to confirm the position:

I think if condom promotion was to be done in school it can affect the performance of pupils because instead of concentrating on school work pupils will be concentrating on other activities meaning that their performance will be affected as they will have less time for studies hence performance will go down so I think it is not a good idea (Key informant 5, church mother body representative)

However, some stakeholders were of the view that condom promotion in schools will not affect the academic performance of the pupils as long as they do what they are supposed to do as pupils by ensuring that if it is time to study or learn they do that with maximum concentration then they will still make it. This is what one of key informant said:

academic performance is up to an individual, an individual can be playful can have as much sex as he want but if he is serious with school he or she will definitely make it that would not affect him (Key informant 2, ministry of Gender).

One of the pupils in a discussion also said condom promotion in school can only affect you if you do not do what you are supposed to do as a pupil. This is through reading and attending classes because if one is doing what he or she is supposed to do at the right time condom promotion in school will not affect such individuals. This is what she said:

I do not think It will affect my performance, because if you are doing what you are supposed to do in school your performance will not be affected by condom promotion in any way. It can only affect your performance if you do not do what you are expected to do. (18 year old boy, FGD 6)

Another participant who is a teacher said academic performance is influenced by a lot of things and it may not be correct to single out condom promotion in school as having an effect on pupils' performance. This is because even right now the performance of some pupils is not good despite the fact that there is no condom promotion currently in schools. This is what she said:

...academic performance of pupil is a collection of different things including things which are outside the school environment such as the atmosphere at home, economic situation; parents' background etc. so I can not single out that condom promotion affects pupils' performance (Guidance and Counseling Teacher).

Table 2: Summary of results showing major categories, themes and Sub-themes

Themes	In support of condom promotion			Against condom promotion			
	Health related benefits	educational and empowerment reasons	Social and economical reasons	Against Cultural and sexual norms	Against Christian Teachings	Promoting immoral sexual behavior	Affect pupils' performance
SDs-boys	-Prevent STIs and unwanted pregnancies -safer sex among pupils	-Pupils should learn about SRH and make decisions on their own -sexually active pupil should be given a choice -it's easy to reach pupils in school	-Economically pupils cannot provide for the child	-Against our culture because pupils are supposed to concentrate on school -pupils should wait for the right time.	-It is against Christian teachings -sex outside married is sin.	-Promote sex among pupils -moral degradation -Messages of abstinence will not be accepted by pupils.	-It can affect your performance depending on how you take
GDs girls	-Prevent STIs and unwanted pregnancies -safer sex -Pregnancy related complications can also be avoided	-empowered girls to decide what they want -more girls can remain in school -pupils must be given a chance to choose after giving them information	-Parents are not ready to look for us as well as our babies. -Physically and psychologically not ready	-Society expects us not to have sex before marriage -sex is for married people	-Against teachings of the scriptures in the bible to have sex before married.	-Morals will be affected negatively -Pupils will think they are protected and start misbehaving	-It may affect pupils or may not depend on their response to the program
depth (iter views DIs)	-Drop in STIs and unwanted pregnancies - reduce pregnancy related complications -difficult to stop pregnancies but preventable -sexually active youths should be given a choice	-pregnancies driving girls out of school -schools to teach SRHRs to empower pupils to protect themselves -empower girls to make decisions -youths in school should be given a choice -pupils are easy to reach through schools. Pupils have a right to SRHRs.	-Not ready socially, psychologically and physically -economically not ready to support a child -still dependants on parents -cheaper to prevent pregnancy among youths	-Sex is for married people. -Young people are not supposed to be having sex -against culture and traditions	-Against Christian teachings -Zambia is a Christian nation -no sex before marriage -sex outside married is sin	-Morally pupils will not take it responsibly. -pupils morals will be compromised -may result into multiple sexual relationship -morals will be compromised -	-Academic performance depends on a number of factors

4.3 Substantive theory

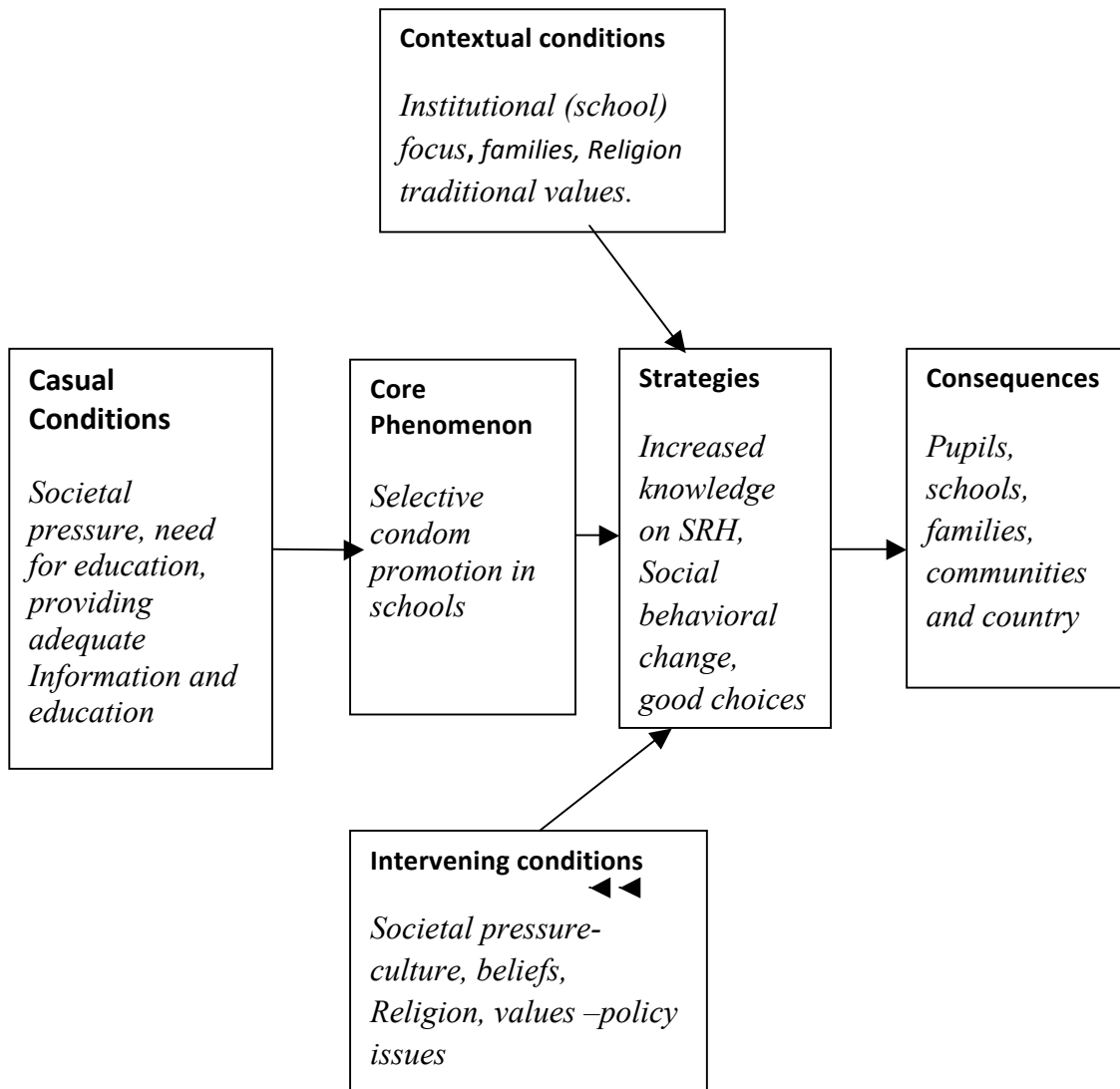
Based on the findings of the study the core category which emerged was “ *Selective condom promotion*” which connected the categories ‘health benefits’, ‘ education and empowerment reasons’, and social and economic reasons on the one hand and ‘Against cultural and sexual norms’ , ‘Against Christian teachings’, ‘promoting immoral sexual behavior’ and ‘Affect pupils academic performance in schools’ on the other hand. In this setting stakeholders were of the view that condom promotion should be done ‘selectively’ as opposed to targeting all the pupils. This is because schools have pupils from different age groups and also the fact that some pupils are sexually active while others are young and may not be sexually active calls for targeting of pupils who may need the service and leave out pupils who do not need this service.

Stakeholders felt that selective condom promotion in schools will be better because it will be in the interest of both pupils who are sexually active and pupils who are younger and may not be sexually active.

Stakeholders were of the views that pupils who are sexually active should be targeted and reached with condom promotion so that they can be protected from STIs and unwanted pregnancies especially girls who are normally disadvantaged when they became pregnant by dropping out of schools as they are not allowed to continue with school whilst pregnant. Selective condom promotion will enable youths who are sexually active to be empowered by making pragmatic choices of either using condom and be protected from STIs and unintended pregnancies or having unprotected sex which can expose them to these negative SRH problems.

Selective condom promotion emerged as a core theme because stakeholders felt that it has support of both sexually active pupils and pupils who are not sexually active and both category of pupils will be able to remain in school and complete their education so that they can contribute to the development of the country as informed citizens. This was also due to the fact that all the stakeholders including the pupils themselves agreed that many young people are indulging in sexual activities and there is need for solutions to protect them from STIs and unwanted pregnancies as opposed to burying the heads in the sand pretending that sexual activities are not happening among the pupils.

4.4 Theoretical paradigm



Theoretical paradigm Adopted from (Strauss and Corbin, 1990).

CHAPTER FIVE

5.0 DISCUSSIONS OF RESEARCH FINDINGS

The study explored stakeholders' perspectives on condom promotion in selected schools in Lusaka district.

In relation to the objectives, the study explored two specific objectives; in support of condom promotion in schools and against condom promotion in schools. Under the objective in support of condom promotion in schools the following themes come out; health benefits, educational and empowerment reasons and social and economical reasons. On the other hand the following themes come out from the category against condom promotion in schools; against cultural and sexual norms, against Christian teachings, promote immoral sexual behavior and affect pupils' academic performance in school.

This chapter discusses how the results from this study compares with other studies in the two broader categories; in support of condom promotion and against condom promotion in schools.

5.1 In support of condom promotion in schools

Regarding the objective '*to explore stakeholders perspectives in support of condom promotion in schools*', this study found the following themes to be influencing stakeholders' decision to support condom promotion in schools ; Health benefits, educational and empowerment reasons and social and economic reasons.

The decision to support condom promotion in schools by some stakeholders was largely influenced by health benefits the condom offers to the users in general and pupils in particular. Condom provides an efficient and sure way of protecting oneself from STIs. These findings are consistence with several studies which have shown that condom can prevent or reduce infections and protect one from unwanted pregnancies (Gupta and Mahy, 2003, Peltzer, 2000b, WHO and UNICEF, 2013, shakil, 2011, Ghys et al., 2002, Aransiola et al., 2013). These studies have shown that when a condom is used correctly and consistently, it can offer almost 100% protection against STIs which is a health benefit to the users.

In another study conducted among adolescents by (Hacker et al., 2000) findings revealed that health care information on condoms and contraceptives were critical to teenage pregnancy prevention and 50% of the participants indicated that condom promotion would predispose youths to engage in safer sexual practices.

The findings of these studies suggest that the health benefits of condom promotion is that condom use reduces sexual infections and that the partners are at lower risk of contracting infections there by remaining health. Low levels of condom utilization among adolescents have significant implications for the transmission of sexually transmitted infections, including HIV/AIDS. The findings of the study may also seem to suggest that low utilization of condom among young people may be due to lack of condom promotion.

Stakeholders in this study also supported condom promotion in schools on account that Schools are well placed institutions to teach the pupils issues of sexuality (SRHRs) and not only condom promotion. Some stakeholders were of the view that SRHRs education should be introduced in schools through which pupils can be taught about sex education including condom promotion so that they are aware about how to protect and prevent themselves from STIs and unwanted pregnancies.

These findings are consistent with other studies which have shown that Condom promotion for the general population can encourage people to think and talk about HIV prevention and other issues of sexual and reproductive health services and make safer sex the norm (WHO, 2014, Eisenberg et al., 2008a, Peltzer, 2000b, Gupta and Mahy, 2003, Ghys et al., 2002, Blake et al., 2003) Also in line with our study findings, many studies have shown that there is broad public support to sexuality education in public schools among various stakeholders including support for instructions about condom and contraceptives (Kirby, 2002, Eisenberg et al., 2008b, Kasonde, 2013, Kapolo, 2014). The findings of the study may also suggest that different stakeholders who may not be able to offer SRH education may look to schools to provide such education to the pupils.

The findings of the study provide further evidence and support for implementing comprehensive SRH education in schools, and could therefore provide additional insights with regard to implementing the comprehensive sexuality education framework which was developed in 2014

by the Ministry of Education. The findings have shown that introducing such education in public schools would help to educate the pupils on the issues of sexuality because most of the parents were not able to discuss issues of sexuality with their children due to lack of knowledge and societal pressures such as culture values, belief and religion. Perhaps, the findings of this study provide basis for lobbying the Ministry of Education to quickly roll out the sexuality education framework which was developed and also integrate into teachers training programmes. The broad support from stakeholders across all the spectrums of society including the church provides for the smooth implementation of the program.

With regard to education and empowerment, some stakeholders argued that pupils can only be in school if they are not pregnant in case of girls because once they are pregnant they will be sent home until they give birth and are ready to return to school. Therefore, there is need for condom promotion in schools so that girls can remain in school just like their male counterparts.

The findings are consistent with the study done by (Herrman, 2013) in Delaware which found that the majority of participants 82% agreed that to prevent teenage pregnancy and ensure girls are in school, adolescents should have access to information regarding sex and access to contraception and condoms. The findings of the study seem to suggest that education can empower pupils especially girls in terms of decision making which can result into good choices for their wellbeing.

Findings of the study have also shown that some stakeholders were in support of condom promotion in schools based on social economical reasons. The stakeholders were of the view that pupils were dependants who are not economically ready to support the child hence allowing them to have children when they are also children is not a good thing to do. Some learners are very sexually active and their parents are not ready for learner mothers and learner fathers.

The results are similar to the study done in Namibia where stakeholders strongly believed that learners are not ready psychologically and economically to handle the consequences of sexual activities and they should be encouraged to protect themselves from unintended pregnancies until such a time when they are ready (Kapolo, 2014). The findings of the study suggest that due to social and economic reasons pupils are not able to support the child because they may not be

in gainful employment and lack the necessary resources hence allowing them to have children may not be a good thing to do.

5.2 Against condom promotion in schools

Regarding the research objective *‘to explore stakeholders’ perspectives against condom promotion in schools’* the themes which emerged from the study were as follows: against cultural and sexual norms, against Christian teachings, promoting immoral sexual behavior and affect pupils’ academic performance in school.

With regard to culture and sexual norms, the results are consistent with a number of studies done by (Baxen and Breidlid 2009, Green and Ruark, 2011, Agweda, 2001, WHO and UNICEF, 2013) which noted that a lot of unfounded myths and beliefs are attached to condoms resulting in negative attitudes towards condom promotion and eventually use.

The results of this study suggest that Stakeholders culture and traditional norms had an influence on their decision against condom promotion in schools. The results also suggest that stakeholders are not likely to support the implementation of this program if it was to be implemented in schools in the district because they felt that the program is at variance with their culture in society hence supporting condom promotion will mean going against societal norms. Most of the Stakeholders had a view that condom promotion is against their traditional norms which does not allow young people to be having sex before married and that sex is for married people.

Religion in particular Christianity was reported in this study as having a huge impact on the acceptability of condom promotion in schools as most of the stakeholders indicated during the study that it is against Christian teaching first of all to promote condoms among pupils who are not married and secondly stakeholders felt that sex before married is sin according to the Christian teachings.

Most of the pupils during FGDs also were against condom promotion arguing that Zambia is a Christian nation and this will be against the teachings of the scriptures in the bible. The findings are consistent with the study done by (Baxen and Breidlid 2009) which indicate that religion

(Christianity) is a major barrier that condom promotion and use face especially in Sub Saharan Africa where Christianity has a lot of influence .

Relating to condom promotion being counterproductive to abstinence many parents and Teachers felt that supporting condom promotion in schools will be counterproductive to the messages of abstinence which the parents and schools are encouraging among pupils . They argued that pupils must abstain from sexual activities until their time comes. These sentiments were also shared among pupils themselves in the FGDs who said abstinence is the best option for them.

The study findings have also shown that despite the evidence that most of the pupils are engaging themselves in early sexual activities many stakeholders still felt that abstinence is the way to go. Findings of this study revealed that pupils across all the FGDs admitted that they were involved in sexual relationships in one way or another.

The results are in line with the latest ZDHS (2013/2014) which showed that young women and men in Zambia aged 18 -19 had sexual intercourse before age 18 (56% vs. 50%). The report has also shown that 29% of adolescent women in Zambia aged 15 – 19 years are already mothers or pregnant with the first child (Central Statistical Office (CSO) [Zambia], 2014).

The findings of the study are also in tandem with the studies done by (Gupta and Mahy, 2003, Aransiola et al., 2013, Smith, 2000, WHO, 2010, Kang’ethe and Manomano, 2015) in Sub Saharan African countries which showed that adolescents in several of LDCs including Zambia experience early sexual debut resulting in STIs and unwanted pregnancies.

The failure to recognize local and indigenous knowledge and experiences that shape the way people view and understand their conditions may be responsible for poor performance and lack of acceptability of well-intended programs and policies such as condom promotion in schools. The implications of the findings are that for any program to be successful there is need to take into account various stakeholders views and involve them in the planning and implementation of the program. Although many stakeholders were of the view and admitted that condom promotion may be a solution to STIs and unwanted pregnancies among pupils, they still could not accept

condom promotion because many stakeholders felt that it was against what they believe in as society.

Regarding the issue of promoting immoral sexual behavior among the adolescents, the findings from this study show that most stakeholders in Lusaka district had a view that condom promotion in schools will have a negative effect on pupils' sexual behavior and morality. They said pupils in schools are not mature yet to resist something which excites them and to handle negative effects of sexuality. The research findings have revealed that many stakeholders were of the view that condom promotion in schools will affect pupils' sexual behavior resulting in promiscuity which will result in moral degradation in society because pupils will be thinking that it is ok to have sex as long as they use a condom.

These findings are consistent with studies done in Nigeria, Malawi, Uganda, Botswana and Namibia. Iyaniwura reported teachers in Sagamu state, a majority disapproved of the idea of promoting condoms in schools because they felt they could promote promiscuity in schools and other negative social vices while Kapolo reported in Botswana that 64% of the participants were against condom promotion in schools. (Iyaniwura and Salako, 2005, Kasonde, 2013, Kapolo, 2014) .

Contrary to the findings of this study, some studies done outside Africa have shown otherwise. Fanburg found that 85% of students surveyed believed that condom promotion and distribution in schools increase access to condoms and 76% believed that condom availability programs would not increase sexuality among youths. Another study conducted in Chicago confirms that making condoms available in high schools does not increase teenage rates of sexual activity, but does result in higher rates of condom use among sexually active students. Brown also found that most parents and teachers felt that condom promotion did not increase sexual activities among adolescents and pupils in particular (WHO and UNICEF, 2013, Brown et al., 1997, Guttmacher et al., 1997, Fanburg et al., 1995). One interesting study in Namibia indicated that teachers supported condom promotion in schools and argued that this will result in safer sex and school dropout rates among girls will be reduced. This was contrary to many findings in sub-Saharan African including Zambia. Comparing the Namibian study to our study the indications are that the number of stakeholders involved were very few as it only targeted the teachers without

getting the views of other stakeholders.

The results suggest that countries in the Sub –Saharan Africa which showed similar results could have similar settings in terms of culture and education settings. For example, relating to issues of SRHRs which are not fully developed in most of the African countries. On the other hand, issues of rights and SRH education are advanced in many developed countries which have recorded different results in relation to condom promotion in schools. The issues of cultural background and human rights could also affect the perspectives of stakeholders on condom promotion in both settings.

Relating to the effects of condom promotion on pupils academic performance , study findings showed that stakeholders had mixed feelings and divided on the issues of whether condom promotion in school will negatively impact pupils academic performance or not. The findings of the study revealed that most of the stakeholders could not directly link condom promotion to academic performance saying performance of pupils in school is an individual effort. Some stakeholders also felt that linking condom promotion to performance in school was not easy to predict because according to them performance in school was dependant on a number of factors. However, some stakeholders felt that condom promotion in schools can affect the academic performance of pupils in schools because the program has the potential to shift the attention of pupils from school work to sexual matters.

The findings are consistence with the studies by (Rector and Johnson, 2005) who reported that abstaining teenagers did dramatically better academically when compared to sexually active teenagers from identical socio- economic background. They found that teenagers who abstain will be subject to less emotional turmoil and fewer psychological distractions this will enable them to better focus on school work.

However, it was noted that some stakeholders were of the view that condom promotion in schools can not affect academic performance of pupils in school provided they prioritize school work and are able to do what they are supposed to do at the right time like studying and attending classes.

This view was shared by the study which was conducted in Namibia by Kapolo (2014) which indicated that about 80% of the teachers felt that availability of condoms in schools has nothing to do with pupils' academic performance.

The result suggest that condom promotion in school cannot be singled out as the only factor that may have a negative impact on academic performance of pupils because they are many other underlying factors that could be responsible for the poor performance in schools. It is also important to note that poor performance in school especially public schools exist even when there is no condom promotion currently going on in schools.

5.3 Limitations of the study

Due to the nature of the study, choosing participants was challenging because stakeholders were too many hence there was a possibility of leaving out some of the critical stakeholders. This could cause potential theoretical flows in conceptualising the problem and this limitation in sampling could affect theoretical generalisation of the findings to the whole population.

The sampling techniques used, theoretical sampling and purposive sampling have inherent weakness of not being representative of the total population hence the researcher could not attempt to generalise the finding of the study.

The original author's of Grounded theory Glaser and Strauss, 1967 who over the years have diverged in their opinions reaching a diacritical juncture over the aims, principles and procedures associated with the implementation of the method has caused misunderstanding of the theory and this presents challenges to the modern researchers using the Grounded theory .

The sensitivity of the topic regarding issues of condom promotion which is directly related to sexuality hence some participants were not willing to freely discuss the topic and this could result in participants concealing information leading to misinterpretations. The research topic is subjective as it looks at people's attitudes and perceptions hence making it difficult to generalize the perspectives of people to other groupings.

The fact that the first author was a man, interviewing women could have affected the results although during the FGDs girls seemed to participate actively and freely.

Data collection was done between November and December 2015 during which the grade twelve's (12) had already sat for their final examinations and did not participate in the study this could have an effect on the study findings.

5.4 significance of the study

In spite of these limitations, from the methodological point of view, the current study has significances in terms of contributing to future research from the information that the study has generated.

Methodically, this study is an example of a successful case study on stakeholders' perspectives on condom promotion in schools especially in qualitative methods. For example, the use of FGDs and in-depth interviews has inherent difficulties which cannot be achieved by using a survey tool like a questionnaire.

This study has also demonstrated strength on how various participants from different groups which are not homogeneous can be brought together and their views integrated together in one report. Researchers may also use the constructs of the substantive theory, codes, themes and subthemes that have been generated in this study as basis to carry out further research at a large scale to enhance generaliseability of the study findings.

Lastly but not the least , this is the first kind of a qualitative research which has been done on the subject of stakeholders perspectives on condom promotion in schools in Zambia with the widest range of stakeholders using triangulation of methods .

It is also one of the few researches in the University at this level which has attempted to develop a substantive theory which follows the analysis on page 43 of this dissertation according to objective number 3.

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The aim of the study was to explore Stakeholders perspectives on condom promotion in schools in Zambia, a case of four selected schools in Lusaka district. The study explored stakeholders' perspectives regarding views in support of condom promotion and against condom promotion in schools. Under stakeholders in support of condom promotion, the following themes influenced their perspectives in support of condom promotion: Health benefits, educational and empowerment reasons and social and economical reasons. Under stakeholders perspectives against condom promotion in schools the following themes influenced stakeholders' perspectives: against culture and sexual norms; against Christian teachings; promoting immoral sexual behavior among pupils and affect pupils' academic performance in schools.

Stakeholders' acceptability of condom promotion in schools was influenced by a number of factors which included; social and cultural factors, religious issues, traditions, beliefs, myths, misconceptions, negative attitudes towards condom use and knowledge people have on condoms.

Most findings correlate with previous studies done on stakeholders' perspectives on condom promotion in schools. In a broader sense our findings suggest selective promotion of condoms in schools by targeting sexually active pupils as opposed to making it free for all. This is due to the fact that schools have pupils from different age groups and the fact that some pupils are sexually active while others are not calls for targeting of pupils who need the service and not those who are young and may not be sexually active.

There is therefore an urgent need to inform the public about stakeholders' perspectives particularly the parents and pupils emphasizing the need to target those pupils who are sexually active and not all the pupils. This therefore acts as a call for implementers and other stakeholders who may be interested in the issues of SRHRs education in schools.

6.2 Recommendations

In terms of future research, it is recommended that quantitative studies be done using the codes, categories and themes generated by this study as variables so as to achieve generalization which was not the aim of this study.

The study did not establish a direct link between condom promotion in schools and pupils' academic performance. It has been revealed from the study that stakeholders were divided on the matter and therefore it is recommended that further research be done to establish causes of poor academic performance in schools which was beyond the scope of this study.

Going forward it is recommended that health promotion programs on sexual reproductive Health including correct messages on sexuality should be considered to target communities in order to avoid resistance on well intended programs such as condom promotion in schools.

It is also recommended that people's culture and beliefs should be taken into consideration when planning and implementing culturally sensitive programs such as condom promotion in the community. This is because as it has been revealed in the study, Zambian society is largely conservative and most people profess faith in one way or the other and therefore programs which have negative connotation to people's beliefs and religion are not likely to succeed because such programs will be opposed by the society regardless of whether they are well intended for the community or not.

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8.0 APPENDICES

Appendix 1 – Information sheet

Study title: Stakeholders perspectives on condom promotion in Schools in Zambia: A case of four selected schools in Lusaka District.

Principle investigator: NATHAN KAMANGA

Introduction: My name is Nathan Kamanga. I am a student at the University of Zambia pursuing a Master of Public Health, specializing in Health Promotion and Education. As part of the requirements for the awarding of this master's degree, I am conducting a research titled Stakeholders views on condom promotion in schools in Zambia: A case of four selected schools in Lusaka district.

I am requesting for your participation in the research study with the above title. You have been invited to participate in my study. But before participating in this study, I would like to explain to you the purpose, procedure, benefits and what I expect from you.

Purpose of the research study: This study is part of the master's program for my training in public health, Health promotion and Education which I am doing with the University of Zambia. The main purpose of this study will be to explore stakeholder's perspectives on condom promotion in schools. The study will also aim at further:

- To understand stakeholders perspectives on condom promotion in schools and the impact of condom promotion on pupils.
- To understand stakeholders views on how promotion of condom in schools would impact pupil's sexual behavior and morals
- To explore condom acceptability in schools from stakeholders point of view.

Why you are been asked to participate

The participants in this study will be various stakeholders and the study will focus on stakeholder's perspectives on condom promotion in selected secondary schools in Lusaka District. The reason you are being asked to participate in the study is because you fit the description and the requirements of the study as a stakeholder.

PROCEDURES: Participation in this study is voluntary, you have all the rights to decline participation, end interviews/focus group discussions or decide to withdraw from the study at any time without a penalty. Once you sign the informed consent, the interview/focus group discussions with the principal investigator who will ask you questions on the above mentioned subject matter can commence. If you permit me, I will tape record the interview to help me pick all you will say. If not, I will ask you if it will be ok for me to write notes. The information from tape or notes will be typed in full, to help me to fully understand what you will say. Your name will not be included in the tape and the typed documents as it will be kept secret.

RISKS/DISCOMFORT: There are no physical risks to participating in this research study. However, I recognize some information you may tell me or discuss during the focus group discussions may be personal or maybe sensitive to other stakeholders. However, I would like to assure you that the information that I will get from you will not be shared with anyone outside the research team or to be used outside academic purposes.

BENEFITS: the participation in the study will help you learn more about stakeholder's perspectives on condom promotion in schools. The benefits may not be direct, instead the information obtained from here will help policy makers and implementers to design sexual and reproductive health services which will benefit the adolescents in general and pupils in particular.

PAYMENT: there is no payment of money in exchange for your participation. However, the information that will be obtained from this study will assist in understanding sexual and reproductive health services that will benefit the pupils in schools.

DATA CONFIDENTIALITY:

The information which will be collected from you will be treated with outer most confidentiality unless permitted by yourself to use the information otherwise. The collected data will be locked in a secure place. I will destroy all data within 3 years after typing the information. I will keep copies of typed information on CDs in case I have a problem with the computer.

What happens if you do not want to participate in the study?

You are free to decide whether you want to take part in the study or not. This will not bring any problem to you.

Who to call if you have problems /questions

Nathan Kamanga
P.O BOX 30991,
Rhodes park, Lusaka
Mobile No: +260-966-452509
Email:cnkamanga@yahoo.com

The UNZABREC
P.O BOX 50110
Ridgeway Campus, Lusaka
Tel: +260-1-256067

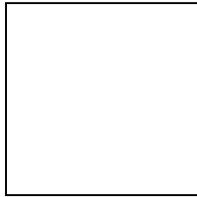
What do your signature (or thumbprint/mark) on this consent form mean?

Your signature (or thumbprint/mark) on this form means:

- You have been informed about the program's purpose, procedures, possible benefits and risks.
- You have been given the chance to ask questions before you sign.
- You have voluntarily agreed to take part in this research study.

Print name of Participant Signature of Participant Date

Print name of Person Obtaining Signature of Person Obtaining Consent Date
Consent



Participant to mark a “left thumb impression” in this box if unable to provide a signature above

Appendix 2: Consent Form

The purpose of this study has been explained to me and I understand the purpose, the benefits, risks and confidentiality of the study. I further understand that, if I agree to take part in this study, I can withdraw at any time without having to give an explanation and taking part in this study is purely voluntary.

I..... (Names)

Agree to take part in this study designed to explore Stakeholders perspectives on condom promotion in Schools in Zambia: A case of four selected secondary school in Lusaka District.

Signed/Thumbprint.....Date..... (Participant)

Signed.....Date..... (Witness)

Signed.....Date.....Respondent)

For more information you may contact the principal investigator Nathan Kamanga on

0966 452509/0955-0973-291039

Any questions should be addressed to;

The Chairperson

The University of Zambia Biomedical Research and Ethics Committee,
Ridgeway Campus
P.O BOX 501110,
Lusaka Zambia

Appendix 3: Assent Form

I am Nathan Kamanga pursuing a Master of Public Health (MPH) Degree at the University of Zambia specializing in Health promotion and Education. I am doing a study on Stakeholders perspectives on condom promotion in Zambia: A case of four selected schools in Lusaka district. I am asking you to participate in the research study because I want to get information on stakeholders’ views and perspectives on condom promotion in schools.

For this research, I will ask some questions about stakeholder’s views on condom promotion in schools. We will keep all your answers private and will not show them to your guardian. We do not think that any big problems will happen to you as part of this study, but you might feel uncomfortable when we talk about condom promotion in schools as it relate to issues of sexual and reproductive health.

There are no physical risks involved in this study. However, you may feel uncomfortable answering some of the questions. You may refuse to answer any questions that you do not want to answer or questions that make you feel uncomfortable. You may stop the interview or Focus Group Discussion session at any time. Your responses or participation in this study will not affect you in any way or even your stay at the institution.

There is no direct benefit to you personally for participating in this study. However, your responses will be expected to generate information that will not only be used to produce an academic paper, but also contribute to issues of sexual and reproductive health issues among pupils in particular and youths in general in Zambia. You do not have to be in this study if you do not want to. You will not get into any trouble with the institution if you say no. Your guardians were asked if it is OK for you to be in this study. Even if they say it is OK, it is still your choice whether or not to take part. You can ask any questions you have, now or later. If you think of a question later, you or your guardian can contact me on 0966-452509.

Sign this form only if you have had all your questions answered and you have talked to your legal guardian about this research, and agree to take part in this study.

Your Signature	Printed Name	Date
_____	Researcher	Signature.....
Print		Date

**APPENDIX 4 –In-depth interview guide
For Key informants**

Date of interview

Town

Time taken.....

Place/community name.....

INTERVIEW DETAILS

Interview id

Interviewer name.....

Researcher name.....

DATA ENTRY INFORMATION

Date of data entry.....

Data entered by (name).....signature.....

INSTRUCTIONS FOR THE INTERVIEWER

Do not force people to answer questions they are not comfortable with

Ask for the permission and let them sign the consent form before interviewing them

Before starting the interview, the following will be read to the respondent

This interview is part of the partial fulfillment of the researcher’s study in masters of public health in health promotion at the University of Zambia. The questions cover various aspects of your personal information on stakeholder’s perspectives on condom promotion in secondary schools in Lusaka district. The interview is confidential and whatever that you will tell me here will not be used for any other purposes other than that of academic purposes and it will never affect your personal life. Your participation in this interview is voluntary, you do not need to answer any question if you do not wish to and you may terminate the interviews at any point.

Stakeholders acceptability of condom promotion in Schools

1. What are your views on pupils using family planning?
2. What do you think about condom restriction in schools?
3. As a stakeholder do you think condom promotion restrictions are justified? Give reasons for you answer
4. What are some of the positive reasons for condom promotion in schools?
5. What could be some of the negative reasons for condom promotion in schools?
6. What are your views on MOE banning condom promotion in schools?

Impact of condom promotion on pupil's sexual behavior and morals

1. What are your views on condom promotion and sexual behavior of pupils?
2. Do you think condom promotion has any influence on sexual and moral behavior of pupils?
3. Can you share with me your thoughts about high rates of pregnancies among school going girls.
4. What are your views on school girls dropping out of school due to pregnancies?
5. Do you think something can be done about it? Explain your answer
6. What do you think could be done to prevent school dropout due to pregnancies?
7. In your view do you think condom promotion has an impact on the morals of pupils?

Condom promotion and pupil's academic performance in schools

1. Can you share with me your thoughts about condom promotion and pupil's academic performance?
2. Do you think condom promotion has an impact on pupil's academic performance?
3. What do you think could be the impact of condom promotion in schools

Effective strategies for effective condom promotion among pupils in schools

1. Tell me what are your thoughts about schools teaching issues of SRH services in schools?
2. Can you share with me what you think could be an effective way of promoting issues of SRH services in schools.

APPENDIX 5 – FGDs guide

For pupils

Date of interview

Town

Time taken.....

Place/community name.....

INTERVIEW DETAILS

Interview id

Interviewer name.....

Researcher name.....

DATA ENTRY INFORMATION

Date of data entry.....

Data entered by (name).....signature.....

INSTRUCTIONS FOR THE INTERVIEWER

Do not force people to answer questions they are not comfortable with

Ask for the permission and let them sign the consent form before interviewing them

Before starting the interview, the following will be read to the respondent

This interview is part of the partial fulfillment of the researcher's study in Master of public health in health promotion at the University of Zambia. The questions cover various aspects of your personal information on stakeholder's perspectives on condom promotion in secondary schools. The interview/discussion is confidential and whatever that you will say here we not be shared with any other person without your permission and this FGD will never affect your personal life in any way. Your participation in this interview/discussion is voluntary, you do not need to answer any question if you do not wish to and you may withdraw from the discussion/ interviews at any point. Before we start the interviews do you have any questions that you would like to ask?

Guiding questions for FGDs

1. Brief introductions about your selves.
2. Has any one of you heard about family planning services?
3. What do you know about family planning?
4. Can you share with us some of the family planning methods that you know? Can you mention same of them?
5. Do you know any pupil who has stopped school due to pregnancy?
6. Do you thing pregnancy can be avoided? If so how?
7. What do you think about school girls who drop out from school due to pregnancy?
8. What do you think about school pupils using family planning methods such as condoms? Do you think this should be encouraged? Give reasons for your answer.
9. What is you perception about condom promotion in schools? Do you think pupils should be encouraged to use condoms? Give reasons for your answers.
10. Do you know any place where condoms can be accessed? Mention the places
11. Do you think pupils should be using condoms to protect themselves from STIs and unwanted pregnancies?
12. Do you think condoms should be available in schools? If yes why? If no why? Explain your answer
13. Do you think pupils should learn about SRHS in schools? E.g. contraceptives
14. Do you think condom promotion in schools can affect performance of pupils? If yes ho? Explain your answer.
15. What are you views on condom promotion and morals of pupils?
16. Do you think pupils should talk about sexual reproductive health freely including condoms?
17. Do you think teachers should teach pupils about SRHS?
18. Do you think pupils should be allowed to use condoms? If yes why? If no why? Explain your answers.
19. Would you encourage some to use a condom? If yes why? If know why?

Appendix 6 – Interview guide for parents and teachers

Guiding Questions

1. Brief introductions about your self
2. Do you have a child who is a pupil at this school?
3. Are you aware of school girls dropping out of school?
4. What are some of the reasons?
5. Do you know of any girl child who has dropped out of school on account of pregnancy?
6. As a stakeholder do you think something could be done to change the situation?
7. Do you discuss issues of SRH issues with your children/pupils? If not why?
8. What do you think should be the role of parents/teachers in issues of SRH?
9. Do you think teachers should teach pupils about SRH services? If no why? if yes why?
10. What do you think about school girls dropping out of school due to pregnancies?
11. Do you think school girls should use family planning methods such as contraceptives and condoms? If yes why? If no why? Explain your answer.
12. Do you think SRH services including condoms should be promoted in schools? If yes why? If no why?
13. What are your views on condom restriction in schools?
14. In your view, what do you think could be the best way to protect pupils from STIs and un wanted pregnancies?
15. What do you think are the best strategies of condom promotion in schools?
16. What is your view on the issue of Rights to SRH, Do you think pupils' rights to SRH including rights to sex should be respected?

Appendix 7- interview guide for Re-enrolled girls

Questions

1. Brief introduction about your self
2. Can you share with me some of the challenges you faced when you re-enrolled back in school?
3. How are you coping with challenges if any?
4. Are you aware of some of the family planning method available?
5. What are some of the family planning method you know?
6. What are your views about dropping out of school due to pregnancy?
7. Do you think this could be avoided? If so how?
8. Do you think pupils should use contraceptives methods such as condom? If yes why? If no why?
9. What are your views about condom promotion in schools?
10. Do you think condoms should be promoted in schools?
11. Do you think pupils should be taught about SRH services such as family planning including condom use?
12. After your experience regarding pregnancy what do you think about SRH services in schools?
13. What do you think could be the best way of protecting school girls from STIs and unwanted pregnancies?
14. What do you think could be some of the reasons for condom promotion in schools?

**Appendix 8 – Informed consent form for parents/Guardians
UNIVERSITY OF ZAMBIA**

SCHOOL OF MEDICINE

DEPARTMENT OF PUBLIC HEALTH

Informed Consent Form for Parents/ Guardians

Study title: Stakeholder perspectives on condom promotion in Zambia in schools: A case of four selected schools in Lusaka District.

Principle investigator: Nathan Kamanga

THIS IS TO CERTIFY THAT I _____ (name of parent/guardian) HEREBY agree to have my child _____ (Child's name) participate in the above mentioned program.

I hereby agree to interview the child in relation to the study mentioned above. I fully understand that the information may be published but the names and identity will not be published or associated with the findings.

I understand that, I am free to deny permission to allow my child to participate in the study and free to withdraw the consent of my child at any time without penalty. I have been given an opportunity to ask questions, and all the questions have been answered to my satisfaction.

_____	_____	_____
Name of parent/guardian	Signature of parent/guardians	Date

_____	_____	_____
Name of a researcher	Signature of a researcher	Date