CHAPTER ONE
INTRODUCTION

1.1 Background

There are many risks presently facing young people, some of which include early or unwanted pregnancy, drug and alcohol abuse, Sexually Transmitted Infections (STIs), HIV and AIDS. Since its discovery in the early 1980s, HIV and AIDS has continued ravaging the Eastern and Southern African Region (ESAR). African countries account globally to 70 percent of new infections and four – fifth of AIDS related deaths. The worst affected by the pandemic are children and women. The majority of new HIV and AIDS cases are among young people aged 15 – 25 years (Gachuhi, 1999).

Young people still engage in risky behaviour even when the factors that cause such risks are known. In its policy statement, the Ministry of Education in November 1999, stressed the inclusion of HIV and Psycho Social Life skills in the school curriculum (MOE, 2003). The Education Sector was seen as a vehicle that would help combat the impact of HIV and AIDS on the Zambian population. Kelly (2000) explains that the Education Sector can act as an immune booster in every community if it is fully exploited while the endless search for the drug continues. The young people in primary Schools are seen as a Window of Hope. This is because most young people are not infected with the HIV and AIDS virus and if they remain uninfected, the virus will not pass down to the next generation and will eventually die out (MOE,2007).

Although HIV and AIDS prevention is taught to young people in school and is reinforced through messages that are seen or heard on television, radio, billboards,
posters and signs, young people do not seem to keep themselves safe from risky sexual activities and other harmful practices. It is for this reason that the Ministry of Education and its cooperating partners, such as, UNICEF introduced Pscho-social life skills education in Schools. For nearly 20 years now, Life skills education has been advocated as a key component of HIV and AIDS education for children and young people. Member states represented at the United Nations General Assembly Special sessions on HIV and AIDS in 2001, committed themselves to ensuring that:

At least 90 percent and by 2010 at least 95 percent of young men and Women aged 15 to 24 have access to the information, education, including peer education and youth specific HIV education and services necessary to develop the life skills required to reduce their vulnerability to HIV infections (Yankah and Aggleton 2008:465).

The World Health organization (WHO) as quoted in (MOE, 2003:9) defines life skills as, “abilities for adaptive and positive behaviour that enables individuals to deal effectively with demands and challenges for young people everywhere in the world”. The argument behind the introduction of Pscho-social life skills education is that despite the increase in awareness and information about the prevention of HIV and AIDS, the infection rates have not gone down (MOE, 2007). A number of life skills were identified as being important in changing the sexual behaviour of the pupils and youths in general. These are decision making and problem solving, self awareness (self esteem) and empathy, private communication and Interpersonal relations, creative thinking and critical thinking, coping with emotions and coping with stress (Gachuhi, 1999). Pscho-social life skills education provides an avenue which will enable young people to examine traditional and modern influences so that they can enhance the chances of living happily, healthy and safely (MOE, 2003).
HIV and AIDS has been taught in a manner that covers the science and biological aspect rather than giving pupils the skills to deal effectively with the challenge of the epidemic. Young people need complex skills such as assertiveness, negotiation, self esteem, peer resistance and goal setting in their lives if the fight against HIV and AIDS is to be won (MOE, 2003). In countries like Uganda where this programme has been well implemented, the age at which sexual intercourse first occurs and the overall rate of HIV and AIDS infections have been going down. These countries employed the use of drama in schools and the communities to enable children speak about their experience (Advance Africa, 2003).

Psycho–Social Life skills education is currently integrated in the primary school curriculum so that they can be an integral part of growing up. Children at this level have a questioning mind and easily explore things and learn how to cope with personal problems (MOE, 2007). Children also learn to exercise independence and come to terms with sexuality and are heavily influenced by their peers, hence the need to counteract peer pressure.

According to Dube (2003), it is important for youths to acquire skills in talking about sex and being assertive other than resorting to the easier way, that is, distributing condoms to children and adults alike without proper education on matters of sexuality. Dube (2003) argues that even when public places have flooded with condoms and made easily accessible to many people, the infection rate keeps rising. The need to provide young people with the skills needed to enhance their chances to lead healthy and happy lives cannot be over emphasised. As the saying goes,
“knowledge is power”, the youths need this power to survive in the world ravaged by HIV and AIDS.

The teaching and learning of life skills education is integrated in core subjects taught by different teachers. This is because HIV and AIDS is seen as a cross cutting issue and can easily be integrated in the school curriculum and not taught as a standalone subject (MOE, 2001). The review of life skills based programmes in East and Southern Africa Region indicates that infusion approaches have not had the expected impact often because teachers are not sufficiently trained and do not implement the programme properly. Teachers often overlook sensitive issues and realistic situations that would personalize the risk of young people. Gachuhi (1999) recommends that a standalone life skills programmes or having one lesson a week, has better chances of succeeding than those infused in the core subjects or curriculum.

1.2 Statement of the problem

The Ministry of Education introduced psycho-social life skills to give pupils the skills to avoid contracting the HIV and AIDS virus and live healthy lives. The effectiveness of this programme does not seem to have been well established. Therefore, the study attempted to establish the effectiveness of psycho-social life skills education on pupils’ sexual behaviour. This is because there does not seem to have any evaluation conducted in high schools except for the basic school which was conducted by the curriculum development centre research team in 2008.
1.3 Purpose of the study

The purpose of the study was to investigate the effectiveness of psycho-social life skills education on changing the attitude and sexual behaviour of pupils in high schools.

1.4 Objectives of the study

The following were the objectives of the study:

(i) To establish the effectiveness of Psycho–Social Life skills education in reducing the HIV and AIDS infections among high school pupils.

(ii) To find out whether there is a link between the re- entry policy and creation of awareness on safe sex.

(iii) To find out the strategies and approaches used during the teaching and learning of psycho-social life skills in high schools.

(iv) To find out factors that influence pupils and youths in general to indulge in risky sexual behaviour.

1.5 Research questions

In line with the objectives, the study sought to answer the following questions:

(i) How effective are psycho-social life skills in changing high school pupils’ sexual behaviour?

(ii) Is there any link between Re-entry policy and creation of awareness on safe sex?

(iii) What strategies and approaches are used in the teaching and learning of psycho-social life skills in high schools?

(iv) What factors influence pupils to engage in risky sexual behaviour?
1.6 Significance of the study

The findings of this study will help interested stakeholders and policy makers formulate appropriate interventions and formally introduce Psycho–Social Life skills education in high schools as an integrated subject or single subject which would appear on the time table. The stakeholders may comprise Ministry of Education as policy makers, parents and teachers, and organisations that have taken interest in education.

1.7 Operational definitions

(i) **Decision making:** the ability to utilize all available information to weigh a situation, analyse the advantages and disadvantages and make an informed and personal choice.

(ii) **Problem solving:** this is the ability to identify, cope with and find solutions to difficult situations.

(iii) **Creative thinking:** the ability to think of and explore the possibility of doing a task or deal with a problem in more than one way.

(iv) **Critical thinking:** ability to analyze information and experiences objectively in order to make appropriate decisions concerning people’s or one’s environment.

(v) **Effective communication:** ability to express oneself in ways appropriate to ones culture and situations.

(vi) **Assertiveness:** the ability to state ones opinion on an issue in a clear manner without being rude or putting the other person down.

(vii) **Negotiation:** ability to bargain on issues to try to make a decision that does not compromise one’s principles or values and is acceptable to all persons involved.
(viii) **Self esteem**: the way a person feels about him or herself and also how that person believes others feel about him or her.

(ix) **Coping with stress**: this is the effective management of situation that weighs hard on a person’s mental capabilities as a result of increased physical or emotional pressures.

(x) **Coping with emotions**: the ability to manage one’s mental feelings in response to a stimulus either positive or negative.

1.8 **Summary**

The chapter focused on the historical background of psycho-social life skills education and the reasons why it was introduced in and Southern African sub regions. It also gave some of the reasons advanced in the provision of psycho-social life skills to basic schools and why it was integrated in the school curriculum rather than a standalone subject.

Finally this chapter presented the problem statement, the purpose of the study, objectives and research questions, significance of the study and the definition of terms used.
2.1 Introduction

The literature review is organized under the following broad areas; the provision of psycho-social life skills education outside Africa, Eastern and Southern African Region and finally Zambia. This chapter also covers the successes scored under this programme and challenges that have been faced.

2.2 Psycho-social life skills education outside Africa

Life skills education is presented as a panacea for many problems affecting humanity, youths in particular. They are said to enable economic and political participation, reduce gender inequalities, enhance the quality of parenting and reduce antisocial behaviour and crime (Yankah & Aggleton, 2008). However, UNICEF (1993) stated that activities that help adolescents develop self-esteem and thus make them less likely to engage in risky behaviour rarely receive adequate attention. Most adolescents have no access to counselling or health services that help them deal with sexuality, reproduction and HIV and AIDS. The UN (2004) report also revealed that cases of HIV and AIDS among adolescents are due to unsafe sexual relations, lack of appropriate sex education and ignorance of means of protection. Globally, less than one in five people at risk of becoming infected with HIV have access to basic prevention services (UNAIDS, 2004).

Referring to the negative impacts of the HIV and AIDS, Kelly (1993) points out that the tone of education will obviously change as a result of this pandemic. The social
interactions and education processes which make the system work will inevitably be coloured in some way by the epidemic. Those in class, who are infected or ill, or even members of the families, may face discrimination and exclusion. Teachers may face the suspension of social and health benefits and/or dismissal from the system. Pupils on the other hand may face suspension by the system or be pressured to leave school voluntarily because the free and open nature of school and classroom relationships may end up being governed by suspicion and fear. As a result, the entire teaching learning climate will be adversely affected with high rate of absenteeism by both teachers and pupils.

However, Janssen (2005) stated that education has a key role to play both in the prevention of HIV and AIDS and in mitigating its effects on individuals, families, communities and society, but what is taught and how, has a major bearing on the specific target group.

In the same vein, Dyk (2003) believes that education and information are fundamental human rights and children and young people may not be denied the basic information, education and skills that they need to protect themselves against HIV and AIDS. This information should not be presented in isolation, but should be integrated in the existing school curriculum in subjects such as biology, science, social studies, mathematics and religious studies. Furthermore, this education should start early enough and should be on going.

In the United States, psycho-social life skills education is said to have reduced substance use and contributed to reduction in gang crime and reoffending (Botvin et
al., 2006). In Mexico a study was done among students in grade 10 from 40 public secondary schools. 10 schools were used as controls while 30 were intervention schools where emergency contraception (EC) was given. The study resulted in increased knowledge about HIV and EC, accepting attitudes towards condom use and increased use of EC (Walker, 2006).

In Chile, a study was done between 1994 and 1996 in 2 intervention schools and 3 control schools. It resulted in increased knowledge about human reproduction, STIs and contraception, timing of first sex experience and contraceptive use among young women. There was no impact on attitudes towards teen pregnancy, when sex is appropriate and contraceptive use among young women (Murray, 2000).

In Brazil, a study was done in both junior and secondary schools involving 2 interventions and 2 control schools. The findings indicated that there was improved communication with partner and increased condom use with non-main partner for young women (Yankah & Aggleton, 2008).

In Peru, Philippines and India, studies revealed increased knowledge of sexuality and AIDS, acceptance of contraceptives, accepting opinions about delaying first sexual experience and decreased sexual intercourse at 8 months and increased contraceptive use at first sex (Yankah & Aggleton, 2008).
2.3 Psycho-social life skills education in Eastern and Southern African region

The region of Eastern and Southern Africa has made significant progress in the provision of Psycho-social life skills Education. The governments in the sub region have demonstrated their political will by enacting HIV and AIDS policies and mechanisms such as national life skills framework that are intended to reach all children, adolescents, and their care giver (UNICEF ESARO,2005). Life skills programmes provide a variety of exercises and activities in which children do something and then process the experience together, generalizing about what has been learnt. After much practice in the programme, attempts to apply to future real life situations are done (Gachuhi, 1999). A study conducted in Kenya suggested that psycho-social life skills education yielded significant and positive adolescent reproductive health and sexual behaviour. In Ghana and Ethiopia, young people delayed their first sexual experience and reduced the frequency of sexual intercourse (Johnston, 1999). This is because life skills education,

“facilitates the negotiations of risky and vulnerability in the face of the epidemic. Psycho-social life skills education enables people to communicate openly and freely about sex and drugs, their preferences and what they wish to avoid. They result in clear thinking, having the right attitudes and staying safe” (Yankah & Aggleton, 2008:466).

The Ministry of Education and culture in Zimbabwe began offering Psycho-social life skills education in 1992. The target populations were students and teachers from grade 4 – 7 and from form 1 – 6 in secondary schools (Gachuhi, 1999). This programme is compulsory in all primary and secondary schools. The aim is to affect the attitudinal and behavioural change amongst pupils in order to reduce the risk of
HIV infections. In this way, pupils develop skills such as problem solving, informed decision making, and avoiding risky behaviour. The teaching method is pupil centred. Learners reveal their experiences during the learning process (Gachuhi, 1999).

In Namibia, the Ministry of Education and culture with assistance from UNICEF has focused initially on Life skills training for the 15 – 18 years old in school and outside school youths. They are using an intervention strategy known as “My future is my choice” (Gachuhi 1999). Through the national policy on HIV and AIDS for the Education Sector, Namibia established a policy framework conducive to introduction of Life skills education that demands age and ability – appropriate education on HIV and AIDS. Life skills education has been institutionalized into government plans and strategies and it is now fully owned by the government (Crewe et al., 2007). The implementation of Life skills education has resulted into increased communication with partners, decreased alcohol use, increased delay in first sexual experience and condom use at first sex (Yankah & Aggleton, 2008).

In the early 1990s, Uganda had a comprehensive School Health Education programme (SHEP) which provided change in their behaviour. An evaluation of the programme revealed that the curriculum succeeded in raising knowledge about health issues but failed to change the attitude and behaviour of young people (Gachuhi, 1999). This failure led to the development of Psycho-social life skills education in 1994. A reference manual for teachers was developed and college tutors were trained starting 1997 to 1998. The programme did not succeed in
changing the sexual behaviour of pupils until the ABC model was introduced, (Crewe et al., 2007; Yankah & Aggleton, 2008).

The Ministry of Education in Lesotho integrated some HIV and AIDS and STI information in such subjects as health and Physical Education in primary schools and Biology in secondary schools. However, Chendi (1999) concluded that the curriculum was heavily biased towards knowledge with little content and time required to change the behaviour of youths which is of primary importance. In 2005, a national curriculum reform process commenced under which it was decided to have Life skills education as a standalone subject. For out of school youth programmes, UNICEF works with the Ministry of Gender, Youth and Sports to support life skills through sports such as basketball and boxing (Crewe et al., 2007).

The Ministry of Education in Malawi implemented a life skills syllabus for standard 4 children in primary school in the year 1997. However, Chendi (1999) was of the view that the success of the programme was undermined because of lack of appropriate teaching and learning methodologies for effectively learning skills related to safe behaviour. There seem to be scanty information on the impact of the Life skills programme on incidence and prevalence of STIs, unplanned pregnancies and young people’s ability to engage in risk free behaviour (Gachuhi 1999). In 1995, the government of Malawi registered a programme known as sub – Saharan African Family Enrichment (SAFE) whose goal was to affirm the God – given dignity of humanity, building fundamental principles of self – esteem, decision making and personal responsibility as essential in the stability of families, healthy development of children as well as prevention of HIV and AIDS. Life skills programmes are taught
in complete interactive way using, role plays, forum theatre, games, puzzles, group discussions and other teaching techniques to keep learners wholly involved in the sessions (Chendi, 1999). Malawi is reported to be way ahead of other countries in the provision of life skills education due to her political commitment for taking forward the life skills agenda. Life skills education is a fully fledged subject with its own slot on the time table (Crewe et al., 2007).

In Swaziland, UNICEF works hand in hand with the Ministry of Education in the implementation of Psychosocial Life Skill Education programme. A draft national life skills policy was finalized by the end of 2006. Each secondary school has one period per week allocated to life skills education while primary schools have integrated Life skills education into career subjects. Several organizations are involved in the provision of psycho-social life skills education although the Ministry of Education regulates all activities done in schools. Other interventions taking place are care of orphans, activities for out of school youths, and school based AIDS education sponsored by UNICEF (Chendi, 1998; Gachuhi, 1999; Crewe et al., 2007).

Botswana has made progress towards a National Life skills framework that would act as a means to better coordinate delivery of life skills and information to young children. The Ministry of Education has infused life skills education across the curriculum in secondary school subjects such as Development Studies, Biology, Religious Education, Integrated Science and Social Studies. The Ministry of Education has a designated HIV and AIDS coordinator who is responsible for HIV within the Curriculum Development Division. There is strong emphasis on dance and
counselling with one responsible teacher trained in each school (Gachuhi, 1999; Crewe et al., 2007).

### 2.4 Psycho-social life skills education in Zambia

Zambia, like most of the countries in the world, is grappling with the HIV and AIDS pandemic, STIs, drug and substance abuse, rapid population growth and erosion of morality. Although many people are aware of these challenges or problems, very little corresponding attitudinal and behavioural change is taking place. Chendi (1998) states that, youths face more demands and challenges due to their psychosocial, social and economic circumstances. This makes them more vulnerable to the vices mentioned above. It is for this reason that psycho-social life skills education was introduced into the teaching programme of primary schools in the recent years.

Like other countries in Sub-Saharan Region, the Ministry of Education also introduced the teaching of life skills education in the school curriculum in line with the National Policy and Curriculum Framework (Ministry of Education, 2001). This was done to promote a healthy life style in children which is hoped would continue into adulthood. Rather than providing health education by pointing out dangers of certain behaviours, psycho-social life skills introduces children to a number of skills such as decision making, communication skills, negotiation, assertiveness and how to handle stress and emotions. These skills are to offer children an opportunity to choose a healthy life style (MoE, 2003). Life skills education provides the foundation that helps young people to overcome obstacles, avoid risky situations and develop and sustain positive behaviour through active involvement and participation in the teaching and learning process such as peer educators and drama (Chendi, 1998).
According to CDC (2008) the Ministry of Education revised the Lower and Middle Basic School curriculum in 2002 to embrace cross cutting issues such as life skills education, environment, gender and HIV and AIDS were integrated into the curriculum but acknowledged that the success of such a curriculum would require the support of the community and other partners. Life skills education was mainstreamed within learning areas which include: Literacy and Language, Integrated Science, Social and Development Studies, Mathematics and Creative and Technology Studies.

The Ministry of Education with its cooperating partners such as UNICEF developed materials for life skills education and HIV and AIDS. The following are some of the materials developed:

(i) Life skills education training Manual;
(ii) Life skills Education, Facilitator’s Guide for out of school youths;
(iii) Life skills Teacher’s book for grade 1,2,3,4 and 5;
(iv) Life skills Teacher’s Guide and learner’s book for grade 8 and 9;
(v) Life skills education for Primary teacher’s Diploma by Distance Education module 6;
(vi) Happy, healthy and safe manual; and
(vii) SPARK, a guide for Teachers in Zambia’s community schools. (Williams, 2002; CDC, 2008).

The Ministry of Education also embarked on the reform of teacher training and education system. This is to ensure that lessons become more relevant, child centred and of better quality. Teachers’ Education Programme (TEP) has specific
components of HIV and AIDS and psycho-social life skills Education, especially, the Primary School Programme known as (ZATEC) (Willems, 2002). At administrative level, there are core groups of psycho-social life skills trainers who include members from: The Directorate of Standard and Curriculum as well as Educational Specialized Services (ESS). Each Province has a senior Education Officer in charge of Guidance and Counselling, who is also a trainer in life skills (Willems, 2002; CDC, 2008). Each district has a district focal point person and a Guidance and Counselling officer. At school level, three are trained Life skills teachers at primary and Guidance and Counselling teacher at Secondary.

At secondary school level there is no structured curriculum for psycho-social life skills education as the case is at lower basic level. Life skills education is taught through the use of Anti AIDS clubs. Organisations such as the Family Health Trust have greatly supported the teaching of life skills through Anti-AIDS clubs. According to Chitomfwa (2004) the clubs are composed of young people who are willing to learn more and seek to keep themselves free from HIV and AIDS until they learn responsible sexual relationships. These clubs encourage the young people to abstain from sex until they get married. Peer educators have been trained to facilitate the teaching of life skills using Anti-AIDS clubs. This is because young people are more comfortable to discuss sensitive issues like sex with their peers compared to adults such as teachers and parents. The use of leaflets, “AIDS and you”, a video called “A choice in front of you”, posters and Billboards supplement the work of Peer Educators.
A number of successes have been scored by the use of this mode of teaching. Among these scores is the drop in teenage pregnancies, girls are able to report sexual abuse to Victim Support Unit of the police and are able to notice risky behaviour in school and would not want to be found with a male teacher alone after school hours. Young people have become more empathetic and are caring to ill relatives (Chitomfwa 2004).

According to Willems (2002), the major obstacle of the teaching and learning of psycho-social life skills in Zambia is that there is no system to identify individuals, group, NGOs or Faith groups who have the required skills to teach Life skills. Crewe et al. (2007) argues that many African countries, including Zambia, have no money allocated for Life skills programmes. There is heavy dependence on external support for life skills programmes. This makes psycho–social life skills education a foreign concept which would easily come to an end as soon as external support stops coming. Unless the Ministry of Education fosters a sense of ownership of this programme, it is likely to be unproductive. Ownership requires budgeting support and not depending on external funds only.

Kelly (2008) notes that it must be recognized that the teenage boys and girls who manifest AIDS between 15 and 19 must have become HIV infected at much younger ages. In this regard, the youth who include high school pupils are very vulnerable to HIV and AIDS and its deadly effects.

A number of studies conducted in Zambia reported that young people who received comprehensive HIV and AIDS and sexuality education were less likely to engage in risky behaviour compared to those who did not have these lessons. They tend to
begin having sex later, are more likely to use condom when they do have sex than their peers who did not have comprehensive education (Ministry of Education, 2007, Yankah & Aggleton, 2008). The introduction of psycho–social life skills education in community schools is reported to have impacted positively on the behaviour of pupils. Pupils who stopped attending school reported back and also there has been increased school attendance (UNICEF, 2008).

Young people in the community schools where life skills teachers are trained are reported to have ended their relationship after having discussions with their life skills teachers. There is also a reported drop on the use of Alcohol and drugs (UNICEF, 2008).

A study conducted by the research and evaluation faculty of the Curriculum Development Centre (CDC) in 2008, which was done in 45 schools in six provinces of Zambia, reported a drop in pregnancy rate in these schools surveyed. The drop was attributed to the teaching of psycho–social life skills in the Zambian schools. Teachers, peer educators and the learners find it easy to discuss HIV and AIDS while some girls talked to disclosed that they had politely refused sexual proposals from their school mates, outsiders and teachers (Curriculum Development Centre, 2008).

### 2.5 Challenges in the provision of psycho social life skills education

Although as noted above some successes have been scored, there are still a number of challenges that affect the smooth implementation of life skills in Zambia.
The increase in the number of girls getting pregnant at both primary and secondary level raises questions on the effectiveness of Psycho-social Life skills in changing the sexual behaviour of the pupils.

The statistical Bulletins from the Ministry of Education shows an increase in the number of girls becoming pregnant each year. Logic demands that as pupils receive this kind of education, as awareness on safe sex increases, the number of pregnancies should also be going down. This is not the case at present. In 2004, 6526 girls became pregnant while in 2005, 9111 girls became pregnant in basic schools and 1330 in high schools. In 2006 the number of girls who became pregnant rose to 10,403 in basic schools and 1591 in high schools. In 2007 the pregnancy rate rose to 11,381 in basic schools and 1772 in high schools (MoE, 2004, 2006 & 2007). The rise in the number of pregnancies indicates that pupils and youths in general have not changed their sexual behaviour in terms of safe sex.

There are a number of challenges in the teaching and learning of Psycho-social Life skills Education. Among these challenges is lack of space for Life skills education on the school time table. The school time table is overcrowded (Crewe et al., 2007). Though essential, this kind of education is not considered as a priority and its significance is often undermined. Even though administrators put it as a priority, a number of teachers in high schools are not trained in the teaching of Life skills education. While others feel embarrassed to handle sensitive issues related to sex, HIV and AIDS, (Gachuhi, 1999). Crewe et al. (2007) argue that some teachers find it difficult to teach Psycho-social life skills education because they, themselves, engage in high risk behaviour when they are supposed to be acting as role models.
for young people who they teach. Due to their failure to live as expected, they develop a negative attitude towards Life skills education as their behaviour does not match with what they teach. In as much as Life skills is targeted on pupils a lot need to be done to sensitize teachers on how to handle issues of sexuality including HIV and AIDS.

Sub-Saharan Africa is a home to three in ten young people living on less than US $1 per day. High levels of diseases and illness, poor infrastructure and lack of Educational opportunities and high poverty level are serious problems facing youths in Zambia (Crewe et al., 2007). The worst affected are women and girls who have no income due to, “their limited access to productive resources such as land and credit, unequal distribution of resources at household level and lack of gender sensitive social security schemes” (Shezongo-Macmillan et al., 2007:17). High poverty levels compel girls to engage themselves in high risky behaviour in an attempt to earn income for their families and themselves. They resort to commercial sex and having extramarital affairs for married women (Raen, 1993; Crewe et al., 2007; Shezongo-Macmillan et al., 2007).

Sahu (2007) argues that sexual taboos and Myths are often seen as great obstacles for sex and reproductive health education. Sex is seen as a means of reproduction and those who do it for any other reason are made to fill guilty and cannot even seek the use of protective measures such as condoms. Dr. Mannasseh Phiri in his article in the Post Newspaper of August 31, 2008, argued that many teenagers out there are having sex, some quite regularly for fun, for love, to experiment or out of being forced or being coerced by adults. Therefore, making condoms more easily available
and accessible to them will make them have safer sex and avoid unwanted pregnancies and HIV and AIDS.

It is difficult for many youths to practice safe sex because of conflicting messages that they receive on the use of contraceptives and condoms. The stance taken by the church organizations helps in undermining the success of Life skills Education. During the synod with the Holy father Pope Benedict d xvi, he seriously warned that,

> The problem cannot be overcome by the distribution of prophylactics. We appeal to all who are genuinely interested in arresting the sexual transmission of HIV and AIDS to recognise the success already obtained by programs that propose abstinence among the unmarried and the fidelity among the married. Such a course of action not only offers the best protection against the spread of the disease but is also in harmony with Christian morality. We address ourselves particularly to you, the youths, let no one deceive you into thinking that you cannot control yourselves. You can with the grace of God ( Homily of His Holiness Benedict xvi and the message of bishops of Africa to the people of God 2009,p.23)

While this is what is expected of every believer in God, this is not the case on the ground. In a study conducted in western province by YWCA, 45.5% girls aged 16 to 18 years indicated to have had sex, while 82.7% boys in the same group indicated to have had sex (YWCA, 2007:35). This clearly shows that the youth are sexually active and means to help them protect themselves should not be discouraged. Life skills education does not promote pre marital sex but arms the young people with skills to make informed decisions on how best to protect themselves.

Some donor governments like USA under President George Bush junior, made the effective implementation of Life Skill Education difficult by insisting on abstinence
and condemning the use of other options like condoms. Crewe et al. (2007:22) quote Vincent Mwale director of a nongovernmental organization (NGO) as having said:

In Zambia, programmes funded by the USA are actively undermining public confidence in condoms and once comprehensive programmes are being replaced by those that are focused only on abstinence. This is creating confusing messages and increasing the stigma we have worked for many years to erase. The result is that youths are still sexually active but are increasingly turning away from using condoms during sex because of the stigma now being associated with them.

It is important that Psycho Social Life skills be given to the pupils rather than make those that seek information and skills to practice safer sex be seen as promiscuous. There is need to increase youth friendly corners in order to facilitate free communication among young people about their sexual experiences. Young people are living in a complicated world. The development of Science and Technology has changed the way young people view life. To stigmatize the use of condoms for young unmarried youths will be sending them to the grave early.

2.6 Summary
From the literature presented above, a lot of progress seems to have been made in the field of psycho-social life skills education. The success of life skills education requires full participation of both trained teachers and parents or guardians of the pupils and youths outside school. There is no evidence that life skills education alone can change the sexual behaviour of the youths hence the need to use other intervention measures to change the sexual behaviour of pupils. The fact that young people become sexually active at a tender age requires open discussion on sexuality so that young people can make informed decisions.
CHAPTER THREE
METHODOLOGY

3.1 Introduction

This chapter focuses on the methodology that was used to generate information from respondents. It covers the study design, research instruments, target population, sample size and the sampling procedure, data collection and analysis.

3.2 Research design

Ghosh (2003) defines a research design as a plan of the proposed research work. A research design represents a compromise dictated by mainly practical considerations. He points out that ‘a research design is not a highly specific plan to be followed without deviation, but rather a series of guide posts to keep one headed in the right direction’.

The study employed a survey design. According to Fowler (1988) in Creswell (1994:117) “a survey design provides a quantitative or numeric description of some fraction of the population – the sample – through the data collection process of asking questions of people. According to White (2005) a survey usually involves collecting data by interviewing a sample of people selected to accurately represent the population under study. The information obtained is used to solve a particular problem or to add the needed information about the problem.

Quantitative approach is described by Burgess (1985:1-2) as a positivist, objective and rigorous approach to research that uses numbers instead of natural language. Quantitative researchers collect facts and study the relationships of one set of facts to another. They use techniques that are likely to produce quantifiable and if possible generalisable conclusions,

According to Grinnell (1993), the most reliable way to know the objective world is through examination of data collected and assessed according to certain rules of logic which, in the end, produces a solid logical support.
The research used a survey approach because it made data collection easy and also enabled the researcher to generalise the findings from a sample of responses to a population.

### 3.3 Target population

A population is described by White (2005:113) as a collection of objects, events or individuals having some common characteristic that the researcher is interested in studying. A population is the sum total of all cases that meet the researcher’s definition of the unit of analysis. In this study the target population consisted of all the pupils and head teachers and their deputies in the selected high schools of Mazabuka, Monze and Choma districts.

### 3.4 Study sample

The sample for this study comprised 176 respondents. These were drawn as follows: 160 pupils, 40 from each selected school of whom 40 were boarders and the rest were day scholars; 4 head teachers and 16 girls who were pregnant at one point but are back in school. The researcher was particularly interested in day schools because these are schools where pupils are more vulnerable compared to boarding schools where there is close monitoring and supervision. A number of pupils in day schools stay in rented houses or cover long distances which makes them face a number of challenges.
3.5 Sampling procedures

Table 1 below show the districts, names, and number of schools per district.

Table 1: Sampled schools per district

<table>
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<tr>
<th>District</th>
<th>Name of High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mazabuka</td>
<td>Kaonga</td>
</tr>
<tr>
<td></td>
<td>Nanga</td>
</tr>
<tr>
<td>Choma</td>
<td>Chuundu</td>
</tr>
<tr>
<td>Monze</td>
<td>Monze Boarding</td>
</tr>
</tbody>
</table>

A total of four schools, two in Mazabuka (one in peri–urban and the other in urban area), one in Choma, and other in Monze were conveniently sampled as shown in Table 1 above.

These schools were considered to be adequate and representative enough for the target population. These schools were easily accessible considering the time the research was conducted.

Respondents were purposively sampled. Kombo and Tromp (2006:82) explains that, the power of purposive sampling lies in selecting participants who will provide the richest information for in-depth analysis related to the central issue being studied.”

The lists of all grade twelve pupils were given to the researcher and respondents were selected and a deliberate effort was made to ensure equal representation of both boys and girls. Table 2 below shows the gender and age of respondents in this study.
Table 2: Age and Sex of respondent

<table>
<thead>
<tr>
<th>Age range (in years)</th>
<th>Sex of respondent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>10 – 15</td>
<td>1 (0.7%)</td>
<td>-</td>
</tr>
<tr>
<td>16 – 20</td>
<td>78 (52.0%)</td>
<td>57 (38.0%)</td>
</tr>
<tr>
<td>21 – 25</td>
<td>12 (8.0%)</td>
<td>2 (1.3%)</td>
</tr>
<tr>
<td>Total</td>
<td>91 (60.7%)</td>
<td>59 (39.3%)</td>
</tr>
</tbody>
</table>

The head teachers were purposively sampled because they enforce implementation of government policies at school level and are in possession of all the information concerning the selected schools.

3.6 Research instruments

The study employed a number of research instruments to ensure validity of the findings. These were semi-structured questionnaires for pupils and head teachers in the high schools under study.

3.7 Data collection procedure

The researcher got permission from the District Education Board Secretary (DEBS) offices of the three districts to collect data in selected high schools. Data collection started in January 2010 and ended in March 2010. With the help of guidance and counselling teachers, pupils who once fell pregnant and came back to school were identified. These respondents provided valuable information with regard to personal experiences which was key to understanding pupils’ sexual behaviours. The schools had no records of boys who were young fathers.

The researcher distributed questionnaires to the respondents who were sampled and were willing to complete them. Enough time was given for them to complete the
questionnaires after which the researcher collected them. After collecting data from the pupils, the head teachers were also given semi structured questionnaires to complete. Interviews were conducted with girls who were identified as having fallen pregnant at one point but were allowed back in school.

3.8 Data analysis

The data was analysed quantitatively. Data which was collected from semi-structured questionnaires was coded and analyzed using the Statistical Package for Social Sciences (SPSS) to generate frequencies, graphs and percentages.

3.9 Limitation of the study

The study was limited to the three selected districts of southern province. The sample was rather small because of limited resources and time in relation to the entire population of schools in southern province. The findings of this study, may not be generalised to other district in the province.

3.10 Ethical considerations

The study was authorised by the school of School of Education, University of Zambia and permission was given to proceed with data collection. The DEBS of the selected districts also granted permission to conduct the research. The consent of all respondents was sought and measures were taken to ensure the privacy of the respondents by ensuring that confidentiality was upheld. The aim of the study was clearly explained to the pupils and head teachers in schools before commencement of the interviews.
3.11 Summary

The study employed a survey design. This design enabled the researcher to generalise the finding to a particular population. The study was conducted in three districts of southern province namely, Mazabuka, Monze and Choma. A total of 176 respondents were sampled. These were in three categories, 160 grade 12 pupils, 16 young mothers in schools and 4 head teachers. The sample schools were Kaonga High, Nanga High, Chuundu High and Monze boarding High school. Semi structured questionnaires were used to collect the data. The data collected was analysed using Statistical Package for Social Sciences (SPSS) to generate frequencies and tables.
CHAPTER FOUR
PRESENTATION OF FINDINGS

4.1 Introduction

This chapter presents the findings of the study. These findings are presented in two parts which cover data obtained from 156 respondents comprising 6 head teachers and 150 pupils.

4.2 Findings from pupils in selected high schools

Table 3 shows the responses of pupils on the question whether the selected schools had clubs that offer teaching on STIs, HIV and AIDS.

Table 3: Whether school has clubs that teach about STIs, HIV and AIDS

<table>
<thead>
<tr>
<th>Response</th>
<th>Name of High School</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kaonga</td>
<td>Nanga</td>
</tr>
<tr>
<td>Yes</td>
<td>28 (24.3%)</td>
<td>17 (14.8%)</td>
</tr>
<tr>
<td>No</td>
<td>5 (4.3%)</td>
<td>10 (8.7%)</td>
</tr>
<tr>
<td>Total</td>
<td>33 (28.7%)</td>
<td>27 (23.5%)</td>
</tr>
</tbody>
</table>

90 (78.3%) pupils answered in affirmative that their schools had these clubs in question while 25 (21.7%) of them indicated that such clubs did not exist in their school.
As to whether teachers talked about HIV and AIDS related issues Table 4 above shows the pupils’ responses.

**Table 4: Whether teachers talked about HIV and AIDS related issues when teaching**

<table>
<thead>
<tr>
<th>Response</th>
<th>Sex of respondent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Yes</td>
<td>70 (45.2%)</td>
<td>46 (29.7%)</td>
</tr>
<tr>
<td>No</td>
<td>25 (16.1%)</td>
<td>14 (9.0%)</td>
</tr>
<tr>
<td>Total</td>
<td>95 (61.3%)</td>
<td>60 (38.7%)</td>
</tr>
</tbody>
</table>

The table above show that most respondents said teachers talked about HIV and AIDS related issues. 116 said yes and 70 of them being males representing 45.2 percent of respondents and 46 were females representing 29.7 percent of the respondents. 25 males and 14 females said no which represents 16.1 percent and 9.0 percent respectively.

Table 5 below show pupils’ responses to the question on HIV and AIDS related issues that teachers talked about when teaching.

**Table 5: HIV/AIDS related issues talked about by teachers when teaching**

<table>
<thead>
<tr>
<th>Response</th>
<th>Sex of respondent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modes of acquiring HIV/AIDS and prevention</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Dangers of HIV/AIDS</td>
<td>11 (18.6%)</td>
<td>15 (25.4%)</td>
</tr>
<tr>
<td>How to avoid HIV/AIDS and self control</td>
<td>5 (8.5%)</td>
<td>4 (6.8%)</td>
</tr>
<tr>
<td>HIV/AIDS awareness</td>
<td>4 (6.8%)</td>
<td>1 (1.7%)</td>
</tr>
<tr>
<td>How to live positively</td>
<td>-</td>
<td>1 (1.7%)</td>
</tr>
<tr>
<td>Total</td>
<td>33 (55.9%)</td>
<td>26 (44.1%)</td>
</tr>
</tbody>
</table>
In terms of HIV and AIDS related issues talked about, Table 5 above shows that 11 (18.6%) males and 15 (25.4%) females said that teachers often talked about modes of acquiring HIV and AIDS and how a person can prevent himself or herself from acquiring HIV while 13 (22.0%) males and 5 (8.5%) females said that teachers often talk about dangers associated with HIV and AIDS. The rest of the responses are shown in the table above.

Pupils were asked to indicate whom they were more comfortable to talk to on issues of sexuality. Table 6 below shows their responses.

<table>
<thead>
<tr>
<th>Type</th>
<th>Sex of respondent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Mother</td>
<td>9 (9.1%)</td>
<td>22 (22.2%)</td>
</tr>
<tr>
<td>Father</td>
<td>12 (12.0%)</td>
<td>-</td>
</tr>
<tr>
<td>Uncle</td>
<td>27 (27.3%)</td>
<td>12 (12.1%)</td>
</tr>
<tr>
<td>Mother and Father</td>
<td>4 (4.0%)</td>
<td>11 (11.1%)</td>
</tr>
<tr>
<td>Mother, Father, Uncle and Aunt</td>
<td>1 (1.0%)</td>
<td>-</td>
</tr>
<tr>
<td>Father and Uncle</td>
<td>1 (1.0%)</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>54 (54.5%)</td>
<td>45 (45.5%)</td>
</tr>
</tbody>
</table>

As regards whom the respondents were more comfortable to speak to on issues of sexuality, the study revealed that 31.3 percent of the respondents were more comfortable to speak to their mothers about sex related topics compared to 12 percent who speak to their fathers and none of them was a female. 39.4 percent were more comfortable to speak to their uncles. This seems to indicate the need enhance communication between parents and their children even on sensitive topics likes sex more especially with the breakdown of the extended family system. Table 6 above shows their responses.
With regard to any other persons that pupils talked to on sex related issues, Table 7 below shows their responses.

<table>
<thead>
<tr>
<th>Table 7: Type of parent pupils spoke to on sex related topics (others)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Parents Parenthood Association of Zambia</td>
</tr>
<tr>
<td>Mentors</td>
</tr>
<tr>
<td>My sisters</td>
</tr>
<tr>
<td>Elder brother</td>
</tr>
<tr>
<td>Teachers</td>
</tr>
<tr>
<td>Grandfather</td>
</tr>
<tr>
<td>Sister in-law</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

The table above shows that most pupils, 5 (33.3%) talked to the Parents Parenthood Association of Zambia followed by 3 (20.0%) who said they talked to elder brothers. Other responses are as shown in the table above.

Pupils were further asked to indicate whether they had a boy/girl friend. Their responses were as shown in Table 8 below.

<table>
<thead>
<tr>
<th>Table 8: Whether pupil had a boy/girlfriend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

The table above shows that 64 (41.6%) of male respondents agreed that they had a girl friend while 41 of female respondents had a boyfriend. 31 males said no while 18 females did not have. Table 8 above shows their responses.
Table 9 below shows how pupils decided to have a boy/girl friend.

**Table 9: How pupil decided to have a boy/girlfriend**

<table>
<thead>
<tr>
<th>Response</th>
<th>Sex of respondent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Forced by my friends</td>
<td>1 (1.1%)</td>
<td>-</td>
</tr>
<tr>
<td>Decided on my own</td>
<td>51 (53.7%)</td>
<td>35 (36.8%)</td>
</tr>
<tr>
<td>Because my friends have</td>
<td>7 (7.4%)</td>
<td>1 (1.1%)</td>
</tr>
<tr>
<td>Total</td>
<td>59 (62.1%)</td>
<td>36 (37.9%)</td>
</tr>
</tbody>
</table>

On how pupils decided to have a boy/girl friend, the study showed that most of them who have boyfriend or girlfriend decided on their own to have one, that is 51 (53.7%) boys and 35( 36.8%) girls. Only 7 (7.4%) males decided to have a girlfriend due to influence from friends and only 1 female was influenced by friends. Table 9 above shows the responses.

As regards reasons why pupils decided to have a boy/girl friend, Table 10 below shows their responses.

**Table 10: Why pupil decided to have a boy/girlfriend**

<table>
<thead>
<tr>
<th>Response</th>
<th>Sex of respondent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>To relieve boredom</td>
<td>16 (18.4%)</td>
<td>8 (9.2%)</td>
</tr>
<tr>
<td>Thought it would be good to have one (naturally)</td>
<td>27 (31.0%)</td>
<td>9 (10.3%)</td>
</tr>
<tr>
<td>It was my choice</td>
<td>5 (5.7%)</td>
<td>8 (9.2%)</td>
</tr>
<tr>
<td>In order to share advice</td>
<td>1 (1.1%)</td>
<td>1 (1.1%)</td>
</tr>
<tr>
<td>Peer pressure</td>
<td>6 (6.9%)</td>
<td>5 (5.7%)</td>
</tr>
<tr>
<td>Influenced by movies I watch</td>
<td>1 (1.1%)</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>56 (64.4%)</td>
<td>31 (35.6%)</td>
</tr>
</tbody>
</table>
As to why pupils decided to have a boy/girl friend, the study revealed two main reasons why young people decided on having boyfriends or girlfriends and these are to relieve boredom, 24 (27.6%) and need for company and the desire to feel good, 36 (41.4%). Table 10 above shows the rest of the responses.

The study sought to find out whether pupils had had sex before. Table 11 below illustrate their responses.

### Table 11: Whether pupil had had sex before

<table>
<thead>
<tr>
<th>Response</th>
<th>Sex of respondent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Yes</td>
<td>56 (37.6%)</td>
<td>22 (14.8%)</td>
</tr>
<tr>
<td>No</td>
<td>37 (24.8%)</td>
<td>34 (22.8%)</td>
</tr>
<tr>
<td>Total</td>
<td>93 (62.4%)</td>
<td>56 (37.6%)</td>
</tr>
</tbody>
</table>

As regards whether pupils have had sex, Table 11 above shows that majority of male respondents, 56 (37.6%) and 22 (14.8%) of the female respondents indicated that they have had sex before while 37 (24.8%) males and 22.8 females have not had sex before. The need to talk about safe sex to the youths cannot be over emphasised. More boys indulge in sex compared to their female counterparts.

As regards the last time that pupils had sex, Table 12 below shows when they last had sexual intercourse.
Table 12: The last time that pupil had sex

<table>
<thead>
<tr>
<th>Response</th>
<th>Sex of respondent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>2009</td>
<td>19 (31.7%)</td>
<td>7 (11.7%)</td>
</tr>
<tr>
<td>2007</td>
<td>24 (40.0%)</td>
<td>8 (13.3%)</td>
</tr>
<tr>
<td>2000</td>
<td>1 (1.7%)</td>
<td>-</td>
</tr>
<tr>
<td>1998</td>
<td>1 (1.7%)</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>45 (75.0%)</td>
<td>15 (25.0%)</td>
</tr>
</tbody>
</table>

In terms of the last time when respondent had sex, Table 12 above shows their responses. As can be seen from the table, 26 (43.3%) of them said the last time they had sex was in 2009 while 32 (53.3%) of them said they last had sex in 2007.

On when pupils had their first sex, Table 13 below shows the ages of pupils when they had their first sex.

Table 13: Age at first sexual intercourse

<table>
<thead>
<tr>
<th>Age (in years)</th>
<th>Sex of respondent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>16</td>
<td>10 (14.3%)</td>
<td>3 (4.3%)</td>
</tr>
<tr>
<td>17</td>
<td>5 (7.1%)</td>
<td>5 (7.1%)</td>
</tr>
<tr>
<td>12</td>
<td>2 (2.9%)</td>
<td>-</td>
</tr>
<tr>
<td>7</td>
<td>2 (2.9%)</td>
<td>1 (1.4%)</td>
</tr>
<tr>
<td>18</td>
<td>4 (5.7%)</td>
<td>3 (4.3%)</td>
</tr>
<tr>
<td>10</td>
<td>6 (8.6%)</td>
<td>-</td>
</tr>
<tr>
<td>15</td>
<td>7 (10.0%)</td>
<td>2 (2.9%)</td>
</tr>
<tr>
<td>20</td>
<td>2 (2.9%)</td>
<td>1 (1.4%)</td>
</tr>
<tr>
<td>19</td>
<td>3 (4.3%)</td>
<td>3 (4.3%)</td>
</tr>
<tr>
<td>22</td>
<td>-</td>
<td>1 (1.4%)</td>
</tr>
<tr>
<td>23</td>
<td>2 (2.9%)</td>
<td>-</td>
</tr>
<tr>
<td>13</td>
<td>2 (2.9%)</td>
<td>-</td>
</tr>
<tr>
<td>8</td>
<td>2 (2.9%)</td>
<td>-</td>
</tr>
<tr>
<td>14</td>
<td>3 (4.3%)</td>
<td>-</td>
</tr>
<tr>
<td>21</td>
<td>1 (1.4%)</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>51 (72.9%)</td>
<td>19 (27.1%)</td>
</tr>
</tbody>
</table>
When asked how old they were when they first had sex, 10 (14.3%) males and 3 (4.3%) females said they had first sex when they were 16 years old while 5 (7.1%) males and 5 (7.1%) females said they first had sex when they were 17 years old. The rest of the responses are shown in Table 13 above. Young women tend delay when they their sex compared to the young men. The to delay when to have first sex is a positive indicator that psycho-social life skills education is having a positive effect on our youths in High school.

The study also wanted to find out whether the respondents willingly agreed to have sex or were forced. Table 14 below shows their responses.

**Table 14: Whether pupil agreed to have sex or was forced**

<table>
<thead>
<tr>
<th>Response</th>
<th>Sex of respondent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Agreed</td>
<td>46 (64.8%)</td>
<td>8 (11.3%)</td>
</tr>
<tr>
<td>Forced</td>
<td>9 (12.7%)</td>
<td>8 (11.3%)</td>
</tr>
<tr>
<td>Total</td>
<td>55 (77.5%)</td>
<td>16 (22.5%)</td>
</tr>
</tbody>
</table>

When asked whether the respondent agreed to have sex or were forced to, Table 14 above shows their responses. The table shows that most of them 46 (64.8%) males and 8 (11.3%) females said they agreed to have sex while. Only 12% males and 11% females of the respondents said they were forced.
Pupils were asked to indicate whether they would have sex without protection. Table 15 below shows their responses.

**Table 15: Whether pupil would have sex without protection**

<table>
<thead>
<tr>
<th>Response</th>
<th>Sex of respondent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Yes</td>
<td>20 (16.0%)</td>
<td>1 (0.8%)</td>
</tr>
<tr>
<td>No</td>
<td>61 (48.8%)</td>
<td>43 (34.4%)</td>
</tr>
<tr>
<td>Total</td>
<td>81 (64.8%)</td>
<td>44 (35.2%)</td>
</tr>
</tbody>
</table>

Whether pupils would have sex without protection, 20 (16.0%) male respondents and only 1 (0.8%) female respondent indicated that they would still have sex even without protection whereas 61(48.8%) males and 43(34.4%) females said they would never have sex without protection. Table 15 above show their responses.

For the respondents who said they would have sex without protection, a further question was asked to them to indicate reasons for their response. The table below shows their responses.

**Table 16: Reasons why pupil would have sex without protection**

<table>
<thead>
<tr>
<th>Response</th>
<th>Sex of respondent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Because sex is not enjoyable if you use a condom</td>
<td>4 (40.0%)</td>
<td>-</td>
</tr>
<tr>
<td>Because you cannot give birth with protected sex</td>
<td>2 (20.0%)</td>
<td>-</td>
</tr>
<tr>
<td>To show that I really love my partner</td>
<td>2 (20.0%)</td>
<td>-</td>
</tr>
<tr>
<td>I am not used to using protective</td>
<td>2 (20.0%)</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>10 (100.0%)</td>
<td>-</td>
</tr>
</tbody>
</table>
Table 16 above shows that 4 (40.0%) males said they would not enjoy sex if they used condoms while 2 (20.0%) said they would do so to show love to their partners. Interesting finding here is that no female pupil responded to this question. Other responses are shown in the table above.

As regards some reasons as to why some boys and girls get involved in unprotected sex resulting in unwanted pregnancies, Table 17 below highlights the reasons why young people engage in unprotected sex.

**Table 17: Some reasons why some boys and girls get involved in unprotected sex resulting in unwanted pregnancies**

<table>
<thead>
<tr>
<th>Response</th>
<th>Sex of respondent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Forced</td>
<td>5 (4.9%)</td>
<td>7 (6.9%)</td>
</tr>
<tr>
<td>Raped</td>
<td>3 (2.9%)</td>
<td>7 (6.9%)</td>
</tr>
<tr>
<td>Some believe that protected sex is not as sweet as unprotected</td>
<td>29 (28.4%)</td>
<td>13 (12.7%)</td>
</tr>
<tr>
<td>Some say condoms are painful, especially the girls</td>
<td>2 (2.0%)</td>
<td>1 (1.0%)</td>
</tr>
<tr>
<td>They do sex at a wrong time</td>
<td>1 (1.0%)</td>
<td>3 (2.9%)</td>
</tr>
<tr>
<td>Using dangerous drugs and alcohol influence</td>
<td>1 (1.0%)</td>
<td>1 (1.0%)</td>
</tr>
<tr>
<td>Peer pressure</td>
<td>20 (19.6%)</td>
<td>9 (8.8%)</td>
</tr>
<tr>
<td>Total</td>
<td>61 (59.8%)</td>
<td>41 (40.2%)</td>
</tr>
</tbody>
</table>

The table above shows that 12 (11.8%) of the respondents said they are forced while 10 (9.8%) of them said that some is as a result of being raped. The interesting finding of this study is most respondents think having sex with protection is not as sweet as unprotected sex, that is, 29 (28.4%) males and 13 (12.7%) females. Another serious reason given is peer pressure accounting for 29 (28.4%).
As regards Reasons why so many girls become pregnant in schools even when there are diseases like HIV/AIDS, Table 18 below shows some of the reasons why a number of girls who are still in school end up becoming pregnant risking their lives to infections such as HIV and AIDS, STIs and STDs.

Table 18: Reasons why so many girls become pregnant in schools even when there are diseases like HIV/AIDS

<table>
<thead>
<tr>
<th>Response</th>
<th>Sex of respondent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>They do not use protective</td>
<td>20 (16.9%)</td>
<td>13 (11.0%)</td>
</tr>
<tr>
<td>They want money from boy/girl friends</td>
<td>21 (17.8%)</td>
<td>17 (14.4%)</td>
</tr>
<tr>
<td>They feel sex without a condom feels better</td>
<td>3 (2.5%)</td>
<td>6 (5.1%)</td>
</tr>
<tr>
<td>They are forced</td>
<td>3 (2.5%)</td>
<td>3 (2.5%)</td>
</tr>
<tr>
<td>Cheated that having sex shows that you love your partner</td>
<td>-</td>
<td>1 (0.8%)</td>
</tr>
<tr>
<td>Peer pressure</td>
<td>17 (14.4%)</td>
<td>8 (6.8%)</td>
</tr>
<tr>
<td>Influenced by movies</td>
<td>2 (1.7%)</td>
<td>1 (0.8%)</td>
</tr>
<tr>
<td>Have no one to teach them about the dangers of HIV/AIDS</td>
<td>1 (0.8%)</td>
<td>1 (0.8%)</td>
</tr>
<tr>
<td>Condoms for girls are very few on the market</td>
<td>1 (0.8%)</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>68 (57.6%)</td>
<td>50 (42.4%)</td>
</tr>
</tbody>
</table>

A number of reasons were given. The leading reasons given were lust for money (32.2%); failure to use protection for unknown reasons (28%); peer pressure (21.2%); and sex without a condom feels better (7.6%). Only 2.5% of the respondents said young people are influenced by movies.
With regard to whom the pupils were comfortable to talk about sex related issues, Table 19 below shows their responses.

**Table 19: With whom pupils are comfortable to talk about sex related issues**

<table>
<thead>
<tr>
<th>Response</th>
<th>Sex of respondent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Teacher</td>
<td>10 (7.2%)</td>
<td>4 (2.9%)</td>
</tr>
<tr>
<td>Friend</td>
<td>53 (37.1%)</td>
<td>37 (26.6%)</td>
</tr>
<tr>
<td>Pastor</td>
<td>3 (2.2%)</td>
<td>1 (0.7%)</td>
</tr>
<tr>
<td>Parents</td>
<td>8 (5.8%)</td>
<td>2 (1.4%)</td>
</tr>
<tr>
<td>Teacher, Parents</td>
<td>1 (0.7%)</td>
<td>-</td>
</tr>
<tr>
<td>Teacher, Pastor, Parents</td>
<td>-</td>
<td>1 (0.7%)</td>
</tr>
<tr>
<td>Teacher, Friends, Pastor, Parents</td>
<td>2 (1.4%)</td>
<td>1 (0.7%)</td>
</tr>
<tr>
<td>Teacher, Friends</td>
<td>3 (2.2%)</td>
<td>5 (3.6%)</td>
</tr>
<tr>
<td>Friends, Pastor</td>
<td>1 (0.7%)</td>
<td>-</td>
</tr>
<tr>
<td>Friends, Parents</td>
<td>3 (2.2%)</td>
<td>1 (0.7%)</td>
</tr>
<tr>
<td>Teacher, Friends, Pastor</td>
<td>-</td>
<td>1 (0.7%)</td>
</tr>
<tr>
<td>Parents, Pastor</td>
<td>1 (0.7%)</td>
<td>-</td>
</tr>
<tr>
<td>Teacher, Friends, Parents</td>
<td>1 (0.7%)</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>86 (61.9%)</td>
<td>53 (38.1%)</td>
</tr>
</tbody>
</table>

From Table 19 above it can be seen that the majority of respondents were free to talk to their friends, 90 (64.7%) followed by 14 (10.0%) who said they felt free to talk to their teachers. Parents came in third position with only two respondents stating that they could speak with parents. The remaining number of respondents drifts between parents, teachers and friends.

Tables 20a and 20b show the responses of respondents on whether parents give them enough money for the school needs and how they make ends meet for those who do not receive enough money.
Table 20a: Whether parents/guardian gave enough money to pupil for all the school needs

<table>
<thead>
<tr>
<th>Response</th>
<th>Sex of respondent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Yes</td>
<td>44 (31.7%)</td>
<td>31 (22.3%)</td>
</tr>
<tr>
<td>No</td>
<td>42 (30.2%)</td>
<td>22 (15.8%)</td>
</tr>
<tr>
<td>Total</td>
<td>86 (61.9%)</td>
<td>53 (38.1%)</td>
</tr>
</tbody>
</table>

Table 20b: If not, how pupils make ends meet

<table>
<thead>
<tr>
<th>Response</th>
<th>Sex of respondent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Ask my boyfriend/girlfriend when in trouble</td>
<td>1 (2.3%)</td>
<td>7 (16.3%)</td>
</tr>
<tr>
<td>I endure</td>
<td>4 (9.3%)</td>
<td>8 (18.6%)</td>
</tr>
<tr>
<td>Do some piece work</td>
<td>17 (39.5%)</td>
<td>3 (7.0%)</td>
</tr>
<tr>
<td>Rewards from God</td>
<td>2 (4.7%)</td>
<td>-</td>
</tr>
<tr>
<td>I get help from friends</td>
<td>1 (2.3%)</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>25 (58.1%)</td>
<td>18 (41.9%)</td>
</tr>
</tbody>
</table>

54% said they are adequately sponsored while 46% said they are not when asked on how they meet the deficit, 46.5% said they do piece work while 26.9% said they endure the difficulties. Only 18.6% said that they get help from their girlfriend or boyfriends when they are in trouble.

4.3 Findings from head teachers of selected schools

Three of the Head teachers interviewed had served in their position for a period between 1 and 5 years while only one had served for a period between 6 to 10 years. This means they were in their position long enough to assess whether the provision of life skills education in their respective schools were having a desired effect. All the Head Teachers interviewed indicated that the schools provided
psychology social life skills education. Although there were no structured lesson as compared to lower primary level, psycho-social life skills in the surveyed High schools was provided through Anti-AIDs clubs, individual counselling and through involvement of Nongovernmental Organisation who were often invited.

At Nanga High School, Health talks involving Nongovernmental organisation were conducted twice per term. At Chuundu High School, regular clubs days were conducted in a week. This was the time when Life skills education was provided, while at Monze Boarding High School, pupils were only met once per term although the Department of Guidance and counselling regularly met pupils on individual basis.

At Kaonga, psycho-social life skills were provided every after two weeks through non-governmental organisations such as FAWEZA’s SAFE CLUBS and the department of guidance and counselling. Following the introduction of SAFE CLUBS by FAWEZA and counselling to pupils by the department of guidance and counselling, head teachers in the three schools under study were of the view that the number of girls getting pregnant had reduced. They attributed the drop in the number of girls becoming pregnant in their schools to the effectiveness of psycho-social life skills being provided in their respective schools. They were convinced that the programme was having the desired or positive effect.

The Head Teacher for Kaonga High School gave a different assessment on the provision of Psycho Social Life skills education (PLSE). He argued that in as much as there has been increase on the information level and change of sexual behaviour, through abstinence and the use of protective devices such as condoms the number
of pregnancies were on the increase. The reasons cited were that the re-entry policy introduced by government to some extent has given rise to the high rate of pregnancies because some pupils no longer care about being pregnant because they will get back into school.

All the schools surveyed except for one had at least a trained teacher in Psychosocial life skills education. When asked whether the social, economic status of pupils had influence on their sexual behaviour three of the four Head Teachers spoken to stated that some pupils indulged in sexual activities so as to get money for their survival in school. This was so because all their schools surveyed had their pupils as Day-Scholars. They are renting in the surrounding residential areas which made them vulnerable especially the girls. At Monze Boarding High School only boys were in boarding. However, the Head Teacher for Chuundu High School stated that the social economic status of pupils had no effect on the pupils’ sexual behaviour, as it could be seen on the reduced number of pregnancy cases at his school.

4.4 Findings from girls who benefited from the re-entry policy

Questionnaires were administered to a total of 16 girls who benefited from the re-entry policy. This is a policy which allows girls to go back to school after giving birth if they become pregnant while in school. 3 girls were staying with their uncle, 4 with their mother, 4 with their Aunt, 2 with both parents, 1 with a brother, 2 with grandparents and 1 with her sister. 11 of these guardians were civic servants, 2 businessmen, 1 retired and 1 a farmer. All these girls were between 15 and 20 years when they became pregnant, 75 percent of the girls got their pregnancy in the relationships they had while 1 of them was a reaction to a disappointment she
experienced after her boyfriend whom she had been with in a relationship for 6 years disappointed her. She wanted to prove a point to the former boyfriend, unfortunately she became pregnant. 2 of them said they were influenced by friends and 1 said she was influenced by her guardian who forced her to begin a relationship with a neighbour due to the gifts he used to give her family.

When asked how they ended up having sexual intercourse with their boyfriends, 3 said they were forced into having sex while 4 said they were influenced by their peers. Only one said she did it under the influence of beer. 81.25 had the knowledge of HIV and AIDS even before having unprotected sex while 18.75 percent said they were ignorant of HIV and AIDS. When asked the source of information about HIV and AIDS, 37.5 percent said school, 18.75 said the media, and 6.25 percent from church, 12.5 from friends and 31.25 said they got the information from the ministry of health workers.

On whether they suggested the use of condoms before having sex, 43.75 percent said yes while about 56.25 said no. Those who suggested the use of protection gave the following reasons. 37.5 percent said they were scared of the consequences of having unprotected sex such as HIV and AIDS, and pregnancy while 25 percent said they were scared that the boyfriend would have refused if they become pregnant and only 6.25 percent said they did not trust the boyfriend. Those who did not suggested the use of protection, gave the following reasons, 18.75 said they wanted to show that they truly loved them, 6.25 percent said they trusted the boyfriend and 6.25 percent said they were using other forms of protection rather than condoms. When asked about the worst fears after having unprotected sex, 75 percent said getting
pregnant and 18.75 percent said being infected by HIV and AIDS virus. The girls said they were more scared of being pregnant than being infected by HIV virus because of the demands and responsibility of looking after a baby when they were still dependants. Some said they were scared of how their parents would react if they discovered that they were pregnant. The fear of being rejected by their partner was another reason. On HIV and AIDS, most girls said that even if they became HIV positive, there are ARVs which would sustain their lives. They also argued that HIV and AIDS could not show as fast as pregnancy hence no one would know until years later. Others said if they became HIV positive, it was not obvious that they had unprotected sex as compared to becoming pregnant which was obvious, as a result of having unprotected sex.

When asked on their immediate reaction when they discovered that they were pregnant, 31.25 percent said they wanted to carry out an abortion but did not know how they could have done it. 37.5 percent said they were scared of how their parents were going to react to them becoming pregnant while 25 percent accepted their new condition. 12.5 were scared of how the boyfriend would react and another 12.5 were scared of how the general public would react and 6.75 percent thought of committing suicide.

When asked the reasons why young people end up having unprotected sex risking their lives to being HIV positive or having unwanted pregnancy, 18.75 percent said they wanted to enjoy sex to the maximum. They said having sex with a condom on was like taking a bath with a raincoat on or eating sweet with a plastic cover on it.
“Others say that when having sexual intercourse with a condom on does not feel good and that you can’t eat something sweet with a plastic cover on it. Some think that they cannot be infected or become pregnant the first time of having sex.”

25 percent attributed it to lack of knowledge on how best they could protect themselves while 36.25 stated peer pressure as the main reasons as they say everyone is doing it. 50 percent said, girls found hard to ask for protection when a man gives them gifts or money as doing so would suggest lack of love or trust for man. 12.5 attributed it to being abused by elderly men, 18.75 percent said young people lack self control due to high sexual desires at that age.

Other reasons were media influence that watching movies with sexual activities, drug and alcohol influence, being forced into having unprotected sex by their boyfriend and also being raped or abused by elderly men who are often known by the victims.

4.5 Summary

The findings of the study revealed that life skills education is taught in the schools that were selected by the use of Anti AIDS clubs, SAFE clubs and talks from community health workers. Transmission, prevention and the dangers of HIV and AIDS were the common topics taught by the teachers. The respondents revealed that they were more comfortable talking to their friends on sex related issues than either their parents or teachers. Lusts for money, unwillingness to use protection and peer pressure were the leading factors that promoted risky sexual behaviour among pupils in schools. Some respondents sampled indicated they would still indulge in unprotected sex because they felt protected sex was not as sweet as unprotected sex. This view was more common among male respondents.
CHAPTER FIVE
DISCUSSION OF FINDINGS

5.1 Introduction
Chapter four presented the findings of the research. This chapter presents the discussion of the findings. The findings are discussed in accordance with the four main objectives. Further, the findings are discussed in relations to what other scholars said regarding the provision of Life skills education and pupils’ sexual behaviour.

5.2 The effectiveness of psycho-social life skills education on pupils’ sexual behaviour
The first objective of the study sought to find out whether psycho-social life skills education is having positive effects on pupils sexual behaviour. This was actually the main aim of the study, to find out whether having received this kind of education; pupils in high schools are more responsible than they were before. It was the assumption of the researcher that if pupils adhere to the principles and values given under this kind of education, they would lessen chances of engaging themselves in behaviours that might put their lives in dangers of contracting HIV and AIDS virus and other sexually transmitted infections.

Both teachers and pupils agreed that psycho-social life skills education was being offered in all the selected schools. A total of 70.6 percent of pupils indicated having received this kind of education. In all the schools visited the respondents indicated
that they had a guidance and counselling teacher who spearheaded the provision of 
psycho-social life skills education.

It was observed that 52.3 percent of pupils sampled had had sex before compared to 
47.7 percent who had never had sex before. The findings also indicated that 62.1 
percent male and 37.9 percent females indicated that they had a girlfriend or 
boyfriend.

These findings as stated above show that the relevance of psycho-social life skills 
education in the lives of young people in schools. It is an undeniable fact that sexual 
activities are going on in schools and stakeholders cannot turn a blind eye on this 
fact. With 95 percent of respondents stating that they had lovers, it is a question of 
when they will resort to having sexual relations. Before they resort to unhealthy 
sexual behaviour, they must be given skills on how best to protect themselves.

The provision of psycho-social life skills education has raised the level of awareness 
on the different kinds of Sexually Transmitted diseases found in this country. All the 
selected pupils were able to name the common Sexually Transmitted diseases in 
Zambia and the world over. These findings were encouraging in the sense that 
pupils in the selected schools were found to have knowledge on these diseases. 
This would enable them to protect themselves and reduce living a risky life.

When asked the most effective way they would protect themselves from contracting 
sexually transmitted diseases, 69 percent of the respondents preferred abstaining or 
using condoms when having sex, 44 of respondents preferred to abstain only and 23
indicated using condoms when having sex. Out of the total of 156 pupils who were sampled 146 of them had the knowledge on the best way to protect themselves from the sexually transmitted diseases. This seems to indicate that pupils had learnt to be responsible in their sexual life.

Empowering learners on how best to protect themselves and have responsible sexual behaviour is the key to having an HIV and AIDS free society. Based on these findings it seems logical to conclude that psycho-social life skills education is having a positive effect on pupils’ sexual behaviour. It is almost impossible to expect all the young people to abstain from sex before marriage hence the need to give them the tools which they can use to protect themselves from HIV and AIDS. This is the main aim of psycho-social life skills Education.

As Doctor Mannasseh Phiri in his article in the newspaper of August 31, 2008 observed that there are many teenagers having sex some even quit regularly for fun, for love, to experiment or by being forced, or being coerced by adults. This puts emphasis on the need to continue providing this kind of education in our schools if we are to win the fight against HIV and AIDS.

The findings in this study show that as a country we are on a good truck towards meeting the declaration by United Nations General Assembly Special session on HIV and AIDS in which all member countries were to target at least 95 percent of young men and women aged between 15 and 24 years to have access to information including peer education and youth specific HIV education and services necessary to
develop the life skills required to reduce their vulnerability to HIV infection (Yankah & Aggleton, 2008:465).

Another positive indicator that psycho-social life skills education is having desirable effect on pupils’ sexual behaviour is the drop in pregnancy cases in these selected schools. All school managers of the selected schools stated that there was a drop in the number of pupils seeking leave of absence due to falling pregnant. Pregnancies are normally a sign that young people were indulging themselves in unprotected sex. These findings are similar to the findings of the review team constituted by the Curriculum Development Centre in 2008 who discovered the drop in pregnancy cases in the Zambian schools they surveyed. It was difficult to get the actual statistics indicating the drop in pregnancies as no proper records were kept. A similar study was conducted in Malawi by Kalanda (2010) who also reported that effective implementation of life skills education led to the drop in pregnancy cases among pupils.

The other positive indicator of the effectiveness of psycho-social life skills education is age at which the respondents had their first sex. 18.6 percent of the respondents were 16 years old, 14.3 percent were 17 years old, 10 percent were 18 years old, 12.9 percent were 15 years old and another 8.6 percent were 19 years old when they had their first sex. Only 4.3 percent were 7 years old when they had their first sex. The findings of this study also seem to indicate that girls tend to delay their sexual debut more compared to the boys. Only one female respondent had her first sex when she was 7 years old. Most of the female respondents had their first sex when they were 15 years and above. These findings are in line with findings in Ghana and
Ethiopia where young people delayed their sexual debut and reduced the frequency of their sexual intercourse (Johnston, 1999).

5.3 **Link between the re-entry policy and creation of awareness on safe sex**

The re-entry policy is designed to enhance the equity in the education system in our country. This policy allows girls who fall pregnant while in schools to go back to school as soon as the baby is old enough to be left at home. There has been a growing debate as to whether this policy is encouraging Young people and girls in particular to engage in unprotected sex knowing that they will be re-admitted if they fall pregnant.

There are growing calls for the government to revise or abolish the re-entry policy because it is seen as having given express permission to indulge in unsafe sex. Taken in this way, one would be made to believe that Re-entry Policy is watering down the achievements made by the intervention measures in the fight against HIV and AIDS such as psycho-social life skills Education.

During her education tour, Education Minister, Ms Dora Siliya visited Mpongwe secondary school where she found a grade 11 class without girls because a number of them had left school due to pregnancies and other reasons (Banda, 2010). When asked, the school management attributed high pregnancy cases to the re-entry policy which influenced pupils into having unprotected sex.

The concerns from teachers as explained above are similar to the findings in a study conducted Kasonde-Ng’andu et al. (2008). They found that teachers perceived the
re-entry policy as encouraging girls to deliberately fall pregnant knowing they would return to school after delivery. These feelings among teachers led Zambia National Teacher’s Union Acting President to call for distribution of condoms in schools. He argued that there was rampart sex among school going children. He blamed the re-entry policy for unsafe sex among pupils particularly girls. “It is a mockery that these pupils would fall pregnant in grade eight and before you know it the same pupil drops out of school” (Matongo, 2008:8).

This study did not find a clear link between the re-entry policy and practice of unsafe sex. As can be seen from Table 16, pupils did not mention the Policy in question as a reason for why young people get involved in unprotected sex resulting in unwanted pregnancies. If anything, this study established that 41.2 percent of respondents attributed it to peer-pressure. Therefore it seems emphasis should be on the need to raise awareness on the dangers of having unprotected sex such as HIV and AIDS and also give pupils skills to resist peer-pressure. Resisting peer pressure is one skill that psycho-social life skills gives the young people in schools.

5.4 Strategies and approaches used during the teaching and learning of psycho-social life skills education in high schools

Unlike in primary schools where psycho-social life skills education appears on the time table and there are a lot of textbooks for both pupils and teachers at primary school, there are no laid down guidelines on how best it should be done at high school level. The curriculum development centre has given more emphasis on the provision of life skills education to pupils in the lower and middle basic schools because these are seen as windows of hope. It is generally believed that if these
skills are imparted to pupils while they are still young, they would make them grow into responsible adults.

The strategies used in the schools that were selected are mainly involvement of clubs such as SAFE clubs, anti-AIDS club, Peer Educators, use of Guidance and Counselling teachers who hold scheduled meetings with pupils and also working hand in hand with workers from the Ministry of Health who provide awareness campaigns. Other sources of information on HIV and AIDS, STIs and STDs were the media that is TV, Radios, Newspapers and Magazines.

The study found that apart from the integration of HIV and AIDS core subjects such as sciences in particular biology, Religious Education, and Food and Nutrition, there are no structured programmes spearheaded by secondary schools in terms of provision of psycho-social life skills education. This brings the question of whether pupils in High Schools in Zambia would benefit from the programme more when it is taught on its own as a subject like in Malawi where psycho-social life skills has been a resounding success. The findings of a study conducted in Malawi by Kalanda (2010) seems to indicate that knowledge levels were higher in high school compared to lower grades because at high school level pupils would have had a long period of learning and became well vested in life skills education. Therefore, it seems the longer one stays in school the more knowledge they acquire.

A review of life skills based programmes in East and Southern Africa found that infusion or integration approaches have not had the expected impact often because teachers are not sufficiently trained and do not implement the programme properly.
Due to this lack of training, teachers often overlook sensitive issues and realistic situations that would personalise the risks of young people, (Gachuhi, 1999). It is for this reason that Gachuhi (1999) recommended to UNICEF that having one lesson a week entirely separate or a special lesson within subjects like biology, might have better chances of succeeding than those that are infused in the school curriculum. It is important that the Ministry of Education revises the provision of psycho-social life skills education in High Schools. It would be of great help if a separate programme is laid aside for teachers to follow so that this kind of education is given the attention that it deserves if we are to preserve the future of our young ones and Zambia as a country. It may not be enough to provide these skills at a lower level only and ignore the High Schools because as people grow they face different challenge both socially and physically. Adolescents at High Schools experience a surge in emotion due to hormones coupled with increasing peer pressure (Sahu, 2007). It is ironic to expect that they will stand by what they were taught at primary school when circumstances are completely different. This stresses the need for continued provision of life skills education until such a time that pupils can stand on their own.

In its quest to raise awareness to the masses and young people, the government of Zambia through the Ministry of Information services has been giving adverts on both public and private TV and Radio stations. Some of these advertisements are aired during prime time such as shortly before or after the news time. Crewe et al. (2007) argues that this kind of intervention is often insufficient to impart on individual behaviour change due to the tendency of people to tune out information not in line with their existing beliefs. Instead they recommend interactive face to face
counselling which they regard as the most effective way of motivating behaviour change.

5.5 Factors that influence pupils and youths in general into risky sexual behaviour

Following a number of interventions that the government and its cooperating partners have put in place in the fight against HIV and AIDS, the expectation is that youths would be more careful with regard to their sexual behaviour. However this does not seem to be the case. The increased number of girls dropping out of school is a clear indicator that not all is well among our youths with regard to safe sex (MoE, 2010). Since the discovery of HIV and AIDS a lot of awareness campaigns have been conducted. According to UNDP (2007) 97 percent of males and females and 96 percent of rural dwellers are aware about HIV and AIDS. Despite this achievement many young girls in our schools are falling pregnant each year and number is on the increase in both basic and high schools as the table 21 shows.

Various statistical bulletins prepared by the Ministry of Education (Educational Statistical Bulletin, 2009) clearly show the rise in the number of girls falling pregnant while in school. Although the findings in this study are encouraging with regard to the drop in pregnancy cases in the selected school, the picture country wide is different. MoE (2010) provides a summary of different findings per year as captured in different Educational Statistical Bulletin.

The ever increasing number of girls falling pregnant in schools each year is what prompted this study. The researcher wanted to establish the factors that encourage
young people to indulge in unprotected sex in this era of HIV and AIDS. These alarming figures of teenage pregnancies raise a lot of concerns in the provision of psycho-social life skills education. In this study a number of factors were established although they are not new as they were already established by other studies which were conducted before this one. To establish some of the factors promoting unsafe sex practices among pupils, the researcher decided to include pupils who had fallen pregnant. These respondents provided valuable information with regard to cause of teenage pregnancies.

One of the leading causes of unwanted pregnancies is peer pressure; 28.4 percent of respondents attributed unwanted pregnancies to peer pressure as can be seen in Table 16. According to YWCA (2007:10) youths who perceived that their friends were involved in sexual activities, were more likely to indulge themselves in sexual activities than those who thought that their friends had not yet initiated intercourse. These perceptions about sexual social norms among peers have powerful influence on young people’s decisions regarding sex.

The findings of this study shows that 64.7 percent of respondents felt free to talk to their friends on sex related issues compared to 7.2 percent who said were free to talk to their parents. Only 10.1 percent said they were free to talk to their teachers if they have any question with regard to sex.

The problem of peer pressure is global in nature. Among Indian schools 47 percent of young people learn sex from their peer group and pornographic literature and only five percent learn about sex from their parents (Sahu, 2007). The invasion of
multimedia has compounded the problems of sexual behaviour among our youth. Young people have easy access to sex related information some of which may not necessarily be correct.

This clearly shows the need to create an enabling environment for young people to freely talk to their parents or teachers who are more experienced and act as significant others. The information young people get from their peers is most likely to be distorted and misleading. This will most likely lead to unprotected sex. It may be difficult for many parents to talk to their children about sex because of the myths and taboos surrounding sex. Many parents may not be comfortable to talk about sex and tend to ignore the plea from their children. According to Dube (2003) most parents have ignored their responsibility of giving sex education in the hope that school teachers and mass media will fill the void. He argues further that nothing on earth can become a substitute for parental guidance. The parents cannot talk about sex matters to their children because they are also ashamed to talk about sex to their partners as well (Dube, 2003).

A number of studies conducted in Africa show that most successful programmes with positive sexual behaviour are those where members of the community such as parents or religious leaders and health workers were involved (YWCA, 2007).

Another important factor based on the findings of this study is poverty; 32.2 percent of the respondents stated that boys and girls want money and gifts from their lovers. After receiving these gifts and money, they find it difficult to seek protection when having sex. Interviews conducted with some of young mothers in school revealed
that having unprotected sex was one way of showing that they loved and trusted their male partners. By so doing, they increased the chances that the partner will continue giving them gifts and money. If they sought protection, that would mean lack of love and trust for their partner. This would result in losing their, partner a thing which many are scared of.

The findings above are in agreement with the argument put forward by Crewe et al. (2007:33) that financial destitutions of women and girls compels them to exchange sex for food or other benefits and appeals for behaviour change in such cases would be pointless as people are often not in a position to undo the circumstances that impel certain behaviours. In child headed homes due to the death of parents from HIV and AIDS, girls are more under pressure to engage in prostitution or occasional sex to earn money to support their family (UNDP, 2007).

In an interview with the Post Newspaper, a teacher at Itezhi-tezhi High School attributed the escalating number of pregnancy cases and illegal abortion to lack of boarding facilities at school forcing pupils to rent ram shackle in compounds. Girls indulge in promiscuous behaviour and falling pregnant as they try to make ends meet (Munlenga, 2010). One girl who was interviewed by the same Post reporter said that she had no choice but to find a man who could support her in terms of money and food because her parents could not adequately meet her financial needs. According to UNDP (2007), young girls become pregnant with a view that the boyfriend or man friend will take care of them but they are often abandoned by these men leaving them with a burden to look after the child.
The other factor that was found to lead young people into engaging in unprotected sex is the desire to experiment sex. One respondent who fell pregnant and is back in school said that after using a condom for some time, she decided to experiment with unprotected sex, unfortunate she got pregnant. She was so sure that at that time of the month she could not get pregnant. The boys in particular believe that having sex with a condom on reduces their sensitivity. The desire for sexual pleasure or gratification has led young people to experiment putting their lives at a risk of unwanted pregnancies, HIV and AIDS and other sexually transmitted infections. According to Kapungwe (2007) more than 10 percent of respondents in his study believed that sex is not enjoyable when a condom is used.

There are a number of other factors which influence pupils' sexual behaviour which can only be mentioned but not comprehensively discussed in this study. Among other factors is ignorance about sexual matters. When forced by either partner young people tend not to know how best to resist. A number of girls are forced into having sex and are not in position to successfully negotiate for safer sex. Women are often seen as passive recipients of male advances. They find it difficult to carry any protection such as condoms because if they do, society feels they are looking for sex (Crewe et al., 2007).

Some youths are influenced by drugs and Alcohol. Once drunk, this makes them vulnerable, particularly girls. A survey which was done in Lusaka and Ndola showed that the use of alcohol often leads to unprotected sex and having more sexual partners or changing partners within a short period of time. The study in Ndola showed that, alcohol and gifts often led to sexual relationships (YWCA, 2007).
5.6 Summary
Psycho-social life skills education is having positive effects on the sexual behaviour of our youths in high schools. The findings of this study seem to indicate that there has been a reduction in pregnancy cases in the schools under study. This means that pupils were practicing safe sex. The respondents also show a delay at the age when they first had sex. 63.8 percent of those that had sex were between the age of 15 and 23 years old. At this age, they are in a better position to negotiate for safer sex compared much younger persons. The use of Anti-AIDS clubs, SAFE clubs, drama and talks from health workers has a negative impact on life skills education which also affects commitment from both teachers and learners. Hence the need to put life skills education on the time table. Parents and teachers need to be encouraged to open up to young people on sexual matters. In doing so the influence of peer pressure will be minimised.
CHAPTER SIX
CONCLUSION AND RECOMMENDATION

6.1 Introduction
This chapter presents the conclusion and the recommendations that were drawn from the study. These recommendations and conclusion are based on the findings that were generated from the study.

6.2 Conclusion
Psycho-social life skills were introduced in schools as an intervention to control the spread of HIV and AIDS by helping people to develop positive sexual behaviour and modify risky behaviour. The focus has been to transfer the information and knowledge acquired into active thinking and action. Life skills can only be taught successfully within the context of enabling environment involving Teachers, Health Workers, Parents and the community as a whole.

The findings in this study appear to show positive change among pupils in terms of their sexual behaviour. This conclusion is based on the drop in terms of pregnancy cases in the case of selected schools which was confirmed by the Head Teachers of the schools surveyed. The findings also show increased knowledge among pupils with regard to HIV and AIDS, STIs and STDs. This is because respondents were able to name the common sexually transmitted disease in our country. The findings in this study show that more than half of the respondents were sexually active or have had sex before, the majority of whom was as recently as 2009. The worrying trend in this study was that a significant number of respondents mainly boys were
willing to have sex without any protection because they felt sex with a condom on was not as enjoyable as sex without a condom. Having unprotected sex was also seen as a way of showing love to partner.

The findings of this study show that there was no structured programme or guidelines on how best these skills could be imparted in the pupils in schools. The use of Anti-Aids Clubs, SAFE Clubs, and the involvement of Guidance and Counselling teachers and Health workers was the main method of teaching Life skills education in High Schools. The respondents in this study were more willing to talk about sex related issues to their friends than they were to significant others such as teachers, parents and religious leaders.

This study could not establish the direct link between safe sex and re-entry policy that the Ministry of Education introduced. However, teachers and school authorities appeared to suggest that the re-entry policy encouraged the youths, particularly girls to indulge in unsafe sex because they know that they will return to school after giving birth. However, the respondents did not mention the re-entry policy among the factors that influenced young people to indulge in unprotected sex, not even the teenage mothers interviewed in this study.

A number of the factors were established as a leading cause of unwanted pregnancies and unsafe sex practices among pupils. Some of these factors are that girls are often forced into having sex by their boyfriends and seem to have no say on whether to use protection or not. Some girls are raped particularly by known aggressors. Another important factor was the belief that sex with a condom on was
not as sweet as unprotected sex hence many are forced to experiment with unprotected sex especially if they feel they trust each other. The other factor is economic reasons. Since all but one of the schools surveyed were day schools, pupils often rent houses in compounds. High poverty levels made them fail to meet their rentals and other requirements such as food. For this reason, they resorted to exchanging sex for money in order to meet their daily requirements.

Peer pressure was also another factor that led young people in schools to indulge into unprotected sex. If friends in a group have a boyfriend or girlfriend, then young people are compelled to have one as well because this becomes a social norm of the group and they seek to be accepted by the group. Other factors are the influence of drugs or alcohol which empirics their judgement.

### 6.3 Recommendations

Based on the findings and conclusions of this study, the following recommendations have been made.

(i) There is need for structured guidelines or syllabus for psycho-social life skills so that teachers are compelled to teach them just as is the case lower basic level.

(ii) Psycho-social life skills should be part of the Curriculum in institutions training teachers at High School levels such as universities just like is the case with primary school teachers colleges.

(iii) There is need for both schools and communities at large to get involved in the provision of Life skills education so that what is taught at school is also emphasised at home by parents and guardians.
(iv) More peer educators should be trained in schools to help in control peer pressure. These educators would easily be available to help fellow pupils, since pupils are likely to be more comfortable with friends than they would be with adults.

(v) Youth friendly corners should be established in schools to help correct the misconceptions that pupils have about sex.

6.4 Suggestions for further research

• Zambians are predominantly religious people. The teachings of different churches largely influence the behaviour of their members. The common teaching is that sex outside marriage is sin. All sinners will go to hell. Is the concept of hell and heaven enough to promote safe sex among our pupils?

• The study established that respondents were more comfortable talking to their friends on their sexuality than their parents and teachers who are even more experienced. Factors that hinder open discussions between parents and children needs to be established.

• According to statistical bulletin by the Ministry of Education for 2010, young girls in school both at basic and high school level are becoming pregnant more than before. A study to establish the reasons behind this increase in pregnancy cases among our pupils would greatly contribute to the body of knowledge.
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APENDIX 1

THE UNIVERSITY OF ZAMBIA

SCHOOL OF EDUCATION

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND SPECIAL EDUCATION

SEMI STRUCTURED INTERVIEW GUIDE FOR HEADTEACHERS IN HIGH SCHOOLS.

Dear Respondents,

I am a post graduate student of the University of Zambia pursuing masters of Education Degree in Education Psychology. This research is a partial fulfilment of my masters’ programme. This is a purely academic exercise and be assured that your responses will be treated as confidential. Thanking you in anticipation.

1. Name of the school....................................................................................................................
2. How long have you been a Head teacher or Deputy?
   (i) 1-5 years [ 
   (ii) 6-10 years [ ]
   (iii) 11-15 years [ ]
   (iv) 16 years and above [ ]
3. Does your school teach Psycho-social Life skills to your pupils?
   Yes [ ] no [ ]
4. Explain how your school teaches about HIV and AIDS?
   ....................................................................................................................................................
   ....................................................................................................................................................
5. Do you think Psycho-social Life skills in your school are having positive effect on pupils sexual behaviour? Yes [ ] No [ ]
6. Explain your answer to the above question?
   ....................................................................................................................................................
   ....................................................................................................................................................
   ....................................................................................................................................................
7. In the last three years, do you think the rate of pregnancies has decreased? Yes [ ] No [ ]
8. Give reasons for your answer above
   ....................................................................................................................................................
   ....................................................................................................................................................
9. Do you have teachers who are trained in Psycho-social Life skills Yes [ ] No [ ]
10. How often do you give guidance and counselling to your pupils?
   .....................................................................................................................................................
11. Do you think giving pupils skills such as assertiveness, decision making, avoiding peer pressure, emotional control etc can have a positive effect on pupils sexual behaviour? Yes [ ] No [ ]

12. Explain your answers above
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......................................................................................................................................................

13. Does social economic status of the pupils influence their sexual behaviour?
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APPENDIX 2

THE UNIVERSITY OF ZAMBIA

SCHOOL OF EDUCATION

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND SPECIAL EDUCATION

QUESTIONAIRES FOR PUPILS IN HIGH SCHOOLS

Dear Respondents,

I am a post graduate student of the University of Zambia pursuing a masters of Education Degree in Education Psychology. This research is a partial fulfilment of my masters programme. This is a purely academic exercise and be assured that your responses will be treated as confidential. Thanking you in anticipation.

Name of the school....................................................................................................................................................................................................................

Sex: Male [ ] Female [ ]

Age:

10-15 years [ ]
16-20 years [ ]
21-25 years [ ]

Where do your parents or guardian live? ..........................................................................................

Do you have clubs that teach about STIs, HIV and AIDS in your school? ..................................

....................................................................................................................................................

Are you a member of such clubs? Yes [ ] No [ ]

(a) Do teachers talk about HIV and AIDS related issues when teaching you? Yes [ ] No [ ]

(b) If yes specify
....................................................................................................................................................
....................................................................................................................................................

8. Have you ever been taught about life skills education?
9. Write some of the sexually transmitted diseases that you know?
.......................................................................................................................................................
.......................................................................................................................................................

10. How can a person protect himself or herself from these diseases you have mentioned?
.......................................................................................................................................................
.......................................................................................................................................................

SEXUAL BEHAVIOUR

11. (i) Do you speak with your parents or guardian on sex related topics? Yes [ ] No [ ]

(ii) If your answer is yes which one of them Mother [ ] Father [ ] Uncle [ ] Aunt [ ]

Any other specify
.......................................................................................................................................................
.......................................................................................................................................................
.......................................................................................................................................................

12. Do you have a girlfriend or boyfriend? Yes [ ] No [ ]

13. Do your close friend have a boyfriend or girlfriend?

Any other write it down
.......................................................................................................................................................
.......................................................................................................................................................
.......................................................................................................................................................

14. How often are you with your girlfriend and boyfriend?

15. If your answer to 12 is yes, how did you decide to have a boyfriend or girlfriend?

(i) Forced by friends [ ]

(ii) Decide on your own [ ]

(iii) because your friends have [ ]

Give a reason to your answer above. .
.......................................................................................................................................................
.......................................................................................................................................................

16. Have you ever had sex? Yes [ ] No [ ]

17. (i) How old were you when you had your first sex?

(ii) Did you agree to have sex or you were forced? Yes [ ] No [ ]
18. (i) Would you have sex without any protection? Yes [ ] No [ ]

(ii) If your answer is yes, give a reason
.......................................................................................................................................................
.......................................................................................................................................................

19. What are some of the reasons why some boys and girls get involved in unprotected sex resulting in unwanted pregnancies
.......................................................................................................................................................
.......................................................................................................................................................

20. Why are so many girls getting pregnant in schools even when there are diseases HIV and AIDS?
.......................................................................................................................................................
.......................................................................................................................................................

21. Who are you comfortable to talk to on sex-related issues?

(i) My teacher [ ]
(ii) Friends [ ]
(iii) Pastor [ ]
(iv) Parents [ ]
Any other specify
.......................................................................................................................................................

22. Do your parents adequately give you money for all your school needs? Yes [ ] No [ ]

(ii) If answer is no, how do you make ends meet?
.......................................................................................................................................................
.......................................................................................................................................................
.......................................................................................................................................................
.....................................................................................................................................................
APPENDIX 3

THE UNIVERSITY OF ZAMBIA

SCHOOL OF EDUCATION

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND SPECIAL EDUCATION

QUESTIONNAIRE FOR YOUNG MOTHERS IN SCHOOL

Dear Respondents,

I am a graduate student of the University of Zambia pursuing masters of Education Degree in Education Psychology. This research is a partial fulfilment of my masters’ programme. This is a purely academic exercise and be assured that your responses will be treated as confidential. Thanking you in anticipation.

1. (i) Who are you staying with ....................................................................................................
   (ii) What do they do for their living (occupation)
        ........................................................................................................................................

2. How old were you when you had your baby?
   (i) 10-14 [ ]
   (ii) 15-20 [ ]
   (iii) 21-25 [ ]

3. How did you get involved with the father to your child?
   ....................................................................................................................................................
   ....................................................................................................................................................

4. How did you end up having a sexual intimate with the father to your child?
   (i) Forced [ ]
   (ii) Decided or agreed [ ]
   (iii) Influenced by friends [ ]
   (iv) Did it under the influence of beer [ ]
   (v) Any other
       specify.......................................................................................................................................}

5. Before having this sexual intimate were you knowledgeable about HIV and AIDS and other STIs? Yes [ ] No [ ]
   If the answer is yes where did you get the information............................................................
   ....................................................................................................................................................

78
6. Did you suggest to the father of your child to use protective measure such as condom?
   Yes [ ] No [ ]
   Explain your answer
   ........................................................................................................................................
   ........................................................................................................................................

7. After your sexual experience with the father of your child, what was your worst fears?
   (i) Getting pregnant [ ]
   (ii) Being infected [ ]
   Any other specify
   ........................................................................................................................................
   ........................................................................................................................................
   ........................................................................................................................................

8. When you discovered you were pregnant what came in your mind?.........................
   ........................................................................................................................................
   ........................................................................................................................................
   ........................................................................................................................................

9. What would you say are some of the reasons why young people find themselves having
   unprotected sex and risky themselves with getting pregnant or contracting HIV and AIDS?