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DEPARTMENT OF LIBRARY AND INFORMATION STUDIES

TOPIC: EVALUATION OF EFFECTIVENESS OF PLANNED PARENTHOOD ASSOCIATION OF ZAMBIA IN PROVIDING ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH TO PUPILS OF KABULONGA GIRLS HIGH SCHOOL.

LIS 422 (RESEARCH IN DEVELOPMENT INFORMATION SYSTEMS AND SERVICES)

RESEARCH REPORT

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This Research report is submitted in partial fulfilment of the requirement for the award of the degree of Bachelor of Arts with Library and Information Studies.

DECLARATION

I wish to declare that this research work contained herein is purely my own intellectual effort and all citations have been well acknowledged.

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DEDICATION

To my late mom, the greatest inspiration a son could ever have.

ACRONYMS

AIDS:	Acquired Immune Deficiency Syndrome
ASRH:	Adolescent Sexual and Reproductive Health
ASRH:	Adolescent Sexual and Reproductive Health
NGO:	Non- Governmental Organisations
PPAZ:	Planned Parenthood Association of Zambia
SDA:	Seventh Day Adventists
SPSS:	Statistical Package for Social Scientists
STDs:	Sexually Transmitted Diseases
STI:	Sexually Transmitted Infections
ZDHS:	The Zambia Demographic and Health Survey

ABSTRACT

The study was carried out to determine the effectiveness of PPAZ in providing adolescent sexual and reproductive health information to pupils of Kabulonga Girls High school. The research was carried out because most pupils at Kabulonga Girls high school have either unreliable or false information on sexuality and reproduction. This has resulted in grave consequences on their part. These consequences can be stated as physical and psychological. Physically, they are at risk of contracting Sexually Transmitted Infections as well as unwanted/unplanned pregnancies which might bring an end to their academic careers because concentration might not be there. This may mean withdrawal from school hence knocking out past years of hard work. Psychologically, pupils may be disturbed in their school work and even their in future lives.

The broad objective of the study was to evaluate the effectiveness of PPAZ in the provision of adolescent sexual and reproductive health information and services to pupils of Kabulonga Girls High school and the specific objectives were: to assess Kabulonga Girls pupils' knowledge levels, perceptions, attitudes and beliefs on the information provided by PPAZ in combating HIV/AIDS and STIs, unwanted pregnancies and unsafe abortions and to identify factors affecting the access and utilisation of reproductive health information provided by PPAZ.

The survey was carried out among 50 respondents of Kabulonga Girls in the eleventh grade. The respondents were randomly selected in 5 grade eleven classes and in every selected class; a Focus Group Discussion was done. The study revealed that PPAZ is not effective in providing adolescent sexual and reproductive health information to the youths as it purports.

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CHAPTER 1

INTRODUCTION

The gap between the rich and poor nations and within certain groups within a country is as a result of several factors. One such a factor is that the former are also rich in information and have a well informed citizenry which is able to respond and adapt quickly to changing social and economic environments hence utilizing opportunities to overcome development challenges such as poverty. In this regard, information is treated as a commodity which has the potential to make significant changes in many aspects of our social and economic lives.

Information is indispensable in almost everything human beings endeavour to do without. Without it, humans cannot progress or lead a health life in society. The same applies to the strategic sectors of the government such as health, education, environmental, economic progression and so on. For these sectors to contribute effectively to national development, they need to utilize information to the maximum. Our main area of interest is the role of information in the health sector, specifically the Adolescent Sexual and Reproductive Health (ASRH) area. The decision makers in the health sector need to use the information for planning. They need to know what the consequences are if measures are not put in place to address adolescent problems.

If the health sector is to be improved, information should even be available at the grassroots level and those at the grassroots must utilize this information. The people at the grassroots are the general public. The health information which the general public may need is preventive health information that is information on how to prevent diseases such as HIV/AIDS, STIs, STDs and so on. Curative information can also be used to improve the health condition of the sick people. When health information is available to the general public, they can then be able to look after themselves properly and this can reduce the prevalence rates of many diseases that are common in the society in question. Therefore we can say that the utilisation of health information by the general public can help the government to use funds on other developmental projects. Moynihan (2006) holds that when the people use health information in any community, little resources will be spent on medication and a lot of resources will be channelled to some other developmental projects. This brings us to the role of information in providing adolescent sexual and reproductive health services to people.

With the multiplicity of adolescent sexual and reproductive health (ASRH) problems, that is those individuals who are in their prime productive ages, many at a very high risk of losing their much needed human resources. This is consequently likely to lead to jeopardisation of the overall development of any country especially for a country like Zambia whose population of the young people below age 25 as of 2002 was estimated at 75 per cent of the total population (ZDHS 2002). This being the case, the health sector then requires a health supply of information to enable it function effectively and to sensitize the adolescents and the young people alike on youth sexual and reproductive health problems, and how they can be prevented or cured. This information can aid adolescents and youths in their decision making processes and once properly utilized can contribute greatly to the good health of the youths hence contributing to national development. It is known that the development of any country almost entirely depend on its people who should be both physically and mentally health in order to be productive. Absence of this information would ultimately derail economic growth and social development. It is said that sexual and reproductive ill health, particularly that of women and girls accounts for a large proportion of global ill health.

The ZDHS of 2002 also shows that more than one in four teenagers in Zambia has either already had a child (26%) or is pregnant with her first child (6%). Sweden's International Policy on Sexual and Reproductive Health and Rights (SIPSRHR 2006; 12) reports that each year, some 210 million women and girls become pregnant, eight million of whom are affected by complications which may cause protracted physical and mental ill health and also invalidity. The policy further reports that over 500,000 women - one every minute die as a result of complications with pregnancy and childbirth. Every year, approximately 80 million women have unplanned pregnancies against their wishes. Half of these pregnancies lead to abortions. Of these, 19 million are carried out in an unsafe environment and majority of these abortions occur among the adolescents. It is further reported that sub- Sahara Africa has the highest prevalence of HIV and AIDS. Women make up over half of those living with HIV in the world, and in certain regions the risk of becoming infected is two and half times higher for young women aged 15- 24 than for boys and young men of the same age.

According to the International Conference on Population and Development (ICPD: 2000) Reproductive health is defined as "a state of complete physical, mental and social well being of an individual and not merely the absence of disease or infirmity, in all matters of reproductive system and its functions and process". For the people of the society to maintain their reproductive health they need reproductive health information. When the planners have

information on reproductive health they can plan on how best to prevent certain diseases which are reproductive health related. The same applies to the health worker in the health center. They need reproductive health information to teach people on the prevalence of reproductive related diseases. Also when the general public is knowledgeable on the reproductive health, they can even change their way of living which can bring out improvement in their health. Klaassen (2005) observed that reproductive health information is useful in evaluating the reproductive health programmes which are introduced at the health centres by going through the statistics which are collected. Therefore we conclude that information is very helpful in the health sector and in particular reproductive health.

Reproductive health information encompasses a lot of things such as family planning, Sexual activities, Sexually Transmitted Infection, HIV/AIDS, maternal child health care, safe motherhood and so on. For these things to be known in the communities information has to be communicated. When the information is communicated the people in these areas can improve in their way of living. The lack of reproductive health information has an adverse effect on any population which has reproductive health problems. Due to the broadness of the subject under discussion the researcher will only attempt to look at some of reproductive health problems that are prevalent among adolescents using a sample from adolescents at Kabulonga High School.

Given the above scenario of the importance of information in the health sector of any economy, it is therefore against the background that this study is aimed at investigating the effectiveness of the health institutions in providing Adolescent Sexual and Reproductive Health information. One such an institution providing Adolescent Sexual and Reproductive Health information is the Planned Parenthood Association of Zambia (PPAZ) among others.

BACKGROUND INFORMATION TO THE INSTITUTION

The Planned Parenthood Association of Zambia (PPAZ) was found in 1972 as a voluntary, non- discriminatory and non- profit making Non government Organisation (NGO). It is an affiliate of the International Planned Parenthood Federation (IPPF), a pioneer in family planning and provision of Sexual and Reproductive Health services in Zambia. PPAZ is mainly funded by the IPPF. It also receives membership and annual subscriptions and benefits from collaborating partners who fund specific programmes.

PPAZ VISION and MISSION STATEMENT:

VISION:

A society in which all people in Zambia enjoy equal Sexual and Reproductive Health and Rights and have equal access to quality and affordable Sexual and Reproductive Health Services and Information.

MISSION STATEMENT:

The Planned Parenthood Association of Zambia (PPAZ) is a voluntary, non- profit, non-government, non- discriminating, non- political organisation and an affiliate of IPPF.

PPAZ is committed to:

• Advocate for the sexual and reproductive health rights of women, men and youths especially the vulnerable and to empower them to make free and informed reproductive health choices;

• Dedicate itself to provide high quality and sustainable youth- focused sexual and reproductive health information and services, and

• Strive to become market leaders in Sexual and Reproductive Health services provision

PPAZ STRATEGIC GOALS

Goal 1: Adolescent/ Young People

"All adolescents and young people in Zambia are aware of their sexual and reproductive rights, are empowered to make informed choices regarding their sexual and reproductive health, and are able to act on them."

Goal 2: HIV and AIDS

"Reduction in the national incidence of HIV and full protection of the rights of people infected affected by HIV and AIDS in Zambia"

Goal 3: Abortion

"A national recognition of a woman's rights to choose and have access to family planning, and a reduction in the incidence of unsafe abortion"

Goal 4: Access

"All people, particularly the poor, marginalised, the socially- excluded and underserved are able to exercise their rights, to make free and informed choices about their sexual and reproductive health, and have access to SHR information, sexuality education and high quality services including family planning."

Goal 5: Advocacy

"Strong public, political and financial commitment to and support for sexual and reproductive health and rights at national level."

OBJECTIVES:

The association believing that the knowledge of family planning and sexual and reproductive health is a basic and fundamental human right; and that individuals and couples have a right to decide freely and responsibly when to start a family, who to start a family with and the number and spacing of their children; and to have the information, education and the means to do so have the following objectives:

a) To strengthen service delivery through the adoption and utilization of a variety of outreach approaches, strategies and programmes that ensure effective contraceptive procurement; a wide distribution network; high quality family planning and reproductive health services readily available, acceptable, accessible, and affordable to all and in particular to under- served areas and population groups;

b) To improve and build institutional capacity to make it more responsive to the growing family planning and sexual and reproductive health unmet needs; and

c) To adopt and utilize a revitalized, research oriented and evidence based approaches that achieves the actual motivation of couples and individuals especially adolescents and unmarried women and men to commence and sustain the use of contraception and contraceptives, and other services; and to promote access to services targeted at satisfying the unmet needs of specific, rural as well as under- served groups in urban areas.

To strengthen commitment to and support for the sexual and reproductive health and rights, and needs of adolescents/ young people

- Advocacy
- Mobilization and Empowerment of young people
- Partnership with youth organisations, civil society organisations, the private sector and government

RESEARCH OBJECTIVES

GENERAL OBJECTIVE

To evaluate the effectiveness of PPAZ in the provision of adolescent sexual and reproductive health information and services to pupils of Kabulonga Girls High school.

SPECIFIC OBJECTIVES

- To assess Kabulonga Girls pupils' knowledge levels, perceptions, attitudes and beliefs on the information provided by PPAZ in combating HIV/AIDS and STIs, unwanted pregnancies and unsafe abortions.
- To identify factors affecting the access and utilisation of reproductive health information provided by PPAZ.

STATEMENT OF THE PROBLEM

Zambia has a very young population by world standards. According to the Zambia Demographic and Health Survey (ZDHS) 1996, sexual activity begins at a very young age. The median age for first sexual intercourse is 16 years for females and a little higher for males. As a consequence, by the age of 18 years half the women will either have been pregnant or have the first child. In addition youths in the age group 15- 19 years are less likely to know how to prevent STDs and HIV infection than adults. HIV/AIDS prevalence is rising among pupils in the age group 15- 19 despite the existence of institutions that provides adolescent sexual and reproductive health information and services. It has been observed that most pupils at Kabulonga Girls high school have either unreliable or false information on

sexuality and reproduction. This has resulted in grave consequences on their part. These consequences can be stated as physical and psychological. Physically, they are at risk of contracting Sexually Transmitted Infections which might bring an end to their academic careers because concentration might not be there. Ill health may mean withdrawal from school hence knocking out past years of hard work. Psychologically, pupils may be disturbed in their school work and even their in future lives. Complications that may result from STIs may be irreversible and dreadful hence leaving them with erasable memories.

1.4 STUDY RATIONALE

The significance of this study is that the findings will be beneficial to the Kabulonga Girls pupils in pursuing their goals without being distracted from the confusion of the problems involved in girl- boy relationships and that it will also be helpful to policy makers and other stakeholders involved in the dissemination of Adolescent Sexual and Reproductive Health (ASRH) information and other health services. The study will be carried out because quiet little has been written on the effectiveness of Organisations in providing ASRH information in Zambia.

It is hoped that the findings will greatly contribute to the existing body of knowledge to help improve the current situation at Kabulonga Girls High School. The research findings will bring positive adjustment to the way PPAZ disseminates information and will help to change the perceptions of the females in the surrounding communities.

It will also contribute some additional information, which can be used to develop pilot interventions among female adolescents not only in Zambia but in the sub- Saharan region which has been spotted as having highest prevalence levels of HIV infection (66% among female adolescents as stated above).

CHAPTER 2

2.1 LITERATURE REVIEW

There is consensus in literature that information on sexual and reproductive health is very vital in addressing issues of sexuality and reproduction on adolescents and youths because of the farfetched consequences.

The World Health Organisation (2000) stated that information and education provide the informed base for making choices. It further stated that information and education are necessary and core components of health promotion, which aims at increasing knowledge and disseminating information related to health. Health information and education should include the public's perceptions and experiences of health and how it might be sought; knowledge from social science and epidemiology on the patterns of health, disease and factors affecting them. It also expressed that health information systems should collect and disseminate the information in the right channel to meet the needs of the community they are serving.

In order to facilitate a deeper understanding of this study, review of literature has been done and reference is made to various writings as regards to possible barriers to an effective uptake of this information.

A study conducted in South Africa, Soroti district; a school health education program in primary schools to prevent AIDS concluded that improved access to adolescent sexual and reproductive health information and services, improved access to peer interaction and improved quality of existing school health education systems had a remarkable impact in the behaviour of pupils. A cross- section sample of students of mean age 14 years who were in their final year of primary schooling showed that the percentage of students who stated that they had been sexually active fell from 42.9% to 11.1% in the intervention group, while no significant change was recorded in the control group. The drop was attributed to the fact that students in the intervention group tended to speak to peers and teachers more freely and often about sexual issues. This observation is supported by a similar study in Uganda whose overall study findings indicate that a primary school health education program which emphasises on social interaction methods can increase the level of sexual abstinence among school- going adolescents (Shuey et al., 1999:50).

Another study done in Australia by Green and Kreuter between 1998 and 1999 reveals that teenagers are the most frequent users of emergency contraception at the Australian Family Planning clinic, 45% of sexually active Australian high-school students do not use condoms consistently, and 31% use condoms without another form of contraception reason being that they only get to know of sexual and reproductive information and services after the has occurred. (Kreuter, 1998:43).

The study further revealed that as adolescents delay seeking prescription contraception for an average of one year after initiating sexual activity, it is perhaps not surprising that half of adolescent pregnancies occur in the first 6 months of sexual debut. For this reason, and the fact that younger age is a strong risk factor for *Chlamydia trachomatis* (CT) infection, effective prevention strategies and reliable information must include young adolescents, ideally before they become sexually active.

Railey (2003) undertook the research in developing countries on the effectiveness of Health workers in providing health information for change. In the first place he observed that health workers at the district level were responsible for collection, recording and disseminating timely data. He also observed that in some countries the degree of analysis and the use of information is also expected at district level. What was discovered after the evaluation was that even when the health workers are properly trained and have access to the tools needed to record, analyse and report they could not disseminate information to meet the needs of the people they are serving. It was also found that workers had low motivation and this affected them in the provision of health information to their clients. It was also found that the health systems in developing countries experienced operational problems.

Another research which was carried out by World Health Organisation (2000) found that lack of information utilization, limited access of service and lack of awareness on reproductive information, results in unwanted pregnancy and abortions. It also reported that lack of information is the most important factor in the least developed countries which was causing increase in the maternal and reproductive diseases. It further noticed that the attitude of the people was also the result of low utilization of health facilities. This means that even the information which was provided by the health centres could not be appreciated because they had a negative attitude towards reproductive health information.

Seats (2000) carried out a research and found that females in squatter settlements were not knowledgeable about reproductive health. This is because the peer educators lacked information and confidence to communicate to females on issues of sexuality and contraception. Most of the peer educators were not well trained to disseminate information to the community effectively. This contributes to females in the areas of poor socio-economic status to face a lot of reproductive health problems because they do not receive adequate reproductive health information. In order to solve reproductive health problems it is not just a matter of disseminating information but it is by providing timely, appropriate and accurate information.

Another research carried out by World Health Organisation (2000) found that lack of information utilization, limited access of service and lack of awareness on reproductive information, results in unwanted pregnancy and abortions. It also reported that lack of information is the most important factor in the least developed countries which was causing increase in the maternal and reproductive diseases. It further noticed that the attitude of the people also the result of low utilization of health facilities. This means that even the information which was provided by the health centres could not be appreciated because they had a negative towards reproductive health information.

Health workers usually tend to have negative attitudes towards the provision of sexual and reproductive health information as was evident from the study in Kenya that the adult population (parents, community leaders, health centre staff) had negative perceptions towards provision of reproductive health information and services to adolescents (for instance condoms and pills). The study found that there was a lot of resistance towards provision of these services on grounds that they will encourage immorality and increase adolescents' levels of sexual activities.

Women in the early stages of their reproductive health need reproductive information so that as they grow, they are knowledgeable about their way of living. This can help them to avoid diseases which are reproductive health related. Female adolescents for example should be informed about contraceptive methods which or can jeopardize their reproductive life. They may also need information on sexually transmitted infections. Preventive reproductive health information is very vital in that people tend to make decisions on how to behave or how to avoid certain diseases which can endanger their reproductive organs, (FHI: 2005).

As in many sub-Saharan African countries, a substantial fraction of young people in Cameroon engage in high- risk sexual activities (Republique du Cameroun 1989; Althaus 1993; Balepa et al. 1993; Calves et al. 1996; Calves 1997 and 1998; Meekers and Calves 1997 and 1999). Studies have shown that this is because contraceptive use among adolescents is fairly low in Cameroon hence a rise in adolescent pregnancy becoming even more common (Bella 1995; Fotso et al. 1999). Studies have indicated that approximately one-third of girls aged 15-19 become pregnant or already have children. Unwanted pregnancies, abortions, and school dropouts due to pregnancy are common (Leke 1989 and 1990; Rogo 1993; Epanya and Delude 1996; Calves and Meekers 1997; Kamtchouing et al. 1997).

The prevalence of HIV and other sexually transmitted infections (STI) among adolescents is also high (Mafany et al. 1990; Epanya and Delude 1996; Fotso et al. 1999). Some studies report that as many as one-third of the young people of Cameroon have had an STI. The prevalence of HIV in Cameroon has steadily increased from less than 1 percent prior to 1990 to nearly 5 percent during the 1990-95 period, to about 11 percent in 1997 (Musi 1996; Kaptue 1998; Matagne et al. 1998; Mbopi et al. 1998), with young adults-especially women-being particularly vulnerable.

To reduce the incidence of HIV, other STIs, and mistimed pregnancies, both governmental and nongovernmental organizations are implementing youth-oriented reproductive health programs. To date, limited information is available concerning the specific determinants of reproductive and health service use among Cameroonian adolescents. For instance, scattered studies on condom use among African young people indicate that lack of information is the main reason (Abdool Karim et al. 1992; Adih and Alexander 1999). Several studies of condom use among African adolescents suggest that young people's perception of risk is associated with higher levels of information received.

The "100% Jeunes" Program in Yaounde and Douala The Programme de Marketing Social au Cameroun (PMSC), an affiliate of Population Services International (PSI), began the "100% Jeunes" Adolescent Reproductive Health program in December 2000. The program was implemented in Yaounde and Douala, the two largest cities in Cameroon, and was integrated into the nationwide PMSC social marketing program. Yaounde and Douala were selected as the program sites in part because urban young people were known to have severe reproductive health problems and in part because these cities have populations exceeding one million inhabitants, so that the program would be able to benefit a large number of

adolescents. Yaounde is the capital, located in south central Cameroon, and is home to the University of Yaounde and several other educational institutions. Douala, the largest city in the country, lies in western Cameroon and is the country's main commercial centre. 100% Jeunes is a theory-based program whose aim was to motivate at-risk urban adolescents to practice safe sexual behaviour.

The first-year activities of the 100% Jeunes program promoted consistent condom use-especially with regular partners-through a mass-media campaign, radio call- in shows, a newspaper, adolescent peer educators, and a radio drama. All key messages and communications materials were pretested before production. The main communication themes highlight previous sexual history as a risk factor for STI/HIV; emphasize the need for young girls to take responsibility for their reproductive health, and encourage couples to discuss sensitive issues such as abstinence and condom use. The radio drama reinforces these themes. A network of youth-friendly condom outlets supplemented this communication campaign. The second phase of the mass-media communications campaign aimed at encouraging parents to talk with their children about HIV/AIDS prevention, to emphasize the importance of using condoms with regular partners, and to empower girls to abstain from sexual activity or use condoms (Neukom 2001).

The Hubley (2004) reported on the Soap opera Twende Wakati (lets go with the times) that was broadcast in Kiswahili in Tanzania twice a week for 30 minutes over a 6-year period. Reproductive health information specifically on HIV/AIDS and sexually transmitted diseases were incorporated in the play. After some time an evaluation was done and this was found that the programme was listened to by more than half of the target population and that there was a decrease in reported number of sexual contacts in districts receiving the broadcasting compared to those who did not receive them. The findings of this research may be questioned in that the behaviour of the people changed due to some other factors and not the broadcasting. It may be due to maturation effect that people change with time and it may be that it was time for them to change.

The Ministry of Indonesia (2001) through the programmes they initiated in the clinics trained peer educators among sex workers of small groups of 5 – 10 people. During the training sessions, aids used included flip charts, model of the penis, and special card games as well as role play games. Before the intervention, only 42% of the women surveyed by volunteers posing as clients refused to have sex without a condom. After the peer education programme,

the proportion which refused to have sex without a condom increased to more than 90%. This kind of research may have some testing hawthorn effect where the subjects had an idea that they were being observed hence their behaviour changed. Therefore, the findings of this research cannot be that reliable.

The Central Board of Health (2002) expressed the need to have health population because it contributes to the national development. It also stated that government and Non Governmental Organizations are carrying information education and communications in communities. Information education and communication involves activities such as Motivational talks on modern family planning methods, production of posters, pamphlets and t-Shirts and training peer educators. This is because it has been realized that the reproductive health problems in communities can be improved by providing reproductive health information to the people in the communities.

The Zambia Demographic and Health Survey (ZDHS) a survey designed to collect data on fertility, maternal health and access to reproductive health information from respondents. The first survey was carried out in 1992, and the latest in 2001. The findings of the latest survey have been in terms of exposure to family planning messages, Radio, television and newspaper or magazines. These have been identified as potential media for disseminating family planning messages especially in urban areas. In Lusaka, 68 percent of women and 72 percent of males accessed family planning messages on radio while 25.8 percent females and 13.8 percent males accessed family planning messages from either health centres or neighbourhood health communities. The results further showed that in Lusaka, at least 63.1 percent of women and 73.1 percent of men know the source for VCT. The problem with this study however is that sometimes respondents tend to get tired or fatigued since the questionnaires are usually long hence respondents will be giving responses which may not be true for the sake of finishing the interview.

Information on health can be disseminated by combining mass media and entertainment. It is an effective way because people will be following entertainment and on the other hand they will learn health issues. Silimperi (2002) carried out a research in Ilorin, Iban and Enugu cities in Nigeria. Family planning and sexually transmitted diseases dramas were included in the popular television entertainment shows in a three years campaign. Also four radio spots were broadcast 169 times; five television spots were broadcasted 110 times; two newspaper advertisements were published for six weeks; and 1500 copies were displayed. It was

estimated that half of the population watched and listened to the programmes. After an evaluation it was discovered that clinic clients increased in all cities by two to three times.

Another study was conducted by Medical Association of Zambia in 1995 and 1996 in Lusaka's Chawama compound using focus group discussions. The study was aimed at assessing the provision of reproductive health information to residents. Almost all the groups viewed reproductive health problems as prevalent in the area. Access to reproductive health services was perceived to be problematic. A comparison between the male and the female groups showed that the women were more aware and concerned about provision of reproductive health information than men. Most men shunned accessing this information from public health centers due to negative attitudes of staff at these centers.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Study Area

The study was carried out at Kabulonga Girls High School in Lusaka. The target population was selected because it is thought to represent the identified problem already stated. That is, it is a school for girls who are prone to ASRH problems and that they are near the Organisation thought to be providing information on sexuality. These pupils of Kabulonga Girls are exposed to so many risk situations such as to get free transport to and from school hence being involved with bus drivers, taxi drivers and fellow boys pupils on the adjacent side (Kabulonga Boys Secondary School) and many other factors even from the older men working who are going out with young girls especially it being situated in an urban set up.

3.2 Target population and sample selection procedure

The target population was pupils from Kabulonga Girls Secondary School. A sample of 50 Grade eleven pupils was used which was considered to be large enough to give us good representation of Kabulonga Girls pupils and thus produce a larger confidence interval and a little margin of error. Information from the school administration suggests that the total number of pupils in each class is between 40 and 45. There are apparently 10 morning classes in each grade. This implies that the population of pupils in the morning sessions is about 1,350 pupils. From this population, a sample of 50 grade eleven pupils was considered.

3.3 Study type

This research adopted an experimental design because it was undertaken in a controlled environment. The study employed a descriptive approach since it involved systematic collection and presentation of data. Furthermore, the findings were thereby generalized to the entire population of Kabulonga Girls High School.

3.4 Data collection

The research employed two collection methods; that is the focus group discussion to collect qualitative data and the questionnaire to collect quantitative data. In the focus group discussion, pupils were given the chance to make comments a on what they viewed the topic

of ASRH. This method was expeditious. It ensured that the data which was collected was of high quality. The research instrument which was used to collected primary data was the questionnaire. Most of the questions were structured and closed ended as they required short answers. Prior consent was sought from the authorities to administer the questionnaire and conduct the focus group discussion.

3.5 Data analysis

A computer program called Statistical Package for Social Scientists (SPSS) was used to facilitate analysis of the collected data. First the questionnaires were checked for consistency and accuracy. The data which was collected was subjected to coding, and then entered into the computer. A data entry interface was created using Epi- info software for data entry. This program was ideal for quantitative data. It has advantage over other programmes in that it allows automation. Then the data was exported to SPSS via data entry and syntax analysis. Frequency tables and graphs (figures) were created using Microsoft Excel. The figures (Charts) have been used because they facilitate the interpretation of the findings.

3.6 Ethical considerations

Considering the sensitivity of the study, the respondents were assured that the information which they were giving was treated with the highest confidentiality as the study is purely academic.

3.7 Limitations

Due to the sensitivity of the topic and the cultural beliefs on sex and sexuality vis-a-vis HIV/AIDS, some respondents were concealing certain information that was very critical and cardinal to this research.

Another limitation was that though the sampling population was availed, the administration found it cumbersome to begin producing the class registers to pick the respondents from there. As such, respondents were picked with the help of one of the teachers and the researcher at our own discretion.

Lastly, a large sample would have been ideal and much more representative of the whole population at Kabulonga Girls High School. However, due to time and resource limitation and the fact that the researcher is involved in two researches at the same time, it was crucial that resources and time be divided between the demanding works.

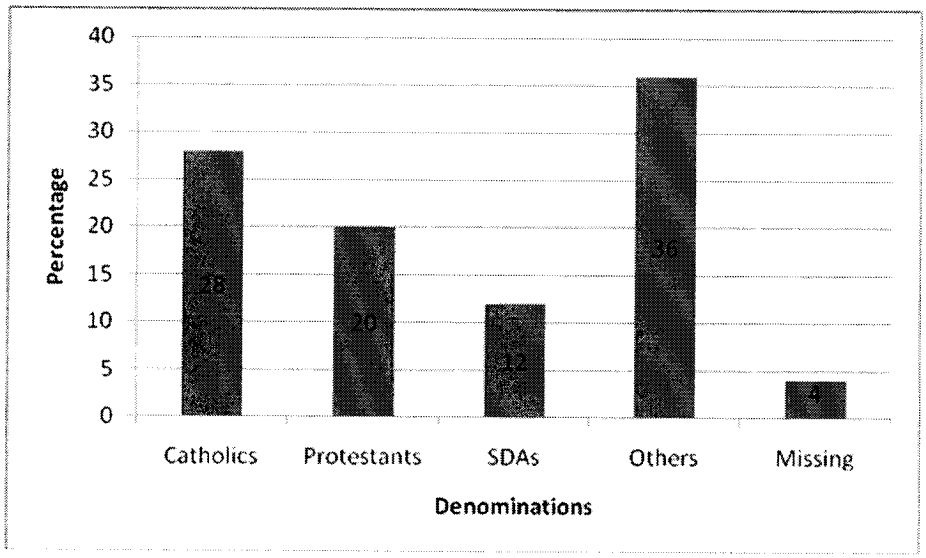
CHAPTER 4

4.1 RESEARCH FINDINGS

This chapter presents the findings of the study which was carried out at Kabulonga Girls High School. All the fifty questionnaires that were distributed were answered and analysed. The results from the answered questionnaires were valid to be used for generalisation purposes as the respondents were randomly selected from grade 11 pupils of Kabulonga Girls High School.

4.1 Characteristics of the respondents

Figure 1: Distribution of respondents by Religion



Results of the study shows that out of the 50 respondents interviewed, majority of the respondents (96%) were in the age group of 15-19. The minority 4% were in the age group 10-14. Table 1 above shows that in terms of religious affiliation, 28% indicated that they were Catholics, 20% indicated they were Protestants 12 percent said that they were Seventh Day Adventists (SDAs) and the Others category comprising of Jehovah's Witness, Pentecost, CCP and Apostolic Faith contributed 36% of the study while two of the respondents about 4% did not indicate their religious affiliation, a category presented as Missing above. Findings further indicate that 44 of the respondents who account for about 88 in percentage terms said their religion does provide information on Adolescent Sexual and Reproductive

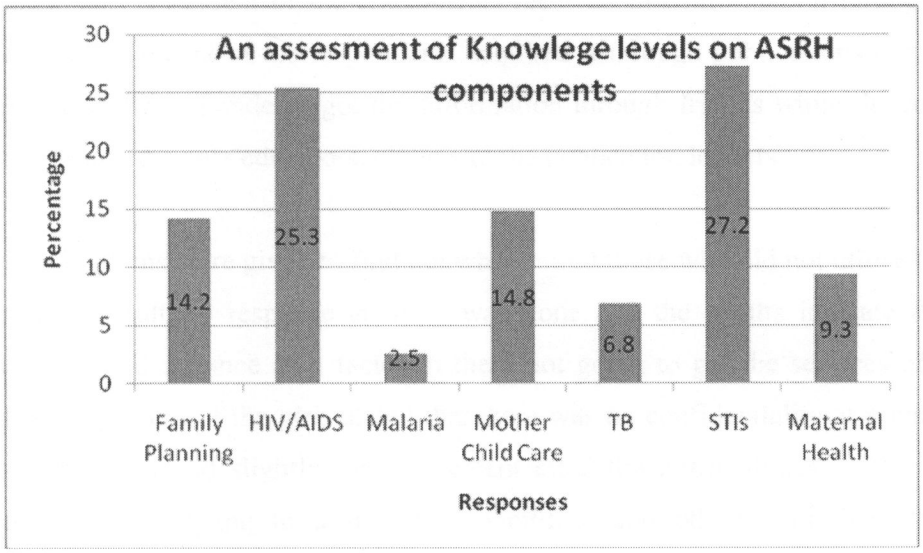
Health (ASRH) while only 6 respondents who account for about 12% said their religion did not provide ASRH information.

Results reveal that of the 29 %(14) Catholics, 27.9% (12) affirmed that their religion does provide ASRH information and only 14% (2 respondents) disagreed that their religion does not provide this Information. We further note that the percentages of those who agreed that their religion provide ASRH information were 27.9%, 20.9%, 14.0%, 37.2% for Catholics, Protestants, SDAs and Other religion(Jehovah's Witness, Pentecost, CCP and Apostolic Faith) respectively. Those who did not agree were as follows; 40% (2) of the Catholics said they did not receive such information, 20 % (1) of the Protestants too disagreed (0), non among the SDAs disagreed and 40% (2) of the Other religions disagreed too.

4.2 Knowledge and Awareness of the existence of SRH Information

In order to measure knowledge levels on sexual and reproductive health, girls were asked to indicate what they felt reproductive health includes.

Figure 2: Knowledge on what is included in reproductive health information



The figure above shows the knowledge levels of pupils on the factors that comprise adolescent sexual and reproductive health. About 27 percent of the pupils were aware that

STIs are part of Adolescent Sexual and Reproductive health, slightly over 25 percent of the respondents indicated that HIV/AIDS to be part. Fourteen percent indicated Family planning, 2.5 percent part indicated Malaria and 6.5 percent thought Tuberculosis were among the SRH.

On whether they are aware of the existence of PPAZ and the facilities/services, the findings were that only 36 percent of the respondents indicated that they were aware of the existence of PPAZ and slightly over 64 percent indicated that they have never heard of such an association or the services it offers.

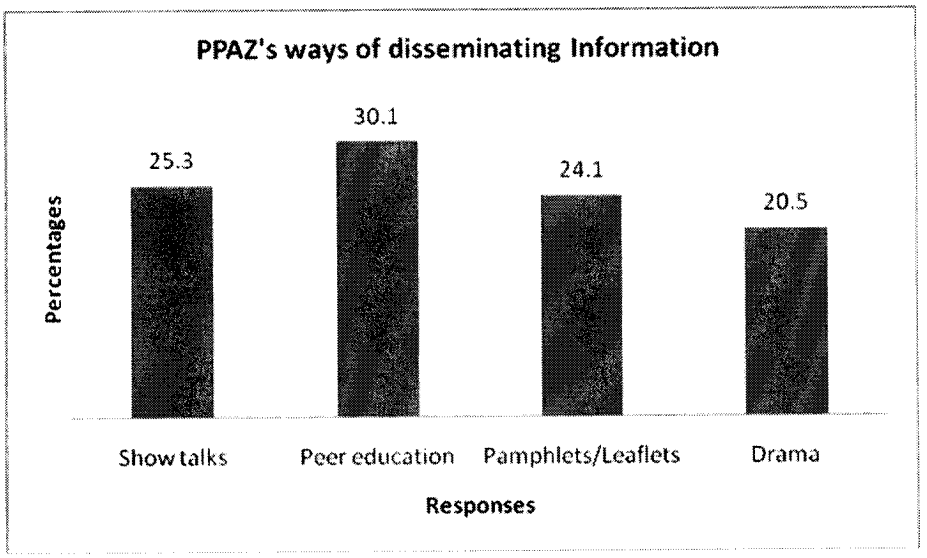
For those respondents who said they did not know about PPAZ or the services provided were further asked to state the reasons why they did not know about it.The results were that 2 percent said they were not interested, 84 percent said they are interested in such information but have never heard about the existence of PPAZ, and 12 percent skipped the question.

For those girls who said they accessed reproductive health from PPAZ (36 %), they were further asked to state the Medias through which PPAZ provide this information. To find the results a multiple response question was set and the results indicate that out of the sampled population, 31 percent of the respondents received this information through drama groups, close to 21 percent of the respondents acquired it through publications and slightly over 24 percent of the respondents got the information through friends while the remainder (21 %) was through the peer educators, clinic and the publication leaflets.

Several options were given to find out what barred those who did not utilise the services from PPAZ. A multiple response analysis was done and the results indicate that the majority (63.4%) cited distance as a factor in them not going to get the services offered by PPAZ, while 22 percent of the girls stated that there was no confidentiality at points of counselling or distribution and slightly over 7 percent cited the unfriendliness of the caregivers as a reason for not going to utilise these facilities, and others said they did not need the information provided by PPAZ.

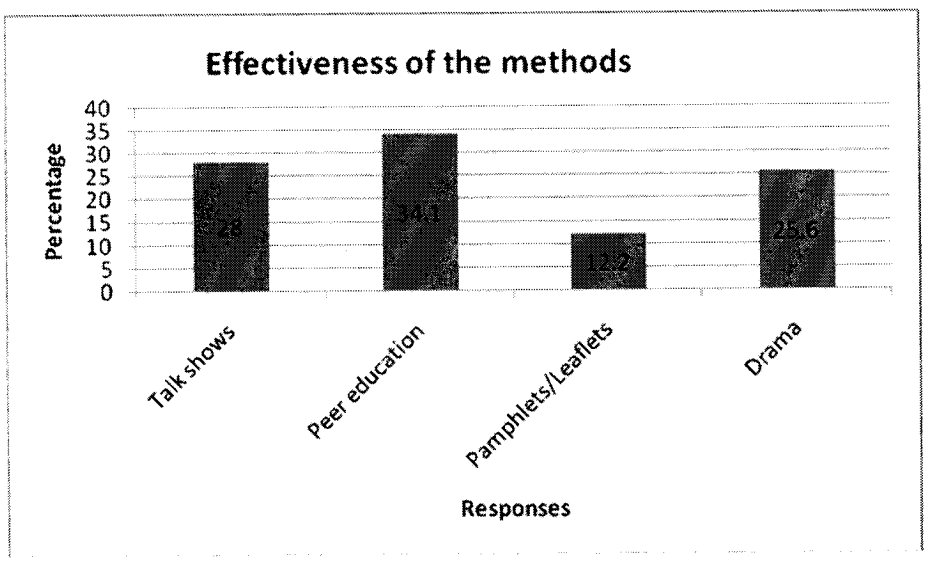
4.3 Modes of information provision and attitude

Figure 3: Ways known by the respondents as a means of disseminating information



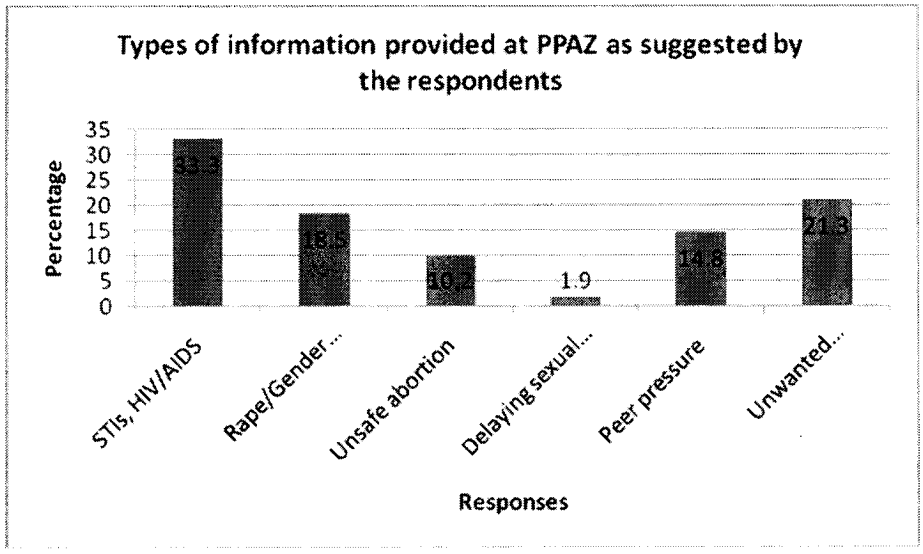
To find out about the ways of information provision by PPAZ, the multiple response questions was set. The method which is well known by the respondents is the use of the peer educators which recorded slightly over 30 percent and this is followed by Show talks with 25.3 percent, pamphlets/leaflets recorded 24.1 and the least on the table is the drama group which had 20.5 percent.

Figure 4: Ways of information provision respondents consider effective



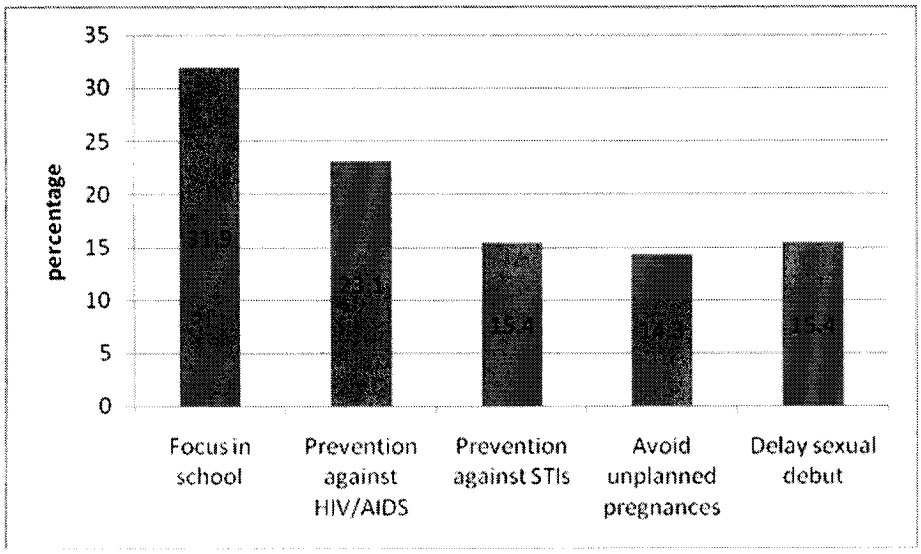
The respondents were asked to say the effcetive methods among the methods that PPAZ used to disseminate information. From figure 4 above, it is evident that peer education was indicated as the most effective with slightly over 34 percent then followed show talks with 28 percent yet close to 25 percent of respondents cited drama method as an effective means while slightly over 12 percent mentioned pamphlets and leaflets as effective.

Figure 5: Types of information provided at PPAZ



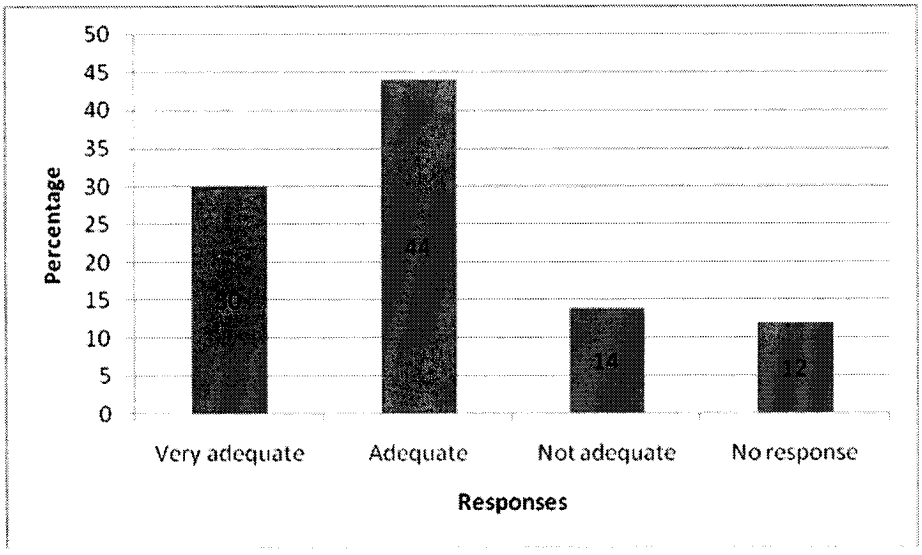
The graph above shows tha shows that slightly over 33 percent of the respondents said that PPAZ does provide information on STIs, STDs, HIV/AIDS, slightly over 21 percent of the respondents said PPAZ provides information on unwanted pregnances and close to 19 percent of the respondents stated that PPAZ provide information rape and gender based violence while other information that respondents said PPAZ provides is information on Unsafe abortion, delaying sexual debut information on peer pressure.

Figure 6: Ways in which information from PPAZ has assisted adolescents



The graph above shows that of those who access information from PPAZ, close to 32 percent of the respondents said that reproductive health information from PPAZ has helped them remain focused in school, slightly over 23 percent said the information has helped them to prevent themselves against HIV/AIDS and about 15 percent of the respondents said the information has helped them to prevent themselves agaist STIs and in delayin sexual debut while only about 14 percent of the respondents said this information has helped them avoid unplanned pregnances.

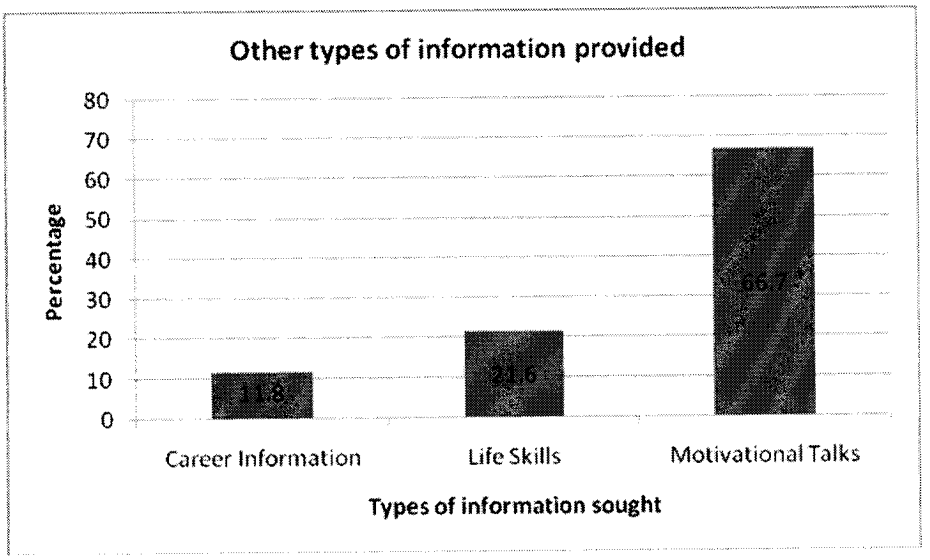
Figure 7: Perception of information provided at PPAZ by respondents



The figure above presents statistics on the perception of information provision at PPAZ by those who have used the information from PPAZ before. 44 percent of the respondents said the information provision at PPAZ is adequate, 30 percent said it is very adequate while only 14 percent stated that it was not adequate. However, even among those who responded that they know about PPAZ providing Reproductive information, about 12 percent did not give any response.

Findings on whether the Grade 11 pupils of Kabulonga Girls High School face problems in accessing Adolescent Sexual and Reproductive Health information indicate that close to 57 percent of the respondents face problems in accessing this information and only about 43 percent of the respondents said they do not.

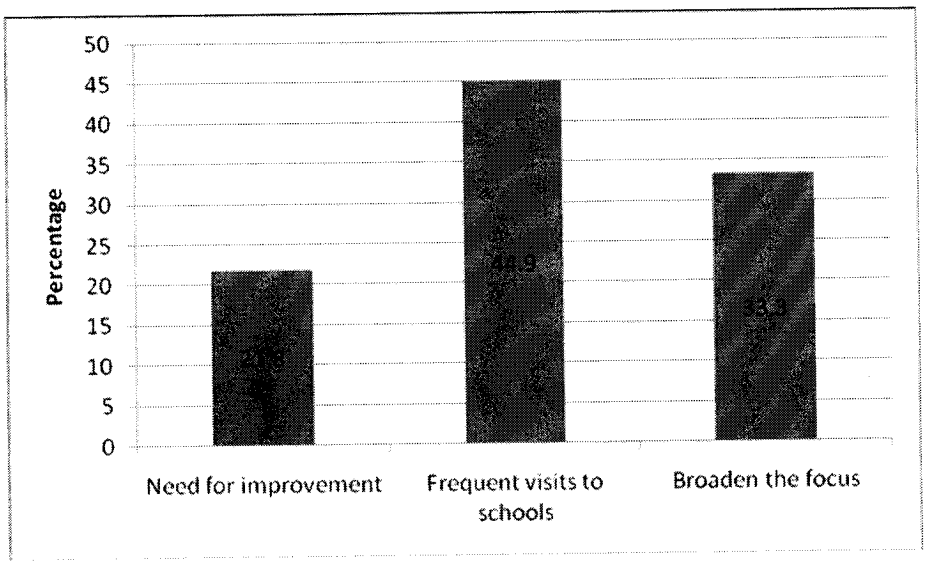
Figure 8: Other types of information respondents indicated being provided



A question was asked to find out what other types of information PPAZ provides to adolescents other than HIV/AIDS, STIs, Information on unplanned pregnances and those already mentioned above. It was found out from those who had heard about PPAZ that close to 67 percent of the respondents said PPAZ other than the information already talked about provide motivational talks, close to 22 percent of the respondents said PPAZ also provide Life skills information and only about close to 12 percent of the respondents said PPAZ also provide Career information.

Findings further indicate that 75 percent of the respondents who said they have accessed information from PPAZ before disagree that the information is not useful while only 25 percent of the respondents agreed that the information from PPAZ has had no impact so far.

Figure 9: Ways in which PPAZ can be improved in terms of information provision



The Figure above shows suggestions that were made by the respondents on how best information provision can be improved from PPAZ. The figure shows that about 50 percent of the respondents were in total agreement that there is need to intensify and frequency of visiting schools, about 33 percent said there is need to broaden the focus than just looking at sexuality issues while about 22 percent said there is need to improve in almost all departments.

CHAPTER FIVE
DISCUSSION

5.1 Background Characteristics

The sampled population consisted of 50 respondents out of which (96%) were in the age group of 15-19. The minority 4% were in the age group 10-14. This evidently shows that the respondents were ranging in the age between 10 and 19 years old.

In this survey it has been found that there were about 28% Catholics, 20% Protestants and the others category had 36% which comprised of Jehovah's Witness, Pentecostals, CCP and Apostolic Faith while two of the respondents about 4% did not indicate their religious affiliation, a category presented as Missing above. As presented in the findings majority of the respondents (44 of the respondents who account for about 88%) said their religion does provide information on Adolescent Sexual and Reproductive Health (ASRH) while only 6 out of the 50 respondents who account about 12% said their religion did not provide ASRH information.

5.2 Knowledge and Awareness of the existence of SRH Information

The study revealed that some of the respondents do not know what exactly reproductive health information is made of. This is evident from figure 2 which shows that Malaria and Tuberculosis makes up 2.5 and 6.8 percent respectively of the 100 percent total components of Sexual and Reproductive Health as analysed using a multiple response matrix method. This research also revealed that knowledge levels on the sexual and reproductive health components (family planning, HIV/AIDS, mother child care, STIs and Maternal Health Care) varied as shown on the second graph were the components have been recorded.

Generally we can say respondents do not certainly know what reproductive health information includes. This is in line with the research that was done by Seats (2000) who found that females in the squatter settlements were not knowledgeable about reproductive health. The only difference is that most respondents had at least an idea of some of the information included on sexual and reproductive health since they were in their secondary level of education.

In answering the general objective which states that to evaluate the effectiveness of PPAZ in the provision of adolescent sexual and reproductive health information and services to pupils of Kabulonga Girls High school, it was found that most of the pupils are not aware of the existence of the reproductive health information at Planned Parenthood Association of Zambia (PPAZ) neither are they aware of the existence of PPAZ.

The results found above reveal that over 64 percent for the respondents have never seen, heard or read any materials about PPAZ. This was expressed in their words like" how I wish such an association could reach us adolescents; if such an association exists, then majority of us pupils at Kabulonga have never heard about it yet we so much lack information on adolescent sexuality because much of the information we have are just unreliable abstracts from our peers and many other comments".

The reasons for those who did not know that PPAZ provide reproductive health information or who did not utilise the information provided by PPAZ were given, and about (63.4%) cited distance as a factor in them not going to get the services offered by PPAZ, while 22 percent of the girls stated that there was no confidentiality at points of counselling or distribution and slightly over 7 percent cited the unfriendliness of the caregivers as a reason for not going to utilise these facilities, and others said they did not need the information provided by PPAZ. These findings are in agreement with the research carried out by World Health Organisation (2000) which found that the attitude of the caregivers resulted in the low utilization of health facilities. This means that even the information which is provided by the PPAZ cannot be appreciated because they have a negative attitude towards reproductive health information and the patrons in charge of the centre.

For those ones who said they were aware of information provision at PPAZ, a good number of them about 34.1 percent said they came to know about this information through peer educators from PPAZ and 28 percent of these respondents said they came to know of PPAZ through talk shows while about the others said that it was through drama and pamphlets/leaflets. Since a lot of people stated that they are not aware of the existence of such an association and its services and that even those who knew about its existence did not know it through the visitations that PPAZ states on their objectives, it therefore would be concluded that PPAZ has made very less efforts in meeting up their objectives of disseminating information about reproductive health to pupils in schools which according to

this study seemed to be one of the topics pupils would take greatest pleasure in hearing and discussing about.

In this study, a Focus Group Discussion (FGD) was done just to ascertain the levels of acceptance of such topics of discussion among the pupils overwhelming participation with brilliant suggestions of how to improve the dissemination of the information were brought out. It was initially thought that many pupils would feel shy discussing the topic with peers of the opposite sex yet the responses were overwhelming. This however may have a negative connotation in that female pupils may be attracted to persons of the opposite going by their comments to leave them with the details of the researcher. Overall, this may also act as a strategy to change the mindset of the pupils and instil knowledge by the use of motivational testimonial talks. By the use of this method, this research discovered that every pupil gave the total attention that was desired and positive constructive contributions ensued from the FGD.

For those respondents who said they did not know about PPAZ or the services provided stated such reasons as they were not interested in such information, majority stated that they were interested in such information but have never heard about the existence of PPAZ, and others skipped the question.

It has also been found that only 4 percent of the respondents access information from PPAZ on a weekly basis, 6 percent once in a month, 4 percent once in three months and 10 percent once in one year. Unfortunately, the majority respondents (about 76%) stated that they do not access adolescent sexual and reproductive health information from anywhere. This implies that the rate of accessing information from PPAZ by Kabulonga Girls High school pupils is extremely very low. A generalisation can be made that PPAZ services are very much under utilized by the intended audience. The other conclusion that can be drawn from this study is that PPAZ should first have done their sensitizations in the urban schools before concentrating in rural areas because urban youths or females in particular are very vulnerable to contracting HIV/AIDS of falling pregnant.

A good number of the respondents about 28 percent who do not access information from the clinic said their source of information was the Media and the press, over 32 percent said that their source of reproductive health information are there relatives and friends while majority (over 34%) stated that they acquire this information from books and the Internet. These results are somehow in agreement with what the Zambian Demographic Health Survey

(2001) which found that the media and the press are the potential means of reproductive health information dissemination in urban areas. The reason for the similarity in the findings could be that the levels of education for the respondents were are similar, both studies targeted persons that have reached secondary education.

5.3 Modes of Information dissemination and attitude towards information provided by PPAZ

The mode of information provision can make PPAZ to be effective in terms of information provision and can also make the people receive or not to receive the information. PPAZ basically has four ways in which it provides reproductive health information to adolescent youths in schools. Information is provided through talk shows or sessions, peer education, drama as well as leaflets which were known by the respondents. The study revealed that the prominent mode of information provision among the four is the use of peer educators followed by talk shows then drama and lastly the distribution of pamphlets/leaflets.

Even though the prominent modes of information provision are peer educators, talk shows, drama of distribution of leaflets/pamphlets, the research revealed that the most effective mode of information provision is the use of peer educators which made up slightly over 34 percent. Then 28 percent said that talks are effective and drama was third with close to 27 percent suggesting that it is effective while the lowest is the use of leaflets/pamphlets. This observation is contrary to the study in Uganda whose overall study findings indicate that a primary school health education program which emphasises on social interaction methods can increase the level of sexual abstinence among school- going adolescents.

If some of the information provided by an information system is not known to the people it means that the information system in place is not doing its best in terms of availing and promoting such information to the clients. To find out if respondents knew what information was provided at PPAZ, respondent were asked to state commonest type of information found at PPAZ. A lot of respondents cited STIs/STDs/HIV/AIDS information (slightly over 33 percent) as the most common followed by information on unwanted/unplanned pregnancy information (slightly over 21 percent).

Information on rape/gender based violence recorded slightly close to 19 percent. A few respondents (about 10 percent) said even unsafe abortion information is available at PPAZ

while peer pressure or boy- girlfriend relationships (14.8%) information had a higher frequency/ percentage as compared to unsafe abortion rate. However, very few respondents mentioned that information on delaying sexual debut (1.9%) was provided at PPAZ. This means that PPAZ is not doing enough in educating youths/ adolescents in term of information provision on reproductive health. Information provision to young people therefore needs to take a more different dimension if they are to impact positively on the lives of young people.

In Zambia, strategies for HIV prevention such as the ABC approach (A=abstinence, B= being faithful and C= condom use) have yielded only a modest decline in HIV/AIDS prevalence among young people (Wendy Roseberry, et al: 2005). Therefore, involvement of parents and guardians and home based sensitization campaigns among young people may help scale up ASRH programmes. Thus help to reduce future uncertainties.

The above percentage on the available literature at PPAZ concerning delaying sexual debut (1.9%) has farfetched consequences as just as Green and Kreuter observed in their study. Green and Kreuter observed that as adolescents delay seeking prescription contraception for an average of one year after initiating sexual activity, it is perhaps not surprising that half of adolescent pregnancies occur in the first 6 months of sexual debut. For this reason, and the fact that younger age is a strong risk factor for *Chlamydia trachomatis* (CT) infection, effective prevention strategies and reliable information must include young adolescents, ideally before they become sexually active.

This research has also revealed that reproductive health information has helped those respondents who said they seek the information from PPAZ in several ways. Majority of those who responded to this question said that information from PPAZ has helped them to be focussed in school (40%), and slightly over 23 percent said information from PPAZ has helped them to prevent or avoid HIV/AIDS while the remaining respondents said information from PPAZ has helped them against STIs, unplanned pregnancies and delaying sexual debut each having 15 percent.

The respondents were also asked to describe the reproductive health information provided by PPAZ in terms of adequacy. Half of the respondents over 50 percent said the information provided by PPAZ is adequate except that their coverage and sensitization mechanism are so ineffective such that only a small part of the target group has been reached. The majority of

the respondents to this question are those who said they access the information from PPAZ and it was asked as a multiple response question.

To find out what other types of information PPAZ provide apart from sexual and reproductive health related information, only 12 percent of the respondents said PPAZ provides information on careers, 52 percent said the institution does not provide such information and the remainder gave no response. On the one hand, only 22 percent responded in the affirmative that PPAZ provide life skills information while 46 percent stated that PPAZ does not provide such information and 32 percent did not answer the question. On the other hand, about 68 percent of the respondents said motivational talks are provided by PPAZ while about 17 percent said no such information is provided and 16 percent did not respond to the question. This simply means that there is need to broaden the knowledge base in the provision of information by PPAZ. Most respondents expressed scepticism that reproductive health information is boring as such they cannot visit the center to be bored by such materials; hence there is need to carter for a broad audience.

The respondents were also asked to suggest ways in which information provision can be improved at PPAZ. A multiple response analysis yielded the results below. Over 70 percent of the respondents said that there is need to frequently visit schools and to open up clubs or associations tackling specific issues tailored at meeting the welfare of the pupils lifestyles. About 52 percent said there is need to broaden the focus and not only look at sexual and reproductive health information but also to talk about careers while about 34 percent talked of revising their approaches of disseminating the information.

5.4 Recommendations

The following recommendations are made in order to make PPAZ effective in disseminating reproductive health information to adolescents/youth:

- The information provision in schools by the peer educators should be done on a regular and defined basis so that the pupils can learn a lot from the peer educator.

- It should be made a mandate that they come up with clubs in schools such that every week (on clubs day) peer educators alternate visitation to various schools to steer up

the provision of the sexual information. This is a very paramount issues to serious consider and embark on if PPAZ's objectives are to be realised.

- To effectively train and equip the peer educators with skills and approaches that meet the pupils' expectations and acting as favourable role models to the pupils working hand in hand with the drama groups so that they enhance education and entertainment.
- They need to come up with Television/Radio shows for the presentation of the programs to reach many youths some of whom may be out of school. This should be at appropriate times when youths are not busy, say over the weekend in the afternoons. These programs ought to be regular and well prepared without swaying away from the issues under discussion. Although already among their objectives (develop radio, TV and print programmes to advance ASRHR) PPAZ needs to realise that this they now ought to act or this will just remain on paper as an objective
- There is also a need to come up with a youth friendly corner or chart page on the PPAZ site where youths can inquire and receive responses
- In order to motivate youths to visit the center, there is need to introduce computer lessons and any other interesting skills. These computers must be connected to the internet where the youths are restricted only to academic and sexual/ life/ career issues.
- There is also need to begin conducting research and publishing the results in simple formats and language that will easily be understood by the youths themselves
- There is also a need to liaise with any other NGOs with converging objectives to bridge the financial challenge considering that PPAZ mostly relies on donor funding, so to caution the financial drawback, they need to partner with other organisations which may have similar aspirations
- There is need to develop, produce and distribute target communication materials to the young people
- There is also a need to increase the number of peer educators so that they will be able to reach out to many youths almost on similar days if the opt to open up clubs in schools
- They need to go beyond the urban areas but even rural and boarding schools
- Lastly and most importantly too, there is need to strengthen commitment to and support for the sexual and reproductive health and rights, and needs of adolescents/young people.

5.5 Conclusion

This study aimed at evaluating the effectiveness of PPAZ in providing adolescent sexual and reproductive health information to female pupils of Kabulonga Girls High school. It has been discovered in this study that PPAZ has not been and is not effective in providing adolescent sexual and reproductive health information. The choice of Kabulonga Girls was strategic in that it is within and close to PPAZ relative to rural areas and that it is a very big school with pupils of different school backgrounds. It was therefore expected that majority pupils might have heard or seen peer educators disseminate the information. The truth on the ground is that PPAZ has not been active or effective as evidenced above where over 64 percent of the grade 11 pupils at Kabulonga Girls High school have never heard about PPAZ. In answering the specific objectives which are:

- "To assess Kabulonga Girls pupils' knowledge levels, perceptions, attitudes and beliefs on the information provided by PPAZ in combating HIV/AIDS and STIs, unwanted pregnancies and unsafe abortions"

It can be concluded that Kabulonga Girls pupils have low knowledge levels, and poor attitude and negative views about ASRH and PPAZ in particular as evidenced in the above findings were some pupils even suggested that Malaria and TB are part of the information provided under adolescent sexual and reproductive health and by the divergent perceptions expressed on the adequacy of the information provided by PPAZ. However, with good strategic sensitization programs, there is a chance that pupils' perceptions, attitudes and beliefs can improve and change for the better hence fighting the challenge of HIV/AIDS, STIs, unwanted pregnancies and unsafe abortions.

- "To identify factors affecting the access and utilisation of reproductive health information provided by PPAZ"

As revealed, the main reason expressed by the responds as a barrier to accessing services and information provided by PPAZ is that majority of the respondents are not aware of the existence of PPAZ and that even those who know about it, the distance from where they stay to the centre is a discouraging factor. Additionally, it can be concluded that even the available services and information is not that appealing to their needs as expressed in their views that they would rather get similar information from other sources than get the trouble of travelling long distances. This therefore means that PPAZ needs to provide a wide range of convincing and competitive services that will cut across gender and influence the youths to get compelled

to get the services and information offered there. Furthermore, there is need for a deliberate procedure to visit schools more frequently and begin radio, TV and print programmes to advance ASRHR.

In this broad research it has been found that PPAZ is not effective in providing reproductive health information to the female pupils of Kabulonga Girls High school. This is deducted from the findings that some of the females do not really know what reproductive health information is all about. Also according to the findings, it is revealed that the information provided by PPAZ is not adequate. Therefore the pupils are facing reproductive health problems as stated in the statement of the problem because the information system responsible for delivering this information and service is ineffective.

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APPENDIX

No._____

Questionnaire

THE UNIVERSITY OF ZAMBIA
SCHOOL OF EDUCATION
DEPT. OF LIBRARY AND INFORMATION STUDIES

QUESTIONNAIRE

Dear Respondent,

I am a fourth year student in the School of Education pursuing a Bachelors of Arts Degree with Library and Information Studies. I am conducting a research on the effectiveness of Planned Parenthood Association of Zambia in providing Adolescent Sexual and Reproductive Health information to female pupils at Kabulonga Girls High School.

You have been randomly selected and therefore kindly requested to take part in this study by filling in the questionnaire.

This is purely an academic research and not political in any way. You are therefore assured of maximum confidentiality of the information you will provide

Your Cooperation will be greatly appreciated.

Hibusu Ladislas (Student Researcher)

Instructions

Tick in the box all the answers that apply to you.

SECTION A: BACKGROUND INFORMATION

Q01. How old were you at your last birthday? .....

Q02. Which denomination do you belong to?

(a). Catholic [ ]
(b). Protestant [ ]
(c). SDA [ ]
(d). Others.....

Q03. Does your religion provide information on adolescent sexual and reproductive health?

1. Yes [ ]
2. No [ ]

SECTION B: KNOWLEDGE AND AWARENESS OF THE EXISTENCE OF SRH INFORMATION

Q04. Which of the following do you think are included in Adolescent Sexual and Reproductive Health (SRH)?

(Multiple response)

	YES	NO
(a) Family planning	[ ]	[ ]
(b) HIV/AIDS	[ ]	[ ]
(c) Malaria	[ ]	[ ]
(d) Mother Child Health Care	[ ]	[ ]
(e) Tuberculosis (TB)	[ ]	[ ]
(f) Sexually Transmitted Infection	[ ]	[ ]
(g) Maternal health care	[ ]	[ ]

Q05. Are you aware that Planned Parenthood Association of Zambia (PPAZ) provides information on Adolescent SRH?

(a) YES [ ]
(b) NO [ ] **(If YES, skip to Q07)**

Q06. Why are you not aware of the ASRH information provision at PPAZ?

(a) Not interested in the RH information [ ]
(b) Have not been there to find out [ ]
(c) Other Specify.....

Q07. How did you know that PPAZ provides ASRH information?

(a) Through a Friend [ ]
(b) Publication leaflets [ ]
(c) Drama [ ]
(d) Peer Educators [ ]
(e) Personnel at the clinic [ ]
(f) Other (Specify).....

Q08. How often do you access the ASRH information?

(a) Once week [ ]
(b) Once in month [ ]
(c) Once in 3 months [ ]

(d) Once in a year [ ]
(e) I don't [ ]

Q09. If you do not access Reproductive health information from PPAZ, what are the reasons?

	YES	NO
(a) It is far	[ ]	[ ]
(b) Staff is not friendly	[ ]	[ ]
(c) No Confidentiality	[ ]	[ ]
(d) Information not helpful	[ ]	[ ]
(e) Have no need for such information	[ ]	[ ]

Q10. If PPAZ is not your source of information on Sexual and Reproductive health, where do you get such information from?

(a) Media and Press [ ]
(b) Friends and Relative [ ]
(c) Books [ ]
(d) Any other specify.....

SECTION C: MODE OF INFORMATION PROVISION AND ATTITUDE

Q11. In what ways does PPAZ disseminate Reproductive Health information?

(Multiple response)

		YES	NO
(a)	Show Talks	[ ]	[ ]
(b)	Peer Educators	[ ]	[ ]
(c)	Pamphlets/leaflets	[ ]	[ ]
(d)	Drama	[ ]	[ ]

Q12. Which of the following ways of information provision used by PPAZ are effective?

		YES	NO
(a)	Talks	[ ]	[ ]
(b)	Peer Educators	[ ]	[ ]
(c)	Pamphlets/leaflets	[ ]	[ ]
(d)	Drama	[ ]	[ ]

Q13. What is the most common type of Sexual Reproductive information that is obtained from PPAZ?

(Multiple response)

	YES	NO
(a) STIs/STDs/HIV/AIDS	[ ]	[ ]
(b) Rape/Gender Based Violence	[ ]	[ ]
(c) Unsafe Abortion	[ ]	[ ]
(d) Delaying sexual debut	[ ]	[ ]
(e) Peer pressure/ Boy- Girl Relationships/ Self Esteem	[ ]	[ ]
(e) Unwanted pregnancy	[ ]	[ ]

(g)Other (Specify).....

Q14. How have you been helped through the use of reproductive health information?

	YES	NO
(a) Helped me to remain focused with school without disturbances	[ ]	[ ]
(b) Prevention against HIV/AIDS	[ ]	[ ]
(c) Prevention against STIs	[ ]	[ ]
(d) Helped you avoid unplanned pregnant	[ ]	[ ]
(e) Helped you to delay sexual indulgency	[ ]	[ ]

Q15. What problems do you face in accessing ASRH information?

1. YES	2. NO
[ ]	[ ]

Q16. How would you describe the ASRH information provided by PPAZ?

	1. YES	2. NO
(a) Very adequate	[ ]	[ ]
(b) Adequate	[ ]	[ ]
(c) Not adequate	[ ]	[ ]

Q17. Apart from Adolescent Sexual and Reproductive information, what other information does PPAZ provide?

	1. YES	2.NO
(a) Career Information	[ ]	[ ]
(b) Life skills	[ ]	[ ]
(c) Motivational talks	[ ]	[ ]

Q17. What do you think about reproductive health information provided by PPAZ?

	1. YES	2. NO
(a) So far there is no impact it has brought	[ ]	[ ]
(b) Need to improve on the approaches being used to disseminate the information	[ ]	[ ]
(c) Need to frequently visit schools and come up with clubs with specific topics	[ ]	[ ]
(d) Need to broaden the focus and not only look at sexual and reproductive information but talk about careers also.	[ ]	[ ]

Q18. Suggest ways in which PPAZ can be improved in terms of information provision.....
.....
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