

**THE ROLE OF SEX EDUCATION IN MITIGATING TEENAGE PREGNANCY IN
SELECTED SECONDARY SCHOOLS IN NAMWALA DISTRICT OF ZAMBIA**

by

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**A dissertation submitted to the University of Zambia in collaboration with Zimbabwe
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APPROVAL

This dissertation of **Eglinah Sikasukwe Mweembe** has been approved as partial fulfillment of the requirements for the award of the degree of Master of Education in Educational Management by the University of Zambia in collaboration with Zimbabwe Open University.

Signed.......... Date. *17th November 2016.*

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ABSTRACT

This study was undertaken to investigate the role of sex education in mitigating teenage pregnancy in selected secondary schools in Namwala district of Zambia. The researcher employed qualitative research strategies to collect data from 42 respondents through interviews. The respondents included school administrators (Head teachers, Deputy Headteachers Heads of Departments), teachers and pupils. The Head teachers, Deputy Head teachers, Heads of Department and teachers responded to the one to one interview guides. The pupils responded to focus group discussions.

The findings of the study were that through sex education, learners acquired skills in dealing with their sexuality and knowledge about how human bodies function and how to deal with their sexuality. Sex education also helped to change learners' attitudes and values in dealing with their sexuality which had resulted into the reduction in teenage pregnancy and transmission of sexually transmitted diseases (STDs). Additionally, sex education helped learners to make informed and responsible decisions about their sexuality and helped them to become responsible adults. However, in school, sex education was not very much emphasized. Thus, learners did not receive enough knowledge and skills on sexuality education due to lack of materials designed specifically for sex education. There was also lack of trained teachers to teach the subject.

The findings also showed that traditional beliefs and values hindered the effective delivery of sex education. This was so because of the traditional myths associated with sex education and because discussions of sexual matters in were viewed as a taboo in the African traditional society.

The other findings also showed that sex education was integrated in other subjects and as a result it received little attention or no emphasis compared to the other subjects. This is so because sex

education was not a standalone subject and was not allocated space on the school time table. Sex education was not examinable and as a result most teachers did not put much attention during lesson delivery as they did with other subjects.

Based on these findings, the researcher made some recommendations. The prominent ones were that the Ministry of General Education through Curriculum Development Centre should come up with relevant teaching and learning materials for sex education and also make sex education a standalone subject so as to allocate more time to teaching it.

Furthermore, the researcher recommended that the Ministry of General Education should allocate resources to support the training of sex education teachers and schools through the office of Guidance and Counseling should maximize the sensitization of learners on tradition beliefs and values that hindered the effective teaching of sex education.

DEDICATION

I dedicate this work to my dearest sisters, Oakinah, Orient, Tedia, my late mother Martha Muleya, my late father Timothy Sikasukwe and my lovely sons Mweemba and Mulambo Haatala.

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ACRONYMS AND ABBREVIATIONS

CHAZ	Churches Association of Zambia.
CDC	Curriculum Development Centre.
HIV/AIDS	Human Immuno Deficiency Virus/Acquired Immune Deficiency syndrome
MoE	Ministry of Education.
MoESTVEE	Ministry of Education, Science and Technology, Vocational and Early Child Education.
NGOs	Non- Governmental Organizations.
UNICEF	United Nations International Children’s Emergency Fund.
UNESCO	United Nations Education, Scientific and Cultural Organizations.
UNFPA	United Nations Population Fund.
WHO	World Health Organization.

CHAPTER ONE

INTRODUCTION

Overview

In this chapter, the researcher discusses the background of the study. This is followed by the purpose of the study, objectives of the study and the research questions. The significance of the study, delimitation of the study, the theoretical framework as well the operational definitions of terms used in the study are presented. Lastly the conceptual framework is also presented in form of a diagram and explained in detail.

1.1 Background of the study

An estimated 25% of the world's population is made up of people between the ages of 10-24, most of whom live in the developing world. As such, in many parts of the developing world, adolescents face serious challenges associated with growing up. In Sub-Sahara Africa, the combination of poverty and conflict further compound the situation. Some of the central problems facing young people relate to sexuality and reproduction. (World Health Organization, 2007)

According to the UNICEF's progress for children report of 2008, more than half of the mothers in Sub-Sahara Africa give birth before the age of twenty compared with one third of Latin America and the Caribbean. The range of unplanned pregnancies among adolescents ranges from high to very high in some Sub-Sahara countries where up to 50% of adolescent mothers reported that their pregnancies were not planned.

World over teenage pregnancy is more of unintentional and due to a variety of different reasons. These include the following:

Drinking excessively as well as experimenting drugs may lead to unwanted pregnancies. This is because substances greatly affect a teen's ability to logically think and carry out general thinking processes. Low socio-economic status also contributes to unplanned teenage pregnancy. Here teens from low socio-economic status become pregnant because families do not have necessary resources to raise their children. Peer pressure and sexual Abuse contribute to teenage pregnancy. This is to mean that often females may be pressured or forced by an older male partner to engage in sexual activity. Media influence is also one contributing factor to teenage pregnancy. Some shows on media often glamorize pregnancy and hide the true hardships associated with pregnancy which encourages teens to become pregnant. Adolescents face higher reproductive risks than older women. Pregnancy is the leading cause of death for young women aged 15-19 worldwide with complication of childbirth and unsafe abortion being major risk factors.

Teenage pregnancy has remained a source of concern in Zambia and statistics keep rising despite all efforts aimed at reducing it. Zambia had a high rate of fertility at an average rate of 6.2 in 2007. From 2007 to 2009 the number of pregnancies among school going teenagers in Zambia rose from 11,391 to 13,634. (Central Statistic Office, 2009)

By 2010, the Ministry of Education reported that there were over 15,000 pregnancies among school going teenagers in Zambia. Teenagers at secondary schools being the most affected level (MOESTVEE, 2011)

In terms of provincial distribution, 2015 Educational Statistical Bulletin showed that Southern and North-Western provinces topped both the primary and the grade 1-12 pregnancies. For

secondary school pregnancies, Copperbelt had the highest followed by Southern and North-western provinces. (Ministry of General Education, 2015)

Namwala district is one of the many districts with high teenage pregnancy cases among school going children in Zambia with primary schools recording 146 cases of teenage pregnancies while secondary schools had 40 cases of teenage pregnancies between 2013 and 2014 term one (MOESTVEE, 2014)

The above figures are very high considering the fact that the Zambian Government has come up with measures to ensure that the girl-child remains in school and as well as the ban on child marriages. In the recent past the government through the Ministry of Tradition and Chiefs Affairs has engaged various chiefdoms in Zambia to sensitize their people on early marriages and teenage pregnancy. There are also various Non Governmental Organizations (NGOs) such as Child Protection, CHAZ, Women Lobby Group that are working with various government departments in trying to mitigate the vices.

The former Zambian, first lady, Dr Christine Kaseba Sata once called for concerted efforts to ensure that teenage pregnancies are declared a crisis since the vice was retrogressive in the development process of any nation. Dr Kaseba declared this when she officially opened the First Lady's Youth Mentorship Program in Chinsali (The Post, 2013)

Additionally regions however have shown leadership in the development and implementation of sex education by demonstrating increased political will to developing and investing in sex programming. Western Europe pioneered the introduction of school based sexuality education 50 years ago. In December 2013, Ministers of Health from 20 East, South African countries

affirmed and endorsed their joint commitment to deliver comprehensive sex education and reproductive health services to young people.

However, teaching about sexuality encourages students to develop a coherent set of personal value based upon respecting themselves and others. Students who understand and value themselves and others are better equipped to develop meaningful and respectful relationships. They are able to take a positive approach to managing their lives and develop the necessary skills to prepare them for current and future life challenges.

Additionally, sexuality education lays the foundations for students by learning the correct names for parts of the body, understanding principles of human reproduction, exploring family and interpersonal relationships, learning about safety and developing confidence. These can then be built upon gradually in line with the age and development of a student.

Sexuality education also encompasses a range of relationships not only sexual relationships. Children are aware of and recognize these relationships long before they act on their sexuality and therefore need the skills to understand their bodies, relationship and feelings from an early age. Besides sexuality education provides opportunities for students to develop media literacy skills which are essential to help children and young people understand interpret and evaluate media messages and imagery related to sexuality, relationships and gender (Treffers, 2003).

However, with regard to the current high prevalence rates of teenage pregnancy in Zambia especially among secondary school girls, sex education has been given high preference in trying to mitigate teenage pregnancy (Kapata, 2012). Therefore, the topic understudy aimed at examining the role of sex education in mitigating teenage pregnancy in selected secondary schools in Namwala District of Zambia.

1.2 Statement of the problem

The overall research problem addressed in this study is that despite efforts put in by different stakeholders at different levels in Zambia to curb teenage pregnancy, teenage pregnancy is still high in most parts of Zambia especially among secondary school going girls (Ministry of Education, 2010).

Despite the introduction of Sex Education in secondary schools by integrating health topics in some subjects, the problem of teenage pregnancy is still there in schools in Namwala district. It is important to note that if teenage pregnancy is not tackled the consequences are serious and numerous on the affected girls. The most notable ones being: Pregnant teenagers are more likely than women who delay child bearing to experience maternal illness, miscarriage, stillbirth and neonatal death (Luke, 1996). Teen mothers are less likely to graduate from high school and more likely than their peers who delay childbearing to live in poverty and to rely on welfare of other people (Hoffman, 2006). The children of teenage mothers are often born at low birth weight, experience health and developmental problems and are frequently poor, abused and neglected (Hoffman and Maynard, 2008). Teenage pregnancy also poses a substantial financial burden to society.

However, although concerted efforts have been put to try to mitigate teenage pregnancy, there is still a problem of teenage pregnancy in secondary schools. This is particularly true for Namwala district. This therefore prompted the researcher to conduct a study on the role of Sex Education in mitigating teenage pregnancy in selected secondary schools in Namwala district of Zambia.

1.3 Purpose of the study

The purpose of the study was to examine the role of sex education in mitigating teenage pregnancy in selected secondary schools in Namwala district of Zambia.

1.4 Objective of the study

The research study was guided by the following research objectives.

1. To establish how much emphasis teachers put on sex education when taught in different subjects.
2. To find out whether teaching sex education was beneficial to learners.
3. To establish possible challenges and barriers of sex education in secondary schools in Namwala district.

1.5 Research Questions

1. How much emphasis did teachers put on sex education when teaching it in different subjects?
2. What were the benefits of Sex Education to learners?
3. What were the possible challenges and barriers of sex education in secondary schools in Namwala district?

1.6 Theoretical framework

The study was guided by the Social Learning theory which was developed by Albert Bandura (1969). The Social Learning theory has been applied to sexuality education as well as other areas of health education. Social Learning theory is a category of learning theories which is grounded in the belief that human behaviour is determined by a three-way relationship between cognitive

factors, environmental influence and behaviour. According to its main architect Albert Bandura, Social Learning theory approaches the explanation of human behavior in terms of a continuous interaction between cognitive behaviour and environmental determinants (Social Learning Theory, 1977)

Social Learning theory has been applied to sexuality Education as well as many other areas of health education including tobacco use prevention, substance use prevention and violence prevention. Since the Social Learning theory aims at changing behaviour in participants, it is a good fit for prevention based sexuality programmes, for example those that aim to prevent pregnancy by preventing sexual involvement or condom use. Social Learning theory is a particularly good fit for pregnancy, STIs and HIV prevention programs because:

Sexual behaviour is influenced by personal knowledge, skills, attitudes, and interpersonal relationships and environmental influences. All these factors are addressed in the Social Learning theory (Bandura, 1969).

By using the Social learning theory, Bundura aimed at changing sexual behaviour in participants by providing them with knowledge and necessary health skills in dealing with their sexuality in order to reduce teenage pregnancy and therefore it is a good basis for providing prevention based sexuality programmes to teenagers. These prevention based sexuality programmes aim at preventing pregnancy by preventing sexual involvement.

According to Bandura (1969) Social Learning theory is a particularly good fit for pregnancy, STIs and HIV prevention. The theory explains that sexual behavior is influenced by personal knowledge, skills, and attitudes, interpersonal and environmental influences. The theory also

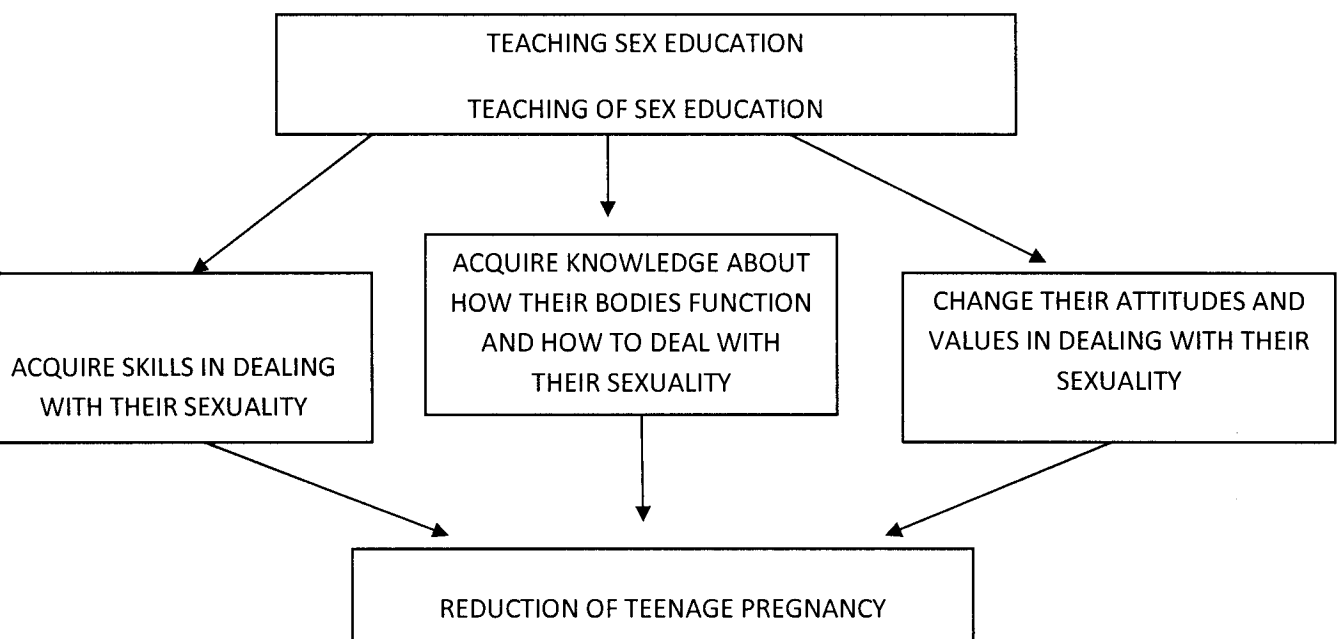
provides teenagers with behavioral skills practice to use to prevent negative vices such as sexual involvement.

However, according to Bandura in his Social Learning theory teenagers are not encouraged to practice the sexual prevention skill such as the use of condoms and contraceptive before they are found in the actual sexual situations where they need them. In other words teenagers are encouraged to abstain.

1.7 Conceptual Framework

A conceptual framework assists a researcher to organize his/her thinking and complete an investigation successfully. It explains the relationship among interlinked concepts. It explains the possible connection between the variables and answers the why questions. A conceptual framework is a set of broad ideas and principles taken from relevant fields of enquiry and used to structure a subsequent presentation (Kombo and Tromp, 2014).

Figure 1.1 Conceptual framework



In the conceptual framework the researcher conceptualized that sex education played a major role in mitigating teenage pregnancy. This meant that the teaching of sex education was likely to help learners to acquire skills that enabled them to deal with their sexuality. Sex education was also likely to help learners acquire knowledge about how their bodies function and how to deal with their sexuality. Sex education was also likely to increase the learners' attitude and values in dealing with their sexuality. Therefore, skills, knowledge, attitudes and values acquired by learners may help to mitigate teenage pregnancy.

1.8 Significance of the study

It is hoped that the results of this study would be useful to the government, school administrators, teachers, community members. Thus, findings of the study would be useful to the government especially the Ministry of General Education through the Curriculum Development Centre (C.D.C) in the sense that these findings are likely help minimize teenage pregnancy in secondary schools in Zambia.

The findings are as well intended for teachers who are the immediate implementers to have an understanding of the methodologies used in teaching sex education and also for the school administrators (Head teachers, Deputy Head teachers, Heads of departments) who are the immediate supervisors who may use the findings of the study to know how emphasized sex education is in other subject. The findings are also intended to help school administrators to have an evaluation about how they have been carrying out their roles of monitoring and supervision of the learning process.

1.9 Delimitation of the study

The study was conducted in Lubanga-Shabongwe zone of Namwala district of Southern Province. Two secondary schools were picked out of the four secondary schools in the district. The two secondary schools picked were Namwala secondary and Namwala Central secondary school. The two secondary schools were sampled because they were both co education schools and so had both male and female pupils. Two secondary schools were sampled in order to enable the researcher examine the role of sex education in mitigating teenage pregnancy in selected secondary schools in Namwala district and the findings in the two secondary schools represented other secondary schools in the district.

1.10 Operational Definition of terms

Sexuality education – This refers to information about sex and sexual relationships that pupils learn in school.

Teenage pregnancy- This refers to an intended pregnancy during adolescence.

Adolescence- This is a period of life in which a person develops from a child into an adult.

1.11 Organization of the study

The study is organized in six chapters. Chapter one is composed of the introduction which include the overview, the background information, statement of the problem, objectives, research questions, the significance of the study, theoretical framework, conceptual framework of the study, delimitation of the study and operational definitions of terms. The researcher in chapter two presents a review of the related literature on the study from within and outside the country. The researcher presents the study design and methodology in chapter three. The researcher also describes the research design, the target population and a description of the sampling procedures

and sample size. The research instruments, reliability and validity, collection procedures and data analysis procedures have been described as well.

Chapter four contains a presentation of data or research findings. It shows the results of the interviews and focus group discussions that were collected in line with research questions. Chapter five presents the discussion of findings which have been analyzed and interpreted in relation to the research questions. Finally chapter six gives the summary of the findings, conclusions and recommendations based on the findings of the study.

Summary

This chapter started with the overview of the whole chapter and later gave the background of the study by highlighting how teenage pregnancies had increased from 2007 to 2016 in Zambia. It also showed how different stakeholders have come into play to try to sensitize people on early marriages and teenage pregnancy. The background of the study highlighted how Sex Education has been given high preference in Zambia in trying to mitigate teenage pregnancy especially among school going children. The chapter highlighted the statement of the problem, the purpose of the study, the study objectives that tally with research questions. In chapter one the researcher also explained the following; significance of the study, the delimitation of the study, the theoretical framework and the operational definitions of terms have been presented. The conceptual framework was shown in form of a diagram and was further explained in detail.

CHAPTER TWO

LITERATURE REVIEW

Overview

In this chapter the researcher reviewed the literature related to the topic under study. This term teenage pregnancy is discussed according to different authors. Sex education in the pre-colonial period is also discussed in detail. What prompted the introduction of sex education the world over and how sex education is taught in Zambian secondary schools have been discussed in this chapter. The benefits of sex education are also discussed especially for school going teenagers in secondary schools. The Literature also reviews the barriers of sex education and what has not yet been done in the teaching of sex education in secondary schools in Zambia which prompted the research to conduct the study. Finally the summary of the chapter is given.

2.1 Global Prevalence of Teenage Pregnancy

Industrialized and developing countries have distinctly different rates of teenage pregnancy. In developed regions, such as United States, Canada, Western Europe, Austral, New Zealand and Israel teen parents tend to be unmarried and adolescent pregnancy is seen as a social issue.

By contrast, teenage parents in developing regions such as Africa, Asia, Eastern Europe, Latin America and Pacific Islands are often married and their pregnancy may be welcome by family and society. However, in these societies early pregnancy may combine with malnutrition and poor health care to cause medical problems. A report by Save the Children found that annually 13 million children are born to women under age 20 worldwide. More than 90% of these births occur to women living in developing countries.

2.2 Teenage Pregnancy Rates by Continent

2.2.1 Europe

The overall trend in Europe since 1970 has been a decrease in the total fertility rate, an increase in the age at which women experience their first birth and a decrease in the number of births among teenagers. The rates of teenage pregnancy may vary widely within a country. For instance, in the United Kingdom, the rate of adolescent pregnancy in 2002 was as high as 100.4 per 1000 among young women in the London. Borough of Lambeth as low as 20.2 per 1000 among residents in the Midlands local authority area of Rutland. In Italy the teenage birth rate in central regions was only 3.3 per 1000 but in Mezzogiorno, it was 10.0 per 1000.

2.2.1.1 Bulgaria and Romania

Romania and Bulgaria had some of the highest teenage birth rates in Europe with a rate of 39.3 and 46.7 teenage births per 1000 women respectively. Both countries also had very large Romani populations who had an occurrence of teenage pregnancies well above local average.

2.2.1.2 United Kingdom

The United Kingdom had one of the highest teenage birth rates in Europe with a rate of 26.4 teenage births per 1000 women aged 15-9 in 2006 down from 27.9 births in 2001. The United Kingdom also had a higher rate of abortion than most European countries. Of young Britons reported engaging in sexual intercourse whilst in their teens 80% did not use a form of contraception and a half of those under 16 and one third of those between 16 and 19 did not use any form of contraception during their first encounter. 10% of British teen mothers are married. Adolescent pregnancy is viewed as a matter of concern by both the British government and the British.

2.2.2 The Americas

2.2.2.1 Canada

The Canadian teenage birth rate in 2002 was 16 per 1000 and the teenage pregnancy rate was 33.9. According to data from Statistics Canada, the Canadian teenage pregnancy rate trended a steady decline for both younger (15-17) and older (18-19) teens in the period between 1992 and 2002. Canada's highest teen pregnancy rates occur in small towns located in rural parts of Peninsular Ontario. Alberto and Quebec had high teen pregnancy rates as well.

2.2.2.2 United States

In 2013, the teenage birth rate in the United States reached a historic low. 26.6 births per 1000 women aged 15-19. More than three quarters of these births were to adult women aged 18 or 19. In 2005 in the United States the majority (57%) of teen pregnancies resulted in a live birth, 27% ended in an induced abortion and 16% in a fatal loss.

The United States teen birth rate was 53 births per 1000 women aged 15-19 in 2002, the highest in the developed world. If all pregnancies including those that end in abortion or miscarriage were taken into account, the total rate in 2000 was 75.4 pregnancies per 1000 girls. Nevada and the District of Columbia had the highest teen pregnancy rates in the United States while North Dakota had the lowest. Over 80% teenage pregnancies in the United States were unintended with approximately one third ending in abortion; one third would continue with their pregnancy and keep their baby.

2.2.3 Asia

In the Indian subcontinent, premarital sex was uncommon but early marriages sometimes mean adolescent pregnancy. The rate of early marriage was higher in rural regions than it was in

urbanized areas. Fertility rates in south Asia range from 71 to 119 births a trend towards increasing age at marriage for both sexes. In South Korea and Singapore, marriage has risen, rates of adolescent child bearing were low at 4 to 8 per 1000. The rate of early marriage and pregnancy has decreased sharply in Indonesia, however it remains high in comparison to the rest of Asia.

2.2.3.1 Thailand

Surveys from Thailand had found that significant minority of unmarried adolescents were sexually active. Although premarital sex is considered normal behaviour for males particularly with prostitutes, it was not always regarded as such for females. Most Thai youth reported that their first sexual experience whether within or outside of marriage was with contraception. The adolescent fertility rate in Thailand is relatively high at 60% per 1000. 25% of women admitted to hospitals in Thailand for complications of induced abortion were students.

2.2.4 Africa

The highest rate of teenage pregnancy in the world 143 per 1000 girls aged 15- 19 years is in sub-Saharan Africa. Women in Africa in general get married at much earlier ages than women elsewhere leading to earlier pregnancies. In Nigeria, according to the Health and Demographic survey in 1992, 47% of women aged 20-24 were married before 15 years of age and 87% before 18 years of age. 53% of those surveyed also had given birth before the age of 18.

A Save the Children report identified 10 countries where motherhood carried the most risks to young women and their babies. Of these 9 were in Sub-Saharan Africa and Niger, Liberia and Mali were the nations where girls were the most at risk. In the 10 highest-risk nations more than

one in six teenage girls between the ages of 15 to 19 gave birth annually and nearly one in seven babies born to these teenagers died before the age of one year.

2.2.5 Teenage Pregnancy Rate in Zambia

Zambia has a high rate of fertility at an average rate of 6.2% in 2007. The number of pregnancies among teenagers has been rising in Zambia over the past decade. By 2010, the Ministry of Education reported that there were over 1500 teenage pregnancies among school going teenagers in Zambia (MOESVTEE, 2010).

In Namwala district of Zambia, the number of pregnancy cases among teenagers in basic schools was 146 from the year 2013 to 2014 term 1 while 40 teenage pregnancies were recorded in four secondary schools from 2013 to 2014 term one (MOESTVEE, 2014).

The above statistics call for concerted efforts to minimize the vice. In this regard the need for Sexuality Education in schools seems to be crucial since the age which is indicated in statistics reveals that many of these individuals are of school age.

Sex education programmes that are balanced and realistic, encourage students to postpone sex until they are older and promote safer sex practices among those who choose to be sexually active have been proven effective at delaying first intercourse and increasing use of contraceptives among sexually active youths (Kirby, 2007, Kohler et al, 2008).

2.2.6 Sex education in the Pre Colonial Period

Sex Education started long ago in the pre-colonial times when parents and elders provided it by reflecting on the culture and values of a particular place (Mbeo, 1997). The current rapid changes occurring in the world such as urbanization and migration have influenced the way in which knowledge about sexuality is imparted to adolescents. Moreover, telecommunication of many

kinds have expanded across the globe carrying ideas about sex with unprecedented speed and quality, which have profoundly negative impact on young people (Shuby, 2004).

Pre-colonial African societies had no formal institutions like the ones existing today and hence pre-colonial children and adults were educated through informal systems. Each community made arrangements to see to it that all its members learned desirable social behaviour, necessary basic knowledge and relevant skills for their lives. Based on sex, it was able to prepare adolescents to take their future roles as responsible adults, parents, workers and citizens. Boys were brought up in close relationships with their fathers while girls were groomed as future mothers by their mothers (Makobwe, 1975).

Education on sexual and reproductive health was provided in a preparatory way through special ceremonies, demonstrations and rituals which were used to prepare them to become adults (Anangisye, 2008). It was during initiation ceremonies that the teacher would go through an informal Curriculum for adolescents on how to handle the challenges of puberty and transit safety to adults (Mwamwende 2004).

2.2.7 Sex Education- Global Perspective

Globally there is still a struggle to reduce teenage pregnancy in order to allow young girls to complete their education. The need for sex education in the school curriculum was justified by the needs assessment which had been carried out by various scholars (Muze, 1979; Makobwe, 1975; Lugoe, 1996; Mbeo, 1997). These scholars argued strongly that providing adolescents with sex education was needed because they are sexually active and prone to various sexual risks. Moreover, schools are thought to be a suitable place for providing sexual education due to human and available resources.

On the other hand Literature shows that teenagers lack accurate information about early sexual relations and the related consequences. For most students the main sources of information about sexuality are peers and various media but these are limited in scope and accuracy. In this regard schools are crucial agents for equipping learners with valuable information (Mbonile and Kayombo, 2008).

Therefore, sexuality education is a type of education that emphasizes a holistic approach to human development and sexuality. UNESCO (2009) identifies the primary goal of sexuality education as that children and young people become equipped with the knowledge, skills and values to make responsible choices about their sexual and social relationships in a world affected by HIV.

Sex education that is scientifically accurate, culturally and age appropriate, gender sensitive and life skills-based can provide young people with the knowledge, skills and efficacy to make informed decisions about their sexuality and lifestyle (IPPF, 2011).

Sex education can effectively delay sex among people even as it increases condom and overall contraceptive use among sexually active. Scholarly research during the last two decades has shown that sexuality education does not increase rates of sexual activity among teenagers and does increase knowledge about sexual behaviour and its consequences. It also reduces risk taking behaviors among those who are sexually active. When young people are equipped with accurate and decision making, negotiations, communication and critical thinking and have access to counseling and HIV services that are judgmental and affordable they are better able to avoid unwanted pregnancies and unsafe abortion, improve their sexual reproductive health and protect themselves against STIs and HIV, understand and question social norms and practices

concerning sexuality, gender and relationships and contribute positively and to be better equipped to face other challenges in life especially during the transition period from childhood to adulthood (UNESCO, 2009).

UNESCO (2009) has noted that sexuality education can be delivered through a range of programming modalities including Family life Education, Population Education, sex and Relationships Education and Life Skills Education or through dedicated Sexuality Education programs.

2.3 Regional Commitment to Sex Education

Different regions have shown leadership in the development and implementation of sex education from demonstrating increased political will to developing and investing in sex education programming. Western Europe pioneered the introduction of school-based sexuality education 50 years ago. Countries such as Sweden, Norway and the Netherlands, with long-standing sexuality education programs in schools have significantly lower adolescent birth rate than countries in Eastern Europe and Central Asia where open discussions on issues related to sexuality and sexual and reproductive health and rights in schools remains more sensitive.

In Estonia for example several research results demonstrate the strong correlation over time between the development of sexuality education and the steady improvement in sexual health indicators among young people from 2001 onwards. These improvements are attributes to the development of a mandatory sexual education program in schools.

In Latin America and the Caribbean, Ministers of Health and education declared their commitment to sexuality education prevention through the Education Ministerial Declaration signed in 2008. Governments committed to integrating strategies and ensuring interdepartmental

coordination and agreed to implement and strengthen multi-sectional strategies of comprehensive sexuality education and promotion of sexual health including HIV/STI prevention.

Countries including Argentina, Uruguay, Colombia, the Dominican Republic, Cuba, Peru and Mexico have also developed national legislative frameworks, making the delivery of sex education compulsory in schools (UNAIDS, 2009).

Noting an increase in reported cases of sexually transmitted diseases and early pregnancies, the global community through International Conferences on Population and Development (1994) in Beijing in 2000 and 2005 resolved to educate teenagers about the dangers and joy of their sexual behavior. Therefore, the inclusion of sex education in schools was also based on the belief that schools and communities are both needed in the effort to change teenage behaviour (Lugoe, 1994).

2.4 Benefits of Sex Education

There are however, several benefits of sex education especially to teenagers who are still in school. To start with sex education is often significant coverage of various types of sexually transmitted diseases such as HIV/AIDS. Sex education helps learners to be aware of their body and how it functions. It helps them to prevent unplanned pregnancies. In this case sex education becomes important to teenagers since teenage pregnancies are associated with serious health concerns for both the mother and child such as miscarriages, stillbirths, premature births, low birth weight, birth defects and disabilities (Goldman and Harlow, 1993).

Sex education transforms children into responsible adults. It is a known fact that teenagers today are sexually active and therefore, Sex education can help them understand the benefits of

abstinence in the early years or it can at least teach them to be responsible sexually active people (WHO, 2006).

Sex education in schools can help children understand the impact of sex in their lives. It dispels myths related to sex and broadens their horizon in the understanding of sex. This means it answers all the questions that they have regarding their changes in their bodies and hormonal surges. In addition to this child sexual abuse is a social malice that is afflicting thousands worldwide. Therefore, Sex Education in schools can allow learners be made aware of the differences between good and bad touch (WHO, 2006).

Sex education is an essential part of HIV prevention. It is proved to more effective in preventing sexually transmitted infections than education that focuses solely on teaching abstinence until marriage and where teenage pregnancy can get in the way of education and other life opportunities, sex education can mitigate unwanted pregnancy. Thus sex education has been proven to be effective at delaying first intercourse and increasing use of contraception among active youths (WHO, 2006).

Sex education helps teenagers understand themselves biologically and prepare to face the world so that they do not fall victim to sexual predators. It also empowers girls and boys to speak up if their sexual boundaries are violated. Sex education exposes young boys and girls to materials that not only reduces their risk of unplanned pregnancy and diseases but also enlightens and empowers them (IPPF, 2011).

2.5 Sex Education in Zambia

Zambia is among countries from Eastern and Southern Africa which signed a Ministerial commitment on Comprehensive sex education, sexual and reproductive health services for

adolescents and young people to promote the roll out of Comprehensive sex education in Eastern and Southern African countries (Daily Mail, 2015).

In Zambia, the education sector plays a critical role in shaping the behavior of young people and is therefore a key partner in the prevention of HIV, STIs and unintended pregnancies. This is largely so because a large population of young people are in school. Investing in the education through the provision of Comprehensive sexuality education and reproductive health information increases the potential and opportunity of reaching out to young people enabling them to access good quality education and develop skills to make healthy behaviour choices (Kapata, 2012).

In addition WHO (2009) states that schools and the educational process offer the best possibility of reaching a large number of young people with knowledge, skills and values that will stay with them when they leave school. WHO (2009) argues that schools are a critical venue for education on health-related issues for improving health outcomes and for providing opportunities for referrals to health services.

It is for this reason therefore, that the Ministry of Education through Curriculum Development Centre in Zambia was mandated to integrate reproductive health in the national curriculum. This means sexuality education content was fused into various existing subjects like Home-Economics, Biology, Religious Education, Civic Education and Integrated Science. This entails that sex education is not yet a standalone subject in Zambia. This also entails that there are only few elements or topics of Sex Education that have been integrated in these subjects limiting the teachers to fully give the vast information that students may require. The development of in-school curriculum and out of school curriculum on reproductive health by Curriculum

Development Centre (CDC) is aimed at reducing infections and early pregnancy among people aged between 13 and 19 years (Daily Mail, 2015).

2.6 Main Barriers to Providing of Sex Education in Zambia

Many people think that teaching sex education in schools is equal to teaching sexual intercourse education. In fact sex education is a broad term used to refer to a desirable education about human sexual anatomy, sexual reproduction and other aspects of human sexual behaviour.

In Zambia the teaching of sex education has so far not been effective. There are several reasons why it has not been so. Some of the most notable ones include the following: Though teachers express commitment to teaching sex education some find it difficult and discomforting to teach sex education topics because of some traditional myths attached. So far in Zambia there are no teachers specifically trained to teach sex education in schools and at the same time there are no teaching and learning resources designed specifically for sex education. However, teachers that are teaching sex education contents in other subjects have tried to teach it with no proper skills on how to handle it. In many part of Zambia, some government officials, school Head teachers and parents are not convinced of the need for sexuality education and are reluctant to provide it because it is believed to promote sexual activity. Traditional norms and values that are tidy to sexuality issues by society have also negatively affected the implementation of sex education in schools.

It is therefore important to note that although the Curriculum Development Centre (CDC) was mandated to integrate reproductive health topics in the school curriculum to allow schools teach sex education to school going children especially those at secondary school level, there has been less emphasis on sex education topics. This is particularly true for schools in Namwala district

where teachers have not put much emphasis on sex education topics when they teach them in other subjects. This is so because most of them are not trained to teach these topics in detail and non availability of teaching and learning resources for sex education. In addition teachers have not yet realized how important sex education is especially in mitigating teenage pregnancy.

It seems the researcher has so far not come across a research study that has been done specifically on the role of sex education in mitigating teenage pregnancy in selected secondary schools in Namwala district. This has therefore prompted the need for the researcher to conduct a study on the role of sex education in mitigating teenage pregnancy in selected secondary schools in Namwala District of Zambia.

Summary

The chapter started with the overview of the chapter and later gave the literature related to the topic understudy by highlighting the meaning of teenage pregnancy and how sex education was taught in the pre-colonial period. What prompted the teaching of sex education globally and the benefits of sex education have also been discussed in this chapter. How sex education is taught in Zambia has been highlighted, barriers to providing sex education in Zambia and literature has also been reviewed to show what has not been done to effectively teach sex education in order to mitigate teenage pregnancy.

CHAPTER THREE

METHODOLOGY

Overview

In this chapter the researcher describes the procedure that was followed in conducting this study. Qualitative research that was used in this study is explained in the same chapter. Additionally, the target population, sample size and sampling procedures, research instruments for the study and reliability and validity of the data are discussed in this chapter. Furthermore, the data collection procedures and data analysis and ethical considerations on data collection are explained by the researcher in detail. Finally a summary is given at the end of this chapter.

3.1 Qualitative Research

This study used the qualitative research because the research study involved description. This means that qualitative research relied on a descriptive design as a research strategy that was flexible and interactive.

Qualitative research is designed to reveal a target audience's range of behaviour and the perceptions that drive it with reference to specific topics or issues. It uses in depth studies of small groups people to guide and support the construction of hypothesis. The results of qualitative research are descriptive rather than predictive. Qualitative methods include in-depth interview with individuals, group discussions, diary and journal exercise and in context observation (Taylor, 1984).

3.2 Research Design

A research design is the plan of a research study. It is a detailed outline of how an investigation will take place. A research design will typically include how data is to be collected, what instruments will be employed, how the instruments will be used and the intended means for analyzing data collected. In this case the descriptive design was used as a research design in the study. According to De Vaus (2001) he described “descriptive design as a scientific method which involves observing and describing the behaviour of a subject without influencing it in any way.” The descriptive design was used in the study because it aimed at collecting information from respondents on their attitudes and opinions in relation to the role of sex education in mitigating teenage pregnancy. The researcher used primary data which was obtained using semi structured interviews and Focus Group Discussions (De Vaus 2000).

3.3 Target Population

The target population from which the sample was drawn consisted of all head teachers, deputy head teachers heads of departments teachers and pupils in Namwala district. It is from this population that a sample was drawn.

3.4 Sampling procedures

In this study purposive sampling was used. Purposive sampling was used because the researcher targeted a group of people believed to be informative for this study. In this case the school administrators (Head teachers, Deputy Head teachers, Heads of Departments), teachers and pupils were the targeted group because they had information rich for in-depth analysis related to the central issues studied.

3.5 Sample size

The sample comprised 02 head teachers, 02 deputy head teachers, 10 teachers and 20 pupils from two government secondary schools in Namwala District.

3.5.1 Head teachers

Head teachers were purposively sampled because they were directly responsible for the administration of the school programs which were the day to day affairs of the whole school and therefore, they had information on how subjects were taught in school.

3.5.2 Deputy Head Teachers

The deputy head teachers were purposively sampled because of their role in monitoring teachers teaching in classes and therefore they provided information on how teachers taught sex education and what teaching materials were used in sex education delivery.

3.5.3 Heads of Departments

Heads of departments were purposively sampled because they were in charge of different subject departments and therefore they marked the preparations that teachers made for their teaching. Thus they provided the researcher with information on how teachers taught subjects with topics on sex education.

3.5.4 Teachers

The researcher purposively sampled teachers since they were key people in sex education delivery in the classroom. The teachers gave information on the methodologies and teaching resources which teachers used in teaching sex education. They also presented to the researcher information on the benefits and challenges teachers encountered in the teaching of sex education.

3.5.5 Pupils

Grade 12 pupils were purposively sampled from the two secondary schools (05 boys and 05 girls from each) because they were taking most the subjects in which sex education was integrated and therefore they had already covered most of the topics in these subjects. In this case they provided information on how sex education was taught in class. They also gave information on how sex education was beneficial to the learners and some of the challenges and barriers faced with learners during sex education in the classroom.

3.6 Research Instruments

In this study, the following instruments were used to collect data, semi-structured interviews and focus group discussions.

3.6.1 Semi-Structured Interviews

Two semi-structured interview schedules were designed to conduct interviews by the researcher to collect information from school administrators (Head teachers, Deputy Head teachers, Heads of departments) and teachers to give answers to the research questions of this study.

3.6.1.1 Interview schedule for the school administrators

Appendix 1 is the interview guide for school administrators (Head teachers, Deputy Head teacher, Heads of Departments). The interview schedule was used to collect data about their views on the teaching of sex education in other subjects, the benefits of sex education to learners and challenges and barriers of teaching sex education in secondary schools in Namwala district.

The semi-structured interviews were used to gather information from school administrators on the role of Sex Education in mitigating teenage pregnancy. In this case the semi-structured

interviews were used because they gave the respondents an opportunity to ask the interviewer to explain or clarify certain questions which were not clear.

3.6.1.2 Interview schedule for teachers

The instrument in Appendix 2 was used to collect information about the teachers' views on the methodology employed in teaching sex education, benefits of sex education to learners and challenges encountered in teaching sex education in secondary schools in Namwala district.

3.6.1.3 Focus Group Discussions for pupils

The focus group discussions in Appendix 3 were used to gather data from pupils' views on how sex education was taught in school, whether sex education was beneficial to them and barriers to the effective delivery of sex education in secondary schools in Namwala district. The focus group discussions were used because they provided in-depth information from pupils on the topic under study. The focus group discussions can be used to assess needs, develop interventions, test new ideas or programmes or improve existing programmes (Komb and Tromp, 2014). The researcher picked on grade 12 pupils as respondents because they had already covered most of the topics in subjects where sex education was integrated.

3.7 Reliability and Validity

In order to ensure validity of the instruments, the interviews and focus group discussions questions were pilot tested to a number of respondents in grade twelve in a different school other than where the research was conducted to obtain validation data. This helped the researcher to make sure that any anomalies and ambiguous questions were corrected before the interviews and focus group discussions questions were administered to the sampled population. In order to ensure consistency with which the instruments measured whatever they were intended to

measure (reliability) the researcher repeated the responses that were given during the interview and focus group discussions and asked the respondents to ascertain if the respondents given were the correct respondents they gave.

3.8 Data Collection Procedures

In this study, data was collected by the researcher. A letter as in Appendix 4 was sought from the District Education Board office of Namwala district to interview school administrators, teachers and pupils in selected secondary schools in Namwala district. The researcher asked the school administration for one classroom to use for a one to one interview with teachers and conducted a one to one interview for the Head teachers and Deputy Head teachers in their respective offices. Later the researcher arranged the classroom for the focus group discussions with pupils in groups of five at a time. The researcher wrote down all the responses given by respondents in the note book during the discussions.

3.9 Data Analysis

In this study, data was analyzed qualitatively. This means data from interviews and focus group discussions was thematically analyzed. Qualitative data was converted manually and summarized in order to obtain concise measures of the data using narrative reports. The findings were presented in chapter four and discussed in chapter five. All the data is strictly interpreted in relation to the research questions.

3.10 Ethical Considerations

Ethical concerns pertaining to the study were taken into consideration. All data collected during the study was strictly confidential and duly kept. The data was only used for academic purposes. Verbal consent was also sought from the respondents and ensured that subjects participated

voluntarily. The researcher also maintained confidentiality and ensured that the names of respondents and the schools involved were not used in the report.

Summary

In this chapter the researcher started with the overview of the whole chapter followed by a discussion on the Qualitative research which was used in the study. The research design which was used in this study was discussed with a justification why it was used in the study. The target population, sampling procedures and sample size which were used in the study and justifications on why each was used are explained in this chapter. The research instruments that were used in the study and why they were used have also been discussed. Reliability and validity of data obtained from respondents in the study has been explained followed by data collection and data analysis. Additionally ethical considerations have been explained in this chapter.

CHAPTER FOUR

PRESENTATION OF RESEARCH FINDINGS

Overview

This chapter is devoted to the presentation of the results. These results are based on the data that was collected through semi-structured interviews which were administered to the Head teachers, Deputy Head teachers, Heads of department, teacher and focus group discussions which were administered to the pupils. The findings are presented under the headings/themes determined by the research objectives.

4.1 Teaching Sex Education in other subjects

When the researcher asked the respondents what sex education was, one head teacher said that;

Sex education is vital to school going children as it is a type of education that aims at giving instructions to learners on issues relating to human sexuality including emotional relations and responsibilities, human sexual reproduction, reproductive health, safe sex, birth control and sexual abstinence.

Another teacher said that;

Sex education is a kind of education that provides young people with necessary clarified information and lessons on values and appropriate skills to make wise informed decisions relating to their sexuality.

One pupil responded that;

Sex education is a type of education that looks at a male and female in terms of sex.

Another pupil added that;

Sex education is a type of education which deals with dangers and protection of sexual matters.

Another pupil said that;

Sex education is a type of education that prevents people from diseases such as HIV/AIDS and is the study of sexual related affairs.

From the responses that were given by respondents, it clearly shows that the meaning of sex education was well understood by respondents interviewed. Additionally, what sex education was all about was also clearly articulated by the respondents. The most notable ones were that sex education was a kind of education that helped learners acquire information, values and appropriate skills to make informed decisions relating to their sexuality.

When respondents were asked to mention the methods that were most used in teaching sex education in other subjects, one head of department said that;

Drama and role plays are mostly employed in teaching sex education in other subjects.

Another head of department said that;

Question and answer and group work are mostly employed in teaching sex education in other subjects.

On the same question, two heads of departments revealed that sometimes health experts from the Ministry of Health were invited to give health talks to learners on sex education.

Based on the responses that were given, the findings seem to suggest that most teachers used drama, role plays, question and answer and group work to teach sex education in other subjects.

Furthermore findings show that sometimes schools invited health expert to give health talks to learners on sex education.

When the researcher asked respondents to name the subjects in which sex education was integrated, one teacher said that;

Sex education is integrated into Biology, Home Economics, Civic Education, Religious Education and Integrated Science.

Some pupils said that;

Sex education is integrated mostly in Home Economics, Biology, Civic Education, and Religious Education.

From the responses given by respondents, it clearly shows that sex education was mostly integrated in science based subjects such as Biology and socially based subjects such as Civic Education and Religious Education.

When the researcher asked respondents on whether sex education was emphasized when it was taught in other subjects, one of the teachers said that;

Sex education is not emphasized since it taught in other subjects and sometimes sex education topics are not taught at all.

One pupil said that;

The subject is not well taught in the sense that some teachers skip some sex education topics because some of them are considered a taboo in some sections of African societies and the subject is not examinable.

Another pupil added that;

Teachers do not explain in detail on sex education topics such as consequences of unprotected sex and human reproduction.

From the responses given on whether sex education was emphasized when taught in other subjects, it is clear that sex education was not emphasized due to many reasons such as the subject not being examinable, some sex education topics viewed as taboo in most sections of African societies and teachers' continued failure to teach some sex education topics in detail and skipping sex education topics.

4.2 Benefits of sex education to learners

When the respondents were asked whether sex education was beneficial to learners, one head teacher said that;

Sex education is beneficial to learners in that it helps the learners make informed and responsible decisions about their sexuality.

Another head teacher said that;

Sex education is beneficial to learners as it helps them make informed decisions on healthful living, career advancement, maintaining the integrity, enhances reduction in pregnancy cases and enables learners to be aware of dangers of engaging in premarital sex and in doing so teenage pregnancies and child sexual abuses are reduced.

One teacher said that;

Sex education eliminates the myths associated with sexual reproduction and helps learners to acknowledge and enjoy their own sexuality.

Another teacher said that;

Sex education gives learners information on how to stand for their own rights on their sexuality to prevent them from sexual abuse by boys and men.

One pupil said that;

Sex education helps learners to acquire knowledge and skills about their sexuality which later helps reduce teenage pregnancy.

Another pupil said that;

Sex education helps learners change their attitudes and values in dealing with their sexuality which leads to reduction of teenage pregnancy.

Another pupil added that;

Sex education helps learners to understand the consequences of indulging in unsafe sex such as acquiring sexually transmitted diseases such as HIV/AIDS, syphilis and gonorrhoea.

When respondents were asked on the role of sex education in mitigating teenage pregnancy, one head of department said that;

Sex education helps the school girls to understand the negative effects of indulging in sexual activities at an early age and gives them correct understanding of personal worth and hence equips them with self-assertive skills in the faces of sexual advances by other persons. Sex education equips learners with skills on how they should conduct their sex relationships which in turn helps mitigate teenage pregnancy among school going girls.

Another head of department said that;

Sex education makes learners correctly aware of their own and other learners' rights with regard to sexual matters. Thus they will protect themselves and others against sexual abuse and harassment that are likely to result in teenage pregnancy.

Another head of department said that;

By teaching sex education to learners, children are taught social norms which influence their decisions and sexual behaviours. By doing so learners are transformed into responsible adults.

Another head of department said that;

Sex education is beneficial to learners in the sense that pupils will be able to realize the dangers of STDs, HIV/AIDS, unwanted pregnancies and other sexual related problems.

One teacher said that;

Sex education enables learners to acquire knowledge on hygiene and safe sexual behaviour which prevents early marriages and pregnancies.

Another teacher said that;

Sex education has a role to make learners aware of their right to education and helps them to learn to avoid illicit behaviours which expose them to unwanted pregnancies.

Another teacher said that;

Sex education helps learners acquire information about abstinence and how to play safe sex for those who fail to abstain and in turn reduce teenage pregnancy. Sex education makes teenagers aware of consequences of teenage pregnancy.

From the responses given by respondents, it shows that sex education was beneficial to learners. Sex education helped learners to make informed decisions about their sexuality and has helped to eliminate myths associated with sexual reproduction. Sex education helped learners to acquire information on how to stand for their rights and to prevent them from sexual abuse by boys and men. Sex education has also helped learners to understand their physical reproductive make up

and has as well helped them acquire knowledge and skills about their sexuality which has helped reduce teenage pregnancy. This means that sex education has helped learners to understand the role of sex education in mitigating teenage pregnancy and also to avoid illicit behaviours which expose them to unwanted pregnancies.

4.3 Challenges and barriers in teaching sex education

When respondents were asked whether there were challenges and barriers in teaching sex education in schools, one of the head teachers said that;

There is inadequate time for teaching sex education since it is taught in other subjects and there are no teaching and learning materials to use to teach sex education.

One head of department said that;

Teachers' failure to open up to teach sex education topics in detail is a barrier to the effective teaching of sex education in schools. There are also very few sex education topics that are integrated in other subjects.

One Deputy Head teacher said that;

Traditional beliefs and cultural norms that view teaching sex education to learners in open places like classrooms to be taboo have been a challenge in teaching sex education effectively.

One of the teachers said that;

Sex education is not taught effectively because time allocated to it was not enough since it was taught in other subjects.

Another teacher said that;

Sex education is not a standalone subject as a result there is less emphasis put on it when it is taught in other subjects.

Another teacher said that;

Teachers fail to find appropriate languages to use when teaching sex education without abrogating traditional norms.

One pupil said that;

Lack of trained teachers for sex education in schools hinders the effective sex education delivery in the classroom.

Another pupil said that;

Traditional beliefs and values such as discussion of sexual matters in public places like schools as being taboo has negatively affected the teaching and learning of sex education in schools.

Another pupil said that;

Since sex education is not a standalone subject, it has not been given enough teaching and learning time it deserves which has made teaching sex education not very effective.

From the responses given it is clear that there were some challenges and barriers in teaching sex education in schools. The challenges and barriers included inadequate time for teaching sex education and lack of teaching and learning materials for the sex education. Other challenges and barriers of teaching sex education in schools were that teachers failed to open up and teach the subject in detail and very few topics in sex education were incorporated in other subjects. Traditional beliefs about sex education and the fact that sex education was not a standalone subject were barriers to teaching sex education effectively. Lack of trained teachers for sex education was also a big challenge to teaching of sex education in schools.

When respondents were asked to give their opinions on whether the learners were comfortable with sex education topics during lessons, one Deputy Head teacher said that;

Some learners are comfortable because sex education topics are integrated in other subjects and therefore are not taught in detail. Others are not comfortable because some words used in sex education are considered to be insults in their traditional beliefs.

One of the teachers said that;

Some teachers and learners are comfortable with sex education topics because they consider sex education topics to be as importance as non sex education topics.

Another teacher said that;

Learners are not comfortable with sex education topics in class because of traditional beliefs that view sex education topics as a taboo in African societies.

From the responses given by respondents, most learners were not comfortable with sex education topics during lesson delivery because of the traditional beliefs that considered sex education topics to be a taboo according to their traditional culture and traditional norms. However, a few of them felt comfortable with sex education topics since such topics were taught in other subjects and were not taught in detail.

Summery

The main purpose of this chapter was to present the findings of the study. The findings showed that most respondents understood what sex education was and that sex education was integrated in other subjects which made it not to be emphasized when it was taught. The findings also showed that sex education was beneficial to learners in that it helped them make informed and responsible decisions about their sexuality which resulted into a reduction in teenage

pregnancies. Findings also showed that there were several challenges and barriers in teaching sex education. The noble ones being inadequate time and teaching materials for the subject, negative attitude by teachers and learners, lack of trained teachers, the subject was not examinable and traditional beliefs associated with sex education.

CHAPTER FIVE

DISCUSSION OF FINDINGS

Overview

The main purpose of this study was to establish the role of sex education in mitigating teenage pregnancy in selected secondary schools in Namwala district. Therefore, the researcher in this chapter discusses the findings on the teaching of sex education in other subjects followed by a discussion of findings on the benefits of sex education to learners. The researcher also discusses the findings on the challenges and barriers of teaching sex education and a summary of the chapter is given at the end of this chapter.

5.1 Teaching sex education in other subjects

The findings revealed that respondents understood what sex education was all about. The findings revealed that sex education was a type of education that aimed at giving knowledge and appropriate skills to learners on issues relating to human sexuality including emotional relations and responsibilities, human sexual reproduction, reproductive health, safe sex, birth control and sexual abstinence. In other words, sex education is a type of education that helped learners make informed and responsible decisions about their sexuality.

This is in line with Loch (2000) who looked at sex education as a study of characteristics of being male or female. Such characteristics make up the person's sexuality. In this sense sex education may be described as a sexuality education which encompasses education about all aspects of sexuality including information about family planning, reproduction plus information about body image, sexual orientation, sexual pleasure, values, decision making, communication, dating, relationships, sexually transmitted infections and birth control methods.

The findings seem to suggest that sexuality education is an important aspect of the life of a human being and almost all people including children wanting to know about it. In school, sex education includes all the educational measures which regardless of the particular method used may center on sex.

The findings were also in conformity with Kapata (2012) who observed that investing in the education through the provision of comprehensive sexuality education and reproductive health, information increases the potential and opportunity of reaching out to young people, enabling them access good quality education and to develop skills to make health behaviour choices.

UNICEF (2006) also stated that sex education provides an opportunity to young people and adolescents to explore one's own values and attitudes and build decision-making, communication and risk reduction skills about many aspects.

The findings also revealed that sex education was integrated in subjects such as Biology, Home Economics, Religious Education, Civic Education and Integrated science and were taught using drama, role plays, question and answer, group work and that sometimes health experts were invited to give health talks to learners on sexuality.

Therefore, findings seem to suggest that sex education taught in other subjects was not given the emphasis it deserved in that the main subjects limited the number of sex education topics and that inadequate time was given to teaching sex education topics.

Kirby et al (2005) supported this by stating that implementing sexuality education requires curricular change and more participatory pedagogic methods which are often new to the modus operandi of educational systems. Teaching sexuality education is challenging for teachers since it requires imparting skills and values as well as knowledge.

Further, the findings revealed that sex education did not receive the emphasis it needed because sex education as a subject was not examinable and was therefore, not taken serious by teachers. Sex education topics were viewed as taboo by some sections of African societies and failure by some teachers to teach sex education in detail.

This is in conformity with Kirby et al (2005) who stated that having to compete in an already full curriculum; sexuality education does not have the same status as the other academic subjects, either for students or teachers. This is because it is usually non-examinable. The lower status of sexuality education in schools is also a consequence of the potentially sensitive nature of its content. This is reflected in lack of advanced training or associated career development for sexuality educators that may exist for teachers of other subjects. In the worst scenario, teachers are simply expected to deliver sexuality education despite lack of training experience or personal aptitude.

5.2 Benefits of Sex education to learners

Kirby (2007) explained that teaching about sexuality encourages learners to develop a coherent set of personal values based upon respecting themselves and others. Students who understand and value themselves and others are better equipped to develop meaningful and respectful relationships. They are able to take a positive approach to managing their lives and develop the necessary skills to prepare them for current and future life challenges. Therefore sex education is an integral part of the curriculum which helps children to be aware and recognize their relationships long before they act on their sexuality and therefore need the skills to understand their bodies, relationships and feelings at an early age.

On the benefits of sex education to learners, findings revealed that sex education helped learners to eliminate myths associated with sexual reproduction and helped learners to stand for their own rights on sexuality and also helped learners to avoid illicit behaviours which exposed them to unwanted pregnancies. Additionally sex education helped learners acquire information about abstinence and safe sex and to have an understanding of consequences of teenage pregnancy such as maternal deaths, miscarriages and loss of education opportunities.

This is supported by UNESCO (2009) which stated that the primary goal of sexuality education is to equip children and young people with the knowledge, skills and values to make responsible choices about their sexual and social relationships in a world affected by HIV. In addition to learning about the risks of pregnancy and sexuality transmitted infections, children and young people also need to learn about the risk of sexual exploitation and abuse in order to recognize these when they occur, to protect themselves as far as possible and to identify and access available sources of support. Sensitizing children, parents, teachers, police and local communities to the nature and extent of sexual violence and giving permission to discuss it are essential steps in tackling it. Sexuality education can provide an appropriate framework and context for educating students about sexual abuse.

Treffers (2003) asserted that teaching about sexuality encourages learners to develop a coherent set of personal values based on respecting themselves and others. Students are better equipped to develop meaningful and respectful relationships. They are able to take a positive approach to managing their lives and develop the necessary skills to prepare them for current and future life challenges.

Sexuality education laid the foundations for students by learning the correct names for parts of the body understanding principles of human reproduction, exploring family and interpersonal relationships, learning about safety and developing confidence (Kirby, 2001).

Therefore, findings seem to suggest that sexuality education encompasses a range of relationships and not only sexual relations. Thus children were aware of and recognized their relationships long before they acted on their sexuality and therefore, needed knowledge and skills to understand their bodies, relationships and feelings at an early age. Sex education provided learners with consistent knowledge and information which could combat peer pressure.

All this is guided by the Social Learning developed by Bandura (1959) which aims at changing behaviour in participants. Thus Social learning theory is a good fit for pregnancy, STIs and HIV prevention programs. Since sexual behaviour is influenced by personal knowledge, skills attitudes and interpersonal relationships and environmental influences, Social learning theory can be used to address such factors.

5.3 Challenges and barriers in teaching sex education

The findings revealed that there were several challenges and barriers in teaching sex education. Inadequate time for teaching the subject and lack of teaching and learning materials for sex education posed serious challenges in teaching sex education effectively in schools. Teachers' failure to teach sex education topics in detail and traditional beliefs about sex education were barriers to teaching sex education effectively. Lack of trained teachers to teach sex education in schools was also a big challenge. Some learners were not comfortable with sex education topics during lessons because the words and language that was used were viewed as insults in most traditional African societies.

This is in conformity with Mellanby (1996) who said that difficulties encountered by teachers of sex education are variability of students' maturity and knowledge, student shyness, value conflict, inadequate trained teachers, deficiencies in sex education materials, opposition to teaching sex education and inter-disciplinary conflict in sex education.

The findings therefore, seem to suggest that challenges and barriers to teaching sex education were due to non availability of trained teachers to teach sex education which made those teaching it as untrained teachers to be resistant to teach what was often perceived as a sensitive subject. Lack of teaching and learning materials to use in teaching sex education was barrier to teaching sex education effectively. The integration of sex education into other subjects made sex education not to be emphasized and traditional beliefs and customs associated with sex education were also barriers to effective teaching of the subject. Negative attitude exhibited by both teachers and learners was also a challenge in teaching sex education.

Summary

The purpose of this chapter was to discuss the findings of the study. The discussion showed that sex education was not emphasized since it was taught in other subjects. The discussion also showed that sex education had several benefits to learners which includes helping them to make informed and responsible decisions about their sexuality which reduced teenage pregnancy. The discussion also showed that there were challenges and barriers in teaching sex education. The noble ones being traditional beliefs associated with sex education, negative attitude by teachers and learners towards the subject, inadequate time and teaching materials for the subject, lack of trained teachers and the subject being non examinable.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

Overview

In this chapter, the researcher presents a conclusion of the study by giving conclusions of each research question and further gives out recommendations based on the study. Areas for further research are also highlighted in this chapter.

6.1 Conclusions

Based on the findings from the study, it can be concluded that the provision of sex education in secondary schools has not been effective due to a number of problems that the subject has been facing. The findings show clearly that the subject is an important one to the country given the situation that a lot of girls have fallen out of school due to early pregnancies.

Lack of teaching and learning materials for sex education have greatly affected the teaching of sex education in schools. There are no trained teachers specifically for sex education. This has resulted in little or no emphasis on sex education topics. There is inadequate time allocated for teaching sex education since it was not a standalone subject. Teachers that have been tasked to teach sex education tend not to teach sex education topics in detail and are biased towards their subjects. Since sex education topics are integrated in other subjects, very few topics are incorporated in other subjects.

Sex education has benefited many learners in schools where it is taught effectively. It has helped learners to acquire knowledge on hygiene and safe sexual behaviour which prevented early pregnancies and early marriages. Sex education helped learners acquire social norms which

influenced their decisions about their sexuality and sexual behaviours which transformed them into responsible adults.

Sex education helped learners to make informed decisions about their sexuality, healthful living, career advancement, maintaining integrity, enhances reduction in teenage pregnancy and helped learners to be aware of the dangers of indulging in premarital sex.

It can also be concluded that teaching of sex education in schools has several challenges and barriers in schools. Sex education was not effectively taught because it was a non examinable subject which resulted into teachers concentrating on examinable subjects. Traditional beliefs and values hindered the effective teaching of sex education. Some learners were uncomfortable with sex education topics on the bases of social cultural barriers and myths associated with sex education.

6.2 Recommendations

From the study, the researcher has made the following main recommendations:

1. The Ministry of General Education through Curriculum developers should make sex education a standalone subject so as to allocate enough time for the subject.
2. The Ministry of General Education through Curriculum Development Center should come up with specific relevant teaching and learning materials such as text books, syllabi for the subject for use by teachers and learners.
3. The Ministry of Education should allocate resources to higher education institutions to enhance the training of sex education teachers to take up the responsibility of teaching the subject effectively.

4. Schools through the office of Guidance and Counseling should maximize the sensitization of learners on traditional beliefs and values that hinder the effective teaching of sex education.

6.3 Areas for further research

Areas for further research on sex education are;

1. Parents' participation in the delivery of sex education.
2. How Zambia's revised curriculum impacts on sex education delivery.

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APPENDICES

APPENDIX 1 SEMI-STRUCTURED INTERVIEW GUIDE FOR SCHOOL

ADMINISTRATORS

ZIMBABWE OPEN UNIVERSITY/UNIVERSITY OF ZAMBIA

SCHOOL OF EDUCATION

RESEARCH TOPIC

The role of Sex Education in mitigating teenage pregnancy in selected secondary schools in Namwala District of Zambia.

SECTION A

METHODOLOGIES APPLIED IN TEACHING SEX EDUCATION IN OTHER

SUBJECTS

1. What do you understand by Sex Education?
2. What methods do teachers in your school employ to teach Sex Education in other subjects?
3. What teaching and learning materials does your school use in teaching Sex Education?

SECTION B

BENEFITS OF SEX EDUCATION TO LEARNERS

1. Is the teaching of Sex Education beneficial to your learners?
2. Explain how you think Sex Education is beneficial to learners?
3. What role do you think Sex Education plays in mitigate teenage pregnancy to school going girls?

SECTION C

CHALLENGES/BARRIERS IN TEACHING SEX EDUCATION IN NAMWALA

DISTRICT

1. What challenges do your teachers have in teaching Sex Education to learners?
2. Are there any cultural barriers your school experiences in teaching Sex Education effectively?
3. From your own opinion, are the learners in your school comfortable with Sex Education topics?

APPENDIX 2 SEMI-STRUCTURED INTERVIEW GUIDE FOR TEACHERS

ZIMBABWE OPEN UNIVERSITY/UNIVERSITY OF ZAMBIA

RESEARCH TOPIC: The role of Sex Education in mitigating teenage pregnancy in mitigating in selected secondary schools in Namwala District of Zambia.

SECTION A

METHODOLOGIES APPLIED IN SEX EDUCATION TEACHING SEX EDUCATION IN OTHER SUBJECTS

1. What do you understand by Sex Education?
2. In which subjects is Sex Education integrated?
3. What methods do you employ in teaching Sex Education?
4. Has the teaching of Sex Education in other subjects been given much emphasis it deserves?
5. Has the teaching of Sex Education in other subjects been effective

SECTION B

BENEFITS OF SEX EDUCATION TO LEARNERS

1. In your own opinion is Sex Education teaching in other subjects benefitting the learners in your school?
2. If yes explain how?
3. Do you think Sex Education has a role to play in mitigating teenage pregnancy?
4. If yes, explain how?

SECTION C

CHALLENGES/BARRIERS IN TEACHING SEX EDUCATION

1. How effectively is Sex Education taught in your schools?
2. What do you think are some of the challenges you face in teaching Sex Education?
3. Do you face any cultural beliefs among your learners that challenge your teaching of Sex Education?
4. How comfortable are you and your learners with Sex Education topics that are taught?

METHODOLOGIES APPLIED IN THE TEACHING SEX EDUCATION IN YOUR SUBJECTS

1. What do you understand by Sex Education?
2. How is Sex Education taught in your school?
3. How is Sex Education taught in your school?
4. Are the methods used to teach Sex Education by your teacher very effective?
5. Are you comfortable with Sex Education topics?

SECTION B

BENEFITS OF SEX EDUCATION TO LEARNERS

1. Is the learning of Sex education beneficial to you?
2. Do you think Sex Education can help to mitigate teenage pregnancy?
3. If yes, explain how?

APPENDIX 3 FOCUS GROUP DISCUSSIONS GUIDE FOR PUPILS

ZIMBABWE OPEN UNIVERSITY/UNIVERSITY OF ZAMBIA

SCHOOL OF EDUCATION

RESEARCH TOPIC: The role of Sex Education in mitigating teenage pregnancy in selected secondary schools in Namwala District of Zambia

SECTION A

METHODOLOGIES APPLIED IN THE TEACHING SEX EDUCATION IN OTHER SUBJECTS

1. What do you understand by Sex Education
2. Is Sex Education taught in your school?
3. How is Sex Education taught in your school?
4. Are the methods used in teaching Sex Education by your teachers very effective?
5. Are you comfortable with Sex Education topics?

SECTION B

BENEFITS OF SEX EDUCATION TO LEARNERS

1. Is the learning of Sex education beneficial to you?
2. Do you think Sex Education can help to mitigate teenage pregnancy?
3. If yes, explain how?

SECTION C CHALLENGES/BARRIERS

1. Are there any challenges you face in the learning of Sex Education
2. Do you think Sex Education should be a standalone subject? Explain why?

To: The Headteacher
Namwala Central Secondary School
Namwala Secondary School
Namwala.

REF: PERMISSION TO CONDUCT A RESEARCH ON SEX EDUCATION IN NAMWALA DISTRICT

reference is made to the above subject matter.

I would like to request your school to allow Mycamba Samukani, a student of the University of South Africa in collaboration with University of Limpopo to conduct research at your institution.

Your cooperation and assistance will be highly appreciated.

CHIBHA M
District Education Board Secretary
NAMWALA DISTRICT