

**EXPLORE THE EXPERIENCES OF ADOLESCENT GIRLS IN RISE YOUTH CLUBS
IN PREVENTING CHILD PREGNANCIES AND EARLY MARRIAGES IN CENTRAL
AND SOUTHERN PROVINCES OF ZAMBIA PROVINCE**

BY

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Declaration

I, Kumbwa Toby Chibwe, declare that this dissertation represents my own work and has not been previously submitted either wholly or in part for a degree at the University of Zambia or any other University and that it does not incorporate any published work or material from another University.

Signed _____

Date _____

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Approval

This dissertation by **Tobby Chibwe Kumbwa** is approved as a partial fulfillment of the requirements for the award of a Master of Public Health (MPH) by the University of Zambia.

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Abstract

Cases of child pregnancies and early marriages have been reported in most parts of Africa including Zambia. Interventions have been implemented in order to address these challenges. These interventions includes the girl child re-entry policy: an educational policy that allows for girls who fall pregnant during their time in school to re-enter or re-enroll after having given birth and the School Health and Nutrition programme to improve the health and nutrition status of the learners; therefore improving on enrolment, retention and learning achievements (MOE, 2006). Some have involved the establishment of youth clubs to discuss matters concerning sexual education, but there is scarce information on the experiences of girls that attend these clubs. In Zambia, RISE a cluster randomized controlled trial was initiated in 2016 with the aim of estimating the effectiveness of economic support, comprehensive sexual and reproductive health education (CSRHE) and community dialogue on adolescent childbearing and completion of junior secondary school. As part of the process of evaluation, this study aimed to explore the experiences of adolescent girls participating in the CSRHE.

This qualitative descriptive case study was conducted after the intervention packages, including a youth club covering a CSRHE curriculum, had been implemented for one year in order to explore experiences with the RISE youth clubs. Sixteen interviews and eight focus group discussions were conducted with adolescent girls participating the RISE youth clubs in Chibombo, Kabwe, Kapiri- Mposhi, Mazabuka and Mkushi districts of Zambia. Data obtained were analyzed thematically.

The study indicated that the girls had challenges accessing SRH knowledge before initiation of the project. From their perspectives, they were shy to discuss SRH issues; they were perceived as disrespectful to elders, used to hang around with boys and lacked knowledge of SRH. However, the CSRHE through the youth clubs had helped the girls gain adequate SRH knowledge and skills. The participants felt that they had become more assertive and confident; they were able to make sound decisions towards their health. They also reported that had developed interest in school and were performing well. However, some parents were not supportive of the project; they had negative sentiments assuming that it was demonic and they still forced their children into early marriages. Some girls still had boyfriends, were pregnant or had children. Some

participants stated that policies like child re-entry policy had little authority to address the challenges adolescents go through and had loopholes or inconsistencies in the way they operated.

The study has brought out important points concerning CSRHE and the operations of the RISE youth clubs. It has been established from the responses of many participants that adolescent girls can learn a lot of skills and knowledge related to SRH. It indicated that the content [CSRHE] and the process facilitation in the youth clubs were conducted adequately. Some parents were still skeptical of the initiative as they perceived it demonic and a waste of time for their children.

Key words: Comprehensive Sexual and Reproductive Health Education, Adolescent girls, child pregnancies and early marriages

Dedication

This piece of work is dedicated to my dear wife Matilda Nakazwe Kumbwa and my beloved daughters Kabalika Saya Kumbwa and Tasheni Chibwe Kumbwa for their relentless love, moral and spiritual support.

Lastly, I dedicate this dissertation to my late sister Millicent Kumbwa, my other sisters and brothers; Mildred Kumbwa-Chimanyika, Penlop Kumbwa-Hamaundu, Percy Kumbwa and Micheal Kumbwa respectively.

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Terms and Definitions

Community: - People who live in a particular area or location and share common identity.

Maternal Mortality: - The risk of an individual woman dying due to a pregnancy related cause.

Sexuality education: - The process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy (Avert, 2009).

Teenager: - is viewed as an individual in the process of gradual transition from childhood to adulthood.

Abbreviation

AIDS	Acquired Immune Deficiency Syndrome			
CCDF	Child Care and Development Fund			
CRCT	Cluster Randomized Controlled Trial			
CSRHE	Comprehensive Sexual and Reproductive Health Education			
FAWEZA	Forum for African Women Educationists in Zambia			
FGDs	Focused Group Discussions			
HIV	Human Immuno- deficiency Virus			
HSV-2	Human Simplex Virus type 2			
MOE	Ministry of Education			
NGO	Non - Governmental Organization			
RISE	Research Initiative to Support the Empowerment of Girls			
SRH	Sexual Reproductive Health			
UNDP	United Nation Development Program			
UNESCO	United National Education Scientific and Culture Organization			
UNICEF	United National Child Education Fund			
UNFPA	United Nations Population Fund			
PPAZ	Planned Parenthood Association of Zambia			
SSA	Sub Sahara Africa			
WHO	World Health Organization			
ZDHS	Zambia	Demographic	Health	Survey

CHAPTER 1: INTRODUCTION AND BACKGROUND

1.1 Background

Investing in sexual reproductive health knowledge and services for adolescents is critical to ensure that adolescents make sound decisions. Many adolescent girls are married off early and when they become pregnant, they face a much higher risk of maternal mortality, as their bodies are not mature enough to cope with the experience (UNESCO, 2009).

Adolescence can be defined as a stage in life cycle between 13 to 18 years of age characterized by increasing independence from adult controls, rapidly occurring physical and psychological changes, exploration of social issues, increased focus on activities with a peer group and establishment of a basic self-identity (Bigner, 1983). In trying to identify themselves, they may engage in practices such as high risk sexual behaviour leading to early sexual debut, multiple partners and consequent implications such as early pregnancies, abortion, school drop outs, STI/HIV, peer pressure and substance abuse (UNFPA, 2003).

Amongst the health risks that adolescents girls are faced with, pregnancy is a major global concern especially in the Sub-Saharan African Region (Oyaro, 2008). According to UNICEF (2004) about 14 million adolescent girls get pregnant in the Sub-Saharan African region annually. Studies have shown that maternal complications are estimated to be the fourth most common cause of death in girls aged 15 to 19 in low and middle income countries (LMICs) and the risks of prematurity and low birth weight babies are high in adolescent girls with consequent higher morbidity and mortality (Paranjothy et al, 2009).

One of the approaches is to have youth clubs where comprehensive sexual and reproductive education (CSRHE) is offered or incorporate it in the regular school curriculum. A number of countries have tried incorporating CSRHE programmes as interventions in curbing the issue of adolescent pregnancy. In Uganda, a Cluster Randomized Controlled Trial (CRCT) assessing a combination of a life skills programme (which included CSRHE and vocational skills training, found lower probability of adolescent girls having children after two years in the intervention arm compared to the control (Bandiera O, 2012). A CRCT in Kenya found that pupils exposed to a curriculum informing them of the higher risk of HIV infection associated with having older

sexual partners, had 28% lower pregnancy rates than other girls 12 months later (Dupas et al, 2011).

In contrast, South Africa conducted a CRCT on a comprehensive teenage pregnancy prevention programme with 12 weekly sessions among pupils in grade 8 and found no impact on pregnancy rates after 8 months (Taylor et al, 2014). From the studies reviewed, they often seem to overlook adolescents' views and experiences on how best the challenges of child pregnancies and early marriages can be addressed.

Vergnani and Frank (1998: 4-5) assert that sexuality education helps young people to develop a positive view on their own sexuality and sexual relationships. It should provide them with the necessary information, clarify and teach values and skills necessary to make wise informed decisions about all matters relating to their sexuality. Avert (2009) defines sexuality education as the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationship and intimacy. Sexuality education encompasses education about all aspects of sexuality, including information about family planning, reproduction, and sexual pleasure, values, decision-making, communication, dating, relationships, sexually transmitted diseases (STDs) and how to avoid them.

According to Sandøy (2016) a number of programmes on sexual and reproductive health education worldwide indicate that effective curricula are intensive, include student active teaching, and incorporate discussions around gender and power dynamics. These educational sessions are supposed to be supervised by facilitators. In doing so, it can also help the learners forge positive and equitable relationships (Gordon, 2007) as to where to deliver comprehensive sexuality education from.

There are a number of adolescent girls getting pregnant in Zambia, leading to early marriages and eventually to the dropping out of school, with estimates showing that 35% of young rural girls have given birth by the age of 18 years. The pregnancy rates are particularly high among girls who are not in school (Sandøy et al., 2016). In Zambia, an estimated 16,378 adolescent girls fell pregnant in 2014 and eventually dropped out of school (MoGE, 2016).

1.2 The RISE study background

The University of Zambia in collaboration with the University of Bergen has implemented the cluster randomized controlled trial Research Initiative to Support the Empowerment of Girls (RISE) in 157 schools and their surrounding communities in Central and Southern provinces of Zambia. The included schools are located in Chibombo, Kabwe, Kapiri-Mposhi, Mazabuka and Mkushi districts. The RISE aims to estimate the effectiveness of economic support alone and in combination with CSRHE and as well as community dialogue on empowerment of adolescent girls. After being informed by the literature review, formative research, discussions with key stakeholders such as the Ministry of General Education (MoGE), the Ministry of Community Development and Mother and Child Health (MCDMCH) and local stakeholders; the project developed intervention packages that target what they identified as the main causes of early pregnancy. RISE has the following intervention components (1) an economic component targeting poverty and school dropout, with the aim to increase school attendance and secondary school enrolment, and to reduce parental pressure for early marriage and girls' dependence on having a boyfriend to receive basic goods; and (2) a community component, including a youth club, that aims to enhance CSRH knowledge and skills, and perceived supportive community norms regarding pursuit of education and postponement of pregnancy and marriage. It was hypothesized that the timing of support was important, and payment of school fees, which reduces the cost of schooling, may be decisive at stages when children approach transition points in the education system, for example, the stages between primary and secondary school when costs would otherwise increase.

This study explored the experiences of adolescent girls participating in the RISE youth clubs including in relation to the content, and facilitation process, interaction between of boys and girls and how these issues influenced the learning process and the roles played by the community in shaping prevention of pregnancies and early marriages.

1.3 Statement of the problem

In Zambia, an estimated 16,378 adolescent girls fell pregnant in 2014 and eventually dropped out of school (MoGE, 2016). Several interventions have been implemented to tackle girls' pregnancy and early marriage. Introduction of the girl child re-entry policy: an educational

policy that allows for girls who fall pregnant during their time in school to re-enter or re-enroll after having given birth. The school-boy responsible for the pregnancy should also go for mandatory leave as a deterrent and lesson to other boys. Furthermore, the School Health and Nutrition programme, supported by policy and strategies was implemented to improve the health and nutrition status of the learners; therefore improving on enrolment, retention and learning achievements (MOE, 2006). Some have involved the establishment of youth clubs to discuss matters concerning sexual education, but there is scarce information on the experiences of girls that attend these clubs. Despite these interventions being put in place, the experiences of adolescent girls participating in such programmes is unknown to whether they are beneficial or not. The experiences of adolescent girls participating in these programmes also include the RISE project which is presently being implemented in Central and Southern provinces of Zambia are unknown.

1.4 Justification of the Study

This study focused on the experiences of adolescent girls with the RISE youth clubs in Chibombo, Kabwe, Kapiri-Mposhi, Mazabuka and Mkushi districts of Zambia.

The information that has been obtained from this study will be used to improve implementation of the RISE project and similar interventions. The study intends to stimulate policy makers in the Ministry of Health, as well as the Ministry of general Education develop public health programmes, messages and guidelines to avoid early pregnancy that are responsive to the health needs of youths.

This study aimed at exploring the experiences of adolescent girls participating in RISE youth clubs aimed at preventing child pregnancies and early marriages.

1.5 Aim

- To explore the experiences of adolescent girls in the RISE youth clubs aimed at preventing child pregnancies and early marriages.

1.5.1 Objectives

- i. To assess the relevance of the content and the facilitation process of a particular youth club intervention in preventing child pregnancies and early marriages.

- ii. To explore how the interaction between boys and girls in the RISE youth clubs sessions influence in the learning and the prevention of child pregnancies and early marriages.
- iii. To assess the role of community values in shaping girls' experiences of the youth clubs.
- iv. To explore the girls' perceptions on potential impact of youth club on norms, attitudes and actual conduct or practice in relation to adolescent pregnancy and early marriages.

1.6 Research question

- i. What are the experiences of adolescent girls with the RISE youth clubs aimed at preventing child pregnancies and early marriages?
- ii. How successful do the girls think the youth club has been in preventing child pregnancies and early marriages?

1.7 Organisation of the Dissertation

The study consists of seven chapters. The chapters are described below.

Chapter One

This chapter introduces the study and presents the background to the problem under investigation, statement of the problem, aim of the study, research objectives, and research questions, justification of the study and organization of the dissertation.

Chapter Two

This chapter covers literature review that was considered to be relevance to the present study. This was done in the quest to position the study within the context of similar researches, whereby enriching it as well as providing a justification for it.

Chapter Three

The chapter describes methodology adopted for this study in order to address the research questions. The sections covered were as follows: research design, justification of research design, location of study, population, sample size, sampling technique, research instruments, data collection, data analysis, validation and trustworthiness and ethical considerations.

Chapter Four

This is a data presentation chapter. It presents the research findings on the experiences of adolescent girls in the RISE youth club in preventing child pregnancies and early marriages.

Chapter Five

This chapter discusses the findings of the study and conclusion drawing from the reviewed literature and theories that informed this study. Further, the researcher added his voice in view of the above. The chapter is also viewed from the ecological model for enabling environments to shape adolescent sexual and reproductive health.

CHAPTER 2: LITERATURE REVIEW

2.1 Methods of Instruction

A youth club brings together a facilitator and a community health assistant or worker who is open to adolescent girls and boys. The interaction in the teaching-learning process between the facilitators and learners is of paramount importance. The RISE lessons are conducted in a workshop format which included short didactic presentations, practicing skills, direct feedback, coaching, peer collaboration and small group discussions (Van de Mortel et al., 2016). Workshop introduces participants to a range of active, participatory learning strategies commonly employed in adolescent health education, and the pedagogy that underpins them. Furthermore, contemporary experiential, learner-centered teaching strategies employed in adolescent health education are applied in the training. An innovative feature was the use of young actors whereby a youth theatre group participated in the workshop in three different training techniques. However, Rooth's (2005) findings in which she reported little evidence that methodology such as role play, group discussion, brainstorming, creative activities, behaviour rehearsal, participatory activities, and discussions are very beneficial when it comes to learning. In another study by Mukoma et al. (2009) also found that teachers had significant limitations in using learner-centered methods, thus reflecting a lack of understanding of the theoretical underpinnings of learning through practice and social modelling. These authors stated that teachers rated role-play to be time-consuming and not a successful method and, in some instances, did not continue using role-play in the programme, preferring to substitute it with other activities (Mukoma et al).

2.2 Aims of Sexuality Education

According to Avert (2009), Sexuality education seeks to both reduce the risks of potentially negative outcomes from sexual behaviour, like unwanted or unplanned pregnancies, getting infected with STDs, and also enhance the quality of relationships. It is also about developing young people's ability to make decisions over their lifetime. UNESCO (2009: 2-3) states that "sexuality education aims at equipping young people with knowledge, skills and values to make responsible choices about their sexuality and social relationships." Effective sexuality education aims to:

- increase knowledge and understanding

- explain and clarify feelings, values and attitudes,
- develop or strengthen skills,
- promote and sustain risk-reducing behaviour.

Vergnani and Frank (1998:5) states that sexuality education in the senior phase should aim to:

- enable young people to learn to enhance their self-esteem and self-awareness,
- help learners acknowledge and enjoy their own sexuality,
- provide accurate information,
- teach the skills necessary to make informed and responsible decisions, including decisions regarding sexual relationships,
- start to explore different values and attitudes in order to help each learner develop his or her own moral framework,
- help learners act in accordance with their values,
- teach understanding, tolerance and respect for different sexual needs, orientation and values,
- teach learners how to behave responsibly and in a caring way within all relationships,
- teach learners how to protect themselves from exploitation and learn not to exploit others,
- teach learners to use health services and how to find information they need and
- teach learners how to communicate and express their needs and feelings.

2.3 Community's perception on the teaching-learning process

Communities and cultural beliefs have a huge bearing on how a programme can influence effective learning of CSRHE. Parker and Aggleton (2005) underscore that indeed societal values play a role in this process as curriculums are expected to have the wider goal of socializing the learners. In a study by Netsanet et al. (2012) parents agreed that sex education would reduce the rate of abortion in the society. Parents agreed in a similar study that the backbone of preventing and controlling several sex related problems. However in another study, it was reported that parents are overwhelmingly in favour of abstinence preaching to sexuality education (Christ, 2002). Rabenoro (2004) on a study conducted in the Bestimisaraka region of Madagascar where culturally 'sex' is a taboo subject, shows that this cultural trait affected the sexuality education

offered in schools. The technique was widely considered “useless” partly because many dropped out before joining the upper classes where the important subjects are taught.

2.4 Setting for teaching-learning process

According to the UNESCO (2009) International Guidelines school settings provide an important opportunity to reach large numbers of young people with sexuality education before they become sexually active. UNFPA reported that schools are unique settings with many advantages and strengths in terms of providing school-based SRH, including existing infrastructure, easy access to adolescents and parents, and opportunities for long-term programmes (2015). However, Visser (2005) reports from an evaluation in South Africa on the implementation of life skills and HIV/AIDS education that the programme failed because of teachers’ non-commitment, poor teacher-pupil relationships, negative attitudes of teachers to teaching ‘sex’. The author stated that the other reason for failure was the lack of understanding by the teachers that their role was to impart knowledge and not get emotionally involved with the learners.

The setting can have its advantages and disadvantages in terms of participation amongst the boys and girls, and the mood of learning. A great deal of school-based research on masculinities and femininities shows that boys’ and girls’ school-based interactions tend to reflect and re-enact gendered interactions in the broader society (Martino et.al 2002). Such gender-normative patterns were reflected of classroom behaviour: girls were often described to be shy and embarrassed by the topic of sexuality, whereas boys were described as loud, bossy and easily excitable (Weaver-Hightower, 2011).

2.5 Attitudes of facilitators

According to Hasani (2015) training attitude can be enhanced by acknowledging and respecting opinions and experiences of others. This requires recognizing local expertise and the special knowledge they have of their own living conditions. A role of a facilitator is to enhance the involvement of all interested parties in all processes such as investigations, analyses and evaluations of problems, constraints and opportunities, and taking of informed and timely decisions. Research has shown that HIV/AIDS education, as well as other skills based programmes which have aspects of sexuality have had various challenges (Boler et al. 2003).

Among these challenges include attitudes, beliefs and perceptions of sexuality education provided to the adolescent girls.

Boler et al. (2003) found that in both India and Kenya, though teachers played a major role in giving young people information on sexuality and HIV/AIDS, they were constrained by social and cultural factors. The result of this is that teachers resorted to do 'selective' teaching where they restricted teaching only to the biological aspect and left out those that have to do with sex and relationships.

According to Avert (2011) many educators feel anxious or tentative in tackling the topics of sex, sexuality and sexual health. They may also feel overwhelmed about where to start or confused about what to teach and when to teach.

Young people deserve the right to have access to information and knowledge about making healthy and responsible decisions about their sexuality. Avert (2009) defines sexuality education as the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. It is about developing young people's skills so that they make informed choices, feel confident and competent about acting on those choices. The literature above suggests that sexuality education for girls in school can influence better decisions making, such as preventing child pregnancy and delaying the age of marriage.

2.6 Decisions about Sexuality

2.6.1 Use of contraceptives/ Abstinence

In Tanzania, a CRCT examined the effects of an intervention with the following four components: (1) a teacher-led, SRH school programme in grades 5–7; (2) training and supervision of health workers in youth- friendly health services; (3) community-based condom promotion and distribution by adolescents; and (4) 1- week mobilization in each community and annual youth health weeks. An evaluation 3 years after the start of the intervention found effects on SRH knowledge and self- reported condom use among the youths (Doyle, 2010).

2.6.2 Early marriages

According to Venicage (1999) school based sexuality education is crucial for young people who tend to gather confusing information from the media and friends leaving them vulnerable to risky

behaviour. The author concluded that girls who went through the training received adequate knowledge and skills on how to prevent unintended pregnancies and hence stayed in school longer.

CHAPTER 3: METHODOLOGY

This chapter presents an overview of the research methods that were employed in the study.

3.1 Study Design

The study has a qualitative descriptive case study design. The experiences of adolescent girls in the RISE youth clubs were explored. This method allowed the informants to express themselves freely and to use any language they were comfortable with in describing their experiences without any restriction.

3.2 Study site

The study was conducted in Chibombo, Kabwe, Kapiri-Mposhi, Mazabuka and Mkushi districts of Zambia. These districts are among the 12 districts which were selected for the RISE study as adolescent marriages and child pregnancies are common and there are medium school dropout rates.

3.3 Study Population

The study comprised of adolescent girls aged between 13 to 19 years who are taking part in the RISE youth clubs. The participants were selected from Fibalwe primary, Kaleya East primary, Kayosha primary, Luanshimba primary, Mafwasa primary, Munyamba primary, Nkumbi primary and Shimubala Primary schools from Central and southern provinces of Zambia.

3.4 Recruitment of informants

Participants for the research were recruited from the selected schools in the named districts using a purposive sampling strategy, which involved the selection of participants who have a relevant background in terms of the study topic in question. A purposive sampling technique was used to enable the researcher to select informants with an experience from the youth clubs in RISE study.

3.5 Data collection methods and tools

3.5.1 In-Depth Interview

The data was collected using adolescent girls participating in the RISE youth club through In-Depth Interviews, two from each of the participating schools making the total number sixteen.

The participants comprised of one regular attendant and one non-regular attendant of the youth club. According to Bertram (2011), the use of an interview guide can help the researcher to explore and collect contextual and in-depth information, in this case adolescents who participated in youth clubs with a focus on comprehensive sexual and reproductive health education. The purpose was to have participants elicit their experiences participating in the youth club. The interviews explored the experiences with the relevance of the content and facilitation of the youth clubs, the interaction between girls and boys in the clubs, and their perceptions on the potential impact of the youth clubs on norms, attitudes and actual conduct or practice in relation to adolescent pregnancy and early marriage. Before the interviews were conducted, participants were informed that they would be recorded using a digital audio recorder to ensure accurate capturing of the information gathered. During the interviews, notes regarding the interviews were taken to avoid reliance on recalled memory of the researcher which may lead to omission of important facts. A test interview was conducted in Chibombo district prior to the study, in order to assess the relevance of the interview and the topic guides were adopted accordingly. After the field study was conducted, it was concluded that some questions were too abstract or difficult for the participants to answer. Both interview and topic guide were moreover modified during the course of the fieldwork to make them as relevant as possible.

3.5.2 Focus Group Discussions

Eight (8) FGDs were conducted, one from each participating school. These FGDs were recorded with the permission of interviewees. Each FGD was assigned a code on the recorder and placed on the computer. It was stored using a password and was transcribed as soon as possible. The participants were recruited from their respective youth club within the school which is participating in the RISE programmes.

3.6 Data Management and Analysis

Analysis took place simultaneously with the data collection. A more vigorous analysis phase moreover took place after the field work. The data collected from the In-Depth Interviews and FGDs were listened to repeatedly in order to capture the content and its meaning using a voice recording system. In order to ensure accuracy and validity, the transcripts were shared with two supervisors for verifications and review. This qualitative material was systematically analysed

during a rigorous post fieldwork phase using content analysis and helped in the process of bringing out emerging themes and sub-themes forthwith. Content analysis has been defined as: “a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns” (Hsieh & Shannon, 2005, p.1278). The data during this phase was rigorously coded manually by writing condensed meaning units based on the concrete content in the text of the margins of the paper. The codes were afterwards grouped together in larger categories and themes. The process can be summed up as follows:

- Filed notes and recorded interviews were listened to and read many times to capture the full context and meaning
- The material were coded on a sentence to sentence basis
- Similar codes were grouped together
- The codes were compared for similarities and differences
- Codes were grouped together in categories and eventually themes
- The major themes were used for presentation of the findings (where bits and pieces of the transcriptions are cut and pasted into a new document).

Table 1: Major Themes and Sub-Themes

Themes	Sub-themes
<ul style="list-style-type: none"> • Knowledge empowerment • Expectations of adolescent girls 	<ul style="list-style-type: none"> • Developed communication skills Have become more confident • Are more assertive and confident • Practicing good morals • Developed school interest and performance • Interactions with parents on SRH issues • Cooperation between boys and girls

	<ul style="list-style-type: none"> • Change in behaviour • Experiences with non- RISE issues • Ability to discuss SRH issues amongst the boys and girls
<ul style="list-style-type: none"> • Family expectations and support • Behaviour regulation and monitoring 	<ul style="list-style-type: none"> • Financial gain through dowry • Interactions with parents on SRH issues
<ul style="list-style-type: none"> • National policies (child re-entry policy) 	<ul style="list-style-type: none"> • No follow up in most policies • Lack of supportive SRH services

3.6.1 Validity for Qualitative Study

Validity and reliability must be addressed in all studies. However, validity and reliability in qualitative research is often questioned by positivists, because their concepts of validity and reliability cannot be handled in the same way as in naturalistic work (Golafshani, 2003). However, Silverman (1993) has shown how qualitative researchers can embrace validity and reliability in qualitative studies.

Different terms have been used by many naturalistic investigators to mean validity and reliability (Davie and Dodd, 2000; Lincoln and Guba, 1985; Mishler, 2000). One such term is trustworthiness an equivalent term used in qualitative research as a measure of the quality of research (Lincoln and Guba, 1985). It is the extent to which the data and data analysis are

believable and trustworthy (Simon, 2011). Possible strategies and criteria are at hand to enhance the trustworthiness of qualitative research findings (Creswell, 1998). These are credibility, transferability, dependability and conformability. They are constructed parallel to the corresponding quantitative criteria of internal and external validity, reliability and neutrality (Creswell, 1998; Guba and Lincoln, 1985; Krefting, 1991) and each strategy in turn uses criteria like reflexivity, triangulation and dense descriptions. In this study, the researcher recognizes this argument and prefers to use the term trustworthiness as it is used by several others to cover all these.

3.6.2 Credibility

Internal validity is one key criterion that positivist researchers use to ensure that their study measures what it is intended for. The qualitative investigator's equivalent concept, credibility, deals with the question, 'how harmonious are the findings with reality?' (Merriam, 1998). According to Lincoln and Guba (1985), ensuring credibility is one of most important factors in establishing trustworthiness. One of the provisions that can promote confidence is the adoption of research methods and methods of data analysis are well established both in qualitative investigation in general (Guba and Lincoln, 1985). Merriam (1998) outlined some strategies that can enhance internal validity in qualitative research. These are: triangulation, member checks, clarifying the researcher's biases, assumptions and worldview at the outset of the study. These and many more not listed here were addressed in this study as follows:

3.6.3 Triangulation

Method used by qualitative researchers to plaid and establish validity in their naturalistic studies (Guion, 2002). It is the application and combination of several research methodologies in one study (Schneider, Elliott, Lo-Biondo-Wood, and Haber, 2003; Taylor, Kermode, and Roberts, 2007). The use of a combination of methods enhances consistency and accuracy of data by providing a more comprehensive picture of the phenomenon (Roberts and Taylor, 2002; Halcomb and Andrew, 2005; Williams, Rittman, Boylstein, Faircloth, and Haijing, 2005; Jones and Bugge, 2006). Triangulation also provides in-depth data, increases the confidence in the research results as well as enables different dimensions of the problem to be considered

(Barbour, 2001; Jones and Bugge, 2006). The use of triangulation in this study ensured that data collected was trustworthy (Thurmond, 2001).

3.6.3.1 Data Triangulation

Data triangulation is the use of multiple sources of data in the hope of getting views about a situation in a single study (Roberts and Taylor, 2002). Multiple data sources help validate the findings by exploring diverse views of the situation under investigation (Taylor, Kermode, and Roberts, 2007). It is expected that data will remain the same in different contexts (Denzin, 1984). The researcher in the study interviewed different girls participating in the RISE initiative from different schools. The results gotten from these interviews and focus group discussions were very similar. This gave an indication that there was reliability and validity of the data.

3.6.3.2 Methodological Triangulation

Methodological triangulation is the use of two or more research methods in one study at the level of data collection or design (Taylor, Kermode, and Roberts, 2007). One could use strategies from qualitative or quantitative methods and still triangulate. On the other hand, one could use across-method triangulation involving qualitative and quantitative methods. If the findings from all used methods draw the same or similar conclusions, then validity in the findings has been established (Guion, 2002). For example, the use of interviews and focus group discussion in a study. In this study, interviews were utilized to reinforce focus group discussions, in-depth interviews and observations as sources of data. Thus, making a more valid contribution to knowledge development, enhancing diversity and enriching the understanding surrounding the study's objectives and goals (Schneider, Elliott, LoBiondo-Wood and Haber, 2003; Macnee and McCabe, 2008).

The researcher used a combination of methods which gave a more rounded picture of the participants' lives and behaviour. The researcher observed from the participants' interactions and phrased questions in line with the behaviour portrayed. Alternatively, the researcher compared the results from two different methods on the same participants (semi-structured interview and focus group discussion). From this, it was observed that the conclusions drawn were broadly the same. This helped in confirming the reliability and validity of the data.

3.6.4 Transferability

Research findings are transferable or generalizable only if they fit into new contexts outside the actual study context. Transferability is equivalent to external validity, which is the degree to which findings can be generalized. It designates the extent to which one can extend the account of a particular situation or population to other persons, times or settings than those directly studied (Maxwell, 2002). Transferability is considered a major challenge in qualitative studies partly due to no fast rules in terms of sample size. Sample size in qualitative studies is not a big deal if a researcher is able to get the needed information on the study phenomena. However, transferability in qualitative studies can be enhanced by detailing the research methods, contexts, and assumptions underlying the study. Further, transferability can be realized by providing a detailed, rich description of the settings studied to provide the reader with sufficient information to be able to judge the applicability of the findings to other settings that they know (Seale, 1999). It is also important that the researcher documents and justifies the methodological approach, and describes in detail, the critical processes and procedures that have helped him to construct, shape and connect meanings associated with those phenomena.

The researcher tried to provide a rich, description of the study so that data and description would speak for themselves to enable readers appraise the significance of the meanings attached to the findings and make their own judgment regarding the transferability of the research outcomes. The dissertation provided a detailed description of experiences of adolescent girls in the RISE youth club in order to assist readers interested in making use of the study outcome in other situations. Furthermore, throughout the process of this study, the researcher was sensitive to possible biases by being conscious of interpretations of reality.

Thus for this study, the generalizability issue has to be resolved by the reader of the research report based on how close the researcher's and the reader's contexts are. As argued by Ritchie and Lewis (2003), it will be a matter of judgement of the context and phenomena to be found which will allow others to assess the transferability of the findings to another setting (Ritchie and Lewis, 2003).

3.6.5 Dependability

Dependability is analogous to reliability, that is, the consistency of observing the same finding under similar circumstances. Dependability concern is that, the manner in which a study is conducted should be consistent across time, researchers, and analysis techniques (Gasson, 2004). Reliability is irrelevant (Stenbacka, 2001) in qualitative studies because these studies focus on human behaviour. It is further compounded by the possibility of multiple interpretations of reality by the study subjects; a similar study with different subjects or in a different institution with different organizational culture and context or by a different researcher may not necessarily yield the same results. The quality of inferences also depends on the personal construction of meanings based on individual experience of the researcher and how skilled the researcher is at gathering the data and interpreting them. As a result of all these, reliability in the traditional sense is not practical in a qualitative case study. Merriam (1998) suggests that reliability in this type of research should be determined by whether the results are consistent with the data collected.

However, Seale (1999) argued that dependability can be achieved in qualitative studies through auditing. He suggested that auditing must include researcher's documentation of data, methods and decisions made during a dissertation as well as its end products. He indicated that auditing for dependability demands that the data and descriptions of the research should be elaborative and rich. Further, Seale argued that it may also be enhanced by altering the research design as new findings emerge during data collection. The researcher in this study had to make alterations to the existing interview guide as new information was coming out. This helped in getting rich data because new information which was never thought of by the researcher was brought out.

3.6.6 Confirmability of the Findings

Confirmability is the extent to which the research findings can be confirmed or corroborated by others. It is analogous to objectivity, that is, the degree to which a researcher is aware of or accounts for individual subjectivity or bias. Seale (1999) argued that auditing could also be used to establish confirmability in which the researcher makes the provision of a methodological self-critical account of how the research was done. In order to make auditing possible by other researchers, it is a good idea that the researcher archives all collected data in a well-organized,

retrievable form so that it can be made available if the findings are challenged. Apart from the way data is collected, trustworthiness is a major consideration in instrument development and indicates the extent to which the instrument measures what it claims to measure (DeVaus, 2002). The researcher had to share the information with the two supervisors to confirm the findings. This was done in order to avoid being biased.

3.6.7 Ethical considerations

In qualitative research, the researcher is to have close interaction with the participants at times touching upon private and sensitive spaces (Silverman, 2000). This raises several ethical issues that should be addressed before, during and after the research. Otherwise the research risks being unethical in its design, questions, methods, analysis, presentation or findings (Nalube, 2014). Before initiating the field research, the researcher applied for ethical clearance from University of Zambia Biomedical Research Ethics Committee (UNZABREC). In order to ensure the rights of the study participants are safeguarded, they were informed about the study and about prevailing ethical consideration. Authorization to conduct research was requested from the District Education Officers in all the districts involved. Furthermore, requests to conduct research were sought from the Parent and Teacher Associations and headmasters from the selected schools in the named districts. Informed consent was sought from every study participant. Consent forms were given to the parents of the pupils if the pupils were under 18 years, and assent forms were also availed after permission from parents was secured and given to the pupils to sign. Participation in the study was entirely voluntary and participants were advised that they had the right to withdraw at any point in time. Anonymity and confidentiality were secured throughout the study. The results were protected from unauthorized observation.

3.6.8 Limitation of the Study

The fact that only interviews were carried out (no observation), meant that only words or elicitation of experiences of girls were captured. There was no observation of youth clubs or youth collaborations. Only one interview per study participant, often following particular individuals over time is preferable, including more than one interview. It is also worth noting that translated data from Bemba and Nyanja to English language might have compromised some

original meanings of themes. However, extra caution was exercised by engaging a competent interpreter to help in explaining certain concepts.

Furthermore, the study only focused on adolescent girls who are in school. It would have been preferable if adolescent girls who dropped out of school were included in the study, so that there could have been a comparison between the two groups of individuals.

3.6.9 Strengths of the Study

Notwithstanding the identified limitations, the study is recognizable for its strengths:

Firstly, the study has outlined the experiences of adolescent girls participating in the RISE youth club aimed to prevent child pregnancy and early marriage. Secondly, the study has a well elaborated methodology and describes processes of how things were done. It also commends for future researchers can follow the path to arrive at similar findings in a similar setups. The study employed two methods of data collection namely focus group discussions and in-depth interviews.

3.7 Conceptual framework

Adolescent girls in the present study received knowledge within the field of SRH from the youth clubs within the school setup; but learning processes are complex and are influenced by a number of things. Beyond the school setting adolescents are influenced by family members such as parents, other family members/and by friends. Life-long learning and socialization processes shape cultural beliefs, values and attitudes towards SRH.

The conceptual framework that was employed in the study is the ecological model for enabling environments to shape adolescent sexual and reproductive health Garbarino (1985), allowed for the exploration of this complex landscape.

Applying the ecological model to SRH outcomes implies that at individual level, there is need to focus on empowering adolescents with SRH knowledge and skills to help adolescents make informed decisions relating to SRH.

At the relational level, there is a need to build relationships that support and reinforce positive health behaviour of adolescents. This may include interventions that target those close

relationships which influence the sexual and reproductive experiences of adolescents like parents, intimate and other sexual partners, and peers.

At community level, there is a need to create positive social norms and community support for them to practice safe behaviour and access CSRHE information and services. This may involve interventions aimed at broadening community members and institutions outside the family, neighbourhoods and schools.

At societal level, there is a need to promote laws and policies related to the health, social, economic and educational spheres and build broader societal norms in support of SRH and helping adolescents realise their potential. The societal stage will also involve norms that will restrict adolescent girls' access to SRH services.

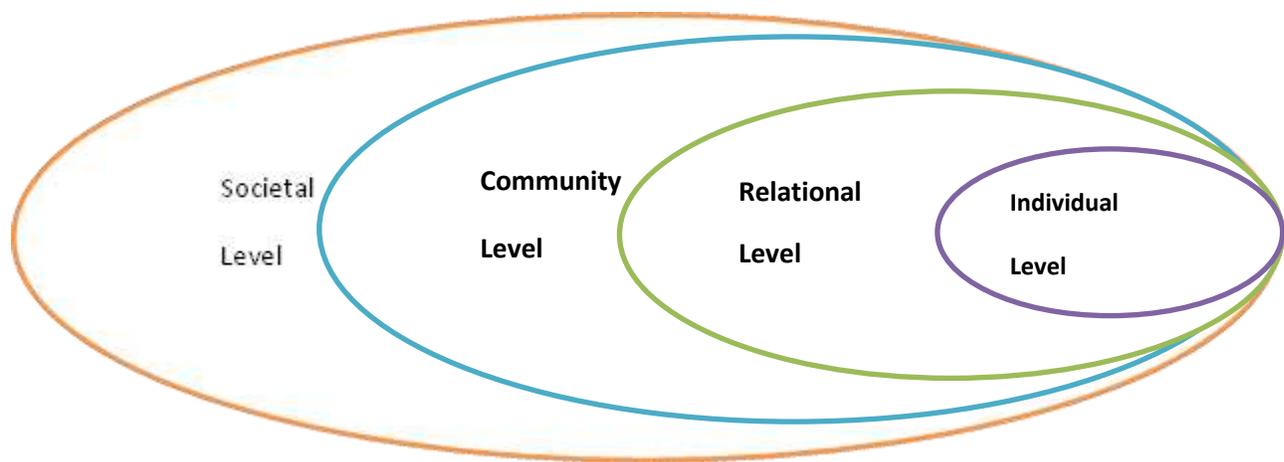


Figure 1: The Ecological model for an enabling environment for shaping adolescent sexual and reproductive health (WHO, 2002).

CHAPTER 4: FINDINGS

This finding presents results relating to experiences of adolescent girls in the RISE youth clubs in central and Southern provinces of Zambia. The results are presented and classified according to the framework of research objectives and questions posed for this study.

4.1 Socio demographic characteristics

Sixteen in-depth interviews and eight focus group discussions were carried out. The participants were aged between 13 and 19 years as captured from the interviews. All of these girls were from the low-income homes.

4.2 Knowledge empowerment

The participants stated that when they reach adolescent stage, they begin to experience strong feelings which if not well handled can lead them to indulge in risky sexual relationships. They gave examples to say that girls became pregnant and abandon school at a tender age. Most participants acknowledged that peer pressure and lack of proper information on sexuality and reproductive health was the main cause for teenage pregnancies. They confirmed that this left them potentially vulnerable to coercion, abuse and exploitation, unintended pregnancies and sexually transmitted infections including HIV. This can be illustrated by the following respondent who said that:

We now know that indulging in sexual relations is bad because we can get pregnant and drop out from school or worse still contract diseases such as gonorrhoea or syphilis. We can contract these diseases if we indulge ourselves in sexual relations..... FGD 03

Even when the facilitators have continued to promote and sustain risk-reducing behaviour through their teaching, some of our friends are still having unprotected sex. FGD 03

Participants stated that school-based sexuality education is crucial for young people in the world today. They stated that because of the confusing information they get from the media as well as from friends. The learners in the RISE youth club were encouraged to make informed and responsible decisions including those regarding sexual relationships. The sessions in the youth club were taught in a variety of ways, which included group discussions, role-play, and teacher explanation. Participants to this study had different opinions about the various activities.

I think the use of role-play in giving instructions is a good way to do things. The teachers would normally instruct us to perform certain characters that might happen in real life; they even ask us to come up with solutions on what we can do if a situation ever happened. I think this really helps me because we come up with ways of handling certain situations. FGD 07

Girls reported that the youth clubs presented opportunities of expressing themselves without being judged. They know few people and places to seek information and support. One respondent had this to say:

It is difficult to talk to my parents or some elders in the community about SRH issues. As much as we have started opening up to discuss SRH issues, it feels strange asking SRH questions even in the youth club meetings. FGD 07

Participants stated that good decision making can sometimes be impaired by the company one keeps. Furthermore they stated that as much as peers play an important role in adolescent development and socialization, they can influence one another either positively or negatively. Some participants in the study indicated that they have developed good decision making skills following their involvement in the youth clubs. One participant had this to say:

We have been taught to weigh the strengths and weaknesses of an action before finally deciding on what to do....I think it helps a lot. IDI 01

Some girls stated that before making a decision, they had been encouraged to think through and then conclude on what to do. In most cases, some girls had made decisions that had led them to getting pregnant and married. Two participants had this to say:

One girl in the meeting (pregnant girl in YC meeting that day) is pregnant and has decided to continue seeing the boy who impregnated her. IDI 01

Some girls live double standard lives, they tend to sleep with boy yet they pretend not to be doing it. FGD 05

Participants stated that providing girls with CSRHE and life skills information had enhanced the girls' confidence and the ability to be more assertive. Most of the adolescent girls the researcher interacted with had a good feel about themselves, they were very confident in what they believed

in. Some participants indicated that without courage a lot of things cannot be achieved. This participant had this to say:

..Being able to defend and stand up for oneself. You are supposed to look at the person you are talking to... even a man, you can tell him blatantly, "I am not interested in you!" FGD 07

It has given me a lot of courage. I would sit with my parents down in the living room and tell them the value of me being educated. I would also emphasize that the money they might receive may last for a long time. I will also tell them that where they are sending me it is just to suffer. FGD 08

Some participants indicated that many girls had exhibited confidence by being able to value themselves as individuals. The adolescent girls indicated that they were behaving well and that the community had pointed out to them in some instances the same development.

Before the RISE project was introduced, we were not scared to be with boys in the street but now we that we know what really comes out of aimless interactions with boys we have stopped. The reason I think we have changed is that we are giving respect to the people around us by not being in the street with boys and doing crazy thing. FGD 04

Participants described potential areas in which the Sexual Reproductive Health education had promoted. These included positive health beliefs, built knowledge and enhanced model skills such as refusal and responsibility for their health. One participant had this to say:

If my parents force me to get married, I have the right to refuse that decision and report the matter to the police or social welfare- IDI 08

Some participants were aware that education had repeatedly been found to be associated with a whole range of better SRH outcomes such as age of marriage, number of births, and use of health services. Some adolescent girls in the study indicated that before they had any meeting in the RISE youth club, studying and future prospects were not issues they were concerned with. The participants stated that they were interested in playing and having fun. They were now able to make good decisions that are guiding them as they are making plans for the future.

...I personally never used to study. Whenever I am back from school, I would just throw the books and play with my friends. Now things have changed, we are encouraged to study hard because in education that is where future will be determined. FGD 04

4.3 Expectations of adolescent girls

4.3.1 Dealing with peer pressure

Some participants reported that there was peer pressure which included some girls showing off gifts obtained from their boyfriends and this led to other girls getting into relationships. Peers tended to influence each other either negatively or positively. One participant indicated that sometimes peers tended to behave this way because they did not want to be alone.

A person I was calling my friend used to tell me in certain instances that I was a coward for not having a boyfriend....IDI 08

The participants acknowledged that they had learnt different strategies on how to deal with peer pressure. One of the strategies was to avoid friends who influenced you negatively and also not fearing you might offend them by saying 'no' to their suggestion or request.

My friend said that it is safe to sleep with a boy, just after the sexual encounter you just have to squat or wash the private part. I refused and told them that I was not ready to go against my principles. FGD 08

They also narrated that they were encouraged that they should be courageous enough to inform other people of the dangers associated with some behaviors.

We were taught that when someone wants to persuade you to beer drinking, you just have to answer her that when I am drank with beer I can't make a sound decisions which might lead to having sex...IDI 04

Some participants suggested that the best way to avoid peer pressure was by being content with what one had. In most cases, the girls tended to admire what their friends had and ended up having a boyfriend(s) to provide for those needs.

In my case, I used to admire whenever my friends who come to school with money for food and when they have good things. One day when they told me that those things are from the many boyfriends they have, I just froze and my interest was not there anymore. FGD 07

4.3.2 Cooperation between boys and girls

The respondents mentioned that they enjoyed a healthy relationship amongst themselves [boys and girls]. They indicated that a healthy relationship involved being honest, being able to trust each other and being fair.

If a misunderstanding and a serious argument erupts, you just have to find ways of meeting half way so that all parties are satisfied. In this way you end up in good terms and continue with a good relationship. FGD 01

Some participants also mentioned that in the youth club meetings, they discussed amongst themselves so as to come up with solutions for the many challenges they faced. This can be illustrated by the following respondent who said that:

Before I started attending RISE meetings I never used to take time to study or do school work at home. But now having learnt a number of things in the Youth club, I am more open to discuss school issues with my classmates wherever I have challenges. IDI 3

Participants confirmed that discussions about sexuality had assisted them envisioning their future. They have been helped in making concrete plans towards realistic goals through multiple opportunities to have these discussions. This is evidenced from the following quote:

Personally being part of the RISE youth clubs has made me realize the importance of making goals. It is from these goals that we make our dream come true. By setting goals the future is bright and I hope to have good job after completing my education...FGD 08

4.3.3 Active participation for learning

Participants mentioned that an environment conducive for learning was created as the participants themselves were involved in the establishment of acceptable norms, which were modelled and enforced. By doing all these, they were encouraged to discuss sensitive topics and avoid being judgemental. This was evidenced from the following quotes:

When the teacher gave us a topic for discussion on the dangers of child pregnancies, everyone was shy to contribute anything. The teacher encouraged us to be open in such discussion because they affect us the learners. From that moment, we discuss topics in our meeting without judging each other's views. FGD 05

We always encourage each other to share our experiences from home as well as in school, this has helped us to be open and sensitive in the way we handle each other. IDI 02

Other participants shared that some boys are too loud and a bit insensitive in the way they respond as discussions are underway. I have observed two boys who are quiet noisy and in most cases like giving bad comments. FGD 02

Most participants stated that at first when they started attending the youth club, they were not very free to discuss issues concerning SRH but after two to three meetings they were free to express themselves. One participant had this to say:

We [boys and girls] are free to discuss any issue that might arise in our meetings. At first we were a bit shy when it came to discussing sexual and reproductive health matters. FGD 05

However, the interviewed girls perceived that some boys thought discussing issues with girls would show that they were weak. Apparently they would rather sit and listen to the discussion.

Personally I have seen and heard some boys say that they were only present in the meeting to get snacks and not to be involved. IDI 02

4.4 Behaviour regulation and monitoring

Participants stated that some parents and members of the extended family have always been important in the sexual and reproductive knowledge and development of young people. They stated that they saw parents as a primary source of information and support, but most parents were ill-equipped to address issues related to puberty, SRH and gender roles and lacked communication skills needed by adolescent girls in their lives. In order to cover up for their inabilities, parents tended to regulate and monitor their behaviour rather than supporting them through positive support for example, to discussing SRH issues.

Some participants illustrated that communication between adolescents and parents on issues such as sexual relationships, early pregnancy, HIV, and contraception was often very limited. The idea behind the RISE community meetings with parents was to promote parenting skills for healthy parent–adolescent girl relationship. They concluded that in doing this, parents maybe imparted with knowledge and skills to protect their children.

4.4.1 Expectation and support

The participants acknowledged that their parents had continued to give them support and encouragement to continue attending the RISE youth club meetings because of the remarkable results they were seeing. One participant had this to say:

My mother encourages me to work hard, she says that the people sponsoring should not regret having committed themselves to helping me. She emphasizes that I should not go out there and get pregnant because there are a number of people who would want to benefit from the support that they are giving you. IDI 2

Some participants stated that in the communities, there were parents that did not support the RISE initiative. Some parents were preparing their daughters for roles as future wives and mothers; hence they regarded early marriage as being protective for their girls as well as an incentive for dowry money. The participants shared their experiences of such encounters as evidenced in the quote:

My parents are very supportive but the community discourages me a lot. They would say that going to school will not bring about anything, because lots of girls in community have completed school but they are still in community doing nothing productive. I know that at school we come to get ideas, so as they say all these things I just watch them and I am not moved at all. FGD 5

4.5 National policies

Some participants were aware of policies which the government had implemented to help in scaling up early marriage and child pregnancy. They mentioned the policies which included the girl child re-entry policy and the School Health and Nutrition programme. They stated that the girl child re-entry policy has a number loopholes or escape routes. The policy states that the school-boy responsible for the pregnancy should also go for mandatory leave as a deterrent and lesson to other boys. They stated that due to lack of follow ups, the offending male child would get transferred to another school and continue learning. Furthermore, they stated that the School Health and Nutrition programme, supported by policy and strategies implemented to improve the health and nutrition status of the learners; therefore improving on enrolment, retention and learning achievements. They stated that for his initiative, it lacked consistency in the way it is

run, it is mainly due to funding problems. They concluded that most learning institutions are not running it because of the mentioned concern. One participant had this to say:

My friend got pregnant and was given leave by the head teacher together with the boy who was responsible for the pregnancy. The boy got transferred to another school and continued learning.....IDI 06

CHAPTER 5: DISCUSSION OF FINDINGS AND CONCLUSION

5.1 DISCUSSION OF FINDINGS

Most participants acknowledged to have acquired numerous skills in relation to SRH. Through interaction on matters to do with SRH, the boys and girls in the youth clubs have acquired knowledge which include; how one gets pregnant, the dangers of pregnancy at early stage and or getting married early with no possibilities of a brighter future.

Participants indicated that the community had a vital role to play in shaping adolescent boys and girls behaviour though they might also play a big role in disadvantaging the same individuals. Some parents in the community were very supportive of the girls and boys participating in the RISE youth club which they attributed to changes they had perceived in their children. Other parents within the communities perceived the RISE programme to be demonic and that it encouraged promiscuity. This is line with a study by Wilhead (2000) which found that many communities perceive adolescents as too young to be allowed to discuss openly about sexual and reproductive health. In the study by Taffa et al. (2002) parent-youth communication on sex issues in the global south, is believed to be socially and culturally unacceptable. Parents' lack of SRH knowledge, socio-cultural beliefs, religious faith and gender discrimination make open discussion on sexual and reproductive health even more difficult. For instance, only 20% of parents stated that they have discussed about SRH problems with their in the study done in Ethiopia in 2002 (Taffa et al. 2002). A study conducted in Nepal indicated that talking about sexual and reproductive health is considered unethical and shameful act in the communities in Nepal (Smith –Estelle and Gruskin 2003, Regmi et al. 2010, Tamang 2015)

Lack of SRH services and knowledge is highly linked to poor SRH outcomes of adolescents, especially girls. The participants reported some challenges, including asking, obtaining information, discussing and expressing their concerns about SRH issues with adults in the family or community.

In an environment where social norms and other issues related to sexuality, gender, and SRH matters normally creates a society where adolescent girls do not freely ask, get information or have discussions and opportunities to air their concerns on SRH issues. For examples, some boys are very loud and tend to give bad comments during discussions or meetings. Several

programmes have tried to develop girls' ability to take care of themselves through a safe spaces model. This model includes providing a physical space where girls can meet regularly; supporting adolescents through an older or peer mentor; and providing life skills for example, SRH information, negotiation skills, literacy training and/or vocational skills training along with socialization and recreation (Population Council, 2011). In a study by Browne et al 2013, showed that there is an improvement in knowledge of health issues and expanded life goals among girls.

Some participants indicated that there is a relationship between norms and attitudes toward gender and sexuality, which they thought is the basis for sexual behaviour which is formed earlier during childhood and adolescence. Adolescence is a period when both girls and boys are more intensely socialized into their gender roles and also when gender norms become more established. The norms related to masculinity influence boys and young men to take sexual and health risks, perpetrate violence, and perpetuate unequal decision making in relation to girls and women (Greene & Gary, 2011). Likewise, norms related to femininity influence girls and young women into submissive roles and prevent them from asserting themselves in their sexual relationships (Greene & Gary, 2011). Participants indicated that if boys and girls work together and give each other mutual respect, it will bring about equitable decision making, sharing of responsibilities for effective reproductive health; for example the use of condoms.

Some participants in the study acknowledged that government's involvement in providing friendly SRH services would raise awareness on a number of SRH issues. Community institutions such as schools, which should play a protective role, often have structural issues influenced by gender and cultural norms that diminish protection, particularly for girls in puberty (Murphy, 2003). It is also noted from this study that child friendly SRH programmes and services are essentially non-existent. In some cases where they exist, they are either inconsistent or have a number of loopholes. It is important to strive to put this critical group on the global health and development map, moving them from a position of vulnerability to one of empowerment.

5.2 Conclusion

The study has brought out important points concerning CSRHE and the operations of the RISE youth clubs. It has been established from the responses of many participants that adolescent girls can learn a lot of skills and knowledge related to SRH. It indicated that the content [CSRHE] and the process facilitation in the youth clubs were conducted adequately. Though some parents are skeptical of the initiative as they perceived it demonic and a waste of time for their children

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APPENDICES

Appendix 1

INFORMATION SHEET

This information sheet is for girls in RISE youth clubs who we are inviting to participate in a study on “Experiences of adolescent girls in the RISE youth clubs in preventing unplanned pregnancies and early marriages in Chibombo District Central Province”

Instructions

This form has two parts:

- (i) Information Sheet (To share information concerning the study)
- (ii) Informed Consent (For signatures if you choose to participate).

Part I: Information sheet

Introduction

Dear participant,

My names are Tobby Chibwe Kumbwa a student at the University of Zambia undertaking a master’s degree in Public Health. We are conducting a study in your area and apparently your school is amongst those to participate. The study is focusing on the views and experiences of adolescent girls participating in the RISE youth clubs in preventing unplanned pregnancies and early marriages in Chibombo district. We invite you to take part in this study. This consent form may contain words that you would not understand. Please feel free to ask any questions as we go through the information as ample time will be taken to explain.

Purpose of the study

In 2016, The University of Zambia implemented the Research Initiative to Support the Empowerment for Girls (RISE) study in 157 schools and their surrounding communities in Central and Southern provinces. They developed an intervention package that targets what they identified as the main causes of early pregnancy: (1) an economic component targeting poverty and school dropout, with the aim to increase school attendance and secondary school enrolment, and to reduce parental pressure for early marriage and girls’ dependence on having a boyfriend to receive basic goods; and (2) a community component, including a youth club, that aims to enhance SRH knowledge and skills, and perceived supportive

community norms regarding pursuit of education and postponement of pregnancy and marriage. The purpose of this study is to explore the experiences adolescent girls have in the RISE youth clubs in preventing unplanned pregnancies and early marriages. We believe that you can help us get this information by sharing with us your experiences in the youth club.

Type of Research Intervention

The study will require your participation in a group discussion that will take 45 minutes to about an hour.

Participant selection

You are being invited to take part in the study because we feel that your experiences in the RISE youth club will be great benefit to us.

Voluntary participation

Your participation in this study is entirely voluntary. Therefore, it is your free choice whether to take part or not.

Duration

The discussion will be held once and will take about one hour.

Risks

There is a risk that you may share some personal or confidential information or that you may feel uncomfortable talking about some topics. You do not have to answer any question or take part in any discussion if you feel the question(s) are too personal or if talking about them makes you feel uncomfortable. However, your participation in this study will not affect access to education provision in any way. The discussion shall be recorded but if you are not comfortable I shall only take notes of what you say. After writing the report all recordings will be destroyed.

Benefits

The information given in this study though may not immediately benefit you, will help if at all there is need to improve the way instructions or services are given.

Confidentiality

We assure you that we will not share any information about you to anyone outside the research team. All the information that we shall collect from you will be kept private. Instead of using your name, you will be assigned a number and any information about you will be recorded in that manner. Only the

researchers will know your number and all information will be locked up. We shall also request you and others in the group not to share anything discussed to anyone outside this group.

Sharing of Results

The information collected will not be shared with or given to anyone except among the research team and university of Zambia. The information will also be shared with you, will also be published in medical journals and presented at meetings.

Right to Refuse or Withdraw

You have the right to refuse to participate or to withdraw from the study at any time.

Who to Contact

If you have any questions, you may ask me now or later. If you wish to ask questions later, you may contact the principal investigator on the following address:

Tobby C Kumbwa.

Naboye Secondary School

P.O Box 370001

Kafue, Zambia.

Email: tobbykumbwa@gmail.com

Cell: 0977 590230

The Chairperson

Biomedical Research Ethics Committee

Ridgeway Campus

P.O Box 50110

Lusaka, Zambia.

E-mail: unzarec@unza.zm

Appendix 2

INFORMED CONSENT

By signing this form, it implies that the information sheet has been read and explained to you verbally or you have read the aim of the study and chance has been given to you to ask questions. If you voluntarily agree to participate, please confirm below by signing or put your thumb print on this consent form.

Signature/thumb print of participant	Date
.....
Signature of person obtaining consent	Date
.....
Signature of Witness consent process	Date
.....

Appendix 3

ASSENT FORM

My name is Tobby Kumbwa. I am a student currently at the University of Zambia pursuing a Masters of Public Health, specializing in Health Promotion and Education. I am conducting a research on the experiences of adolescent girls in RISE youth clubs in preventing unplanned pregnancies and early marriages in Chibombo and Mkushi districts of Zambia.

For this research, I will be asking questions about your views and experiences about RISE project. I personally assure you that your participation in this study will not disadvantage you in taking part in the RISE youth club, but you might feel uncomfortable when we talk about some issues relating to your perception of RISE.

There are no physical risks involved in this study. However, you may feel uncomfortable answering some questions. In that case, you are free not to answer any such questions. You may stop the interview or Focus Group session at any time. Your response or participation in this study will not affect you in any way or your studies at your school.

You will not personally benefit directly for participating in this study, however, your response will help to generate relevant information that will not only be used academically but will also contribute to the future of RISE and other similar programs. You are neither obliged to be in this study if you wish not to nor will you get into any trouble with RISE or your school if you decide not to participate. We have already gotten consent for your participation from your parents/guardians in this study. It is of little significance the acknowledgement of your parents/guardians for your participation but your choice whether or not to take part.

If you have any questions, you may ask me now or later. If you wish to ask questions later, you may contact the principal investigator on 0977-590230 or tobbykumbwa@gmail.com or the chairperson Biomedical Research Ethics Committee on e- mail unzarec@unza.zm

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

Your Name: Signature:Date:

Researcher: Signature:Date:

Witness:.....Signature:.....Date.....

Appendix 4

PARENTAL CONSENT FORM

My name is Toby Kumbwa. I am a student currently at the University of Zambia pursuing a Masters of Public Health, specializing in Health Promotion and Education. I am conducting a research on the experiences of adolescent girls in RISE youth clubs in preventing child pregnancies and early marriages in Chibombo and Mkushi districts of Zambia.

For this research, I will be asking your child questions about their views and experiences about RISE project. I personally assure you that your child's participation in this study will not disadvantage her in taking part in the RISE youth club, but she might feel uncomfortable when we talk about some issues relating to your perception of RISE.

There are no physical risks involved in this study. However, she may feel uncomfortable answering some questions. In that case, she is free not to answer any such questions. Your child may stop the interview or Focus Group session at any time. Her response or participation in this study will not affect her in any way or her studies at the school.

She will not personally benefit directly for participating in this study, however, her responses will help to generate relevant information that will not only be used academically but will also contribute to the future of RISE and other similar programs. She is neither obliged to be in this study if she wishes not to nor will you get into any trouble with RISE or your school if you decide not to participate. We are therefore asking for your consent for your daughter to participate in this study

If you have any questions, you may ask me now or later. If you wish to ask questions later, you may contact the principal investigator on 0977 590230 or tobykumbwa@gmail.com or the chairperson Biomedical Research Ethics Committee on e- mail unzarec@unza.zm

Sign this form only if you had all your questions answered about this research, and agrees that your child take part in this study.

Your Name: Signature:Date:

Researcher: Signature:Date:

Witness:.....Signature:.....Date.....

This interview is part of the partial fulfillment of the researcher's study in Masters of Public Health at the University of Zambia. The questions cover various aspects of your personal information regarding your perception and views of RISE project. The interview/discussion is confidential and whatever that you will tell me here will not be disclosed to anyone or used for any other purposes other than that of academic and it will not 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 terminate the interview at any point. Before we start the interviews do you have any questions that you would like to ask?

Appendix 5

FGD Guide for adolescent girls in RISE youth clubs

Date of Interview: _____

Time taken: _____

Town: _____

Place/community name: _____

INTERVIEW DETAILS

Interview id: _____

Interviewer Name: _____

Researcher name: _____

DATA ENTRY INFORMATION

Date of entry: _____

Data entered by (name) _____ Signature _____

INSTRUCTIONS FOR THE INTERVIEWER

Engage everyone

Be respectful and gentle

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

As for permission and let them sign the consent form before interview

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

Guiding questions for FGDs for adolescent girls

- Briefly tell us what happens in the RISE youth club?
- Is there any relevance that you have seen in RISE youth club in preventing adolescent childbearing in the community? Explain
- Share with us any cultural/social/tradition that the RISE youth club has affected. Explain
- Do you think your community is more supportive of RISE youth club meetings? Give reasons
- Share with us any process of conducting the RISE youth club that could have been done differently? This includes the way meetings are conducted by the facilitators.
- What are your experiences learning together with boys in the RISE youth club?
- Let's now talk about the place where the SRH services are being offered, how appropriate do you find it to be?

Appendix 6

In-Depth Interview guide for key informants

Date of Interview: _____

Time taken: _____

Town: _____

Place/community name: _____

INTERVIEW DETAILS

Interview id:

Interviewer Name: _____

Researcher name: _____

DATA ENTRY INFORMATION

Date of entry: _____

Data entered by (name) _____ Signature _____

INSTRUCTIONS FOR THE INTERVIEWER

Ask open ended-ended questions

Be respectful and gentle

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

As for permission and let them sign the consent form before interview

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

This interview is part of the partial fulfilment of the researcher's study in Masters of Public Health at the University of Zambia. The questions cover various aspects of your personal information regarding your perception and views of RISE project. The interview is confidential and whatever that you will tell me here will not be disclosed to anyone or used for any other purposes other than that of academic and it will not affect your personal life in any way. Your participation in this study is voluntary, you do not need to answer any question if you do not wish to and you may terminate the interview at any point.

Draft IDI guide for Informants

- How effective do you think leading yourselves in the discussions in the youth club help in achieving your goals?
- In your view, how effective have girls' clubs been in preventing early pregnancies and early marriages among girls in your community?
- Could you tell me some specific areas of the curriculum that you have found most useful in preventing early pregnancies and early marriages?
- Let us now talk about the learning environment which involves you girls being combined with the boys, how effective is it? Any comments on how you feel it can be done better.