GUIDANCE AND COUNSELLING ACTIVITIES FOR PREVENTING THE CHALLENGES FACED BY ADOLESCENTS IN SELECTED SECONDARY SCHOOLS IN CHOMA DISTRICT OF SOUTHERN ZAMBIA

BY

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DECLARATION

I, Meyamui Sinengela, declare that this dissertation represents my own work and that it has not previously been submitted for a degree at the University of Zambia or at any other university.

Sign ----------------------------

Date ----------------------------

DEDICATION

This work is dedicated to all the teachers who are charged with the responsibility of moulding adolescents into responsible adults.

APPROVAL

This dissertation by Meyamui Sinengela has been accepted as fulfilling part of the requirements for the award of the degree of Master of Education in Educational Psychology at the University of Zambia.

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LIST OF ACRONYMS

AIDS   Acquired Immune Deficiency Syndrome

APA   American Psychological Association

CBU   Copperbelt University

CDC   Curriculum Development Centre

CDC   Centre for Disease Control

DEC   Drug Enforcement Commission

G & C   Guidance and Counseling

HIV   Human Immuno Deficiency Virus

MoESVTEE   Ministry of Education Science Vocational Training and Early Education

SPSS   Statistical Package for Social Sciences

STIs   Sexually Transmitted Infections

UNICEF   United Nations International Children's Education Fund

UNZA   University of Zambia

USAID   United States Agency for International Development

WHO   World Health Organisation

ZCAS   Zambia Centre for Accountancy Studies

ZDHS   Zambia Demographic and Health Survey

ZGSHS   Zambia Global Schools Health Survey

ABSTRACT

The purpose of the study was to assess the school guidance and counseling activities for preventing the challenges faced by adolescents. A descriptive survey design was used to conduct this study. The sample size was 209 pupils and 4 guidance and counseling teachers from selected secondary schools in Choma district. Simple random and purposive sampling were used to select the sample. Questionnaires were used to collect quantitative data from the pupils while Semi-structured interviews were used to collect qualitative data from the guidance and counseling teachers. Quantitative data was analysed using the Statistical Package for Social Sciences (SPSS) in order to generate tables, graphs and percentages. Qualitative data was analysed using thematic analysis. Major themes were identified from the data and coded.

The findings of the study revealed that there were various guidance and counseling activities that were used in schools to educate the adolescents about the challenges of their developmental stage and how to prevent them or cope with them. These methods include classroom lessons, group discussions, role plays, peer education, the anti-AIDS club, anti-drug club, talks with the guidance and counseling teacher as well as games and sports. The adolescents were mostly taught factual information about reproductive health, and drug and alcohol abuse. Life skills education is rarely provided. The findings show that most of the schools do not educate the adolescents on the effects of watching pornographic material.

The study concluded that guidance and counseling activities have a moderate influence on behaviour change. On the basis of the findings, it was recommended that Guidance and counseling teachers should use preventive education which combines information dissemination, normative education and life skills education if any reasonable behaviour change is to be observed. In addition, there is need for guidance and counseling teachers to gather information about the effects of internet pornography on adolescent development so that they can be able to educate the adolescents.

CHAPTER 1

1.0 INTRODUCTION

This chapter consists of the background, the statement of the problem, the purpose of the study, objectives of the study, research questions, significance of the study, the limitations of the study, theoretical framework and operational definitions.

1.1. Background

Adolescence is the transition period between childhood and adult life. This period lasts from the age of 12 to 20 years (Munsaka and Matafwali, 2013). This transition involves biological, social and psychological changes. It is also known as a time of storm and stress because of psychological and physiological changes which demand for adolescents to take up new social roles. Adolescence brings many ambiguities in life in the sense that one strives to have freedom and yet also to have the security that goes with childhood (Kundu and Tatoo, 1998). This uncertainty about one's role causes many conflicts. According to UNICEF (2002), adolescence marks the beginning of a search for identity and the meaning of life, and finding one's place in the world.

The onset of adolescence comes with rapid physical development such as the rapid increase in height and weight. This is due to the increased production of hormones by the pituitary gland which increase the growth rate of tissues (Ifedigbo, 2008; Huebner and Morgan, 2009). The production of sex hormones such as estrogen in females and testosterone in males result in the development of secondary sexual characteristics. Notable among girls are the enlargement of breasts, growth of pubic hair and the onset of menstruation while the notable ones among boys are the enlargement of testes, growth of pubic hair and deepening of the voice (Munsaka and Matafwali, 2013).

Huebner and Morgan (2009) point out that cognitive development also continues during adolescence. This coincides with the formal operational stage of Piaget's theory of cognitive development, where individuals begin to engage in abstract thinking and problem solving. At this stage, adolescents no longer depend on concrete experiences in order to make decisions, but engage in hypothetical deductive reasoning. They can use their life experiences to evaluate options and make decisions. Further, adolescents develop the ability to think about thinking in a process called meta-cognition. This allows adolescents to think about how they feel, what they are thinking and how they are perceived by others.

Recent discoveries by neuroscientists have revealed that there is rapid electrical and physiological activity which occurs in the brain beginning at the age of about 11 years. This electrical and physiological activity reorganizes billions of neural networks that affect emotional skills as well as physical and mental abilities. However, these very important neural networks can only develop properly with the support of significant others such as teachers and parents who can encourage the adolescents to exercise their analytical and abstract thinking (UNICEF, 2002).

Another aspect of adolescence is psychosocial development. Ifedigbo (2008) divides psychosocial issues into five categories which are; establishing an identity, establishing autonomy, establishing intimacy, becoming comfortable with one's sexuality and making achievement. Developing an identity is one of the most important accomplishments for adolescents. This search for identity can be influenced by cultural background, peer group and family expectations. However, the peer group usually has an overwhelming influence on the adolescents. They become less interested in family activities and depend so much on peer advice especially when it comes to the sense of self and self esteem.

Adolescents may explore their sexual identity by going on dates and having romantic relationships. As they try to establish and explore their sexuality, they experiment with sex which may result in pregnancy, HIV/AIDS and sexually transmited infections (American Psychological Association, 2002). Autonomy refers to the adolescent's desire to become independent and self governing. They want to make their own decisions and live by their own principles. Further, adolescents establish intimacy by developing close relationships with friends and relatives of either the same sex or opposite sex. The aim is to establish a relationship with an honest, caring and trustworthy person with whom they can express themselves freely (Huebner and Morgan, 2009).

Adolescents face a lot of psychosocial challenges due to the developmental crises. Among the major challenges are early pregnancy, drug and alcohol abuse, juvenile delinquency, suicide and depression, bullying, peer pressure, pressure to make career choices, HIV/AIDS and sexually transmitted infections (Santrock, 2006).

To ensure that adolescents negotiate through these challenges successfully, it is important for them to understand what is happening in their life physically, cognitively and socially as well as how such challenges affect their personal well being. Therefore, it is important for the adolescents to be provided with information and skills of how to cope with challenges that come with adolescence before they engage in risky behaviour. UNICEF (2002:1) states that,

> "*When adolescents are supported and encouraged by caring adults, they thrive in unimaginable ways, becoming resourceful and contributing members of communities and families.*"

Schools have great potential of helping adolescents to avoid risky behaviour. They provide a channel for communicating with a large number of adolescents consistently at a time when they are vulnerable to emotional problems and risky behaviour. School is the most important

place where adolescents spend most of the time and where peer pressure may expose them to a number of challenges. Bushway, Eck, Gottfredson, MacKenzie, Reuter and Sherman (1998) argue that many of the precursors of delinquent behaviour could be persuaded to change through school based intervention because they are school related (https://www.ncjrs.gov/works/chapter 5.htm). The Zambia Education Curriculum Framework (2012: 21) stipulates that,

> "Career guidance and counseling are important to produce a well
> balanced individual who will fit in society and contribute positively for his
> or her own good and society at large."

However, there is continued uncertainity about how proactive the guidance and counseling departments in schools are, to avert the challenges faced by adolescents. The present study therefore attempts to fill in this information gap.

1.2 Statement of the problem

Although schools provide an ideal place for communicating with a large number of adolescents in order to prevent them from indulging in risky behaviour, there is little evidence of effective intervention in this setting. Cases of early pregnancy, dropping out of school, drug and alcohol abuse continue unabated. The UNICEF (2011) report on the state of the world's children reveals that globally, the net secondary school attendance is roughly one third lower than for primary school and one third of all new HIV cases involve young people aged 15-24. In Zambia, 40% of adolescents have ever drunk alcohol (Swahn et al, 2011), 37.2% of in-school adolescents have ever smoked cannabis (Siziya et al, 2013) and 28% of adolescent girls aged 15-19 have begun child bearing (ZHDS, 2007). There is need to determine the effectiveness of the school guidance and counseling activities for preventing the challenges that are faced by adolescents due to their developmental stage.

1.3 Purpose of the study

The purpose of the study was to find out the coping strategies and prevention activities that have been designed by the guidance and counseling departments in schools to alleviate the challenges faced by adolescents.

1.4 Specific objectives

1. To determine the guidance and counseling activities for helping adolescents to cope with challenges of their developmental stage available in schools.

2. To determine the adolescent and guidance teacher's assessment of the guidance and counseling activities designed to help adolescents cope with challenges of their developmental stage.

3. To establish whether there are sufficient resources in secondary schools for effective implementation of guidance and counseling activities.

1.5 Research questions

1. What guidance and counseling activities are available in schools to help adolescents cope with challenges of their developmental stage?

2. What is the adolescent and guidance teacher's assessment of the guidance and counseling activities for preventing the challenges of the adolescent stage?

3. Are there sufficient resources for effective implementation of guidance and counseling activities in secondary schools?

1.6 Significance of the study

The study intended to highlight the role of the school in helping adolescents cope with challenges which come with their developmental stage through the activities designed by the Guidance and Counseling Department. It is hoped that the study will encourage school managers and other stake holders to implement the guidance and counseling activities with sufficient rigor in order to help adolescents navigate through this developmental stage successfully.

1.7 Delimitation of the study

The study was carried out in five secondary schools in Choma district. Further, only secondary schools were considered because that was where the majority of adolescents were found.

1.8 Limitations of the study

The sample was obtained only from five secondary schools in Choma district. This could make it difficult to generalize the results to the secondary schools in the whole country. Additionally, the study was based on self reported data, some students could have mis-reported intentionally or due to not being able to remember the facts correctly. This was overcome by triangulating the self reported data with interviews of G & C teachers. Therefore, the findings of the study can still be generalized.

1.9 Theoretical framework

This study was guided by Erik Erikson's theory of personality development. One of the main elements of Erikson's psychosocial theory is the development of ego identity. Ego identity is the conscious sense of self that individuals develop through interaction with society (Rathus,

2008). The fifth stage of this theory is identity versus identity confusion which coincides with the adolescent stage. During this period, adolescents become pre-occupied with establishing their sense of identity. At this stage adolescents are faced with finding out who they are and what their role is in society (Santrock, 2006). As they try to establish a sense of identity, adolescents usually experiment with a lot of activities which land them into problems unintentionally. Erikson referred to this time-out period when adolescents experiment with different roles, values, beliefs and relationships as a psychological moratorium (Rathus, 2008). Erikson believed that at each stage of development, individuals face a new challenge that can help to enhance or hinder the development of identity.

Berger (1986) points out that during the stage of adolescence, society provides an avenue to finding an identity by providing values and social structures that ease the transition from childhood to adulthood. Peers, parents and teachers are some of the societal forces that play a significant role in human development. Adolescents who receive proper guidance and encouragement will come out of this stage with a strong sense of self while those who remain unsure of their beliefs and desires will feel insecure and confused about themselves and the future. This is what Erikson referred to as identity confusion. Completing this stage successfully leads to the virtue of fidelity, which is an ability to live by society's standards and expectations (Rathus, 2008). This theory is relevant to this study in the sense that teachers are part of the forces in the environment which can help the adolescents to make health choices and resolve the identity crises positively. Adolescents may be helped to cope with challenges of their developmental stage through proactive guidance and counseling activities in schools. In the case of adolescents in this study, various activities that are used by guidance and counseling teachers to alleviate the challenges faced by adolescents were explored.

1.10 Operation definition of terms

Addiction – a condition of being physically dependant on a particular substance.

Adolescence is the developmental period from 12 years to 20 years.

Binge drinking– drinking large amounts of alcohol in a short period of time.

Childhood is the developmental period from 1 year to 11 years.

Counseling – a process of helping an individual to accept and use information and advice so that he can either solve his present problem or cope with it successfully.

Drug – an illegal substance taken for the effects it has on the body.

Guidance – is a personalized assistance made readily available by a sympathetic mature experienced and qualified person to a needy person.

Hormone – chemical substance produced by body cells and carried by the blood to specific cells or tissues.

Identity crisis – a turning point in human development during which one examines one's values and makes decisions about life roles.

Infancy is the developmental period from birth to 1 year.

Maternal mortality – death in women due to child birth or pregnancy related condition.

Moratorium – An identity status that characterizes those who are actively exploring alternatives in an attempt to form an identity.

Pornography – material that contains images of naked people, or people having sex and intended to create sexual feelings or thoughts.

Pornographic addiction – behavioural addiction that is characterized by an ever growing compulsion or need to view pornographic content or material.

Psychoactive substance – any substance that when taken by a person can modify perception, mood, cognition, behaviour or motor functions.

Risky behaviour – behaviour that can interfere with successful psychosocial development.

1.11 Summary

This chapter has discussed the introduction to the study. It started by discussing the background to the study, which consists of a brief description of adolescence. Some of the challenges highlighted in the introduction include drug and substance abuse, and developing sexual identity which may lead to teenage pregnancies, addiction to internet pornography and HIV/AIDS. The chapter has also outlined the statement of the problem, purpose of the study, objectives and research questions. In addition the chapter has discussed the significance of the study, limitations, delimitation of the study, the theoretical framework by which the study is guided and the operational definitions. The next chapter discusses the literature review.

CHAPTER 2

LITERATURE REVIEW

2.0 Introduction

This chapter reviews relevant literature on the guidance and counseling activities that are used in schools, to alleviate the challenges faced by adolescents due to their developmental stage. The review starts with what is known about the challenges faced by adolescents and their consequences, followed by the school based guidance and counseling interventions. Thereafter, a review of literature on the assessment of school guidance and counseling activities is presented, followed by literature on the availability of guidance and counseling resources.

2.1 Challenges faced by adolescents and their consquencies

This section reviews literature on the challenges faced by adolescents due to their developmental crises and the consequences of these challenges.

2.1.1 Developing a sexual identity

Santrock (2006) describes adolescence as a time when individuals inquire and experiment on sex, of sexual fantasies and realities as well as a time when individuals incorporate sexuality into their identity. He asserts that the curiosity of adolescents about sexuality mysteries cannot be satisfied. Adolescents get pre-occupied with thinking about how to do sex, whether they are sexually attractive and what the future holds for their sexual lives. Further, Santrock observes that during adolescence, sexual feelings change and intensify due to the increased production of sex hormones such as estrogen and testosterone.

Crockett, Moilanen and Raffaeli (2003) in Santrock (2006), suggest that the process developing a sexual identity involves how to manage sexual feelings and learning the skills of regulating sexual behavior in order to avoid undesirable consequences. The production of hormones coupled with adolescents' curiosity about sexuality's mysteries may cause adolescents to begin to experiment with sex. It is during this process of experimentation that some adolescents may get infected with HIV and STIs, get addicted to internet pornography or get pregnant unintentionally.

2.1.2. Teenage pregnancies

According to the Zambia demographic and health survey (2007), 28% of adolescent girls aged between 15 to 19 years have begun child bearing. The same survey further indicates that the maternal mortality rate estimate among girls aged 15 to 19 years is 0.28 deaths per 1000 woman – years of exposure. Similarly, the paper submitted by restless development (2014) to the Parliamentary Sectional Committee for Youth and Sport, for the Third Session of the 11th National Assembly indicates that the overall incidence of teenage pregnancy in Zambian high schools is escalating from 765 in 2002 to 1566 in 2008, 15300 in 2009 and about 15000 in 2010. There was a slight drop to 12285 in 2011. Adolescent pregnancy creates health problems both for the baby and the mother. This is confirmed by Ngenda (2012), who points out that, teenage girls are at a higher risk of obstructed labour, pregnancy induced hypertension and the development of a hole between the birth canal and anal area during prolonged labour because they are not physically mature. Ngenda observes that pregnancy is the leading cause of death among teenage girls aged 15-19 worldwide, with the major risk factors being unsafe abortion and complications during child birth.

2.1.3 HIV/AIDS and sexually transmitted infections

 Apart from pregnancy, sexually active adolescents who do not use condoms may be exposed to HIV/AIDS and other sexually transmitted infections. These STIs may include herpes, syphilis, urethritis and chancroid. According to the ZDHS (2007), 7% of youth aged between 15 to 24 years tested positive for HIV. Similarly the Zambia sexual behaviour survey (2009) reports that only 30-40% of youths aged 15-24 reported using a condom the last time they had sex. Mwale (2010) indicates that 1 in 4 cases of gonorrhea involve an adolescent and 1in 35 adolescents have genital herpes. According to Samkange-Zeeb, Spallek & Zeeb (2011), most sexually transmitted infections occur symptom free and hence can be passed on unaware during unprotected sexual intercourse. HIV/AIDS and STIs among adolescents may affect their physical health, their ability to bear children in future and even reduce their lifespan (Collins, Howard, Kirby, Kolbe, Miller, Rugg, Short, Sonenstein & Zabin, 1994).

2.1.4 Addiction to internet pornography

The internet has made it easy for the adolescents to access pornographic images. As a result many young people are being overwhelmed with sexual stimuli before they have the developmental capacity to integrate the material into their formation of a healthy sexual identity (Benedeck & Brown 1999 cited by Harney, 2012). Benedeck and Brown further point out that pornography has several negative effects on the adolescents such as modeling and imitation of inappropriate behaviours, unhealthy interference with normal sexual development, stimulation of premature sexual activity, development of misleading and potentially harmful attitudes and emotional side effects such as shame, guilt, anxiety and confusion.

Harney (2012) observes that pornography can be addictive if it is habitually used. He points out that pornography can create a powerful biochemical rush in the user which causes the adrenal gland to release epinephrine into the blood stream. This chemical substance proceeds to the brain where it locks the image in. Once this happens, the simple thought of the image can cause a feeling of arousal. Behun, Manning, Owens and Reid (2012) reviewed the impact of internet pornography on adolescents and found that adolescents who view pornographic images may develop unrealistic sexual values and beliefs. They point out that youths who frequently use pornography may develop higher levels of permissive sexual attitudes, sexual pre-occupation and earlier sexual experimentation. In addition, Young (1996) in Caldwell and Canningham (2010) points out that excessive use of the internet for "surfing irrelevant websites" has broad negative consequences among the students such as poor grades, expulsion from school as well as relationship and financial problems.

2.1.5 Alcohol abuse

Adolescents may begin to take alcohol as a way of modeling adult behaviour or just for excitement and fun. The survey by Ali, Mayeya, Palmier, Sikazwe and Swahn (2011) on alcohol marketing, drunkenness and problem drinking among Zambian youths found out that 40.8% of adolescents have ever drunk alcohol. They observe that alcohol use among school going adolescents is associated with the use of other drugs, missing school and bullying. According to Mwale (2010), alcohol can damage or even kill biological tissues including muscle and brain cells when taken in large quantities. Mwale points out that the abuse of alcohol in adolescence may result in the impairment of intellectual skills such as reading, writing, memory and recall, while behavioral control and judgment becomes less efficient. Binge drinking is more harmful to the brain cells than any other pattern of drinking. The Zambia global schools health survey by WHO (2004) points out that the adverse health

consequences from long-term chronic alcohol use may not be immediate but may manifest fairly late in life.

2.1.6 Drug and substance abuse

The use of cannabis is prevalent among Zambian in-school adolescents. Adolescents may resort to drug and substance use as a way of developing autonomy. The research conducted by Babaniyi, Besa, Kankiza, Muula, Rudatsikira Siziya and Songolo (2013) on cannabis use and its social demographic correlates among in-school adolescents in Zambia reveals that the prevalence of having ever smoked cannabis was found to be 37.2% among in-school adolescents which is higher than 6.2% reported in Zimbabwe. They observe that cannabis use among adolescents is related to an increased risk of using other illicit drugs, poor academic performance, psychotic disorders and behavioral disorders. In another study by Masibo, Mndeme and Nsimba (2013) on the assessment of knowledge, attitudes and practices of psychoactive substance use among secondary school students in Dodoma, Tanzania, students reported experiencing poor school performance, injuries, being involved in conflicts and people expressing concern over their behaviour change after substance use. Similarly, the National Centre for Biotechnology Information (1999) reports that the consequences of cannabis use range from fatal and non fatal injuries from motor vehicle accidents, suicides, violence, delinquency, psychiatric disorders and risky sexual practices. Adolescents on the streets may abuse other solvents such as petrol and glue which can cause problems such as drowsiness, diarrhoea, nausea, vomiting, and reckless behaviour.

2.1.7 Pressure to make career choices

Adolescents face challenges in making career choices. There are many factors that exert pressure on adolescents' career choice. Usually, there is influence from parents, peers and sex

stereotypes among others. According to Waters (2012) there is often a lot of pressure on adolescents to find a job that earns them a lot of money and reflects well on their family. Waters says that adolescents are burdened by the idea that if they do not take a desirable career path, they will not be able to save enough money for retirement, they will not be famous, they will not leave an inheritance for their children, their parents will not be proud of them and they may appear to others as wasted potential. A research carried out by Menon, Nkhumbula and Singh (2012) on the career interest of young people in Zambia revealed that there was an indication of sex stereotyping in career choice of school children especially among girls. When asked about career choice, girls' choices were oriented towards traditional female careers such as teaching and nursing where as boys chose more varied occupations. This led them to the conclusion that the youths in Zambia have varied career interests hence providing them with information and helping them to think closely about their skills, interests and achievement is useful in identifying career choices.

Holman and Sainsbury (2014) observe that the challenge of making career choices among adolescents is compounded by the changes in technology and the labour market which have produced new career options that are not well understood by many people. They observe that many young people have internalized ideas about what careers might suit 'people like them' which could be based on class, gender or cultural background. Further, they argue that pupils from families of graduates and professionals may easily have access to information about the types of careers available to people with the right qualifications but not those from unemployed or family members in low skilled jobs.

In view of the challenges faced by adolescents that have been reviewed in this section, the onset of adolescence should be taken as a warning that risky behaviour may follow. The challenge for G & C teachers is to develop effective G & C activities that can help to prevent

the anticipated risky behaviour. Erikson's fifth stage of psychosocial development suggests that adolescents experiment with different lifestyles as a way of responding to the identity crisis. Well guided adolescents will navigate through this stage successfully.

2.2 School based guidance and counseling interventions

This section reviews literature on the prevention and intervention activities against the challenges of adolescence that have been employed in some schools globally. It also reviews literature on the G & C services that are provided by G & C teachers in schools.

Perera and Thomas (2008) reviewed school based interventions to prevent children and adolescents from beginning to smoke in Cochrane and identified five types of interventions which have been used by researchers, each based on a different theoretical orientation. These interventions include information giving, social competence, social influence approaches, a combination of social competence and social influence and multi-modal programmes which combine curricular approaches with wider initiatives within and beyond the school.

2.2.1 Information dissemination approach

According to Botvin (2006) information dissemination is one of the school based prevention strategies which is designed to disseminate information about the negative effects of some of the risks taken by adolescents. He further observes that this approach is used in drug and alcohol abuse prevention with the view that drug abuse is caused by lack of knowledge about its negative effects. It is hoped that when the adolescents are furnished with facts about drug abuse, they will be able to make reasonable and logical decisions about not smoking, taking alcohol or using illicit drugs.

Similarly, Perera and Thomas (2008) point out that information giving approaches equip the participants with information about smoking and health risks of using tobacco. This is

supported by the findings of Collins, Howard, Kirby, Kolbe, Miller, Rugy, Short, Sonenstein and Zabin (1994) on school based programs to reduce sexual risk behaviours in the United States. Kirby et al, indicated that some schools were using education programs with the belief that providing accurate information about sexually transmitted infections and HIV/AIDS would prevent adolescents from engaging in sex.

Botvin and Griffin (2003) observe that the information dissemination approach employs methods such as classroom lectures about the dangers of abuse and educational pamphlets. Others include short films that disseminate information to students about different types of drugs and the negative effects of abusing them. Some information dissemination methods use people from the world of work such as Drug Enforcement Commission (D.E.C) officers who go to schools to discuss drug related issues such as the health effects of drugs and penalties for buying or possessing illegal drugs. Others use health professionals to talk about the health effects of drugs as well as early pregnancies for girls.

Botvin and Griffin (2003), however, point out that information dissemination approaches are not effective in changing behaviour. They may have a temporal impact on knowledge but not behavioural change.

2.2.2 Social competence approach

Perera and Thomas (2008) point out that the social competence approach uses affective education based on Bandura's social learning theory. According to Bandura's social learning theory, children learn how to use drugs by modeling, imitating and reinforcement from significant others. This is supported by Botvin and Griffin (2003), who state that in the competence enhancement approach drug use behaviour is learned by modeling, imitation and reinforcement coupled with the influence from the individual's pro-drug cognitions, attitudes

and skills. Therefore, social competence approaches use cognitive behavioural skills such as instruction, demonstration, rehearsal, feedback, reinforcement and out of class practice.

Collins, Howard, Kirby, Kolbe, Miller, Rugy, Short, Sonenstein and Zabin (1994) also report that the social competence approaches were effective for reducing sexual risk behaviour. Similarly, the study by Gottfredson et al, (1998) on school based crime prevention in the United States revealed that social competence programs were effective for reducing substance use among adolescents. This is in agreement with Botvin and Griffin's (2003) view that competence enhancement approaches appear to be the most effective of all school based prevention strategies.

Social competence theories are effective because they help adolescents to understand societal pressures and empower them with cognitive skills of how to resist media and interpersonal influences, coping with stress and anxiety, raising self-esteem, increasing assertiveness and how to interact with people of both genders. They also teach a variety of self- management, personal and social skills such as goal setting, problem solving and decision making (Kirby et al, 1994; Perera and Thomas, 2008; Gottfredson et al, 1998). In the light of this, Erikson's theory affirms that G & C teachers are part of the broader environment which can help the adolescents to acquire cognitive skills of how to resist societal pressures.

2.2.3 Social influence approach

The social influence approach assumes that risky behaviour among adolescents is caused by social factors such as the media, peers and the family. According to Flay, Graham, Hansen, Johnson, and Sobel (1988), the social influence approach includes lessons about the nature of peer pressure, skills for resisting peer pressure, correcting exaggerated estimates of peer drug use prevalence, short-term consequences of drug use, media awareness, resisting media

influences, finding alternatives to drug use, building positive friendships and making a commitment to resist peer pressure.

Botvin (2000) points out that refusal skills training involves teaching students how to refuse offers to use drugs in an effective manner. Emphasis is given to some things such as body position and distance from the person making the offer, eye contact, tone of voice and facial expression. Students are also taught how to develop resistance to advertising appeals that may influence them to use tobacco products or alcoholic beverages.

Flay, Graham, Hansen, Johnson and Sobel (1988) conducted a study in which they compared affective education and the social influence approach to preventing the onset of substance abuse among adolescents. The results suggest that the social influence approach may be effective at deterring the onset of alcohol, tobacco and marijuana use. Their results showed that at the 12 month and the 24 month post test, students who received the social influence programme generally had lower rates of onset for tobacco, alcohol and marijuana use than students who had received the affective education programme.

In a similar study, Dijk, Haukkala, Lehtovuori, Pennanen, Vartiainen and Vries (2006) evaluated the effects of a three year smoking prevention programme in secondary schools in Helsinki, Finland. The programme consisted of 14 information lessons about smoking and refusal skills training. They concluded that a combination of information and refusal skills can prevent the initiation of smoking among all adolescents including high risk students. This study shares similar views and agrees that adolescents need to be provided with information as well as refusal skills in order for the prevention activities to be effective.

In another study, an evaluation of a peer led smoking prevention programme for Romanian adolescents by Dijk, Ionut, Lotrean, Mesters and Vries (2010) revealed that prevention

programmes using the social influence approach can be effective but maintenance of these effects was needed. This programme used the social influence approach and concentrated on enhancing self- efficacy and acquisition of cigarette refusal skills. This was confirmed by Botvin and Griffin (2003), who observe that resistance skills programmes as a whole have been successful although longer term follow up studies have shown that the effects gradually diminish overtime hence the need for maintenance sessions.

2.2.4 Peer educators

Peer education is a teaching and learning relationship involving people who are in some way equals. The equality can be defined by gender, age, income, culture, background or anything that people may have in common. Young people who are trained in matters of HIV, sexual reproductive health, alcohol and drug abuse can teach other young people and provide counseling services. The use of peer education assumes that adolescents are often likely to relate to and trust others in their own circumstances more than professionals whose experience might be different from theirs (Botvin, 2006; USAID, 2010).

Mason (2003) suggests that people are more likely to hear and personalize messages and hence to change their attitudes as well as behaviour if they believe the messenger is similar to them and faces the same challenges and pressures. This is supported by Bruno, Centro, Ciari and Studi (2010) who observe that peers are more often perceived as posing a decreased level of threat of being judgemental or of reporting them to the law enforcement officers compared with adults. Adolescents are also often concerned about matters of privacy, anonymity and confidentiality when they disclose issues to adults. A trained peer is seen to be a more credible source of information and an immediate source of help than a non peer. Numerous studies have demonstrated that peer education influences health behaviours among the youths not only in regard to sexuality but also in regard to violence and substance use.

Agha and Van Rossem (2004) conducted a research to determine whether adolescents' normative beliefs about abstinence and condoms, their personal risk perception and safer sex practices changed after the implementation of a peer sexual health education intervention implemented in secondary schools in Lusaka. The research revealed that there were positive changes in normative beliefs about abstinence immediately after the intervention which were sustained for six months after the intervention. The intervention was successful in reducing multiple regular partnerships where as normative beliefs about condom use took longer to develop.

In a similar study, an evaluation of the West African youth initiative implemented peer education programmes in schools and out of school settings in Ghana and Nigeria showed that peer education significantly increased condom use among in school youth. The proportion of youth reporting use of modern contraception methods increased from 47 to 56 percent (Brieger, Delano, Lane, Oladepo & Oyediran, 2001).

In another study, Cooke, Killen, Maccoby, Miller, and Telch (1990) evaluated the use of peer educators for resisting the pressure to smoke among seventh grade students. They concluded that the use of peer leaders increases programme credibility which in turn enhances students' attention to the pressure resistance skills being taught. As has been revealed in these studies, peer education is an important aspect of guidance and counseling activities because adolescents spend more time with their peers and believe they face similar challenges as they do. Therefore, the G & C teacher has a role to ensure that the peer educators are equipped with the necessary information and skills which they can transfer to their peers.

2.2.5 Recreational activities

Some programs use recreational activities as a delinquency prevention strategy on the assumption that, "idle minds are the devil's workshop" and that those youths with low academic self concept may display their competencies through recreational activities (Botvin, 1990; Hansen, 1992). The use of recreational activities assumes that by engaging youth in sports and physical activities, they are protected against using alcohol and drugs. This is supported by Mwale (2010), who asserts that involving adolescents in games, sporting activities and drama can help them to ease the sexual tension. This is in agreement with the ego defense mechanism of sublimation in which unacceptable emotions are replaced with acceptable ones (Munsaka & Matafwali, 2013). In this case, the sexual energy is channeled to sporting activities.

Werch (2014) observes that the relationship between youth sport and physical activity and substance use is a complicated one. He asserts that the association between increased or decreased risk for specific types of substance use may vary with the type of sport/ physical activity as well as gender, parental participation, level of exercise and athletic team participation. Research has shown that participation in sports can either decrease or increase the risk of substance use.

Johnston, Malley and Terry-McElrath (2011) examined the relationship between secondary school students substance use, exercise in general and school athletic team participation. The results revealed that higher levels of exercise were associated with lower levels of alcohol, cigarette and marijuana use. In addition, higher levels of athletic team participation were associated with higher levels of smokeless tobacco use and lower levels of cigarette and marijuana use across grades and to higher levels of high school alcohol use (http://monitoringthefuture.org/pubs/abstracts/ytm-pomldj2011.pdf).

A review of research by Lisha and Sussman (2010) examined the relationship between high school and college sports participation and drug use. A total of 34 studies were reviewed and results suggest that participation in sports is related to higher alcohol consumption. On the other hand, participation in sports was found to be related to lower levels of cigarette smoking and illicit drug use (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3134407/).

A study by Werch and colleague (2003) evaluated an intervention addressing alcohol prevention in the context of a sport programme (http://onlinelibrary.wiley.com/doi/10.1111/j.1746-1561.2003.tb04181.x/abstract). A brief sport screen and consultation (SPORT) tailored to middle school students' health habits significantly reduced alcohol initiation, quantity of use, heavy drinking, and significantly increased moderate physical activity at three-months post-intervention.

2.2.6 Provision of reproductive health services

Bearinger, Ferguson Sharma and Sieving (2007) suggest three key prevention and health promotion strategies that are essential for improving adolescents' sexual and reproductive health. These include clinical services with accessible and high quality reproductive health care, sex education programmes and youth development strategies to enhance life skills. This is supported by Kirby et al, (1994) who found that some schools implemented school based clinics for providing reproductive health services such as contraceptives, counseling and distributing condoms to students. However, many young people in Zambia do not use contraceptives. This is compounded by the MOESVTEE policy which does not allow distribution of condoms in lower institutions of learning (Ngenda, 2012).

Plummer (cited in Lloyd, 2007) indicates that some school based adolescent and sexual health programmes make arrangements with local health practitioners to visit the school and

encourage students to attend their facilities. Plummer cites one programme in rural Tanzania in which teachers took the students to a local health facility once or twice a year to familiarize them with the services available and to allow them to see condom demonstrations which are not allowed in the classroom.

In some countries, HIV/AIDS education has been integrated into the formal school curriculum. Moya (2002) points out that in Zimbabwe the AIDS Action Programme for Schools was launched in 1991 through a partnership between UNICEF and the Zimbabwean Ministry of Education and Culture. This action programme was a compulsory curriculum taught separately or intergrated into other subjects and it mainly focused on behaviour change. This was achieved by providing information about sexually transmitted infections (STIs) and HIV/AIDS as well as building life skills for interpersonal communication and better decision making among the adolescents. In Zambia, HIV/AIDS education has been integrated in subjects such as Biology, Civic education and Religious education. The lessons usually include the causes, transmission and prevention of HIV/AIDS (MOE, 2000, C.D.C, 2012). The National AIDS Strategic Framework 2011- 2015 reveals that 60% of schools in Zambia were providing life skills based HIV/AIDS education in 2006 and by 2007 many more young people were provided with life skills based HIV/AIDS education. According to Moya (2002) life skills education programmes that include sexual and reproductive health information have proved to be effective in delaying the onset of illicit sex and increasing the use of condoms among sexually experienced youths.

Duflo et al (2006) observe that school based sexual reproductive health programmes have a weakness of emphasizing abstinence. As a result, such programmes have not been effective in bringing about behavioural change among the adolescents. They point out that the Kenyan government's basic HIV/AIDS education curriculum which emphasizes abstinence as the

only risk avoidance strategy had no impact on pregnancy rates and little impact on knowledge and attitude.

2.2.7 Guidance and counseling services

Guidance and counseling is an important component of the school curriculum. It helps students to understand themselves and equip them with problem solving and decision making skills. The services of a school counselor are critical during the adolescent stage because most of the decisions made during adolescence have a bearing on the future life of an individual. According to Elimani, Peter and Richard (2013) guidance and counseling was included into the Nigerian school system as early as 1959 in order to get rid of the ignorance about career prospects which was so overwhelming among young people, including personality maladjustment. The Manitoba source book for school guidance and counseling services (2007), categorizes the G & C services into three main distinct areas which are personal/ social development, educational development and career development.

2.2.7.1 Educational development

According to the Manitoba source book for guidance and counseling services (2007), educational development helps students to acquire key knowledge and skills that they need to become effective, self motivated learners in and out of the school setting. Similarly, Santosh (2011) posits that the main function of educational guidance is to help students in subject and course selection; adjusting within the institution and to ensure achievement in the selected courses or subjects. This is supported by Chireshe (2006) who asserts that the role of the G & C teachers is to help students improve their study habits and attitudes so that they can attain their best potentialities. Nkhata (2010) suggests that educational guidance should be provided during crisis when learners have challenges in subject selection, concentration in class and

academic performance. His evaluation of the school G & C services in boarding high schools in Zambia found that even though educational guidance was mostly provided by the subject teachers, learners were adequately provided with skills to prepare for examinations. The use of subject teachers was attributed to the fact that teachers who were trained in specific subjects could answer a number of questions from their specialized areas. Educational guidance helps to raise learners' academic performance which in turn increases academic self esteem. Starica (2012) observes that increased academic self esteem enhances greater confidence of an individual in his or her own skills and abilities, making the process of career choice much easier.

2.2.7.2 Vocational development

The Manitoba source book for school guidance and counseling services (2007) points out that career development improves students' decision making and sensitizes them on the importance of work both to themselves and to the society. This helps students to realize their strengths and competencies which can help them to make the right career choices. However, the emphasis is on skills development and not specific careers. This is consistent with Santoshi's (2011) description of vocational guidance as assistance given to an individual in solving problems related to occupational choice and progress depending on individual characteristics. Vocational guidance aims at helping students to select a career, adjust with the career as well as helping individuals to enhance and fulfill their potentiality in the career. Equally, Hartman (1999) in Chireshe (2006), states that vocational guidance helps students to assess their aspirations, values, interests and aptitudes when making career decisions.

Nkhata (2010) is of the view that vocational guidance services are supposed to provide learners with detailed information on cut off points, subject combinations, duration of

training, procedures for applying and commencement dates for training in particular courses at institutions of higher learning.

2.2.7.3 Personal development

According to Santoshi (2011), personal guidance is the type of guidance that is given to students in order to help them to solve personal, family and occupational problems as well as problems in attaining fulfillment and success. This is in agreement with Chireshe (2006), who observes that school counselors help students in making appropriate personal adjustments and to reduce irregular misbehavior patterns emanating from psychological, emotional and developmental problems. In a similar statement, Hui (2002) says that teachers are involved in detecting and monitoring students at risk and helping them in facing their difficulties. Further, Nkhata (2010) observes that personal guidance assists learners to adjust and to be well equipped to cope with challenges such as feelings of insecurity, frustration when they fail to meet personal, parental and societal goals, feelings of inadequacy and inferiority, failure to make successful friendships and lack of love and affection.

In view of this, G & C teachers have the potential to help adolescents make a smooth transition to adulthood. In addition to this, Erikson's psychosocial development theory seems to suggest that the way an individual responds to the pressures of adolescence depends on how they have been prepared to face such challenges. Adolescents that have been empowered with knowledge and skills of how to cope with challenges of adolescence will form identities that are relatively stable. On the other hand, adolescents that are not guided may fail to complete this stage successfully and consequently fail to live by society's demands and expectations.

2.3 Assessment of school guidance and counseling activities

To assess is to estimate the value or importance of something. This section reviews literature on the assessment of guidance and counseling activities offered in schools.

The study by Magoki, Ombaba, Ondima, and Osoro (2013) on the effectiveness of guidance and counseling programmes in enhancing students' academic, career and personal competencies in Nyamira district in Kenya revealed that most of the students perceived guidance and counseling activities in their schools to have effectively enhanced their academic, career and personal competencies. This is in agreement with Nkhata's (2010) assessment of the guidance and counseling services in boarding high schools in the southern province of Zambia, which indicated that learners were satisfied with the guidance services provided to them.

In a similar study, Kasonde – Ng'andu, Ndhlovu and Phiri (2009), assessed the impact of guidance and counseling services on high school pupils in Zambia and found that most of the pupils perceived the guidance and counseling services to be effective. Further, they inferred that only a few pupils (31%) perceived the guidance and counseling services to be ineffective because they felt that the counseling unit lacked confidentiality and sometimes instilled a sense of fear in them. This is supported by Chireshe's (2006) findings from his assessment of the effectiveness of school guidance and counseling services in Zimbabwean secondary schools, which revealed that guidance and counseling activities improved their class behaviour, study habits, career exposure, and efficient use of time as well as self- knowledge. On the other hand, students felt that they did not benefit from guidance and counseling in the area of academic achievement and secure school environments.

In another study, Nyakan and Ondima (2012) assessed the challenges facing secondary school guidance and counseling teachers in Nyamira district in Kenya and found that generally, students had a negative attitude towards guidance and counseling. Most of the students felt that guidance and counseling did not play any role in helping them to make informed decisions and enhancing their self understanding. This is supported by the study carried out by Mwamba (2011) on guidance service provision in high schools for pupils with visual impairments in which she established that the pupils did not find guidance and counseling services to be beneficial. The study further indicated that the school counselors did not address the individual problems of pupils with visual impairments.

According to Chireshe (2006), school counselors were of the view that guidance and counseling activities were not helpful in enhancing academic achievement and secure school environments for students. This was established from his assessment of the effectiveness of the school guidance and counseling services in Zimbabwean secondary schools. However, students benefited in the area of positive self- image, improved study habits, reduced anxiety and efficient use of time.

Ondima et al. (2013) in their research on the effectiveness of guidance and counseling programmes in enhancing students academic, career and personal competencies in secondary schools in Nyamira district in Kenya, report that teacher counselors were of the view that guidance and counseling activities have been effective in enhancing students academic, career and personal competencies. This coincides with Kasonde-Ngandu et al. (2009), who found that teachers in Zambia perceive guidance and counseling services to be effective.

Despite the findings from the literature on the assessment of G & C activities in secondary schools reviewed in this section, there is continued uncertainty about the effectiveness of

these activities in preventing the challenges faced by adolescents due to their developmental stage. This prompted the researcher to carry out this study.

2.4 Availability of guidance and counseling resources

Nkala (2014) assessed the guidance and counseling programmes in secondary schools in Mzilikazi district in Zimbabwe and found that some of the schools which implemented the guidance and counseling programme lacked both human and material resources making the initiative to be inefficient and worthless. This is in agreement with the findings of Chireshe (2006) assessment of the effectiveness of school guidance and counseling services in Zimbabwe which indicates that lack of resources has negatively affected the provision of guidance and counseling services in Zimbabwean schools.

Nyakan, Nyamwange and Ondima (2012) assessed the challenges faced by secondary school guidance and counseling teachers in Nyamira district in Kenya and found that most school counselors' offices did not have the basic guidance and counseling materials such as reference books, guidance and counseling manual, as well as career resource materials. Similarly, the assessment of the implementation levels of the guidance and counseling document transcript in Kenya by Magaki, Nyamwaka, Nyamwange, Ombaba and Ondima (2013) reveals that guidance and counseling has not been well implemented due to inadequate resources.

Further, Nkhata (2010) evaluated school guidance and counseling services in boarding high schools in Zambia and indicates that teachers in boarding high schools face a lot of challenges among which is the lack of resources and materials due to inadequate funding. A similar conclusion was made by Mwamba (2011) from her evaluation of the guidance services for pupils with visual impairements in high schools in Sefula and Mumbwa. She states that schools for the visually impaired lack the necessary materials and equipment for proper

service delivery. This is supported by Makumba's (2013) investigation of the status of guidance and counseling provision in selected basic schools in Mumbwa district which reveals that the non availability of guidance and counseling materials in schools makes it difficult for guidance teachers to perform their duties effectively.

2.5 Summary

This chapter has reviewed literature related to the study. The chapter has discussed some of the methods that have been used in schools to avert the challenges of adolescence. These methods include information dissemination, social competence approach and social influence approach. Other strategies include the use of peer educators, recreational activities and provision of reproductive health services. The chapter has also presented literature reviewed on the adolescent and guidance teachers' assessment of G & C activities in their respective schools. The literature shows that some of the pupils and teachers perceive the G & C activities to be effective as they have enhanced pupils' academic, career and personal competencies. On the other hand, the literature shows that some of the pupils and teachers perceived guidance and counseling to ineffective as it did not play any role in helping the pupils to make informed decisions. The literature has also revealed that most of the schools do not have sufficient materials for effective implementation of G & C.

Despite the vast amount of literature on the effectiveness of G & C activities in secondary schools, most of the studies focus on the problems faced by adolescents in general without a specific reference to the challenges that come with the adolescent development stage. Therefore, the question still remains as to whether the G & C activities in schools are effective for alleviating the challenges faced by adolescents due to their developmental stage especially risky behaviour. It is this knowledge gap that the present study is intended to fill.

CHAPTER 3

METHODOLOGY

3.0 Introduction

This chapter presents the methodology that was used in the study. It begins with the description of the research design, study population, study sample, and sampling procedure. It proceeds to describe the research instruments, data collection procedure and methods of data analysis that were used in the study.

3.1 Research Design

The study used the descriptive survey design. According to McMillan & Schumacher (2006), a survey research is designed so that information about a large population can be inferred from the responses obtained from a small sample. This design enabled the researcher to collect data from a small sample which was then used to make generalisations for the whole population.

Orodho and Kombo in Kombo and Tromp (2006:71) point out that, "a descriptive survey can be used when collecting information about people's attitudes, opinions, habits or any of the variety of education or social issues." This design was relevant to this study because the researcher sought to collect factual information from the adolescents and guidance teachers about the effectiveness of the school guidance and counseling activities for preventing the challenges that are faced by adolescents.

The study used both qualitative and quantitative methods of data collection and analysis. Quantitative methods were used to generate data that is numerical and could be reported in quantifiable units while qualitative methods were used to record and analyse data in form of written words. Denscombe (2010) argues that using different methods to investigate the same subject can help researchers to improve their confidence in the accuracy of findings. As such,

the researcher used both qualitative and quantitative methods in order to enhance the findings of the research by providing a more complete overview of G & C activities in secondary schools, that are used for alleviating the challenges faced by adolescents due to their developmental stage. Using both methods provided the researcher with an opportunity to check the findings from the qualitative method against the findings from the quantitative method.

3.2 Study Population

The population consisted of all the adolescents in secondary schools in choma district. It also consisted of all the guidance and counseling teachers in secondary schools in Choma district.

3.3 Study Sample

The sample consisted of a total of 213 respondents from five secondary schools in Choma district. Out of this number, 104 were female adolescents, 105 were male adolescents, 2 male G & C teachers and 2 female G & C teachers. The adolescents were of different age groups and educational levels. The age range of the participating adolescents was 14 to 22 years, with the largest number of adolescents being 17 years old(39%). Participating grade levels included grade tens(28%) and grade elevens(72%). A summary of the demographic information is presented in the table below.

Table 3.1: Demographic information for adolescents

VARIABLE	FREQUENCY	PERCENT
Gender		
Male	105	50
Female	104	50
Age (years)		
14	5	2
15	5	2
16	56	27
17	81	39
18	37	18
19	13	6
20 - 22	12	6
Grade		
10	59	28
11	150	72

3.4 Sampling Procedure

Simple random sampling procedure was used to select the pupils. This procedure was used in order to avail every pupil in the population an equal probability of being selected and included in the study sample (Cohen, Manion and Morrison, 2000). The researcher used class lists for each participating class. The participating classes were purposively sampled and they mostly consisted of grade eleven (11) classes. This is because the research was done after the grade

twelves (12) had written their final examinations. Using class lists, a list of all the pupils from the participating classes was made. Thereafter, each pupil was assigned a number according to the list that was made. The numbers were written on small pieces of paper, placed in a box and thoroughly mixed. With the help of class teachers and G & C teachers, the small pieces of paper were drawn from the box until the desired number was obtained. Population members having the selected numbers are included in the sample. Purposive sampling was used to select guidance teachers. This procedure was chosen in order to ensure that only officers with information relating to the study were included in the sample.

3.5 Data collection Instruments

Two research instruments were used. These are questionnaires and semi- structured interview guides.

3.5.1 Questionnaires

Questionnaires were used to collect quantitative data from the pupils. The use of questionnaires made it possible for the researcher to collect data from schools in different locations in a short space of time. Kombo and Tromp (2006), point out that a questionnaire can be used to collect data over a large sample hence saving on time. Additionally, McMillan and Schumacher (2006) observe that questionnaires can be annonymous, easy to score and provide time for the subjects to think about the responses.

The questionnaire was divided into three sections. The first section consisted of the respondent's identification. The second section consisted of questions with checklist items and contingency questions. Mcmillan and Schumacher (2006), describe a checklist as a method of providing respondents with a number of options from which to choose. The items can allow the respondents to choose one of the several alternatives or to check as many words as apply. Check lists can also be used to ask respondents to answer yes or no to a question. In

this study, the respondents were allowed to choose as many options as applied to them (see appendix 1). Further, McMillan describes contingency questions as a series of questions in which the answer to one question directs the respondent to the next question.

The third section of the questionnaire contained likert scaled questions. According to McMillan and Schumacher (2006), a scale is a series of gradations, levels or values that describe various degrees of something. The scaled questions allowed the respondents to choose the scale that best suited their opinion concerning the statements in the question. The statements were scored on a 4-point likert scale (see appendix 1).

3.5.2 Semi- structred interview guide

Semi-structured interview guides were used to collect qualitative data from the guidance and counseling teachers. Lindlof and Taylor (2002) observe that the advantage of a semi-structured interview guide is that it allows for new questions to be brought up during the interview as a result of what the interviewee says. The researcher was able to clarify questions and probe the answers of the respondents, thereby obtaining detailed information about the school guidance and counseling activities for preventing the challenges of adolescence.

3.6 Data Collection Procedure

The researcher first presented the introductory letter form the University of Zambia to the headteacher at each school in order to be granted permission to conduct the research. Once permission was granted, the researcher interviewed the guidance teacher. Thereafter, pupils were randomly selected from the class lists and questionnaires were administered to the selected pupils after explaining the purpose of the research to them and assuring them of confidentiality.

3.7 Data Analysis

Quantitative data was analyzed using the Statistical Package for Social Sciences (SPSS). SPSS was used to obtain frequencies, percentages and graphs. Thematic analysis was used to

analyze qualitative data. Major themes were drawn from the interviews and coded. Direct quotations from the respondents were used to present the findings. According to Kombo and Tromp (2006), thematic analysis identifies the major themes or concepts from the discussion and the frequency with which the theme appears is used to interpret its importance, attention or emphasis.

3.8 Validity

McMillam and Schumacher (2006:130) define instrument validity as "a judgement of the appropriateness of a measure for specific inferences, decisions, consequences and uses that result from the scores that are generated." The same authors define design validity as "the degree to which scientific explanations of phenomena match reality." Further, Kombo and Tromp (2006) state that the validity of a test is a measure of how accurately a test measures what it is expected to measure. In order to determine the validity of the research instruments used in this study, the insruments were cross - checked by the supervisor for clarity and ambiguity of questions. Then the researcher made necessary corrections and modification of the instruments. In addition, a pilot study was carried out before the actual study. This involved 10 adolescents from a secondary school with similar characteristics to the targeted schools within the study area. The pilot study was undertaken to ensure that the collected data answers the researcher's questions. The findings from the pilot study showed that the instruments would yield useful results in the main study.

3.9 Reliability

According to Kombo and Tromp (2006:97), "reliability is a measure of how consistent the results from a test are." Similarly, McMillan and Schumacher (2006:183) define reliability as, "the consistency of measurement - the extent to which the results are similar over different forms of the same instrument or occasions of data collection." In this study, reliability was enhanced by triangulating the data collection instruments. In this case both questionnaires and

semi − structured interview guides were used to collect data. Further, cronbach alpha coefficients were calculated for the likert scaled questions in order to determine internal consistency of the items. A total of 7 items were subjected to cronbach's alpha and all of them were found to have values greater than 0.70. According to McMillan and Schumacher (2006), reliability estimates of 0.70 or above may be acceptable for measuring personality characteristics. The table below shows the results of the Cronbach alpha.

Table 3.2: Cronbach's alpha for likert scaled questions

	ITEM	CRONBACH ALPHA IF ITEM DELETED
Q2ai	Knowledge about the types of drugs and the effects of drug and alcohol abuse.	0.929
Q2aii	Knowledge about the transmission and prevention of HIV.	0.929
Q2aiii	Knowledge about sexually transmitted infections and their effects.	0.928
Q2aiv	Knowledge about the effects of internet pornography.	0.916
Q2bi	Skills of how to recognise and resist pressure to have sex	0.925
Q2bii	Skills of how to recognise and resist pressure to take alcohol and use drugs	0.940
Q2biii	Skills of how to recognise and resist pressure to watch internet pornography.	0.921

The table shows the value that Cronbach's alpha would be if that particular item would be deleted from the scale. It shows that the removal of any question except question 2bii would result in a lower alpha than 0.937. Therefore, non of these questions were removed.

Table 3.3: Reliability Statistics

CRONBACH'S ALPHA	CRONBACH'S ALPHA BASED ON STANDARDIZED ITEMS	NO OF ITEMS
0.937	0.951	7

Cronbach alpha for the total score was 0.937 which indicates a high level of internal consistency of the scale.

3.10 Ethical Considerations

Ethical issues were highly upheld in this study. At the school level, the researcher sought permission from the headteacher to allow the pupils and guidance teachers to participate in the study. Informed consent was obtained by explaining the purpose of the study to the selected pupils and teachers, thereby giving them chance to decide on whether to participate in the study or not. Confidentiality and anonymity was observed by not indicating the names of the respondents on the questionnaires. The guidance and counseling teachers were interviewed in the privacy of their offices where there were no interruptions. The respondents were assured that the information collected was going to be used for academic purposes only. Ethical clearance to carry out the study was sought and granted by the university of Zambia humanities and social sciences research ethics committee (see appendix 4).

3.11 Summary

This chapter has presented the methodology of the study. The issues discussed in this chapter include the research design, study population, study sample, sampling procedure, research instruments, data collection procedure, data analysis and ethical considerations.

The descriptive survey design was used in this study. The population comprised all the adolescents and G & C teachers in secondary schools in Choma district. The sample consisted 213 respondents. Simple random sampling was used to select a sample of 209 adolescents while purposive sampling was used to select 4 G & C teachers. Semi-structured interview guides were used to collect data form the G & C teachers while questionnaires were used to collect data from the pupils. Quantitative data was analysed using SPSS while qualitative data was analysed using thematic analysis. Ethical issues were highly considered in this study. The next chapter presents the findings of the study.

CHAPTER   4

PRESENTATION OF FINDINGS

4.0 Introduction

This chapter presents the findings of the study on the guidance and counselling activities for preventing the challenges faced by adolescents in selected secondary schools in Choma district of Southern Zambia. The findings are presented according to the objectives of the study. The objectives of the study were to determine the guidance and counseling activities available in schools, for helping adolescents to cope with challenges of their developmental stage; to determine the adolescent and guidance teacher's assessment of the guidance and counseling activities designed to help adolescents cope with challenges of their developmental stage; to establish whether there were sufficient resources in secondary schools for effective implementation of guidance and counseling activities. The findings are also presented according to the responses from the participants. The responses from the adolescents are presented first, followed by the responses from the guidance and counseling teachers.

4.1 Responses from the adolescents.

Data was collected from the adolescents in order to determine the guidance and counselling activities for preventing the challenges faced by adolescents in their developmental stage.

4.1.1 Whether the schools provide information on HIV/AIDS and STIs, drug and alcohol abuse and addiction to internet pornography

Pupils were asked to indicate whether their respective schools provide them with information on HIV/AIDS and STIs; drug and alcohol abuse as well as addiction to internet pornography. The findings showed that out of 209 pupils who participated in the study, 181(87%) indicated that they were provided with information on HIV/AIDS and STIs, while 28(13%) were not. 170(81%) indicated that they were provided with information on drug and alcohol abuse

while 39(19%) were not and 59(28%) indicated that they were provided with information on internet pornography while 150(72%) were not. This is illustrated in the bar chart below

Figure 4.1: Adolescents' responses on whether the school provides information on HIV/AIDS, STIs, drug and alcohol abuse and effects of internet pornography.
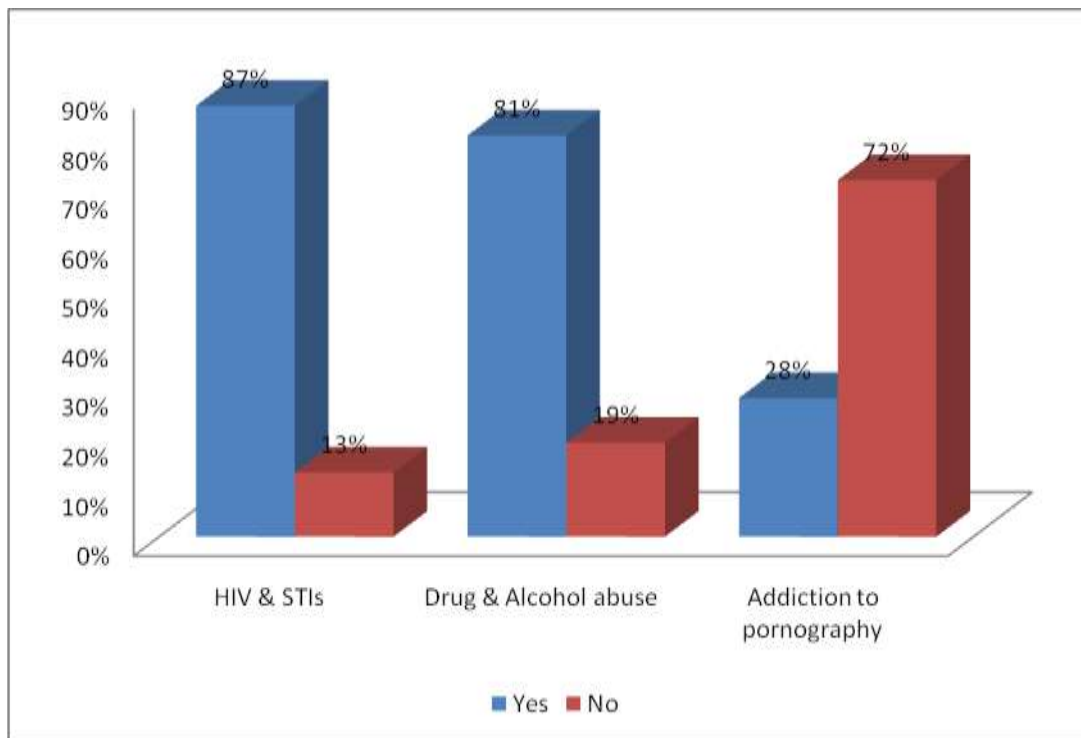
4.1.2 How adolescents in school learn about HIV/AIDS, STIs, internet pornography and drug and alcohol abuse

The researcher sought to determine the methods that the guidance and counseling departments in schools use to teach the adolescents about HIV,STIs, addiction to internet pornography and drug and alcohol abuse. The findings revealed that schools used several methods to teach the adolescents about these challenges and how to cope with them. Out of 209 respondents, 109(52%) indicated that they learned through classroom lessons, 103(49%) learned through talks with persons from the community, 114(55%) through group discussions,117(56%) indicated role plays, 89(43%) indicated peer education. Other methods that were indicated included anti-drug club 92(44%), anti-AIDS club 140(67%), games and sports 103(49%), life

skills 89(43%) and talks with guidance teacher 124(59%). The responses are shown in the table bellow

Table 4.1: Adolescents' responses on how they learn about HIV/AIDS, STIs, drug and alcohol abuse and internet pornography

METHOD	FREQUENCY	PERCENT
Classroom lessons	109	52
Talks with a person from the community	103	49
Group discussions	114	55
Role plays or drama performances	117	56
Peer education	89	43
Anti-drug club meetings	92	44
Anti-AIDS club meetings	140	67
Games and sports activities	103	49
Life skills training	89	43
Talks with guidance teacher	124	59
Other	29	13

4.1.3 **The content of preventive education provided to the adolescents.**

The aim of the researcher was to determine the content of the preventive education taught in schools in relation to the challenges faced by adolescents. Regarding the kind of information that was disseminated to pupils concerning sex education, internet pornography, drug and alcohol abuse, most of the learners 177(85%) indicated that they learned facts about transmission and prevention of HIV, 162(78%) indicated that they learned facts about the types of drugs and the harmful effects of drug and alcohol abuse. Other facts include STIs and their effects 155(74%) and effects of internet pornography 77(37%) . In addition, 122(58%) of the adolescents pointed out that they were taught normative education, 119(57%) stated resistance skills and 117(56%) indicated life skills. The results are shown in the table below

Table 4.2: Adolescents' responses on what kind of information they learn about sexuality, alcohol, drugs and internet pornography

TYPE OF INFORMATION	FREQUENCY	PERCENTAGE
Facts about types of drugs & effects of drug & alcohol abuse	162	78
Facts about transmission & prevention of HIV	177	85
Facts about STIs and their effects	155	74
Facts about the effects of internet pornography	77	37
Normative education	122	58
Resistance skills training	119	57
Life skills training	117	56

4.1.4 Provison of information on the entry requirements into university or college

The reseacher sought to find out whether the school guidance and counseling department provided the adolescents with information on the requirements to get into university or college and what methods were used to discriminate this information. The results of the study showed that most of the adolescents (80%) were provided with information on the entry

requirements to get into university or college. The proportion of those who were not provided with this information was only 17%, while 3% did not respond to the question.

Figure 4.2: Whether adolescents are provided with information on the entry requirements into university or college.
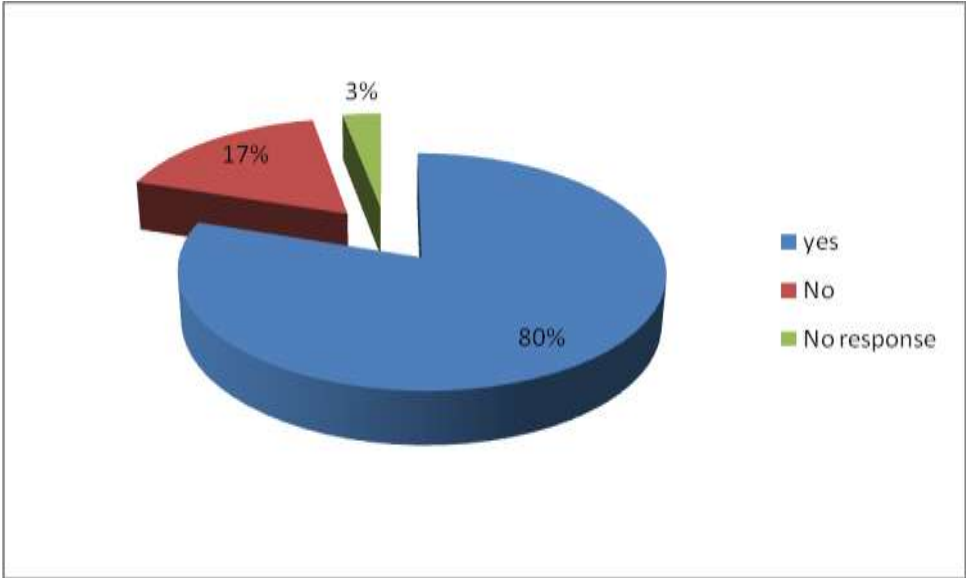
4.1.5 Sources of information on the requirements to get into university or college

A further question was asked to the adolescents who indicated that they were provided with information on the entry requirements into university or college in their respective schools. The pupils were required to indicate who specifically provided them with that information. The results revealed that the pupils had more than one source of information. A high proportion of these pupils (161, 96%) indicated that the guidance and counseling teacher provided them with the information on entry requirements into university or college while 56(34%) indicated that they got the information through their class teacher. Further, 32(19%) of respondents stated that they got the information from the peer educator while 27(16%) indicated that the information was provided to them by the headteacher during assembly. A total number of 25(15%) respondents stated other sources of information such as the sports

teacher, motivational speakers, students from colleges and universities, the school matron and subject teachers. The results are shown in the bar chart below

Figure 4.3: Adolescents' source of information on the entry requirements into university or college.
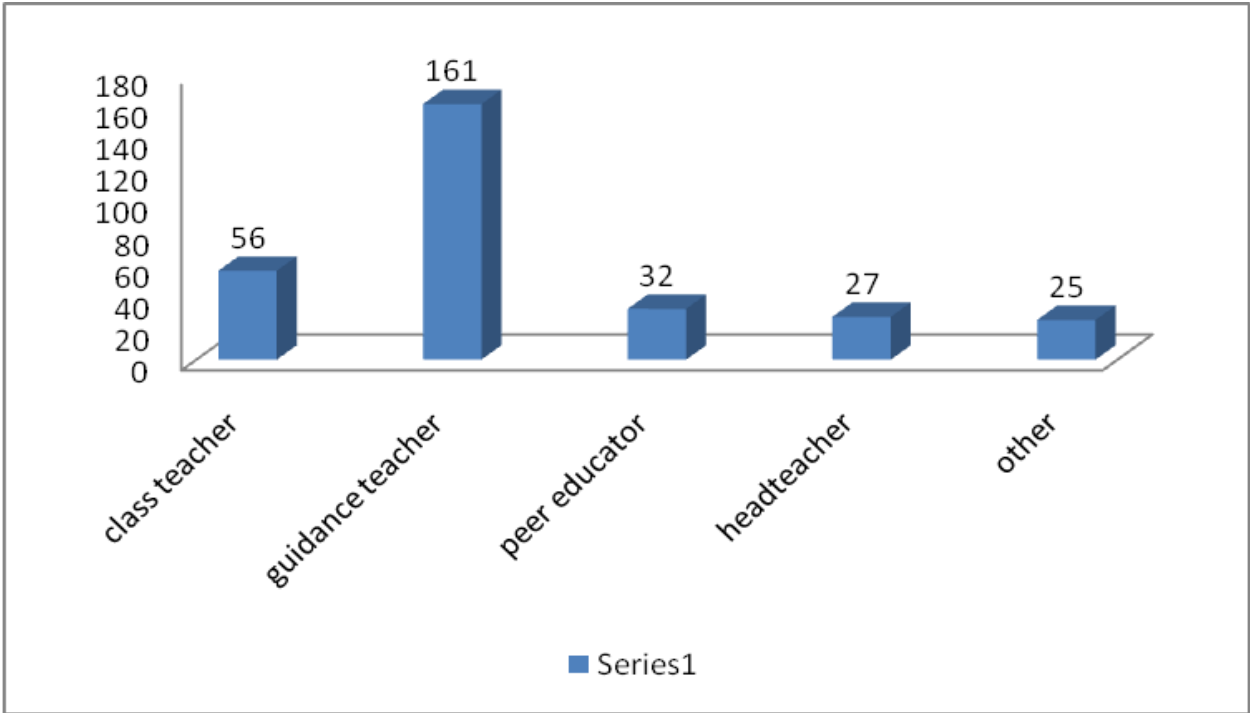
4.1.6 Whether the schools help adolescents to make decisions on what careers they need to take after leaving school

The aim of asking this question was to establish whether the guidance and counseling teachers were helping the adolescents in schools to make decisions concerning their career path. Out of 209 respondents, 152(73%) indicated that their schools were helping them to make right decisions concerning their career path. Only 48(23%) said that their schools did not help them in this area while 9(4%) did not respond to the question.

Figure 4.4: Adolescents' response to whether the school helps to decide on what careers to take afterleavingschool.
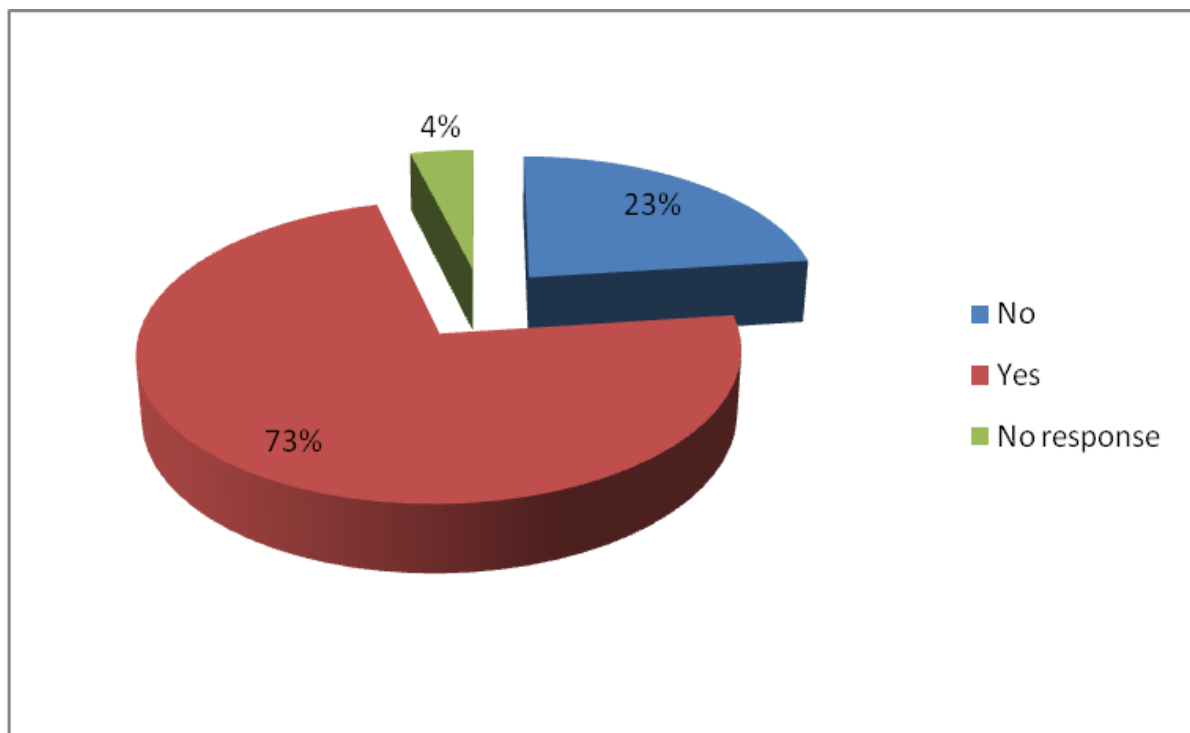
4.1.7 Sources of information on the career path

A follow up question was asked to those who said that their schools helped them to make decisions on what careers they need to take after leaving school. The respondents were required to indicate who specifically provided them with such information. Out of 152 respondents, 90(59%) indicated that they got the information from the guidance and counseling teacher while 64(42%) stated that they acquired the information from the class teacher. A small proportion (20,13%) of the respondents indicated that they were helped by the peer educator while 12(8%) said that they got the information from the headteacher. However, some respondents had more than one source of information on the career path.

Figure 4.5: Adolescents' source of information on the career path
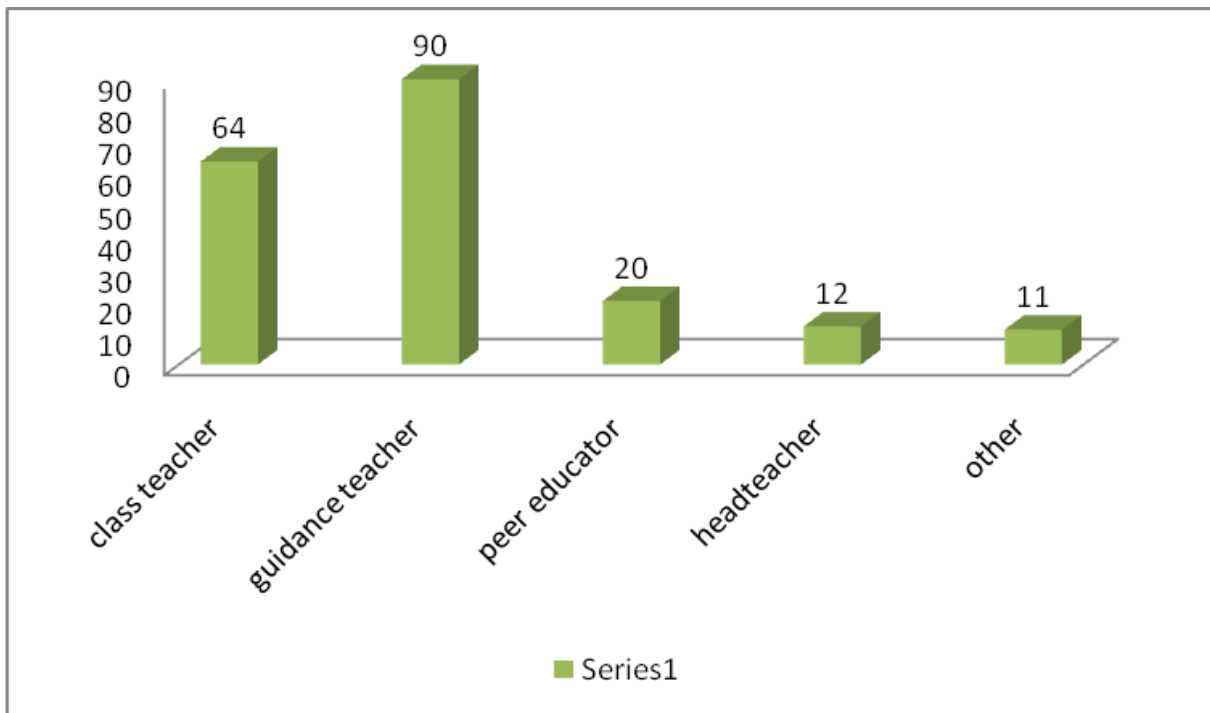
4.2 Assesment of guidance and counseling activities

The questions in this section were designed to help the researcher to establish how helpful the G & C activities were, to the adolescents in terms of knowledge acquisition, attitude and behaviour change.

4.2.1 Whether the education on drug and alcohol abuse, HIV, STIs, internet pornography had changed the adolescents' knowledge, attitude and behaviour.

The adolescents were asked to indicate whether the education they received on drug and alcohol abuse, HIV, STIs and internet pornography had changed them in any way.The findings revealed that out of the 170 respondents who had received education on drug and alcohol abuse, 145(85%) admitted having changed while 25(15%) said it did not change them any way. In the same way out of 181 respondents who received education on HIV/AIDS and STIs, 159(88%) agreed having changed in terms of knowledge and attitude towards

HIV/AIDS while 22(12%) said they did not change. On the other hand 149(82%) indicated that their knowledge and attitude towards STIs had changed while32(18%) said they did not change. In addition, out of 59 adolescents who received education on the effects of internet pornography 38(64%) indicated that they had changed their knowledge, attitude and behaviour towards internet pornography while 21(36%) said they did not change.

Figure 4.6: Adolescents' response to whether the preventive activities have changed their knowledge, attitude and behaviour
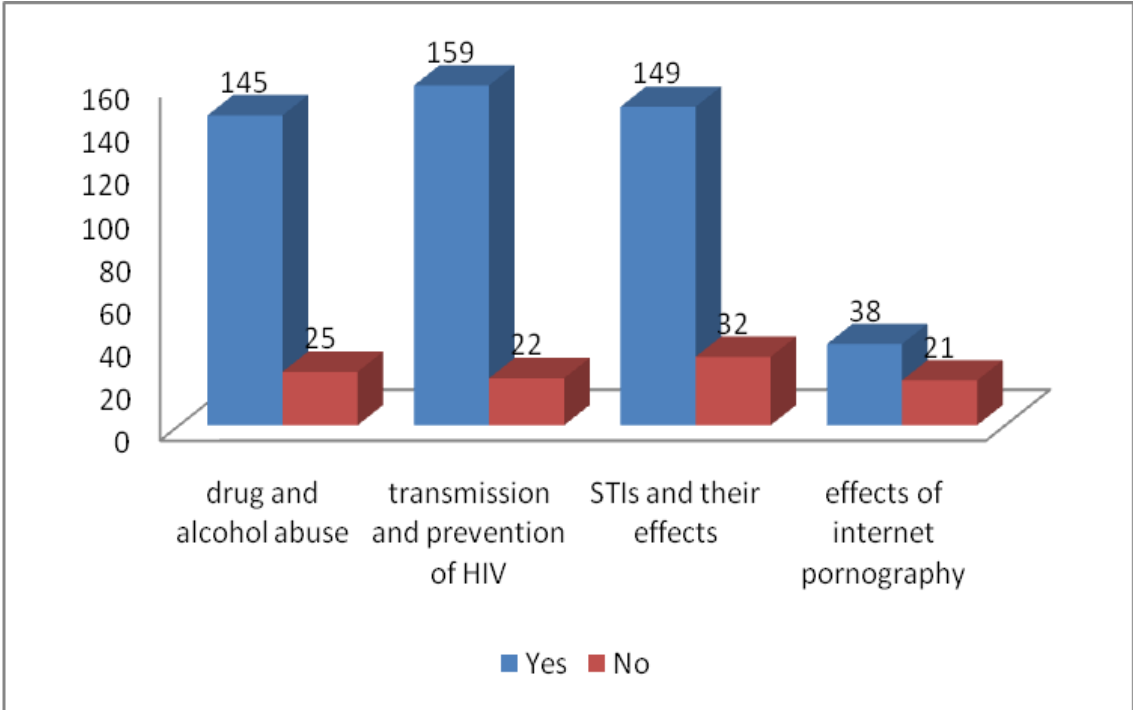
Another question was asked to the respondents who indicated that the education they received had helped them to change their lifestyle. The respondents were asked to state the extent to which they had acquired knowledge on the effects of drug and alcohol abuse; the prevention and transmission of HIV; sexually transmitted infections and their effects as well as the effects of internet pornography. The results revealed that the adolescents had more knowledge about the transmission and prevention of HIV than the other forms of risky behaviour. Out of 159 respondents, 112(70%) said their knowledge acquisition on the transmission and

prevention of HIV/AIDS was very good, 30(18%) said it was good, 13(8%) said it was fair, while only 7(4%) said that the knowledge acquisition was poor. As regards sexually transmitted infections, 97(65%) said their knowledge acquisition was very good, 39(26%) said it was good, 12(8%) said it was fair and 4(3%) said it was poor.

In addition, out of 145 respondents, 80(56%) said their knowledge acquisition on drug and alcohol abuse was very good, 38(27%) said it was good, 18(13%) said it was fair and 4(3%) said it was poor. On the other hand, 12(32%) out of 38 respondents said their knowledge acquisition on the effects of internet pornography was very good, a further 12(32%) said it was good, 10(26%) said it was fair while 4(10%) said it was poor.

Figure 4.7: Adolescents' responses on knowledge acquisition level
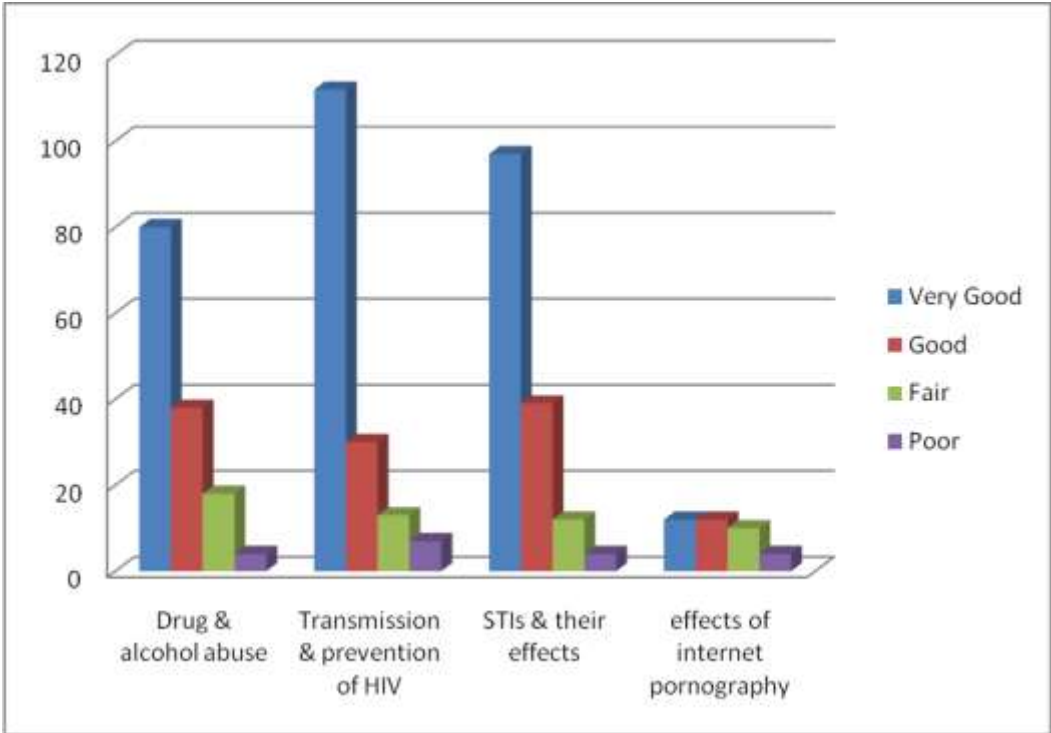
Further, the respondents who indicated that the education they had received helped them to change their lifesyle were asked to state the extent to which they had acquired skills of how to recognise and resist pressure to have sex; to recognise and resist pressure to take alcohol and

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use drugs; to recognise and resist pressure to watch internet pornography. 62(38%) respondents said that their level of skills acquisition of how to recognise and resist pressure to have sex was very good, 42(26%) said it was good, 25(15%) said it was fair while 35(21%) said it was poor. Out of 38 respondents who admitted having changed their behaviour and attitude towards internet pornography, 9(24%) indicated that they acquired very good resistance skills, a further 9(24%) indicated good, 14(37%) indicated that their skills acquisition was fair while 6(15%) said it was poor. In addition, out of 143 adolescents who indicated that they had changed their behaviour and attitude towards alcohol and other drugs, 65(46%) said their level of resistance skills acquisition was very good, 36(25%) said it was good, 25(17%) said it was fair while 17(12%) said it was poor.

Figure 4.8: Adolescents' resistance skills aquisition level
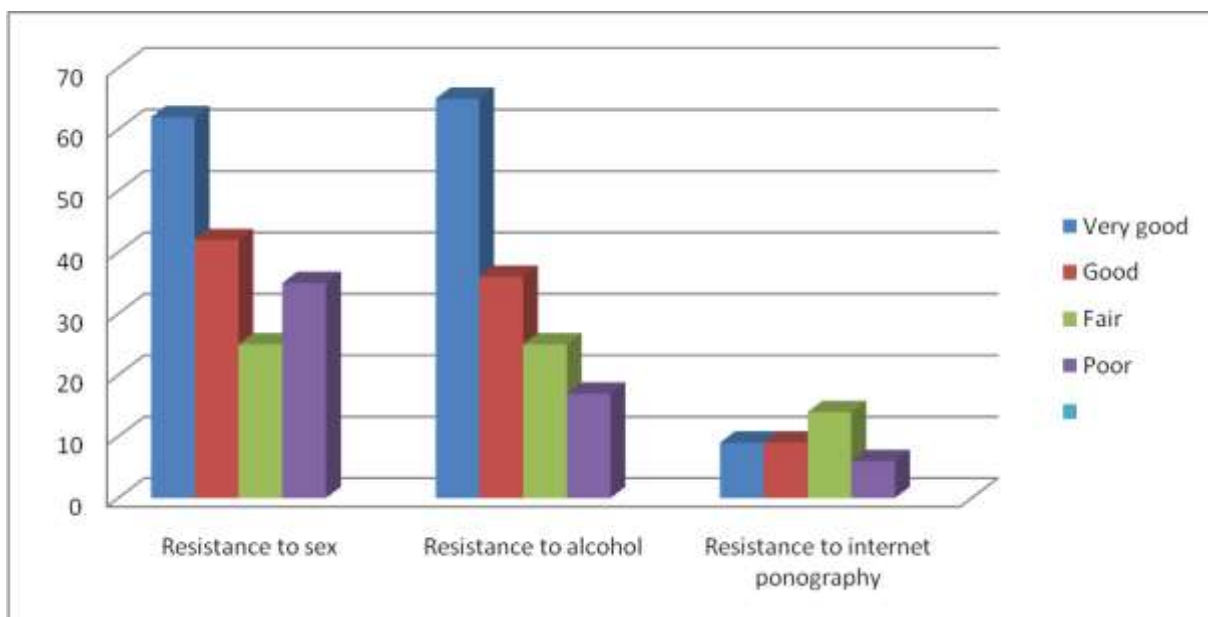
To help the researcher to determine whether the guidance and counseling activities were effective in changing the adolescents' attitude and behaviour to risky activities, the adolescents were further asked to state when they last smoked marijuana or tobacco; when

they last took alcohol, had sex or watched pornographic images from the internet. The results are shown in the tables below

Table 4.3: frequency of smoking marijuana or tobacco

Pupils' responses n = 209		
Responses	Frequency	% of respondents
0 - 2 weeks	8	3.8
2 weeks – 1 month	4	1.9
1 – 6 months	3	1.4
6 months – 1 year	12	5.7
Never	182	87.1
Total	209	100.0

Out of 209 respondents, only 8 had smoked marijuana or tobacco in the past two weeks, 4 had smoked in the past one month, 3 in the past six months and 12 last smoked a year ago. Most of the respondents (182) had never smoked marijuana or tobacco.

Table 4.4: frequency of taking alcohol

Pupils' responses n = 209		
Responses	Frequency	% of respondents
0 - 2 weeks	12	5.7
2 weeks – 1 month	9	4.3
1 – 6 months	25	12.0
6 months – 1 year	27	12.9
Never	136	65.1
Total	209	100.0

Out of 209 respondents, 12 had taken alcohol in the past two weeks, 9 in the last one month, 25 in the past 6 months and 27 had taken alcohol one year ago. The majority (136) had never taken alcohol.

Table 4.5: Frequency of having sex

Pupils' responses n = 209		
Responses	Frequency	% of respondents
0 – 2 weeks	18	8.6
2 weeks – 1 month	7	3.3
1 – 6 months	11	5.3
6 months – 1 year	23	11.0
Never	150	71.8
Total	209	100.0

As shown in the table above 150 out of 209 adolescents indicated that they have never had sex. On the other hand, 18 indicated that they had sex in the last two weeks, 7 in the last one month, 11in the last six months and 23 in the past one year.

Table 4.6: Frequency of watching internet pornography

Pupils' responses n = 209		
Responses	Frequency	% of respondents
0 – 2 weeks	20	9.6
2 weeks – 1 month	10	4.8
1 – 6 months	19	9.1
6 months – 1 year	32	15.3
Never	128	61.2
Total	209	100.0

The table shows that 128 out of 209 adolescents had never watched internet pornography. On the other hand 20 had watched in the last two weeks, 10 in the last one month, 19 in the last 6 months and 32 in the last one year.

4.3 Responses from guidance and counseling teachers

Data was collected from the G & C teachers in order to determine the G & C activities that are used in schools to alleviate the challenges that are faced by adolescents due to their developmental stage.

4.3.1 School guidance and counseling activities

The G & C teachers were required to outline the G & C preventive activities that were used in their respective schools. The findings revealed that a wide range of G & C preventive activities were used in schools. These include career talks, assembly presentations, motivation

speakers, peer educators, talks by DEC officers, anti- AIDS club, anti- drug club, study skills and monitoring absenteism.

To this effect, the G & C teacher from school B said

> *" we have the safe club where pupils sponsered by FAWEZA are given sex education and motivated to work hard. We also invite the DEC officers from time to time to come and talk about drug abuse."*

The G & C teacher from school D said

> *" we also use the chaplain's office to emphasize abstinence from sex and dugs. Ours being a girls' school, we encourage our pupils to appreciate themselves and believe in themselves."*

4.3.2 The content of preventive education provided to the adolescents

The G & C teachers indicated that pupils learned facts about drug and alcohol abuse as well as causes and effects of HIV and STIs. However, non of the G & C teachers talked about educating the pupils about the effects of watching internet pornography. The participants also stated that the adolescents learned skills of how to recognise and resist pressure to use drugs, take alcohol and indulge in ilicit sex.

To this effect, the G & C teacher from school B said:

> *"we trained two learners per class as peer educators on issues of HIV/AIDS, life skills, drug abuse, stress management and self image. These peer educators attend to their peers in class. We also deal with referals from teachers on issues such as late reporting to school, truancy, absenteeism and pregnancies. Each teacher from the guidance team monitors a particular grade and we found out that pupils stay away from school because of school fees and lack of parenting."*

The response from the G & C teacher from school A was as follows:

> *"almost all the teachers in the school are involved in guiding and counseling the pupils. The school matron and house teachers talk about early pregnancies and other sexual related issues such as sexual abuse, defilement, sexual harassment and overcoming peer pressure."*

4.3.3 Career guidance provision

All the G & C teachers interviewed indicated that they provided the pupils with information on entry requirements into college or university. It was established that a variety of methods were used to disseminate this information. These included career talks with the guidance teacher or a person from the community, brochures from colleges and universities as well as visits by students from the copperbelt university and university of Zambia.

To this effect the G & C teacher from school C said:

> *"we provide guidelines for choosing careers using the booklet from the ministry of education. This booklet shows some careers and subjects that may lead to attaining these careers. It also has a list of courses that are offered by certain universities and colleges."*

The response from the G & C teacher from school B was as follows:

> *"the career talks are usually targeted at grade twelves. We invite people from different careers who come to talk about subject combinations and institutions which can offer certain courses. I remember in the last two terms, we invited a teacher, an accountant, water engineer, veterinary doctor and clinicians to come and motivate the grade twelves on how they have excelled in life".*

Further, the G & C teacher from school D revealed the following:

> *"we envite people from the community such as doctors and engineers to give career talks to our pupils and encourage them to aim high. Then we have brochures from colleges such as ZCAS and Choma Trades Training Institute. Sometimes students from UNZA and CBU come to talk to grade twelves about the courses that are offered in these universities including the subject combinations needed for certain courses."*

4.3.4 Assesment of guidance and counseling activities

The G & C teachers were asked to state the impact of the G & C activities on the adolescents in terms of knowledge acquisition, attitude and behavioural change towards risky activities. They were also asked to indicate when they last had a case of pregnancy, smoking, beer drinking or watching pornography in the school.

The G & C teacher from school A revealed the following:

> *"being a co-educational school, the rate of immorality is still high but the number of pregnancies has reduced. These activities have helped some of the pupils to abstain from sex and alcohol though last week some boys were found drunk in the school. As for pornography,it is difficult to tell because they hide their phones."*

The G & C teacher from school B said:

> *"it is difficult to measure the impact because we do not know what happens after school. The pregnancy cases are still a lot. Many grade twelve girls were writting their final exams with pregnancies. Monitoring absenteism has helped to reduce the rate of absenteism."*

The G & C teacher from school C revealed the following:

> *"the guidance and counseling activitie have helped, results have improved in terms of pass percentage. Sexuality talks have helped pupils to open up and report what happens outside school. We have not had any cases of beer drinking in the recent past but we had six cases of pregnancy*

recently. It is difficult to detect whether our pupils watch pornographic materials or not.”

The views of the G & C teacher from school D were as follows:

“the number of pregnancies has reduced to one girl the whole year. Some cases of beer drinking were reported three months ago but on average the number of out of bounds cases to drinking places has reduced.”

4.3.5 Frequency of conducting guidance and counseling activities

The G & C teachers were asked to state how often they conducted the G & C activities as a way of assessing the effectivness of these activities. The findings revealed that on average, each grade was met twice in a term with some slight variations from one school to another.

The views of the G & C teacher from school A were as follows:

“we invite people from the community at least twice in a term where as counseling by the guidance teacher is done almost on a daily basis.”

The G & C teacher from school B had this to say

“guidance and counseling is not time tabled so we depend on chancing. There is no fixed frequency but on average each grade has a chance, two times per term.”

The G & C teacher from school C said

“talks on sexuality are conducted twice per term. Other topics are only discussed once per term.”

The response from the G & C teacher from school D was as follows

“each grade is met twice in a term but grade twelves and nine are met more than that”

4.3.6 Availability of guidance and counseling materials

In order to establish whether there were sufficient resources in secondary schools for effective implementation of the G & C activities, the G & C teachers were asked to state whether they had the required materials for guidance and counseling and explain how helpful the materials

are. They were also asked to describe the kind of support that they received from the school admnistration for guidance and counseling activities

To this effect the G & C teacher from school A revealed the following:

> *"i get support from the school admnistration. For instance the school gave me a computer and a printer for the office. I also get a small allowance from the school at the end of the term. The government does not pay me anything for offering guidance and counseling services. The G & C materials are not sufficient."*

The G & C teacher from school B had this to say

> *"the school admnistration is very supportive. They help us with funds when need arises. We even give a small token to the facilitators. The school has provided a computer, printer and a camera. Some materials for counseling are available but they do not cover sex, drug and alcohol abuse issues."*

The response from the G & C teacher from school C was as follows:

> *"the materials for guidance and counseling are available. We do not get much support from the school admnistration. Sometimes the school buys sanitary towels for the girls and pregnancy test kits."*

The G & C teacher from school D revealed the following:

> *"few books for guidance and counseling are available even though some of them have become irrelevant with obsolete information. The school admnistration is supportive, there is time allocated for guidance and counseling activities and they provide financial assistance."*

4.4 Summary

This chapter has presented the findings of the study. The study has shown that most of the schools provided information on HIV/AIDS and STIs followed by drug and alcohol abuse. The least disseminated information is on the effects of internet pornography. A number of methods that were used to educate the pupils on the negative effects of these vices have been highligted. Some of these include classroom lectures, group discussions, talks with a person

from the community, using peer educators, anti- AIDS club, anti- drug club, talks with the G & C teacher, life skills training and using peer educators. The most popular method was the anti- AIDS club while life skills training and the use of peer educators were the least popular. The findings also revealed that in-school adolescents were provided with information on the entry requirements into college or university. The most prominent source of such information was the G & C teacher. Other sources of information included the class teacher, headteacher, and peer educator. As for the influence of the G & C activities on the adolescents, it has been revealed that most of them had become more knowledgeable in issues of alcohol, drugs, HIV/AIDS while others had acquired resistance skills. The findings have shown that very few pupils had sex, taken alcohol or smoked marijuana/tobacco in the past two weeks. However, a lot more needs to be done in resistance skills training. The study has revealed that the G & C teachers do not have sufficient G & C materials for them to effectively carry out their duties. However most of them indicated that they received financial support form the school admnistration.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.0 Introduction

In the preceding chapter, the findings of the study were presented in such a way that the findings from the adolescents were presented first, followed by the findings from the guidance and counseling teachers. This chapter discusses the findings of the study. The discussion is presented in such a way that the findings from the adolescents have been combined with those from the guidance and counseling teachers under the following themes; school guidance and counseling activities; assessment of the guidance and counseling activities and availability of guidance and counseling materials.

5.1. School guidance and counseling activities

In order to determine the preventive G & C activities available in schools, adolescents were asked to indicate whether their respective schools provided them with information on HIV, STIs, drug and alcohol abuse and effects of internet pornography. The adolescents were also asked to indicate how they learnt about these vices. In relation to these questions, most of the adolescents indicated that they learned about HIV, STIs, effect of internet pornography as well as drug and alcohol abuse. However, the findings showed that the most common type of preventive education given to adolescents in schools was information on HIV/ AIDS and STIs. This was followed by information on drug and alcohol abuse while effect of internet pornography was the least popular type of preventive education given to the adolescents. Most of the adolescents (72%) indicated that they did not learn about the effects of being addicted to internet pornography (figure 4.1). Similarly, the responses from the G & C teachers revealed that they provided preventive education on HIV/ AIDS, STIs, drug and

alcohol abuse, abstinence from sex and motivation to work hard in school. None of the G & C teachers talked about educating the adolescents about the effect of internet pornography. This could be due to the scarcity of information about the effect of internet pornography. While HIV/AIDS, STIs, and drug abuse education has been integrated into the school curriculum through subjects such as Biology and Civic Education, literature on the effect of pornographic materials on sexuality is not readily available in Zambia. This is in agreement with Owens et al (2012) who argue that even though research on the use of internet pornography among adolescents has been done, the research is sparse and leaves more questions than answers.

The study revealed that there were various methods that were used to sensitize and educate the adolescents about drug and alcohol abuse, HIV/AIDS, STIs and internet pornography in schools. Among the methods indicated by the adolescents were classroom lessons, group discussions, anti-drug club, anti- AIDS club, through peer educators, talks with the guidance teacher and talks with a person from the community. Similar findings were obtained from the G & C teachers. The most prominent method was the anti- AIDS club indicated by 67% of the adolescents followed by talks with the guidance teacher which was indicated by 59% of the adolescents (table 4.1). The anti- AIDS club only provides HIV/AIDS education. The popularity of the anti- AIDS club is confirmed by Kayeyi (2013) who points out that the anti-AIDS clubs were among the earliest responses to the HIV/AIDS epidemic in Zambia with the first club being established in 1987. Kayeyi says that the anti- AIDS clubs were used for teaching life skills such as decision making, problem solving, and interpersonal relations, and to increase HIV/AIDS awareness among students.

 The high number of adolescents who indicated that G&C teachers held talks with them suggests that most of the G & C teachers were actively involved in providing relevant information to assist adolescents in their educational, personal, social and career development

as well as supporting their health and wellness. As alluded by Erikson, teachers as part of the forces within a much broader environment have a significant role to play in personality development (Berger, 1986). Most of the adolescents are not able to cope with problems which come with their developmental stage alone. According to Erikson, the way a person resolves the internal conflicts will determine their personal identity. With supportive G & C teachers, adolescents can end up with a strong sense of self.

The most unpopular methods were the use of peer educators, the anti- drug club and life skills training. The lack of peer educators in schools underrated the assertion by Mason (2003) that peer education promoted healthy behaviours among youths in regard to sexuality, violence and substance abuse. Mason cited a study comparing peer-led versus adult-led education programmes which found that peer counselors produced greater attitude changes in teens' perception of personal risk of HIV infection than adult counselors. UNICEF (2012) also encouraged the use of peer educators for preventing HIV on the basis that many people made changes not only based on what they knew but also on the opinions and actions of their close trusted peers. Peer education in schools should be encouraged because most risky behaviour originates from peer groups.

Erikson recognizes the importance of peer influence on adolescent personality development. He points out that in their search for identity, adolescents install peers as their idols and role models of their final identity. Adolescents want to talk, walk and dress like their peers. It is in the peer group that their behaviour is approved or disapproved by others (Berger, 1986). Therefore, using peer educators can help to influence the adolescents to make healthy choices as they continue exploring alternatives in their search for identity.

As regards the kind of information that adolescents learned concerning risky behaviour, most of them indicated that they learned facts about HIV, STIs, and drug abuse. A few of them

indicated that they learned normative education; resistance skills and life skills (table 4.1). The findings from the G & C teachers also show that resistance skills and life skills are rarely taught in schools. These findings are supported by Botvin's (2000) view that many schools continue to use information dissemination approaches even though they are not effective for behavioural change. Botvin observes that information dissemination approaches are only effective at increasing knowledge. The use of information dissemination approach assumes that by making the adolescents aware of the facts about drug abuse, HIV/AIDS and STIs, they will be able to make rational decisions to avoid risky behaviour.

The tendency by most of the G & C teachers not to use normative education and life skills for preventing risky behaviour among adolescents contrasts the assertion by Hansen and O'Malley (1996) in Botvin (2000) that normative education helps to correct the misconception that the majority of the adolescents and adults are involved in risky behaviour. To support this view, Donaldson, Graham and Hansen (1994), argue that resistance skills training may not be effective in the absence of normative education. If the norm among adolescents is to use drugs or getting involved in illicit sex, the adolescents may not be able to resist offers of sex or drugs. This suggests that normative education and resistance skills training need to be emphasized and taught simultaneously if any behavioural change towards risky behaviour is to be observed among adolescents.

One of the challenges that adolescents face is the pressure to make career choices. The G & C teachers have a role to provide the learners with information on the entry requirements into college or university and help them to make decisions on what careers they need to take after leaving school. In view of this, most of the respondents said that the school provided them with this information.

The majority of the adolescents indicated that the G & C teachers were the main source of information on entry requirements into college/ university and career guidance. This is supported by Chireshe (2006) who asserts that the role of the school counselor is to provide students with accurate information about the world of work and existing career opportunities, to assess students' interests and abilities which can help them in making appropriate subject and career choices. The research by Kasonde-Ng'andu, Ndhlovu and Phiri (2009) on the assessment of the impact of guidance and counseling services on high school pupils in Zambia reported similar findings. The research findings showed that the G & C unit provided pupils with information on entry requirements into college and universitiy and advised them to work towards their career choices. These findings were consistent with the responses from the G & C teachers even though most of them indicated that they concentrated on the grade twelves who were about to be ushered into society. The researcher is of the view that career guidance should start as early as junior secondary school so that by the time the learners are in grade twelve they will be more focused and will have more understanding of what they want to do in life.

The other source of information indicated by most adolescents was the class teacher. This is consistent with the findings of Nkhata (2010), whose evaluation of school G & C services in boarding high schools in Zambia revealed that most learners got the information on entry requirements into university or college from the subject teachers because school counselors had no materials to help them carry out their duties effectively. Other sources of information indicated by a few learners included workers from different career worlds and students from colleges and universities. These physically visited the schools and gave guidance to the learners on the minimum entry requirements and which subjects were mandatory for certain careers. These did not just act as sources of information but also as role models who

motivated the learners and inspired them to work hard. Holman and Sainsbury (2014) contend that visits by the alumni can be very powerful and persuasive.

5.2 Assessment of guidance and counseling activities

The second objective was to determine the adolescents' and guidance teachers' assessment of G & C activities designed to help adolescents to cope with challenges of their developmental stage. The aim of the researcher was to determine the influence of G & C activities on adolescents' attitude and behaviour towards taking risks. The adolescents were asked to indicate whether the education they received on drug and alcohol abuse; HIV/AIDS; STIs and internet pornography had changed them in any way. Most of the adolescents who were educated about drug and alcohol abuse indicated that they had changed their behaviour and attitude towards these vices. These findings contrast the results from the research by Shawn et al (2011) which revealed that receiving alcohol education that highlights the dangers of alcohol and knowing how to refuse alcohol offers did not prevent drunkenness. The findings suggest that other strategies should be used to prevent and reduce alcohol use among adolescents besides providing education. The findings also contrast the report from the Zambia global schools health survey by WHO (2004), which indicates that alcohol consumption among school going children is high.

The responses from the adolescents further showed that most of the adolescents who received education on HIV/AIDS and STIs changed attitude towards HIV/AIDS while a few did not change. These findings are consistent with the report on trends in HIV prevalence and sexual behaviour among young people in Zambia by Kayeyi (2013) which revealed that the HIV prevalence among youths in Zambia had decreased. Similar reductions were observed in pre-marital sex and multiple partnerships among young people in Zambia. Kayeyi attributed these reductions to the fact that young people had become more aware of the effects of the HIV

epidemic on mortality and morbidity which they had clearly seen around them. On the other hand, the findings contrasted the results from the ZGSHS by WHO (2004), which revealed that sexual activity among students was high (44.7%), an indication that almost half of the students in senior primary and junior secondary school in the country have had sexual intercourse.

As regards internet pornography, only 59 out of 209 adolescents had been educated about it. Out of 59 adolescents who were provided with information on the effects of internet pornography, 38 had changed while 21 did not change. This shows that despite the number of those who learned about internet pornography being small, more than 50% had changed. These results are an indication that, given the attention that it deserves, education on the effects of internet pornography can help to reduce sexual experimentation among adolescents. Owens et al (2012) contend that adolescents who are in a habit of viewing pornographic materials from the internet may develop unrealistic sexual values and beliefs such as high levels of permissive sexual attitudes, sexual pre-occupation and earlier sexual experimentation. In view of this Harney (2012) suggests that addiction to internet pornography among young people who can no longer control their actions should be treated with the same consideration given to alcohol and other chemical substances.

The adolescents who indicated that the G & C activities had helped them to change their behaviour and attitude were further asked to state the extent to which they had acquired knowledge on drug and alcohol abuse; HIV/ AIDS; STIs; internet pornography and skills to resist risky behaviour.

A large proportion of the adolescents indicated that their knowledge acquisition on HIV/AIDS and STIs was very high. Those who indicated that their knowledge acquisition was poor were few. These results are consistent with the findings of the review on the

awareness and knowledge of sexually transmitted diseases (STDs) among school going adolescents in Europe by Samkange-Zeeb, Spallek and Zeeb (2011), which showed that knowledge and awareness of HIV/AIDS was quite high. The high awareness about HIV/AIDS was attributed to the fact that there have been extensive awareness campaigns on this topic globally since the 1980s. On the other hand, the same review showed that there were low levels of awareness and Knowledge of STIs among school going adolescents in Europe. In relation to these findings, UNICEF (2011) observes that there is need to ensure that adolescents have sound knowledge of STIs as it empowers them in their choices and behaviours.

As regards knowledge acquisition on issues of drug and alcohol abuse, slightly more than half the number of those who were educated about it indicated that their knowledge acquisition was very high. Very few indicated that their knowledge acquisition was poor. These findings are supported by Masiye (2011), whose study revealed that the school based preventive strategies had a positive impact on pupils' level of knowledge about drug and alcohol abuse. Similar findings were reported by Masibo, Mndeme and Nsimba (2013) from their assessment of the knowledge, attitudes and practices of psychoactive substance use among secondary school students in Dodoma, Tanzania. Their study revealed that secondary school students have adequate knowledge on different types of psychoactive substances and their effects on their psychosocial lives. The adequate knowledge was attributed to the information on the dangers of using psychoactive substances that pupils received from their parents, siblings and teachers. However, there is need for more preventive education on drug and alcohol abuse in Zambia in order to raise the level of awareness among the adolescents.

Further, the findings show that the knowledge acquisition levels among adolescents regarding internet pornography are low. Out of 38 adolescents who indicated that education on internet

pornography had changed their knowledge, less than half the number (12) indicated that their knowledge acquisition was very good. This can be attributed to the fact that all the schools used in the study do not educate the adolescents on the effects of internet pornography. Even though a few of the adolescents indicated that they learned facts about the effects of internet pornography, none of the G & C teachers said that they provided that kind of information. The failure by G & C teachers to provide information on internet pornography could be due to the fact that they too were not well abreast with information on the effects of internet pornography, as well as the legal and ethical considerations involved which have made it difficult for people to collect this kind of information. According to Mitchell and Ybarra (2005), literature on the influence of pornography on adolescents and children is scarce due to legal and ethical considerations involved. In view of this Caldwell and Cunnigham (2010), observe that internet addiction is a real prevalent and threatening phenomenon among students that needs to be addressed in schools. They contend that training students in self control and balance when using technology is one way of preparing students for a modern world. Caldwell and Cunnigham suggest that the G & C teachers should source for information about internet addiction and take the lead to educate others in their schools and to implement strategies that can help to address the problem facing a lot of students.

The findings on the extent to which adolescents had acquired resistance skills revealed that skills acquisition was generally low among the adolescents. Less than 50% of the adolescents indicated that they had acquired very good skills of how to recognize and resist pressure to have sex, abuse drugs or watch pornographic materials from the internet. This could be attributed to the fact that there is less life skills training in schools (see table 4.1 and 4.2). This is supported by the findings from the research by Masiye (2011) which revealed that there was less use of resistance and life skills training in schools. These findings contrast the

assertion by UNICEF (2012) that complementing knowledge with life skills such as negotiation, refusal, communication and critical thinking is necessary for achieving behavioural change because these skills can help individuals to navigate through interactions and influences, and build positive health behaviours. The use of life skills is also supported by Botvin and Griffin (2003) who contend that resistance and life skills approaches have been successful in reducing drug use among adolescents.

The low level of life skills acquisition among adolescents suggests that there is need for G & C teachers to concentrate on activities that promote the acquisition life skills. According to UNICEF (2012), schools have a tendency to leave out life skills education in the pretext of teacher shortages, overcrowded curricula, limited teaching materials and the focus on examinable subjects of which life skills education is rarely a part. UNICEF (2012), further reports that life skills education is taught as a standalone subject in both primary and secondary schools in Kenya due to the increasing recognition that life skills could bridge the gap between students' knowledge and behaviour regarding HIV prevention. Similarly, life skills education is compulsory and examinable for the end of primary and junior secondary examinations in Malawi and optional for senior secondary. Zambia can emulate Kenya and teach life skills as a standalone subject in both primary and secondary schools as a way of enhancing life skills acquisition among pupils.

As regards the frequency of smoking marijuana or tobacco, a comparison between the number of adolescents who reported to have last smoked a year ago, and those who reported to have last smoked two weeks before, showed that the number of adolescents who reported to have last smoked two weeks before was less than that of those who reported to have smoked one year ago (see table 4.3). This is an indication that the G & C activities had a moderate positive influence on behaviour change towards smoking marijuana or tobacco. This contrasts the

findings by Masibo, Mndeme and Nsimba (2013), which revealed that the knowledge on the negative effects of psychoactive substances did not prevent students from using psychoactive substances. On the other hand, the results are supported by Daly, Freud, Hazell, Hodder and Wiggers (2011) whose examination of the effectiveness of a school based resilience intervention to decrease marijuana, tobacco and alcohol use suggests that the intervention has the potential to increase resilience and decrease the use of tobacco, alcohol and marijuana. In addition, Vartiainen et.al (2006) suggest that a combination of information and refusal skills can prevent the initiation of smoking among all adolescents including high risk students.

The findings on the frequency of taking alcohol showed that the number of adolescents who reported to have last taken alcohol one year ago was more than that of adolescents who reported to have taken alcohol in the last two weeks (see table 4.4). These findings contrast those of the ZGSHS by WHO (2004), which revealed that 42.6% of students drank at least one drink containing alcohol on one or more of the past 30 days. Further, the findings contrast those of Masiye (2011) which indicate that the school-based drug and alcohol preventive activities had a very little impact on pupils' behaviour change. Similarly an examination of the association between alcohol marketing, drunkenness and problem drinking by Shawn et.al (2011) shows that alcohol education did not reduce the influence of alcohol marketing on problem drinking or drunkenness. This was attributed to the limited nature of school-based alcohol education which could not suppress the robust marketing strategies. In addition, Shawn et.al observe that the legal alcohol drinking age in Zambia is 18, a factor which could be exacerbating alcohol abuse among adolescents.

According to Masibo et.al (2013), most of the students did not think that alcohol was a psychoactive substance, but rather a socially acceptable drink. This could be one of the reasons why alcohol is abused by most of the adolescents. Alcohol is used as a means of

providing excitement in ceremonies such as weddings, birthday parties, traditional ceremonies and many other celebrations which are attended by adolescents. This is confirmed by the ZGSHS by WHO (2004), which reports that children tend to abuse alcohol because it is considered as a social drink in the communities worldwide. This suggests that G & C activities that involve information giving alone can do very little to prevent alcohol abuse among adolescents unless they are combined with normative education as well as skills to resist media advertisements and other alcohol promotions.

As regards the frequency of sexual intercourse, the results showed that the number of adolescents who indicated that they had sex one year earlier was more than that of those who indicated that they had sex in the past two weeks (see table 4.5). Despite the minimal reduction, the frequency of sexual activity is higher than that of drug and alcohol abuse. The findings from the adolescents were consistent with the responses from the G & C teachers who indicated that the rate of pregnancies among adolescent girls was high in their schools. These findings are supported by the results from the Zambia global schools health survey (ZGSHS) by WHO (2004), which indicates that 23.1% of the students had sexual intercourse with two or more people in the last twelve months prior to the research and only 11.1% always used a condom when they had sex.

Similar findings were obtained by Kazembe, Muula, Rudatsikira and Siziya (2008) from their research on harmful lifestyles and clustering among sexually active in-school adolescents in Zambia. In this research 13.4% of the adolescents reported that they had sexual intercourse in the past twelve months prior to the research. The review of the effectiveness of school based programmes to reduce sexual risk behaviour by Kirby et.al (1994) revealed similar results. Out of four studies which examined the impact of programmes on frequency of intercourse, none found significant increases in frequency of intercourse and one found significant

decreases among the relatively small proportion of youths who initiated intercourse after programme implementation.

The findings on the frequency of having sexual intercourse are also supported by Lloyd's (2007) evaluation of the school based sexual intervention in Tanzania which revealed that better understanding of adolescent reproductive health issues among students did not result in changed behaviour or even greater perceived self –efficacy in implementing lessons learned. According to Kirby et.al (1994), there are no existing school based interventions that can prevent most youths from having intercourse during the high school years. Therefore, Kirby et.al suggest that preventive activities should both encourage youths to delay onset or abstain from sex and also encourage them to use contraceptives if they initiate intercourse. They further suggest that the effectiveness of preventive activities can be enhanced by making them both age and experience appropriate, thus activities for young adolescents should be focused more on delaying on-set of sex while those for older youths should focus more on condoms and other contraceptives.

The frequency of watching internet pornography revealed that the number of adolescents who watched internet pornography one year earlier was more than the number of those who watched in the past two weeks (see table 4.6). Despite the minimal reduction, the findings are an indication that most of the adolescents watch internet pornography, which some could be using as a way of satisfying their sexuality mysteries. The findings are consistent with those of Kimberly and Ybarra (2005) who indicate that 15% of young people reported some form of purposeful exposure to pornography in one year. This is supported by Delmonico and Griffin, 2008; Jing, Lam, Mai and Peng,2009 in Owens et al (2012) who postulate that adolescents are increasingly struggling with compulsive internet use and compulsive behaviours related to internet pornography and cybersex.

Regarding compulsive internet use and pornography, Harney (2012) suggests that internet addiction should not just be seen as a social issue, but as a drug because of its addictive mechanism when it is habitually used. Erikson points out that, early experiences in life can affect future personality development. Hence with proper support from the school environment early on, adolescents can incorporate sexuality into their identity successfully (Rathus, 2008).

The influence of G & C activities on adolescent behaviour was also determined by the frequency with which the adolescents received preventive education. The responses from the G & C teachers revealed that G & C activities were conducted twice per term on overage for each grade. This is an indication that adolescents do not receive enough G & C education from their schools hence it does not seem to have much influence on their attitude and behaviour towards risk taking. These results are consistent with those of Masiye (2011) which revealed that pupils did not receive drug and alcohol abuse education quite often. He attributed the little behaviour change towards drug and alcohol abuse to the erratic provision of preventive education. Masiye argues that giving pupils more opportunities to hear and practice the life skills can help them to internalize the skills. To support this view, Botvin (2000) observes that it is necessary to provide adequate prevention sessions in order for the preventive activities to be successful. Botvin says that many prevention efforts have not been successful because they do not give the adolescents more exposure to the preventive activities. In addition, Botvin and Griffin (2003) argue that a prevention programme may not produce the desired results no matter how effective it is, unless it is provided in full by qualified and motivated staff.

5.3 Availability of guidance and counseling materials

The responses from the G & C teachers revealed that most of the schools were providing financial support in form of a monthly allowance for the G & C teacher and office equipment such as a computer and a printer. However, it was established that most of the schools do not have sufficient materials for effective implementation of G & C activities. The few books that were available in some schools lacked topics such as reproductive health and drug abuse, while some books have become irrelevant due to outdated information. A number of researchers on guidance and counseling activities in African countries have obtained similar results. An assessment of the challenges faced by G & C teachers by Nyamwange et.al (2012) in Nyamira district in Kenya found that most counselors' offices were lacking basic materials such as reference books, career resource materials and a guidance and counseling manual. In a similar study, Nkala (2014) assessed the G & C programmes in secondary schools in Mzilikazi district in Zimbabwe and found that some schools lacked both human and material resources making the initiative to be inefficient and worthless.

Lack of resources has also been cited by UNICEF (2012) as one of the factors that has hindered the effective implementation of life skills education in most schools globally. According to UNICEF, life skills education has not been successful in many education systems due to resource constraints such as human resources, curriculum time, as well as teaching and learning materials. In addition, UNICEF observes that there is a high demand for training teachers in life skills education, an indication that the current teacher training is not adequately addressing the important elements of life skills education such as psychosocial skills and attitudes of teachers. In Zambia, studies by Kasonde-Ng'andu et.al (2007); Nkhata (2010); Mwamba (2011) and Makumba (2013), revealed that most guidance and counseling offices in schools lack teachers trained in guidance and counseling as well as materials such

as prospectus from various institutions of higher learning, life skills training manuals, guidance and counseling manuals, and specialized rooms for guidance and counseling in some cases.

The availability of G & C materials in schools is one factor that can contribute to the success of guidance and counseling activities in Zambia. The G & C teachers need to be supplied with adequate information on sexual reproductive health, drug and alcohol abuse, internet pornography, HIV/AIDS, STIs, career guidance, life skills education and strategies that can be used to prevent risk behaviour among pupils. This can help the G & C teachers to provide relevant and effective guidance and counseling to the pupils. The researcher is of the view that lack of G & C materials in Zambian schools has contributed to the G & C activities not yielding the desired outcomes. Borders and Drury 1992; Carlson 1991 in Chireshe (2006) report that effective school guidance and counseling services in American schools were found to have materials such as computers for computer assisted career guidance programmes, career choice exploration materials, self- development resources, college catalogues, booklets that help adolescents address developmental needs such as adjusting to their physical changes, handling peer pressure and preventing substance abuse.

5.4 Summary

This chapter has discussed the findings of the study. The study has shown that most of the schools provide the adolescents with information on HIV/AIDS, STIs, drug and alcohol abuse. However, the most common type of preventive education is HIV/AIDS education which is mostly learned through the anti-AIDS club and talks with the guidance teachers. Most of the schools do not provide information on the effects of internet pornography.

Concerning the methods that were used to educate adolescents on risky behaviour, the findings revealed that most of the G & C teachers used information dissemination methods where adolescents are taught facts about HIV/AIDS, STIs and drug abuse. The findings also revealed that normative education and life skills education were rarely taught in schools.

 Most of the adolescents indicated that they were provided with information on the entry requirements into college or university. The adolescents also indicated that they were helped in deciding on what careers they need to take after leaving school. The main source of information on the entry requirements into college or university, as well as the career path is the G & C teacher.

Concerning knowledge acquisition, most of the adolescents indicated that their knowledge acquisition in matters of HIV/AIDS and STIs was very high. However, only slightly more than half the number indicated that they acquired very high knowledge in issues of drug and alcohol abuse. On the other hand, the findings revealed that life skills acquisition was generally low among the adolescents. Less than 50% indicated that their life skills acquisition was very high. This was attributed to the fact that there was less life skills education in the schools.

As for the influence of G & C activities on behaviour change, it was found that the activities had a moderate positive influence on adolescent behaviour. The findings show that the number of adolescents who smoked two weeks ago was less than the number of those who smoked one year earlier. A bigger difference was observed in the frequency of taking alcohol from 27(12.9%) who took alcohol a year ago to 12(5.7%) who took alcohol two weeks ago. As regards the frequency of sexual intercourse, the findings revealed that the number of adolescents who had sexual intercourse a year ago was more than the number of those who had sexual intercourse two weeks ago. Similar results were observed in the frequency of

watching internet pornography between the number of adolescents who watched internet pornography a year ago and the number of those who watched internet pornography two weeks ago.

Further, the findings revealed that there is less time allocated to G & C activities, on average G & C activities were conducted twice per term for each grade. In addition, most of the schools do not have sufficient resources for G & C activities. This has made it difficult for the G & C teachers to implement the G & C activities effectively.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

This chapter presents the conclusion of the study and also makes some recommendations based on the findings of the study.

6.1 Conclusion

Based on the findings of the study, it can be concluded that there are various G & C activities that are used in schools for helping adolescents to cope with challenges of their developmental stage. These include anti-AIDS club meetings, talks with the G & C teacher, role plays and drama performances. Others are group discussions, classroom lessons, games and sports activities, talks with a person from the community, anti- drug club meeting, peer education and life skills training.

The study has established that the G & C departments in schools provide preventive education in HIV/AIDS, STIs as well as drug and alcohol abuse but not the effects of watching internet pornography. The preventive education is mostly done using information dissemination methods where adolescents are taught factual information about certain challenges and pressures that they face, such as sexual reproductive health, drug and alcohol abuse HIV/AIDS, and STIs. This study has shown that normative education and life skills education are rarely provided in schools. The preventive information is mostly disseminated through the anti-AIDS clubs, talks with the G & C teacher, group discussions, role plays and drama. Most of the schools do not have the anti- drug club and peer educators

The study has shown that most of the G & C teachers provide the adolescents with information on entry requirements into university or college as well as helping them to make decisions on what careers they need to take after leaving school.

It has been established that through the G & C activities, most of the adolescents have become more knowledgeable in issues of HIV/AIDS and STIs. With regard to drug and alcohol abuse, not many pupils had high knowledge on this. The level of awareness about the effects of watching internet pornography was very low among the adolescents. Most of the preventive education provided by the G & C teachers was concentrated on HIV/AIDS at the expense of other challenges that are faced by adolescents. Substance abuse and watching internet pornography are both risk factors of HIV/AIDS infection hence they should be given the same attention as HIV/AIDS. There is need to revive the anti-drug abuse clubs in schools so that adolescents can learn more about drug and alcohol abuse.

Watching internet pornography is a real issue among adolescents which requires the attention of the G & C teachers. It leads to early onset of sexual intercourse which may result in pregnancy, HIV/AIDS and STIs. The schools need to start raising awareness about the effects of watching internet pornography among the adolescents if the fight against HIV/AIDS is to succeed.

The acquisition of resistance and refusal skills was generally low among the students, an indication that G & C teachers need to incorporate life skills education in their activities. Many studies have shown that life skills education is effective in behaviour change and delaying on-set of risk activities among adolescents (Botvin, 2000; UNICEF, 2012; Moya, 2002). As Erikson explained in his psychosocial theory of personality development, adolescents experiment with different activities in an attempt to form an identity. This means that G & C teachers need to provide preventive measures that are versatile, placing equal

emphasis on all forms of risky behaviour in order to help the adolescents to form a cohesive, full identity that expresses who they are.

The G & C activities have a moderate influence on behaviour change among the adolescents. This was observed from the frequency of smoking marijuana or tobacco, having sexual intercourse and watching internet pornography. The number of adolescents who were involved two weeks ago prior to the research was less than that of those who were involved a year ago.

There is less time and resources allocated to G & C activities, this has negatively affected the provision of G & C activities in schools. According to Erikson, successful resolution of the crises at every developmental stage depends heavily on the nature of the child's social relationships. Therefore, increasing the contact sessions and providing the necessary resources for guidance and counseling can help to alleviate some of the anxieties which confront the adolescents.

The study has established that there is no single G & C activity that can deal with all the challenges that adolescents face. Adolescents face a lot of challenges; therefore it is important for schools to design holistic G & C activities rather than alternative options. Information dissemination on its own or life skills education alone cannot produce the intended results. Equally normative education alone cannot produce the desired behaviour change towards risk taking. A holistic G & C programme should combine information dissemination, normative education and life skills education. Adolescents need to have adequate knowledge about drug and alcohol abuse; sexual risky behaviour and effects of watching internet pornography. This knowledge should be combined with normative education which can help to correct the misconception that their peers are also indulging in risky behaviour. With adequate knowledge about the vices and correct estimates of peer involvement in risky behaviour,

adolescents can be provided with life skills education to equip them with decision making, skills to recognize high risk situations, resistance and refusal skills which they can use when faced with pressure to indulge in risky behaviour.

6.2 Recommendations

1. The study has revealed that normative education and life skills education are rarely provided in schools. There is need for guidance and counseling teachers to use preventive education which combines information dissemination methods, normative education and life skills education.

2. The findings show that most of the schools do not have peer educators and the anti-drug club. There is need for guidance and counseling teachers to reinforce the anti-drug club and the use of peer educators.

3. The findings suggest that the time allocated to guidance and counseling activities is not sufficient. On average, guidance and counseling activities are conducted twice per term for each grade. Guidance and counseling teachers should increase the number of sessions for preventive education for each grade so as to enhance effectiveness.

4. It has been established that the level of awareness about the effects of watching internet pornography is very low among the adolescents. Therefore, guidance and counseling teachers should gather information about the effects of internet pornography so that they can be able to educate the adolescents.

5. The findings show that most of the schools lack sufficient guidance and counseling materials. There is need for schools to acquire the relevant guidance and counseling materials.

6. Although this study revealed that guidance and counseling teachers help the adolescents to make decisions concerning their career path, there is need for school managers to introduce career exposition events in schools in order to expose the adolescents to a variety of careers and break the sex role stereotypes which often influence career decision. Career exposition will ensure that adolescents have up to date career and labour market information.

7. The study shows that knowledge acquisition in issues of HIV/AIDS and STIs is very high among the adolescents. However, this knowledge is not matched with behaviour change. Guidance and counseling teachers should work closely with parents in order to ensure that adolescents do not model wrong behaviour at home.

6.3 suggestions for future research

1. This study was based on guidance and counseling activities for in – school adolescents. A similar study should be carried out on guidance and counseling activities for preventing the challenges faced by adolescents who are out of school.

2. In future, research should be conducted to ascertain how G & C teachers and parents work together to alleviate the challenges faced by adolescents.

3. Research should be carried out to identify the ways in which life skills education and normative education in schools can be enhanced to effectively help the adolescents to make the right choices concerning risky behaviour.

4. The current study mainly used closed ended questionnaires to collect data from the adolescents. Future research on this topic should use a combination of qualitative and quantitative data collection techniques such as focus group discussion and questionnaires with both closed and open ended questions.

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QUESTIONNAIRE FOR PUPILS

Introduction

Dear Respondent,

I am a student at the University of Zambia conducting a research on the guidance and counseling activities for preventing the challenges faced by adolescents due to their developmental stage. You have been identified as one of the key informants in this study. Please be assured that this research is purely for academic purposes, the information given will be treated with utmost confidentiality.

INSTRUCTIONS

- Do not write your name on this questionnaire

- Please tick or write in the space provided.

A Respondent's identification

1. Gender 1, Male [   ]   2, Female [   ]

2. Age ………………….   3 . Grade …………….

4. School ………………………………..

B   Questions related to the guidance and counseling activities for preventing the challenges faced by adolescents. Please tick as applied.

1. Does the school provide you with information on

(a) HIV and sexually transmitted infections?   Yes [ ]   No [ ]

(b) drug and alcohol abuse?   Yes [ ]   No [ ]

(c) addiction to internet pornography?   Yes [ ]   No [ ]

2. How do you learn about HIV, sexually transmitted infections, addiction to internet pornography, drug and alcohol abuse in the school?

(a) Classroom lessons/lectures with our class teacher [   ]

(b) Talks with a person from the community [   ]

(c) Group discussions [   ]

(d) Role plays or drama performances by pupils and visiting theater groups [   ]

(e) peer education [   ]

(f)   Anti-drug club meetings [   ]

(g) Anti- AIDS club meetings [   ]

(h)   Games and sports activities [   ]

(i)   Life skills training programmes [   ]

(j) talks with guidance and counseling teacher [   ]

(k) Other: (specify) ……………………………………………………………………..

3. What kind of information do you learn about sex education, anti-drug and alcohol abuse education? Please tick as applied.

(a)   Facts about

(i)   types of drugs and the dangerous effects of drug and alcohol abuse [   ]

(ii)   transmission and prevention of HIV [   ]

(iii)   other sexually transmitted infections and their effects [   ]

(iv)   the effects of internet pornography [   ]

(b)   Normative education i.e. information on standards and rules of behaviour regarding sex, drug and alcohol use by young people. [   ]

(c)   Resistance skills training – E.g. How to recognize, handle and avoid pressure to indulge in ilicit sex, drink alcohol or use drugs. [   ]

(d)   Life skills training such as problem solving skills, self control, decision making, self-esteem and assertiveness. [   ]

4.   (a) Does the school provide you with information on the requirements to get into university or college. 1, Yes [   ] 2, No [   ]

(b) If the answer is yes to question 4 (a), who provides you with the information

(i) Class teacher [ ] (ii) guidance teacher [   ] (iii) peer educator [   ]

Other, specify _____

5.   (a) Does the school help you to make decisions on what careers you need to take after leaving school? 1, Yes [   ] 2, No [   ]

(b) If the answer is yes to question 5 (a), who provides you with the information

(i) class teacher [   ] (ii) guidance teacher [   ] (iii) peer educator [   ]

Other, specify _____

C   Questions related to the adolescents' assessment of the preventive activities in terms of Knowledge, attitude and behaviour change.

1.   Has the education you received in the following changed you in any way?

(a) drug and alcohol abuse 1, Yes [   ] 2, No [   ]

(b) transmission and prevention of HIV 1, Yes [   ] 2, No [   ]

(c) other sexually transmitted infections and their affects 1, Yes [   ] 2, No [   ]

(d) the effects of internet pornography 1, Yes [   ] 2, No [   ]

2.   If yes to question C (1), indicate the extent to which you have acquired knowledge on each of the following; Please tick as applied.

(a) (i) Knowledge about the types of drugs and the effects of drug and alcohol abuse

1. Very good	2. Good	3. Fair	4. Poor

(ii) Knowledge about the transmission and prevention of HIV

1. Very good	2. Good	3. Fair	4. Poor

 (iii) Knowledge about sexually transmitted infections and their effects

1. Very good	2. Good	3. Fair	4. Poor

 (iv) Knowledge about the effects of internet pornography

1. Very good	2. Good	3. Fair	4. Poor

(b) (i) Skills of how to recognise and resist pressure to have sex

1. Very good	2. Good	3. Fair	4. poor

 (ii) Skills of how to recognise and resist pressure to drink alcohol and use drugs

1. Very good	2. Good	3. Fair	4. Poor

 (iii) Skills of how to recognise and resist pressure to watch internet pornography

1. Very good	2. Good	3. Fair	4. Poor

3. Please, indicate when you were last involved in the following activities. Tick in the box.

	0-2 weeks (a)	2wks – 1month (b)	1 – 6 months ago (c)	6months- 1 year ago (d	Never (e)
Smoking marijuana or tobacco					
Drinking alcohol					
Have sex					
Watch internet pornography					

INTERVIEW GUIDE FOR GUIDANCE TEACHERS

INTRODUCTION

Dear Respondent,

I am a student at the University of Zambia conducting a research on the guidance and counseling activities for preventing the challenges faced by adolescents due to their developmental stage. You have been identified as one of the key informants in this study. Please be assured that this research is purely for academic purposes, the information given will be treated with utmost confidentiality.

A. Respondent's identification
1 Gender 1, Male [   ] 2, Female [   ]
2 Age range 20-30 [ ] 30-40 [ ] 40-50 [ ] above 50 [   ]
3 Name of School ……………………………………………………

B. Questions related to guidance and counseling activities for preventing the challenges faced by adolescents.
1. what guidance and counseling activities are available in your school?
2. What kind of information are the adolescents taught in relation to challenges of their developmental stage.
3. What activities are used in the school for providing information related to college entry
 requirements and career guidance?

C. **Questions related to effect of preventive activities in terms of knowledge, attitude and behaviour change on pupils.**

 4. (a) Have the guidance and counseling activies in your school had any effect on adolescents' behaviour and attitude towards risk taking?
    (b) when did you last have a case of beer drinking, pregnancy, smoking and pornography in your school?
 5. How often is guidance and counseling conducted in a term?

 D. **Questions related to the effect of preventive activities in terms of process of delivery on pupils.**
6. Does your office have the required materials for guidance and counseling such as counseling guides, entry requirements into some colleges and universities?
7. If yes to question 6, how helpful are the materials?
10. what kind of support for guidance and counseling activities do you receive from the school admnistration?

APPENDIX 3

THE UNIVERSITY OF ZAMBIA
DIRECTORATE OF RESEARCH AND GRADUATE STUDIES

HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE

Telephone:	+260-211-290258/293937	P. O. Box 32379
Fax:	+260-211-290258/293937	Lusaka, Zambia
E-mail	drgs@unza.zm	

HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE

CONSENT FORM
(Translated into vernacular if necessary)

TITLE OF RESEARCH:

REFERENCE TO PARTICIPANT INFORMATION SHEET:

1.   Make sure that you read the Information Sheet carefully, or that it has been explained to you to your satisfaction.

2.   Your permission is required if tape or audio recording is being used.

3.   Your participation in this research is entirely voluntary, i.e. you do not have to participate if you do not wish to.

4.   Refusal to take part will involve no penalty or loss of services to which you are otherwise entitled.

5.   If you decide to take part, you are still free to withdraw at any time without penalty or loss of services and without giving a reason for your withdrawal.

6.   You may choose not to answer particular questions that are asked in the study. If there is anything that you   would prefer not to discuss, please feel free to say so.

7.   The information collected in this interview will be kept strictly confidential.

8.   If you choose to participate in this research study, your signed consent is required below before I proceed with the interview with you.

VOLUNTARY CONSENT

I have read (or have had explained to me) the information about this research as contained in the Participant Information Sheet. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction.

I now consent voluntarily to be a participant in this project and understand that I have the right to end the interview at any time, and to choose not to answer particular questions that are asked in the study.

My signature below says that I am willing to participate in this research:

Participant's name (Printed):...

Participant's signature: .... Consent Date:...

Researcher Conducting Informed Consent (Printed) ....

Signature of Researcher: .... Date:...

Signature of parent/guardian: ....Date: ....

THE UNIVERSITY OF ZAMBIA
DIRECTORATE OF RESEARCH AND GRADUATE STUDIES

HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE

Telephone:	290258/291777	P O Box 32379
Fax:	+260-1-290258/253952	Lusaka, Zambia
E-mail	drgs@unza.zm	Your Ref:
IRB:	00006464	Our Ref:
IORG:	00005376	

31st October 2014

Meyamui Sinengela
Chuundu Secondary School
P O Box 630775
CHOMA

Dear Ms. Sinengela

Re: **APPLICATION FOR ETHICAL CLEARANCE**

Reference is made to your application for ethical clearance for your proposed study entitled *"The Effectiveness of guidance and counseling activities for preventing challenges of adolescent in selected secondary schools in Choma"*.

As your research project does not contain any ethical concerns, you are hereby given an exemption from full clearance to proceed with your research.

ACTION:	APPROVED
DECISION DATE:	29th October 2014
EXPIRATION DATE:	28th October 2015

Please note that you are expected to submit to the Secretariat a Progress Report and a copy of the full report on completion of the project.

Finally, and more importantly, take note that notwithstanding ethical clearance given by the HSSREC, you must also obtain express authority from the Permanent Secretary Ministry of Health, before conducting your research. The address is: Permanent Secretary, Ministry of Health, Ndeke House, P O Box 30205, Lusaka. Tel:260-211-253040/5; Fax +260-211-253344.

Dr. Augustus Kapungwe
CHAIRPERSON, HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE

cc   Director, Directorate of Research and Graduate Studies
       Assistant Director, Directorate of Research and Graduate Studies
       Assistant Registrar (Research), Directorate of Research and Graduate Studies