

**THE IMPACT OF COMPULSORY SEXUALITY EDUCATION ON STUDENTS'  
DISCIPLINE IN SELECTED PUBLIC SECONDARY SCHOOLS OF KITWE DISTRICT.**

By

**Lynette Chitalu Kamangu**

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the Degree of Master of Arts in Human Rights, Governance and Development.

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## DECLARATION

I **Lynette Chitalu Kamangu**, do hereby declare that this dissertation presents my own work and that it has not been previously submitted for the award of a master's degree or any other qualification to the University of Zambia or any other University. All references have been adequately acknowledged.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CERTIFICATE OF APPROVAL

This dissertation of **Lynette Chitalu Kamangu** is approved in partial fulfilment of the requirement for the award of the degree of Master of Arts in Human Rights, Governance and Development by the University of Zambia.

Name: Mr. Robert Tembo

Sign \_\_\_\_\_ Date \_\_\_\_\_

**Supervisor/ Examiner**

## **DEDICATION**

This dissertation is wholeheartedly dedicated to my beloved Family and Friends who have been my source of inspiration. They gave me strength when I thought of giving up, continuously provided their moral, spiritual, emotional, and financial support. Lastly, I dedicate this study to the Almighty God. To him I am grateful for the guidance, strength, power of mind, protection, skills and above all, his favour, which has been beyond any measure through my MA Journey. Indeed, it can only be you yaweh.

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## ABSTRACT

Across the world, there are many different names for, and approaches to, Comprehensive Sexuality Education (CSE). The objective of CSE is to ensure that young people are receiving comprehensive, life skills-based sexuality education to gain the knowledge and skills to make conscious, healthy and respectful choices about relationships and sexuality. The study's general objective was to assess the effect of provision of compulsory sexuality education materials on students' attitudes or behavior towards sexuality in Kitwe district. Nevertheless, the study was guided by the following specific objectives: to assess the effectiveness of the Comprehensive Sexuality Education curriculum on behavior and attitude of learners towards sexuality in schools; to find out the perception of learners on learning Comprehensive Sexuality Education in schools; and to establish if there is any relationship between comprehensive sexuality education materials provided in schools and the reduction/increase in sexuality related illnesses. The research was both qualitative and quantitative in nature. A questionnaire and a focused group discussion guide were used to collect data from learners, while an interview guide was used for teachers and DEBS. For data analysis the software SPSS was used to analyze quantitative data in order to obtain frequencies, percentages and tables. The software QDA miner lite was used to analyze qualitative data in order to organize themes for easy interpretation. In line with the objectives and findings of the study, the researcher concluded that CSE has a great impact on learners and influences learners' attitude and behaviour towards sexuality. Findings regarding learning of CSE revealed that it was mainly through lessons in the classroom and it is integrated in other subjects in the school curriculum. Other methods of learning where demonstrations, role-plays, drama and discussions during safe club meetings. This idea is contrary to what Ionesco pointed out that in some countries, sexuality education taught as a stand-alone subject by a range of teachers including those responsible for it or Biology, Health, Home/Family living. The strategy of teaching sexuality education as a stand-alone subject ensures that competing priorities do not prevent it from being taught in totality. Concerning the perception of learners and teachers on the teaching and learning of CSE, the study revealed positive perception. Many respondents, in all respondent categories, viewed it as very helpful, despite popular views that it was promoting sexual immorality among learners. They argued that it promoted knowledge on HIV/AIDS and prevention of teenage pregnancy among other issues and that it should continue being taught in schools. The study concluded that although there was significant positive impact on

learners' level of knowledge about CSE, there was little impact on behavior change among learners in Kitwe district. Based on the research findings it was recommended that CSE should be taught as a standalone subject and that teachers be trained in the subject to improve quality of service delivery. In addition, parents need to be oriented on the content of CSE in order to give them right information regarding sexuality education in order to dispel misconceptions.

## ABBREVIATIONS

<b>SPSS</b>	Statistical Package for Social Sciences
<b>WHO</b>	World Health Organization
<b>CPD</b>	Continued Programmes for Development
<b>NISCOL</b>	National In-service College
<b>TVTC</b>	Technical and Vocational Technical College
<b>CPD</b>	Continued Programmes for Development
<b>CSE</b>	Comprehensive sexuality education

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# CHAPTER ONE

## 1.0 Introduction

Children's sexuality education in schools and in families continues to be plagued with tensions and controversies. These social anxieties stem largely from cultural discourses that perpetuate the perspective that sexuality is irrelevant, developmentally inappropriate, risky and dangerous to be taught to children (Renold, E: 2005). As a consequence, children's sexuality education is severely compromised, especially in terms of the age at which this education should begin, the time dedicated to the topic, the content that can be addressed with children and how it is taught and by whom.

Carmody, (2009) further observes that the social anxieties encountered by many parents continue to exist despite the demonstrated value of comprehensive sexuality education for young people's health and well-being. In view of the above observation by Carmody, it is worth noting that sexuality education is also essential for building young people's informed decision-making around sexuality, and for developing awareness and understandings of the importance of ethical intimate relationships all of which are critical to the development of the young peoples' sexual citizenship in schools. Hence undertaking and embarking on this research to carry out an investigation in to the impact of the effects of lack of compulsory sexuality education in schools particularly in Selected secondary schools of Kitwe district on the Copperbelt province of Zambia.

## 1.1 Background of the study

The history of sexuality education around the world varies greatly based on how different countries and local communities have chosen to provide personal, academic, and social competencies among the post primary students. Sexuality education has been shown to have many benefits for young people, particularly later in their lives. For example, young people who receive comprehensive sexuality education engage in fewer risky sexual practices have fewer sexual partners, are more likely to use appropriate protection and are less likely to become pregnant in their teenage years (Kao and Manczak 2013; Wu: 2010).

Sexuality education was set up within the department of education in September 1968 when the recommendations made by Louis, a consultant sent over to Malta by United Nations Educational Scientific and Cultural Organization (UNESCO), were taken up, Summit (2016). Globally, sexuality

education is an integral aspect in the discipline and management of people in all societies. It would be difficult for any society to function well without the exercise of discipline.

Sexuality education as a subject of an interest group reached its verge in America at the beginning of the 21<sup>st</sup> Century as a reaction to change process in an industrialized society. Wiley D (2009) observes that the Texas Legislature made the decision to promote abstinence over any other method of sexuality education in Texas schools. Lawmakers revised the Texas Education Code in 1995 to explicitly mandate that abstinence from sexual activity always be presented as the preferred choice of behavior in relationships for unmarried persons of school age.

However, the need for sexuality education in all secondary schools cannot be overemphasized due to increasingly complexities of modern life that have placed heavy demands and responsibilities on secondary school students. These students are faced with numerous personal, academic, social and emotional needs and problems in which if unattended could lead to host patterns of undesirable behaviors, Thompson and Rudolph (2014). Virtually, all countries have established channels to intensify and improve sexuality education in their respective learning institutions in attempt to address tenets of students' behaviours.

School sexuality education programmes have therefore been introduced to assist students overcome the number of challenges they experience at home and at school. Lunenburg (2010) states that because of many emotional pressures imposed on the individual learner, parents tend to have little time with their children to give them the necessary counsel. The parents expect the school to provide solutions to the indiscipline problems and emotions chaos of adolescent learners in secondary schools. UNESCO (2014) adds that "African adults have become more concerned with earning money and are less occupied with many traditional practices that formerly contributed to the upbringing of young people". Rapid sociological changes emanating from modernization and urbanization stress students.

The concept of matching discipline and sexuality education helps to determine the value of Sexuality education to students in schools. Parents and schools share the responsibility of promoting values and standards which we hope will help younger people to establish sustainable behavioral codes for their lives, hence they ensure good discipline is maintained among students. There is great effort

made by the Ministry of Education to offer sexuality education services to schools but still cases of early pregnancies in public secondary schools are reported and Kitwe district is not exceptional.

## **1.2 Statement of the problem**

In spite of the many efforts that the Zambian government has put forward to integrate sexuality education in all public secondary schools discipline issues and cases such as early pregnancies and early marriages remain at the rampage ravaging the stability of learners in school. Within this context, sexuality is considered adults' knowledge, from which children need to be distanced and be protected. Broader social taboos about sexuality have led to individual and collective apprehensions that negatively affect many adults talking openly and honestly about sexuality, especially to children and young people. Consequently, many young people go through life with minimal comprehensive sexuality education in school or within their families.

The ministry of general education introduced CSE in 2014. The teaching and learning of CSE has been going on for six years now, with the aim of improving learner's skills in indecision making about their sexuality and approach relationships with more self-confidence. However, despite this, many community members and school administrations have observed very little change in learners' behavior. For example, in Kitwe district, despite the presence of CSE in schools, many girls have been found to engage in unprotective sexual intercourse resulting in teenage pregnancy. The data compiled by the district education authorities from the year 2016 to 2019 shows that the number of girls who become pregnant has since increased from 104 in 2016, 166 in 2017, 175 in 2018 and 181 in 2019.

The Ministry of Education has ensured to integrate sexuality education in most of Zambian Universities, colleges and schools as a cross cutting issue, many serving teachers have graduated yet the effects of sexuality in education remains unaddressed in schools. Hence the need to investigate the impact of compulsory sexuality education on students discipline in schools in relation to materials and facilities used by teachers, time allocated to compulsory sexuality education and the exposure of teachers to sexuality educational skills through training and attending Continued Programmes for Development (CPDs).

### **1.3 General Objective of the Study**

To assess the effect of provision of compulsory sexuality education materials on students attitudes or behavior towards sexuality in Kitwe district.

### **1.4 Specific Objectives of the study**

The objectives of the study included the following;

1. To assess the effectiveness of the Comprehensive Sexuality Education curriculum on behavior and attitude of learners towards sexuality in schools.
2. To find out the perception of learners on learning Comprehensive Sexuality Education in schools.
3. To establish if there is any relationship between comprehensive sexuality education materials provided in schools and reduction/increase in sexuality related illnesses.

### **1.5 Research questions**

The following questions were used as a guide to this study:

1. How effective is the Comprehensive Sexuality curriculum in addressing learner's behavior and attitude towards sexuality?
2. What is the general perception of learners on learning Comprehensive Sexuality Education in schools?
3. Is there any known relationship between comprehensive sexuality education and reduction/increase in sexuality related illnesses?

### **1.6 Significance of the study**

The study is of great significance for it seeks to generate information and/or knowledge on how adequate both pre-service trainee teachers and serving teachers are prepared to handle comprehensive and/or compulsory sexuality education in schools. The findings of this study may be used to improve upon the policy pertaining to the teaching of comprehensive and/or compulsory sexuality education to both primary schools more especially grade one pupils' through the integration of local languages as a medium of instruction as it makes it easier for them to understand. This study will have a positive impact on education standards because sexuality cuts across all

subjects in schools. Finally, the findings of the study will inevitably contribute to the body of knowledge in the field of compulsory sexuality education.

### **1.7 Limitations of the study**

The findings of the study were not generalized to colleges and universities in the Republic of Zambia because the study will focused on selected secondary schools of Education, specifically some randomly selected secondary schools in Kitwe district.

### **1.8 Definitions of significant terms**

**Compulsory Sexuality Education:** Defined by SEICUS as a program that includes age appropriate, medically accurate information topics related to sexuality, including human development, relationships, abstinence, contraception, and disease prevention.

**Critical Pedagogy:** A theory that asserts that inequalities related to asymmetrical power relations are central to an analysis of education policies, practices, and curriculum (Darder et al: 2008).

**Human Sexuality:** The biological, emotional, and social aspects of human sexual development.

**Risky sexual practices:** Unprotected sexual intercourse (sex without condom use consistently) with non-regular partners(s)

**Sexual Practices:** These are activities associated with sexual intercourse

**Sexually active youth(s):** Refers to students/young people who have engaged in sexual intercourse at least once.

**Attitude:** Attitude is an opinion or general feeling about something. (Cambridge English Dictionary, 2008) In this study, attitude is defined as a belief towards HIV disclosure (Perceived risk of getting HIV) and belief towards the effectiveness, perceived benefits of condom use in preventing HIV.

**Knowledge:** A clear awareness of fact or situation. (Hornby, 1995) In this study, it is defined as a clear and certain understanding of HIV/AIDS mode of transmission and prevention as well as condom use.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter covers a review of related literature of the development of sexuality education from global, regional and local perspectives.

#### **2.1 Development of Sexuality education**

A study conducted by the Australian Government Department of Education (2014) in Australia from a global perspective, reveals that school education and curricula have traditionally been the responsibility of individual states and territories. More recently, a National Curriculum was developed, with a Health and Physical Education syllabus that includes relationships and sexuality education, covering primary schools. In this National Curriculum (version 8.3), children in years 1–2 learn about body parts, changing bodies, emotions, and protective behaviors; in years 3 and 4, earlier areas are built on with the introduction of respecting diversity (Including gender, gender expression, sexuality); in years 5 and 6, greater emphasis is given to identity, transitions to puberty, initiating and managing relationships, and valuing diversity (ACARA. 2015).

However, there has been some opposition to the National Curriculum, including towards the suggested early start of learning about sexuality and valuing gender, gender expression and sexuality diversity of Children’s experiences of sexuality education are not generally reflective of a comprehensive approach and can vary considerably across individual schools, states and territories (Leahy et al:2016). In addition to the foregoing, Wright, and D. Penney (2016) hypothesize that the knowledge is included in children’s sexuality education in primary schools and how much time is devoted to this aspect of their education has not been consistent within or across states and territories. The decisions on these issues are often left to individual schools and made by school principals and individual teachers responsible for teaching sexuality education. These decisions are often influenced by community values and contemporary political debates.

A study conducted by Duffy et al. (2012) in Nigeria from a regional perspective, reveal that Minimal monitoring is conducted, often leaving the decisions about what, when, and how sexuality education should be taught, to individual schools, individual teachers and school communities. Sexuality

education in both states is therefore dependent upon the individual perspectives of principals, the policies prevailing in individual schools and the motivation of parents. Sexuality education policies in Nigeria, point to a collaboration between parents/careers, schools and community health organisations in the development and implementation of sexuality education (B., N. Fotinatos, A. Smith, and J. Burke. 2012). Further research demonstrates that parents generally want their children to have good sexuality knowledge – better than what they experienced as children and young people (ibid: 2012).

From a local perspective, here in the Zambian society, sexuality education has been there in our tradition and customs. This beautiful type of education was manifested in the relationship between elders and young people. It was seen in ceremonies such as initiation ceremonies. The idea of setting up formal sexuality education service centers in Zambia was initiated around 1967 as an act of orientation and placement of the young students/pupils in school. However, this did not materialize as planned. It was not until the year 1970 when secondary schools were directed by the Ministry of Education to start running guidance units in the schools by nominating teachers to take up the responsibility of matron and patron. That marked the beginning of formal sexuality education service to pupils in Zambian schools.

In 1971 a career guidance unit was established in the Ministry of Education then with the appointment of career guidance officers to take up the challenge further (Ministry of Education, 2001). These officers worked under the administration of Educational Psychological Services Unit at the Ministry of Education Headquarters. The main duties of the careers guidance officer were to co-ordinate, organize and inspire the work of careers teachers in all secondary schools.

In addition, the desire by the Ministry of Education and other interested stakeholders to produce a holistic and morally upright learner has been the driving force in the development of sexuality education in Zambia. Since the directive by the Ministry of Education to take in sexuality education in schools, notable development has been seen in educating personnel in sexuality education field who are able to deliver the required service to the learners although their impact on the learners may not have been clearly documented. For instance, the training of teachers in guidance, counselling and placement was started at Technical and Vocational Technical College (TVTC) in Luanshya (MoGE, 2016) in a bid to curb the effects of lack of compulsory sexuality education. In 2005 a

diploma programme in guidance, counselling and placement at National In-service College (NISCOL) was introduced to increase manpower and capacity of teachers to deal with the devastating effects of lack of compulsory sexuality education.

### **Research Gap**

In spite of all these efforts to curb the vices of the effects of lack of compulsory sexuality education in schools, the impact of the solutions render inadequate results as the solution does not address the problem at hand adequately. Sexuality has not been given enough allocation on the time table so that it can be taught properly. The sexuality the kids acquire from home does not receive proper attention in the school environment so that it is complemented properly with adequate acceptable values.

### **3.0 Impact of Comprehensive Sexuality Education on knowledge, attitude, and behavior of learners.**

According to a study by Negussie Boti (2019) entitled Effects of comprehensive sexuality education on the comprehensive knowledge and attitude to condom use among first-year students in Arba Minch University: a quasi-experimental study 832 students participated at a baseline, and 820 students participated at the posttest. This study found that there was a significant effect on changing students' knowledge and attitude towards a condom. In the education group, the students' average change of comprehensive condom knowledge score was 0.229 higher than the average score of students' in the control group (ATE = 0.229, 95% CI 0.132 to 0.328;  $p < 0.001$ ). The average change of attitude towards condom score of students' in the education group was 1.834 higher than the average change score of students' in the control group (ATE = 1.834, 95% CI 1.195 to 2.772;  $p < 0.001$ ). This study provides further evidence on the effectiveness of comprehensive sexuality education in terms of knowledge and attitude towards a condom. Therefore, the implementation of this education should be strengthened in order to prevent youths from STI/HIV and unintended pregnancies (Negussie Boti, 2019).

Furthermore, inverse probability weighting analysis was conducted to see the effect of the comprehensive sexuality education on students' knowledge and attitude towards condom. All outcome variables were weighted by the baseline characteristics of study participants (sex, age,

residence, religion, attendance of religious education and type of school they attended) to reduce the effect of selection bias.

In the education group, the student's average change of comprehensive condom knowledge score was 0.229 higher than the average score of the student's in the control group (ATE=0.229, 95% CI 0.132 to 0.328;  $p<0.001$ ). The average change of attitude toward condom score of the student's in the education group was 1.834 higher than the average change score of students in the control group (ATE=1.834, 95% CI 1.195 to 2.772;  $p<0.001$ ) (Negussie Boti , 2019).

Furthermore, the finding of this study shows that there was no significant difference between the education and control group in the consistence and correct use of condoms after the intervention. This finding was supported by study conduct in Zambian secondary schools, which reveal that there was no change in condom use practice after the intervention. Moreover, the previous study suggested that adequate condom related knowledge was not a sufficient determinant to condom use. Furthermore, having information did not have a direct influence on condom use, information indirectly contributed to condom use mediated by behavioral skills.

In conclusion, Negussie Boti, (2019) concludes that comprehensive sexuality education improves the students' knowledge and had an impact on their attitude and intentions towards condom use. However, the findings of this study did not show a significant effect on students' consistent and correct use of a condom because this may require time to practice. Therefore, strengthening the implementation of this education should be necessary for the control and prevention of STI including HIV/AIDS and unintended pregnancy.

#### **4.0 Perception of learners towards learning Comprehensive Sexuality Education in schools.**

According to a study by Martha Ijok Adibe Njoku (2018) entitled biology students' perception of sexuality education in Secondary schools whose objective was to understand the perception of students towards learning comprehensive sexuality education in schools. Martha Ijok Adibe Njoku (2018) defined perception as the ability to see, hear or understand things. Peter and Donald (2017) defined perception as a process by which organisms interpret and their sensation to produce a meaningful experience of the world around them. Perception is the way one notices things especially with senses like the ear, eye, nose and tongue or the ability to understand the true nature of something. Enebechi (2018) explained that perception is a process by which one becomes aware or

internalizes a situation, or an existing factor. In the context of the present study, perception is the process of becoming aware, analyze or view a situation with clear understanding of events in respect to sexuality education and its related concepts among the adolescents. Martha Ijok Adibe Njoku (2018) study of biology has a vital role to play in the understanding of sexuality education in schools. Despite its importance in shaping the opinion of youths and adolescents, sexuality education has not received commensurate attention in our homes and schools.

Thus, the study was aimed at identifying the perspectives of the adolescent students in the senior secondary schools about sexuality education and issues that affect their perspectives. It also sought to identify in the opinion of the adolescent senior secondary students, where it is best to have sexuality education. It was aimed at establishing the mean perception of secondary school biology students towards sexuality education and the influence of gender on their perception. Stratified random sampling was used in selecting the schools while purposive and proportional sampling were used in selecting a total number of 165 respondents.

A well-structured questionnaire was administered on the respondents using their classroom teachers. Data collected were analyzed using sample means, standard deviation, percentages and Analysis of variance tests (ANOVA). Most of the students, agreed with most of the issues raised about their perception towards sexuality education. Although a slightly higher number of females had sexuality education than the males, the difference was not statistically significant.

Adolescent display sexual behaviour and developmental characteristics that place them at risk for HIV/AIDS, other sexually transmitted disease (STD), unwanted pregnancy. Because young people experiment sexually and because of the consequences of indiscriminate sexual activities on the youth, there is need to mount sexuality education programmes that are geared towards enlightenment and appropriate education about sex and sexuality in order to curb the menace of unwanted pregnancy and STDs.

Martha Ijok Adibe Njoku (2018) study concluded that Adolescents are faced with the challenges of understanding and becoming comfortable with the physical changes of puberty. Moreover, secondary school biology students (adolescents) agreed to the fact that sexuality education in schools will be very effective, if adolescents are provided with accurate information about their sexuality in order to form good attitude and belief towards sex. Sexuality education is needful and

necessary for young ones in order to enlighten them on their reproductive systems, sexually transmitted diseases and so on. Durojaiye (2005) equally observed that in most African homes, parents are not fully equipped to answer questions on sexual matters usefully, even when those who try to, they pass faulty information to their children. Therefore the school should be better equipped for this service, teachers should be given adequate training on how to handle sex and sexuality education in schools.

#### **4.1 Theoretical framework**

Several theories and models have been advanced into explaining why human beings behave the way they do, under different conditions and circumstances. Two theoretical frameworks, namely the Aids Risk Reduction Model and the Health Belief Model guided this study.

##### **4.1.1 The Aids Risk Reduction Model (ARRM)**

The Aids Risk Reduction Model (ARRM) was authored by Catania et al (1990). The model provides a framework for explaining and predicting the behavior change efforts of an individual specifically in relationship to the sexual transmission of HIV/AIDS. It is a three-stage model, that incorporates several invariables from other behavior change theories including the, health belief model theory, emotional influences, and interpersonal processes (Catania et al, 1990).

This research utilizes two Models as the basis for this research theoretical framework the Aids Risk Reduction Model (ARRM) to conceptualize the relationship between sexual reproductive health, sexuality and increased disease burden. The ARRM focuses on social and psychological factors hypothesized to influence (1) labeling of high risk behaviors as problematic, (2) making a commitment to changing high risk behaviors, and (3) seeking and enacting solutions directed at reducing high risk activities. The proposed model integrates important concepts from prior behavioral medicine and human sexuality studies, specifies their differential import to achieving the goals associated with each stage of the model, and denotes factors hypothesized to influence people's motivation to continue the change process over time.

According to the ARRM theory of sexual reproductive health changing high risk behaviors is the only means of preventing transmission of Human Immunodeficiency Virus (HIV). Development of appropriate prevention programs represents a significant challenge to social and public health

scientists. Many people will become infected with HIV and other sexually transmitted infections unless we develop powerful and pragmatic ways to understand and change behavior. Presented here is a psychosocial AIDS Risk Reduction Model (ARRM) applicable to the study of people's efforts to avoid contracting HIV through sexual transmission. ARRM is composed of three stages.

(1) Labeling of one's sexual behaviors as high risk for contracting HIV, (2) making a commitment to reduce high risk sexual contacts and increase low risk activities, and (3) seeking and enacting strategies to obtain these goals. The general framework of ARRM is derived from prior models concerning social psychological problem solving, 1.2 and integrates elements of the Health Belief Model

ARRM as a model rests on the premise that to avoid HIV infection, people exhibiting high risk activities must typically perceive that their sexual behaviors place them at risk for HIV infection and are, therefore, problematic. Simply labeling one's sexual behaviors as a problem may not, however, lead to behavioral change without making a strong commitment to changing one's activities; this commitment process may require deciding if the behaviors can be altered and whether the benefits of change outweigh the costs. Lastly, some individuals or couples may need to make numerous efforts to obtain solutions through self-help, informal social support, and professional helpers before success is achieved. These attempts may involve the need to circumvent financial, environmental, and psychosocial barriers to obtaining, for example, professional services. In addition, enactment of solutions may require complex negotiations with one's sexual partner(s), who may not have the same degree of commitment to pursuing change.

The processes represented by labeling, commitment, and action are not expected to be unidirectional or nonreversible. For instance, some people may face great difficulty in changing their behavior, and come to re-label their activities as no problematic or reduce their commitment to change. In addition, the hypothesized stages may not be invariant. For example, some very compliant individuals may not perceive their behavior as problematic, but, nonetheless, come to change their activities because of the prodding's of a highly motivated sexual partner.

Prior studies have not examined differences between those who do and do not perceive an AIDS-related behavioral problem, nor have they investigated 56 determinants of the decision to change sexual behaviors. Past work has focused primarily on the relationships of predictor variables to

levels of risk behaviors or changes in behaviors over time. In our view, this approach fails to capture the major roles played by some psychosocial factors (susceptibility beliefs) in other stages of the change process (For example perceptions of a problem); these factors may not directly affect the more distant (causally or in time) behavioral outcomes of the change process. It is not surprising then that, as our literature review will indicate, past studies provide an inconsistent picture of the relationships of knowledge, beliefs, aversive emotions, and social norms to risky behaviors.

In general, ARRM emphasizes the goal of understanding why people fail to progress over the change process. From an intervention standpoint, it is imperative that we understand the different conditions that influence the outcomes of the various stages of the change process. Achieving this goal is important to the task of identifying intervention strategies that facilitate movement towards change for people at different points in the process. Failure to correctly identify the position a person occupies in the change process may waste intervention resources; it may also increase drop-out rates from programs that expect too much or deliver too little to a confused and disappointed audience.

For individuals who objectively exhibit high risk behaviors, three factors are hypothesized to influence labeling of their sexual behaviors as problematic: (1) knowledge of sexual activities associated with HIV transmission, (2) believing that one is personally susceptible to contracting HIV, and (3) believing that having AIDS is undesirable. In one scenario, a person learns that HIV is sexually transmitted, examines his/her sexual behavior, labels the behavior as risky, and in turn begins to feel anxious about and susceptible to contracting HIV. When these conditions exist, it is hypothesized that individuals will label their behavior as problematic. The individual's sexual partner(s) and friends may significantly impact this labeling process. In addition, the labeling process may be influenced through subsequent relabeling of high risk behaviors as being low risk or use of other cognitive coping modalities such as denial and avoidance.

Although knowledge of behaviors that transmit HIV is of fundamental importance, some individuals, despite high levels of transmission knowledge, feel they are invulnerable to or have successfully fought off HIV infection. Since they do not perceive themselves to be susceptible to HIV infection; these individuals are unlikely to alter their high risk behaviors. Recent cross-sectional evidence also indicates that perceived susceptibility has a significant relationship to sexual risk

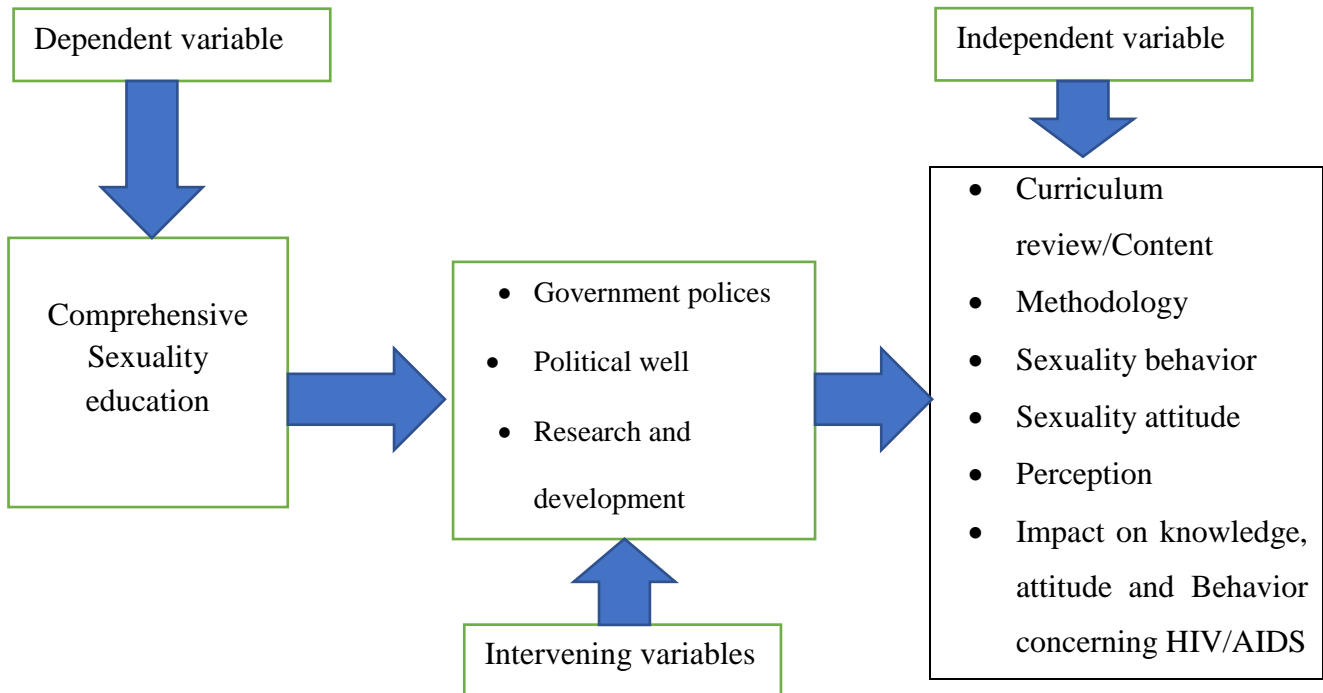
behaviors, independent of knowledge; thus, knowledge and susceptibility are not redundant constructs.

#### **4.1.2 The Health Belief Model (HBM)**

The Health Belief Model was developed to explain health behavior and was applied into illness or sickness behavior (Rosenstock 2005). Rosenstock argues that for individuals to engage in health behaviors, such as safe sex, an individual has to perceive himself as vulnerable or susceptible to a health threat. That health threat has to be perceived as having serious consequences. The protective action that is available has to be perceived as outweighing the perceived cost of the inaction. However, even when an individual perceives that they could adopt a particular course of inaction, isomer trigger might be required to nudge it into inaction (Rosenstock, 2005).

I believe this model is relevant to my topic because it highlights issues of health behaviors and trying to change the behavior of individuals. The individual has to understand and perceive themselves that they can have serious health consequences if they do not protect themselves. In line with this model, Compulsory Sexuality Education also seeks to explain the strategies of how diseases especially HIV/AIDS can be prevented.

## 4.2 Conceptual framework



## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0. Introduction**

This chapter mainly focuses on the methodology that was used to generate data from respondents. The study discusses certain methodological elements that were critical to the process of data collection which included research design, target population, sample size for the study, sampling techniques (procedure). The discussion also includes research instruments, data collection and data analysis.

#### **3.1. Research Design**

In the study, both qualitative and quantitative methods were used to complement each other in the collection of data.

#### **3.2. Research Site**

This research was carried out at Chimwemwe, Mama Mont and Natwange secondary schools in Kitwe.

#### **3.3. Target Population**

In this study, the population of the study comprised of pupils and teachers. This study was conducted in Butungwa and Lubuto wards of Chimwemwe Constituency in Kitwe district was chosen on the basis that it is the sole community in which the researcher lives, and it constitutes socialization agents drawn from a wider community such as church, school, police, hospital and tradition norms and values adopted by the community. Best and Khan (2009) argue that target population basically consists of the specific group with common characteristics to whom the researcher plans to generalize their findings.

#### **3.4. Study Sample**

The sample size consisted of 20 teachers, 2 head teachers, 2 deputy head teachers 2 counselling head of department teachers and 4 participants from the DEBs office and a total of 100 pupils 50 each from the three selected schools who were subjected to questionnaires while a total of 30 key

informants as broken down above was subjected to interview guides and focus group discussions. In the same vein, the researcher attended some lessons in a given school to observe the behavior of learners in class and out of class involved in the study as a follow up to questionnaires.

### **3.5.Sampling Procedure**

There were two sampling techniques employed in this study: simple random sampling and purposive procedures. Kombo and Tromp (2006:79) argued that simple random sampling ‘is a procedure in which all the individuals in the defined population have an equal and independent chance of being selected as a member of the sample’. In this study, a simple random sampling was used to draw juveniles from school to complete questionnaires and juveniles not in schools to provide respondents to complete questionnaires in the study.

Kombo and Tromp (2006:82-83) The power of purposive sampling lies in selecting information rich cases for in-depth analysis related to the central issue being studied. Additionally, commenting on purposive sampling, Patton quoted by Mc Millan and Schumacher, (1997:397) argues that it involves ‘selecting information rich cases for the study in depth.’ It is clear that purposive sampling is based on the researchers’ judgment that a sample is composed of elements that contain the most characteristic representative or typical of the population. In this particular study, purposive sampling was used to select community leaders from the wider community who participated in the study as informants during interviews.

### **3.6.Data collection instruments**

The main research tools used in the study included questionnaires and interview schedule as well as a checklist for lesson observation. According to Orodho and Kombo (2002) research instruments included questionnaires, interview schedules and observation. Furthermore, it is argued that questionnaires are used to gather data over a large sample and should have both open-ended as well as closed questions. Nevertheless, Semi-structured questionnaires were also used in the study to capture information from trainee- factors of the causes and effects of lack of compulsory sexuality education in school. Furthermore, the researcher also conducted in-depth face-to-face interviews with teachers and DEBs officers to understand the moral perspective to ascertain moral decay and factors affecting lack of sexuality education.

### **3.7.Data collection procedures**

The data collection exercise was conducted over a period of eight weeks in all research sites after the Researcher distributed questionnaires to respondents who expressed willingness to participate in the study by accepting to fill them up. All respondents were given adequate time to complete questions at their own time. However, the researcher kept constant check on progress being made by respondent by both phone and physical visits to research sites. Furthermore, the researcher also conducted face-to-face in-depth interviews with respondents. The researcher had to seek prior permission from respondents to record the interview on a digital mini-cassette and through written notes. Additionally, the researcher conducted an outdoor observation in some classes taught by teachers and the outside environment where children freely interact.

### **3.8.Qualitative data analysis**

As regards qualitative data analysis Kombo and Tromp (2006:118-119) argue that, 'The responses can be categorized into various classes which are called categorical variables,' and adds that, 'in qualitative research, data can also be analyzed thematically. Themes refer to topics or major subjects that come up in discussions. This form of analysis categorizes related topics.' The qualitative data was analyzed through the identification of common themes from the respondents' description and presentation of their experiences. Later, conclusions were reached and analyzed with reference to research questions on which the study was based. This was drastically reduced by the researchers' bias due to the fact that the phenomenon was basically to be interpreted from the point of view of respondents.

### **3.9.Quantitative data analysis**

In this particular study, quantitative data was analyzed using the statistical package for social sciences (SPSS) to generate descriptive statistical information in form of frequencies as well as percentages. 'Statistics are a set of mathematical methods used to extract and clarify information from observable data. Statistics generate simple numbers to describe distributions' (Kombo and Tromp (2006:125). Additionally, Gall et al (1996) stated that mathematical technique is appropriate for organizing, summarizing as well as displaying a set of numerical data.

### **3.10. Ethical consideration**

In this research, ethics underlying information disclosure was considered. The material reflected in this work was purely academic, ethical approval was obtained from the Councilor and Kitwe District education board secretary (DEBS) to ensure that stakeholders working in the community were assured of the confidentiality levels regarding the information they disclosed. This helped in the balance of personal risks and interests against those of the institution.

## CHAPTER FOUR

### PRESENTATION AND ANALYSIS OF RESULTS

This chapter presents the findings of the study on effectiveness of Comprehensive Sexuality Education curriculum on behavior and attitude of learners towards sexuality in schools., perception of learners on learning Comprehensive Sexuality Education in schools, any relationship between comprehensive sexuality education materials provided in schools and reduction/increase in sexuality related illnesses and effects of comprehensive sexual education on sexuality behaviors among primary and high school children.

#### 4.1. Demographic Characteristics of Respondents

The study aimed at establishing the impact of comprehensive sexuality education on the learner's knowledge, attitude and behavior concerning sexuality in Kitwe district. This section presents demographic data of the learners and profile data of key informants who were accessed. This includes sex, image, school, grade level, and profiles.

##### 4.1.1. Sex of respondents

To establish sex of the respondents, learners where asked to tick their appropriate sex and results are presented in the frequency table below:

Sex	Frequency	Percent	Valid Percent %	Cumulative Percent
Male	68	52.0	52.0	52.0
Female	48	48.0	48.0	48.0
Total	130	100.0	100.0	

Table 1: Sex of respondents

Table one above, shows that 68 percentage of the respondents where male and 48 % where females. This means there was an un-even number of males' and females who responded to the question. This would affect having a representation of a balanced gender view.

#### 4.1.2. Age of Respondents

The learners were asked to tick their age bracket. Table 2 below indicates the age bracket of respondents.

**Table 2: Distribution of Respondents by Age**

Age	Frequency	Percent
16 Years And Below	20	26
17-18 Years	39	50.7
19-20 Years	25	32.5
21-22 Years	6	7.8
23-24 Years	16	20.8
24 Years And Above	16	20.8
Missing	8	10.4

From table 2 above from the three sampled schools the age bracket of 17-18 years had the highest number of respondents that represented 50.7 percent of the total sample, while the age bracket 19-20 years represented 32.5 % of the total sample, while 16 years and below represented 26 %, 23-24 and 24 years and above represented 20.8 % each, 21 -22 years represented 7.8 % and 8 were missing showing that they did not disclose their age bracket.

#### 4.2. Number of Respondents by School they were attending

The researcher predetermined the number of respondents required by school. However, she was interested in the name of the school they were attending. Hence, learners were required to indicate the name of school they attended. This is reflected in table 3 below.

**Table 3: Distribution of respondents by School attended**

	Name of School	Frequency	Percent	Valid percent	Cumulative percent
Valid	Chimwemwe secondary school	33	33	33	33
	Mama Mont secondary school	33	33	33	33
	Natwange Secondary school	34	34	34	34
	Total	100	100	100	100

It is clear, from table 3 above that there was equal distribution of the number of respondents who were accessed and the school they were attending included Chimwemwe secondary school, Mama Mont secondary school and Natwange Secondary school. 33 respondents representing 33 % of the sample where sampled from Chimwemwe secondary school, 33 % representing 33 respondents where sampled from Mama Mont secondary school and 34 respondents with 34% representing Natwange Secondary school.

Table 4: Level of education

	Level of education	Frequency	Percent	Valid percent	Cumulative percent
Valid	Grade 10	30	30	30	30
	Grade 11	25	20	20	20
	Grade 12	45	45	45	45
	Total	100	100.0	100.0	100.0

Table 4 above sought to establish the various level of education, the data was vital as it would show the likelihood of respondents understanding comprehensive sexual education, table 4 above discovered that half (45%) of the respondents where in grade 12, while the other half was distributed between grade 11 and 10 as 20% for grade 11 and 30 % for grade 10 respectively.

### 4.3. Profile data of key respondents

Concerning key respondents, the researcher also wanted to establish the profile of key informants in the study in order to insure credibility of data collected. This is reflected in table 5 below.

Table 5: Profile of key informants

<b>Profile</b>	<b>Gender</b>	<b>Setting</b>	<b>Total</b>
Teachers	Male(2)	Chimwemwe secondary school	3
Teachers	Female(2)	Mama Mont secondary school	3
Teachers	Female(1) male(2)	Natwange secondary school	3
DEBS official	Female	DEBS - Kitwe district	1
Parents	Females(6) male(6)	Chimwemwe and Mama Mont secondary schools	12
Focused group discussions	Females(8) male(4)	Chimwemwe secondary school and Natwange secondary school	(2 focused groups discussion)

From the table above, it is clear that the 22 key informants were interviewed, in the distribution of nine teachers, 1 DEBS official and 12 parents. These were people with experience and information necessary to answer research questions.

## Section A

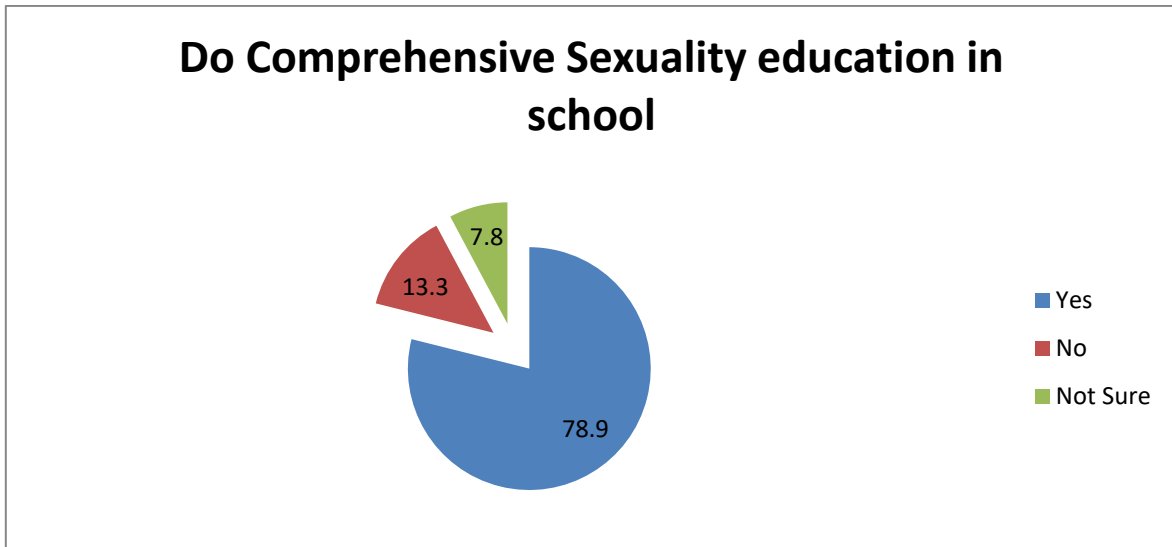
### 4.4. Curriculum of comprehensive Sexuality education

In the sections that follow, the responses from learners are presented first, followed by those from teachers and DEBS and lastly from parents. In line with objective, the researcher sought to find out whether learners learnt about comprehensive Sexuality education and what they learnt concerning it in school.

### 4.5. Responses of Learners

The total numbers of respondents were 90 learners. 78% said yes to learn comprehensive sexuality education in their schools, while 13.3% said no to learning, comprehensive sexuality education and

7.8% where not sure if they learn comprehensive sexuality education. Details are shown in figure 1 below.



**Figure 1: Whether Learners learnt about Comprehensive Sexuality education in school**

In the same vein, the findings revealed that learners learn abstinence, alcohol and drug abuse, sexually transmitted disease, gender-based violence. In addition, they also learn pregnancy prevention, HIV/AIDS stigma, care, treatment and support, communication, refusal, and negotiation skills. Furthermore, findings Show that learners learn values, attitudes and source of sexual learning, sex, sexuality, and sexual life cycle.

In a focus group discussion, one male participant said,

*“I learn about comprehensive sexuality education and it contains topics like HIV/AIDS and pregnancy prevention.”*

#### **4.5.1. Responses from teachers and DEBS**

Nine teachers and one DEBS official where interviewed on Comprehensive Sexuality Education curriculum and six indicated that they were trained to teach and oriented in comprehensive Sexuality education and where able to give topics contained in comprehensive sexuality education. Three teachers indicated that they were not trained nor oriented in comprehensive sexuality education and where not able to mention topics contained in the curriculum.

One male teacher also said,

*“I know the content of comprehensive sexuality education and I was trained by UNESCO. The topics in comprehensive sexuality education includes gender based violence, relationships, pregnancy prevention, HIV/AIDS, reproduction and negotiation skills”*

On a separate interview, another teacher said,

*“I have never been oriented or trained in comprehensive sexuality education hence making it difficult for me to integrate it in other lessons. It would be good if the government and other supporting partners trained me and my other colleagues so that we can also learn on how to integrate it in our general education curriculum”*

Furthermore, teachers and DEBS indicated a number of areas or topic taught in school regarding Comprehensive Sexuality Education. They confirmed that it was found in grade 10 learner’s book which has six thematic areas among which are relationships, values, attitudes, and skills, culture, society and human rights and sexual reproductive health.

#### **4.6. How comprehensive education is taught in schools**

Investigating how Comprehensive Sexuality Education is taught in schools in Kitwe was necessary because how something is taught or learnt impacts on the level of knowledge attitudes and behavior experienced by learners.

##### **4.6.1. Responses of learners**

Findings show that 75.8% of the respondents’ indicated that they learn comprehensive sexuality education through lectures in class (integrated in the school curriculum); while 18.9 percentage of the learners’ indicated that, they learn comprehensive sexuality education through demonstrations.

Figure 2 below shows the details.

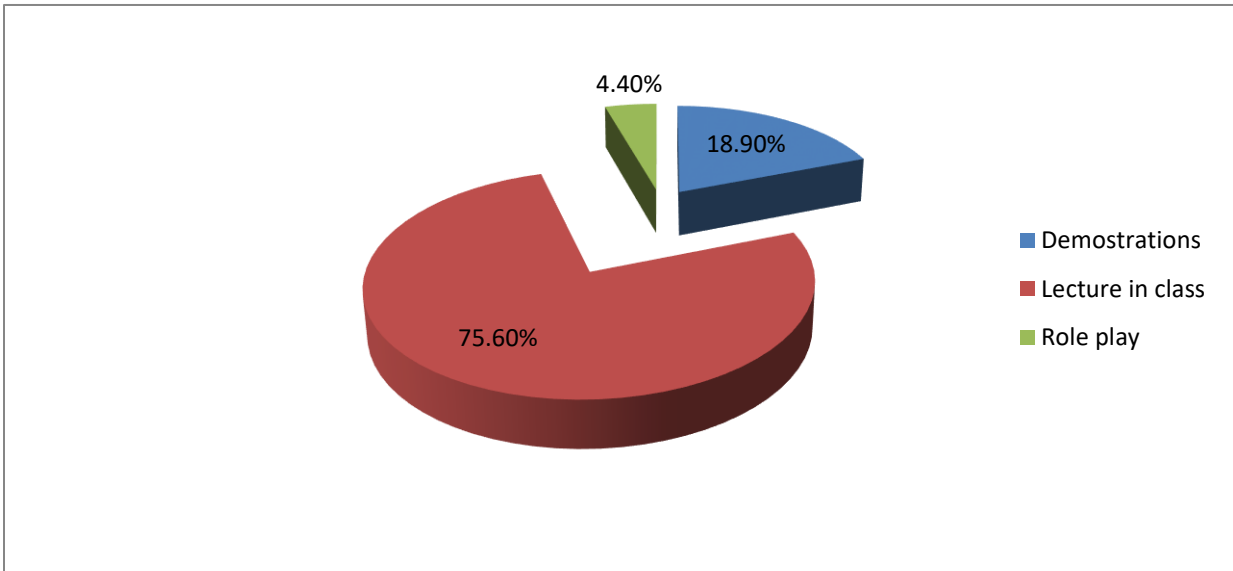


Figure 2: Respondent’s information on how comprehensive sexuality is taught

Nonetheless, in focused group discussions, respondents mentioned that they also learnt through debate. As to whether the school has a safe club where comprehensive sexuality education related topics are taught, 23% of the respondents said yes, while 8.9% of the learners were not sure and 65.6% indicated that they do not have a safe club.

In a focus group discussion, one male participant said,

*“We learn about comprehensive sexuality education through the teacher mixing with other lessons in class and we have a safe club, it’s just that most pupils don’t know because they are not interested”*

In addition, one female participant said,

*“I learn about comprehensive sexuality education but I have never heard about a safe club at our school maybe because their specific learners who are supposed to belong to the safe club”*

#### **4.6.2. Response from teachers and DEBS**

Findings from six teachers from the three selected schools indicated that they teach comprehensive sexuality education through integrating it with the Ministry of General Education curriculum and sometimes it is taught during safe club sessions.

The district education board secretary confirmed during the interview that comprehensive sexuality education curriculum is integrated in the Ministry of General Education curriculum and is a good strategy for the learners to learn about HIV/AIDS, gender biased violence and prevention of teenage pregnancy.

The DEBS said,

*“I know comprehensive sexuality education is integrated in the ministry of general education curriculum and a good strategy to reduce HIV/AIDS and pregnancy prevention in schools.”*

In addition, one of the female respondents said, *“I teach comprehensive sexuality education by integrating it with the ministry of general education curriculum during lessons in class. For example, during a lesson on reproduction in biology, I integrated Comprehensive Sexuality Education topic on sexual reproductive health.”*

#### **4.6.2.1. Effectiveness of Comprehensive sexuality education on learner’s attitude and behavior towards sexuality.**

The research further sought to find out how effective Comprehensive Sexuality Education is in influencing learner’s attitude and behaviors towards sexuality education. This question was only asked to the research key informants and not the learners themselves. According to the key informants from DEBS and the head teachers from the three selected schools, they explained that;

*“Too many young people receive confusing and conflicting information about relationships and sex, as they make the transition from childhood to adulthood. This has led to an increasing demand from young people for reliable information, which prepares them for a safe, productive and fulfilling life. When delivered well, Comprehensive Sexuality Education responds to this demand, empowering young people to make informed decisions about relationships and sexuality and navigate a world where gender-based violence, gender inequality, early and unintended pregnancies, HIV and other sexually transmitted infections (STIs) still pose serious risks to their health and well-being. Equally, a lack of high-quality, age- and developmentally-appropriate sexuality and relationship education may leave children and young people vulnerable to harmful sexual behaviors and sexual exploitation”*

#### **4.6.2.2.DEBS response:**

*“Comprehensive Sexuality Education plays a crucial role in addressing the health and well-being of children and young people. Applying a learner-centered approach, Comprehensive Sexuality Education not only provides children and young people with age-appropriate and phased education on human rights, gender equality, relationships, reproduction, sexual behaviors risks and prevention of ill health, but also provides an opportunity to present sexuality with a positive approach, emphasizing values such as respect, inclusion, non-discrimination, equality, empathy, responsibility and reciprocity”*

*“Sexuality education has the most impact when school-based programmers are complemented with the involvement of parents and teachers, training institutes and youth-friendly service”*

#### **4.6.2.3.Head teachers Responses:**

*“Sexuality education has positive effects, including increasing young people’s knowledge and improving their attitudes related to sexual and reproductive health and behaviors and that Sexuality education in or out of schools does not increase sexual activity, sexual risk-taking behavior or STI/HIV infection rates”.*

### **4.7.Perception of learners on the teaching and learning of comprehensive sexuality Education in schools**

In line with objective number 2, the researcher wanted to find out how learners, teachers, DEBS and parents perceived comprehensive sexuality education. To do this, respondents were asked what they generally thought about learning about it in school and whether they thought it encouraged learners to engage in sexual activities.

#### **Response from Learners**

Findings showed that 87.7% of learners indicated that it was very helpful learning comprehensive sexuality in schools, 6.7% of the learners indicated that it was embarrassing learning comprehensive sexuality education in schools and 5.6% of the learners indicated that it was too embarrassing learning about comprehensive sexuality education in schools.

In a focus group discussions, many learners indicated that they had no problem learning comprehensive sexuality education and it was, not embarrassing to them, but it was helpful considering the things they were learning.

One male respondent said,

*“I have no problem learning comprehensive sexuality education. Sir, comprehensive sexuality is very helpful in our daily life in terms of decision making on issue relating to sexuality.”*

In addition, a female respondent said, *“I like learning comprehensive sexuality education because it has opened my thinking on relationships and pregnancy prevention and also on how to protect myself from HIV/AIDS. I don’t think comprehensive sexuality education encourages pupils to have sex, it rather helps them make informed decisions in life and change their behavior towards sexuality”*

Concerning whether they thought Comprehensive Sexuality Education encouraged learners to engage in sexual activities, findings showed that 14% of the learners indicated yes and they thought it encouraged sexual activities among learners while 70% of the learners did not think it encouraged learners to engage in sexual activities. Details are shown in figure 3 below.

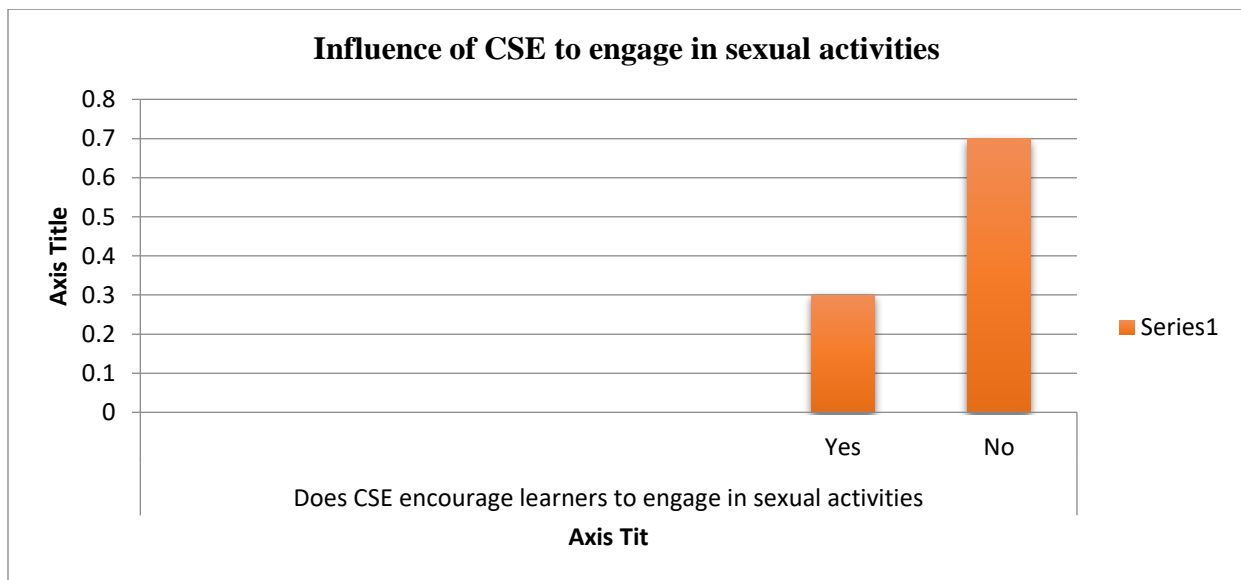


Figure 3: Influence of CSE to engage in sexual activities

#### **4.7.1.1. Response from teachers and DEBS**

Interviews with teachers on the perception of item teaching comprehensive sexuality education, the teachers revealed that they had no problem with teaching about it because all the topics are age appropriate and improve the learner's ability to be able to make informed decisions and it does not promote immorality among learners.

**One female teacher said,** *"I think comprehensive sexuality education is a good strategy as it equips the learners with the right information on how to make informed decisions on gender based violence, pregnancy prevention, relationships and it does not encourage learners to engage in sexual activities"*

The district education board secretary indicated that *"comprehensive sexuality education should continue being taught in schools because it gives enough information to learners on HIV/AIDS, prevention of teenage pregnancy and gender based violence lessons"*.

**The DEBS said,**

*"I think it's one of the best strategies we have as a ministry to impart knowledge in learners on how to prevent themselves from having unwanted pregnancy and HIV/AIDS."*

#### **4.8. Impact of comprehensive sexuality education on knowledge, attitude and behavior of learners in relation to Sexuality/HIV/AIDS**

In line with objective number 2, the researcher wanted to find out the impact of Comprehensive sexuality education on knowledge, attitude and behavior of learners in relation to Sexuality and HIV/AIDS. Learners were asked whether they received enough information about Comprehensive Sexuality Education and whether it had changed them in any way. To find out on attitude and behavior change, learners were asked if they had engaged in sexual intercourse in the past one Year and if they would use a condom during sexual intercourse or if they abstain from sex altogether.

#### **Response from learners**

Regarding impact on knowledge 87.8% of learners indicated that they had received enough information on how to protect themselves from sexually transmitted infections, unwanted pregnancies, and HIV/AIDS while 6.7% of learners had indicated that they did not receive enough of such information. Details are shown in figure 4 below.

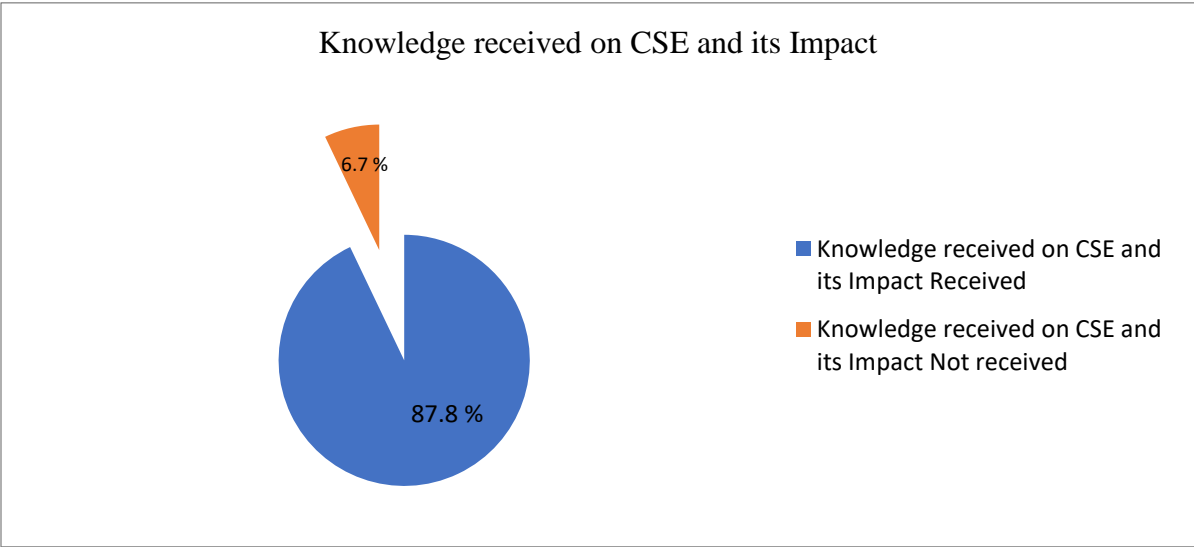


Figure 4: Knowledge received on CSE and its Impact

During a focused group discussion with the learners, the learners revealed that they had received enough information on how to protect themselves from HIV/AIDS, unwanted pregnancy and that they would abstain from sex if influenced by a friend.

One male respondent said,

*“I have received enough information on HIV/AIDS, pregnancy prevention and I would abstain from sex if influenced by a friend”.*

**4.8.1. Has Comprehensive Sexuality Education Changed your Behavior and Attitude towards Sexuality**

In relation to whether the information received had changed learner’s attitude and behaviors towards sexuality in any way, 84.4% of the learners indicated that yes, comprehensive sexuality education changed them while 6.7% of the learners indicated that it did not change them. Figure 5 above shows details.

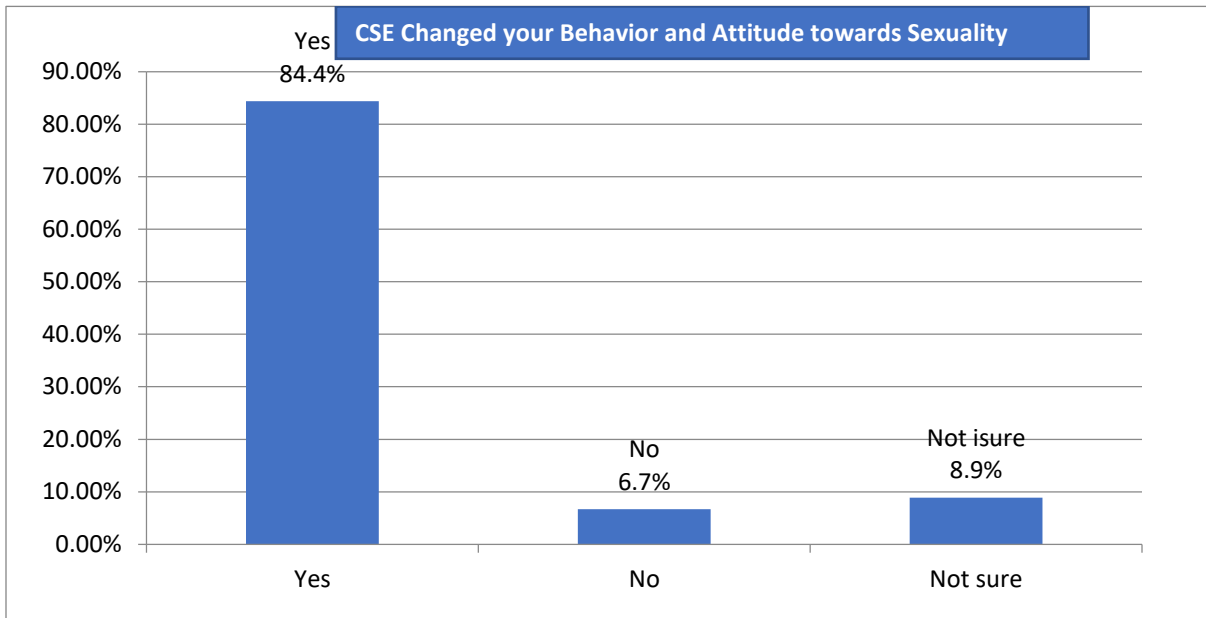


Figure 5: learners responses on whether they had changed after receiving CSE

Concerning impact on attitude and behavioral change, findings showed 20.0% of learners' had engaged into sexual relations with a regular partner while 17.8% indicated that they had sexual relations with more than one partner in the past one year. Figure below shows learners who had sexual relations in the past year.

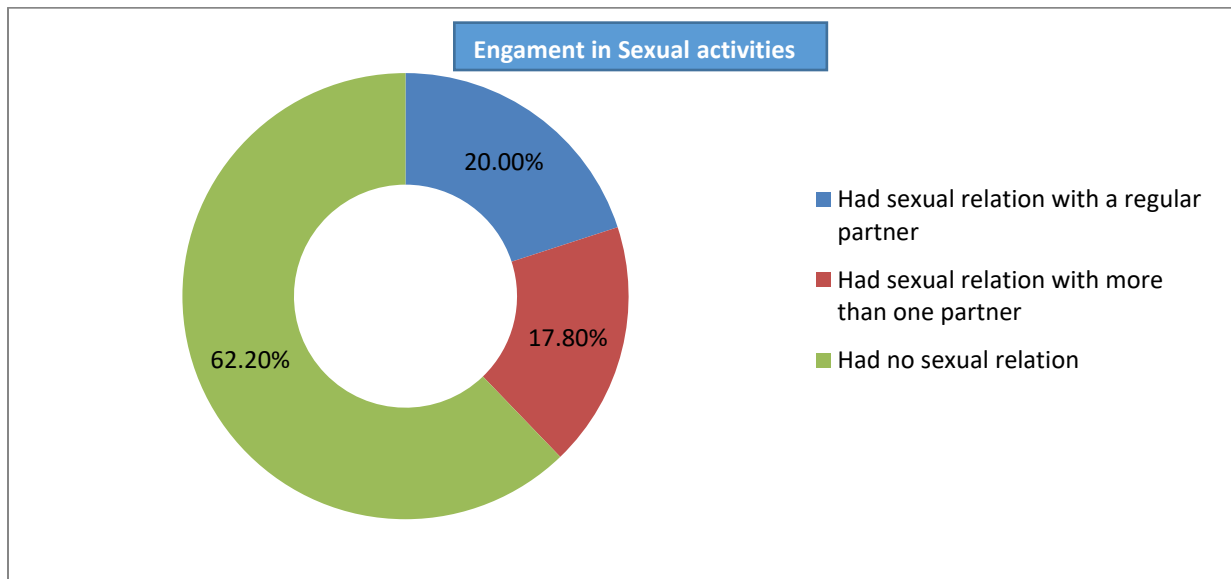


Figure 6: Engagement in Sexual activities

These findings mean that learners were still engaging themselves in risky behaviors even after learning about Comprehensive Sexuality Education. A follow up question asked learners if they would use a condom during sex. This question aimed at finding out the attitude of learners after learning 85.6% of the learners revealed that they would use a condom during sex, 10% revealed that they would not use a condom during sex and 3.3% were not sure.

Secondly, the researcher wanted to know if learners would abstain from sex if influenced to have sexual intercourse and 77.8% of learners indicated that they would abstain, 21.1% of learners indicated that they would not abstain and 1.1% indicated that they were not sure if they would abstain or not.

In a focus group discussion, a follow up question on why they would abstain was posed to those that said they would abstain from sex if influenced. Learners indicated several factors such as the boy was not their boyfriend, they wanted to concentrate on school, and they were scared of getting pregnant.

#### ***4.8.1.1. Response from teachers and DEBS***

Teacher's response on the impact of comprehensive sexuality education on knowledge, attitude, and behavior of learners in relation to sexuality and HIV/AIDS indicated that there was an increase in knowledge from the learners because of the lessons obtained in the comprehensive sexuality education curriculum and that learners are now able to ask questions concerning HIV/AIDS, and prevention of pregnancy despite the pregnancy rate increasing in the school. Teachers were also able to list the places learners can go to, to learn more about contraception, HIV/AIDS, and prevention of pregnancy.

One teacher said, *“Learners are now able to respect each other's bodies and are now able to report any form of sexual harassment and comprehensive sexuality education has reduced on some sexual behaviors by learners”*

During an interview the district education board secretary, the officer indicated that comprehensive sexuality education had helped to improve the levels of learners regarding HIV/AIDS prevention and prevention of unwanted pregnancies despite the pregnancy rates increasing at district level.

**The DEBS said,**

*“I think as a district we’ve seen an increase of knowledge from the learners in terms of HIV/AIDS and pregnancy prevention despite having an increase in the number of pregnancies over the Years”*

**4.9.To establish if there is any relationship between Comprehensive Sexuality Education materials provided in school and reduction of sexuality related illness.**

The research further sought to find out if there was any relationship between Comprehensive Sexuality Education materials provided in schools and sexual related illnesses, this question was asked to the 30 key informants only and they are responded saying yes, they explained that *“In reference to teen pregnancies there has been a drastic reduction of teenage pregnancies due to the integration of Comprehensive Sexuality Education in learners curriculum.”* They further explained that *“in relation to reduction of sexually transmitted diseases they would not know because sexually related disease are kept a secret and confidential”*

## CHAPTER FIVE

### DISCUSSION OF THE FINDINGS

#### **Introduction**

This chapter discusses findings of the study based on the objectives which were; To assess the effectiveness of the Comprehensive Sexuality Education curriculum on behavior and attitude of learners towards sexuality in schools, to find out the perception of learners on learning Comprehensive Sexuality Education in schools, to establish if there is any relationship between comprehensive sexuality education materials provided in schools and reduction/increase in sexuality related illnesses and to determine the effects of comprehensive sexual education on sexuality behaviors among primary and high school children.

According to the findings, learners acknowledged the learning and teaching of Comprehensive sexuality education and where able to mention topics. The thematic areas indicated where; abstinence, alcohol and drug abuse, sexually transmitted disease, gender-based violence, pregnancy prevention, HIV/AIDS stigma, care, treatment and support, communication, refusal, and negotiation skills. Other topics mentioned where relationships, values, attitudes, skills, sex, sexuality, and sexual life cycle. These topics were also mentioned during focus group discussions.

All the topics mentioned are reflected in grade 10 learners' Book for Comprehensive Sexuality Education curriculum established by the ministry of general education. This finding is inconsistent with what Ionesco, I (2015) says, that Comprehensive Sexuality Education icon addresses a broader range of education, health and social outcomes, including, better overall education outcomes, gender inequality and unintended pregnancy, child marriage; uptake of contraceptions and HIV/AIDS. Further, Ionesco (2015) indicates that countries like Botswana, Ethiopia, Indonesia, Thailand, South Africa, and United States of America have similar topics in their CSE curriculum.

Although some teachers indicated that they were not trained in CSE, both item and DEBS where able to mention some topics found in comprehensive sexuality Education grade 10 learners' Book, which included among others social informs and their influence on sexual behavior, culture, society and human rights, human development, gender inequality and HIV/AIDS.

Therefore, it can be argued that it is important for teachers to be trained in CSE in order to deliver sex and age-appropriate lessons in line with the curriculum. A well-trained teacher shares this View with Gutmacher (2017) who said that CSE curriculum icon is best delivered.

In addition, according to Ionesco (2015), good equality training of CSE teachers is critical, as it will involve new concepts and new-learning methods. Further, UNESCO (2018) says that teacher training was crucial to the ineffective delivery of CSE. Building teacher incapacity to deliver age-appropriate, culturally irrelevant CSE is proven to support the development of learners' life skills. This ensures that the content involved in CSE modules is contextualized to the needs of a country as well as culture and language.

Most parents said that, they were not aware about CSE teaching and learning in schools. Hence, they did not even know its content. Those who were aware of this where able to highlight some related topics contained in the curriculum namely, HIV/AIDS, child abuse and prevention of teenage pregnancy. According to journal of environment and public health (2020), parents want sexual health education and it's content to be age-relevant.

### **5.1. How comprehensive sexuality education is taught in schools**

On the question "how is comprehensive sexuality education taught in schools" 75.8% of the learners, which was the highest or majority, indicated that they learn comprehensive sexuality education through lessons in class (integrated in the school curriculum), 18.9% of the learners indicated that they learn it through demonstrations and 4.4% of learners indicated that they learn through role play.

During a focused group discussion, learners revealed that they learn CSE through integration with other subjects in the ministry of general education curriculum. Some of the lessons are taught during safe club meetings but not all learners belong to the clubs. Chimwemwe secondary school and Natwange secondary schools had safe clubs but they were not active from the time the schools opened.

For those learners that indicated that they had safe clubs they were able to mention what they do in their safe clubs. Leaners have ideas on comprehensive sexuality related topics like HIV/AIDS, child abuse, gender-based violence and relationships. They also mentioned that they learn through drama.

The findings regarding learning of CSE through integration with other subjects is also reflected by WHO (2014), who indicated that sexuality education in Finland was impart of the national core curriculum and was integrated into various subjects in primary and secondary schools. Its implementation was through various practices because schools had a certain degree of autonomy.

These findings are similar to Banegas and Lauze, (2020, p. 200) study who explained that in Argentina, including CSE across the curriculum in all levels of education, including teacher education, is not merely an option. Law 26,150 (Congreso de la Nación Argentina, 2006) establishes that learners have the right to receive CSE from a gender perspective. In this context, CSE may include topics such as “identity, gender relations, gender violence, sexuality and health, interpersonal relationships and respect, gender and human rights, sexual harassment, and the deconstruction of socio-historical and cultural practices” (Banegas and Lauze, 2020, p. 200). In the context of the broad agenda of CSE in Argentina, a gender perspective problematizes how gender, sexuality and gender (in)equality and equity have an effect on people’s roles, opportunities, socio-political participation, and access to resources (Benavidez, 2021; Morgade, 2017). By extension, a gender perspective hinges on the notion of gender pedagogy, i.e., a pedagogy that addresses gender inequality, deconstructs gender and sexuality as cultural constructs, and dismantles a patriarchal and heteronormative system which is reproduced as the norm (Benavidez, 2021; Ylöstalo and Brunila, 2018)

Findings from teachers and DEBS revealed that they agreed both, on how CSE was taught. They mentioned that CSE was taught along other subjects in the ministry of general education curriculum meaning it was integrated in the school curriculum. For example, during a civic education class, under human rights, the teacher would then integrate it with a topic on sexuality and national laws that support human rights such is the marriage act, the constitution of Zambia, the penal code, child policy and gender policy. The DEBS cited another example stating that during a lesson on reproduction in biology, the teacher would integrate a CSE topic in sexual reproductive health where pregnancy prevention would be discussed.

It is important to recognize that CSE is a good strategy for reducing HIV/AIDS infections and teenage pregnancies among learners in schools. The curriculum gives enough information to

learners on how to protect themselves from HIV/AIDS, how to prevent pregnancy with emphasis on abstinence.

As rightly pointed out by UNFPA (2017) comprehensive sexuality education helps young people navigate relationships and protect themselves from unintended pregnancies, sexually transmitted diseases (STI's) and HIV/AIDS. In relation to how CSE is taught, the question regarding whether parents should take part in educating their children on CSE aspects was discussed with them during interviews.

## **5.2. Perception of Learners and Teachers on the Teaching and Learning of Comprehensive Sexuality Education in Schools**

Findings showed that majority of learners (87.7%) found the teaching and learning of CSE very helpful while the rest were not comfortable with it stating that it was embarrassing to learn issues of sex and sexuality in schools. 14% of the learners felt that it encouraged sexual activities among learners while 70% of the learners did not think so.

During a focused group discussion some learners mentioned that they were comfortable learning CSE because it gave them an opportunity to learn a lot of things that are not in the school curriculum like relationships and HIV/AIDS. It can be concluded that learners have positive view in learning CSE and that it should continue being taught in schools.

This view by learners' is inconsistent with that expressed in the international journal of education and research volume 6 (2018) which discussed the importance of CSE to adolescent children because it provides them with knowledge and equips them with skills to make informed decisions. Most teachers perceived the teaching of comprehensive sexuality education good and very helpful to learners. They revealed that they had no problem with teaching it. This is because they felt the topics were good and age-appropriate and improved the learner's ability to be able to make informed decisions. Although a few teachers felt uncomfortable with some topics relating to sex, they added that it was a good idea, and it should continue to be taught in schools because it gives them an opportunity to improve their negotiation skills. The DEBS view was no different from that of teachers regarding the teaching of CSE.

This argument is supported by Patter (2014) who suggests that sexuality is ‘closeted’ in school, because of the insensitivity of sexual issues. This puts learners at risk because the more they are ignorant about their sexuality, the more they are in danger.

## **5.2. Impact of Comprehensive Sexuality Education on Knowledge, Attitudes, and Behavior of Learners in Relation to HIV/AIDS in Schools.**

Regarding impact of CSE on learners’ knowledge, majority (87.8%) of learners acknowledged having received sufficient knowledge on how to protect themselves from sexually transmitted infections, unwanted pregnancy, and HIV/AIDS. This was demonstrated by the fact that learners were able to mention several ways of protecting themselves from HIV/AIDS, sexually transmitted disease, and several ways of preventing pregnancy. Similarly, teachers and DEBS felt that this was because of the increased knowledge about CSE among learners. These findings are consistent with Ionesco (2018) who observed that sexuality education had positive effects, including increasing young people’s knowledge, and improving their attitudes related to sexual and reproductive health and behaviors.

In relation to whether the information received had changed their attitude and behavior towards sexuality in any way, majority (84.4%) of learners confirmed having experienced change as a result of receiving CSE in schools. For example, learners indicated that they are agreeable to abstain from sexual intercourse. It is possible that learners referred to change in terms of increased knowledge and in the long run behavior. Rutgers (2018) the reproductive health needs of adolescents should be based on information that helps them attain a level of maturity required to make responsible decisions and information and CSE should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies and sexually transmitted diseases.

Concerning the impact of CSE on behavioral change, findings showed that 20.0% of learners had engaged into sexual relations with a regular partner while 17.8% indicated that they had sexual relations with more than one partner in the past one year. It is clear that almost half (38%) of the learners did engage in sexual relationships. These findings mean that a significant number of learners are still engaging themselves in risky behaviors even after learning about CSE. These findings demonstrated that there is an increase in numbers of pregnancies among girls in schools. Hence there is no significant change in learner’s sexual behaviors even after learning about CSE.

However percentages showing its impact on attitude and behavioral change indicated that, 85.6% of the learners revealed that they would choose to use a condom. 77.8% of learners indicated that they would abstain even if influenced into having sex. These responses have the potential to demonstrate attitudinal and behavioral change in learners. However, the increase in the rate of girls falling pregnant in schools demonstrates lack of significant impact despite learning of CSE in schools in Kitwe. Both teachers and DEBS agreed that CSE had great impact on learner's knowledge. They said that lesson evaluations have demonstrated that learners understood the information given during CSE activities. They argued that learners had now interest in reporting any form of sexual harassments and ask more questions about HIV/AIDS.

## CHAPTER SIX

### CONCLUSION AND RECOMMENDATIONS

This chapter presents conclusions on the findings of the study. It also offers recommendations and suggestions on how to improve Comprehensive Sexuality Education in schools.

#### 6.1. Conclusion

In line with the objectives and findings of the study, the researcher concluded that CSE has a great impact on learners and influences learners' attitude and behaviour towards sexuality. Findings regarding learning of CSE revealed that it was mainly through lessons in the classroom and it is integrated in other subjects in the school curriculum. Other methods of learning where demonstrations, role plays, drama and discussions during safe club meetings. This idea is contrary to what Ionesco pointed out that in some countries, sexuality education is taught as a stand-alone subject by a range of teachers including those responsible for it or Biology, Health, Home/Family living. The strategy of teaching sexuality education as a stand-alone subject ensures that competing priorities do not prevent it from being taught in totality.

Concerning the perception of learners and teachers on the teaching and learning of CSE, the study revealed positive perception. Many respondents, in all respondent categories, viewed it as very helpful, despite popular views that it was promoting sexual immorality among learners. They argued that it promoted knowledge on HIV/AIDS and prevention of teenage pregnancy among other issues and that it should continue being taught in schools.

Regarding the impact of CSE on learners' knowledge about the subject, findings showed that it has brought about significant change in learners attitude and behavior towards sexuality. This was demonstrated by the fact that many learners where able to mention several ways of protecting themselves from HIV/AIDS, sexually transmitted disease, and several ways of preventing pregnancy. However, in terms of behavioral change, findings showed that a significant number of learners where still engaging themselves in Risky behaviors even after learning about CSE. This was demonstrated by the percentage (38%) of learners who had sexual relationships with single or multiple partners in the past one year.

## **6.2. Recommendation**

Based on the research findings the following recommendations are made:

1. Comprehensive Sexuality Education should be taught as a stand-alone subject to avoid teachers selecting topics they are only comfortable teaching.
2. DEBS through the ministry of general education should introduce comprehensive sexuality education during teacher training in their colleges and universities to avoid the expense of training teachers when they are already in serving.
3. DEBS through the ministry of general education should do a lot of community awareness sensitization on Comprehensive Sexuality Education.

## **6.3. Future Suggestion**

The researcher has established that, although comprehensive sexuality education taught by teachers' contributes to learners improved knowledge on prevention of unwanted pregnancy and prevention of HIV/AIDS and other sexually transmitted diseases; it had little significant impact on behavioral change. It would therefore be interesting in the future to carry out a research at national country level into assessing the impact of comprehensive sexuality education and teenage pregnancies.

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## Appendix A

### GUIDE FOR FOCUSED GROUP DISCUSSION TO INVESTIGATE THE IMPACT TO WHICH PROVISION OF COMPULSORY SEXUALITY EDUCATION MATERIALS INFLUENCES STUDENTS' DISCIPLINE OR BEHAVIOR IN SELECTED SECONDARY PUBLIC SCHOOLS OF KITWE DISTRICT.

#### Dear respondent,

I am a postgraduate student at the University of Zambia carrying out research on the impact to which provision of compulsory sexuality education materials influences students' discipline or behavior in selected secondary public schools of Kitwe district. You have been identified to participate in providing this research information at your institution. The data you will provide will help in establishing effective ways of implementing and evaluating parliamentary reforms. Kindly give your honest answers on this study. Be assured that the information you provide will be strictly confidential.

1) In your understanding what is comprehensive sexuality education?

.....  
.....

2) As a teacher, are you comfortable in teaching comprehensive sexuality education in schools?

.....  
.....

3) Does comprehensive sexuality education help learners make sound decisions concerning their sexuality?

.....  
.....

4) Is comprehensive sexuality education promoting sex among learners?

.....  
.....

5) How effective is the Comprehensive Sexuality Education curriculum in influencing behavior and attitude of learners towards sexuality in schools?

.....  
.....  
6) In your view, what do you think is the strength and weakness of the comprehensive sexuality curriculum?

.....  
.....  
7) In your view, how do learners perceive learning Comprehensive Sexuality Education in schools?

.....  
.....  
8) Can comprehensive sexuality education help in reducing teen pregnancies?

.....  
.....  
9) In your view, can comprehensive sexuality education help in reducing disease prevalence among learners in school?

.....  
.....  
10) Is there any relationship between comprehensive sexuality education materials provided in schools and reduction/increase in sexuality related illnesses?

.....  
.....  
11) What are the effects of comprehensive sexual education on sexuality behaviors among primary and high school children?

## **Appendix B**

### **Questionnaire:**

QUESTIONNAIRE FOR PUPILS TO INVESTIGATE THE IMPACT TO WHICH PROVISION OF COMPULSORY SEXUALITY EDUCATION MATERIALS INFLUENCES STUDENTS' DISCIPLINE OR BEHAVIOR IN SELECTED SECONDARY PUBLIC SCHOOLS OF KITWE DISTRICT.

### **Dear respondent, questionnaire**

I am a postgraduate student at the University of Zambia carrying out research on the impact to which provision of compulsory sexuality education materials influences students' discipline or behavior in selected secondary public schools of Kitwe district. You have been identified to participate in providing this research information at your institution. The data you will provide will help in establishing effective ways of implementing and evaluating parliamentary reforms. Kindly give your honest answers on this study. Be assured that the information you provide will be strictly confidential.

### **SECTION A**

#### **RESPONDENTS IDENTIFICATION**

1. What is your gender?  
A) Male ..... B) Female .....
2. What is your level of education  
A) Grade 10..... B) Grade 11..... C) Grade 12.....
3. How old are you  
A) 14-16..... B) 17-19 ..... C) 20-24.....D) 25 and above.....

### **SECTION B**

#### **Curriculum iContent/Review**

4. Do you learn about comprehensive sexuality education?  
A) YES..... B) NO..... C) NOT SURE.....
5. What do you learn about in Comprehensive sexuality education?  
A) Abstinence  
B) Sexually transmitted diseases  
C) Personal Skills

- D) HIV/AIDS
- E) STIs
- F) Teenage pregnancies
- G) If others please specify.....

6. The following are some comprehensive sexuality education related topics taught in secondary schools. Which ones are you familiar with? Tick as many as are applicable to you

- HIV/AIDs ( )
- Sexually transmitted diseases ( )
- Contraceptives ( )
- Relationship ( )
- Reproduction ( )
- Responsible sexual behavior ( )
- Boy/Girl relationships ( )
- Puberty/Adolescence ( )

Others please ispecify.....

**SECTION C**

**PERCEPTION, ATTITUDE AND BEHAVIOUR OF LEARNERS TOWARDS COMPREHENSIVE SEXUALITY EDUCATION.**

7) Do you think Comprehensive Sexulaity Education is encouraging learners to engage in sexual activities?

- A) Yes ( ) B). No ( ) C). Not sure ( )

What do you think about learning comprehensive sexuality education?

- A) Very helpful ( ) B) Embarrassing C) ( ) Not embarrassing ( )

**SECTION D: IMPACT OF COMPREHENSIVE SEXUALITY EDUCATION ON LEARNER’S KNOWLEDGE, ATTITUDE AND BEHAVIORS**

8) Has comprehensive sexuality education you received changed you in any away?

- A) YES ( ) B) NO ( ) C) NOT SURE ( )

9) Would you abstain from sex if your friend influenced you?

A) YES ( ) B) NO ( ) C) NOT SURE ( )

10) From the time you have been exposed to sexuality education have you had any sexual relations?

A) YES ( ) B) NO ( ) C) NOT SURE ( )

12) In your view, has comprehensive sexual education helped in the reduction of teenage pregnancies?

YES ( ) B) NO ( ) C) NOT SURE ( )

13) Has comprehensive sexuality education influenced your behavior towards sexual activities in any way?

YES ( ) B) NO ( ) C) NOT SURE ( )

14) If yes to question 13 above, to what extent has sexuality education influenced your behavior.

A) Larger extent B) Smaller extent C) very small extent D) Not at all

15) If yes to question 13 above, in what ways has sexuality education influenced your behavior.

.....  
.....