

Formal Education a Multi – sided key in mitigating teenage pregnancy among secondary school children. A case of Munali area, in Lusaka Province, Zambia

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Abstract: The purpose of this study was to explore the role of education in mitigating teenage pregnancy among secondary school children in Munali area, Lusaka. The study design was a case study in which interviews were conducted and questionnaires were distributed. This study took a total of 40 participants including 20 school teenage girls who happen to be the main characteristic feature for which this study was undertaken, 10 teachers, and 10 heads of department. In response to the educative measures in order to mitigate teenage pregnancy, among the findings the study found that there is need to promote community service activities, and providing education about birth control among the main measures to consider in order mitigate teenage pregnancies. Also, the study found that misinterpretation of children's rights, lack of awareness and insight regarding the consequences of teenage pregnancy were among the major factors leading to teenage pregnancy. More so, it found that poor collaboration among school departments, lack of public awareness and programs, lack of sensitization workshops and having unqualified educators in terms of counselling both in the communities and schools were some of the challenges and barriers faced thereby leading to high levels of teenage pregnancies. The study recommended that parents should be actively engaged in partnership with the school, educators and social workers. In addition, that there should be collaboration among different school departments should be emphasized in order for better coordination of programmes about sex education and psychosocial; collaboration with healthcare services, schools and communities to engage trained educators who will be able to counsel learners in relation to psychosocial issues, as they are supposed to focus on the education of learners.

Key words: Teenage pregnancy, Sex education, policy.

I. INTRODUCTION

Although adolescent fertility rates are falling on a global level, approximately 18 million girls under the age of 20 give birth each year (World Health Organization, 2015). Two million of these girls are under the age of 15. Teenage pregnancy is a problem with far reaching effects. Teenage pregnancy in Sub-Saharan Africa which includes Zambia has important social and economic outcomes, the most highly publicized of which stem from lost educational opportunities when pregnancy forces young women to leave school (Mulenga and Daka, 2022). Ideally, an investigation of the consequences of adolescent childbearing and sexuality should

cover a wide range of outcomes that affect not only the young mother and her child, but also other family members and society at large. Most unintended pregnancies experienced by adolescent women occur among those who are using no contraceptive method or a traditional one: 92% of those in Sub-Saharan Africa (UNFPA, 2013).

Unprotected sex and risky sexual behavior of adolescents have often resulted in problems such as unwanted pregnancies and infection with sexually transmitted diseases such as syphilis, gonorrhoea, Chlamydia and AIDS (WHO, 2015). The country's high adolescent pregnancy rate has two distinct implications. First, the risk of maternal death is higher in adolescents than in older women. Furthermore, pregnant adolescent girls are more susceptible to pregnancy- and childbirth related complications because they have not yet developed the physical maturity required for a healthy pregnancy. Other common medical problems associated with adolescent pregnancy include obstructed labour, eclampsia, fistula, low birth weight, stillbirths, and neonatal death (UNICEF, 2015).

It can also be highly noted that the socio-economic impacts of adolescent motherhood are devastating especially in rural areas which even affect their academic performance as pointed out by Kakupa, Tembo and Daka (2015) in their study in Western Province of Zambia. Adolescent girls who become pregnant are often unable to complete a secondary education, a fact that diminishes their potential to find employment (Phiri, Musonda and Daka, 2020). In Uganda, education and economic status are factors that influence adolescent pregnancy. From an economic perspective, adolescents from poor households are more likely to become pregnant compared to adolescents from wealthier families. For the former, the pregnancy rate is 41 percent and for the latter the rate is 16 percent (WHO, 2018).

Teenage pregnancy has remained a source of concern even 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 rose from 11, 391 to 13, 634 (Central Statistical 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, 2014). In terms of provincial distribution, 2015 Educational Statistical Bulletin showed that Southern and Northwestern provinces topped both the primary and the grade 1-12 pregnancies for secondary school pregnancies, copper belt had the highest followed by southern and North-Western provinces (Ministry of Education, 2015).

However, with regard to the current high prevalence rates of teenage pregnancy in Zambia especially among secondary school girls, education has been given high preference in trying to mitigate teenage pregnancy (Katata, 2018; Bomber, Daka, and Mphande, 2020; Daka, Mwelwa, Chibamba, Mkandawire, and Phiri, 2020). An overall observation assets that despite efforts put in by different stakeholders at different levels in Zambia in order to curb teenage pregnancy, teenage pregnancy is still high in most parts of Zambia especially among secondary school going girls (Ministry of Education, 2010; Mulenga and Daka, 2022; Kawonga, Mbozi, and Daka, 2021). In as much as there was an introduction of sex education, civic education, and religious education and also by integrating health topics in other subjects, the problem of teenage pregnancy is still escalating in schools. Few literature show the role that education plays in mitigating teenage pregnancy. Therefore, the topic understudy aimed at examining the role of education in mitigating teenage pregnancy among secondary school children in the selected schools in Munali area, Lusaka province in Zambia.

II. REVIEWED LITERATURE

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 (UNICEF, 2018). 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 (Ministry of Education, 2015).

Therefore, sexuality education is a type of education that emphasizes a holistic approach to human development and sexuality. UNESCO (2018) identifies the primary goal of sexuality education as 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 (Ministry of Education, 2015).

Mitigating teenage pregnancy using Sex education can effectively delay sex among people even as it increase 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 those who are sexually active. When young people are equipped with accurate and making decision, 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, 2018).

A very important factor contributing to early sexual initiation in adolescents is exposure to sexually explicit content especially in electronic media. Through a single website such as Facebook, millions of adolescents are now linked to other adolescents online. Each of these ties represents a potential tie of influence. Preliminary evidence suggests that displays of sexual material on Facebook are associated with the reported intention to become sexually active among teenagers (Daka, Jacob, Kakupa, and Mwelwa, 2017).

Dunton et al (2010) and Daka et al (2017) in their studies on adolescent sexual behaviors on social media and teen pregnancy posits that adolescents were more likely to display references to sexual behavior if a peer displayed similar references. Given the anonymity of the internet and the ease with which identity can be disguised on social media, online sexual solicitation is the other area of great concern on the influence of electronic media on teenage pregnancy. This puts these teenagers at risk of early sexual initiation and consequences such as STIs and teenage pregnancy. Online sexual predation occurs when an adult makes contact with a minor with intent to engage in sexual activities that would result in statutory rape.

Somers and Surmann (2013) have found that early and comprehensive sex education is correlated with less risky sexual behavior among teens. Specifically, those who receive sex education in school at a young age report having sex less frequently than those who received sex education post-puberty (UNICEF, 2018). There are two major types of sex education currently used in schools: abstinence only and comprehensive sex education. This section describes both types in relation to teenage pregnancy prevention. Currently, states are not required to provide sex education to teens (Collins, 2011).

The problems of teenage learner pregnancy range from ignorance to moral collapse (Jewkes, 2010). However, he cautioned against drawing conclusions from incomplete data, stating that there was no systematic process for tracking learner pregnancies in South Africa and that the rising numbers were the result of previous under-reporting. According to Jewkes (2010), the assumption that teenage pregnancy is always unwanted, is incorrect. It is common for boys to encourage their girlfriends to fall pregnant as there is pressure on both sexes to prove their fertility at a young age. There is likelihood of high teenage pregnancy in these rural schools because learners travel long distances to school passing forests and shrubs on route to their homes. In other words, due to the following problems: (a) operational travelling teenage pregnancy seems to be a problem, (b) socio-ecological problem are evident, as well as (c) learners are placed at risk when on foot through secluded areas on their way to school.

In their study, Kawonga, Mbozi and Daka (2021) found that Life Orientation educators felt that the major factor contributing to the increase in teenage pregnancy was a lack of comprehensive sex education provided by trained educators in schools. The same study also reports that a lack of opportunity for youth to gain more knowledge and access to contraceptive measures was a significant factor in learner pregnancies, particularly among teens living in poverty. This implies that even though educators observe that the curriculum is relevant; teachers may not be comfortable to teach the content of the curriculum in schools. Hence teachers may avoid teaching controversial topics for fear of criticism from parents. Other factors such as embarrassment, lack of knowledge, poor communication and an inexperienced level of parenting skills, differences in values about sex and dating, and the desire to avoid conflict have been implicated by the poor parental participation in sex education (Kawonga, Mbozi and Daka, 2021). Regardless of these factors, most parents still acknowledge that their children need basic sex education.

Zambia has a high rate of fertility at an average rate of 6.2% (Mkandawire, 2019). In 2007, the number of pregnancies among teenagers has been rising over the past decades. By 2010, the ministry of education reported that there were over 1500 teenage pregnancies among school going teenagers in Zambia (MOE, 2010). In Namwala district of Zambia, the number of pregnancy cases among teenagers in basic schools was 146 from the year 2013 to 2015 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 applicable concerted efforts to minimize the vice. In this regard the need for an integrated sexual education in different subjects 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 contraceptive among sexually active youths (Shuby, 2014).

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 behavior. In Zambia the teaching of sex education has so far not been effective. There are several reasons why it has been so, some of the most notable ones include the following; though teacher's 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 parts 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 (Ministry of Education, 2010).

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 Lusaka where teachers have put much emphasis on sex education topics when they teach them in other subjects. This is so because most of them in this area 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 (MOE, 2010).

III. METHODOLOGY

The study used qualitative approach, which relies on data obtained by researchers from first-hand observation, interviews, questionnaires on which participants write descriptively, focus groups, participant - observation, recordings made in natural settings, documents, and artifacts. The study employed cross-section survey design. Using this method, the researchers were able to describe the magnitude, effects and strategies adopted to prevent the problem in the study area.

Approximately 2,000 pupils are enrolled annually at both Munali boys and Munali girls' secondary school that only includes those who progress to junior and senior secondary school levels. Purposive sampling was used for all the respondents, the reason for using purposive sampling as

proposed by Daka (2019) and Daka and Changwe (2020) is to focus on particular characteristics of a population that are of interest to the topic at hand, and in this regard, participants were chosen on purpose for their specific role. The sample size of this research involved 40 participants for all the categories including 20 pupils who happen to be the main characteristic feature for which this study was undertaken, 10 teachers, and 10 heads of department. On record, during data collection for this research all the participants were available for interviews and questions.

The study employed a variety of tools for data collection. In collecting secondary sources of data, literature survey was conducted in different libraries on the subject matter. Various sources which include books, journals, reports, papers and internet materials were studied in order to have a critical overview on teen pregnancies. This is very important as proposed by Daka, Banda and Namafe (2017) that a variety of secondary information helps in validating the primary data during data analysis and triangulation. The study employed both open and close-ended questions in collecting the information. In this study, questionnaires were administered only to the school pupils. Questionnaires were directed to the pupils because they contain mostly closed ended questions which are easy to understand for the pupils. In this study the interviews were administered to the parents/ guardians and the health coordinator. Interviews are necessary so as to supplement clarifications of information collected through questionnaire. Some of these education officers and parents provided the researcher with relevant information on the way the practices of early marriage affected girls.

Data was collected from all the participants using semi-structured interview guides and questionnaires. The reason for using interview guides is so as to create a question and answers situation between the researcher and the participants which is ideal for collecting in-depth data. Using interviews, respondents are free to express themselves as well as allow the researcher to seek more clarity where necessary. The questionnaires also were used because they allow users to collect massive data in a short time. Additionally, they allow a researcher to address a large number of issues in a standardized way. In an event that either the questionnaire or the interview guide remains unattended to, the researcher involves another available participant containing similar knowledge on the same position.

The first step in data processing was data refining. This was done in the field during data collection process. After data refinement, the analysis of data followed whereby both qualitative and quantitative data were subjected to content analysis. The basic idea of the content analysis was to reduce total content of qualitative information to a series of variables for some characteristics of research interest. The data from questionnaires and interview guides was coded into specific categories, and thus statistical analysis of events and simple statistics such as frequencies and percentages were employed to summarize the data. The Statistical Package for Social

Science (SPSS) computer software was used to analyze quantitative data. After data analysis, the findings were summarized and presented in terms of tables, and figures and descriptions organized around major research themes.

Before going to the field, the researchers obtained a research clearance letter from the University of Zambia which introduced the researcher to all the respondents. The respondents were assured that all the sessions shall be carried out confidentially and there was no need to introduce themselves by their names, and the information they were going to provide was to be kept confidential only for the purpose of this study. The researcher thinks that confidentiality was important for the study since teenage pregnancies is among the very sensitive issues in which governmental and non-governmental organizations pay their attention. The researcher was able to soften participants' emotions by using good communication skills to persuade them to provide responses on their own free will.

IV. FINDINGS AND DISCUSSION

The results have been presented and discussed in themes that emerged from the data collected through interviews and document analysis.

4.1 How education mitigate teenage pregnancy

Figure 1 includes some programs aimed at reducing the rate of teen pregnancy; however, about 88% of the respondents indicated the idea of encouraging abstinence of the school going children which is further advised to individuals who are not married yet. About 80% of the respondents indicated to idea of teaching skills to cope with peer pressure, this however can keep school children busy attending to school matter thereby giving less chances for teenage pregnancy. 75% of the respondents mentioned about promoting community service activities that could lead school children to be focused at educative activities. And lastly about 63% indicated provision of education about birth control is among the most commented ideas amid at reducing teenage pregnancy. From the findings, it is clear that girls who have received a high amount of education are five times less likely to become pregnant and educated girls enter into child marriages less often and are more likely to have healthy future pregnancies. Therefore, it has been found that school provides the perfect environment to combat teen pregnancy. This is in agreement with Mkandawire (2019) who argued that it is critical for girls to return to school as soon as possible following childbirth, because even short interruptions in education do impact on the girls' futures.

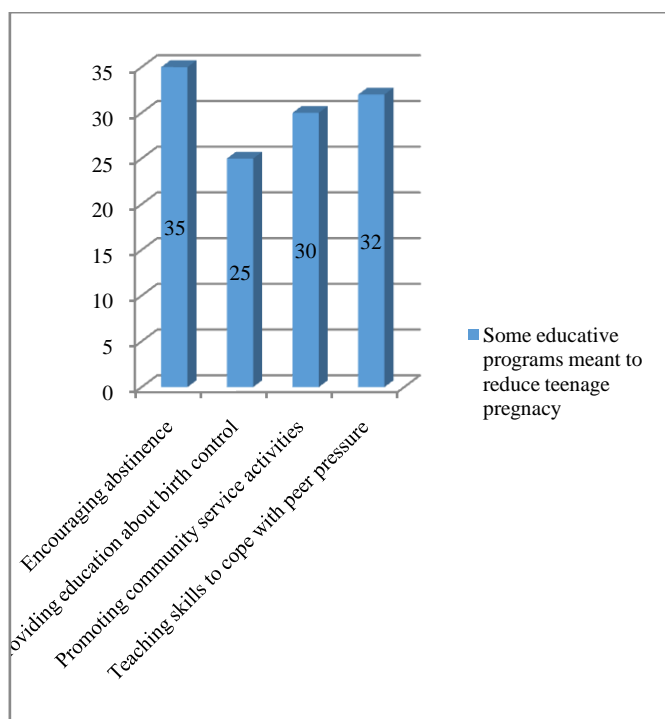


Figure 1: Some educative programs meant to reduce teenage pregnancy

Some participants were convinced that teenage pregnancy cannot be prevented and has reached alarming proportions in Munali Area. However, strategies can be developed and implemented to reduce the alarming numbers of pregnancies among school-going children. Mulenga and Daka (2022) argues that because of the multiple and complex factors contributing to teenage pregnancy, it is vital that in Zambia and areas like Munali in particular to address this phenomenon on individual, community and structural levels, as some of the various ways of reducing or preventing teenage pregnancy, as suggested by some participant including the school children themselves are; sensitizing parents and communities to the importance of appropriate open communication about sexuality and reproductive healthcare services; gender equality programs in communities, the importance of dual protection and developing less moralizing attitudes.

4.3 Factors that lead to teenage pregnancy

Figure 2 below is as a result of the responses about the factors that lead to teenage pregnancy in Munali area. Among the factors are single parent household, single mothers dating behaviors, lack of positive family interaction, lack of positive parental supervision, lack of positive parenting-child communication, and Mother was a teen parent. Therefore, Single mothers dating behaviors following by lack of parental supervision on the child as well as single parent household are among the most influential factors leading to teenage pregnancies.

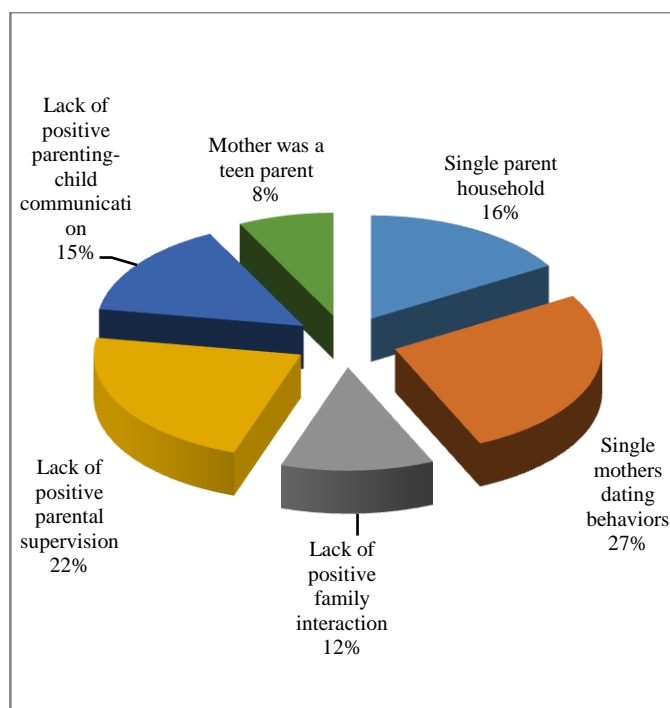


Figure 2: Some common factors that lead to teenage pregnancy

Information from interviews also agreed with the quantitative data collected above. One of the participant said,

“The environments in which the children reside, the insufficient spaces, where parents are sharing a room or a shack with their children expose children to early sexual activities.” (Participant 6)

In addition, the area where the community is located is also likely to contribute to teenage pregnancy. Kamanga, Daka and Mkandawire (2022) argued that children who grow in residential areas where poverty is entrenched are at risk of experiencing an early pregnancy. In addition, child-headed families and orphans are faced with difficulties in meeting their needs when both parents are deceased and this might result in them resorting to sexual activities in an endeavor to earn money, and this often results in pregnancy (Kawonga, Mbozi and Daka, 2021).

In turn, teenagers consult with peers, read magazine articles and use social media and video material to obtain information. Although there are health clinics where information can be obtained, teenagers do not use these facilities, because they fear to be identified as sexually active and stigmatized.

4.4 Challenges and barriers of education in mitigating teenage pregnancy

On the challenges and barriers of education in mitigating teenage pregnancy as presented in Figure 4 above include poor collaboration among school departments, lack of public awareness and programs, lack of sensitization workshops, educators are not trained to counsel learners in relation to psychosocial issues, schools lack social workers, lack of

finances to foster retention of teenage mothers in schools, and lack of promoting social counseling. Based on respondents, collaboration among different school departments, i.e. it is evident that better coordination of programs about sex education and psychosocial and healthcare services to adequately support learners is imperative to address the issue of teenage pregnancy. Some young mother and as well as educators indicated that school premises and communities lack trained counselors who in this case can be helping with psychosocial issues, as they are supposed to focus on the education of learners. Therefore, resources like school social workers are not available and accessible in schools to provide the much-needed psychosocial support to the majority of learners in schools. This was in line with the studies done by Mulenga and Daka (2022) and Kamanga, Daka, and Mkandawire, (2022) where the guidance teachers bemoaned lack of psychosocial support in schools to help mitigate the problem of teenage pregnancy.

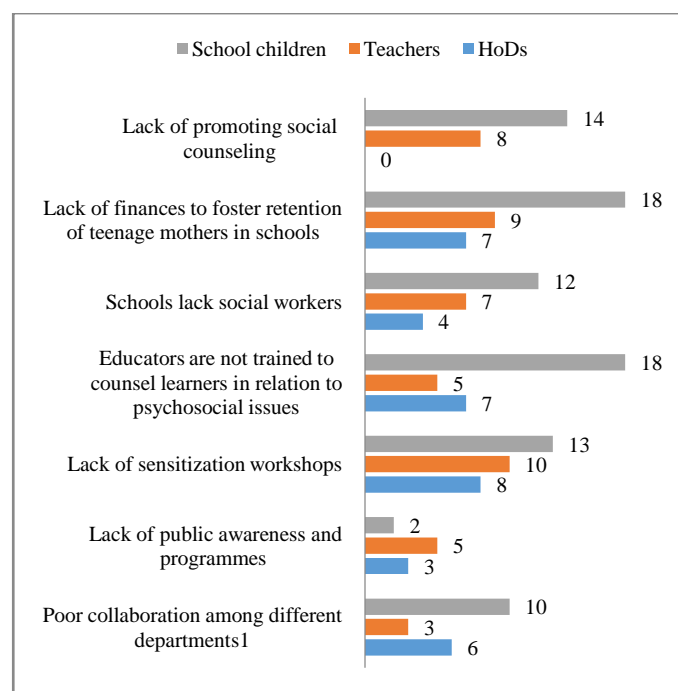


Figure 4 Challenges and barriers of education in mitigating teenage pregnancies

V. CONCLUSION AND RECOMMENDATION

The study has shown that teenage pregnancy is a growing concern in Zambian schools and it has detrimental effects on the education and future plans of secondary school learners. Having to balance motherhood and education simultaneously appears to be an overwhelming experience for teenage mothers. As a result, irregular school attendance and poor school performance during and after pregnancy often lead to the girls dropping out of school. This inevitably influences future work opportunities and careers negatively, and contributes to unemployment among the youth. It is also evident from the findings that teenage pregnancy has far-reaching consequences, and specifically affects the emotional

behavior of the pregnant teenager and/or young mother. They are largely faced with stigmatization in the school and community, and are often subject to limited or no support from families and healthcare facilities. The participants firmly expressed the need for social workers in schools to create awareness and implement preventative programmes, to provide the much-needed counseling and psychosocial support for pregnant learners and their family systems, and to network with other important role players, such as, healthcare facilities, in terms of service delivery.

As a result of the findings regarding the role of education in mitigating teenage pregnancy among secondary school children, it is therefore guided to consider the recommendations below as they provide various solutions to curb the problem of teenage pregnancies.

- 1) Parents should be actively engaged in partnership with the school, educators and social workers. They can work in partnership to combat the problem and find solutions to address issues affecting teenagers such as teenage pregnancy, substance abuse and bullying, to name a few.
- 2) Collaboration among different school departments should be emphasized in order to better coordination of programmes about sex education and psychosocial and healthcare services.
- 3) Schools and communities like Munali to engage trained educators who will be able to counsel learners in relation to psychosocial issues, as they are supposed to focus on the education of learners.
- 4) Further studies need to be conducted in other localities countrywide to ascertain challenges that hinder efforts to fight against teenage pregnancy practices.

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