

Local-stakeholders' engagement in the implementation of Comprehensive Sexuality Education in selected public schools in Samfya District, Zambia

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Abstract: This study examined the local-stakeholders' involvement in the implementation of Comprehensive Sexuality Education (CSE) in selected public schools in Samfya district of Zambia. The study used a qualitative case study research design involving 27 participants who included parents, teachers and pupils. The sample was purposively selected from three public schools in the district. Data were collected using document analysis, lesson observations, semi-structured interviews and Focus Group Discussions (FGD). Thematic analysis was used to analyse data.

The findings of the study showed that there were no local stakeholders directly involved in the implementation of CSE. However, some local stakeholders such as health workers, the Non-Governmental Organisations (NGOs) and some parents were reported to be involved in doing related activities aimed at preventing early marriages and teenage pregnancies in the community. The study further indicated that although some NGOs were involved in doing some activities to promote the prevention of teenage pregnancies, such activities were only targeting some pupils, especially those supported by such NGOs. The parents who were reported to be involved were also engaged by such NGOs, making their activities limited only to the pupils supported by such NGOs. Further, health workers' activities were mainly reactive as opposed to being pro-active as they were only called upon when certain vices are noticed such as an increase in teenage pregnancies and/or Sexually Transmitted Infections (STIs) including HIV among pupils.

The conclusion of this study, therefore, is that there is little collaboration between public schools and local-stakeholders in the implementation of CSE. This has resulted in the lack of harmonization of activities carried out by public schools and other stakeholders although they all aim at achieving such health goals as reducing teenage pregnancies and transmission of STIs including HIV among pupils. This study therefore, recommends that public schools should sensitise the local stakeholders about CSE programmes and include them in its implementation through the multidisciplinary team approach to CSE implementation.

Key words: Comprehensive Sexuality Education, collaboration, teenage pregnancy, local-stakeholders, engagement, Non-Governmental Organisations, public schools,

I. BACKGROUND

Teenage pregnancy has become a serious public issue of concern in Zambia as more and more school-going girls drop out of school as a result of teenage pregnancy (Munsaka, 2009; Svanemyr, 2019). According to Ministry of General Education (MOGE, 2015) about 47 percent of school-dropouts are due to teenage pregnancy. Further, the educational statistical bulletins over the years have reported increasing cases of teenage pregnancy among pupils. MOGE (2018) indicates that 13,640 and 15,029 cases of teenage pregnancy were recorded in 2017 and 2018 respectively. In addition, the Central Statistical Office, Ministry of Health, and Inner City Fund International (CSO, MOH, & ICF International, 2019), indicate that 29% of young women aged 15 to 19 are already mothers or pregnant with their first child, especially in rural areas where they are twice more likely to have begun childbearing than urban areas (37% versus 19%). Thus, the Ministry of General Education, as one way of trying to reduce the vice, introduced Comprehensive Sexuality Education (CSE) in public schools in 2014. This is because various studies have reported evidence of the effectiveness of CSE in terms of delayed initiation of sex, decreased frequency of sex, fewer sexual partners, and increased use of contraceptives including condoms (Kirby, 2007; Stanger-Hall & Hall, 2011). Despite the introduction of CSE in public schools, cases of teenage pregnancy among school-going girls keep increasing, especially in rural areas such as Samfya district (Mwape & Munsaka, 2020). This scenario begs the question on how CSE is being implemented, especially concerning the engagement of the local-stakeholders. This is because studies, such as those done by Chandra-Mouli, Plesons, Hadi, Baig and Lang (2018) and Svanemyr, Amin, Robles and Greene (2015), indicate that programme implementation succeeds where the local-stakeholders such as parents and local NGOs are involved. Silumbwe et al. (2020) also indicate that community's and health personnel's involvement in the implementation of health programmes such as CSE is cardinal for success.

A number of scholars have indicated the need for local-stakeholders such as parents to play a pivotal role in the success of CSE programme to pupils. For example, Literature has shown favorable community attitude towards CSE. Svanemyr et al. (2015) argue that parents and close family members play a major role in shaping attitudes, norms and values related to gender roles, sexuality, and the status of adolescents and young people in the community. There is therefore, need for them to be involved in programme implementation that target their children. In a study conducted by Iliyasu, Aliyu, Abubakar and Galadanci (2012) to explore the reproductive health communication practices among the mother-daughter pairs in Ungogo, Northern Nigeria, the study indicates that majority of daughters acquired reproductive health education from their mothers. The study further reveals that parents were more likely to discuss marriage, menstruation, courtship, premarital sex, and STIs. These topics are part of CSE content and can be used as a basis for incorporating parents in programme implementation. This will help win the support of parents and the community as a whole. In fact, Mkumbo and Ingham (2010) report that most parents in Sub-Saharan Africa generally express support for the teaching of CSE to their children in public schools. What is not clear, however, is how parents are involved in the implementation of CSE in public schools in Samfya district.

The need to involve NGOs in the implementation of CSE cannot be over emphasised. For example, in South African, an NGO called Soul City uses mass media, social mobilization, and advocacy activities to target young people of different ages. Soul Buddy TV facilitates discussions among young adolescents based on the television series and accompanying booklets, while Soul Buddyz clubs extend the impact of the drama by promoting community dialogues through their network of 6,500 children's clubs (Waldman & Amazon-Brown, 2017). Similarly, in Nigeria, the NGO education as a vaccine links young people to youth-friendly services in a context challenged by religious polarization. Education as a vaccine uses cyber cafes to deliver CSE through eLearning, with content developed by young people themselves (Waldman & Amazon-Brown, 2017). The question still remained on how public schools in Samfya district were involved in the implementation of CSE.

Peer educators equally play an active role in the implementation of CSE programmes. Onyeonoro et al. (2011), in their study on the sources of sexuality information, and its likely effect on their sexual practices among in-school female adolescents, reveal that the primary sources of sexuality information were mainly the media and peers. Peer educators, especially outreach rather than formal school-based peer educators, may be successful at facilitating the development of self-esteem and empowerment. It also facilitates the diffusion of innovation (UNESCO et al., 2018). Additionally, in Pakistan, trained peer educators who had been elected by classmates participated in the role-plays and drama serial (Chandra-Mouli et al., 2018). In Zambia, some peer educators

were trained by NGOs to run communication outreach programs, school clubs, young people-friendly corners, Edu Sport, and theatrical events (UNESCO et al., 2018). Although the contexts where the studies cited and the current study was conducted are different, the importance of schools to collaborate with local-stakeholders remains cardinal. It was therefore important that the current study investigated the involvement of the local-stakeholders in the implementation of CSE in public schools in Samfya district.

The importance of engaging a community on a novel programme by using the community's acceptable and recognised channels of communication cannot be over emphasised. A study conducted by Zulu et al. (2019) on the challenge of community engagement and informed consent in rural Zambia reveals that inadequate use of acceptable and recognised community communication channels during community engagements and information dissemination process resulted in a limited understanding of the concept that the programme was trying to deliver. Such a scenario may breed fear, uncertainties, and misrepresentation of a well-intended programme. Further, Population Council, United Nation Population Fund, Government of Zambia Human Rights Commission, Women and Law in Southern Africa and United Nations in Zambia (2017) report that there is no practical link between public schools and health centres in terms of adolescents' sexual and reproductive health services in Zambia. This makes CSE a mere academic exercise for adolescent pupils as they are unable to access the much needed services they learn about in CSE. It is however, not clear how the public schools and health centres collaborate in the implementation of CSE.

II. METHODOLOGY

The current study sought to investigate the local-stakeholders' involvement in the implementation of CSE in selected public schools in Samfya district. Therefore, it adopted interpretivism/social constructivism as the philosophical worldview to guide it. This philosophical assumption, consequently, influenced the choice of a research approach, design, methods and strategies employed in this study. The study therefore, used a qualitative case study research design. It comprised the following population: All Teachers, all parents and all pupils in public schools in Samfya district. Purposive sampling was used to select three public schools with a sample size of 27 participants. The sample included 3 Guidance and Counselling teachers, 1 from each of the three schools; 3 teachers who included a teacher of social studies from a primary school, a teacher of Biology from a secondary school and a teacher of Home Economics from a Junior secondary school. Other participants included 3 parents, 1 from each school and 18 pupils, 6 from each school. The study employed four data collection instruments namely; document analysis, observation, semi-structured interviews and the focus group discussions. Document analysis analysed schemes of work, lesson plans and activity plans to show the

involvement of the local-stakeholders. Observations of actual lessons and activities integrating CSE were done. Semi-structured interviews were conducted with guidance teachers and parents, while focus group discussions were conducted with the pupils. Data was analysed using coding and thematic analysis. This involved making sense out of data by consolidating, reducing, and interpreting what participants said and what the researcher had seen during actual lesson/activity delivery and read from the documents, interviews and focus groups discussions.

III. FINDINGS AND DISCUSSIONS OF THE STUDY

The study revealed that some of the local-stakeholders such as health workers, NGOs and the parents were involved in giving some CSE related activities to the pupils.

Health workers

The study revealed that health centers were providing some sexual and reproductive health services periodically to pupils in public schools although it is not well organised and planned for. For example, one teacher of science indicated that periodically, officers from the local clinic visited the school to offer some talks to the pupils:

For the local stakeholders, we have the colleagues from the clinic who sometimes come to talk to the pupils about reproductive health and sexuality education which also involve issues such as how to avoid unwanted pregnancies, STIs including HIV/AIDS and so on (SCTA, Interview, June, 2019).

The above revelations were also echoed by the guidance and counselling teacher from another school, school 'A':

Sometimes people from the clinic also come here to talk to the pupils on a number of health issues including how to protect themselves from unwanted pregnancies and sexually transmitted infections. However, what I can say is that these organizations have their own agenda; they do not come specifically for CSE programmes (GTA, interview, June, 2019).

Pupils also confirmed the above assertions by indicating that health officials mostly talked about the usual messages about Sexually Transmitted Infections (STIs) including HIV/AIDS, teenage pregnancies and health checkups. Such services were routine services by health workers that could not be taken seriously by some pupils. In the following extract, one pupil pointed out that:

Those from the clinic come to talk to us about HIV/AIDS; on how to protect oneself from Sexually Transmitted Diseases and unplanned pregnancies and conduct pregnancy tests although some don't attend such talks (Pp3B, FGD, June, 2019).

Even some of the parent participants indicated that some health workers sometimes visited schools to talk to their children in public schools although they were not sure of what

was discussed due to non-collaboration among various stakeholders about the issues affecting pupils:

The people from the clinic also visit schools but I am not sure of what exactly they teach them. There is no collaboration to say where we all come together and deal with this issue as parents, teachers and other organisations (PC, Interview, June, 2019).

Another parent from school 'A' expressed similar sentiments:

People from the clinic also visit the school sometimes. However, the nitty-gritties of their discussions with pupils I do not know apart from knowing that they teach them about how to prevent unwanted pregnancies by using condoms and family planning pills and injections (PA, interview, June, 2019).

Although the study revealed that some health workers were periodically visiting public schools, an analysis of the document did not indicate the activities that the schools were doing in collaboration with the local health centres. Further, there was no evidence showing the activities that health workers had done with pupils. Even during the actual observation of the various activities, no activity was witnessed being administered by the health personnel.

The revelation that some health workers were periodically visiting public to talk to pupils about their sexual and reproductive issues, which is part of CSE, corroborate previous studies, which encourage community participation in CSE delivery. The studies by Rogow et al. (2013), Silumbwe et al. (2020) and UNESCO et al. (2018) all indicate that health workers were key stakeholders in the provision of CSE and need to collaborate with public schools to help implement CSE.

Despite the reported participation of the health workers in CSE implementation, however, the findings should be handled cautiously. It is clear from the findings that the health workers were not able to go beyond sexual and reproductive health issues, which are within their mandate. They did not talk about other components of CSE, such as those that help impart into adolescents positive attitudes, right skills, values, cultural and societal norms, and human rights. Further, their services carried out in public schools were not translated into practical accessibility of, for instance, contraceptives for sexually active adolescents as there is no local policy to link schools to health centres. In addition, health workers generally present their lessons at ante-natal and post-natal services with mothers and expectant mothers. Therefore, their role in CSE is rather limited because it is mainly curative rather than preventive and their audience is generally those who are already pregnant. This scenario confirms the revelations by the studies done by Mwape and Munsaka (2020); Zulu et al. (2019); and Population Council et al. (2017) that there is no practical link between public schools and health centres in terms of adolescents' sexual and reproductive health services in Zambia. This makes CSE a

mere academic exercise for adolescent pupils as they are unable to access the much needed services they learn about in CSE. Although the current was conducted in a different place, at a different time, compared to the previous studies cited, it yielded findings that are similar to those of the previous studies. This could be due to the fact that there is deliberate effort by the public schools to put in place a policy that will enable various local stakeholders to collaborate in the implementation of CSE and have a coordinated and harmonised programme.

Non- Governmental Organizations (NGOs)

The study also revealed that some NGOs were indirectly involved in the implementation of CSE related activities in schools. The main NGO that was reported to be involved in CSE implementation was an organisation called Camfed that supported pupils in terms of paying for their schools. The teacher indicated that Camfed supported girl pupils by paying school fees for them and talked to them about some sexual and reproductive issues as indicated in the following excerpt:

We have some local stake-holders who are not necessarily involved in the implementation of Comprehensive Sexuality Education but have programmes similar to the ones promoted by Comprehensive Sexuality Education as a programme. For example, we have the Camfed that supports girl children by paying school fees for some vulnerable children. This organization talks to the girls on the need to concentrate on their education and avoid indulging themselves in illicit sexual behaviours (GTA, Interview, June, 2019).

In addition, another teacher from a different school, school 'C' also expressed similar sentiments about Camfed being one of the stakeholders which helped girl children in public schools although they were not specifically implementing comprehensive Sexuality education.

As I indicated earlier on, there is no specific stakeholder that comes to teach about Comprehensive Sexuality Education at this school. However, various groups such as Camfed come to talk to our pupils although their gatherings are not regulated and monitored by us (GTC, Interview, June, 2019).

The study further revealed that even pupils indicated the existence of Camfed in their schools:

Camfed sometimes come to meet those whom they are sponsoring to discuss issues of sexuality and reproductive health that includes encouraging them to avoid teenage pregnancies and concentrate on school (Pp3A, FGD, June, 2019).

Even some parents also indicated that they were aware that an organisation called Camfed this is evident in the excerpt below:

I am aware of the organisation called Camfed that sponsors some girls at this school. This organization, talks to both some

parents and pupils whom they sponsor (PC, Interview, June, 2019).

Another parent gave similar information:

The other people that I know visit the school to teach our children about sexual issues and how to avoid unwanted pregnancies are these organisations, which sponsor some girls such as camfed (PA, Interview, June, 2019).

Apart from Camfed, the study revealed that an American Volunteer under the American Peace corps also taught pupils on issues related to sexuality and reproductive health although at the time of the interview, the Volunteer had left:

An American volunteer also introduced a girls' club. This club was only for girls where things such as girls' reproductive health and other related issues were discussed. In that club issues of abstinence, hygiene especially during monthly periods and contraception were discussed (GTA, Interview, June, 2019).

It was revealed that although camfed was involved in helping pupils, it only targeted those girl pupils whom they were sponsoring. Further, the study revealed that the two organisations only targeted girls, leaving out boys. During document analysis and actual observation of activities there was also no evidence of the activities of the organisations such as the recordings of their meetings and the registers of the members.

From the foregoing, it is clear that some local NGOs were indirectly involved in the implementation of CSE. These findings are in line with the findings of the earlier studies done that reported that in South African, an NGO called Soul City uses mass media, social mobilization, and advocacy activities to target young people of different ages (Waldman & Amazon-Brown, 2017). Further, these findings were in agreement with another study done in Nigeria where it was reported that the NGO education as a vaccine linked young people to youth-friendly services in a context challenged by religious polarization (Waldman & Amazon-Brown, 2017).

Although the findings indicate that some NGOs were indirectly involved in the implementation of CSE, caution must be exercised because Camfed and the other NGO by the American volunteer, could only be involved as long as there was funding for them to carry out CSE related activities. Such services are most likely to be withdrawn in the absence of funding, as was the case when the American volunteer left; the activities also stopped taking place. Further, the two organisations were reported just to be interacting with pupils and discussing some components promoted by their funders. This, however, does not offer the comprehensive programme as expected or as a CSE programme demands. Moreover, not all the pupils were targeted by such programmes by NGOs.

IV. PARENTS

The study revealed that some female parents whose children were supported by Camfed were trained by the organisation to be involved in the teaching of some girl children supported by the same organisation. For example, a guidance teacher explained in the excerpts below:

There is also a club of women who are trained under Camfed which is also an organization which is used to encourage girls' education. This is a committee of selected community women who are used by Camfed to talk to the girls who are sponsored by Camfed about the advantages of remaining in school and complete their education. As they engage these girls, they also talk about issues that aim at avoiding early pregnancies and early marriages (GTA, Interview, June, 2019).

Another guidance teacher from a different school, school 'C' expressed similar sentiments:

Some women from the community are engaged by Camfed to be teaching girls who are on a Camfed sponsored programme. Their lessons include issues to do with sexual and reproductive health including discouraging of early marriage and early pregnancy (GTC, Interview, June, 2019).

In addition, a teacher from school 'B' indicated that parents through their representatives, the Parents Teachers Association (PTA) members, were sometimes involved to talk to pupils:

We also work with the Parents Teachers Association (PTA) when there are issues to do with our pupils especially pregnancies and early marriages. The PTA members are asked to talk to their fellow parents who encourage early marriages (GTB, Interview, June, 2019).

In a separate interview, however, parents refuted the claim that they were collaborating with public schools. Parents bemoaned lack of collaboration between the school and the parents because even when a pregnancy occurred, sometimes PTA members were not involved. For example, one parent complained as presented in the following excerpt:

..., one of the issues that I have observed is that there is no collaboration between the parents and the teachers. You see, this school is a day secondary school. Children come from our homes to come here to school. There is therefore need for us parents to know what the school is doing to help our young people. Even challenges concerning teen pregnancies, the school administration does not engage the PTA members, they just invite the owner of the child who is pregnant without informing us the representatives of the parents (PA, Interview, June, 2019).

In a separate discussion, during a focus group discussion, pupils expressed similar sentiments. For example, one pupil explained that only those parents were engaged by Camfed could talk to the Camfed sponsored girls sometimes:

I will not necessarily talk about parents' involvement in the programme we are talking about. However, there are some parents whom Camfed has recruited to help them talk to the girls who are on Camfed sponsorship. These girls being sponsored by Camfed meet with some parents from this community and they talk about how to avoid unwanted pregnancies and how to avoid illicit activities and concentrate on school (Pp2C, FGD, June, 2019).

It is clear, in view of the foregoing that, although indirectly, parents were involved in some activities related to CSE. Parents were involved in the implementation of CSE, either by themselves or through their representatives and sometimes the PTA. These findings corroborate previous studies, which encourage community participation in CSE delivery (Moono et al., 2019; Rogow et al., 2013; Silumbwe et al., 2020; UNESCO et al., 2018). These revelations are significant because they demonstrate the levels of parents' involvement in CSE, although not comprehensive and direct. They also exhibit that there were parallel structures at community levels which were involved in providing CSE to adolescents, and that the programme was not only limited to the class environment.

These findings, however, should be interrogated further as parents are likely to collaborate with schools only in terms of reinforcing abstinence-only messages to pupils. Without parents being first sensitized by the public schools, they are unlikely to embrace other approaches to sexuality education such as CSE that support the use of contraceptives as means to prevent teenage pregnancy for sexually active adolescents. However, the abstinence-only approach has been proved to be ineffective in terms of preventing teenage pregnancy (Kirby, 2007, Santelli et al., 2017; UNESCO et al., 2018). Therefore, the eminent lack of consensus and formal collaboration between parents and public schools on encouraging sexually active adolescents to access contraceptives, constitutes a major problem affecting community engagement in the provision of CSE. This discord results in children and young people receiving inconsistent and conflicting information on sexual and reproductive health, sexuality, and gender, which may lead to confusion (UNESCO, 2018). Ideally, all actors with a role of providing children and young people with CSE should reinforce the same messages, values, and attitude development if the programme has to succeed (Kirby, 2007).

V. CONCLUSION

The findings of the current study have shown that the involvement of local stakeholders in the implementation of CSE was practically non-existent. Apart from sporadic activities that were carried out by the Ministry of Health staff from health centers, some NGOs, and some parents, local stakeholders' involvement was generally limited. This was mainly because of lack of a local policy to enhance public schools and local-stakeholders' collaboration in the implementation of CSE and also lack of sensitization of the local stakeholders about the CSE programme. Therefore, with

a myriad of such hurdles, it is difficult for CSE programmes being implemented in public schools in Samfya district, to be able to impart the necessary knowledge, skills, values and right attitudes into the adolescent pupils and influence positive behavioural change among adolescent pupils. There is therefore need to have a multi-disciplinary approach involving active participation of all stakeholders in the implementation of CSE, if the programme is to succeed.

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