ACCEPTABILITY OF YOUTH CLUBS FOCUSING ON COMPREHENSIVE SEXUAL AND REPRODUCTIVE HEALTH EDUCATION IN RURAL ZAMBIAN SCHOOLS: A CASE OF CENTRAL PROVINCE

NAME: EUNICE CHIRWA-KAMBOLE

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DECLARATION

I, **Eunice Chirwa-Kambole** declare that this dissertation submitted to the University of Zambia as partial fulfilment of the award of the degree of Master of Public Health (Policy and Management) is my own work and has not been submitted either wholly or in part for another degree to this University or any other or Institute for higher education.

Signed…………………………………………   **Date…………………………**

Eunice Chirwa-Kambole

 (Candidate)

DEDICATION

This study is dedicated to my loving husband Christopher Kambole, my three adorable children Chipeta Kambole, Mutinta Kambole and Bupe Kambole, for your understanding and support during my study. To dad, mum, my brothers and sisters, a big thank you for your love and care.

CERTIFICATE OF APPROVAL

This thesis by **Eunice Chirwa-Kambole** has been approved as fulfilling the requirements or partial fulfilment of the requirements for the award of the degree of Masters in Public Health (MPH) by the University of Zambia.

Examiner 1:

 Sign: _____   **Date:** _____

Examiner 2:

Sign: _____   **Date:** _____

Examiner 3:

Sign: _____   **Date:** _____

Chairperson of Examiners:

Sign: _____   **Date:** _____

CERTIFICATE OF COMPLETION OF DISSERTATION

The undersigned certify that they have read the dissertation and are satisfied that it is the original work of the author under whose name it is being presented.

Dr. Joseph Zulu (supervisor)

Signed: _____   **Date:** _____

Department of Health Promotion, School of Public Health

Dr. Peter Hangoma (co-supervisor)

Signed: _____   **Date:** _____

Department of Policy and Management, School of Public Health

Dr Peter Hangoma (Head of Department)

Signed: _____   **Date:** _____

Department of Policy and Management

ABSTRACT

Youths in Zambia have limited access to information concerning Sexual Reproductive Health (SRH) and this puts them at risk of unwanted pregnancy. The Research Initiative to Support the Empowerment of Girls (RISE) is a cluster randomized testing the effectiveness of different support packages on teenage pregnancies, early marriages and school dropout. One of the support packages included youth clubs focusing on comprehensive sexual and reproductive health education (CSRHE). Although similar interventions have been implemented in other settings, their integration process has been complex and comprehensive assessments of factors shaping acceptability of youth clubs is lacking. Through the use of diffusions of innovations theory, this paper qualitatively aimed to identify factors that shaped the acceptability of CSRHE youth clubs in rural schools in Central Province.

A qualitative case study was conducted in which data gathered through eight focus group discussions from grade eight pupils, eight key informant interviews with teachers and document review were analyzed using thematic analysis.

The perceived relative advantage of youth clubs and the simplicity related to the use of participatory learning methods, films and role plays to communicate sensitive reproductive health information and made the learners like the youth clubs. Further the perceived compatibility of the content of the sessions with the science curriculum increased the learners' interest in the youth club as the meetings also helped them prepare for the school exams. However, cultural and religious beliefs among teachers and parents regarding the use of contraceptives complicated the delivery of reproductive health messages and the acceptability of youth club information among the learners.

The study has demonstrated that acceptability of SRH interventions such as youth clubs in some schools of Central Province may be successful if pupils and teachers use interventions that depict real life. Teachers and pupils appreciated the introduction of CSRHE youth clubs and the provision of economic support to girls and their families that led to the reduction of early marriages, school drop-out and early pregnancies.

Key words: *Comprehensive sexual and reproductive health education, youth clubs, acceptability*

DEFINITION OF KEY TERMS

Acceptability: The degree to which something is agreed or approved of by most people in a society (Oxford Dictionary).

Integration: The act of bringing together small components into a single system (Oxford Dictionary).

Youth: A male or female aged between 15 and 24 years (United Nations).

Youth Club: A club where young people can go to meet each other and take part in various leisure activities. Youth clubs are often run by a church or local authority (Oxford Dictionary).

Comprehensive Sexual Reproductive Health Education: A sex education method based on curriculum that aims to give students the knowledge, skills and values to make healthy choices about their sexual lives (Wikipedia)

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ASRH	Adolescent Sexual and Reproductive Health
BMI	Body Mass Index
CHW	Community Health Worker
CSO	Central Statistical Office
CSRHE	Comprehensive Sexual and Reproductive Health Education
DEBS	District Education Board Secretary
ECA	Extra-Curricular Activities
FHI	Family Health International
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
KDS	Kenyan Demographic Survey
LO	Life Orientation
RH	Reproductive Health
RISE	Research Initiative to Support the Empowerment of Girls
SDG	Sustainable Development Goals
SRH	Sexual Reproductive Health
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
UK	United Kingdom
UN	United Nations
USA	United States of America
UNICEF	United Nations International Children's Emergency Fund
UNZA	University of Zambia
ORG	Organisation

CHAPTER ONE

INTRODUCTION

1.0 Background

Risky sexual practices among youths lead to sexual and reproductive health (SRH) problems such as unwanted pregnancies, unsafe abortions as well as STI/HIV infections. This has necessitated the introduction and development of several interventions aimed at improving the SRH among youths. One such intervention is the provision of Comprehensive Sexual and Reproductive Health Education (CSRHE) and life skills through youth clubs.

To address the limited exposure of Sexual Reproductive Health (SRH) information faced by youths in Central Province, the Research Initiative to Support the Empowerment of Girls (RISE) introduced Comprehensive Sexual and Reproductive Health Education (CSRHE) youth clubs in schools of Central Province. The provision of SRH services through youth clubs is seen as one strategy that has potential to contribute to addressing the SRH challenges ((Lusinje et al*.,* 2015). However, the provision of these youth clubs can either be accepted or not, because interventions aimed at looking at the acceptability of SRH interventions revealed that acceptability could either be high or low (Madiba and Motgatle, 2015; Samima*,* 2016). Investing in the health of young people is essential for the economic and social development of any nation (Godia et al., 2014).

Globally, youths have limited exposure to Sexual and Reproductive Health (SRH) information leading to various Reproductive Health (RH) problems including risky sexual debut, unwanted pregnancies, unsafe abortions as well as STI/HIV infections (Zaw et al., 2013). Every year, an estimated 21 million girls aged 15 to 19 years and 2 million girls aged under 15 years become pregnant in developing regions (Darroch et al., 2016). In 2015, 250,000 young people aged from 15 to 19 years were newly infected with HIV, (UNICEF, 2016). Additionally, the school dropout rate globally continues to be high among the youth. In Sub-Saharan Africa 42% of its pupils leave school early, and 33% of southern and western Asian students also drop out. Another problem faced by youths is early marriages. Records show that 46% of girls under the age of 18 years are married in South Asia; 39% in Sub-Saharan Africa; 29% in Latin

America and the Caribbean; 18% in the Middle East and North Africa. In the developing world, 1 in 3 girls are married by age 18, and 1 in 9 are married by age 15 (UNICEF, 2012).

Africa has been hit by problems of SRH among the youths. For example, in Ethiopia, there are very limited and uncoordinated reproductive health programmes to address the SRH of young people and some conducted assessments indicates the major problems for Ethiopian youths related to reproductive health are due to lack of, or poorly organised SRH services designed for them (Gessesse and Yoseph, 2011). Most studies in Ethiopia indicate that young people are engaged in sexual activities at a very tender age. The study conducted in Ethiopia (Young people's HIV/AIDS and Reproductive Health need and utilisation of services in selected regions of Ethiopia, 2005) revealed that the first age at which sexual intercourse was practised by young people ranged from 13-17 years old.

Zambia, being a country in the developing world, has not been spared by the SRH among youths as this continuously poses a challenge (Stansert and Jensen, 2011). One of the causes of this challenge is due to inadequate information on SRH leading to school dropout (Rassmussen and Munkoni, 2014). Youths in the age group of 15 to 24 years may still be in school and work towards their educational goals (Rasmussen and Munkoni, 2014). However, it is notable that approximately 5% of the youths have no formal education and 34% of them have attained at most incomplete primary education, meaning that in total 39% of 15-24-year-olds have not completed primary education in Zambia (Rasmussen and Munkoni, 2014).

The youths face yet another problem of teenage pregnancies. Zambia has a high rate of fertility at an average rate of 6.2 in 2007(Restless Development, 2012). The number of pregnancies among teenagers has been rising in Zambia over the past decade. 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 from 11,391 to 13,634 (Restless Development, 2012). By 2010, the Ministry of Education reported that there were over 15,000 teenage pregnancies among school going teenagers in Zambia (Restless Development, 2012). The trend for 2011 remains high at 12,285 which is still a high rate. Despite the trend revealed by these statistics, discussion of subjects such as sexual health and sexuality are still regarded as inappropriate in many areas of the

country, especially in rural communities. Therefore, young people in Zambia do not get appropriate guidance on how to avoid pregnancy.

Zambia is amongst the 20 hotspots in the world as regards the incidence of child marriage (Plan International, 2013). Child marriage also referred to as early marriage, is any marriage where at least one of the parties is under 18 years of age (Plan International, 2013). The overwhelming majority of child marriages, both formal and informal, involve girls under 18 years old, although at times their spouses are also underage (Plan International, 2013). Of the 42%, 9% are married under 15 years of age. Of those married, 65% have no education and only 2% use contraceptives to space births. Girls in the poorest 20% households are five times more likely to be married before the age of 18 years than those in the richest 20% households. Data from 2007 Demographic and Health Survey (DHS) and the 2010 census showed that there has been little to no change in the national prevalence rate of child marriages since 2002 (Plan International, 2013).

1.1 The RISE Project

This study was embedded in the main Research Initiative to Support the Empowerment of Girls (RISE) study. RISE is a cluster randomized testing the effectiveness of different support packages on teenage pregnancies, early marriages and school dropout. The trial has three arms: one control arm and two intervention arms. In one intervention arm the participants were offered economic support in the form of monthly cash transfers of ZMW 30, their parents were offered annual grants of ZMW 350, and school fees were paid for those who qualified for grade 8 and 9 (Ingvild et al., 2016). In the second intervention arm, the same economic support was combined with youth clubs focusing on CSRHE and community dialogue meetings. Their premise was that CSRHE information can help reduce sexual risk taking and life skills and discussions of gender dynamics could make the girls better able to negotiate with boys to delay sex or use protection, and thus reduce the risk of early childbearing.

Approximately 4900 girls who were enrolled in grade seven in 2016 in 157 schools of Central and Southern Provinces of Zambia were recruited into RISE (Ingvild et al., 2016). The interventions were launched in September 2016 and lasted for 27 months till November, 2018. The youth clubs were established to provide comprehensive sexual

and reproductive health education among in- and out-of-school adolescent girls and boys. Girls participating in the trial and boys who attended grade 7 in 2016 in the randomly selected schools were invited to participate in a youth club every fortnight during the school terms, (which are approximately three months) and girls and boys could continue in the youth club even if they quit school. The meetings included interactive discussions on education, early marriage, and the risks of early pregnancy, gender roles, and sexual and reproductive health, including myths around modern contraceptives. Snacks and a drink were served to those attending to motivate them to come and because the meetings took place in the afternoon when the learners were hungry. Meetings were also held to inform parents about the content of the youth club sessions.

Teachers were linked with a community health assistant (CHAs) or a community health worker (CHW) to run the youth club together. Before the intervention was launched, the selected teachers and CHAs/CHWs were given a 5-day training which focused on the SRH curriculum, facilitation techniques and approaches to community mobilization. Two female peer educators were also recruited per school and trained to assist in mobilizing for the youth club meetings and assist with practical things during the meetings. In addition, orientation meetings were held to inform other healthcare workers in the catchment area of the schools about the project and the importance of providing youth-friendly health services.

A study by Burr, (2012), revealed that participating in an extracurricular activity was significantly and positively associated with academic self-efficacy for adolescents (p < .001), as hypothesised. Burr (2012) concluded that there was indeed a positive relationship between extracurricular activities and participation. In addition, youth clubs are created to contribute to the personal development of students, to increase the effectiveness of the courses, to develop different aspects of the students, and to ensure that students are able to spend their time effectively (Mmotlane et al., 2009). The time students spent in educational club activities also allowed teachers to be together with their students other than during class time. During youth clubs and social activities, teachers ensured that there was a continuity of students' school life and students create connections with what they have learnt in real life (Gelen et al., 2014). Youth clubs and social activities play an important role in preventing student dropouts (Gordon, 2010).

However, the literature suggests that the integration process has not been optimal (Zulu et al., 2015).

1.2 Statement of the Problem

Studies revealed that Central Province **has** high rates of HIV and AIDS, teenage pregnancies, school dropout and early marriages among the youths (Siwawa, 2015; Central Statistical Office, 2010; Ministry of Education Science Vocational Training and Early Education, 2010). The prevalence rates for early marriages for Central Province was at 46% (Siwawa, 2015) while the HIV and AIDS prevalence rate was at 15.3% (Central Statistics Office, 2004), in and out of school teenagers who had begun child bearing stood at 29.3% (CSO, 2010). The number of teenage pregnancies for Central Province stood at 1570 (Ministry of Education Science Vocational Training and Early Education, 2010).

In order to mitigate the above, RISE introduced CSRHE youth clubs in schools in the Central Province of Zambia. Studies also revealed that implementation of policy guidelines for integrating programmes into government may not automatically guarantee successful integration, at least at the start of the process (Zulu et al, 2015). Uncertainty remained on whether there had been acceptability of these youth clubs as there were limited or no studies on the acceptability of CSRHE youth clubs in schools in Zambia (that is, to the knowledge of the researcher and by the time of the study). A new project can either be accepted (Madiba and Motgatle, 2015) or rejected (Samima, 2016) by the community; and these clubs were a new concept in the targeted schools, therefore, there was need to find out the acceptability of youth clubs with a view of reducing the SRH problems faced by the youths. Preliminary monitory reports from the districts had shown that while attendance in youth clubs in some schools had been good, the situation in other areas was different.

1.3 Rationale/ Justification

While access to high-quality schools is a necessary ingredient for the education of students, good schools alone may not be sufficient to ensure that youths don't drop out of school and girls are prevented from early marriages, HIV/AIDS and teenage pregnancies. There is a notion that motivation and concentration levels of young people are much higher in youths attending youth programmes than they are in youths who

don't participate in any youth school programmes (or when hanging out with friends), suggesting the untapped power in youth development programmes that can positively impact school performance.

Acceptability can either be high or low. Previous research by Madiba and Mokgatle (2015) and Lal, Nguyen and Theriault, (2016) revealed that there was acceptance of their product or service by the target group, while, another study by Samina (2016) revealed that acceptance was low. This study, therefore, aimed at contributing to this knowledge gap by exploring the acceptability and adoption of CSRHE youth clubs in schools during the initial phase of the integration process and to inform policy makers on the implementation of CSRHE with regard to youth clubs in schools.

1.4 Theoretical Framework

To help address the research objectives, we employed the Diffusions of Innovations (DOI) theory which was developed by Rogers (1983). The diffusions of innovations theory as developed by Rogers (1983) had been chosen to examine the acceptability of CSRHE youth clubs in schools of the Central Province. DOI theory addresses how ideas, products or services that are perceived as new ideas are adopted throughout society (Kaminski, 2011). Diffusion research examines how ideas spread among groups of people. Diffusion goes beyond the two-step flow theory, centering on the conditions that increase or decrease the likelihood that an innovation, a new idea, product or practice, will be adopted by members of a given culture. In multi-step diffusion, the opinion leader exerts a large influence on the behaviour of individuals, called adopters, but there are also other intermediaries between the media and the audience's decision-making (Infante et al., 1997).

The process of integration has been explained by different theories. The diffusion of innovations theory, which concerns how conditions increase or decrease the possibility that members of a social system will adopt an innovation has been widely used in health services research. According to Rogers's theory (1983), diffusion is a process by which an innovation is communicated through certain channels over time among the members of a social system. An innovation is more likely to be accepted by the adopting system and thus, would be scalable if it has attributes of perceived relative advantage in relation to other options, compatibility with existing values and practices,

and trialability, which is the degree to which an innovation can experiment with a limited basis. Other relevant attributes include the observability of the innovation, which is the degree to which the results can be visualised, and its perceived simplicity or ease of use. The diffusion of innovations theory was used in this study in order to facilitate understanding of the contextual/school processes and social factors that affected stakeholders' acceptability of the youth clubs programme at the Provincial level in the Central Province of Zambia. The theory helped us to explore how the attributes of the youth clubs programme would interact with the education system to either enhance or hinder its adoption at the Provincial level. In addition, the theory helped us to draw lessons for the programme scale-up phase.
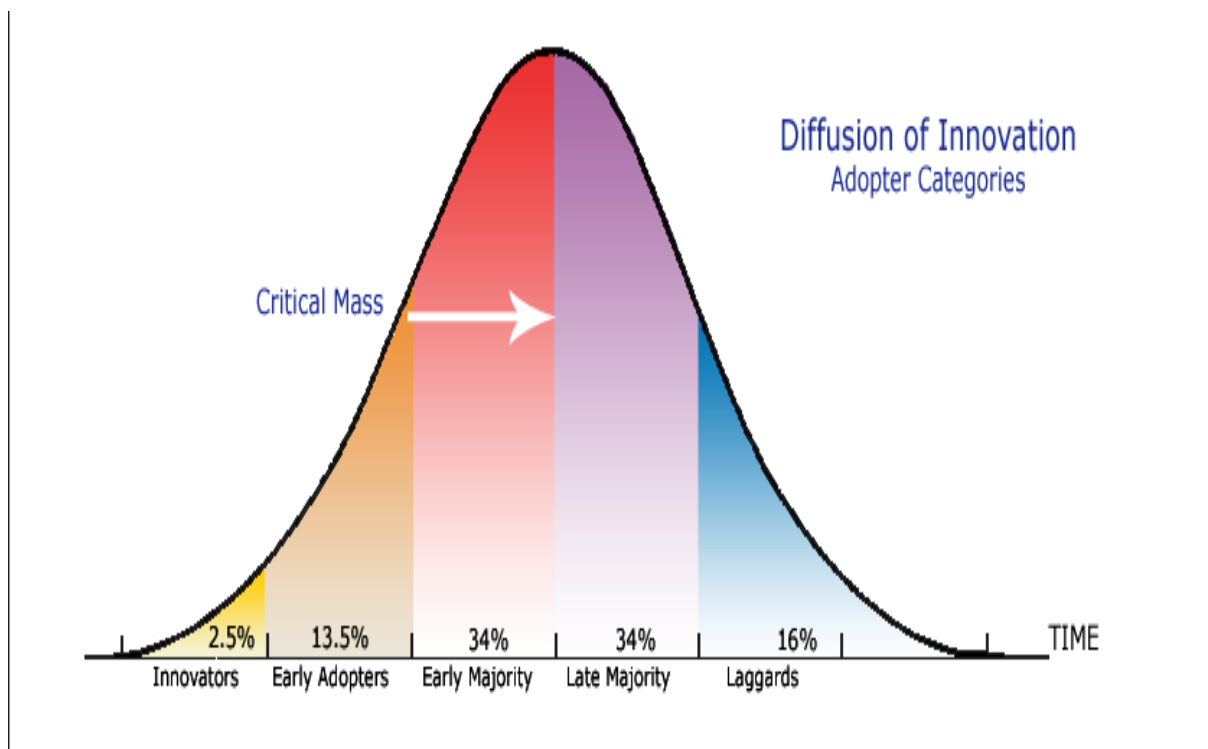
Figure 1: Diffusions of Innovations Theory: E Rogers (1983)

In relation to the study; the innovators are the people that are change agents, the risk takers who buy the ideas within the shortest period of time. The early adopters are the

opinion leaders who carry the vision forward. These are attracted by "high risk-high reward" projects. The early majority are the people that will make slow but steady progress especially after getting positive feedback from peers. The late majority are the people that respond to peer pressure, mostly responding when necessary. The laggards are the people that are usually suspicious of new things in the surroundings. The above figures were picked from Rogers (1983) for illustrative purposes only, and have no relationship with the current study.

1.5 Research Objectives

1.5.1 General Objectives

To explore factors associated with shaping acceptability of CSRHE youth clubs in schools in Central Province.

1.5.2 Specific Objectives

1) To explore how the activities of CSRHE youth clubs affect acceptability in rural schools of Central Province
2) To explore how the facilitation process of the CSRHE youth clubs affect acceptability.

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CHAPTER TWO

2.0 LITERATURE REVIEW

The last decade has recorded increased innovations to tackle CSRHE problems faced by youths. These include the introduction of life skills and empowering youths by giving them financial help. Development and implementation of institutionalised youth programmes such as youth clubs are other forms of innovation. This literature review examines scholarly works on the acceptability of youth clubs in schools as an intervention to CSRHE faced by youths. This will help determine the acceptability of the CSRHE youth clubs in schools of rural Zambia. This literature review will, therefore, be arranged in three parts. The first part will review acceptability in relation to policy at the national level; the second part will tackle the community factors, and the third part will review acceptability in relation to school policy makers such as headmasters/teachers, and the pupils (though not policy makers).

2.1 Acceptability in relation to policy at national level

The high rates of teenage pregnancy remain a source of public policy concern in the South African context (Jewkes et al., 2009; Panday et al., 2009). This is also true of Zambia. The government through the Ministry of Education does not allow distribution of contraceptives in lower institutions of learning (Chansa, 2014). The issue of sex education has long been a controversial one. In spite of national education policies intended to keep pregnant girls in school, administrators frequently set informal school-level policies that discourage their attendance, compounding young women's problems in a gender unequal school environment (Smith and Harrison, 2013).

While comprehensive education advocates abstinence as the primary defence against unwanted pregnancy, sexually transmitted diseases (STDs), and HIV/AIDS, it also addresses the fact that some adolescents have or will engage in sexual behaviour (Kavinya, 2011; Mulongenyi, 2011). Providing information about contraception and how to have safer sex is an integral part of comprehensive sex education. In many countries, there is a widespread denial that young people are having sex and this makes it very difficult to gain the political will needed to introduce sex education into schools (UNAIDS, UNFPA, IPPF, UNESCO, EDUCAIDS, 2008). Efforts to promote laws and policies that protect and promote human rights and address societal awareness about

adolescent sexual and reproductive health issues, including mass media approaches, need to be considered (Svanemyr et al., 2014).

2.2 Community Factors

One of the issues that may affect the acceptability of CSRHE interventions is the difficulty in having discussions on sexually related matters. It is difficult for parents and teachers to discuss issues of sex with youths (Francis, 2016; Schuster, Eastman and Corona, 2006; Herman et al., 2014). In addition, the church discourages the use of condoms and some faith-based schools forbid the teaching of sex education (UNAIDS, UNFPA, IPPF, UNESCO, EDUCAIDS, 2008). Furthermore, Christian teachings state that sex should be prohibited outside marriage and should not be a topic of discussion with the youth. This also makes it difficult for parents, teachers and caregivers to fill the gap in discussing sexually related matters as well as socialisation (Jewkes et al., 2009).

The age gap between older people (such as teachers and parents) and young people also makes it difficult to teach sensitive issues such as sex or condoms (Wamoyi et al., 2010). Differences in attitudes to sexual behaviour are due to these diverse approaches to life and living and are clearly evident in the different attitudes of young people and older generations. At the community level, there is a need to create positive social norms and community support for adolescents to practice safer behaviours and access SRH information and services. This involves interventions aimed at broader community members and institutions outside the family in neighbourhoods, schools, and workplaces (Svanemyr et al., 2014).

2.2.1 Cultural Factors

Cultural attitudes toward sex and sexuality can turn these issues into taboo subjects and therefore, teachers fear stigma and criticism for teaching sex education. In some African countries, the change in family structure from extended families to more nuclear families means that traditional forms of sex education (such as between an uncle and a nephew) are weakened. Parents are not expected to teach their children and yet some of the other avenues for sex education have dissolved. For example, a study that was conducted in Egypt (Wahba and Fahibi, 2012) states that sexuality and reproductive health are among the most fundamental aspects of life and yet they often

receive little attention in public policy discussions because of cultural and political sensitivities. Traditional, religious and family values, designed to protect young people, can restrict SRH education for the youth. Egyptians commonly assume that young people do not need to know about SRH issues until they are married. This idea is rooted in traditional values and long-standing taboos surrounding sexuality that needs to be examined in light of health matters.

Another study done by Wamoyi et al. (2010) shows that communication in homes was mainly on same-sex basis (mother-daughter and rarely father-son or father-daughter) and took the form of warnings, threats and physical discipline. Communication was triggered by seeing or hearing something a parent perceived negative and would not like their child to experience (such as a death attributable to HIV and unmarried young person's pregnancy). Although most young people were relaxed with their mothers than fathers, there is a lack of trust as to what they can tell their parents for fear of punishment. Parents were limited as to what they could communicate about SRH because of the lack of appropriate knowledge and cultural norms that restricted interactions between opposite sex.

2.2.2 Parental Engagement

Parents and members of the extended family have always been important in the sexual and reproductive knowledge and development of young people. Research from African and other settings shows that the communication between adolescents and parents on issues such sexual relationships, early pregnancy, HIV, and contraception are often very limited (Biddlecom et al., 2009; Bastien et al., 2011; Sharkshall et al., 2007). Barriers to communication about sexuality include a lack of parental knowledge, reliance on school teachers, and a perception that talking about sexuality encourages immorality. Most of the parents were not taught about sexual and reproductive health by their own parents or even in school, leaving them unable to pass on crucial knowledge to their children. The discomfort many parents feel about talking to their children about sexuality further impedes their ability to provide guidance (Hindin and Fatusi, 2009).

2.3 School related factors

Several factors within the school setting affect the acceptability of CSRHE interventions within the school and these include teachers' attitudes, life skills and so on. Below is a discussion of these in detail.

2.3.1 Teachers' attitudes towards adolescent sexuality and life skills

Teachers' attitudes towards sexuality education are among the important predictors of their willingness to teach sexuality education programmes (Iyoke, 2012; Mkumbo, 2012; Jacqueline et al., 2013). A study by Smith and Harrison, (2013) of 43 teachers, 19 secondary schools in rural schools and administrators towards sexual reproduction health education in South Africa, showed how these attitudes affect school-based programmes. This implies that declaration of positive attitudes towards teaching sexuality education alone is not enough (Walstrom, 2013; Mkumbo, 2012); therefore, there is a need for facilitating teachers with knowledge, skills and confidence to teach various sexuality education topics (Mkumbo, 2012).

The development of effective school-based sexuality education is vital, as it is well documented that schools are an appropriate environment for the teaching of sexuality education (Harrison, 2002; Morrell et al., 2002). Although questions have been raised regarding teaching and learning about sexuality education (Ahmed et al., 2009; Helleve et al., 2009; Rooth, 2005), research for example, in South African schools, has not sufficiently addressed the key issue of how teachers' comfort and values play out in the sexuality education classroom (Francis, 2016).

2.3.2 Values in sexuality education

A study by Francis (2013) showed that teachers found it difficult to reconcile their own values with those of the sexuality education curriculum. It appears that this is linked to the teachers' desire to promote certain moral positions and values. Another study by Mukoma et al. (2009) on sexuality and HIV and AIDS intervention program delivered as part of the Life Orientation (LO) curriculum in South African schools reported that teachers were uncomfortable teaching safer sex and preferred to teach abstinence. They also found that teachers skipped the lesson that included a condom demonstration and, in one school, a clinic nurse was invited to give the demonstration (Francis, 2013).

In addition, studies have shown that although teachers in different countries generally support the teaching of sexuality education in schools, they encounter several obstacles (Mkumbo 2012; Francis and De Palma, 2015). A study by Francis (2013) of 11 data sets showed that teachers perceived their role as being one of teaching values and morals. They choose what to teach on the basis of their own values and beliefs. Two out of the 11 teachers believed that a combination of abstinence and safe sex was best for learners, while nine were of the opinion that teaching safe sex was inappropriate and not suitable. Hence, teachers often express difficulties in teaching some of the topics related to sexuality education, including condom use, masturbation, sexual orientation, abortion and contraception (Donovan, 1998; Milton, 2003). In addition, several studies show that some teachers view sexuality education as a value-laden and moral issue that does not have any place in the classroom (Ahmed et al., 2009; Helleve et al., 2009; Mukoma et al., 2009; Rooth, 2005).

2.3.3 Life Skills

On the whole, teachers tend to focus on giving information rather than on the life skills components (Smith and Harrison, 2013). Youths who attend clubs are equipped with skills to undertake basic tasks. For example, South Africa's government mandated in 1996 that a national life skills programme be taught in all secondary schools (President's Office, Republic of South Africa, 1996). Life skills were designed to provide students with comprehensive information about STIs, as well as reproductive biology, contraception and pregnancy, domestic violence and sexual negotiation. In schools were full implementation of the programme has occurred; life skills have been reasonably successful in increasing knowledge (James et al, 2006). A study was conducted in South Africa in 2000 and 2001 in order to gauge the extent to which teachers had received and implemented life skills training. In most schools, dissemination was extremely informal, for example, two teachers said that they shared life skills information by leaving pamphlets and handouts in their schools' common areas (Smith and Harrison, 2013). More than one-third of all respondents cited time constraints and heavy teaching workloads as the reason why the information was not more formally disseminated.

2.3.4 How knowledgeable are teachers in terms of SRH

Sexuality education has become synonymous with HIV prevention and the need to provide accurate information (De Palma and Francis, 2013). For example, in South Africa, sexuality education is integrated into the Life Orientation (LO) curriculum mainly under the heading of Personal Well-Being. In a study conducted by Smith and Harrison (2013), dissemination of information was extremely informal since more than one-third of all respondents cited time constraints and heavy teaching workloads as the reason why the information was not more formally disseminated. In addition, because there was no dedicated time in the school schedule for the life skills curriculum, several teachers reported that they had to focus on teaching those subjects for which students took formal examinations.

Therefore, despite the good intentions by the Ministry of Education in integrating SRH education in schools, questions have been raised about the preparation of teachers to deliver sexuality education (Rugalema and Khanye, 2002). Many researchers (Baxen, 2008; Francis, 2011; Helleve et al., 2011; Rooth, 2005) have pointed out that in the majority of schools, teachers lack uniformity of training and come from a diverse range of fields that do not always adequately equip them to deliver Sexual Reproductive Health confidently and effectively.

2.3.5 Facilitation of clubs in schools

Research shows that teachers have high amounts of stress and burnout (Ryan, 2008). This is especially so for younger teachers. Ryan (2008) in one of his hypotheses stated that age would have a negative correlation with role conflict, especially with younger teachers experiencing more role conflict than their older counterparts. The reason that younger teachers are more likely to experience role conflict may be due to factors such as having younger families at home which creates stress as they are unable to devote the time they would like for their family, or the lack of professional experience as younger teachers would likely be dealing with the rigors of a new job and the stress that it could bring. However, a study conducted by Austell (2010) showed using a one-way MANOVA that there was no significance between the independent variables and age (Lambda, 12, 633) = 0.935, p > .05).

Ryan (2008) further states that teachers that showed a balanced preference for the teaching and coaching roles had less role conflict than those who showed favouritism towards either teaching or coaching. Results indicated that the more a teacher equally favoured a role, the more likely they are to experience role conflict. Ryan (2008) reasoned that although a teacher may prefer the teaching and coaching roles equally, over time they would start to have a preference for one role in particular. Once this preference begins to develop, the non-preferred role becomes viewed as interfering with the preferred role, which creates role conflict.

2.5.6 Sustainability of youth clubs

In a journal published by Luken and Warner (2005), why some clubs are able to operate consistently for a decade while others sputter and fail within a couple of years has been discussed. Luken and Warner (2005) say centres frequently lack funds and resources, however, they further ask why and how some youth centres overcome these obstacles and survive. Luken and Warner (2005) further state that for a youth programme to be sustainable even after the funders pull out, there are some identified five key ingredients to be followed which include: ownership, mentorship, community connectedness, effective coordination, and a sustainable energy source. These concepts shift the focus away from the often all-consuming stresses of money and facilities to critical factors such as community support, people resources, and youth-adult relationships. Luken and Warner (2005) state that the research indicates that success in these five areas makes it much more likely that a centre will find ways to meet its financial and facility needs.

Furthermore, Warner and Luken (2005) state that youth ownership involves the young people having a sense of responsibility for the centre and a sense that they have input into what happens there. This is a great example of how the youth can express themselves and convey the message that they govern their space. Self-policing amongst the users is another good indication of youth ownership. Although in many cases, adults play important roles in establishing rules and regulations for a centre, when youth ownership is present, the young people have input. Another journal published by the International Voice of the youth (2016) shows that youth participation is a commonly used approach and concept within the development. Through active participation, young people are empowered to play a vital role in their own development as well as in

that of their communities. Where local young people are involved in budgetary decisions, there is the potential to develop creative solutions to issues that can result in cost savings and better value for money.

2.3.7 Club Activities

Many youth clubs are set up to provide young people with activities designed to keep them off the streets and out of trouble and to give them a job and an interest in an activity (Caldwell and Witt, 2010; Ohio University; 2010). Another publication by a European and UNICEF funded programme, Adolescent Peer Organised Network (APON, n.d) states that many clubs hold different sessions to educate young people about different topics regarding their health and worries, e.g. contraception. In addition, there are a number of reasons that both scholars and parents expect young people to benefit from participation in clubs and youth organisations (Einstein, 2011). These reasons have to do with the activities, roles, and relationships available to children and adolescents when they participate in clubs.

The aim of all youth work should be integration. Young people will be drawn to a youth organisation that offers activities which they are interested in. When working with young people, the activities offered can be especially important (Einstein, 2011; Wilson, 2009). It is important to consult with the young people to see what they would like to do.

According to Digest (2001) and also Hofferth and Jankuniene (2001), activities are important in several ways. For one, participation in a supervised constructive activity limits the time that is available for less constructive activity, and helps build self-image (Ohio University, 2010), and reduces chances of getting involved in risky behaviours (Oyugi, 2014). For others, activities offered by clubs or youth organisations enable members to learn valuable skills (European Commission, 2013). Many of the activities offered by clubs help students to extend and elaborate on the more formal knowledge learned in school.

2.3.8 Effects of youth clubs on the running of the school

A new programme may take time to get established because not only does the entire program's infrastructure need to be put in place, but management and reporting

structures should also be determined (Deloitte, 2013; Potocki, Brocato; 1995), activity providers should be located and engaged, and the programs must advertise (Grossmanet al., 2001; Zizysa and Bonnel, 2005). Therefore, there is need to ensure that club activities don't interfere with academic lessons. Activities that don't interfere with academic lessons are well integrated. A study conducted by Grossman, Raley and Walker (2011) shows that in their year of study, a school had approximately 40 per cent of activity hours as academic, 20 per cent were cultural or creative enrichment activities, 20 per cent were athletic, and the remainder were various. In addition, youths emphasise the importance of describing programme activities accurately, so that they may decide to participate based on a true picture of what the programme offers.

2.3.9 Use of time for studying vs club participation

Students may refrain from participating in extracurricular activities for fear that it will affect their grades (Thompson et al., 2013; Kirsch, 2013), and hence these students may drop the clubs when their attention is needed elsewhere (Roulin and Bangerter, 2013).

However, a study by Al-Ansari et al. (2015) showed that minor portion of students from two dental schools included in the study participated in extracurricular activities (ECA's) organised by their schools. Al-Ansari et al. (2015) further state that most students did not think that extracurricular activities affected their grades or conflicted with their studies. Although dental educational environments are characterised by increased stress levels, students in the present study did not use ECAs to alleviate this stress.

In addition, some qualities of graduates may be inferred from extracurricular activities participation; for example, those who belong to clubs are assumed to have more interpersonal skills, whereas those who volunteer for community activities are judged as being more extroverts than others (Roulin and Bangerter, 2013). Some students participate in clubs for social aspects. A study conducted by Al-Ansari et al. (2015) revealed that some students participated in a school's activities due to the social aspect, that about half (51.9%) of students in schools cited socialisation and making friends as reasons for participating in ECA's (P - 0.48).

2.3.10 Youth club in relation to the location of school

A report by Glen et al. (2014) shows that effectiveness of youth club practices in schools was analysed by school location. In order to determine whether there is a significant difference between opinions of students in rural schools and central district schools towards the effectiveness of youth club practices in schools, Mann-Whitney U test was conducted with results showing (U = 92.480, p<.00) indicating that there is a significant difference between these two groups. Considering the mean ranks, students from village schools have more positive opinions than central district school students towards the effectiveness of the educational club practices. The study by Glen et al. (2014) concludes that it can be inferred from the result that students' expectations, environmental conditions, teachers' attitudes, and classroom sizes can cause the difference between village school and central district schools.

2.3.11 Acceptability of youth clubs according to grades

Glen et al. (2014) state that lower Graders are more likely to participate in youth clubs than upper Graders. This means that, in different grade levels, students have different opinions about the acceptability of youth club in schools. According to their findings (Glen et al., 2014), fourth-grade students have the greatest interest towards youth clubs and the eighth-grade students have the lowest interest.

2.3.12 Source of Information

Another factor is the source of information regarding the given topic (Linguissi et al., 2015). The source of information is important as it shows the reliability of the information as can be seen from the study of Linguissi et al., (2015) where women who heard information from the right source were three times more likely to test for HIV than those who heard from other sources. In a related study by Antoinne et al., (2010) it is shown that acceptability is low if information relating to the benefits of the topic is not enough. In the study they conducted concerning the low uptake of the vaccine of swine influenza virus, this low uptake of the vaccine could reflect the failure to convey high-quality medical information and advice relating to the benefits of being vaccinated (Antoinne, 2010).

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This study used a qualitative method design, using a case study, which is an intensive study about a person or group of people or community in which the researcher examines in-depth data relating to several variables (Woods and Calanzo, 2017).

3.1 Study Design

This was a qualitative case study which focused on understanding acceptability of youth clubs in the education sector. It emphasized on describing the meaning of several individual's experiences and perception (Cresswell, 2007). This method acted as a fundamental need assessment for future research and resource allocation.

A case study design was used to explore and describe the state of affairs as it existed through direct interaction with the participants (Cresswell, 2007). This method allowed the respondents to express themselves and used any language they were comfortable without any restriction. Qualitative method uncovered diverse opinions, perceptions, and unexpected results in order to understand challenges and coping strategies as they were perceived by pupils who were in RISE youth clubs and the RISE teachers.

3.2 Study Site

The following districts from the Central Province were purposively selected: Chibombo; were a pilot study was undertaken before the study was up-scaled to other parts, Kabwe, Kapiri Mposhi and Mkushi.

3.3 Study Population

The participants were selected from the pupils who were in Grade eight by 2017 in the rural schools of Chibombo, Kabwe, Kapiri Mposhi and Mkushi where RISE CSRHE youth clubs were being implemented.

3.3.1 Inclusion Criteria

- The primary inclusion criteria were female pupils in Grade eight as at 2017

- The Secondary inclusion criteria were male pupils in the same schools as they formed part of the youths in clubs so that they could facilitate the desired action. Others that were included in the study were the RISE teachers.

3.4 Sampling

The sample was purposively selected, comprising one RISE teacher from each school and eight pupils who comprised four girls and four boys from each school. Purposive sampling (also known as judgment, selective or subjective sampling) is a sampling technique in which the researcher relies on his or her own judgment when choosing members of the population to participate in the study. Purposive sampling was selected in order to reach maximum variation through a selection of participants with diverse characteristics. This was done to ensure the presence of maximum variability within the primary data (Patton, 1990).

3.5 Data Collection

Primary data collection was employed; where data was collected from the respondents through the use of semi structured interview guidelines. Eight In-depth face to face interviews with the key informants were recorded after seeking permission from the participants. Field notes were also taken and the data was taken for a period of three weeks. FGDs were conducted with the pupils using a tape recorder, and some documents were reviewed.

3.6 Key Informant Interviews

Key informant interviews (KII) where conducted with eight RISE teachers from each of the eight schools that where visited by the researcher. KII interviews were conducted in classrooms which were prepared by the school. All KII interviews were in English since all teachers could speak English and were aimed at understanding the facilitation process of the youth clubs. The Duration of interviews was between 45 minutes to one hour.

3.7 Focus Group Discussions

A total of eight focus group discussions (FGD) were held with the pupils, that is, one at each school. At each school FGDs were conducted in a classroom prepared by the school. The interviews were conducted using a mixture of English and four other local

languages namely Bemba, Nyanja, Tonga and Lenje. Each FGD consisted of eight participants, that is four boys and four girls, except for Chibombo, where the pilot study was conducted which had 12 participants who were all girls. The study participants' age ranged between 13 to 18 years old. The FGDs combined both girls and boys in order to get the desired results since youth clubs were attended by both boys and girls. The purpose of the FGD was to understand the pupils' perspective of CSRHE through youth clubs. The duration of the FGDs was between 50 minutes to one hour 20 minutes.

3.9 Data Analysis

Following the qualitative data analysis technique suggested by Miles and Humberman (1994) each interview was transcribed from verbatim into a word processing document. The transcribed data was then carefully read and divided into meaningful analytical units that were relevant to the research aims. By using the method proposed by Zhang and Wildermuth (2000) the analytical unit was identified and a code was assigned to signify this particular unit. Each meaningful unit was coded into different sub-categories and then grouped into the major categories that were later framed based on Rogers' diffusion of innovation model. For example, for the question "has there been any change of behaviour from time youth clubs were introduced or you still behave the same as before the introduction of youth clubs" to which one respondent answered that "I have seen that from the time the youth clubs were introduced, my parents have interest in what we learn, as they have seen that I also help with house chores at home". This statement was coded into two, the first part of the statement which reads "my parents have interest in what we learn" was coded under the sub-theme how to "training in line with parental interest" and the major theme of "behaviour change". Using Rogers' diffusion of innovations theory, this was grouped under "compatibility". The second part of the statement which reads "I also help with house chores" was coded under the sub theme "change in behaviour" with the major theme of "behaviour change". This was grouped under "observability" using Rogers Innovations Theory. This process was applied repetitively to all of the transcribed data until the overall coding was completed.

3.10 Dissemination Plan

The findings of the study will be published in a peer-reviewed journal and a copy will be made available to the UNZA School of Public Health Library. The participants of

the research will also be availed with the findings. These copies will be stationed at the facilities where the study was   done.

3.11 Limitations of the study

The study was conducted among grade eight pupils (2017) in schools were RISE is being implemented. The pupils in other grades would have had a different view from the ones that were interviewed.

Another limitation was that the FGDs could have made some pupils not to fully express themselves for fear of being labelled negative by fellow pupils.

3.12 Ethical Consideration

- Clearance was sought from the Biomedical Ethics committee of the University of Zambia Ethics Committee, UNZABREC (IRB00001131 of IORG0000774, reference number 061-06-17)
- A written permission was sought from the District Education Office (DEO) in Central Province to conduct the study in their territory. A written consent (informed) was obtained from each of the respondents after explaining the purpose of the study and ensuring   that the information was held in confidence. All the participants could write hence there was no need to use the right thumb as this is used for participants who cannot write.
- In conducting the research, some ethical issues that arose were discomfort during the interviews, especially for the pupils. However, these were assured that confidentiality would be maintained and that their place in school would still be maintained.
- Participants were not coerced or induced into taking part in the research and their personal information was not given to anyone who was not part of the research.
- The purpose and nature of the study was explained to the participants. Study participants were assured of anonymity and confidentiality. Participants' names were not written on the interview schedule and no other person apart from the research team was allowed access to the research data.

- The participants were encouraged to express themselves in the language of their choice. No participant refused to be recorded, however, if any participant had refused to be recorded, their responses would have been written down instead.
- The participants had the right to withdraw from participating in the survey at any time of the study if they so wished.

.3.13 Plans for disposal of research materials

All research materials containing participant responses will be destroyed after seven years as per research standard. All written notes in the research notebook were destroyed by the burning method and all voice recordings deleted immediately after completion of transcription.

CHAPTER FOUR

FINDINGS

4.1 Socio-demographic characteristics

A total number of 68 youths and eight teachers were interviewed and data of pupils' guardians was compiled. Pupils' age ranged between 13 to 18 years, while teachers were between the ages of 33 to 45 years old. Of the pupils interviewed, 40 were females while 28 were males. We further conducted eight KII with eight RISE teachers. Five teachers were females while three were males and their ages ranged from 33 to 45 years old. From these interviews, themes emerged which were guided by the research objectives. Themes and sub-themes are listed below in table 2.0. We later grouped these into five groups under Rogers Innovations theory: Trialability, relative advantage, compatibility, observability and challenges.

Table 1: Selected themes for Trialability, relative advantage, compatibility, observability and challenges

Code no	Condition	Name of code
A	**Trialability**	a) The trial
B	**Relative Advantage**	a) Videos- depicts real life b) Easy facilitation due to manuals c) Gaining knowledge on comprehensive sexuality education d) Teachers are now more supportive e) Provision of snacks during youth clubs
C	**Compatibility**	a) Pupils Prefer Elderly facilitators to Young ones

		b) Training in line with parental interest **c)** Teachers have support from school management
D	**Observability**	a) Reduction in school dropout b) Helps understand science in class c) Noise makers now well behaved d) Stopped engaging in relations with opposite sex e) Boys now help with house chores f) Pupils being open with parents on SRH g) Pupils gained self esteem h) Myths i) Awareness on how to avoid peer pressure
E	**Challenges**	a) Sensitive topics b) Time to knock off c) Work Overload d) Pupils needed for other make-up classes e) CHWs don't always show up f) Convincing parents as to why program only pays for girls

4.2 Trialability

The CSRHE youth club strategy was being tested so that lessons drawn would be used for the scaling up CSRHE. The pupils met for youth clubs every fortnight making it six times per school calendar term. Some of the topics taught included: how to avoid peer pressure, love versus infatuation, myths and self esteem. The facilitators included teachers with the help of CHW and peer educators.

4.3 Relative advantage

In relation to youth clubs, the following were seen as relative advantage of CSRHE of the clubs by the youths: availability of videos showing real life situations, gaining knowledge on CSRHE, teachers being more supportive than before introduction of youth clubs and provision of snacks during youth club meetings. Youths explained that they were taught about the realities of life through watching videos. The short films which depicted real life situations such as teenage pregnancies and complications during delivery were shown to pupils and this engaged the learners emotionally in the topic. The use of films in reproductive health teaching was a new phenomenon as none of the previous reproductive health sessions, including science subjects had adopted films as a teaching mechanism. Teachers said that the short films depicted real life situations to which pupils would relate, and hence was a very effective way of teaching. One teacher said that watching films made pupils not to forget what they watched as it remained in their memory.

> *"There should be more of video showing because when they know that there will be a video, each and everyone will be there, so they are more interested in videos, because they think that is real life, they are able to see what is going on. I think they learnt more from watching videos rather than verbal or group discussions. When you ask a question in relation to the film they will be able to answer everything, so we observed that teaching, seeing and observing is very important. They see it practically other than just talk, but where they watch and discuss, they won't forget about that (IDI setting 5).*

Informants said watching videos depicted the various complications that came during child delivery and complications such as fistula which was as a result of the pelvis not

being fully developed for young girls. The youths narrated movies such as *Mulilo* which showed the complications that she developed due to her tender age.

> *"Watching videos encourages us not to have early pregnancies because we see that if we fall pregnant whist young, when it's time to deliver we may have complications, and even after delivery, some people develop the disease called fistula. This comes about when someone is young and they fall pregnant because the bones are not fully"* (FGD P5, setting 8).

The informants also said that they had gained knowledge on CSRHE and that they were taught that certain things which they believed to be true were actually myths. One informant said that the teacher took time to explain the truth in detail, for example, the myth that when a girl had sex for the first time, she would not fall pregnant when in fact it was not true.

> *"Some things which people believe to be true are actually not true but myths. Here we are taught the truth. For example, people believe that after having sex for the first time, a woman can not fall pregnant. We have been taught that actually a woman can fall pregnant even on the first time of having sex. So that is just a myth that a woman can not fall pregnant"* (FGD P2 setting 3)

One issue that helped in gaining comprehensive knowledge on sexuality including life skills was the good facilitation by teachers, CHW and CHAs which pupils appreciated. Pupils felt that the facilitators were knowledgeable about SRH since all questions and issues related to SRH were answered. According to some pupils the facilitators would not leave any topic or question hanging. The good facilitation skills by teachers helped pupils to understand the CSRHE topics.

> *"The way they teach is very good because we understand everything and they are very helpful. They will never leave any topic hanging but will make sure that we all understand. This also helps us because some topics in science are taught at youth clubs"* (FGD P1, setting 7).

Another aspect which pupils considered important at youth clubs was the support rendered to them by the teachers who not only helped them materially (especially boys as were not beneficiaries of the money and other economic benefits) but counselled them as well. Pupils stated that their teachers had a holistic approach as they were very approachable and ready to assist. They narrated that teachers supported them so that they could complete school and become independent in future. One pupil said the teacher would feel embarrassed not to help out because the teachers' aim was to see the pupils' complete school and start working.

> *"Even the madam encourages us as well that if you have any problems, just come and see me so that I can help you. Some time back, we never used to have this kind of encouragement but now we are being encouraged, even when I approach the madam that I don't have money for school, she will try to help me because she may feel embarrassed that she has failed to help someone who really wants to learn" (FGD P8, setting 5).*

Informants felt that incentives such as snacks that were provided during youth club meetings encouraged them to continue going to school.

> *"The girls always attend the youth clubs because of the drinks and biscuits which they give. They are encouraged to come because they know that they will have a drink and a biscuit, because they are given a snack here, they look forward to come for meetings" (FGD P2, setting 2).*

4.4 Compatibility

From the findings, compatibility referred to the following: (a) Pupils Prefer Elderly facilitators to young ones, (b) Pupils get support from parents (c) Pupils have support from teachers. All the youths interviewed preferred elderly facilitators to teach them during youth club meetings as opposed to young facilitators because according to them, elderly facilitators knew a lot of things and would teach from experience as they have passed through a lot in life. The youths said they preferred facilitators who were above 30 years old. They said young facilitators were in the process of learning and would therefore not be able to answer some questions due to lack of experience:

"I would like an elderly facilitator as compared to a young one because the young one may not know most of the things, but the elderly know most of the things of life. The young facilitators may feel shy to explain to me in detail, for example, issues to do with sex" (FGD P4, setting 1).

An aspect that youths were happy with was the support rendered to them by their parents in relation to CSRHE youth clubs. The youths narrated how their parents were interested in knowing what they learnt from the youth clubs and how they encouraged them not to miss any sessions.

"Clubs really help us because just when I reach home, my parents usually ask me what I learnt on that particular day, they even remind me when it's the day for clubs so that I don't forget to attend"(FGD P6, setting 4).

The facilitators appreciated the support rendered to them saying that the CSRHE youth clubs would not have succeeded without the support from management. They felt the school management was involved right from the beginning of the program, where they helped in the sensitization of parents who didn't accept the program at the beginning. One teacher said the school management helped with materials when she ran out of stock.

"we work hand in hand with the school. For example if we don't have plain papers but we communicated with our TS and he says that he will bring, then I go to the senior teacher to assist me with the number of materials or markers so that when the supervisor comes then I pay back to the school" (IDI, setting 7).

4.5 Observability

Observable indicators for the youth clubs strategy included (a) teachers observing positive change in behaviour by pupils (b) both teachers and pupils observation in school dropout (c) Pupils noticing that teachers have good communication skills- the positive changes noise markers was now one of the most well behaved.

Teachers said there was a great reduction in school dropout as a lot of pupils appreciated the importance of getting educated. Schools had recorded a tremendous

reduction of school dropout which was attributed to the CSRHE lessons learnt from the youth clubs. Many schools that were visited did not record any school dropout except for one school which had recorded an increase in school dropout as it is located in a farming block and pupils dropout of school to go and find work on the farms.

> *"Concerning school dropout, I would say that the numbers have reduced as compared before we had the CSRHE youth clubs, before the clubs started we had five pupils dropping out of school, but from the time we started last year, no one has dropped out except we recorded one pregnancy though she is still in school."*

Meanwhile youths talked to said they had changed their behaviour after getting CSRHE lessons from the youth clubs. Some said they had stopped engaging in sexual relationships with the opposite sex as they now knew the dangers of doing that. One of the pupils said she used to engage in risky behaviour by having sexual relationships with men, but that she had since changed.

> *"I used to have relationships with boys but I have since changed, as I have learnt from RISE on the dangers of having sex before marriage" (FGD P5, setting 5).*

Teachers also said they received positive feedback concerning the pupils under the RISE clubs. They reported that parents were happy as they could see their children take responsibility for a lot of things. One teacher reported that parents were happy with the change they were seeing in their children because even boys now performed work purported to be for girls.

> *"One parent said she is happy with what we teach the pupils because some time back before the youth clubs started, boys would refuse to do some house chores saying that the kind of work was for girls, but now they are able to do the work because of what they are learning from the youth clubs"(IDI, setting 5).*

Teachers said that the introduction of CSRHE youth clubs in schools has had a positive impact on the pupils. One teacher said that the class that was once considered to be for noise markers was now one of the most well behaved class in school and that teachers

were wondering what could have happened to the class. This is what the teacher had to say

> *"I have seen some change because at first teachers used to complain that the class was a noise maker that is starting from grade 7, teachers used to say those pupils are very difficult, but this time around they ask me what could have happened because whatever I tell them to do they obey. The teachers are surprised because when they pass through class the teachers would comment that these pupils have even kept quiet listening to what you are saying. I think they have changed" (IDI P3, setting 5).*

Pupils said the topics taught during youth club meetings were science related and this made them understand science in class as it was more of revision considering that science was an examinable subject. For example, one pupil said what she was taught at the youth clubs in relation to reproduction, was what she would find in books for science.

> *"I learn science from the youth club hence whatever I was supposed to go and study at home, I can learn from the youth meetings. For example, in reproduction, what I am taught here at the youth clubs is what I will find in books when it's time to study" (*FGD P6, setting 1)

Pupils said they were free to share topics learnt from the clubs with their guardians and other people. Some pupils said their parents were interested in knowing what they learnt from the RISE youth clubs. One pupil narrated that she was open about what they had learned when she talked to her parents as they are the ones that raised her and hence knew her better. However the pupils usually preferred to discuss SRH topics with guardians of the same gender.

> *I can't feel shy to tell my parents what we learn from RISE because they are the ones that brought me up. I will not choose what to tell my mother and what not to tell her. I can feel shy to tell others in detail but not my parents because they know me very well. Therefore I should just be comfortable to discuss what we learn from RISE with my parents, though I would be more*

comfortable with mum than dad because I am female (FGD P8, setting 8).

One of the topics learnt from the youth clubs was self esteem. Through self esteem the pupils said they would not be forced to get into activities they didn't want to do. One pupil narrated that self esteem was important as it set you apart from what others were doing. This is what he had to say

"I cannot have that urge to have a girlfriend just because my friends have girlfriend, we need to have self esteem"....FGD, setting 7).

However the pupils said they would be more comfortable to discuss SRH topics with guardians of the same sex and not of the opposite sex.

4.6 Challenges

In as much as teachers and pupils were happy with the program, they also encountered some challenges. One teacher said topics like use of contraceptives did not go well with parents. Some teachers complained that some topics were too sensitive to teach pupils such as the withdrawal method (when having sex) hence some opted not to teach the topic while others just taught it because it was part of the syllabus.

"The topics they discouraged was where you teach the girls to use contraceptives, that topic even the parents they are not happy with it, it's there in the module but I haven't taught them" (IDI setting 1).

According to the youths, they were taught that abstinence was one of the most effective ways which helped prevent early pregnancies and marriages. Respondents said engaging in sexual activities would lead to one falling pregnant hence fail to take care of the child as they were young.

One respondent said that girls should not rely on family planning as a way to avoid falling pregnant but instead abstain because in trying to use family planning, one could be given expired drugs and may end up falling pregnant.

" Girls are not supposed to go for family planning for injections; This is for those that are married and not us who are still in school. Girls should avoid being too familiar with men, that is

> *why men take advantage and ask them out for sex. Then when a girl starts family planning, they may even get drugs that are expired and the day they will decide to have sex with a man, they will fall pregnant. Hence the best is for girls to keep away from sex" (FGD P3, setting 7).*

However, some girls were in support of using contraceptives as a way of preventing pregnancies and STIs. They felt that those who failed to control their sexual desires should go for family planning. Below is a quote from one of the respondents:

> *"Even the teacher mentioned that if you can't control your sexual feelings, then you can go to the clinic for family planning" (FGD P8, setting 1).*

Another challenge faced by the teachers was in relation to knocking off time as they felt the CSRHE youth club was really demanding as compared to other clubs. Some teachers said they had to report as early as 06 hours for work and knock off late as late as 16 hours as they had to take up the RISE youth club after classes. One teacher said she lived far from the school and this meant getting home very late.

> *"So for now the challenge that I have is time. I am coming from town where my home is, then I report for work at 06 hrs, then when I finish with class work I have to wait for the RISE again, then I knock off late about 16 hrs" (IDI setting 1).*

Some teachers said they had work overload as they had many things to do such as preparing for other lessons, and then they needed to find time to go through the RISE manuals as well.

> *"I also have class or classes more especially beginning of this term I was having two classes because I had my class and the other class where I was teaching geography so I had some work overload" (IDI setting1).*

Teachers said that the same pupils who attended CSRHE youth club meetings were the same pupils that made up other youth clubs in the school, hence there was a conflict. Some teachers said that they were having challenges because the pupils would be

needed for makeup classes by another teacher thus postponing the youth meeting to another day.

> "*You find that at times we may not have the meetings especially the last two terms that passed because there is that antagonism where some teachers would want to teach the same pupils and I also want the same pupils for RISE. Then there may also be other challenges of other clubs were some pupils may be in other clubs, for them to come to RISE, others may not even come because they are needed to some other programs within the school*" (IDI setting 2).

When asked on whether they encountered difficult topics, some teachers said they encountered some few difficult topics which needed medical personnel hence they worked hand in hand with CHW. However they were quick to point out that the use of manuals made their work easy as they would read through the manuals in cases were the CHW never showed up. One teacher when asked on whether he had any difficulties in some topics had the following to say:

> "*As you can see, the other topics are supposed to be taught by CHW who are more knowledgeable in those topics. However, the manuals have simplified our work as we read through if the CHW are not around and this has helped us to understand the topics, including those which seem like they are difficulty*" (IDI , setting 7).

CHAPTER 5

DISCUSSIONS

The perceived relative advantage of learning more about topics that could be tested in the science exam, coupled with good facilitation skills by the teachers, facilitated the acceptability of the CSRHE youth clubs among the learners. Another perceived relative advantage of teachers being more supportive made pupils accept the youth clubs. Aligning new innovations with already existing practices in schools is important as it reduces the conflict that may arise. Further, the compatibility of having elderly facilitators who were seen to be knowledgeable on issues of SRH, and topics being in line with parental interest, also positively influenced acceptability of the CSRHE.

From the findings, it appears that pupils were not dropping out of school even after falling pregnant. The CSRHE youth clubs lessons coupled with the monthly allowance and school fees that were paid for the girls appears to be having a great impact as could be seen by the reduced number of school dropouts and pregnant pupils from the schools visited who continued going to school. This is in contrast to the findings by Luntha (2016) who stated in their study that pupils in Itezhi Itezhi district of Zambia were not going back to school after falling pregnant despite the government putting in a re-entry policy. This could be due to the skills and the knowledge gained from the CSHRE clubs as the pupils felt empowered and knew the dangers of dropping out of school.

Furthermore, it is also clear that youths got empowered especially through watching short films to know the dangers of risky sexual behaviour such as having sex at an early age which may lead to early pregnancies hence lead to responsibilities of caring for the child, new financial responsibilities, and regularly breastfeeding a young baby. This form of interactive teaching seems to be more effective as compared to the traditional way since students become engaged in learning and retaining more information thus becoming more satisfied. This was similar to Senthamarai's (2018) write-up from India who stated that interactive teaching method motivates learning. From this finding, Ministry of Education (MoE) should therefore invest more in education on CSRHE through the use of interactive teaching such as short films in order to offer protection against unintended pregnancy and prevents STIs, including HIV&AIDS.

Teachers play a critical role in the delivery of CSRHE in schools and have an important responsibility to ensure that the youths acquire essential knowledge, skills and attitudes. However, teachers found it difficult to reconcile their own values with those of the CSRHE to teach certain topics. Teaching of sexuality education was selective, with some topics being excluded as teachers responded to cultural and religious norms. This may be linked to the teachers' desire to promote certain moral positions and values. The training in CSRHE of teachers must enable them to appreciate the distinction between their own beliefs and values and what they have learned as separate from the content they are expected to teach during sexuality education. Masinga (2009) states that teachers need to be self reflexive and that they need to acknowledge their own prejudices and identify their values and beliefs as separate from the content that they teach. If this is not done, as Masinga noted in her reflection, this can have a particularly negative effect on sexuality education when teachers feel that certain aspects of the curriculum such as safe sex practices are in conflict with their own morals and religious beliefs.

The MoE's policy on contraceptives states that there should be no distribution of any type of contraception in schools as it is believed that this will erode the morals of pupils. Teachers and some pupils interviewed also promoted abstinence as the best practise to prevent HIV/AIDS, and school dropout due to early pregnancies and early marriages. However, some female pupils felt that there was need to get contraceptives if at all they failed to control their sexual desires. In order to have a more effective policy regarding contraceptives, relevant authorities in schools and MoE need to adjust to these developments of pupils' sexual needs. This requires an approach that may require higher authorities to develop more evidence based curriculums and guidelines on SRH and rights in general and particularly contraceptives. Teachers should also be trained to improve their skills in discussing SRH-related issues with young people. Jolien et al (2017), state in their study that was carried out in Ghana that there is need for teachers, religious leaders and key figures to have a different approach on SRH issues among the youths in order to have a positive effect on the adolescents' health. They noted that youths in Bolgatanga municipality have less knowledge of ASRH issues hence more fundamental knowledge is needed. While Zambia has made progress in increasing CSRHE information in schools, more effort is needed to ensure that youths do not drop-out of school and therefore complete their

education. Starting in upper grades of primary school, youths, especially girls, are more likely to drop out of school than their male counterparts, with pregnancy, and early marriage. More information is needed on current government programs and policies to ensure that they are targeting youths at the right age and providing adequate SRH support to keep youths in school and ensure that they complete a quality education. The findings of this study show that the teaching of CSHRE should start as early as possible so that the youths are empowered with life skills to make decisions about their life at an early age. This is in line with a study carried in Zambia out by Menon et al (2014) who also noted that it is important that teaching of life skills start as early as possible so that as children are growing up they will be able to resist negative pressure and avoid involving themselves in risky behaviour

The findings indicated that the acceptability of the CSRHE youth clubs in schools where the RISE trial was conducted in Central Province depended partly on whether involvement of stakeholders such as pupils and teachers had left a sense of ownership. Open communication and sense of respect have been found to contribute to sense of ownership (2005). Our findings furthermore indicate that the use of CHWs and peer educators in youth clubs as well as the involvement of other stakeholders such as health personnel and parents, may affect notions of program ownership as pupils see different people talk to them on different SRH issues.

The credibility and dependability of findings were strengthened through systematic and comprehensive reviewing the data and inductively coding and categorization (2005). We also aimed to enhance credibility and dependability of findings by separately sharing the codes and categories with the co-authors whose qualifications and background (anthropology and public health) helped in improving trustworthiness, and we reviewed and discussed the individual insights of the data to develop the themes. We aimed to strengthen transferability by providing a rich description of the phenomena, informants, the procedures of data collection and analysis, and by providing quotations in the text representing a variety of informants (1999).

Conducting only one FGD with one in-depth discussion and one day of observations per school and not including the general community members, CHW, peer educators, health workers, and policy makers from the educational sector, and limiting the study to

grade eight pupils, implied that some important perspectives on the acceptability of CSRHE youth clubs may have been missed. However, by systematically highlighting context-specific processes of acceptability of CSRHE youth clubs in rural schools of Zambia this work may provide a basis for analytic generalizations that could provide useful insights not only to the Ministry of Education in Zambia but to other low and middle income countries.

CHAPTER 6

CONCLUSION AND RECOMEMNDATIONS

6.1 Conclusion

This study has sought to provide an assessment of the acceptability of CSHRE youth clubs that were introduced in rural schools of Central Province in Zambia. The study was guided by the diffusion of innovations theory. Our results suggest that pupils and teachers accepted the youth clubs. The perceived relative advantage and simplicity of the clubs with regard to communicating sensitive reproductive health information through the use of films and role plays compared to other similar programs influenced acceptability. In addition, CSRHE youth clubs have been accepted as they seem to have various good effects on pupils. For example, most topics taught during the youth clubs are science related which is an examinable subject in schools. This situation may benefit the pupils hence accepting the youth clubs as they had a relative advantage in science. Further the perceived compatibility of the content manuals increased the learners' interest in the youth club as the clubs helped them prepare for the school exams. Furthermore, the observed reduction of school dropout due to early marriages or pregnancies among girls who participated in the youth clubs motivated the learners to attend youth clubs.

However, topics such as contraceptive and condom use affected program simplicity. For example, teachers deliberately excluded topics on withdrawal method as means to prevent pregnancies. CHW who helped teachers with certain lessons sometimes never showed up leaving the teachers with workload. CSRHE youth clubs were also considered to be very involving as facilitators sometimes worked long hours as they had to report for work by 06 hrs in the morning and knocked off by 16 hrs.

All in all, this study demonstrated that the problem faced by youths of limited exposure to SRH information leading to various RH problems including risky sexual debut, unwanted pregnancies, unsafe abortions as well as STI/HIV infections can be eliminated through introduction of CSRHE youth clubs in schools.

6.2 Recommendations

Based on the findings and conclusion of the study, we recommend that:

❖ The program to be scaled up to other grades other than grades eights only. Introduction to other grades will help with imparting knowledge to a lot of pupils.

❖ Teachers that take up SRH classes to be adequately trained so that they can openly and freely feel comfortable when teaching sexuality education.

❖ Contraceptives to be distributed in the rural schools of Zambia as a way of preventing pregnancies.

❖ As a follow up, we recommend conducting a mixed methods study in Zambia with a larger sample covering all Provinces (Provinces were CSRHE youth clubs are operational) in Zambia and comprising different study population as well as comprehensive checking students performance and behaviour in order to ascertain the impact of the youth clubs on beneficiaries.

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APPENDICES

Appendix 1: Information Sheet

This information sheet is for girls and boys in the CSRHE RISE youth clubs who we are inviting to participate in the study on "Acceptability of youth clubs focusing on comprehensive sexual and reproductive health education in rural Zambian schools: A Case of Central Province".

This form has to parts

a) The information sheet (To share information concerning the study)
b) The Informed Consent (For signatures if you choose to participate)

PART A: Information Sheet

Introduction:

 Dear Participant,

 My names are Eunice Chirwa-Kambole. I am a student at the University of Zambia pursuing a Masters of Public Health, specializing in Health Policy and Management. We are conducting a study in your area and apparently your school is among those to participate. This study is focusing on the topic "Acceptability of youth clubs focusing on comprehensive sexual and reproductive health education in rural Zambian schools: a case of Central Province". We therefore invite you to take part in this study. This consent form may contain words that you may not understand. Please feel free to ask any questions as we go through the information as ample time will be taken to explain.

 Purpose of the study

In 2016, the University of Zambia implemented the Research Initiative to Support the Empowerment for Girls (RISE) in 157 schools and their surrounding communities in Central and Southern Provinces of Zambia. They developed an intervention package that targets what they identified as the main causes of early pregnancies: (1) An economic component targeting poverty and school dropout, with the aim of increasing school attendance and Secondary school enrolment, and to reduce parental pressure for early marriages and girls' dependence on having a boyfriend to receive basic goods (2) A community component, including a youth club, that aims to enhance Sexual Reproductive Health (SRH) knowledge and skills, and perceived supportive community norms regarding pursuit of education and postponement of pregnancy and marriage.

The purpose of this study is to explore the acceptability of Youth Clubs in the Education Sector at the District Level: A Case of Central Province.

We will ask you some questions related to the acceptability of these clubs in schools. We will ask you questions about yourself, such as your age and how you feel about the introduction of the youth clubs at your school, that is, whether it is conflicting with your study/work schedule and how you are coping with that. We will not put your name on the questionnaire and your name will not appear with any typed information. We believe that you can help us get this information by sharing with us your views in the youth clubs.

Type of Research

This study will require your participation in a group discussion that will take about 45 to one hour.

Participant Selection

You are being invited to take part in this study because we feel that your views in the RISE youth clubs will greatly benefit us.

Voluntary Participation

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

What do we know about youth clubs in schools?

Youth clubs in other places have been used to keep pupils from vices such as early marriages, teenage pregnancies, and information on HIV/AIDS is given as well as prevention of school dropout. What we don't know is how acceptable these clubs are in schools where they are implemented because there are fears that youth clubs makes the pupils to divide their time between studying and participation in the clubs.

What will happen if you agree to enrol in the study?

You will be asked to sign or put your thumbprint on a consent form (with a witness if you choose to, if you cannot read or write). If you are eligible, you will be invited to invited to join and providing that you are willing you will be given a unique number.

You will asked some questions and if you feel you cannot answer some, you are free not to.

Risks

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

Benefits

The information given in this study though may not immediately benefit you, but will help will help if at all there is need to improve the instructions or services given. You will receive free information regarding hiv/aids, teenage pregnancies, school dropout and prevention of early marriages.

Voluntary Participation-Do I have to take part?

No. Your participation is completely voluntary. It is up to you to decide whether to join the study or not. You can discuss as much as you like or as little as you like. You do not have to answer questions that make you feel uncomfortable. You can stop the interview at any time without giving a reason. Your relationship with the school will not be affected in any way as you will continue to receive the same services and take part in programs as before.

Confidentiality-Will the information collected be private?

We assure you that we will not share any information about you to anyone outside the research team. All the information collected from you will be kept private. Instead of using your name, you will be assigned a number and any information about you will be recorded in that manner. Only the researchers will know your number and all information will be locked up. We shall also request you and others in the group not to say anything discussed in here to anyone outside this group.

Sharing of Results

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

Right to Refuse or Withdraw

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

Who pays for the study?

You will not be charged for, nor will you be paid for taking part in the study.

Contact Information

If you have any questions, you may ask me now or later. If you wish to ask later, you may ask the principal investigator on the following address:
Eunice Chirwa-Kambole,
P.O Box 32633,
Lusaka.
Cell: 0964-614436
Email: bupekambole@ymail.com

Alternatively, you can also get in touch with the school on the following details:
The Chairperson
Biomedical Research Ethics Committee-UNZA
Ridgeway Campus
P.O Box 50110
Lusaka
Tel: 260-1-256076
Email: unzabrec@unza.zm

Appendix 2: Consent Form

The purpose of this study has been explained to me and I understand the purpose, the benefits, risks and confidentiality of the study.

I further understand that if I agree to take in the study, I have the right to withdraw at any time without having to give an explanation and that taking part in this study is purely voluntary.

I…………………………………………..(Names) agree to take part in this study.

Signature/Thumb print………………. Date…………….. (Participant)

Witness………………………… (Names)

Signature/thumb print…………………… Date…………………………

Person to contact in case of querries or problems
Eunice Chirwa-Kambole
University of Zambia- School of Public Health
P.O Box 50110
Lusaka
Cell: 0977-817899

You can also contact
The Chairperson
University of Zambia- Biomedical Ethics Committee
P.O Box 50110
Lusaka.
Tel: +260-1-256067

FGD INTERVIEW GUIDE FOR YOUTH CLUB PARTICIPANTS

1) Age

2) Grade

3) Who do you stay with

4) How interesting have the youth clubs been?

5) In what ways have the youth clubs affected early pregnancies in your schools?

(Probe: why do you think so? What is the reason for that?)

6) In what ways have the youth clubs affected early marriages in your schools?

 (Probe: why do you think so? What is the reason for that?)

7) What do you think has been most helpful to prevent early marriages among girls at your school? (Probe: why do you think so? What is the reason for that?)

8) In what ways have the youth clubs have changed the way you think about school and education? (Probe: why do you think so? What is the reason for that?)

9) In what ways have the youth clubs have affected the school dropout.

10) What do you think has been most helpful to prevent school dropout among girls at your school? (Probe: why do you think so? What is the reason for that?)

11) Concerning the films that you have watched during your club meetings, what were the key messages you took with you from the films? Do you think they have they been encouraging girls to stay longer in school? (Probe: why do you think so? What is the reason for that? How? In what ways)

SRH IN YOUTH CLUBS

12) Youth clubs also looked at topics on SRH: How would you say the topics were facilitated? (Where you comfortable with the facilitator? Further probe: a male or female, age? Give reasons for your answer)

13) How were the sessions organised? How long is each session? Would you prefer that the time is increased or reduced? Give reasons for your answer?