EFFECTIVENESS OF SEXUALITY EDUCATION ON TEEN PREGNANCIES IN TWO SELECTED PUBLIC SECONDARY SCHOOLS OF SHIBUYUNJI DISTRICT

BY

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A dissertation submitted to the University of Zambia in collaboration with Zimbabwe Open University in partial fulfillment of the requirements for the award of the degree of Master of Education in Educational Management.

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I, Chileshe Chomba, declare that this dissertation is my own work and it has not been submitted for any degree award at the University of Zambia or any other University.

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Date

APPROVAL

This dissertation by **Chileshe Chomba** is approved as fulfilling the partial requirements for the award of the degree of Master of Education in Educational Management of the University of Zambia.

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ABSTRACT

The purpose of this study is to examine the effectiveness of sexuality education on teen pregnancies on selected public secondary schools of Shibuyunji District. The objectives of this study were**:** to investigate ways in which sexuality education was implemented in secondary schools in Shibuyunji District; to assess the adolescent boys' and girls' knowledge of sexuality education; to examine the effectiveness of sexuality education on teen pregnancies. A descriptive design utilizing the qualitative approach was used to conduct the study. Data was collected through structured one-on-one interviews with secondary school Head teachers, secondary school teachers, secondary school guidance teachers and Focus Group discussions with secondary school learners. The sample size was thirty (30). This was made up of fourteen (14) teachers including two (2) school guidance teachers and sixteen (16) learners who were purposively sampled. The data collected was analyzed using the descriptive approach or interpretative approach. The researcher identified themes, assigned codes, classified responses and then integrated responses into the text. The study revealed that learners' knowledge on sexuality education was limited. The study attributed the limited knowledge of learners on sexuality education to; sexuality education not being taught as a stand-alone subject which limited time teachers spent teaching sexuality education and lack of sexuality education teaching materials in schools. Despite learners having limited knowledge about sexuality education, the study revealed that sexuality education does improve learner's abilities to make safe and informed choices about their sexual and reproductive health. The study also revealed that sexuality education has great potential to provide young people with necessary information about their bodies and sexuality, reduce misinformation, shame and anxiety thereby promote sexual reproductive health among adolescents. In line of the above findings; the following recommendations were made: Ministry of General Education to ensure that Sexuality Education is not just a concept but should be developed further as a complete discipline for secondary schools. It should not be treated as part of other learning areas but should rather enjoy autonomy with its own learning curriculum that will expose learners to more detailed firsthand information on sexuality issues. It will enable learners to receive information in full and not in pieces in order to dissipate ill-informed advice through the media and fellow peers. The Parent-Teacher-Associations in the District should be encouraged to ensure a constant interaction between parents and teachers in various schools and communities. This will enable teachers to discuss issues affecting children with their parents. It is expected that if the above recommendations meet the necessary support, it will go a long way to reduce teenage pregnancy and its consequences such as girl dropout of school, abortions leading to mortalities and also prevent infections that comes with young people's involvement in sexual activities such HIV/AIDS and STIs.

Key Words: *Sexuality education; Teen Pregnancy; Sexual behavior; Sexual activities.*

DEDICATION

This work is dedicated to my beloved family; my mother Mrs. Scholastica Chilangwa, my my beloved son Oscar C. K Chileshe, Mulile Moono (my sons mother), my beloved sisters Christabel Chileshe, Carol Chileshe, Yvone Chileshe and my brothers Roders Chileshe, Nicholus Chileshe, Emmanuel Chileshe and my friends, Mwansa Frank, Kennedy Banda, Florence Siambai, Nelly Ndlobvu and Faith Mishili for their moral and material support during all the period of studies.

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ACRONYMS AND ABBREVIATIONS

AIDS   Acquired Immune Deficiency Syndrome

CSO   Central Statistical Office

CSE   Comprehensive Sexuality Education

FAWE   Forum for African Women Empowerment

GDP   Gross Domestic Product

GRZ   Government of the Republic of Zambia

HIV   Human Immune Deficiency Virus

STI   Sexually Transmitted Infections

WHO   World Health Organization

CHAPTER ONE: INTRODUCTION

1.0 Overview

This chapter contains the background to the study, the statement of the problem, the purpose of the study, the research objectives, research questions, significance of the study, the theoretical and conceptual frameworks and definitions of key terms.

1.1 Background

Teen pregnancy refers to pregnancy of a woman aged between 10 and 19 years (WHO, 2004). Such pregnancies have been a matter of concern at the global level, largely because of the risks to the health and well-being of the underage mothers. Chemuru and Srinivas (2015) stated that teenage pregnancy could pose a problem to the health, social and economic status of a nation.

Teenage pregnancies have adverse consequences for the girls, the parents and the communities. Adolescent pregnancy is dangerous. As it is demonstrated in the document "A glimpse into the World of Teenage pregnancy" (UNICEF, 2011), pregnancy is the leading cause of death for adolescent girls and the youngest girls are particularly at risk (WHO, 2002). It is estimated that one-third of teen pregnancies in the world end in abortion (WHO, 2002). A report by the World Bank highlighted the lifetime opportunity costs of teen pregnancy on national economies. They ranged from 1% of gross domestic product (GDP) in China to 12% in India and 30% in Uganda. In India, teen pregnancy was estimated to cost "over $100 billion in lost income, an account equivalent to twenty years of total humanitarian assistance world-wide" (World Bank, 2010).

In Zambia, for instance, teenage pregnancy is a major social and health issue (CSO, 2014). According to the 2013-14 Zambia Demographic Health Survey, 28.5% of girls aged 15-19 had been pregnant or had a live birth. According to the Ministry of Education, Science, Vocational Training and Early Education (2013), in 2002 there were 3,663 teenage pregnancies among school going teenagers; in 2004, the number rose to 6,528; in 2007 the figure had risen further to 11,391 and to 13,634 in 2009. By 2010, the Ministry of Education reported that there were over 15,000 teenage pregnancies among school going teenagers in Zambia (CSE, 2014).

According to Forum for African Women Empowerment (FAWE) (2014), teen pregnancies in Zambia start as early as the third grade in primary school. After fifth grade in primary school,

this phenomenon becomes an epidemic, and it turns out to be the main reason of school dropout among girls (FAWE, 2014). Between the period 2009 and 2013, the schooling system recorded a total of 76, 567 school girls' pregnancies among children in primary and secondary school levels in Zambia. About 86% occurred in rural areas among 9 girls (FAWE, 2014).

Teenage mothers and their children are at risk of both short and long term disadvantages due to lack of physical maturity and preparation needed to be a parent and the disruption that occurs with regard to the teenager's education due to pregnancy (Gyesaw and Ankomah, 2013). It is universally known that neonatal mortality increases as the mother's age degreases; teenagers who give birth before the age of 15 are five times more likely to die during pregnancy or delivery compared to women in their 20s, partly as a result of physical immaturity (WHO, 2014).

In addition to the challenges which are due to physical immaturity, pregnant teenagers experience stress from society as in most societies, teenage pregnancy is regarded as a source of embarrassment because of its association with sexuality (Niven and Walker, 1996). In a study conducted by Saim, et al. (2014) on Teenagers' Experiences of Pregnancy and the Parents' and Partners' Reactions: A Malaysian Perspective, it was revealed that teenage pregnancy was associated with secrecy (hiding or keeping the news about the pregnancy from siblings, relatives, school personnel, and neighbours), repression (being pressured by parents of the baby's father to induce abortion or being beaten in order to abort the baby), rejection (not respected).

In realizing the impact of adolescent pregnancies in Africa, the United Nations AIDS (UNAIDS) directed African countries to provide comprehensive sexuality education in schools. Sexuality education is an instruction in the various physiological, psychological and sociological aspects of sexual responses and reproduction. According to Lerner and Spanier (1980), sexuality education is the process of teaching an individual to understand and accept himself or herself as a person with sexual feelings and reproductive capacities. Sexuality education includes learning to interact with individuals in a healthy constructive and meaningful manner. It also involves learning to fit sexually into a pattern of behavior which allows the person to function as responsible member of the society (Husen and Neville, 1985).

Unlike most subjects, sexuality education is concerned with especially sensitive and highly personal part of human life. Sexuality education courses vary widely but most of them involve two basic types of instructions; the teaching of human biology (the "facts of life") and

discussions of such controversial sexual topics as contraception, promiscuity, masturbation, abortion, homosexuality, rape and responsible decision making about sex. Previous research studies suggest that most adolescents obtain sexual information from home (Fox and Inazu, 1980) and peers (Garbarino, 1985). But since many children are not given thorough and reliable information in the home (Simanski, 1998), and peers are shown to be unreliable sources (Garbarino, 1985), strides have been taken to provide quality sexuality education through schools. Some experts argue that abstinence education is the only way to prevent teenagers from having sex, while others insist that teenagers will have sex no matter what and it is better for them to be equipped with solid educational information about sex. Such will enable them to limit HIV infections and prevent many unplanned teen pregnancies (Guttmacher Institute, 2008).

Effective sexuality education programmes can decrease sexual activity and increase contraceptive use among those already sexually active. They maintain a narrow focus on reducing specific sexual risk-taking behaviors; provide accurate information about sexuality; build interpersonal and communication skills to resist sexual pressures; address both social and media influences on sexual behaviors (Amazigo et. al., 2003). Cornerstone stated that "the final piece of the pregnancy puzzle is comprehensive sexuality education". The author believes that students should receive information about both abstinence and contraceptives in their sexuality education classes (Cornerstone, 2004).

1.2 Statement of the problem

In 2011, Government of the Republic of Zambia (GRZ) enacted Education Act No. 23. In Section 108 (1) (i) the Act empowers the Minister of Education to amend the curriculum to introduce Comprehensive Sexuality Education (CSE). In 2014, GRZ completed the development of the CSE curriculum and it has been rolled put to all schools, targeting those aged 10-24 in grades 5-12. To make it accessible to adolescents, CSE has been integrated into various subjects such as Home Economics, Science, Social Studies and Language (UNFPA, 2017). Research shows that teen years are the most stressful and confusing times of life (Deegan, 1988). During this period, teenagers are expected to acquire education and skills for the future. On the contrary, many teenage girls engage in premarital sex, which exposes them to risks of sexually transmitted infected (STIs) and teenage pregnancies (Umeano, 2003). However, despite the provision of sexuality education in schools, Zambia is still among countries with highest rates of adolescent

pregnancies (UNFPA, 2017). This problem of teen pregnancy persists even in Shibuyunji District and contributes to high rate of school dropout for young girls. For this reason, this study sought to examine the effectiveness of sexuality education on teen pregnancies in the district.

1.3 Purpose

The purpose of this study is to examine the effectiveness of sexuality education on teen pregnancies.

1.4 Research objectives

The objectives of this study were**:**

1. To investigate ways in which sexuality education was implemented in secondary schools in Shibuyunji District.
2. To assess the adolescent boys' and girls' knowledge of sexuality education in secondary schools in Shibuyunji District.
3. To examine the effectiveness of sexuality education on teen pregnancies in secondary schools in Shibuyunji District.

1.5 Research questions

1. How is sexuality education implemented in Public Secondary schools in Shibuyunji District?
2. How much knowledge of sexuality education do adolescent boys and girls have in Shibuyunji District?
3. How effective is sexuality education in reducing teen pregnancies in Shibuyunji District?

1.6. Theoretical Framework

The study was guided by the Constructivism Theory**.** Constructivism is the label given to a set of theories about learning which fall somewhere between cognitive and humanistic views. Constructivism may be considered as an epistemology (a philosophical framework or theory of learning), which argues that humans construct meaning from current knowledge structures (Creswell, 2009). These arguments about the nature of human learning guide constructivist learning theories and teaching methods in education. Constructivism values developmentally-

appropriate facilitator-supported learning that is initiated and directed by the learner (Creswell, 2009). We can distinguish between cognitive constructivism which is about how the individual learner understands things, in terms of developmental stages and learning styles, and social constructivism, which emphasizes how meanings and understandings grow out of social encounters.

It is important to note that constructivism itself does not suggest one particular pedagogy. In fact, constructivism describes *how learning should happen*, regardless of whether learners are using their experiences to understand a lesson or not. The theory of constructivism suggests that learners construct their knowledge. Constructivism as a description of human cognition is often associated with pedagogic approaches that promote active learning. Social constructivism views each learner as a unique individual with unique needs and background. The learner is also seen as a complex and multidimensional individual (Creswell, 2009). Social constructivism not only acknowledges the uniqueness and complexity of the learner, but actually encourages, utilizes and rewards it as an integral part of the learning process (Creswell, 2009). Constructivists believe that "knowledge is not imposed from outside people but rather formed inside them and that a person's constructions are true to that person but not necessarily to anyone else" (Schunk, 2009: 235). It therefore follows that educators need to take into consideration the back ground and the culture of each individual learner.

Social constructivism encourages the learner to arrive at his or her own version of the truth, influenced by his or her background, culture or embedded worldview. Historical developments and symbol systems, such as language, and logic, behavior and actions are inherited by the learner as a member of a particular culture and these are learned throughout the learner's life. This idea stresses the importance of the nature of the learner's social interaction with knowledgeable members of the society (Berger, and Luckmann, 1966). Without the social interaction with other more knowledgeable people, it is impossible to acquire social meaning of important symbol systems and learn how to utilize them. Young children develop their thinking abilities by interacting with other children, adults and the physical world. It is through the interaction that the culture is transmitted from one generation to the next generation. From the social constructivist viewpoint, it is thus important to take into account the background and culture of the learner throughout the learning process, as this background also helps to shape the

knowledge and truth that the learner creates, discovers and attains in the learning process (Creswell, 2009). The learner has a responsibility in his /her learning.

Furthermore, it is argued that the responsibility of learning should reside increasingly with the learner (Berger and Luckmann, 1966). Social constructivism thus emphasizes the importance of the learner being actively involved in the learning process, unlike other educational viewpoints where the responsibility of teaching rests with the instructor, and where the learner plays a passive, receptive role (Freire, 1970). Berger and Luckmann, (1966), emphasize that learners construct their own understanding and that they do not simply mirror and reflect what they read. As a result, social constructivist scholars view learning as an active process where learners should learn to discover principles, concepts and facts for themselves, hence the importance of encouraging guesswork and intuitive thinking in learners (Creswell 2009). In fact, for the social constructivists, reality is not something that we can discover because it does not pre-exist prior to our social invention of it. Berger and Luckmann (1966), argue that reality is constructed by our own activities and that people, together as members of a society, invent the properties of the world.

Other constructivist scholars agree with this view and emphasize that individuals make meanings through the interactions with each other and with the environment they live in. Knowledge is thus a product of humans and is socially and culturally constructed (Creswell, 2009 and Shunks, 2009). Berger and Luckmann (1966), argue that learning is a social process. They further state that learning is not a process that only takes place inside our minds, nor is it a passive development of our behaviors, but that it is shaped by external forces and that meaningful learning occurs when individuals are engaged in social activities.

Many of the interventions on teen pregnancy suggestions are simply based in sound learning theory. Students have to be engaged with information in order to retain it and have it influence their lives. Students learn best when they identify with and connect emotionally to the curriculum. Kirby (2002) maintains that no programme is going to be effective if it does not apply the basics of learning theory (Kirby, 2002).

1.6.1 Learning

Learning has been defined functionally as changes in behavior that result from experience or mechanistically as changes in the organism that result from experience (Hergehahn & Olson, 2005). Behavior changes are learning and no inferences are needed (Moore, 2013). The reality of the learning process is "constructed" on the basis of certain individual preconceptions, and new knowledge is integrated into the existing structures. "These representations stand for the current decoding structures that give meaning to the gathered information as well as for a receiving structure, which may allow incorporation of new facts. Their role is that of a mediator between the knowledge structures and individual thinking – the student develops own knowledge by implementing the interaction between these preconceptions and information that can be obtained from them (Siebert, 1999). In this sense, the main phenomenon is a language as a meaningful and symbolic system, by which an individual creates an own version of the surrounding environment, the world (Lazarova, 2001). The changes that we see are therefore learning but how can you change if you have not learnt anything. The content delivered by sexuality education should show effectiveness through behavior change therefore a decline in teen pregnancy.

1.7. Conceptual Framework

Miles and Huberman (1994: 20) described a conceptual framework as "the researcher's map of the territory being investigated that explains either graphically or in narrative form the main things to be studied and the presumed relationships between them." In the conceptual framework the researcher strived to relate the theory used on sexuality education to content taught, approaches used to deliver the content which result in the knowledge learners acquire resulting in the sexual behavior whether positive or negative and teen pregnancy whether increased or reduced pregnancies. Defining learning as the effect of regularities in the environment on behavior reveals that learning research can address two questions. (1) When do the regularities lead to changes in behavior? (2) How do the regularities lead to changes in behavior? From this perspective, cognitive learning research deals with the how-question. Its aim is to specify a mechanism of mediating mental states and operations by which regularities in the environment produce changes in behavior (Bechtel, 2005). Below is the

conceptual framework for the study.

Figure 1: Conceptual Framework.

Source: Own

In order to examine the effectiveness of sexuality education on teen pregnancies, the type of content, approaches used by teachers to deliver sexuality education content have to be analyzed. The type of content and approaches used may influence the type of behavior in pupils either negatively of positively. As earlier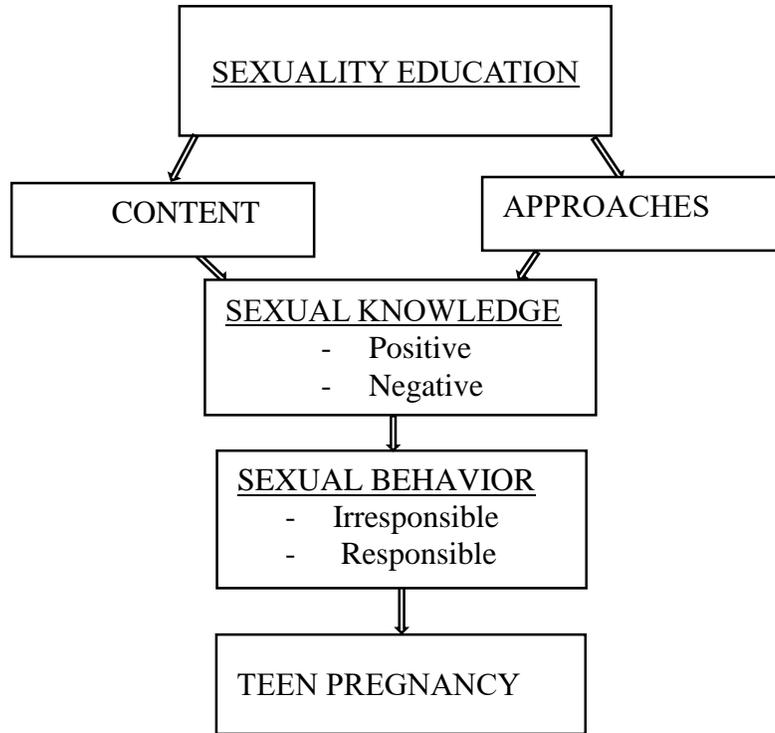 stated in the theoretical framework, learning has been defined functionally as changes in behavior that result from experience or mechanistically as changes in the organism that result from experience (Hergehahn & Olson, 2005). So, the content delivered by sexuality education should show effectiveness through behavior change therefore a decline or increase in teen pregnancy.

1.8 Significance

It is hoped that the findings of this study will have positive implications on how best teen pregnancies can be alleviated in schools, not only in Shibuyunji District, but also other schools in the country. Because of the consequences of teen pregnancy for young women, families and

states, helping young people prevent such pregnancies can improve economic opportunity and lead to significant public savings. The information may also allow for modification of the curriculum so as to achieve the "No Child Left Behind" Slogan. This information might also be useful to future researchers who may intend to work in the area of sexuality education.

1.9 Limitations

The study's findings were not generalized to other districts as the study limited itself to Shibuyunji District only. The decision not to generalize the findings was that the study was qualitative than quantitative thus the results could not be generalized to other schools and districts but limited only to the selected schools. The other limitations in doing this study included transport costs as a lot of money was needed to get this study done. This limited the researcher to accomplish the study on time.

1.10 Operational Definition of Terms

Abortion: an operation or other intervention to end a pregnancy by removing an embryo from the womb.

Abstinence: voluntarily staying away from sexual practices until when one is ready or willing to do it.

Media: the various ways of mass communication considered as a whole, such as television, radio, newspapers used to disseminate information.

Sexuality education: education that is given to learners about sexual matters.

Sex: state of being male or female

Sexuality knowledge: information related to human reproduction, contraception, sexual relationships, sexually transmitted diseases, AIDS, abortion, among others.

Adolescence: defined by Hoffman (1997) as the time when young people develop the knowledge, attitudes and skills that becomes the foundation for psychologically healthy adulthood. It is a period characterized by

rapid changes and the need to achieve many significant developmental tasks.

Education: is a process through which knowledge is acquired

Teenager: any person between 13 and 19 years**.**

Teenage pregnancy: refers to pregnancy that occurs in young girls, mostly in the age range from 13 to 17 years old.

School: an educational institution designed to provide learning spaces and learning environment for the teaching of students.

1.11 Summary

This Chapter has given an overview of the study, starting from background of the study, introduction, and statement of the problem, theory used in the study, conceptual framework and definition of key terms. . The next chapter will however give a detailed literature review which informs the current study.

CHAPTER TWO: LITERATURE REVIEW

2.0 Overview

This chapter reviews relevant literature on sexuality education. It deals with an overview of sexuality education, sexuality education programmes, content and approaches, sexual behavior and effects of sexuality education. Lastly, the chapter gives a summary of the literatures reviewed for this study.

2.1 Sexuality education

Sexuality education which is sometimes called sex education or sex and relationship education is a process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy (Forrest, 2002). It is also about developing young people's skills so that they make informed choices about their behavior and feel confident and competent about acting on these choices.

Garbarino (1985), points out that sexuality education involves much more than reproductive instruction, rather, sexuality education should seek to teach adolescents to understand and accept themselves as people with sexual feelings and reproductive capacities. It should include learning how to interact with others in a competent, responsible, healthy and meaningful way. Its goal should be to achieve a balance between social responsibility on the one hand and personal freedom and growth on the other.

Sexuality education or sex education seeks both to reduce the risks of potentially negative outcomes from sexual behavior, like unwanted or unplanned pregnancies and infection with sexually transmitted diseases and to enhance the quality of relationships. It is also about developing people's ability to make decisions over their entire lifetime. Sexuality education that works and that is effective is sexuality education that contributes to this overall aim (Forrest, 2002).

Effective sexuality education develops young people's skills in negotiation, decision-making, assertion and listening. Other important skills include being able to recognize pressure from other people and to resist them, deal with and challenge prejudice, seek help from adults, community and health and welfare services. Sexuality education that works also helps equip

young people with skills to be able to differentiate between accurate and inaccurate information, discuss a range of moral and social issues and perspective on sex and sexuality (Forrest, 2002).

The World Health Organization (2002) explains that sexual health is fostered from the positive, respectful approach to sexuality and relationships, where individuals are allowed the possibility of having pleasurable and safe experiences that are free of coercion, discrimination and violence. For these to be achieved, the sexual rights of all people must be respected, protected and fulfilled. Research has found that sexuality education can empower young adults to build stronger and more meaningful relationships by increasing their confidence and strengthening their self-efficacy skills. This approach encompasses the idea that positive sexual health requires many levels of support and knowledge, which is why this education should be started in early childhood (WHO, 2002).

2.2 Sexuality education programmes, content and approaches

Sexuality education programmes tend to fall into two broad categories; abstinence-only-until-marriage education and comprehensive sexuality education (Kohler, 2008). Comprehensive sexuality education programmes, are programmes that include discussion of safer sex practices, HIV and STDs and options other than sex abstinence. Conversely, abstinence-only programmes, identify abstinence as the only viable option for adolescents. Whereas both types of programmes may mention contraception, the abstinence programmes that discuss it are likely to stress only its lack of effectiveness. Furthermore, both comprehensive sexuality education programme and abstinence programme tend to discuss biology, HIV and STIs, but they tend to discuss them very differently. Although these are two broad categories of sexuality education programming, curricula-based sexuality education programmes tend to fall along a continuum (Kirby, 2002). For example, on one end of the continuum are programmes that are abstinence-only (AOE) and do not mention condoms or other forms of contraception. Then, there are programmes that mention condoms only in terms of failure rates and then programmes that mention them as an option. These are also more comprehensive sexuality education programmes that prevent sexual abstinence as one of the viable and safe options and comprehensive sex education programmes that do not discuss abstinence in any detail.

Comprehensive sexuality education programming is based on scientific knowledge about human development, practices which promote sexual health and the means to control one's fertility. As

evidenced in its four primary goals, comprehensive sexuality education, also called Abstinence-Plus education, views sexuality as a health and human development issue. It supports education that will advance individual well-being and prevent physical and emotional problems. This type of sexual education is age-appropriate, medically accurate and it encourages youths to be abstinent until they are physically, mentally and emotionally ready for mature sexual relationships. It also teaches how to set limits and how to deal with social, media and partner pressure. It teaches participants how to avoid STIs and how to avoid pregnancy by providing information about contraception-how to obtain it, how to use it and how to negotiate with a sexual partner for its use (Guttmacher Institute, 2008).

However, schools that utilize a comprehensive approach, topics cover the reliability of contraceptives, healthy behaviors and lifestyles (Fields, 2008). Alford (2001), states that CSE provides medically accurate and scientifically backed information about sexuality, including orientation and identity, preventive behaviors for STIs, HIV and unplanned pregnancy. This curriculum is praised for its approach to offer students the opportunity to learn about a myriad of topics about gender and sexuality, while granting them the ability to explore and define their individual values (Alford, 2001). The Sexuality Information and Education Council of the United States (2009) identifies CSE as including a broad set of sexuality topics, such as human development, relationships, decision making, abstinence, contraception and disease prevention; students are given the skills to make responsible decisions about their sexuality (SIECUS, 2009).

Comprehensive sexuality education teaches that abstinence is the best method for avoiding sexually transmitted infections (STIs) and unwanted pregnancy. However, it also teaches the use of condoms and contraception to reduce the risk of unwanted pregnancy and of infection with STIs, including HIV/AIDS. In addition, comprehensive sexuality education programmes (CSEPs) provide education on interpersonal and communication skills and help young people explore their own values, goals and options (Sex Education Programs: Definition and Point by point Comparison, Advocates for Youth, 2008).

Additionally, there are a number of different potential foci even within the two broad categories. Comprehensive sexuality education programmes may focus on delay of onset of sexual intercourse, reduction or prevention of risky sexual behaviors more broadly, prevention of STIs, HIV, or teen pregnancy more specifically, or increased use of condoms and other contraceptives.

Abstinence-only programmes may focus on virginity pledges, school and career success, or nonsexual relationships and may or may not discuss contraception. It is also notable that some abstinence programmes take a moral or ethical stance about what young people should do (Bay-Cheng, 2003).

2.3 Sexual Behavior

Sexual behavior is the outward expressions of sexual feelings and attitudes. Sexual behavior is associated with a multitude of worries and anxieties. It is a matter of pre-occupation to most teenagers since it is certainly an extremely emotive topic and most important for many it represents a standard of evaluation against which to judge success or failure (Garbarino, 1985). In adolescents, sexual feelings and behaviors are a product of not only biological factors, but also a result of cultural teaching that specify appropriate sexual behavior, appropriate targets of sexual feelings and appropriate settings for expressing sexual impulses (Newman and Newman, 1986).

2.4 Effectiveness of sexuality education

Whereas sexuality education programmes vary widely, research approaches do not. The majority of existing sexuality education research focuses on assessing behavioual outcomes of those programmes, particularly in terms of onset (or postponement) of sexual intercourse, contraceptives use and incidence of HIV, STDs and pregnancy. A great deal of research has been conducted on sexuality education programmes. For example, many efforts to assess effectiveness of abstinence-only education programmes have been characterized by lack of adherence to scientific principles of evaluation (Kirby, 2002). Since 1990, some researchers in both the United States and Canada have conducted comprehensive reviews of sexuality education programmes that both target students under 18 years old, as well as use of a scientific research design to assess behavior, such as age of first sexual intercourse. Neither Kirby nor other researchers found support for claims that abstinence-only education programmes delay the timing of first intercourse: In fact, only three studies of five programmes even met the minimal criteria for their review (Brewer, 2007).

Numerous studies find that abstinence-only approaches to sexuality are not effective in reducing risky behaviors, teen pregnancy, and STIs. A 2007 meta-study conducted by Mathematica Policy

Research Inc. on behalf of the U.S. Department of Health and Human Services also found abstinence-only-until-marriage/abstinence-only programmes ineffective (Trenholm et al., 2007). Abstinence-only-until-marriage education failed to delay age of sexual debut, number of sexual partners and condom use. Rates of teenage pregnancy and rates of STIs were also unaffected by abstinence-only-education (Trenholm et al., 2007).

Zanis (2005) found that teenagers who complete abstinence-only programmes continue to be at risk of pregnancy and STIs. Jessica Fields' (2008) comparison of the three schools in North Carolina discovered that the education models of abstinence-only were often embedded in sexist, racist, classist and homophobic assumptions. The underlying discourse is that some groups of students are "good" of "pure" while others are "bad" and impure" (Fields, 2008). These according to Fields create normal and deviant categories where the abnormal behaviors are casted into problematic category. The content of abstinence-only education sets up framework that stigmatizes those who do not subscribe to heterosexual identities, traditional gender roles or expressions. These messages create an underlying homophobic discourse, which labels people who are not heterosexual or gender non-binary as deviant (Fields, 2008).

In 2002, Rector published a paper through the Heritage Foundation claiming that studies of 10 abstinence-only education programmes had demonstrated that these programmes reduced early sexual activity. In response, Kirby (2002) reviewed the same studies using evidence standards developed by the National Campaign to Prevent Teen Pregnancy and used in Kirby's 2001 review. Nine of Rector's ten programmes failed to provide credible evidence of delayed data of first sexual intercourse or of reducing the frequency of sex. One programme that used mass communication techniques may have delayed the age of first sexual intercourse among 15-17 years old; however, it was impossible to determine if the decline in country-wide pregnancy rates in this age group occurred because of this programme or because of other influences, including other programmes that the teens were exposed to. Kirby pointed out that, of the many abstinence-only education programmes, these ten were chosen by Rector because they had the most encouraging results (Kirby, 2002).

In the context analysis of the curricula, Willey and Wilson (2009) claimed that abstinence-only curricula withhold vital information that is needed for students to protect themselves and others to stay healthy. They found many programmes with scientifically inaccurate claims, including

exaggerated statistics about failure rates of various contraception and discouraged condom usage, which can create a perception that there are no actual solutions for protection from STIs, HIV/AIDS and other sexually related consequences.

In contrast, Kirby (2011) stated that the effectiveness of sexuality education is universal and the success is largely determined by the context to which they are developed and implemented, as well as by their characteristics and the quality of implementation (Kirby, 2011). Although there are few studies focused on the evaluation of sexuality education policies, the literature contains multiple analyses of specific sexuality education programmes and curricula. In a review of abstinence and comprehensive sexuality education programmes in the United States, Kirby (2008) summarized findings of studies examining the impacts of nine abstinence sexuality education programmes and 48 comprehensive sexuality education programmes. He found that three of the nine abstinence programmes were shown to result in beneficial outcomes, including delayed sexual initiation, reduced sexual frequency and reduced number of partners. The other abstinence programmes reviewed did not have any positive effect on reproductive health behaviors of participants. Of the comprehensive sexuality programs Kirby reviewed, he found that approximately two-thirds of these programmes had positive benefits including sexual initiation and increased condom use. Kirby concluded that this review supports the expansion of comprehensive sexuality education but calls the continuation of abstinence-only programmes into question (Kirby, 2008).

In addition, Douglas Kirby lead a research team commissioned by the U.S. National Campaign to Prevent Teenage and Unwanted Pregnancy and examined 52 comprehensive sexuality education programmes (CSEPs) in the United States and found 38 programmes effective in delaying sexual debut, reducing the frequency of sex, reducing the number of sexual partners and increasing condom or contraceptive use. Though this report examined U.S based programmes, the report noted that CSEPs are typically well-suited for widespread replication and dissemination while maintaining the same positive effects (Review of Key Findings of "Emerging Answers 2008" Report on Sex Education Programmes, Guttmacher, 2008). CSEPs did not encourage teenage sexual activity nor did they lead to early initiation of sexual activity. Instead, participating in a comprehensive sex education programme improved adolescent decision-making skills and boosted self-confidence (Guttmacher, 2008).

Finer & Henshaw (2006) also stated that comprehensive sexuality education programming should be provided for all children and adolescents (Finer & Henshaw, 2006). Comprehensive sexuality education helps youths assume responsibility for life-long sexual health by providing medically accurate information and enhancing decision-making skills as a crucial development stage. Education about sexuality involves teaching youths to manage their sexual development instead of imposing guilt feelings about a natural process. Comprehensive sexuality education supports adolescents-parents' communication about sexuality and encourages students to develop and adhere to their own values (Finer & Henshaw, 2006).

While comprehensive (or abstinence-plus) programmes also educate students about the pregnancy and disease prevention benefits of contraception, Perrin and Dejoy (2003) stated that this approach has had critics and advocates and there is no clear scientific consensus regarding the superiority of the philosophy. Supporters of abstinence-only education believe that teaching about contraceptive measures and pregnancy, will in turn promote adolescents to engage in sexual promiscuous behaviors. In many countries, sexuality education is a sensitive issue that may generate opposition. This is often fuelled by the false belief that sexuality education leads to earlier debut of sexual activity or sexual promiscuity. For example in 1973, sensitive to the family planning needs of the general population, the Family Planning Association of Tanzania (UMATI) initiated efforts to make sexuality information accessible to young people and published two books; Jando na Unyago (initiation ceremonies for boys and girls) and Ujana (youthhood). However, the books were banned by the government, and then headed by the Tanganyika African National Union (TANU), based on reasons that the books would encourage sexual promiscuity (URT, 2002). Furthermore, in Nigeria and India, sexuality education programmes initially came to a halt because of social-cultural oppositions, thereby causing years of delay and related loss of investments.

There is consensus in the literature that education is a crucial factor in promoting health and well-being as it provides understandings and skillsets to enable students to make informed, responsible decisions (Kirby, 2007). Kirby (2007) found the most effective sexual programmes teach students how to reduce their sexual risks, address social pressures, reinforce individual values and teach adolescents confidence in their skills to engage in responsible sex (Kirby, 2007). Many scholars such as Schalet (2011) and Elia and Eliason (2010) advocate for more inclusive curricula that take an integrated approach toward adolescent sexuality. In inclusive sex

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education curricula, all students are educated on the dynamics of gender and sexuality. Sex-positive education dismantles the gender and sexuality dichotomy while it acknowledges that sexual desires, fantasies and behaviors exist on a spectrum. The sex-gender dichotomy places sexuality and gender behaviors into two narrow categories, which limits the understanding of these complex social constructs. Dismantling these concepts allow room for the fluidity of self-expression by teaching gender and sexuality as ever evolving identities that can change over the life course. Having these conversations in the classroom can promote sexual agency and subjectivity within young people and ultimately empower them to take control of their bodies while respecting others (Fields, 2012).

However, European countries have already demonstrated great success with sexuality education. For example; the Netherlands, where sexuality education begins in preschool and is integrated into all levels and subjects of schooling, boasts one of the lowest teen birth rates in the world, 8.8 per 1,000 women aged 15-19 a rate six times lower that of the United States (United Nations, 2013). Likewise, the Dutch teenage abortion rate is approximately two times lower than that of the U.S and its HIV prevalence rate is three and a half times lower (Statistics Netherlands, 2011).

In Germany, where Sexuality education is comprehensive and targeted to meet the reading and developmental needs of the students, the teenage birth rate is three and a half times lower than that of the U.S.; its teenage abortion rate is about four and a half times lower and its HIV prevalence rate is three and a half times lower (United Nations, 2013). A 2007 review of sexuality education curricula by Kirby (2007) in the U.S found that the most effective comprehensive programmes lowered risky sexual behavior by about one-third (Kirby, 2007).

2.5 Summary

Conducting a qualitative study affords an opportunity to assess the effectiveness of sexuality education on teen pregnancy. Based on the reviewed literature, comprehensive sexuality education provides positives and negatives on sexual behaviors. However, the reviewed literature is relevant to the current study in that it has provided the platform on what may be expected in this study. The next chapter will however give a detailed outline of the methodology used in the current study. This include, research design, target population and sample size, sampling procedure, research instruments, data collection procedures, data collection techniques, data analysis and ethical issues.

2.6 Research Gap

Numerous studies have been conducted in an attempt to determine the most effective way to educate youth about sexuality, responsibility and pregnancy prevention. Much of the research has focused on causes, measures to prevent teen pregnancies. However, research is still limited on the effectiveness of some of the measures used to prevent teen pregnancies. For this reason, the researcher feels other investigations should be made to examine the effectiveness of sexuality education on teen pregnancy, hence the need for this research.

CHAPTER THREE: METHODOLOGY

3.0 Overview

In this chapter the researcher will discuss and describe the general methodologies that were used in the study. It presents a research design, target population and sample size, sampling procedure, research instruments, data collection procedures, data collection techniques, data analysis and ethical issues.

According to McMillan and Schumacher (2006), research methods are a way in which one collects and analyses data. McMillan and Schumacher further argue that these methods must be systematic, reliable and the process followed must be valid and purposeful (McMillan and Schumacher, 2006).

3.1 Research Design

A research design describes "how the study is conducted" (McMillan & Schumacher, 2006). These scholars further argued that the purpose of the research design is to specify the plan for generating empirical evidence that will be used for answering research questions (McMillan & Schumacher, 2006). This study was conducted using qualitative research method. Qualitative research is based on constructionism, which assumes that multiple realities are socially constructed through individual and collective perceptions or views of the same situation (McMillan & Schumacher, 2006). Nieuwenhuis argues that qualitative research attempts to collect rich data in respect of a particular phenomenon or context with the intention of developing an understanding of what is being studied (Nieuwenhuis, 2007). Parahoo (1997: 142) also describes a research design as "a plan that describes how, when and where data are to be collected and analyzed".

Since the purpose of this study is to examine the effectiveness of sexuality education on teenage pregnancy, this study employed the descriptive survey design to examine the effectiveness of sexuality education on teen pregnancies; the researcher was able to collect data and explain phenomena more deeply and exhaustively to support the findings. Descriptive survey designs are used in preliminary and exploratory studies to allow researchers to gather, summarize, present and interpret information for the purpose of clarification, Luck and Reuben (as cited in Orodho 2003).

Moreover, Orodho (2003) regards a descriptive research design as a conceptual structure within which research is conducted or planned to be carried out. It is perceived as a set of logical steps trough which a researcher answers the research questions. It has the ability to determine the type of participants, how data needs to be collected, analyzed and interpreted to support findings. Mugenda and Mugenda (1999) regard the descriptive survey design as one which is reflective and accommodative to a human mind. Because of the aforementioned attributes, the descriptive research design was used in this study to help the researcher collect information regarding the effectiveness of sexuality education on teen pregnancies. This study employed a descriptive research design utilizing qualitative approaches with an orientation to the phenomenological perspective.

According to Patton 2002), a descriptive design utilizes qualitative approaches due to its theoretical underpinnings as it regards the differences in individual perceptions and uniqueness in interpreting the phenomena. Qualitative research which is exploratory in nature enables the researcher to enter the field with an open mind. It provides a contextual understanding of the lived experience from participants (Patton, 2002). Moreover, (Patton 2002) is of the view that descriptive research offers more proof, concrete and convincing information to the researcher than statistically powered generalized and replicated findings.

3.2 Target Population

In any study reaching out on every member of a particular population may be challenging hence the need to focus on particular areas. Kombo and Tromp (2006) explained that a population refers to a group of people or elements with one thing in common and from which a sample is taken. The target population for this study included all secondary school teachers, all secondary school pupils and all secondary school guidance teachers in Shibuyunji District. The researcher deemed it fit to use teachers, pupils and guidance teachers in secondary schools because they had vast knowledge on the subject under investigation.

3.3 Sample Size

There is no clear-cut answer for the correct sample because sample size is dependent on the nature of the population under investigation, the purpose of the study, the anticipated response, the level of accuracy required, number of variables in the research and indeed the research

design; whether is qualitative, quantitative, or mixed method approach (Cohen, et al, 2007). For this study, the sample consisted of 2 head teacher's, 2 guidance teachers, 10 classroom teachers and 16 pupils who formed 2 focus group discussions. In short, 14 teachers that included the Guidance and Counseling teachers, Head teachers of the institutions and 16 pupils for two focus group discussions bringing the total sample size to 30 were sampled from the secondary schools in the district.

3.4 Sampling Procedure

According to Kothari (2002), sampling is a process of drawing research objects/participants from a population. In relation to the above, the researcher used purposive sampling to select schools, Head teachers, teachers, Guidance teachers and pupils. Purposive sampling is characterized by incorporation of specific criteria met by the participants at the moment of selection (Padilla Diaz, 2006). According to Patton (2002), sampling for focus groups involves bringing together people of similar backgrounds and experiences to participate in a group interview about major issues that affect them. Purposive sampling has two principal aims: The first is to ensure that all the key constituencies of relevance to the subject matter are covered. The second is to ensure that, within each of the key criteria, some diversity is included so that the impact of the characteristic concerned can be explored (Ritchie & Lewis, 2003). McMillan and Schumacher (2006) maintain that focus group be the primary evidence based technique in evaluation studies. The participants were interviewed in depth about their general knowledge on teenage pregnancy. Terre Blanche and Durrheim (2006) maintain that an interview is a natural form of interacting with people and it is a highly skilled performance. During the interview the researcher allowed the participants to express their feelings and experiences about effectiveness of sexuality on teenage pregnancy.

3.5 Research Instruments

Research instruments included interview schedules and focus group discussion. In this research, sets of structured interview questions on the effectiveness of sexuality education on teen pregnancies were used to get data from the pupils, teachers, guidance teachers and the head teachers.

3.6 Data Collection Techniques

In any study, interviews generally help the interviewer cover all the dimensions of an investigation through probing of participants. Moreover, Kerlinger (1973) notes that more people are willing to communicate orally than in writing and therefore readily provide more data than in questionnaires. In this study, data was collected using interviews and focus group discussion. Participants (Head teachers, class teachers, guidance teachers and learners during focus group discussions) were interviewed on the effectiveness of sexuality education on teen pregnancies. Interviews with Head teachers, class teachers, guidance teachers and focus group discussion with learners took no longer than twenty five minutes and permission was sought from each participant to use a tape-recorder to record the interview and the discussions. The interviews and focus group discussion, although based around the guiding questions, were conducted in a more conversational manner in order to place the participants at ease and aid rapport. At the conclusion of the interviews with Head teachers, class teachers, guidance teachers and focus group discussion with the learners at school, the researcher thanked each participant for taking part in the research.

3.7 Data Analysis

Glesne (1998: 130) described data analysis as "a process that involves organizing what has been seen, heard and read, so that it can make sense of what has been learned". Kumar (2005: 241) indicated that the process of qualitative data analysis involves "identifying themes, assigning codes to main themes, classifying responses and integrating themes and responses into the text of the report". In this study, data was analyzed using the descriptive approach or interpretative approach. The researcher identified themes, assigned codes, classified responses and then integrated responses into the text. Descriptive approach allowed the researcher to explain the influence of sexuality education on teen pregnancies in the sampled schools.

3.8 Credibility and Reliability

3.8.1 Credibility

Credibility is demonstrated "when participants recognize the reported research findings as their own experiences" (Streubert-Speziale & Carpenter 2003: 38). It is the truth of how the

participants know and experience the phenomenon (Halloway, 2005). To ensure credibility the researcher must make sure that those participants are identified and described accurately (Holloway, 2005). Activities increasing the probability that credible findings will be produced are: prolonged engagement reflexivity; triangulation; peer and participants debriefing; and member checks. The following strategies were applied to ensure credibility:

3.8.2 Reflexivity

The researcher explored personal feelings and experiences that might have influence the study and integrated this understanding into the study to promote objectivity. The analysis of the researcher's experience was made aware of possible biases and preconceived ideas. Bracketing was implemented throughout the study and each phase of the research was carefully approached using bracketing (to lay aside what is known) and intuiting (looking at the phenomenon) to avoid bias and approach the phenomenon with an open mind (Burns & Grove, 2003).

3.8.3. Peer and participants debriefing

Peer debriefing is a process of exposing oneself to a disinterested peer in a manner paralleling an analytic session and for the purpose of exploring aspects of the enquiry that might otherwise remain only implicit in the inquirer's mind. Peer debriefing exposes "a researcher to the searching questions of others who are experienced in the method of enquiry, the phenomenon or both" (Lincoln & Guba, 1985). In this study, the researcher exposed the research work to a colleague for constructive criticism about the research methodology and not the data collected.

Debriefing by peer and of participants increases credibility. Participant debriefing or member checks involved the researcher returning to the participants and checking the findings with him/her to confirm their experience as true (Lincoln & Guba, 1985). Member checks, which Guba and Lincoln (1985) consider the single most important provision that can be made to bolster a study's credibility. Checks relating to the accuracy of the data may take place "on the spot" in the course, and at the end, of the data collection dialogues. Informants may also be asked to read any transcripts of dialogues in which they have participated. Here, the emphasis will be on whether the informants consider that their words match what they actually intended, since, if a tape recorder has been used, the articulations themselves should at least have been accurately captured.

3.8.4. Transferability

Merriam (2009) writes that external validity is concerned with the extent to which the findings of one study can be applied to other situations. In positivist work, the concern often lies in demonstrating that the results of the work at hand can be applied to a wider population. Since the findings of this qualitative project were specific to a small number of particular environment and individuals, it is impossible to demonstrate that the findings and conclusions will be applicable to other situations and populations. However, Erlandson (1993) noted that many naturalistic inquirers believe that, in practice, even conventional generalization is never possible as all observations are defined by the specific contexts in which they occur. Researchers hold contrasting views (Stake, 1994) that, although each case may be unique, it is also an example within a broader group and, as a result, the prospect of transferability should not be immediately rejected. Nevertheless, such an approach can be pursued only with caution since, as Stake (1994) recognizes that it appears to belittle the importance of the contextual factors which impinge on the case.

3.8.5 Recording data

Interviewers have a choice of whether to take notes of responses during the interview or to tape record the interview. The latter was use for a number of reasons. The researcher was able to concentrate on listening and responding to the interviewee and was not distracted by trying to write down what has been said. The discussion flowed because the interviewer did not have to write down the response to one question before moving on to the next. In note taking there is an increased risk of interviewer bias because the interviewer is likely to make notes of the comments which make immediate sense or are perceived as being directly relevant or particularly interesting. Tape recording ensured that the whole interview was captured and provided complete data for analysis so cues that were missed at the first time can be recognized when listening to the recording. Lastly, interviewees might have felt inhibited if the interviewer suddenly started to scribble: they might have wondered why what they have just said was of particular interest. The phone was used as a recorder, was unobtrusive and produced good quality recording. Using a phone prevented an interruption in the flow of conversation.

3.9 Ethical Considerations

The researcher took into account all possible and potential ethical issues. The measures included; keeping the identity of the respondents confidential. The researcher also respected the rights, values and opinions of the respondents. The values of the respondents were treated with due respect. Informed consent was obtained from both the respondents and the people in charge of the places where the researcher carried out the study.

3.10 Summary

This chapter has provided an overview of the research method and design that was used in the study. Qualitative research method as an applicable method to this study has been discussed. Data collection methods, sampling, reliability and validity have also been discussed.

CHAPTER FOUR: PRESENTATION OF FINDINGS

4.0 Overview

As in the larger context, the education sector has a critical role to play in preparing children and young people for their adult roles and responsibilities (Dupas, 2005). The transition to adulthood requires being informed and equipped with the appropriate skills and knowledge to make responsible choices in our social and sexual lives. As stated in chapter one, the main purpose of the study is to examine the effectiveness of sexuality education on teen pregnancies in Shibuyunji District. Dupas (2005) asserted that schools can serve as effective platforms for reproductive health education and schooling itself appears to have a beneficial effect. Therefore, this study sort to examine the effectiveness schooling has through sexuality education on learners' knowledge about prevention of teen pregnancies.

To realize this, the researcher conducted structured interviews and focus group discussion to get the sense of Head teachers, class teachers, guidance teachers and learners' world through information gathered. Merriem (2009) maintains that qualitative researchers are interested in understanding the meaning people have constructed, that is, how people make sense of their world view and the experiences they have in the world. Chapter three described in detail the research design and methodology used to achieve this end.

This chapter will draw upon the themes that emerged and present the findings which rose out of the interview process, focus group discussion and subsequent data analysis. Identifying salient themes, recurring ideas or language and patterns of belief that link people and settings together is the most intellectually challenging phase of the analysis and one that can integrate the entire endeavor (Marshall & Ross, 1995). This chapter will present the themes that were identified and are further discussed separately below.

4.1 Socio-demographic characteristics

A total number of sixteen (16) pupils and fourteen (14) teachers were interviewed. Pupils' ages ranged between 13 and 18 years, while teachers were between the ages of 27 and 50 years. Of the pupils interviewed, Nine (9) were girls while seven (7) were boys. Of the nine (9) girls and seven (7) boys who participated in this study five (5) girls were in grade eleven (11) while four (4) were in grade twelve (12) and of the seven (7) boys who participated in this study, three (3)

were in grade eleven (11) while four (4) were in grade twelve (12). Six of the fourteen (14) teachers interviewed were females while eight (8) were males.

4.2 Identifying and connecting themes

The researcher read the transcript a number of times, left-hand margin being used to write notes about what was significant about what the respondents said. It was important in the first stage of the analysis to read and reread the transcript closely in order to become as familiar as possible with the account. The emergent themes were listed on a sheet of paper and the researcher looked for connections between them. So, in the initial list, the order provided was chronological. It was based on the sequence with which they came up in the transcript. The next stage involved a more analytical ordering, as the researcher tried to make sense of the connections between themes which were emerging.

The findings of this study are presented according to research objectives as shown below. The purpose of the study is to examine the effectiveness of sexuality education on teen pregnancies in Shibuyunji District. The study was guided by the following research objectives: to investigate ways in which sexuality education was implemented in secondary schools in Shibuyunji District; to assess the adolescent boys' and girls' knowledge of sexuality education in secondary schools in Shibuyunji District; to examine the effectiveness of sexuality education on teen pregnancies in secondary schools in Shibuyunji District.

4.3 Ways in which sexuality education is implemented

The first objective of this study was to investigate ways in which sexuality education was implemented in Shibuyunji District Secondary Schools. In order to solicit for responses on the ways sexuality education is implemented, teachers were interviewed. The following themes emerged during the interviews with the respondents:

4.3.1. Integration in other subject areas

During one on one interviews, all respondents (teachers) interviewed unanimously cited integration in other subject areas as one way sexuality education was taught to the learners in the district. They said that sexuality education is not an independent subject like Civic Education, Mathematics or Religious Education rather it is more of a cross cutting issue hence the need to

integrate it in other subject areas. The following verbal quotes reflect the views of a female Science teacher:

We don't necessarily indicate sexuality education on the lesson plan but we incorporate in other teaching subjects. Before starting any lesson, we make sure that we talk about sexuality education.

The above response was also supported by a biology male teacher who also said:

Sexuality education is taught through other subjects like biology for example, when one is teaching puberty, he/she need to also to tell learners about how to manage themselves. We have no syllabus, no time table to follow. But during the training workshop we had about sexuality education, we were just told to talk about sexuality education when teaching other subjects. As for me I normally teach it through Biology.

Another teacher of English said:

Teaching sexuality education is not like you need to tell learners that now take out your books it's time for sexuality no but as a teacher, you have to find a topic that cover sex and sexuality. Let us say in English, it's already difficult to teach it but we always find time whether at the beginning of the lesson or within the lesson to talk about sexuality education.

The study revealed that sexuality education in the district was imbedded in other subjects like Civic Education, R.E, Biology, Science etc. The study also revealed that sexuality education was taught as a crosscutting issue and that teachers taught it at a point of choice as there was no planned time to teach sexuality education to the learners. In general there is quite a lot of support for sexuality education on a global level. However, this study revealed that the implementation of sexuality education is quite poor and inconsistent among teachers.

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4.3.2 Sensitization through social clubs

CSE programmes in non-formal and community-based settings have the potential to reach out-of-school youth and the most vulnerable and marginalized youth populations, especially in countries where school attendance is low or where adequate CSE is not included as part of the national curriculum. During the interviews with teachers a female teacher said that social clubs play a critical role in ensuring that learners receive sex education especially in times of out of school. The respondent said:

> *As a school we have clubs such as anti-aids clubs were learners learn the dangers of teenagers involving themselves in early sexual activities. Through clubs we help learners with poems and also use debates to sensitize learners about sexuality education.*

The study from the above responses concluded that sexuality education was not only taught through other subject areas but also through clubs such as Aids clubs, debate clubs among other clubs in schools.

4.4 Adolescent boys' and girls' knowledge of sexuality education

The second objective of this study was to assess the adolescent boys' and girls' knowledge of sexuality education in secondary schools. During the interviews with teachers on adolescents boys and girls knowledge about sexuality education, emerged the following theme below:

4.4.1 Learners have knowledge but not adequate

> One male teacher during the interviews said: *I feel learners have knowledge because learners this time are able to seek advice from us teachers when for example a man wants to force them into sex and when we ask them what they think, learners say they fear that they can contract HIV/AIDS and also fear to get pregnant.*

He added:

> *But though learners seem to know certain things concerning sexuality education, I still feel that they still need some more information because certain information about contraceptives and the right use of*

them i feel they still don't know as most of them still need such education.

Another female teacher re-affirmed the above statement though in bit different way and said:

Learners this time feel open to ask as teachers about what they can do to avoid getting pregnant. Sometimes when you ask boys even girls too mostly mention the use of contraceptives such as "morning after" and condoms. Although some of the learners are not able to say their correct use. But as teachers we feel they have some knowledge.

The researcher wanted to re-affirm the responses of teachers on the knowledge of adolescent's boys and girls about sexuality education and held two Focus Group Discussions with the pupils. During the Focus Group Discussion with the pupils, the researcher asked pupils to mention some of the measures used to prevent teen pregnancies and also explain how they were used just to test the knowledge pupils. Most of pupils mentioned condoms, taking morning after as the measures used to prevent teen pregnancies and mainly failed to explain their correct usage. A grade 11 girl pupil said:

For me I know that condoms can be used to prevent teen pregnancy but other measures I don't know. On how condoms are used I don't know very well but may be when I reach the stage of using them I will learn.

Another pupil this time a grade 12 boy while excited said:

I know condoms works but also, I know that someone can use morning after to drink after having sex. Though I don't really know the dosage of morning after someone is supposed to take.

The researcher observed that during Focus Group Discussion, some learners were quiet so this interested the researcher to ask one of the quiet learners a grade 11 girl whether condoms can also prevent STIs. The girl said:

> *I only know that condoms prevent teen pregnancies but I don't know if*
> *they can prevent STIs.*

The study concluded that the knowledge of learners on sexuality education was not adequate. The study revealed that apart from the use of condoms and contraceptives pills, leaners lacked information on other measures such as the use of injections or implant. One interesting thing the researcher found about these findings were that was that a lot of adolescent girls and boys mentioned condoms as a way of preventing pregnancies than a method of preventing STIs. The study also revealed that learners lacked clear information about the correct use of contraceptives and condoms despite knowing their use.

4.5 Effectiveness of sexuality education on teen pregnancies

The third and final objective of this study was to examine the effectiveness of sexuality education on teen pregnancies. The researcher interviewed teachers, Guidance teachers and Head teachers on the effectiveness of sexuality education and the following themes emerged:

4.5.1 Sexuality education creates awareness

Most teachers were of the view that sexuality education creates awareness by providing information on intervention on teen pregnancy. When interviewed, a R. E teacher during the interviews said:

> *I think that educating learners about sexuality helps them to know*
> *what it is to engage in sex and what the consequences of having sex*
> *are at early age are.*

This above statement was supported by a male teacher of Biology who also said:

> *Sexuality education helps learners to have knowledge that when you*
> *engage in sexual intercourse what results are going to come out of it.*

However, one school Guidance male teacher was asked of what he felt was the effectiveness of sexuality education. His response was;

> *Sexuality education helps learners on how to look after themselves and*
> *guide them on when to engage in sexual intercourse.*

He further said;

> *The information about sexuality guides leaners well from getting any*
> *diseases.*

From the above responses, it's obvious to conclude that information about sexuality education helps learners make informed decisions. Thus, in the information age, it is important also to acknowledge that different sources of information may be misleading. For example, an internet and social media can perpetuate misconceptions about sexuality matters and can lure young people to inappropriate websites. Yet media can also be used to disseminate accurate information about sexuality issues.

4.5.2 Sexuality education delay sexual debut

Some teachers were of the view that information about sexuality education help young people to take time before they engage themselves in sexual related activities. Other teachers even said that information about sexuality education help learners to wait until they are married for them to experience the first sexual encounter. During the interviews, a Civic Education female teacher even narrated:

> *Mostly we tell girls the consequences of getting pregnant at an early*
> *age. We explain to them that if you get pregnant, you first have to go*
> *back home and deliver then that is when you can be admitted back into*
> *school. We also tell them the benefits of education once someone is*
> *educated. So that motivates them to concentrate on school than*
> *involvement in sexual matters.*

She laughed for sometimes and continued:

> *We also tell them that in case it's time for you to get married, many*
> *men or guys like marrying virgins. So by telling them all stuff, you find*
> *that some girls even wait but sometimes though it sounds heavy to talk*
> *such with them sometimes.*

The similar views were shared by another male teacher who said:

I think exposing learners to what they need to know especially on the dangers of early involvement in sexual behaviors which I feel is necessary, can help learners realize all sorts of information than when they don't know. That's why I feel sexuality education is one thing that can equip young people with that information. For example, telling a child that most people who get raped are young people and also telling them the health complications of being raped, I think a child would wait until he/she has grown. That's why I think the information about sexuality education is effective in delaying them involving into sex.

From the above responses, the study revealed that teachers in the district were happy about the introduction of sexuality education in schools as most of them felt that sexuality education was key to the learner's delay in involvement in sexual activities.

4.5.3 Sexuality education helps reduce teen pregnancy

During the interviews with teachers, guidance teachers and head teacher's the following were revealed. A male Guidance teacher said:

Sexuality education helps reduce teenage pregnancy among teenage girls in schools. The information on sexuality issues which is given to girls and boys during the lessons and various meetings helps learners to know ways of preventing pregnancy. Why have I said so, look, learners are taught different ways that are used to prevent getting pregnant if one does not want to get pregnant but want to have sex and through these ways some learners if they feel can't manage to abstain from sex, are encouraged to go by that knowing that it will help them prevent pregnant.

Upon hearing this the researcher was interested to know the ways that Guidance teachers teach to the learners that are used in preventing teen pregnancy and a question was further posed by the researcher. What are some of the ways do you teach learners in schools that can help them prevent them from getting pregnant?

The Guidance teacher continued:

We advise them to use condoms, contraceptive pills but since they are still young we don't advise them to go for injection but it's another way which is also effective. I have noticed a drastic drop in the number of pregnancies that the school has recorded from the time we started talking to learners about this which I feel has been part of the reason we record few cases of pregnancies compared to before.

Similar statement was echoed this time by a female teacher who said:

Sexuality education helps reduce pregnancy because as we talk about sexuality matters such as the dangers of involving themselves into sex, learners realize that if I do this then the end result is pregnancy. So learners get helped really to make positive decisions such as not involving themselves into sex at the early stage and I feel sexuality education helps reduce pregnancies because numbers of pregnancies in school now are low from the time we started talking to learners about sexuality.

The Head teacher also supported the two statements from the Guidance teacher and a female teacher that sexuality education helps reduce teen pregnancy and said:

When I just came into this school in 2013 numbers of pregnancies were high but from the time teachers started teaching sexuality education numbers reduced and keep on reducing. So I feel it has a positive impact to this.

4.6 Summary

According to the findings of this study, the effectiveness of sexuality education on teen pregnancies is evident. The study revealed that the effectiveness of sexuality education on teen pregnancies is: reducing sexual activities which in turn reduce the rate of pregnancies, increase in awareness about the use of various methods used to prevent pregnancies and delay sexual debut. The researcher discovered that teachers in the district were happy about the introduction of sexuality education in schools as most of them felt that sexuality education helps in the slowing numbers of cases of teen pregnancies in the district. One

interesting finding though, is that pupils mentioned condoms as a way of preventing pregnancies than as a way to prevent STIs. Although young people are aware of the existence of STIs and that people in their age group can be infected, few seemed to perceive that they were personally vulnerable. The study revealed that pupils are more concerned about preventing unwanted pregnancies that preventing STIs.

CHAPTER FIVE: DISCUSSION OF FINDINGS

5.1 Overview

Having presented the findings of the study, this chapter discusses the findings of the study in relation to objectives that underpinned this study. The purpose of this study is to examine the effectiveness of sexuality education on teen pregnancies. The study was guided by three objectives which were: to investigate ways in which sexuality education was implemented in secondary schools in Shibuyunji District; to assess the adolescent boys' and girls' knowledge of sexuality education; to examine the effectiveness of sexuality education on teen pregnancies. This chapter however, relates the current study to other studies that have been reviewed in relation to this study.

5.2 Ways in which sexuality education is implemented

As earlier stated, the first objective of this study was to investigate ways in which sexuality education is implemented in secondary schools. Findings revealed that sexuality education was embedded in other subject areas or rather integrated. The findings also revealed sexuality education implemented through social clubs e.g Aids clubs, debate clubs among others.

5.2.1 Integration in other subjects areas

Education becomes the most important factor for empowering people. It provides knowledge and information which in turn bring about desirable changes in the way people think, feel and act. Education also builds self-esteem, self-confidence and the realization of person's potential. In the process of investigating the implementation of sexuality education in secondary schools in Shibuyunji district, all respondents (teachers) interviewed unanimously cited integration in other subject areas like Civic Education, R.E, Biology and Science among others. They said that all teachers in the district were required to teach sexuality education through other subject areas. The study also revealed that sexuality education was taught as a crosscutting issue and that teachers taught it at a point of choice as there was no planned time or time table to teach sexuality education to the learners. However, this study revealed that the implementation of sexuality education is quite poor and inconsistent among teachers. This is because there was no adequate teaching and learning materials to use for teaching sexuality education, no proper

planning and timetabling of the subject, as each teacher was required to decide when to teach and how to teach sexuality education to the leaners. In general, this study concluded that there is quite a lot of support for sexuality education in Shibuyunji District. When interviewed, a R. E teacher during the interviews said:

> *I think that educating learners about sexuality helps them to know what it is to engage in sex and what the consequences of having sex are at early age are.*

Similar to the findings of this study on the implementation of sexuality education, UNESCO's Global review (UNESCO, 2015) provides a rough overview of the situation regarding formal CSE in 48 countries across the world. In 80% of the surveyed countries there was a national policy or national strategy that supported CSE. Even though the study did not provide any overall estimation of global implementation level, the authors indicated that a significant gap remained between the existing policies and signed commitments and actual implementation of CSE on the ground: Few strategies or policies are fully operationalized. Formal in-school sexuality education was found to be mostly embedded in more general objectives in school like health lifestyle, citizenship. It was quite evenly split between delivered integrated in existing subjects like biology, people and the world/people and health, basics of life safety, life skills, etc. (UNESCO, 2015).

In Hong Kong for example like the findings of this study, it has been the policy of the Government to integrate various aspects of sexuality education into relevant school subjects rather than to treat it as a separate subject. This cross-curricular approach is supplemented by topic-related extra-curricular activities such as talks, workshops and exhibitions organized by schools. The government has also issued guidelines on sexuality education and relevant curriculum guides for schools reference in implementing sexuality education, but individual schools have the flexibility to adopt the approach, content and delivery mode in accordance with their background, mission, ethos and resources (UNESCO, 2015). This study like other studies revealed that sexuality education is implemented as a crosscutting issue and that teachers have no planned time tables. The study also concluded that learners accessed information on sexuality education through social clubs such as Aids clubs, debate clubs among other clubs in schools.

5.2.3 Sensitization through social clubs

In addition to integration in other subject areas, this study also revealed sexuality education being implemented through social clubs such as Aids and Debate clubs among others. During the interviews with teachers, one female teacher said that social clubs play a critical role in ensuring that learners receive sex education especially in times of out of school. The study from the teacher's responses concluded that sexuality education was not only taught through other subject areas to the learners but also through clubs such as Aids clubs, debate clubs among other clubs. The findings of this study are also similar to UNESCO (2018) findings that young people who do attend school also often go to community-based CSE programmes during weekends, evenings and school holidays. Exposure to these programmes often complements and expands on content offered via classroom-based CSE. For example, in some parts of the world, it is forbidden for teachers to conduct condom demonstrations in classrooms, but not in most community-based settings; and in the community lessons are not limited to typical 40-minute class sessions (UNESCO, 2018).

In summary, this study like other studies revealed that sexuality education is implemented as a crosscutting issue and that teachers have no planned time tables. The study also concluded that learners accessed information on sexuality education through social clubs such as Aids clubs, debate clubs among other clubs in schools.

5.3 Adolescent boys' and girls' knowledge of sexuality education

This study also sought to assess the adolescent boys' and girls' knowledge of sexuality education in secondary schools. The study concluded that the knowledge of learners on sexuality education was not adequate. The study revealed that apart from the use of condoms and contraceptives pills, leaners lacked information on other measures such as the use of injections or implant. One interesting thing the study found about these findings were that majority of adolescent girls and boys mentioned condoms as a way of preventing pregnancies than a method of preventing STIs. The study also revealed that learners lacked clear information about the correct use of contraceptives and condoms despite knowing their use.

5.3.1 Learners have knowledge but not adequate

It is beyond doubt that adolescents need good information about their own bodies, their sexual development and about the ways of avoiding pregnancy. Moreover adolescents need to be informed about teenage pregnancy. In the past it has often been said that this is the task of parents, it is important that young girls and boys receive information about these matters before they themselves get involved in sexual activity. As earlier stated, this study sought to assess the adolescent boys' and girls' knowledge of sexuality education in secondary schools in Shibuyunji District. The researcher during interviews with teachers, guidance teachers and focus group discussion with the learners found that learners had knowledge about sexuality education although the knowledge was not so adequate. This study revealed that apart from the use of condoms and contraceptives pills, leaners lacked information on other measures such as the use of injections or implant. One interesting thing the researcher found about these findings were that a lot of adolescent girls and boys mentioned condoms as a way of preventing pregnancies than a method of preventing STIs. The study also revealed that learners lacked clear information about the correct use of contraceptives and condoms despite knowing their use. During focus group discussion with pupils, a grade 11 girl pupil said:

> For me I know that condoms can be used to prevent teen pregnancy but other measures I don't know. On how condoms are used I don't know very well but may be when I reach the stage of using them I will learn.

Another pupil this time a grade 12 boy while excited said:

> I know condoms works but also, I know that someone can use morning after to drink after having sex. Though I don't really know the dosage of morning after someone is supposed to take.

The findings of this study are comparable and similar to a review conducted by UNICEF (2011) that adolescents lack appropriate and comprehensive sexual education, including information and services for reproductive tract infections, sexually transmitted infections, and pregnancy-related issues and indicates that many adolescents do not know or lack capacity to prevent pregnancy (UNICEF, 2011). According to WHO (2002), some adolescents do not know how to avoid

pregnancy, or are unable to obtain contraceptives and there is lack of sexuality education in many developing countries. Teenage pregnancies are often a consequence of lack of contraceptive methods and /or a lack of access to family planning services and product (WHO, 2002). Reviewing the literature available regarding awareness level of adolescents towards sex related issues in India, Kumar (1995) found that majority of the adolescents were aware of certain aspects of sex education as HIV, AIDS but not much of it. Level of knowledge among some adolescent girls was below average. Further findings reveal that it was all due to lack of sources of correct information on sex. A matter of serious concern was the fact that adolescent girls and boys had no reliable means of obtaining correct information. Schools were inadequately equipped to meet the challenges (WHO, 2002).

In summary, the study revealed that learners had the understanding and understood some of the ways teen pregnancies can be avoided. Even though some teachers claimed that learners had knowledge about sexuality education, this study revealed that learners had limited knowledge on most preventive measures used to prevent teen pregnancy. The study revealed that learners only knew the use of condoms and pills as the appropriate way of preventing pregnancy and not preventing STIs.

5.4 Effectiveness of sexuality education on teen pregnancies

As earlier stated in the background of this study, the purpose of this study is to examine the effectiveness of sexuality education on teen pregnancies. Three objectives as stated guided this study and that brings the third objective of the study which was to examine the effectiveness of sexuality education on teen pregnancies in the District. The findings on the effects of sexuality education on teen pregnancies are evident. The study revealed that sexuality education helps create awareness by providing learners with health sexual knowledge, delay sexual debut and reducing sexual activities which in turn reduce the rate of teen pregnancies. The researcher discovered that teachers in the district were happy about the introduction of sexuality education in schools as most of them felt that sexuality education was slowing numbers of cases of teen pregnancies in the district and also reduce sexual activities among learners.

5.4.1 Creating awareness

Most respondents (teachers) during the interviews were of the view that sexuality education creates awareness by providing information on intervention on teenage pregnancy. This claim was re-affirmed by the researcher during the focus group discussion with the learners during which most learners agreed to benefit from the information they received from teachers about sexuality education. Similar to the findings of this study, researchers agree that sexuality education encompasses education about all aspects of sexuality, including information about family planning, and birth control methods (Kirby, 2011). According to Kirby (2011), the effectiveness of sexuality education is universal and the success is largely determined by the context to which they are developed and implemented, as well as by their characteristics and the quality of implementation (Kirby, 2011). Impact evaluations of SE are complex as well as very costly and are seldom conducted in a randomized controlled trial (golden standard). Research on the effectiveness of sexuality education is not wide available and mostly focused on the reduction of risky behavior like STI or unwanted pregnancies due to the predominantly focus on public health. There is a very limited use of indicators that focuses on positive aspects of sexuality. Even though, indicators such as the ability to communicate about feelings and wishes or self-efficacy are often used, they are usually only considered in respect to the desired behavior and not as important on their selves. Indicators measuring the ability to experience pleasurable and satisfying sexual relationships are hardly ever used (Ketting etal, 2016).

Similar to the findings of this study, studies show that sexuality education has a great potential to provide young people with the necessary information about their bodies and sexuality, to reduce misinformation, shame and anxiety and to improve their abilities to make safer and informed choices about their sexual and reproductive health (Boonstra, 2011). There is growing evidence that good quality sexuality education has positive effects on sexual knowledge, attitude, communication skills and certain sexual behavior (Kirby, 2011).

In summary, it's obvious to conclude that information about sexuality education helps learners make informed decisions.

5.4.2 Delay sexual debut

Some respondents (teachers) during the interviews were of the view that information about sexuality education help young people to take time before they engage themselves in sexual

related activities. Other teachers even said that information about sexuality education help learners to wait until they are married for them to experience the first sexual encounter. This study revealed that teachers in the district were happy about the introduction of sexuality education in schools as most of them felt that sexuality education was key to the learner's delay in involvement in sexual activities. Similar to the findings of this study, one major study reviewed 17 reviews or meta analyses of SE programmes and STI/HIV, education, conducted in the United States and in some other countries between 2000 and 2014 (Fonner et al, 2014). 15 of the 17 reviews reported statistically significant positive behavior outcomes for comprehensive sexuality education or abstinence plus programmes. However, most of the studies focus on terms and specific health outcomes of SE programmes like, reduction of STI/HIV, increase in condom use and prevention of teen pregnancies or delay of sexual debut (Fonner et al, 2014).

In summary, this study revealed that teachers in the district were happy about the introduction of sexuality education in schools as most of them felt that sexuality education was key to the learner's delay in involvement in sexual activities.

5.4.3 Helps reduce teen pregnancy

This study revealed that the effectiveness of sexuality education on teen pregnancies is: reducing sexual activities which in turn reduce the rate of pregnancies, increase in awareness about the use of various methods used to prevent pregnancies and delay sexual debut. The researcher discovered that teachers in the district were happy about the introduction of sexuality education in schools as most of them felt that sexuality education helps in the slowing numbers of cases of teen pregnancies in the district. UNFPA's Global review offers an extensive review and analysis of a wide range of evaluation studies and research methods of different CSE programmes at different stages of development, age groups and from different contexts across the world, focused on the gender and empowerment dynamics. The review states that "There is clear evidence that CSE has a positive impact on sexual and reproductive health, notably contributing towards reducing sexual transmitted infections (STIs), the Human Immunodeficiency Virus (HIV) and unintended pregnancy. CSE has demonstrated impact in terms of improving knowledge and self-esteem, changing attitudes and gender and social norms and building self-efficacy. Sexuality education does dot hasten sexual activity but has a positive impact on safer sexual behaviors and can delay sexual debut and increase condom use (UNFPA, 2017).

However, European countries have already demonstrated great success with sexuality education. For example; the Netherlands, where sexuality education begins in preschool and is integrated into all levels and subjects of schooling, boasts one of the lowest teen birth rates in the world, 8.8 per 1,000 women aged 15-19 a rate six times lower that of the United States (United Nations, 2013). Likewise, the Dutch teenage abortion rate is approximately two times lower than that of the U.S and its HIV prevalence rate is three and a half times lower (Statistics Netherlands, 2011).

In Germany, where Sexuality education is comprehensive and targeted to meet the reading and developmental needs of the students, the teenage birth rate is three and a half times lower than that of the U.S.; its teenage abortion rate is about four and a half times lower and its HIV prevalence rate is three and a half times lower (United Nations, 2013). A 2007 review of sexuality education curricula by Kirby (2007) in the U.S found that the most effective comprehensive programmes lowered risky sexual behavior by about one-third (Kirby, 2007).

5.5 Summary

In summary, implementation of sexuality education according to the findings of this study remains a challenge in many parts of the world. It is often still seen as a stand-alone element in one specific subject and as the responsibility of certain teachers. Where sexuality education is non-compulsory, extracurricular are partially compulsory. The limited duration of courses and piecemeal approach in many countries means that the potential of sexuality education to help young people to understand and enjoy their sexuality and have safe, mutual, caring and fulfilling relationships is not yet being realized. There is need for more knowledge of factors that contribute to successful implementation and up scaring of sexuality education.

CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

6.0 Overview

The study sought to examine the effectiveness of sexuality education on teen pregnancies in Shibuyunji District. The study was guided by three research objectives and questions, which focused on the implementation or teaching of sexuality education in the District, learner's knowledge of sexuality education and the effectiveness of sexuality education on teen pregnancies. The background of the study, the problem statement and research questions informed the literature review for the study. The methodology gave details on the research design adopted for the study and data collected from the field were analyzed and presented on the basis of the main research questions of the study. This last chapter constitutes conclusion and recommendations of the study. The conclusion is made from the findings of this study and the reviewed literature.

6.1 Conclusions

The purpose of the study is to examine the effectiveness of sexuality education on teen pregnancies in Shibuyunji District. Methods used in collecting data were interview with Head teachers, teachers, guidance teachers and Focus Group Discussion with the learners. Additionally documentary materials, such as books, newspaper, and internet, related to teen pregnancies among children were reviewed. Data obtained were analyzed by using descriptive approach or interpretative approach were emerged themes were constructed that emerged from one-to-one interviews and focus group discussions. In this study, the researcher identified themes, assigned codes, classified responses and then integrated responses into the text. This study has established that the effectiveness of sexuality education is to create awareness, delay sexual debut and reduce teen pregnancies among others.

This study also revealed that learners had limited knowledge about sexuality education. The study attributed to limited in knowledge among learners to less time teachers spent teaching sexuality education to learners as sexuality education being just integrated in other subjects rather than as a stand-alone subject. In general, findings of this study indicate that the implementation of sexuality education programmes have led to either delaying engaging in sexual activity or reducing the number of sex partners among young people and reducing teen

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pregnancies in the Shibuyunji District. In addition, it was shown that sexuality education improves significantly the level of knowledge on the risks and values/attitudes of sexuality and improves the effectiveness with which young people negotiates sex, use preventive methods and contraception. This study concluded that teenage pregnancy has a detrimental effect on the education and future plans of teenagers. This is because the teen age mothers attend school irregularly and sometimes drop out of school as indicated by various literatures. The correlation between earlier childbearing and failure to complete secondary school reduces career opportunities for many young mothers. However, increased training for teachers in sexuality education is needed to ensure that learners receive sufficient information and knowledge in order to prevent teen pregnancies. Identifying what role sexuality education plays in the prevention of teen pregnancy will provide direction for both teachers and community in developing teen pregnancy prevention strategies. Based on the findings of this study, the researcher recommends as shown below.

6.2 Recommendations

The recommendations stated below are not in any particular, priority or preference. They are of equal importance to the researchers and participants of the study.

1. Ministry of General Education to ensure that Sexuality Education is not just a concept but should be developed further as a complete discipline for secondary schools. It should not be treated as part of other learning areas but should rather enjoy autonomy with its own learning curriculum that will expose learners to more detailed firsthand information on sexuality issues. It will enable learners to receive information in full and not in pieces in order to dissipate ill-informed advice through the media and fellow peers.

2. The Parent-Teacher-Associations in the District should be encouraged to ensure a constant interaction between parents and teachers in various schools and communities. This will enable teachers to discuss issues affecting children with their parents. It is expected that if the above recommendations meet the necessary support, it will go a long way to reduce teenage pregnancy and its consequences such as girl dropout of school thereby increase learner retention.

6.3 Proposed areas for further research

In view of the above findings of this study, it can be said that sexuality education remains the most appropriate option to reduce teen pregnancies in Shubuyunji District. Therefore, the researcher proposes the following for further research:

- More thorough research is needed on the effectiveness of sexuality education on teen pregnancies.

- Future research to use a larger sample size when examining the effectiveness of sexuality education on teen pregnancies.

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APPENDICES

Appendix 1: Consent Letter for (Teacher, Counselor, Head teacher).

THE UNIVERSITY OF ZAMBIA/ZIMBABWE OPEN UNIVERSITY

TITLE OF RESEARCH: "EFFECTIVENESS OF SEXUALITY EDUCATION ON TEEN PREGNANCIES IN TWO SELECTED PUBLIC SECONDARY SCHOOLS OF SHIBUYUNJI DISTRICT".

I am Chileshe Chomba a student at the University of Zambia Pursuing a Master's Degree in the field of Education Management. You have been chosen to participate in this interview to assist me complete my research report which is part of the requirements for this programme. The information is specifically academic and is confidential and it will not affect your job.

TITLE OF THE STUDY.

An examination on the effectiveness of sexuality education on teen pregnancies in Shibuyunji District.

PURPOSE OF THE STUDY

The purpose of this study is to examine the effectiveness of sexuality education on teen pregnancies in in Shibuyunji District.

SPECIAL REQUEST

The following is a request for your participation in a research project and includes a breakdown of the process, as well as your rights as a participant (should you agree to participate).

RECORDING OF THE INTERVIEW

In order to facilitate transcription of this interview, a recording device will be used and participation in the interview is voluntary and you can cancel your participation at any time.

THE EXPECTED DURATION OF THE INTERVIEW

The interview is expected to last approximately 25 minutes.

Please indicate your consent for participating in the interview and use of the recording device by signing below.

Signature……………………

Thank you in advance

Appendix 2: Consent Letter for Learners.

THE UNIVERSITY OF ZAMBIA/ZIMBABWE OPEN UNIVERSITY

TITLE OF RESEARCH: "EFFECTIVENESS OF SEXUALITY EDUCATION ON TEEN PREGNANCIES IN TWO SELECTED PUBLIC SECONDARY SCHOOLS OF SHIBUYUNJI DISTRICT".

I am Chileshe Chomba a student at the University of Zambia Pursuing a Master's Degree in the field of Education Management. You have been chosen to participate in this discussion to assist me complete my research report which is part of the requirements for this programme. The information is specifically academic and is confidential and it will not affect your job.

TITLE OF THE STUDY.

An examination on the effectiveness of sexuality education on teen pregnancies in secondary schools in Shibuyunji District.

PURPOSE OF THE STUDY

The purpose of this study is to examine the effectiveness of sexuality education on teen pregnancy in selected secondary schools in Shibuyunji District.

SPECIAL REQUEST

The following is a request for your participation in a research project and includes a breakdown of the process, as well as your rights as a participant (should you agree to participate).

RECORDING OF THE DISCUSSION

In order to facilitate transcription of this discussion, a recording device will be used and participation in the discussion is voluntary and you can cancel your participation at any time.

THE EXPECTED DURATION OF THE INTERVIEW

The discussion is expected to last approximately 25 minutes.

Please indicate your consent for participating in the discussion and use of the recording device by signing below by any representative.

Signature……………………

Thank you in advance

Appendix 3: Focus Group Discussion with Learners.

THE UNIVERSITY OF ZAMBIA/ZIMBABWE OPEN UNIVERSITY

TITLE OF RESEARCH: "EFFECTIVENESS OF SEXUALITY EDUCATION ON TEEN PREGNANCIES IN TWO SELECTED PUBLIC SECONDARY SCHOOLS OF SHIBUYUNJI DISTRICT".

PURPOSE OF THE STUDY

The purpose of this study is to examine the effectiveness of sexuality education on teen pregnancies in in Shibuyunji District.

1. Have you ever learnt about sexuality education at this school?
2. If the answer in question 1 is yes? Do you find the sexuality education interesting to you?
3. In what grade did you start learning about sexuality education?
4. Do you feel at easy learning about sexuality education in class?
5. If you were asked to say some of the things you have learnt about sexuality education would you be able to say them?
6. If answer in question (5) is yes? Mention some of the things that you have learnt with regards to sexuality education and teen pregnancy and how the two relate.
7. Mention two ways that teen pregnancy can be prevented.
8 Do you think sexuality education helps you and your friends abstain from sex?
9 How does sex education benefit you?

Appendix 4:   Interview Schedule for Teachers.

THE UNIVERSITY OF ZAMBIA/ZIMBABWE OPEN UNIVERSITY

TITLE OF RESEARCH: "EFFECTIVENESS OF SEXUALITY EDUCATION ON TEEN PREGNANCIES IN TWO SELECTED PUBLIC SECONDARY SCHOOLS OF SHIBUYUNJI DISTRICT".

PURPOSE OF THE STUDY

The purpose of this study is to examine the effectiveness of sexuality education on teen pregnancies in in Shibuyunji District.

1. Do you teach sexuality education to the learners at this school? If no, why?
2. If answer in question 1 is yes, how is sexuality education taught in this school?
3. Do you think you are capable of teaching sexuality education to the learners?
4. How do the learners react when they have a class on sexuality education?
5. Do you experience a difference in terms of behavior between boys and girls during classes of sexuality education?
6. How many teachers in your school teach sexuality education?
7. Have you experienced any changes amongst the learners during the time you have had sexuality education? If yes what are some of the changes?
8. Do you think learners have adequate knowledge about sexuality education?
9. If yes, why do you think learners have knowledge about sexuality education?
10. Do you believe that education about sexuality and sexual health would promote promiscuity among students? Give an explanation to your answer.
11. Do you think that sexuality education helps prevent teen pregnancy? Give support to your answer.
12. Do you think teaching learners about sexuality matters only encourages them to have sex? Give reasons.
13. Are there comments you can make regarding sexuality education?

Appendix 5: Interview Schedule for Guidance Teachers.

THE UNIVERSITY OF ZAMBIA/ZIMBABWE OPEN UNIVERSITY

TITLE OF RESEARCH: "EFFECTIVENESS OF SEXUALITY EDUCATION ON TEEN PREGNANCIES IN TWO SELECTED PUBLIC SECONDARY SCHOOLS OF SHIBUYUNJI DISTRICT".

PURPOSE OF THE STUDY

The purpose of this study is to examine the effectiveness of sexuality education on teen pregnancies in in Shibuyunji District.

1. Can you tell us about your job as a counselor?
2. How does your job correspond with sexuality education in the school?
3. How confident do you think the students feel about contacting you?
4. How do the students react when you talk about sex and sexuality?
5. Do you experience a difference between boys and girls while talking about sexuality issues?
6. What are some of the things you talk about when teaching sexuality education?
7. Do you use any material when you talk about sexuality issues with the students?
8. Do you think learners in this school have knowledge about sexuality education?
9. If yes, what makes you think learners have knowledge about sexuality education?
10. Have you experienced any changes amongst the students since the introduction of sexuality education?
11. Do you think sexuality education has positive or negative impact on teen pregnancy? Give reasons to your answer.
12. Any comments about teaching sexuality education to the learners.

Appendix 6: Interview Schedule for Headteacher.

THE UNIVERSITY OF ZAMBIA/ZIMBABWE OPEN UNIVERSITY

TITLE OF RESEARCH: "EFFECTIVENESS OF SEXUALITY EDUCATION ON TEEN PREGNANCIES IN TWO SELECTED PUBLIC SECONDARY SCHOOLS OF SHIBUYUNJI DISTRICT"

PURPOSE OF THE STUDY

The purpose of this study is to examine the effectiveness of sexuality education on teen pregnancies in in Shibuyunji District.

1. Does your school have a local written policy on sexuality education?
2. Who is responsible for the teaching of sexuality education in this school?
3. Do you think your teachers in your school teach sexuality education to the learners in class? Any evidence for your answer.
4. Do you think learners in your school have knowledge about sexuality education?
5. If yes? Why do you say so?
6. If no, what could be the reason?
7. Do you think that sexuality education knowledge learners receive in class help them abstain from sex? Support your answer.
8. Has any member of your staff received specific training on teaching sexuality education?
9. Have you observed any changes in the number of pregnancies in your school since sexuality education was introduced?
10. Do you have any other comments that you would like to make about sexuality education with regards to teen pregnancies?