# CIVIC ENGAGEMENT ON CONTRACEPTIVE USE AMONG SCHOOL ADOLESCENT GIRLS IN SELECTED SECONDARY SCHOOLS IN KABWE

**BY**

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## DECLARATION

I, **Mulenga Muntanga Chanda**, do hereby solemnly declare that this dissertation represents my own original work, except where otherwise acknowledged, and that it has never been previously submitted for a degree at the University of Zambia or any other university.

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## CERTIFICATE OF APPROVAL

This dissertation of **MULENGA MUNTANGA CHANDA** has been approved as fulfilling the partial fulfilment of the requirements for the award of the degree of Master of Education in Civic Education by the University of Zambia.

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Signature: …….....

Date: ……..

Examiners signatures

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## ABSTRACT

**Introduction:** Zambia's Education system keeps recording high dropout rates among adolescent girls in secondary school due to unintended pregnancy. Teenage pregnancies reported among girls in grades 1-12 at both primary and secondary level from the years of 2010 to 2017 show that at primary level they have been a total of 100,664 pregnancy cases recorded and a total of 20,771 pregnancy cases at secondary school level. The implications of these high dropout rates among adolescent girls in secondary school are low female participation and representation in governance, lack of empowerment and poverty among others. This study therefore aimed at finding out how engaged various stakeholders were in teaching contraceptive knowledge and use to in-school adolescent girls as a mitigation strategy to pregnancy. **Methods:** This study was located in the social constructivism paradigm**,** using a qualitative approach in which a case study design was employed. A total sample size of 30 participants was used in this study and data was collected using methods of observation, focus group discussions (FGDs) and also in-depth and key informant interviews. Semi-structured interview guides were used as instruments for data collection for the target population of: affected adolescent girls (AAG- those who have been pregnant before (n = 3), parents (n = 4), guidance & counseling teachers (n = 3), FGDs of 15 unaffected adolescent girls (UAG n = 3 FGDs), Civic Education teachers (n = 3), school administrator (n = 1), NGO facilitators (n = 1). Purposive typical sampling technique was used to sample participants and data was analyzed using thematic data analysis. **Key findings**: The findings seem to suggest that there was acceptability and collaborative civic engagement in teaching contraceptive knowledge by teachers and NGOs because they believed it would give the girls better education outcomes and reduced dropout rates. However, parents' did not engage because they thought it would lead to moral decay and promiscuity**.** The study further highlighted some of the challenges that these adolescent girls faced in accessing contraceptive knowledge and accessing contraceptives for use. This study revealed that the lack of engagement by stakeholders contributed to challenges of lack of proper knowledge on contraceptives by the girls, societal misconceptions, stigma, social-cultural and religious challenges. **Recommendations**: The study therefore, recommends that society start opening up in talking about finding lasting solutions to the current problem of adolescent pregnancy in secondary schools in Zambia, by intensifying awareness on adolessents rights to contraceptive knowledge and use in society as this would help break cultural myths and misconceptions. This study further recommends that all stakeholders especially parents be involved in the policy formulation processes of SRH issues for adolescent girls in fighting teenage pregnancies in Zambian secondary schools.

## DEDICATION

This work is dedicated to my husband Dr. Davy Wadula Zulu, my parents Mrs. Vitah Mutinta Hanchooko Chanda and Mr. Luke Bowa Chanda and my children Emmanuel Mwamba Mwanduba Zulu and Michelle Mulenga Zulu.

I wish to sincerely thank my family especially my young children for their love and patience, because I had to leave them most of the time, without the love and care of a mother so that I can further my education. Leaving them was the hardest thing I have ever had to do as a mother, but they were also my biggest motivation to staying focused in completing my school work.

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| | |
|---|---|
| **AG** | Affected girl |
| **AIDS** | Acquired Immune Deficiency Syndrome |
| **ASRH** | Adolescent Sexual and Reproductive Health |
| **CE** | Civic Engagement |
| **CCE** | Collaborative Civic Engagement |
| **CSE** | Comprehensive Sexuality Education |
| **CVE** | Civic Education |
| **DEBS** | District Education Board Secretary |
| **ESB** | Educational Statistical Bulleting |
| **FAWEZA** | Forum for African Women Educationalists of Zambia |
| **FGD** | Focus Group Discussion |
| **HIV** | Human Immunodeficiency Virus |
| **HR** | Human Rights |
| **LPP** | Lack of Parental Participation |
| **MOGE** | Ministry of General Education |
| **NGO** | None governmental organisation |
| **SRH** | Sexual Reproductive Health |
| **STI** | Sexually Transmitted Infections |
| **UNFPA** | United Nations Fund for Population Activities |
| **UNICEF** | United Nations International Children's Fund |
| **UG** | Unaffected Girl |
| **WHO** | World Health Organization |
| **ZDHS** | Zambia Demographic Health Survey |

# CHAPTER ONE

## INTRODUCTION

### 1.0 Overview

This chapter presented the background to the study and defined the problem that the study attempted to address. It stated the purpose, objectives and research questions that needed to be answered. The chapter further reflected on the significance, delimitations or scope of the study, the theoretical framework, the conceptual framework and operational definition of terms.

### 1.1 Background

Globally, adolescent fertility regulation and pregnancy prevention is one of the most important health care issues of the twenty-first century as more than 16 million girls give birth every year worldwide and an additional 5 million have abortions (WHO, 2014). Unintended adolescent pregnancy among secondary school girls was associated with unsafe abortions, a cause of 13 % of global maternal mortality (Nyalali *et al.*, 2013). Studies conducted in the United States found that it had the highest rate of teen pregnancies in the developed world at approximately 750,000 pregnancies to teens each year and that pregnancy and birth were significant contributors to high school dropout rates among girls (Shuger, 2012). Further, the children of these teenage mothers were more likely to have lower school achievement and to drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, have low social economic status, be victims of gender based violence, and faced unemployment as a young adult, (Shuger, 2012; Martin *et al.*, 2018).

One way to reduce these unintended adolescent pregnancies especially among school girls is by provision of contraceptive knowledge and making contraceptives available to the adolescents. According to the human rights provisions, every child has the right to information on contraceptive knowledge, access and use so that they can have a comprehensive understanding of safe and effective contraceptive methods to protect their health and make informed decisions about their sexuality and reproduction, (UNFPA, 2010) . The use of contraceptives to reduce school dropouts due to pregnancy among adolescent girls in secondary school has been shown to work especially in developed countries such as the United States of America (USA), where notable declines in

teen pregnancies have been recorded due to the fact that more and more teens who were engaging in sex were using birth control (contraceptives) to prevent pregnancy than in previous years (Martin *et al.*, 2018). Although Human rights are guaranteed in worldwide international and regional treaties, as well as in national constitutions and laws, and have been applied by human rights bodies on a wide range of sexual reproductive health issues, including the accessibility of contraceptive information and services for adolescents (WHO, 2014), Adolescents Sexual and Reproductive Health (ASRH) remains a highly charged moral and religious issue (Woods *et al.*, 2006).

In the Zambian context, a country imbedded with moral, traditional, religious and cultural values, discussions surrounding sex and contraceptive use for adolescent girls in secondary school may be viewed as "TABOO" (Birungi *et al.*, 2015). Parents are uncomfortable discussing issues of sexuality and contraception use with their children, a huge task that had been left to schools already limited by the current debates on sex education (Oindo, 2002). This could be one reason why Zambia has the fifth highest birth rates among adolescents in sub-Saharan Africa, at 138 births per 1000 adolescent girls, with teenage pregnancies in rural areas standing at 37% and urban areas at 19% of all pregnancies (Central Statistical Office, 2018). Furthermore, the Ministry of General Education (MOGE) in Zambia observed that, unintended teenage pregnancies reported among girls in grades 1-12 increased four times from 3,663 pregnancies in 2002 to 13,640 pregnancies in 2017 (Ministry of General Education, 2017). The total number of pregnancies to adolescent girls both at primary and secondary level from the years of 2010 to 2017 showed that at primary level they had been a total of 100,664 pregnancy cases recorded and a total of 20,771 pregnancy cases at secondary school level for the same years respectively (Ministry of General Education, 2017).

The findings of the 2018 ZDHS also showed that, the issue of adolescent fertility is important on both health and social grounds. Children born from very young mothers are at risk of sickness and death. Teenage mothers were more likely to experience adverse pregnancy outcomes and were more constraint in their ability to purse educational opportunities than young women who delay child bearing (Central Statistical Office, 2018).

At the time of the study, the Zambian government through the Education system, had a number of interventions to keep more girls in secondary school and also address in-school adolescent pregnancy, one of which is the re-entry policy. This policy was developed by the government of

Zambia with its partners, FAWEZA & UNICEF and launched on 13 October 1997 (Ministry of Education, 2004; Masaiti, 2018)with the main aim of providing socio-economic and educational opportunities to adolescent girls, who dropped out of school due to pregnancy, to return to school after delivery. However, from 2010 to 2017 the policy has only managed 44% (53,814/121,435) re-admission at both primary and secondary levels and girls who became pregnant at primary school level had a higher risk of dropping out of school forever (Ministry of General Education, 2017). Table 1 below shows the number of pregnancies and re-admissions by grade group from

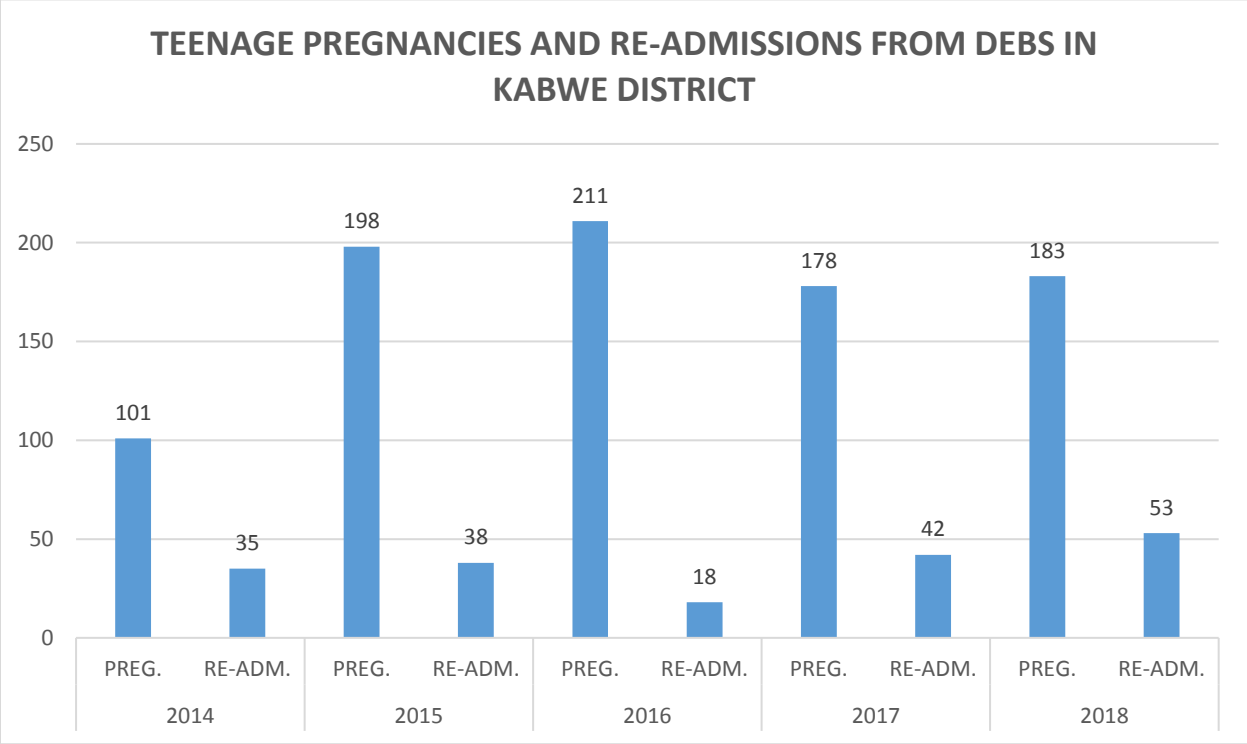
2010 to 2017 at national level. Figure 1.1 below also shows thee numbers of teenage pregnancies and re-admissions from 2014 to 2018 for kabwe district. Refer to table 1 and figure 1.1 below.

**Table 1 Number of pregnancies and re-admissions by grade group from 2010 to 2017(Education Statistical Bulletin 2017)**

| **YEAR** | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **TOTAL** |
|---|---|---|---|---|---|---|---|---|---|
| Primary schools Pregnancies | 13769 | 13929 | 12753 | 12500 | 13275 | 11989 | 11765 | 10684 | 100,664 |
| Re-admissions | 5034 | 5106 | 4915 | 4492 | 5322 | 5217 | 5423 | 5527 | 41,036 |
| % | 37 | 37 | 39 | 36 | 40 | 44 | 46 | 52 | 41 |
| Secondary schools Pregnancies | 1817 | 1778 | 2096 | 2428 | 3103 | 3136 | 3457 | 2956 | 20,771 |
| Re-admissions | 1033 | 924 | 1086 | 1337 | 2069 | 2047 | 2230 | 2052 | 12,778 |
| % | 57 | 52 | 52 | 55 | 67 | 65 | 65 | 69 | 62 |

Figure 1.1 shows the number of adolescent pregnancies and re-admissions from 2014 to 2018 for kabwe district only. Refer to figure 1.1 below.

**Figure 1.1: Teenage pregnancies and re-admissions for schools in Kabwe district for 2014-2018**




*Source: Kabwe district education boards office.*

A detailed analysis of the Zambian re-entry policy showed that it had not prevented girls from falling pregnant again a second time, some even a third time by the time they completed grade twelve (12). Therefore, there was need for effective policies such as adolescent girls' access to contraceptive knowledge and use to enable them complete their education without experiencing that first instance of pregnancy.

The other intervention to mitigate teenage pregnancy in Zambia's Education system was the Comprehensive Sexuality Education (CSE), which promoted education on adolescent rights to sexual reproductive health (SRH), one of those rights was the right to contraceptive knowledge and use. CSE was rolled out to all schools in Zambia in 2014 targeting children aged 10-24 in grades 5-12 (Ministry of Education, 2010). An analysis of in-school CSE showed that there was a

discrepancy between what was stated in CSE as an expected outcome and what is practiced at the school level. While one of the stated outcomes of CSE is preventing teenage pregnancy, CSE activities for achieving this outcome among adolescent girls in secondary schools have avoided discussions on the actual use of contraceptives to meet this goal, instead CSE focuses on abstinence and delaying sexual debut (Birungi *et al.*, 2015).In this regard, there was need to create a link between information on sexual reproductive health and rights and access to SRH services such as getting the actual contraceptives. Information on abstinence alone is not enough; adolescents must not only know about sexuality but should have access to reproductive health services such as contraceptives.

The failure of the re-entry policy and the CSE, made in-school adolescent pregnancy a significant societal problem contributing to high school dropouts among girls. The level of engagement by key stakeholders such as teachers, NGOs and parents in the implementation of adolescents' rights to contraceptive information and use as a mitigation measure to adolescents' pregnancy was not known. Civic engagement entails any individual or group or community working together in both political and non-political actions to address societal problems (Checkoway and Aldana, 2013). In this study, civic engagement referred to a process in which stakeholders such as NGOs, parents and teachers individually or collectively participated in a non-political action to address adolescence pregnancy as an issue of public concern. This study theories that the engagement of key stakeholders who are key influencers would influence a change in the attitudes, beliefs and behavior of policy makers, society and adolescents' themselves towards contraceptives and sexuality matters, according to the key principle of the social influence theory (Smith, Louis and Schultz, 2011). In this study stakeholders will refer to participants such as parents, guidance and civic education teachers, non-governmental organisations (NGOs) facilitators, school administrators and the adolescent girls themselves.

This study therefore, aimed to explore the engagement of key stakeholders in teaching contraceptive knowledge and use for girls in secondary school as a possible remedial measure to adolescent pregnancy by seeking answers to questions such as; how are stakeholders such as parents, teachers, NGOs and other government ministries engaged in preventing adolescence pregnancy among girls in secondary school with regards to teaching contraceptive knowledge and use? What challenges were the adolescent girls in school facing regarding access to contraceptive knowledge and use?

## 1.2 Statement of the Problem

Ideally no young girl should be out of school due to pregnancy, but the reality is that adolescent unintended pregnancy is one of the leading causes of high dropouts among adolescent girls in secondary schools in Zambia (Menon *et al.*, 2018). The re-entry policy and the CSE have not addressed this problem as they wait for girls to fall pregnant and focus only on abstinence respectively.

The implications of girls dropping out of school are lack of female representation in high positions of politic influence, increased poverty and early motherhood. Early motherhood tends to impede the pursuit of lifelong options such as formal schooling and career development. Investing in contraception, therefore, is more cost effective than managing unplanned pregnancy and caring for more children(Cavanagh, Crissey and Raley, 2008) . While much research has been said about contraceptive use among adolescents in university (Kgosiemang and Blitz, 2018) and preventing teenage pregnancy to address child marriages among married young adolescents (Menon *et al.*, 2018), little has been done to get perspectives on the engagement of stakeholders in teaching contraceptive knowledge and use among adolescents girls in secondary school as a mitigation to adolescence pregnancy in Zambia.

This study was important as it was also in line with the Zambian Government aspirations, in the Seventh National Development Plan (7NDP) 2017-2021, in contributing to the attainment of Sustainable Development Goal (SDG) numbers 4 and 5, to provide women and girls with equal access to equal education, health care, decent work and representation in political and economic decision-making processes (UN, 2015).

## 1.3 Purpose of the study

The purpose of this study was to explore the Civic Engagement of stakeholders in teaching contraceptive knowledge and use among school adolescent girls as mitigation to pregnancy in selected secondary schools in Kabwe.

## 1.4 Objectives

### 1.4.1 Main objectives

To explore the civic engagement of stakeholders in teaching contraceptive knowledge and use among school adolescent girls as mitigation to pregnancy in selected secondary schools in Kabwe district, Zambia.

### 1.4.2 Specific objectives.

1. To explore the civic engagement of stakeholders on teaching contraceptive knowledge to adolescent girls in secondary as a mitigation to adolescence pregnancy in three selected secondary schools in Kabwe district.
2. To describe the views of stakeholders on teaching contraceptive use to adolescent girls in secondary school as mitigation to adolescence pregnancy in three selected secondary schools in Kabwe district.
3. To highlight the challenges faced by adolescents' girls in secondary school in accessing contraceptive knowledge and use as mitigation to adolescence pregnancy in three selected secondary schools in Kabwe district.

## 1.5 Research questions

To achieve the objectives above, the study attempted to answer the following specific questions:

1. How engaged are stakeholders on teaching contraceptive knowledge to adolescent girls in secondary school as mitigation to adolescence pregnancy?
2. What are the views of stakeholders on teaching contraceptive use to adolescent girls in secondary school as mitigation to adolescence pregnancy?
3. What are some of the challenges that adolescent girls in secondary school face in accessing contraceptive knowledge and use as mitigation adolescence pregnancy?

## 1.6 Significance of the study

This study, is important as it might provide insights into contraceptive use as a remedial measure to unintended pregnancy among adolescent girls in secondary school. Secondly, it will add to the existing knowledge gap by bringing knowledge on contraceptive use as a remedy for adolescent girls in secondary schools in Zambia, an area that remains to be explored. Furthermore, the study intended to inform key policy makers, to consider formulating and implementing policies allowing the teaching of contraceptive knowledge, access and use to all adolescents in secondary school in Zambia as mitigation to reduce the high dropout rate due to unintended pregnancy. As a result more girls will stay in school and have equal opportunities to education as the boys. Such policies would contribute to the attainment of the 2030 Sustainable Development Goals (SDGs) 4 which aims to "Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all" and SDG 5 which aspires to "Achieve gender equality and empower all women and girls" (UN, 2015).

## 1.7 Theoretical framework:

### Herbert Kelman (1958) Social Influence Theory

This study was guided by the theoretical framework governing the social influence theory, this theory was propounded by Harvard psychologist Herbert Kelman in the year 1958.The central theme of the social influence theory, as proposed by Kelman (1958), was that an individual's attitudes, beliefs and subsequent actions or behaviors were influenced by referent others through three processes: compliance, identification and internationalization. Social influence is a common feature in everyday life, its either one tries to influence others or are influenced by them many times each day (Smith, Louis and Schultz, 2011). The social influence theory brings about changes in attitudes, beliefs and actions, and that change may occur at different levels depending on the relationship of the one being influenced and the influencer. This change in a person's behavior may be caused by someone else or a group of people (Kelman, 1958).

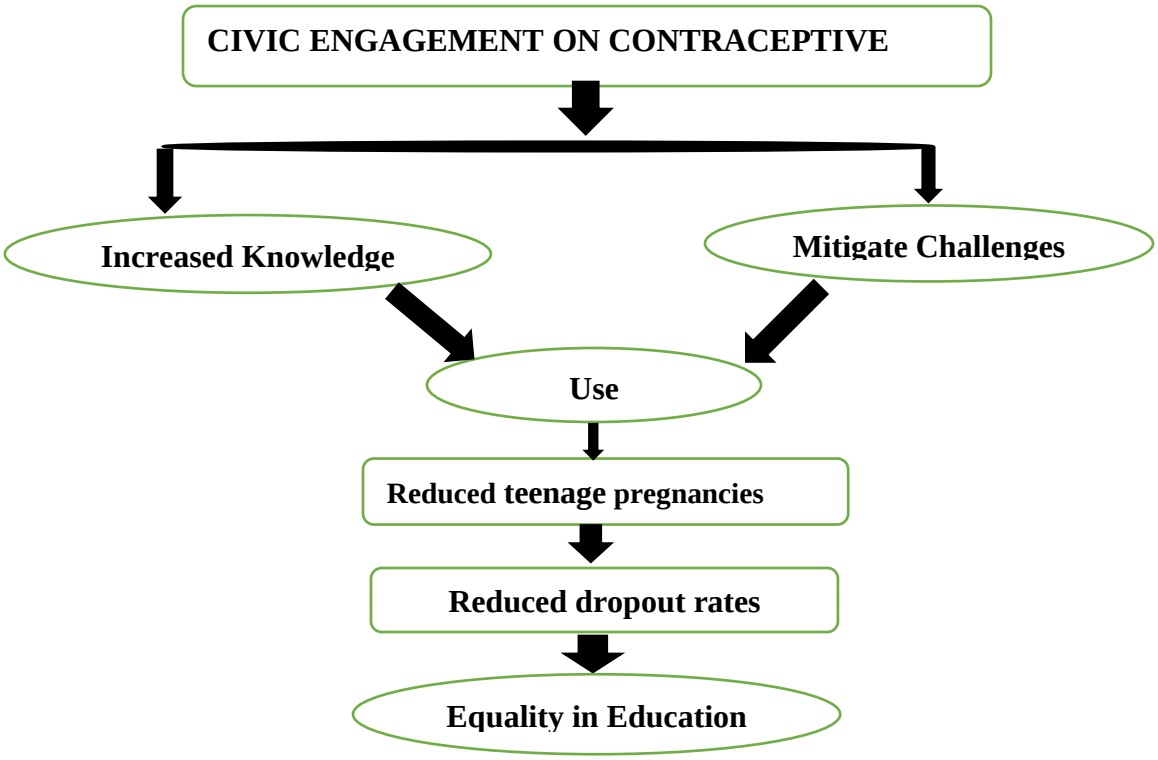
This theory worked perfectly for this study in that, the engagement of authority figures such as parents, teachers, NGOs and school administrators on teaching contraceptive knowledge and use to adolescent girls in secondary school would influence a change in perceptions in the beliefs, attitudes and behavior of society towards secondary school girls using contraceptives as a

mitigation to teenage pregnancy. This would mean a change in beliefs, attitude and behavior of the in-school adolescent girls towards contraceptive usage resulting in reduced teenage pregnancy and dropout rates among adolescent girls in secondary schools.

### 1.8 Conceptual frame work

This study formulated a conceptual framework derived from the specific objectives on the civic engagement of stakeholders on teaching contraceptive knowledge and use among adolescent girls in secondary school and it further explores implications of this engagement on the ability of girls completing their secondary school. The researcher conceptualized that the collaborative engagement of stakeholders on teaching contraceptive knowledge would lead to an increase in knowledge on contraceptives among girls in secondary school and mitigation of the current challenges that limit the access of contraceptive knowledge and access to actual contraceptives for use among girls in secondary school. This increase in knowledge and mitigation of current challenges will translate to increased use of the contraceptives among adolescent girls in secondary school which would result in reduced numbers of adolescence pregnancies and dropout rates among the girls and ultimately giving them equal opportunities to complete their secondary school education without getting pregnant. Figure 1.2 below shows the conceptual framework.

Figure 1.2 conceptual framework.



## 1.9 Delimitation

The study area was selected on the basis that in Kabwe district re-admission rates were below national average and had dropped from about 35% to 29% between 2014 and 2018 respectively with the overall re-admissions rate for Kabwe district during the same period being at twenty one percent (21%) (Ministry of General Education, 2017).Therefore, there was a big problem that needed to be investigated as more girls were getting pregnant in secondary school but few re-admissions.

## 1.10 Operational definitions of terms

**Civic engagement:** active participation in political and non-political arenas to solve societal problems (Checkoway and Aldana, 2013).

**Contraceptives**: medicines, devices, chemicals deliberately used as a means to prevent pregnancy (Holt *et al.*, 2020).

**Adolescent**: A young person aged between 10 to 19 years (WHO, 2014),.

**Mitigation**: the action of reducing the seriousness of something(Mann, Bateson and Black, 2020).

**Unintended**: not planned or meant (Hernandez *et al.*, 2020).

## 1.11 Chapter summary

This chapter presented the introduction and background to this study: civic engagement on contraceptive use among school adolescent girls in selected secondary schools in Kabwe district. The chapter further focused at the objectives and research questions, problem statement, significance of the study, the theoretical framework and conceptual framework, definition of terms, and the delimitation. The next chapter will look at related literature review.

# CHAPTER TWO

## RELATED LITERATURE REVIEW

### 2.0 Overview

As reflected in similar research contexts examined by other academic scholars and also to enrich the current study and provide justification for it, the related literature review, was categorized according to three (3) major objectives in this study, which include themes on (a) contraceptive knowledge, (2) contraceptive use and (3) challenges to accessing contraceptive knowledge and use among adolescent girls in secondary schools in Zambia. The researcher reviewed related literature so that a possible gap can be identified.

### 2.1 Contraceptive Knowledge

The effectiveness of adolescent pregnancy prevention programs in Zambia's secondary education system remains below desired levels, due to lack of effective remedial measures and the lack of knowledge by adolescent girls of their right to get knowledge on all types of modern contraceptives available.

The study by Menon et al., (2018) titled 'Ring' your future, without changing diaper – Can preventing teenage pregnancy address child marriage in Zambia? The study was conducted in selected wards in Petauke, Chadiza and Katete districts, using an exploratory mixed-method design including a household survey, focus group discussions and in-depth interviews. In their study it was established that limited knowledge and use of contraception was among the main causative factors of teenage pregnancy (Menon *et al.*, 2018). The fact that the study found that young mothers had limited knowledge on contraceptives was a concern that pointed to the inadequacies of the methods in which contraceptive knowledge was being given to these young girls, who was giving this information and how often it was given. As shown by the study, the lack of knowledge on contraceptives did not prevent the adolescents from having sexual relations; a situation that might be the same in all parts of Zambia. Although the study had a component of prevention of teenage pregnancy, it had a knowledge gap as it did not target school going adolescents but those who already had been married off and were out of school. In contrast to this study, our study focused on school going adolescent girls and the stakeholders that can influence their knowledge on contraceptives and reproductive health services.

Secondly, a cross-sectional descriptive study through a structured questionnaire conducted among 281 female secondary school students selected using a multi-stage cluster sampling technique by Suleiman, et.al (2018) which focused on Factors influencing access to information and utilization of contraceptives among female adolescents in some selected secondary schools at Samaru community, Zaria, Nigeria. It was found that 42.7% of respondents mentioned limited knowledge on contraceptive options as their major barrier to the use of contraceptives (Suleiman *et al*., 2018). This may imply that good knowledge on contraceptives and the available methods is important in the eventual use by adolescents. The adolescents will only use the contraceptive methods that they have heard about and know well. As this study was done in Nigeria, it is therefore cardinal to assess the extent to which our Zambian school-going adolescents understand their rights to contraceptives knowledge and usage in order to put interventions in place to ensure that they will use contraceptives in future to protect themselves from unwanted pregnancy. Their study focused on factors influencing access to information and utilization of contraceptive knowledge, however, it did not show how stakeholders were engaged in providing knowledge on contraceptives as a mitigation to unintended pregnancy.

However, in some instances, the levels of knowledge of contraceptives may be high but utilization maybe low for various reasons. For instance, findings in a descriptive survey among 371 students selected from all eight faculties at the University of Botswana using a self-administered questionnaire on Emergency contraceptive knowledge, attitudes and practices among female students found that of the total respondents, 95% replied that they had heard of emergency contraception but 55% had negative attitudes towards its use although better knowledge of emergency contraception was associated with more positive attitudes towards actual use (Kgosiemang and Blitz, 2018). The finding that better knowledge of contraceptives was associated with more positive attitudes towards actual use indicates that the quality of knowledge matters. Perhaps if this knowledge could come from influential sources such as parents, teachers and school administrators, it would affect the girls' attitudes positively towards the use of contraceptives. We therefore sought to explore the engagement of these significant influencers on teaching secondary school girls on contraceptive knowledge and their use.

In addition, literature seemed to suggest that contraceptive knowledge among adolescent girls was very limited as regards to the types or methods of contraceptives. A study in the united states of

American (USA) focusing on the knowledge and acceptability of long acting reversible contraceptives (LARC) methods among adolescents' girls in school found that LARC devices, which include intrauterine devices (IUDs) and subdermal contraceptive implants are safe and effective methods with great potential to reduce unintended pregnancies among adolescents but are not fully utilized as they are not well known by the adolescents (Hoopes *et al.*, 2015). Comprehensive sexuality education and timely age-appropriate contraception counseling may therefore be essential to reduce adolescent pregnancy and its health and social consequences. Adolescents need to know that they have the right to get appropriate knowledge on the various methods of contraceptives available and choose whichever method to use. The American study was in a developed community and focused on LARC only while the current study was in a developing community and focused on stakeholder engagement in teaching the general knowledge of all methods of contraception.

When it came to stakeholders such as parents, teachers and NGO facilitators engaging on teaching contraceptive knowledge to adolescents' girls in secondary schools, it would appear that the more influential stakeholders such as parents were not engaged. A study in Nigeria, showed that out of 35 respondent adolescent, 32 respondents had heard about contraceptives while three respondents had never heard about contraceptives, while 25 respondents got their information on contraceptives from the media, 6 respondents from friends, 8 from hospital and 4 from school (Basebang and Aderibigbe, 2011). From this study, it is observed that none of the adolescents received contraceptive knowledge from their parents. It speaks volumes on where adolescent girls were getting their information on sex and contraceptives. This called for parents to get engaged and give the right knowledge on contraceptive use and sex education to adolescent girls. Although this showed that there was a gap in the engagement of key stakeholders as sources of information on contraceptives, it did not show how these various stakeholders such as parents were engaged, to what extent and why?

Another cross-sectional KAP study on Emergency Contraceptives among Adama University Female Students in Ethiopia found that only about 46.8% of the students had heard about emergency contraceptives and from these only 27.2% had good knowledge. This study demonstrated lack of awareness, knowledge and utilization of emergency contraceptives among Adama University female students which is evident that they probably did not receive adequate

contraceptive knowledge while in secondary school (Tilahun, Assefa and Belachew, 2011). Although the study was among university students, it might point to the fact that our secondary school policy on Comprehensive Sexuality Education might be failing to provide the needed knowledge on contraceptives. Hence there is need for stakeholders to collaboratively engage with the school administrators in teaching on contraceptives to improve knowledge and bring attitudinal change on use of contraception in society and among secondary school adolescent girls. Our study therefore, explored this collaborative engagement by focusing on stakeholder views and how these affected their engagement in teaching contraceptive knowledge and use among secondary school adolescent girls.

### 2.2 Contraceptive 'USE'

The following section reviewed literature on the views of stakeholders in teaching contraceptive use among adolescents in secondary school as a mitigation to pregnancy. However, it must be mentioned that we did not find studies done in Zambia with regards to civic engagement and contraceptives use as mitigation to adolescent pregnancy, this may be attributed to the sensitive nature of the topic especially to be associated with adolescents and societal morals.

Adolescent girls both in school and out of school have the right to decide on whether to use contraceptives or not. Reasons for non-use of contraception among secondary school adolescents included: lack of access to contraceptive services, age at the time of initiation of sexual activity, parental fear, having sexual partners, personal or religious beliefs, inadequate knowledge about risks of pregnancy following unprotected sexual relations and limited decision-making ability with regard to sexual relations and contraceptive use (Greenberg, Makino and Coles, 2013).

A qualitative study which sought the views of Chinese parents on sex education and contraception for unmarried youth in eight Chinese sites: Shanghai and Chongqing cities, and Hebei, Henan, Jiangsu, Zhejiang, Fujian and Sichuan provinces, found that most parents thought that young people should follow traditional sexual norms even if they lived in a modern and globalized world. Therefore, they were opposed to directly engaging in providing knowledge on contraceptive use as they thought it would encourage increased sexual activity among the adolescent girls but opted to leave this responsibility to the government health and education authorities. Further it was found that although some parents advocated for contraceptive use, most parents thought that it was

immoral for unmarried youths and emphasized that contraceptives were for married people (Cui, Li and Gao, 2001). This study brought out salient views of parents on teaching contraceptive use among the youths but unlike our study, it did not bring out how the parents' views would be if the youths were in-school adolescent girls.

Another qualitative study involving forty-four (44) mothers explored South African mothers' perspective on adolescent sexuality within their cultural prism and found that mothers considered sex and teaching on contraceptives appropriate only for adults hence they only engaged in teaching abstinence. They also feared that if they taught about contraceptive use, they would be encouraging their daughters to have sex and thus put them at risk of contracting STIs such as HIV/AIDS and suffer later side effects of contraceptives such as infertility when they get married. It was further established that some parents felt that they had insufficient knowledge to teach their daughters on contraceptive use and hence avoided talks on sex and contraceptives deliberately while others felt they were the primary influencers of their daughters when it came to sexuality issues and thus encouraged engaging in the teaching of contraceptive use even though they could not encourage their own daughters to use them (Pilot Mudhovozi, 2012). This study concentrated on the views of the mothers only while our study gathered views of a number of stakeholders such as mothers and fathers, teachers and facilitators from NGOs addressing issues of adolescent sexual and reproductive health.

Similarly, a study in Ghana on the views of adults on ASRH problems and challenges based on 60 in-depth interviews conducted among adults including parents, teachers, health care providers and community leaders found that parents were concerned with the risk of increased sexual activity among the girls if they taught them contraceptive use which could lead to more STIs. They blamed teachers and health care providers for teaching contraceptive use to their young adolescents and thus encouraging these adolescents to engage in premarital sex which was not morally and culturally right. The teachers and some community leaders were of the view that parents needed to speak more to their children on sexual matters including contraceptive use in order to reduce the teenage pregnancies and the consequences associated with it (Kumi-Kyereme, Awusabo-Asare and Darteh, 2014). Although the Ghanaian study included similar types of participants to our study, it did not focus on their views on teaching contraceptive use specifically among in-school adolescent girls.

Yet another view that challenged the access to contraceptive information and usage for girls in secondary school is illustrate by a study carried out in Kenya which focused on Stigma related to contraceptive use and abortion. The findings of this study revealed that, the view that adolescent girls in secondary school should not be allowed to make the decision to use contraception, and that this responsibility should be put on someone else like their partner or their parents disregards the human right entitled to them to make SRH decisions. The study further suggests another perception based on societal attitudes that suggest that young girls who use contraceptives are promiscuous and that these girls do not have the right to decide whether to use contraceptives (Makenzius *et al.*, 2019). The distribution of power in developing countries is particularly unequal as men are considered heads of the family and hence are the primary decision makers about family size and family planning. In the same vein, the distribution of power between parents and young adolescents is unequal when comes to decision making including contraceptive use. Parents are considered primary decision makers on behalf of their children and there is complete disregard for parents to entrust adolescents to make certain decisions on their own in any matter. Furthermore when it comes to the various human rights for adolescents and children, adolescents have the right to contraceptive information and also they have the right to decide whether to use contraceptives or not without parental consent. It is the aim of our study to explore stakeholders' views on teaching contraceptive knowledge and use as it pertains to these rights.

Findings in other research carried out in Malawi titled "Our girls need to see a path to the future" perspectives on sexual and reproductive health information among adolescent girls, guardians, and initiation counselors in Mulanje district, revealed that, contraceptives and even condoms, were reportedly discouraged for adolescents due to concerns about inappropriateness for young girls and misconceptions about side effects (Nash *et al*., 2019). It is the role of parents or guardians to teach the girls about sexuality, abstinence, contraceptive use and other ways of protecting themselves from getting pregnant. But it is very clear from these findings that mothers, guardians' (parents) who are key influencers in the lives of adolescent girls, are afraid to engage in the teaching of SRH relating to contraceptive use because they perceive it as inappropriate and believe that their children will have severe side effects in future. The gap here is that, the study set out to get perspectives of adolescents, guardians' and initiation counselors on sexual reproductive health information, the departure point with the current study is that it will focus on perspectives of adolescents, NGOs, administrators, parents and teachers on contraceptive use.

## 2.3 Challenges to Contraceptive Knowledge, Access and Use

Several studies have been carried out with the aims of finding out challenges affecting in-school adolescents in terms of accessing contraceptive knowledge and access for use. However, research has highlighted a number of key issues which act as barriers to contraceptive acceptability and use among adolescent girls in secondary school, these include; demographic factors (age), socioeconomic factors, cultural or religious reasons and also cost of contraceptives.

Research conducted through a cross-sectional study conducted among 347 female undergraduates of St John's University, in Dodoma by Kara et.al (2019) looked at the Knowledge, Attitude, and Practice of Contraception Methods among Female Undergraduates in Dodoma, Tanzania aged between 21 and 35. It was found that awareness and use of contraception was significantly associated with age among other factors, it was thought that adolescents were considered as children who did not need access to information on contraceptives. The study further found that community level barriers comprised of women's experience with contraceptive side effects, myths, rumors and misconceptions and societal stigma (Kara, Benedicto and Mao, 2019). Similarly, in Ghana it was found that older adolescent girls 18-19yrs were 3.4 times more likely to use contraceptives than younger ones (15-17) (Nyarko, 2015) even among married adolescents. Although both of these studies focused mostly on contraceptive use among older married adolescents and adult university students and not on school going female adolescents, it is clear that young age is a barrier to contraceptive knowledge and use. Therefore, if age was found to be a challenge in the awareness and use of contraception among university students, it could be argued that the situation could be expected to be worse for secondary school adolescent girls on which our study focused. These findings, if substantiated by the current study, might inform implementers on what age group to target in order to achieve optimal contraceptive use among adolescent school girls.

Another barrier to contraceptive access and use among adolescents is lack of knowledge on sexual and reproductive health. In a systematic review of 21 studies covering the period from 1970 to 2016 and targeting adolescents aged 15–19 years by Munakampe et al , (2018) with a focus on Contraception and abortion knowledge, attitudes and practices among adolescents from low and middle-income countries, It was found that, limited knowledge about sexual and reproductive health among adolescents was a significant cause of reduced access to contraception and safe

abortion services, especially among unmarried adolescents (Munakampe, Zulu and Michelo, 2018). Despite all adolescents having limited access to information and services, girls faced more consequences such as being blamed for pregnancy or dealing with the effects of unsafe abortions. The study showed that the level of education, marital status and being a girl had an effect on the use and perception of contraceptive use among adolescents. This view was supported by a descriptive and analytic cross-sectional study design using a structured questionnaire with randomly sampled 200 sexually active female adolescents; aged 16-19 conducted by (Agyemang *et al.*, 2019b) whose research was looking at Contraceptive use and associated factors among sexually active female adolescents in Atwima Kwanwoma District, Ashanti region-Ghana which found that marital status and the participants who were staying with both parents were found to be associated with contraceptive use. The systematic review above covered many other similar settings as that of Zambia, however, it did not cover the challenges specifically faced by in-school adolescent girls to which the current study may thus contribute and add Zambia's data to the already existing evidence.

Another qualitative research by Amankwaa et al. (2018) on in-school adolescents' knowledge, access to and use of sexual and reproductive health services in Metropolitan Kumasi, Ghana using focus group discussions and in-depth interviews with 132 in-school adolescents and six healthcare providers seemed to suggest that the majority of adolescents had good knowledge about the available Sexual Reproductive Health (SRH) services, with an emphasis on the different forms of contraceptives. However, the use of the various SRH services was challenging and reduced to counselling services only because adolescents were faced with various difficulties in their bid to access SRH services such as access to contraceptives, including social stigma, attitude of service providers, fear of teachers and the anticipated negative response of parents due to the complex socio-cultural structure of an African society where discussions with elders about SRH issues is considered a taboo. (Amankwaa, Abass and Gyasi, 2018). Adolescents' attitudes of shame towards contraceptive use, fear of parental disapproval in addition to distrust in the efficacy of contraceptives all pose as barriers to adolescents' utilization of contraceptives to prevent the high dropout rates due to unplanned pregnancy (Mwaba and Naidoo, 2005). We could perhaps assume that social stigma, poor attitudes of service providers, fear of teachers and the anticipated negative response of parents were also expected as possible findings in our Zambian culture which is highly conservative. To expand the scope of Amankwaa et al, our study included all stakeholders from

NGO facilitators, CVE teachers, guidance teachers, adolescent girls and parents which the above study did not include in order to get an array of participants views. It is hoped that our study will advocate for social negotiation with parents, teachers and SRH service providers as well as school curricula alignment which could arrest the barriers to adolescents' access to SRH service including contraceptive use.

In another research, findings revealed that sexual intercourse and contraceptive use in Ghana was seen as a preserve for only married adults due to religious, cultural and social reasons. Therefore, issues regarding contraception may, therefore, not to be discussed at home, particularly among parents and young in-school adolescent girls (Boamah *et al.,* 2014). This lack of communication between the parents and adolescents is likely to limit adolescents' access to information on issues related to sex and contraception. Issues of sexuality and contraceptive use among adolescent girls in secondary school are often controversial because some individuals in society feel like talking about contraceptive use to girls in schools may increase sexual activity among the girls. However, according to two exhaustive reviews of the studies by the world health organization (WHO 2004) and the U.S national campaign to prevent teenage pregnancy, sexuality or contraceptive education program does not led to an increase in sexual activity among adolescents.

Research had also shown that there was a relationship between contraceptive use and education, employment status, residence, religion, and house hood wealth status. For instance, a study by Nyarko (2015) found that higher levels of education were associated with high contraceptive use; adolescents with primary education were 7.39 times likely to use contraceptives and those with secondary/higher education were 11.53 more likely to use contraceptives compared to those with no formal education (Nyarko, 2015). From this study it can be concluded that the more educated one becomes the higher the chances of them using contraceptives, hence there is need to educate our adolescent girls to give them the chance to take control of their fertility. However, in Zambia, there is still an opposing attitude toward contraceptive knowledge, access and use intended for adolescent girls in secondary schools. The current study aimed to bring awareness on this issue in order to change the attitude towards contraceptive use among school girls.

Although some research done in Pittsburg showed that religiosity was not significantly associated with contraceptive use at last intercourse or planed use (Gold *et al.*, 2010), in other studies, religion has been found to negatively influence adolescent's contraceptive and sexual activity with some

research showing religion to be associated with less use of condoms or other contraceptives among adolescents in secondary school. For instance, a qualitative study using focus group discussions with community members and healthcare providers and in-depth interviews with key stakeholders by Silumbwe et al (2018), focused on the Community and health systems barriers and enablers to family planning and contraceptive services provision and use in Kabwe District, Zambia, found that negative traditional and religious beliefs were some of the community barriers to accessing and using contraception. Religious beliefs like those held by some denominations which do not allow use of contraceptives even among married couples may affect the choice to access and use contraceptives by the school girls. It has also been shown that couples of different religious beliefs are unlikely to discuss the use of contraceptives (Silumbwe *et al.*, 2018). This is supported by UNFPA (2013) which assets that at community level, access to contraceptive use among secondary adolescents maybe impeded by norms, morals, attitudes and religious beliefs that adolescents should not be sexually active and that they therefore do not need contraceptives (UNFPA, 2013). Such is the case in the Zambia society were parents assume that their children are religiously and morally upright and do not engage in any sexual activity as long as they are not married. This was a big cultural misconception which impeded society from accepting the use of contraceptives for adolescent girls in secondary schools. The study by Silumbwe et al (2018) was limited in that it was focused on the general population use of contraceptives and not on adolescents in secondary school but points out the importance of culture in the choices that people make. The results, therefore, may be different for the current study and might give an insight on the barriers as far as school adolescent girls are concerned.

### 2.4 The gap

In this literature review we explored what the literature says about the stakeholder engagement on teaching contraceptive knowledge and use. The literature further looked at some of the challenge that adolescent girls faced in accessing SRH health services in relation to contraceptives. Many authors have elaborated much and acknowledged the general use of contraceptives for the general population or married and university adolescents. However, the current study on contraceptives use among adolescents do not bring out the aspects of stakeholder engagement in teaching contraceptive knowledge and use to in-school adolescent girls with the aims of preventing pregnancies in secondary schools for better educational outcomes for all adolescent girls in

secondary school in Kabwe district. It might seem that not much is known about the engagement of stakeholders in teaching contraceptive information to girls in secondary to mitigate unintended adolescent pregnancies in secondary schools in Zambia. It is for this reason that this study intends to establish the influence and level of engagement of various stakeholders in providing SRH information to help girls in secondary school make responsible decisions regarding their sexual behavior. It was my hope to suggest or provide a remedial measure of contraceptive use for girls in secondary school to prevent the ever increasing numbers of pregnancies in secondary schools in kabwe and Zambia as a whole, which the literature falls short on.

## 2.5 Chapter summary

This second chapter presented related literature review in relation to the set research objectives or research questions outlined in chapter one. It also tried to justify the need to carry this study by providing the gaps in similar studies carried out by other scholars. The next and third chapter will give a detailed account of the methodology used in carrying out this study.

# CHAPTER THREE

## METHODOLOGY

### 3.0 Overview

In this chapter, the methodology that was used in the study was described. This chapter was organized under the following subjects: research paradigm, research design, Study area, target population, sample size, sampling technique, research instruments, Procedure for Data collection, data analysis, trustworthiness, the limitations of the study and Ethical consideration.

### 3.1 Research paradigm

The concept of paradigms or worldviews has been described as mental lenses that are entrenched ways of perceiving the world (Olsen *et al*., 1992). Paradigms or worldviews are cognitive, perceptual, and affective maps that people continuously use to make sense of their environment and are developed throughout a person's lifetime through socialization and social interactions (Hart, 2010). Creswell (2007) asserts that a paradigm or a world view is a set of beliefs that guide action (Creswell, 2007) and every research is guided by at least one of these paradigms.

This study was situated in the social constructivism paradigm which is often aligned and intertwined with the interpretivism paradigm (Crotty, 1998; Cresswell, 2014; Gergen, 2015). The social constructivism paradigm argues that every individual has their own reality of every situation in their lives based on many other things such as personal experiences (Ekpenyong, 2018; Roca, 2018; Dowling and Millar, 2018).In this paradigm individuals develop varied and multiple subjective meanings of their experiences towards certain issues, situations, objects or things; leading the researcher to look for the complexity of views rather than narrow the meanings in a few categories. The goal of research, then is to rely as much as possible on the participants' subjective views of the situation (Creswell, 2007). Hence, we located our study in the social constructivism paradigm because we endeavored to understand our participants individual views or interpretations of their reality of the issue under research, which in our case is understanding how and why stakeholders engaged on teaching contraceptive knowledge and use among in-school adolescent girls as a remedial measure to the high dropout rates in secondary schools in Zambia. The researcher was particularly interested in understanding how these individual views or reality

affected how this problem under research was interpreted by different stakeholders and how their interpretations affected their engagement in dealing with the problem.

### 3.2 Research design

Research design can be considered as the forming structure of a research that holds all the parts of a research project together. In its simplest understanding, a research design is a plan for the whole research work. Other scholars define, a research design as the conceptual blueprint within which research is conducted. As a researcher, one needs to have a plan of action, this entails the outline of data collection, measurement and data analysis (Akhtar, 2016).

This study took a qualitative approach, using a case study design. Qualitative research uses techniques of data production and analysis that relates to textual or non-numerical data (Holloway, 2005). Case study design is one of the qualitative approach designs in which the investigator explores bounded system (a case within a setting, context) or multiple bounded systems (cases) over time, through detailed, in-depth data collection involving multiple sources of information (e.g. through observations, interviews, audiovisual material, documents and reports), and reports a case description and a case-based themes (Creswell, 2007 :89). Therefore, this study utilized and analyzed non-numerical data collected through observation, in-depth and group interviews (FGDs) from study population, on the civic engagement of stakeholders in teaching contraceptive knowledge and use (the case) among adolescent girls in secondary school (the bounded context).

### 3.3 Procedure for Data collection

Before starting the data collection, ethical clearance was sought from university of Zambia ethics committee and the Doctorate of research and Graduate studies. Permission was sought from the District Education Board secretary office Kabwe district to carry out the research in the selected secondary schools, in which signed permission was granted. There after permission was sought from the respected headteachers and leadership in the various institutions which we visited. The data collection was done by one researcher over a period of eight weeks from February, 2020 to March, 2020. One (1) observational session was attended by the researcher were an NGO facilitator was teaching grade eleven (11) and twelve (12) adolescent pupils both boys and girls which lasted about 45 minutes, Three (3) FGDs were conducted with in-school adolescent girls who had never been pregnant before which on average took 90 minutes each. We conducted five

(5) Key-informant interviews (KIIs) for one (1) school administrator, three (3) civic education teachers and one (1) NGO facilitator and ten (10) in-depth interviews (IDIs) were used to collect data from three (3) guidance teachers, four (4) parents and three (3) in-school adolescent girls who had been pregnant before. On average, the KIIs and IDIs took 50 minutes and 80 minutes respectively. The In total fifteen (15) data collection sessions were conducted and voice recorded.

### 3.4 Study area

In this study the sample was drawn from three (3) selected secondary schools and their catchment areas in Kabwe district, central province of Zambia. Kabwe is the provincial capital of the Central Province, located in vicinity of latitude 14 27' South and longitude 28 27' east. It is situated along the Great North Road, 139km north of Lusaka and about 55km from Kapiri-Mposhi on the north. It has a total surface are of 1, 572 square kilometers. It derives its name and existence from the rock of ore of Zinc and Lead. The name Kabwe is short for "Kabwe Ka Mukuba" meaning the stone of ore or the place of smelting. The District has an estimated population of 202,360 divided into 98,781 males and 103,579 females with an estimated growth rate of 0.5% per annum. Kabwe has an estimated 28, 397 households (*Central Provincial Administration » Kabwe*, 2017).

### 3.5 Target population

In this study the target population included Civic Education teachers, in-school adolescent girls who have not been pregnant before, guidance and counseling teachers, affected girls (in-school adolescent girls who had been pregnant before), parents in the catchment areas of the selected schools, facilitators from NGOs who were working on adolescent sexuality programs and school administrators.

### 3.6 Sample size

The sample size comprised of 30 participants which included, civic education teachers (n = 3), in-school adolescent girls who have not been pregnant before (n=15; 5x3 FGDs), guidance and counseling (n=3), in-school adolescent girls who had been pregnant before (n=3), parents (4), NGO facilitators (n=1) and school administrators (n=1). Data saturation was reached in this study with this sample size, as no new information or insights came out of the participants as the same information was being repeated given, hence there was no need to continue collecting the same

information that did not add anything new to the study. Data saturation is used in qualitative research as one of the criterions for discontinuing the collection of data and analysis. Some scholars have said data collection is considered saturated when no new elements are found and the addition of new information ceases to be necessary, since it does not change the comprehension of the researched phenomenon (Nascimento *et al.*, 2018; Saunders *et al.*, 2018).Therefore I did not see the need to continue collecting the same view's without any new insights or information to help us understand the phenomenon under research.

### 3.7 Sampling techniques

This study used purposive sampling technique to be more specific, the study employed the use of typical purposive sampling. Typical purposive sampling technique involves the selection of certain persons or participants who are thought to have certain information and are selected deliberately in order for them to provide cardinal information that cannot be gotten from any other sources (Taherdoost, 2018). Typical sampling techniques targeting those (participants) familiar with the case or situation under study, in this case the NGO facilitator, school administrators, guidance and civic education teachers, parents and the in-school adolescent girls themselves were thought to be familiar with phenomena under investigation. In the study the researcher used the guidance and civic education teachers who helped the researcher by organizing the girls who would take part in the FGDs as well as in the one-on-one depth interviews for those adolescent girls who had been pregnant before, some civic education teachers in this study also helped in arranging and identifying parents from their communities who could take part in this study.

### 3.8 Data collection methods and instruments

Data was collected mainly through the following methods and instruments:

#### 3.8.1 In-depth and key informant interviews

Watkins confirms that interviews serve as a data collection method for research methods falling within the context of the qualitative research paradigm (Watkins, 2016) and Cooper and Schindler (2014), suggest using a semi-structured interview guide as an instrument which generally starts with a few specific questions and then follows the individual's tangents of thought with interviewer probes (Cooper and Schindler, 2014). This study used semi-structured interview guides to conduct key informant interviews to collect data from school administrators, civic education teachers and

NGO facilitators while in-depth interviews were used to collect data from guidance teachers, parents and the in-school adolescent girls who had been pregnant before. The advantage of using semi-structured interview guides as a data collection instrument is that it uses open-ended questions which allowed the participants to air their own voices which was fundamental to the nature and purpose of this study. Thus, participants were able to highlight other important issues that could not have been uncovered by the researchers if closed-ended questions had been used.

### 3.8.2 Observation

Further, observation was also used as a data collection method. Scholars assert that observation serves as a data collection method for research falling within the context of either quantitative or qualitative research paradigms. According to Collis et al (2014), participant observation is a type of data collection method where the researcher is fully involved with the participants and the phenomena being researched and provides a means of obtaining a detailed understanding of values, motives and practices of those being observed (Jill Collis, 2014). In this study, an open observation was used because the researcher wanted to find out more with regards to the kind of contraceptive knowledge NGOs were teaching adolescents in secondary schools in kabwe in relation to pregnancy prevention. The researcher talked to an NGO facilitator if she could observe a teaching lesson in CSE specifically related to contraceptives in order to see the depth of information given to adolescents on contraceptive. The NGO facilitator organized a teaching lesson with a grade eleven class were the researcher was allowed to sit with the pupils, record and participant by asking questions at the end of the teaching session. Observation was used as data collection method so as to ensure credibility by helping with triangulation of the study's findings.

### 3.8.3 Focus Group Discussion

In this study, Focus Group Discussions (FGDs) were also employed as a data collection method for in-school adolescent girls who had never been pregnant before. Powell and Single (1996) define an FGD as a group of individuals selected and assembled by the researchers to discuss or comment on , from personal experiences, on the topic that is the subject of the research. They further instruct that FGDs be useful when the subject under investigation is complex and concurrent use of additional data collection methods is required to ensure validity (Powell and Single, 1996). In this study the subject of civic engagement of stakeholders in teaching

contraceptive knowledge and usage among secondary school girls was socially complex and FGDs helped collect needed additional data for validation through triangulation.

A voice recorder and phone were used in recording interviews with all participants: all interviews were voice recorded with all the participants in order to get primary data. This enabled me not only to save time on writing down participants responses but also get the participants exact verbatim without any alterations. The interview recordings were stored on a password enabled laptop computer for revisiting during the transcription. The researcher also used a note book to write down important points from the respondents in order to allow for better probing questions.

### 3.9 Data analysis

The study used thematic data analysis approach for analyzing the qualitative data to aggregate and report the findings. Scholars have looked at thematic data analysis as the ability of the research to provide solid, complex and rich interpretations of data in the form of themes (Vaismoradi and Snelgrove, 2019). In qualitative research the researcher aims to uncover the deeper meanings in the data collected. In this study data analysis started during the data collection exercise by arranging the field notes according to salient themes that emerged in relation to the objectives. The participants' responses during the interviews were all voiced recorded, after which the researcher would listen to each of the recorded interviews and transcribed the verbatim. The verbatim was then coded, during initial coding the researcher generated initial codes and coded the text sections of all the transcripts through repeated reading. Then the researcher identified relevant near themes from the codes and came up with the final themes. The data from all the three data collection methods was triangulated according to the themes that emerged. Further, during the processes of analysis I sought the help of expert lectures to help in translating verbatim which had the local language, which is Bemba translated to English so that I could get the true meaning of what the participants said. During the analysis processes I grouped my findings in themes which were guided by the research objectives. Data analysis was done over a period of six months from when the data collection started in February, 2020 to July, 2020, after which my work was peer reviewed by my supervisor to ensure that the findings and analysis addressed the set objectives.

### 3.10 Trustworthiness

Trustworthiness in qualitative studies is equivalent to concepts of validity and reliability in quantitative studies (Shenton, 2004). Guba proposes four criteria that should be considered by qualitative researchers in pursuit of a trustworthy study. These include credibility, transferability, dependability and conformability (Guba, 1981). To ensure credibility which addresses how congruent or close the findings are with reality (Merriam, 1998) the researcher triangulated the findings via the use of different data collection methods, different types of informants and different sites. Doing this provides a means by which researchers can test the strength of their interpretations to establish validity and reliability in their research. Data triangulation can refer to data sources as such as participants, FGDs, interviews, questionnaire and documents among others (White, 2005) i also ensured informed consent and employed iterative questioning in data collection dialogues. Member checks were conducted on-spot, at the end of each interview and after the preliminary report was done to ensure findings were actual meanings of the participants.

The researcher further provided detailed descriptions of the findings through the use of participants verbatim in the findings of the study. Debriefing sessions between the researcher and superiors were held throughout the report writing period with peer reviews of the work. Transferability is concerned with the extent to which the findings of one study can be applied to other situations (Merriam, 1998) the current study fulfilled this criterion by providing a detailed description on the background data to establish the context of the study such as restrictions in the type of people who contributed data, the number of participants involved in the fieldwork, the data collection methods that were employed and the number and length of the data collection sessions including the time period over which the data was collected. Dependability was exhibited by use of overlapping methods and in-depth methodological description to allow the study to be repeated while the concept of conformability was adhered to through triangulation to reduce the effect of investigator bias and through in-depth methodological description to allow the integrity of research results to be scrutinized.

It must be mentioned that the researcher's viewpoint is that of a serious advocate for abstinence and by no means is she an advocate for contraceptive use among young girls to encourage moral decay or engaging in sex at a young age. But as a concerned citizen, she thought of this study to

propose a practical remedial measure to prevent adolescent pregnancy with the aims of reducing the high dropout rates for equitable education.

### 3.11 Ethical consideration

Ethics were adhered to by taking into consideration the three principles of autonomy, beneficence and justice when conducting this research. First, clearance was obtained from ethics committee, University of Zambia. Further permission was sought from relevant officials in the ministry of Education and the school head teachers where this research was conducted. Autonomy was achieved through obtaining Informed and signed consent from the individual participants before engaging them into the study to ensure that they participated voluntarily, the researcher also obtained written informed consent which was documented through a signature on a participants information sheet and informed consent form and verbal consent was sought to record the interview from all the participants and FGDs before the interviews. All the adolescent participants in this study, even those above 18 years, written consent was sought from the individual girls and also ascent was sought from their legal guardians or parents. Written informed consent was obtained from all FGD participants. I also explained that every participant was free to withdraw at any time during the course of the interviews without any explanation of doing so. Furthermore, all recorded responses in this study were treated with maximum confidentiality by assigning anonymous identities to the participants and keeping the recordings under lock-and-key: only the researcher had access to the data and no personal identifying information was kept that could possibly be linked to the participants after completion of analysis. I have also acknowledged participants through quoting their verbatim. The final report of this research was shared with the Kabwe DEBs office and school administrators whose schools participated in the research.

### 3.12 Limitations of the study.

The major limitation of this study was that the onset of the covid 19 pandemic instilled fear in some participants were the researcher had five participants who declined having interviews with the researcher in fear of catching the virus. The second limitation was that, the findings of this study were only from three selected secondary schools in Zambia, as such these findings cannot be generalized to all other parts of the country.

### 3.13 Chapter Summary

This chapter discussed the detailed methodology and research design used to collect data. This chapter was organized under the following subjects: research paradigm, research design, Study area, target population, sample size, sampling technique, research instruments, Procedure for Data collection, data analysis, trustworthiness and lastly ethical consideration. The next chapter will present the research findings in answering the research objectives, and verbatim from the participants will also be included to ensure and support my findings.

# CHAPTER FOUR

## PRESENTATION OF RESEARCH FINDINGS.

### 4.0 Overview

The chapter presents research findings in this study by answering each of the research questions. The results are presented using a thematic based approach guided by the research questions outlined in the first chapter of this work. The findings are presented under emerging themes which are presented under each objective being answered. At the end of each objective, emerging themes are generated using near theme analysis and presented in summary.

### 4.1 Characteristics of participants

This study included thirty (30) participants in total who were selected from three urban secondary schools and their catchment areas in Kabwe district. Detailed characteristics of participants are shown in table 2 below.

**Table 2 characteristics of participants**

| **CATEGORY OF PARTICIPANTS** | **FEMALES** | **MALES** | **AGE RANGE** |
|---|---|---|---|
| **parents** | 2 (7%) | 2 (7%) | 45- 55 years |
| **School administrators** | | 1(3%) | 50 years |
| **Ngo facilitators** | | 1(3%) | 33 years |
| **Teachers**<br>Guidance teachers<br>Civic education teachers | <br>2(7%)<br>1(3%) | <br>1(3%)<br>2(7%) | <br>30-45 years<br>33-50 years |
| **Adolescent girls**<br>Pregnant before<br>Never been pregnant before | <br>3(10%)<br>15(50%) | | <br>18-23years<br>17-19 years |
| **Totals** | 23(77%) | 7(23%) | 17-55years |

## 4.2 Findings on the engagement of stakeholders on teaching contraceptive knowledge to adolescent girls in secondary school.

### 4.2.1 Civic engagement by capacity building

This study established that all 30 participates highly supported the fact that all parents were highly engaged through capacity building by advocating and teaching only on abstinence as the only best form of contraception and mitigation strategy to adolescence pregnancy. However, this teaching was done in an indirect threatening or up hazard manner and that they were very reluctant in teaching about sex and contraceptive knowledge to adolescent girls in secondary school. And it was the view of 2 of the 4 parents interviewed in this study that maybe only 20 percent of female parents in the entire Zambian population engaged in teaching their adolescents girls about contraceptive knowledge. 25 out of 30 participants interviewed in this study echoed the fact that teaching about contraceptives knowledge to girls in secondary school would be in essence promoting sexual immorality among the girls. Therefore, all 4 parents in this study did not engage in teaching their adolescent girls their right to contraceptive related information, even though they agreed that the girls had the right to contraceptive knowledge. A girl in FGD1 stated that,

> They (parents) talk about abstinence, but they don't talk directly. You reach home late, 18:30hrs Then they will start shouting or raising issues … waishiba ati aponi abstaining [you know that there its abstaining they are talking about]. (Girl5 FGD1, March 2020).

Even though all four parent participants condemned the teaching of contraceptives use to girls in secondary school, it was, however, interesting to discover in this study through girls who had been pregnant before that most parents (especially mothers) highly engaged in teaching and encouraging contraceptive use after a girl child had experienced the first pregnancy. Some girls who had just come back from maternity leave at the time of the research confirmed that their mothers, advised and encouraged them to choose and use a contraceptive method that would help them prevent subsequent pregnancies. A girl who had been pregnant before confirmed that,

> After I had the baby…we sat down, then she (her mother) told me…you should go to the clinic, you have one of those [contraceptives]. If you want you can be drinking [taking pills] or for 3 month [injectable] or for 5 years (Jadelle) I will be reminding you. (Affected girl 2, February 2020).

Further all 30 participants in this study further suggested that Mostly, when parents were faced with issues to do with sex and contraceptives, they referred the adolescent girls to other relatives such as aunties, uncles and grandparents; a trend referred to as the "Zambian culture". This was due to the belief that some topics in our Zambian or African culture were considered to be "Taboos" from a cultural point of view and therefore were not to be discussed between parent and child. A parent said,

> You know, it is just our culture as Zambians. Talk about contraceptives with my daughter! No! We leave it to the grandmother. The grandmother will talk about it. (Parent 2, February 2020)

On the other hand, it was discovered that teachers were more engaged in teaching both about abstinence and in raising awareness on all forms of contraceptives in school as well as outside the school environment. 28 out 30 participants interviewed in this study stated that adolescent girls in secondary school were already very sexually active as evidenced by the high numbers of teenage pregnancies and school drop outs and also given the fact that the message on abstinence seemed to have been falling on deaf hears. Further, it was found and confirmed by all 18 adolescent girls in the study that they had been taught about abstinence and other forms of contraceptives by teachers and NGOs because information on abstinence was not enough for them and that they needed some other information to be taught to them hand in hand with abstinence such as contraceptives to help them prevent pregnancy. By teachers engaging on teaching contraceptive knowledge to adolescent girls in secondary school, they hoped that the knowledge could be translated into usage and the making of responsible informed decisions by the girls. Moreover, all the 6 teachers thought that it was the pupils right to know about their sexuality issues and how to handle them. A guidance teacher stated that,

> …we have been trying and trying to teach girls on abstinence, but when you look at these girls, that information on abstinence just lands on deaf ears. Most of our children in secondary school are sexually active. We have the evidence, the number of pregnancies and drop outs that we see am sure maybe contraceptives can work. (Guidance Teacher 2, March 2020). A CVE Teacher stated, "… At the end of the day, every child has the Human Right to be taught on SRH issues relating to contraceptives." (CVE Teacher 3, March 2020)

Despite this involvement, it was found that teachers felt that they were limited in what they could teach on contraceptives as a result of unclear policies and the fact that the comprehensive sexuality education curriculum was segmented into different subjects most of which emphasize contraceptives for married people. And that they lacked the knowhow on how to go about the

teaching of SRH issues since they had not undergone any training in such. A guidance teacher lamented that,

> There is a limitation on teachers. The fact that there is no direct policy that allows the teachers to stand and talk about issues of contraceptives. (Guidance teacher 1, March 2020).

It was further found that NGOs were more engaged in teaching on adolescents' rights to contraceptive knowledge and use. Some NGOs in Kabwe had facilitators who went round secondary schools and communities teaching adolescents' Humans Rights to SRH issues relating to all forms of contraceptives knowledge, skills of empowerment, leadership, financial literacy, and civic participation to adolescents both in schools and in the wider community in Kabwe as a means of preventing adolescence pregnancy. In schools, the NGO capacity building program was incorporated into the school time table where they taught age appropriate SRH material which included contraceptive knowledge to all adolescents from grades five (5) to twelve (12). During an interview with an NGO facilitator and an observation of one of the facilitator's sessions with a grade 11 class, an NGO facilitator noted that NGOs had a CSE curriculum which incorporated the teaching of all forms of contraceptives as a pregnancy prevention strategy. And during the observation, the facilitator had a lesson who's title was "pregnancy prevention" in which he taught on all types of contraceptives which were; abstinence, pill, injectable, morning after pill, Jadelle, condoms just to mention but a few. He further taught the class on places where they could get these contraceptives such as health facilities and some offices of some NGOs in kabwe. An NGO facilitator stated that,

> We go around the schools and the community to teach CSE education to the young people, especially the pupils in schools....Targeting grades 5 to grade 12s. We teach them abstinence, condom use, the oral pill, the injectable and the emergency pill. From my experience, I think children get this information from the teachers and mostly from their peers, colleagues…social media which could not be effectively communicated and not from their parents due to cultural reasons. (NGO facilitator 1, February 2020).

### 4.2.2 Civic engagement through interpersonal altruism

It was also found that 7 out of 30 participants that is 6 teachers' and 1 NGO facilitator engaged through interpersonal altruism by teaching on contraceptive information outside the classroom environment, at their own free time, all 6 teachers interviewed gave contraceptive knowledge to girls who had been re-admitted into school after experiencing pregnancy to consider using

contraceptives in order to prevent recurrent pregnancies. One of the affected girls (A participant girl who had been pregnant before) confirmed using contraceptives after being advised by her teachers to prevent another pregnancy from occurring again. An affected girl stated that,

> As for me I chose that one for 5 years (Jadelle contraceptive), I have two teachers who advised me a lot about these (contraceptives). They told me that now you have a child you can't stay without those, Otherwise you will only have a short period and again you will get pregnant. (Affected girl 1, march 2020).

### 4.2.3 Civic engagement through service learning.

Moreover, it was established that some teachers did engage the learners through service learning by giving pupils projects to explore finding other measures to prevent teenage pregnancies among girls in secondary schools, a topic that is found in a number of subjects in secondary school such as civic education, geography, religious education, home economics and physical education. All 18 adolescent girls out of the total 30 participants in the study did mention that some teachers engaged their pupils by giving learners research projects to explore researching on contraceptives as a mitigation to teenage pregnancy among young girls, these projects they conducted in their individual communities. A girl in a FGD did bring to light that she had carried out a project on finding out whether contraceptive use among pupils in secondary school could be used to mitigate teenage pregnancy in her community. A girl in FGD1 stated that,

> In geography, civic education and physical education there is the topic on early teenage pregnancy … so we were given a geography research project over early child teenage pregnancy, and in my assignment, I wrote about allowing contraceptives in schools, to achieve the reduction of teenage pregnancies as a solution (girl 4, FGD1, February, 2020)

### 4.2.4 Civic engagement through activism and advocacy

It was also found that there was collaborative civic engagement to bring awareness on adolescents rights and needs to contraceptive information through activism and advocacy initiated by NGOs who did engage school authorities', parents, health personal, community leaders and other stake holders during, community meetings, workshops, PTA (parent teacher association) meetings in discussing issues of teaching contraceptive knowledge to girls in secondary school in society to mitigate adolescence pregnancy. A school administrator stated that,

> …it became a topical issue at one point. The debate was between the school administration, the parents and the NGOs providing contraceptives to the

> pupils, like dreams for example. We had a workshop last year at Ngocho lodge. We were analyzing to say is it worth to teach these pupils about contraceptives? Ultimately the resolution was that in as much as we do not want to teach children about contraceptive, they are engaging in sex. So how do we protect them? As administrators, we agreed to say maybe that is the only way to go. (School administrator1, March 2020).

Furthermore, 26 out of 30 participants did mention that, in terms of advocacy and activism the NGOs formed clubs in and out of schools as a platform for pupils to voice out on sexuality and other issues affecting them and the community. They also engaged parents and other stakeholders by initiating dialogues which explored the teaching of contraceptive knowledge to all adolescents including those in secondary schools through radio and TV programs. The NGOs also collaborated with the Ministry of Health (MoH) in establishing youth friendly spaces in health facilities where they taught youths on contraceptives and other SRH issues. Further the ministry of health provided nurses who were trained in adolescent SRH to teach evidence based knowledge on contraceptives to all adolescents both in and out of school. An NGO facilitator noted that,

> As NGOs we are actively trying to dialogue with the community of Kabwe, last year we had a dialogue meeting where we invited, stake holders, to discuss different issues including contraceptive issues. At least people have started embracing it because of radio programs even the TV programs that teach on those issues. I also believe that the Ministry of health has trained adolescent focal point persons and that's the best facility to deal with young people when they come and say I want condoms at the health facility (NGO facilitator1, March 2020).

Further it was also found that from the time NGOs such Dreams organisation and Restless Development started visiting schools and engaging in the teaching of information on contraceptives knowledge to adolescents in secondary schools. The school authorities and NGOs had seen evidence that had shown that they had started seeing numbers of pregnancies reduce in schools among the girls. A guidance teacher stated,

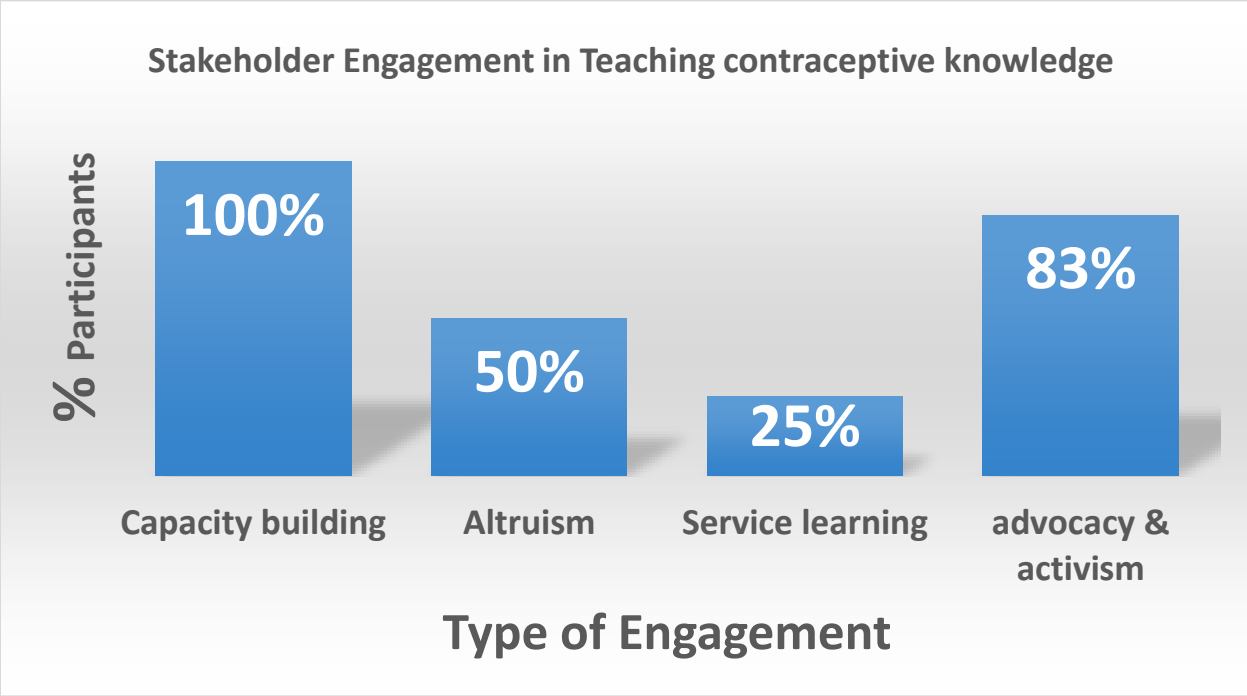
> When you look at these organizations such as Dreams and the Restless…that have come, we have noticed that surely there is a high reduction of girls getting pregnant. So, if again more emphasis is given, more knowledge is given am sure we can even reach a stage where we have zero record (of adolescence pregnancy). (Guidance Teacher 3, February 2020).

Due to the fact that parents are not engaged in giving knowledge on contraceptives and teachers are limited, all 30 participants mentioned that most of the adolescent girls in secondary school got their knowledge on contraceptives from their peers and social media. This might explain the observation made during the group discussions with girls where it was discovered that girls in secondary school have some knowledge on contraceptives, as they were able to mention or

describe a few types of contraceptives whose' names they did not know and they also lacked proper knowledge on the usage as well as the side effects of the contraceptives. A number of NGOs who were going round in schools teaching on sexuality and empowerment of girls also contributed to the knowledge that the girls have on contraceptives.

In answering the first objective, from our findings and the verbatim from participants, the researcher was able to generate near themes from common views of the participants. The following themes emerged as we tried to explore the different ways in which stakeholders engaged in teaching contraceptive knowledge to adolescent girls in secondary school, these final themes were generated: civic engagement through capacity building, service learning, altruism and activism and advocacy. The figure below shows the different ways in which stakeholders engaged when it came to teaching contraceptive knowledge to in school adolescent girls. Refer to Figure 1.3 below.

**Figure 1.3 types of stakeholder engagement**



### 4.3 Findings on views of stakeholders on teaching contraceptive use to adolescent girls in secondary school.

#### 4.3.1. Academic performance & dropouts

4 out 30 participants were against the teaching of contraceptive use among adolescent girls in secondary school as a mitigation strategy to pregnancy, because they thought that contraceptive use would lead to a disturbance on the girls' concentration on academic work, as they would start engaging in sexual activities rather than focusing on their education. Therefore, most parents were not engaged in the teaching of adolescent girls' rights to contraceptive use. In relation to this assertion, one parent stated,

> For me it's a no [to contraceptive use among school girls]! The reason is simple, in the sense that somebody who is still in school, their focus, there goal or their aim is education. (Parent 3, March 2020)

26 out 30 participants, however, disagreed and were of the view that, contraceptive use would actually give the girls a fighting chance at completing their secondary and tertiary education and that they would not drop out of school due to pregnancy. It was discovered that when an adolescent girl in secondary school became a young mother, she was divided between performing her new role as a mother and being a pupil at the same time. This had a negative impact on her academic performance and some dropped out because the two tasks were both very daunting and demanding on a child who had to grow up quickly and become a parent herself and also due to financial reasons, as some parents would not manage to support the girl child as well as take care of the baby. All 3 affected girls who had babies at the time of the research did confirm that they had to leave class to breastfeed their babies when they were brought to school and that their academic performance went down after having given birth. In addition, a CVE teacher lamented that,

> Children when they go on maternity leave for pregnancy and then they come back, that concentration is never there because they have another child to look after so they don't have 100% concentration. Hence their performance goes down (civic education teacher3, February 2020)

In addition, all of the girls in the 3 FGDs that's to say 15 out of the total 30 participants who had never been pregnant before did bring to light that having pregnant girls in their classes disturbed their concentration in their academic work for example when they saw a pregnant girl crying in class and that it disrupted the learning process as teachers would have to stop teaching and leave class to attend to a pregnant girl if they were not feeling well. A girl said that,

> It disturbs us in terms of academic work, because you find that a pregnant girl is in class, she feels like vomiting abutuka, (she runs) outside. We cannot even concentrate in class, the teacher won't even teach in class, he or she attends to that patient … or Ala ambako ukulila mu class, (or she will start crying in class) and it will disturb us. Our attention will be on her (girl3, FGD3, February 2020).

Because of these negative effects of teenage pregnancies among adolescent school girls, 29 out of 30 participants were of the view that knowledge on contraceptive use if well taught, would help reduce teenage pregnancies. But this depended on the translation of the knowledge gained to usage by the adolescent girls themselves.

> If effectively administered or used, the contraceptives among our teenagers in schools can really help to reduce the levels of teenage pregnancies and drop outs… (Guidance teacher1, February, 2020).

However, one out four parent participants disputed the fact that teaching girls in secondary knowledge on contraceptives use would not translate to usage, this is because the girls already possessed this knowledge on contraceptive but that this knowledge did not translate to use hence the reason we kept seeing increasing numbers of teenage pregnancies in secondary schools. Another parent participant disagreed and said,

> I don't think that can contribute to a reduction of teenage pregnancies, we are living in a modern world, were these children already know about these things (contraceptives), they know that there is a condom, tablets and injections at that their age. Even if they were taught or allowed, it cannot reduce on the number of pregnancies. (Parent 4, March 2020).

### 4.3.2 No child has to be a parent

Furthermore, 27 out of the 30 participants stated that pregnancy by a young girl in secondary school was a very painful and disturbing experience for the teachers, parents and the young girl who got pregnant. Because a girl had no plan for the coming baby and that they had no financial means of supporting the soon to be born baby, a burden for the parents as this perpetuated the cycle of poverty. Hence it was better to prevent that pregnancy in the first place. And that in most cases the boys responsible would refuse responsibility leaving the young girl to be a single mother.

> It is a very painful and disturbing experience for the girl who is in school and then she becomes pregnant. It is very disturbing to the parent and the teacher. This girl will have nothing, no plan, no money for the baby who is about to be born. Most of the boys refuse once they are asked, "Are you the one who is responsible?" They will say. "No". So this girl will remain alone suffering with that child raised up by a single mother. So the best is to prevent that (Guidance teacher2, February 2020).

### 4.3.3 Promiscuity

The study further established that all the 30 participants shared a feared concern to engage in teaching contraceptive use among the girls in secondary school. They thought that it would lead to moral degradation in society as the girls would just be having sex because they know they could not get pregnant, leading to prostitution and promiscuity among the secondary school girls. Some participants further did not think it was right to teach contraceptive use to adolescent girls and that they were not supposed to be allowed to use them because it would lead to a spread of sexually transmitted diseases. A parent lamented that, "Contraceptive use can increase sexual immorality among the girls, that's the fear of… us the parents." (Parent 3, March 2020). A school administrator also stated that "When we give them these contraceptive it's like we are telling them go ye therefore out there and have sex". (School administrator1, March 2020), A girl who had been pregnant before stated, "Those (contraceptives) they just prevent you from getting pregnant, but not STIs." (Affected girl 2, February, 2020).

However, 26 out of 30 participants did mention that they were some children who were rude and stubborn and they did not want to listen to their parents or any adult. These adolescents would want to experiment or try out sex to see how it felt no matter how much the parents or teachers tried to educate them on abstinence. It was thought that maybe such adolescents needed to be taught and encouraged to use contraceptives. An affected girl asserted that, "…there are some children who are stubborn, they will say ati kweshako, 'we have to try it out" (affected girl 3, February, 2020). Another girl in FGD2 stated,

> There are some people who just never listen, so it's better you teach them a way they can prevent it [pregnancy]. Instead of actually stopping them because, you can stop them but they will not listen to you. Teach them about them [contraceptives], so that they know what to do. (Girl 4 FGD2, February, 2020).

### 4.3.4 Teaching Contraceptive use was intended for married couples

One other strong view that came out from 24 out of 30 participants was that sex and contraceptive use was a preserve meant to be taught to married people who could use the information for planning child spacing and not for young unmarried adolescents still in secondary school. A parent stated,

> The use of these contraceptives means that there must be a couple which wants to plan how many children they want to have. But for a girl child who is still in school, what is that planning for? Because their main goal is to focus on education, not indulge themselves in active sex, no! (Parent 1, March 2020).

Further, 5 out of 30 participants were totally against engaging in teaching contraceptive use for adolescent girls in secondary in fear of side effects and other problems that may come from prolonged use of contraceptives from a young age such as difficulties in child bearing in future when the girls would be married which would bring problems in their marriages. A girl lamented,

> As for me, my parents, actually my mum told me that, ifya nyeleti [injectable contraceptives] will bring problems, that I will be barren and I won't have children so I fear that you know… (Girl 3, FGD1, February, 2020).

However, it was the finding of this study that 28 out of 30 participants thought that society had changed and that most adolescent girls were already sexually active even though they were not yet married especially those in weekly boarding schools. Therefore, parents needed not to bury their heads in the sand like ostriches but had to face the problem at hand by teaching the children contraceptive use. It was mentioned by a civic education teacher that,

> …we shouldn't bury our heads in the sand… the ostrich fashion and say everything is ok…, things are changing, and our societies are changing so they just have to learn about that these things (contraceptives)… (Civic education teacher1, February, 2020).

It was also very interesting to find out that some girls in the study were already accessing and using contraceptives secretly without parental consent for purposes of preventing pregnancy and sexually transmitted infections. A girl who confirmed using contraceptives stated that,

> Yes, we do (use contraceptives) …practice makes perfect…that's what they say. They are those girls who are addicted to sex. Myself I use (contraceptives) because I have a boyfriend. (Girl 5, FGD 3, February, 2020).

### 4.3.5 Human rights perspectives on adolescents rights to contraceptive use

The study also established that all 30 participants understood the Human's Rights approach and emphasized that it was a wrongly held misconception by society that contraceptives use was meant only for married couples and adults but rather that adolescents too had the right to use contraceptives. Moreover, the girls themselves seemed to be aware of their Rights to contraceptive information and actual use, but they were not very sure on how to enjoy their rights due to cultural issues and fear of parents. It was, however, established that while adolescents had the right to use

contraceptives, they needed to be guided by giving them proper information and not just giving them the contraceptives. A guidance teacher stated that,

> This is a society held misconception that contraceptives were only meant for adults or married couples, but this is no longer the case now as adolescents who are sexually active and cannot manage to abstain have the right to use contraceptives. (Guidance Teacher 2, February 2020).

## 4.4 Findings on challenges faced by adolescent girls in secondary school in accessing contraceptive knowledge and use.

### 4.4.1 Adolescent girls demographic factors (age and marital status)

It was found that one of the biggest challenges for adolescent girls in secondary in accessing contraceptive knowledge were demographic factors such as their age and marital status. All of the 30 participants that's to imply 100% stated that, the young age of adolescent girls in secondary made it difficult for them to get any information relating to contraceptive knowledge because society and most stakeholders saw the girls as children who did not need contraceptive related information meant for married people. Therefore, it was assumed that they were too young and therefore not engaging in any sexual activity Mean while some girls in the study did state openly that they were engaged in sexual activity, hence the pregnancies in secondary school. A girl stated that,

> ati, 'they say' we are still young, we can't be having sex, meanwhile tulachita, 'we are having sex'. And again, we are lacking information. I can simply say, no one tells us about contraceptives so we can't know. (girl5, FGD1, February 2020).

### 4.4.2 Social cultural beliefs ('taboos')

In terms of cultural beliefs, all 30 participants in this study stated social culture beliefs or 'societal Taboos' in our Zambian society to be one of the major challenges for girls in secondary school failure to access knowledge on contraceptives. It was reviewed that certain topics such as sex or contraceptives in most Zambian homes are never talked about as these were considered as 'taboo topics' and therefore were not supposed to be discussed between parents and children. It was culturally and morally unacceptable, as it went against the norms of our Zambian traditional society, even with modernity these cultural beliefs still stand and are held strongly. A parent stated that,

> On culture, they are a lot of cultural beliefs, where other people believe that it is a taboo to talk to your own daughter about sexual or contraceptives matters. You find that issues of sex in most Zambian homes are never talked about. So, they don't hear it from their parents… what they will be told is that avoid men. Sex traditionally is never mentioned by a parent (Guidance teacher 2, February 2020).

### 4.4.3 Lack of proper contraceptive knowledge.

Further 29 out of the 30 participants in the study were of the view that one of the biggest challenges was that adolescent girls lacked proper knowledge about issues of sex or contraceptives because most parents did not talk about such topics. It was found that most parents passed on the knowledge in an indirect or in coded language, a child had to figure out the message being passed on by the parents pertaining to sex or abstinence. Hence, most of the information on contraceptives was coming from school. A parent stated that, "… As parents we don't … participate in this issue …, it will boomerang in the long run" (parent 4, March 2020).An adolescent girl lamented that,

> …No information, because they talk to us indirectly, we mwine fye kumonafye ati balelanda point iyi, 'you, yourself' you just have to see that they are talking about this point.' …We are not given enough information, we are blank. 'Tulasambila kuno kusukulu' 'We just learn here from school. (girl5 FGD1, February 2020).

Furthermore, it was the view of all 30 participants that adolescent girls in secondary school lacked vital information on sexuality issues on pregnancy prevention such as the use of contraceptives despite the fact that they were exposed to a lot of sexual content on the phones and various social media platforms, which made them to engage in experimental sex which resulted in teenage pregnancy and STIs.it was also mentioned that this lack of information by the girls was bound to make the girls make mistakes because they were ignorant or lacked information. A parent participant noted that, "… Today children are exposed to many things, if you look at phones the easiest thing to access today its pornography" (parent3, March 2020).Another participant stated that,

> Someone who is ignorant or … not enlightened about something is bound to make a lot of mistakes. These are the pregnancies…STIs we are seeing. ...These are the negatives… of not teaching our children. (Guidance teacher 3, February 2020).

In addition 21 out of the 30 participants seemed to suggest that some parents lacked knowledge on contraceptives information because they lacked formal education and the only information they have is what they were taught from a cultural point of view a long time ago on how to prevent pregnancy, which was that they were to avoid men by all cost or their fingers would grow long.

As a result, most parents themselves may not be aware of contraceptives and therefore that becomes a challenge in that they cannot pass on any knowledge on contraceptives that they themselves are lacking to the girls in secondary school .A girl from a FGD stated that,

> Some parents are relying on old culture, some are not educated and are not aware about the same contraceptives … there is no way someone who is not aware about something to start telling you about the same issue. That hinders us from receiving more information. (girl5 FGD1, February 2020).

### 4.4.4 Religious beliefs.

Adding on to cultural beliefs', all 30 participants thought that some religious beliefs posed as a major challenge to girls in secondary school using contraceptives. It was the view of all the participants especially the parents who felt that engaging in teaching or allowing the use of contraceptives among girls in secondary school would be seen as promoting fornication among young adolescent girls in secondary school, something that is considered to be a sin in the Christian faith. As it went against the Zambian Christian beliefs and principles which advocated for no sex before marriage. Therefore, engaging in teaching or allowing contraceptives would imply allowing the girls to have sex outside marriage a grave sin that was frowned upon. Besides contraceptives were thought to be only for married couples. A parent stated that,

> Biblically that's sinning. … The bible says sex should be for married people and if you have sex before marriage that's fornication. Then we are sinning if we are legalizing such things [contraceptives] so I don't think that's the right way to do. Using of contraceptives should not be exposed to these young ones, we are sending them to misbehave, to have sex anyhow. (Parent 1, March 2020).

### 4.4.5 Societal misconceptions

Among other challenges, it was found that all 30 participants said that society had strongly held misconceptions were it was believed that contraceptives use was strictly meant for married or old women for the purpose of child spacing. Hence, they questioned young adolescents' use of the contraceptives, because they were still in secondary school, not planning on child spacing and they were not yet married. Furthermore, they worry of the future repercussions of using contraceptives too young. Some participants believed that if a girl started using contraceptives at a young age, they might have problems in child bearing, develop fibroids and cancer in future when they were married adults and were read to have children. However, it was established that this fear of side effects extended even to most married adult women and that most parents were skeptical about

using contraceptives and some were not even using the contraceptives themselves. This in itself was a challenge for girls to access the contraceptives. A participant stated that,

> A challenge on the usage of pills, they feel as if only old women especially married women, are the ones who are supposed to use those pills so that they can space their children. And sometimes they say, if a child is still young the start using pills, what of when she grows up? (Guidance teacher 3, February 2020). A girl in the study also lamented that, "…uku tutinya, tamwaka fyale, 'they scare us, you won't have children, you will be barren.' Your husband will chase you. (Girl 5, FGD1 February 2020).

### 4.4.6 Stigmatization

Further, 29 out of 30 participants stated that there was a lot of stigma attached to young adolescent girls in secondary school using contraceptives, because it is preconceived in the minds of most people in society that contraceptives were meant for married adults only as mentioned above, Consequently, any adolescents seeking to access information or the actual contraceptives for use is labelled to be promiscuous. But that was not the case anymore, because these modern adolescents were curious and were already engaging in sex. A guidance teacher stated that,

> Mostly it is stigma that is attached to you knowing this young child of maybe 16yrs or so is asking an adult about such kinds of things related to sex, because you cannot talk about contraceptives without talking about sex itself. There is this stigma to say this child will be taken to be a problem, because it is preconceived in our mind that sex is meant for adults but it is no longer the case. Now any child who wants to find out more, that child will be labeled. (Guidance teacher 1, February 2020).

### 4.4.7 Negative nurses attitude towards girls' use of contraceptives.

Among other challenges mentioned, all the 18 girls in the study did bring to light that adolescent girls in secondary have need for information and services concerning SRH such as contraceptives but sometimes the health personal at the health centers are not so accommodating to the young girls. Personal experiences are told of when some girls in this study visited health facilities or their friends visited the health facilities to access contraceptives for use, however, the attitudes of the nurses was very bad and that most girls were either sent away or they just left without any form of information to help them. Girl in a FGD lamented that,

> …I wanted to get the contraceptives, I wanted an injection. Now the nurse was kind of rude, saying you are a school girl … why do you want contraceptives? Then she walked out, she was upset. So sometimes even health workers are sometimes causers of early teenage pregnancies. They

> refuse saying you are young, balakana mwamona, 'they refuse'. (girl5, FGD1, February 2020).

In answering the third objective on the challenges of adolescent girls in accessing contraceptive knowledge and usage, the study's findings from the participant's views lead to the development of the following near theme analysis of; adolescent girls demographic factors, social-cultural taboos, lack of proper contraceptive knowledge, religious beliefs, stigmatization, societal misconceptions, and negative attitude by health workers.

## 4.5 Chapter Summary

Chapter Four has presented major findings of the study. The findings of the study are presented according to themes that emerged in line with the specific objectives of the study. The next chapter presents discussion of the findings.

# CHAPTER FIVE

## DISCUSSION OF FINDINGS

### 5.0 overview

This chapter discusses the findings of the study based on the research objectives which are: firstly, to explore the civic engagement of stakeholders in teaching contraceptive knowledge to in-school Adolescent girls in selected secondary schools in Kabwe district. The second objective was to describe the views of stakeholders on teaching contraceptive use to adolescent girls in selected secondary schools in Kabwe district, the third objective was to highlight the challenges faced by in-school adolescents' girls in accessing contraceptive knowledge and use in selected secondary schools in Kabwe district. Therefore the main aim of this section was to discuss how stakeholders engaged in teaching contraceptive knowledge, why stakeholders engaged the way they did on teaching the use of the contraceptives to adolescent girls in secondary school and it will also highlight the various challenges faced by adolescent girls in secondary school when it came to accessing contraceptive knowledge and use.

### 5.1 Discussion on the engagement of stakeholders on teaching contraceptive knowledge to adolescent girls in secondary school

The focus of the first research question was to explore how stakeholders engaged in teaching contraceptive knowledge to adolescent girls in secondary school as a mitigation strategy to pregnancy prevention in the Kabwe district.

#### 5.1.1 Civic engagement by capacity building

The study established that parents highly advocated and engaged in teaching only on abstinence as a form of capacity building and the best form of contraception because they believed that teaching the girls on contraceptive knowledge would in essence be promoting sexual immorality. However, this teaching on abstinence was done in an up hazard manner. Moreover it was found that when parents were faced with adolescent sexual issues they would refer the girls to other relatives such as grandmothers, a trend referred to as the "Zambian culture". Self et al (2018)

agreed with the above findings, he asserts that the majority of the adolescent participants in their study said parents only engaged and provided contraceptive information around abstinence and not any other form. Parents expressed negative opinions about adolescents using contraceptives and parents could prevent youths from accessing contraceptive services. A few parent participants acknowledged that they could play a role in encouraging youths to use contraceptive, but also noted that many parents are reluctant to support young girls using contraceptives (Self *et al.*, 2018). Further, research had revealed that parental discussions regarding sex tend to be general, and characterized by warnings about preserving virginity and avoiding pregnancy, rather than direct and open discussions. Research has also found that Parents felt that the responsibility for providing sexual health education on contraceptives lay primarily with teachers and other relatives even if they seemed to be aware that many adolescent girls were sexually active (Ndinda, Ndhlovu and Khalema, 2017; Wanje *et al.*, 2017).

In Zambia the scenario is not any different as the findings suggest, this may be because of the perceived taboo nature of discussing sex from a traditional stand point, which in the long run negatively impacts sexual health communication between parents and adolescents. It is the view of the researcher that parents start engaging in teaching adolescent girls other means of protecting themselves in the event that they failed to abstinence. Because abstinence has always been preached on television, social media and radio to all young people including these adolescent girls in secondary school but schools still keep recording high numbers of girls dropping out of school due pregnancy, meaning the girls are not abstaining. If society keeps preaching only abstinence for these girls, the problem of unintended adolescent pregnancy will persist. Society or indeed parents should not wait for girls to fall pregnant and then encourage the use of SRH services such as contraceptives after a young girl has experienced adverse effects of pregnancy. Munakampe also agrees with the findings of the current study and cited parents, health workers and teachers to be trusted sources of information about contraceptive or sex but often these did not give the much needed information to in-school adolescent girls, who often received most information from peers and other family members instead, and that girls mostly confide in their aunties, cousins and peers on sexuality issues (Munakampe and Michelo, 2018).

Further, the study found that teachers were more engaged in teaching on both abstinence and other forms of contraceptives as capacity building for the girls in secondary school. They did this

because they believed that the girls were already sexually active and it was their Human Right to know about these contraceptives. However, their engagement was limited due to unclear policies, lack of knowledge on how to teach on SRH issues and fragmented CSE curriculum in different subjects. Even though topics on adolescents' rights to contraceptives are already incorporated in the Zambian secondary school curriculum, under Adolescents' Sexual Reproductive Health Rights in civic education, it might appear that most teachers are not aware of this fact as they are still making calls on government policy to incorporate or allow them to freely teach about contraception in class. Hence, we can be left to conclude that they might not be actively and confidently engaged in teaching on contraceptive knowledge because they lack information or proper training on how to go about the teaching of SRH issues. It would be recommended that SRH topics be incorporated in the training of teachers in colleges and university so that they felt confident to give such information to learners as they did their role of teaching when they started working.

The researcher cannot dispute the fact that abstinence is the best and guaranteed form of contraception, but while that might be the case the message on abstinence has not deterred most adolescents from engaging in sex and perhaps these are the in-school pregnancies we keep seeing in our education system. While literature confirms that abstinence is 100% effective at preventing pregnancy and STIs, it has been demonstrated that programs promoting abstinence-only until heterosexual marriage occurs are ineffective (Breuner and Mattson, 2016).It would be recommended, therefore, that stakeholders collaboratively engage and empower these adolescent girls with knowledge to help them make informed safe decisions about their sexuality in the light that abstinence fails because stakeholder such as teachers and parents according to the social influence theory, are key influencers of these adolescent girls change of their beliefs, sexual behavior and attitudes towards the use of contraceptives among adolescent girls in secondary school.

### 5.1.2 Civic engagement through interpersonal altruism

This study found that the second form of stakeholder engagement on teaching in-school adolescents on contraceptives was through a form of pro-social behavior known as interpersonal altruism. Altruism entails an intentional behavior of giving help in emergency situations, it is a behavior carried out without being a professional obligation and performed for the benefit of

another person, without waiting for external reward in a duration which usually lasting minutes (Andronic, 2014; Lay and Hoppmann, 2015; Schott *et al.*, 2016). Teachers are expected to teach on adolescents SRH rights relating to contraceptive knowledge in secondary school in line with the CSE curriculum that mandates them to do so within the classroom environment.

However, our study established that teachers constantly actively engaged in teaching on contraceptive knowledge outside the classroom environment in that some teachers, at their own free time gave knowledge on contraceptives to girls who had been re-admitted into school after experiencing first pregnancy. It was brought to light that most teachers would call the girls to advise them to consider using contraceptives in order to prevent recurrent pregnancy, this form of engagement by teachers is considered as interpersonal altruism. Lopez also confirms having found similar findings, he asserts that, as part of the school based intervention in preventing pregnancy and HIV/STI out of the normal classroom learning environment, teachers often engaged in interactive sessions with adolescents (Lopez *et al.*, 2016). This was interesting to find, that teachers would talk to girls who had been pregnant before and advise them on the benefits of these contraceptives in order to prevent recurrent pregnancy. And it can be speculated that teachers were more engaged in teaching contraceptive knowledge because of the educational benefits that the adolescent girls would get once they used the contraceptives and that they would not get pregnant and drop out of school due to pregnancy.

### 5.1.3 Civic engagement through service learning

Further, it was established that some teachers did engage learners to explore finding other mitigation strategies to prevent teenage pregnancies in school, by giving learners research projects to explore contraceptive knowledge as a solution to teenage pregnancy, a topic and societal problem that was taught in a number of subjects such as civic education. These projects were conducted in the adolescents own communities through service learning. Service learning is one of the core principles' of Civic Education, linking the theory learnt in class to the actual practice in solving societal problems.

Participation in service-learning is an instructional strategy that promotes connections in academic learning, instruction and reflection with meaningful community service and offers the community solutions to often un-met needs of society (Mitchell, 2015; Lovat and Clement, 2016; Gelmon, Holland and Spring, 2018; Huda *et al.*, 2018). This engagement of pupils demonstrates that they too can contribute in the identification and problem solving in the issues that concern society. The researcher believes that one of the best ways of engaging students in civic and ethical activities that reinforce the civic education curriculum is through service learning opportunities. It was encouraging to see that some teachers engaged learners through using service learning to solve societal problems on adolescence pregnancies because in most cases literature found has shown to have concepts of service-learning among adolescent pupils concentrating on environmental issues such as climate change and hygiene topics (Bresee *et al.*, 2016; Subedi, Jahan and Baatsen, 2018). Service learning is effective in emphasizing positive outcomes on civic engagement of the young whose voices are not often heard, principles of good practice, and individual acts of charity, such learning is likely to have great impact in terms of understanding issues on the learner as well as the wider community. It is therefore recommended that more teachers use service learning by engaging learners to solve societal problems such as pregnancy among girls in secondary school so that more girls are kept in school.

### 5.1.4 Civic engagement through activism and advocacy

Also it was the finding of this study that, School administrators and NGO's were more engaged through activism and advocacy by organizing community meetings, workshops, adolescent clubs and PTA meetings in schools in which issues of teaching contraceptive knowledge to girls in

secondary school as a mitigation strategy to pregnancy were discussed. Multi-level initiatives have been taken by NGOs and other stakeholders to bring awareness on the adolescents' need of SRH services such as contraceptives. Subedi et al confirms having found similar findings were, Major initiatives mostly focusing on enhancing counselling, awareness raising through community meetings, advocacy, increasing availability of youth friendly SRH services including family planning, contraceptive marketing, and capacity building through training (Subedi, Jahan and Baatsen, 2018). It would be recommended that this multilevel collaborative approach needed to be more intensified by government and NGOs so that adolescents SRH rights start working towards translating the existing policies into practice. By engaging adolescents, their families, and communities and equipping teachers to provide CSE within school and sex education programs out of school.

## 5.2 Discussion on the views of stakeholders on teaching contraceptives use to adolescent girls in secondary school

The second objective aimed to discuss the views of stakeholders in teaching contraceptive use among adolescent girls in secondary school with hopes of reducing school drop outs due to adolescence pregnancy.

### 5.2.1. Academic performance

The study established that most parents were against engaging in the teaching of contraceptive use among adolescent girls in secondary school as a mitigation strategy, because they thought that contraceptive use would lead to a disturbance on the girls' academic work, as they would start engaging in sexual activities than focusing on school work. However, the teachers and some girls on the other hand disagreed with this assumption and were of the view that contraceptive use among the girls in secondary school would actually give them a fighting chance at completing their secondary and tertiary education and that they would not drop out of school due to pregnancy. Several studies show that Adolescent School girl pregnancy and its connection to school drop-outs was a major concern to developing countries like those in sub-Saharan Africa (Adaji *et al.*, 2010; Yidana *et al.*, 2015; Nash., 2019) with other implications such as early marriage and social scorn (Self *et al.*, 2018). On the other hand, other studies claim that contraceptive use among adolescent

girls in secondary school would actually contribute to improvements in schooling and economic outcomes of these girls (Canning and Schultz, 2012; Joshi and Schultz, 2013).

Therefore some teachers were of the view that if knowledge on contraceptive usage was well administered, this knowledge would translate into usage which would contribute to reduced teenage pregnancies, in turn contributing to reduced dropout rates among adolescent girls in secondary schools in Zambia. However, Agyemang et al and Heisler argue that having this knowledge on contraceptives did not translate into its use among adolescent girls (Heisler and Van Eron, 2012; Agyemang *et al.*, 2019a). It is highly debatable if the findings of Agyemang et al and Heisler can be generalized to all other parts of world. While we do acknowledge the fact that adolescent girls already have some knowledge about contraceptives, this might be true to some extent. However, we need to question the level of that knowledge as well as the reliability of the source of that knowledge since literature seems to suggest that key stakeholders such as parents do not engage in giving cardinal information in relation to contraceptives.

### 5.2.2 Moral decay

Parents were of the view that teaching adolescent girls in secondary school about other forms of contraceptives such as condoms, injections, pills and others would be encouraging the girls to be promiscuous leading to moral degradation in the society hence they would not engage in teaching contraceptive use to adolescent girls. This would further lead to an increase in sexually transmitted diseases. These findings are in line with those of Hakansson et al who found that Adolescent sexual activities were described as immoral and irresponsible behavior while losing virginity before entering marriage was considered a disgrace and contraceptive use among adolescent girls was highly associated with promiscuity (Håkansson *et al.*, 2018b; Makenzius *et al.*, 2019). These findings are similar to the findings in Kenya, were many also worry that easy access to contraceptives such condoms could encourage sexual promiscuity among adolescent (Adaji *et al.*, 2010). However, studies done in New Hampshire disagrees with this finding, as they found that actually the use of contraception was primarily used in STI prevention as well as in pregnancy prevention (Heisler and Van Eron, 2012). However, all the teachers in our study were of the view that morals were already compromised as girls were already engaging in sexual activities. These findings are in line with the findings in Ghana were it has been observed that many adolescents in recent times engage in unsafe sex, leading to high rates of unplanned pregnancies (Yidana *et al.*,

2015). This was confirmed by KNBS & ICF macro who asserted that, some adolescents became sexually active before the age of 12years (KNBS and Demographic, 2010) hence pregnancy prevention interventions such as the giving of contraceptive information and access to contraceptive use for all adolescents in secondary schools in Zambia needed to be urgently put in place by policy makers. Given that adolescents are engaging in sexual activities at a young age is evident that there is already "moral decay" and concluding that contraceptive use by girls in secondary school might lead to moral decay is not completely justified and could be a widely held misconception. However, the question we must ask ourselves is this; how do we prevent the consequences of sex among adolescents who cannot abstain? It would be recommended, therefore, that more effort is invested in showing the health and social benefits of access to modern forms of all types of contraceptives among adolescent girls and dispelling the myths and perceptions surrounding contraceptive services to adolescent girl in secondary school.

### 5.2.3 Society should not burry its head under the sand "the ostrich fashion"

Despite abstinence being advocated for at all levels of society and the belief that adolescent school girls are abstaining, the study established that most adolescents were actually already sexually active and already using contraceptives such as condoms and pills, without parental knowledge, to prevent themselves from getting pregnant. Even though most parents advocated for abstinence only before their daughters became pregnant, most if not all mothers would make sure that their daughters started using contraceptives after experiencing their first pregnancy in order to prevent subsequent pregnancies. Clearly this shows that parents believed that their daughters would not abstinence once they had had a pregnancy before hence changing their stance on abstinence and engaging more on contraceptive use.

In Botswana, it was found that adolescents were a high-risk behavior group at increased risk of pregnancy due to increased sexual activities (Tshitenge *et al.*, 2018) and Yidana et al (2015) confirms that adolescents between the ages of 14-19 years have been noted to be sexually active yet they rarely use contraceptives due to negative societal attitudes and fear of parental reaction (Yidana *et al.*, 2015). Hence, society needed not to bury its head in the sand like an ostrich and pretend that girls in secondary school were not sexually active because we are living in a modern dynamic world. Because of negative societal attitudes and fear of parents finding out that they are sexually active and using contraceptives, most adolescents do not use contraceptives or they hide

if they are using any contraceptive for fear of being questioned and punished. If we are to see a reduction in the numbers of adolescent unintended pregnancy in secondary schools in Zambia, it would be recommended that parents open up and start engaging in addressing sexual related issues as well as discussing contraceptive use so that their daughters are free to use contraceptives.

### 5.2.4 Teaching contraceptive use was intended for married couples

Some participants in this study were of the view that contraceptives use was purely intended for married couples with the intentions of child spacing and did not see the need for the girls who were in school to use contraceptives or to be taught on contraceptives use because their focus was education. Moreover, they feared that contraceptive use among secondary adolescent girls could lead to girls having cancers and fibroids. Such societal misconceptions about contraceptive use by young adolescent girls that contraceptive use resulted in drying of the womb, other body parts and the skin as well as thickening the menstrual blood were found in other studies (Ghule *et al.*, 2015; Ochako *et al.*, 2015; Blackstone, Nwaozuru and Iwelunmor, 2017; Endriyas *et al.*, 2017, 2018; Eram, 2017; Thummalachetty *et al.*, 2017; Schwarz *et al.*, 2019) and in turn prevented some stakeholders such as parents from participating in teaching their daughters in secondary school about the use of contraceptives as a mitigation strategy to pregnancy. The main purpose of contraception is to prevent pregnancy and give sexually active women or girls whether married or not, the choice to decide when to have a child. In this case the school going girls whom we have already shown that they are sexually active should have a choice also when to have a child through the use of contraceptives.

### 5.2.5 Human rights perspective

Even with the above held societal views and beliefs, the study found that all stakeholders were of the view that all adolescents, both girls and boys, have the right to get knowledge as well as use contraceptives so that they make informed decisions about their own sexuality and future life. This view made most stakeholders feel obligated to teach the use of contraceptives among adolescents. Under the Human Rights-based approach, states, including Zambia, have obligations to respect, protect and fulfill the sexual and reproductive rights of all adolescents including rights to contraceptive access and usage (Adaji *et al.*, 2010; Hoopes *et al.*, 2015; Chandra-Mouli *et al.*, 2017; Håkansson *et al.*, 2018a). However adolescents and society seem not to be aware of these

rights to education on contraceptives which can empower adolescent girls and boys of all ages and the entire society by re-enforcing a sense of entitlement. Therefore, an understanding of this entitlement on contraceptives by the adolescents in secondary schools may have many benefits to adolescents, because they would use contraceptives freely and consistently (Tshitenge *et al.*, 2018) and thus prevent unwanted pregnancies and school drop outs. The application of the Human Rights based approach to SRH services could help to change how adolescents' SRH services are offered and used in Zambia by dealing with social hindrances of negative attitude and behavior related to adolescents' access and use of contraceptives.

## 5.3 Discussion on challenges faced by adolescent girls in secondary school in accessing contraceptive knowledge and use

### 5.3.1. Adolescent girls demographic factors (age and marital status)

The age of the adolescent girls and the fact that they were not married were major challenges to them accessing contraceptive knowledge. This was mainly due to the cultural point of view, were society saw adolescents as children who were not supposed to be sexually active and therefore did not need any contraceptive knowledge. This finding was in line with the findings in other research which found that at community level, access to contraceptive knowledge among secondary school adolescents maybe impeded by norms, morals, attitudes and beliefs that adolescents should not be sexually active and that they therefore do not need contraceptive knowledge (UNFPA, 2013; Kabagenyi, Habaasa and Rutaremwa, 2016; Agyemang *et al.*, 2019b; Phongluxa *et al.*, 2020). While it is true that adolescent girls are young and unmarried, this fact has not deterred them from engaging in "adult" sexual activities. We must bear in mind that even though we might see these girls as young, biologically, they are ready to have children but psychologically and socially they are not ready for the parental responsibilities that come with child bearing. Therefore they need the contraceptive knowledge as a fundamental human right to prevent the psychological and social consequences that come with early motherhood.

### 5.3.2 Cultural "taboos"

Another major challenge that was found for adolescent girls in secondary school when it came to accessing knowledge on contraceptives was cultural "Taboos" in the Zambian society. It was

revealed that topics on sex and worse off contraceptives for young girls in secondary school especially between parents and their children were culturally unacceptable, as it went against the norms of our Zambian traditional society. Similar results confirmed that certain discussions with elders in an African cultural setting about some SRH issues such as sex or contraceptives was considered a taboo (Motsomi *et al.*, 2016; Agbemenu *et al.*, 2018; Amankwaa, Abass and Gyasi, 2018; Landa and Fushai, 2018; Manguvo and Nyanungo, 2018; Govender, Naidoo and Taylor, 2020; Ndlovu, 2020). Even with the coming of modernity these cultural beliefs still stand and are held strongly. This lack of information and guidance from parents about sex due to strictly followed cultural taboos coupled with the age of adolescence which is such a crucial experimental stage, could be one of the reasons we have so many teenage pregnancies among young ignorant girls in secondary schools who live with irreversible mistakes for the rest of their lives. It would therefore, be recommended that parents throw away these unproductive "taboos" and start talking about sex to their children openly, because we are living in a modern global world were children are constantly exposed to a lot of sexual content and have several unanswered questions.

The fact that our culture hinders parents to talk to their children about sexuality issues is a very big problem and creates a massive information gap that these young girls really need and are craving for. Society has to change with modernity and technological advances were adolescents are exposed to an increasing amount of sexual content in music, movies, magazines, television, and the internet, and this exposure plays an important role in adolescent initiation of sexual activity (O'brien, 2013; Hall *et al.*, 2016; Lara and Abdo, 2016; Sevilla *et al.*, 2016). While we acknowledge that preserving our cultural heritage is cardinal for the future generations, the future generations are these same young girls who need guidance on modern ways of handling issues of sexuality. The way things were done a long time ago to deter young adolescent girls from indulging in sexual activities cannot be applied in today's modern world. Society or influencers of adolescents in particular, need to start opening up to discuss these issues' that tradition views as taboo. Research has shown that parent-adolescent communication about sexual risk is associated with increased adolescent regular use of contraceptives such condom and that adolescents girls who communicated with their mothers about condom use before onset of sexual activity were more likely to use them if they started to engage in sexual activities (O'brien, 2013; Morawska *et al.*, 2015; Lindberg, Maddow-Zimet and Boonstra, 2016; Widman *et al.*, 2016; Vollmer *et al.*, 2017).

### 5.3.3 Lack of proper knowledge

The study also found that perhaps lack of proper knowledge on contraceptive information on the part of parents and teachers was a challenge to adolescent girls accessing knowledge on contraceptives due to the lack of formal education and lack of training on adolescent SRH respectively. As a result, neither parents nor teachers could give sufficient contraceptive knowledge to the adolescents. Empirical studies have shown that, some parents had never seen any contraceptives before, and that they just heard from people (Sunnu and Adatara, 2016). This lack of knowledge by some parents on contraceptives would make it hard for in-school adolescent girls to access full contraceptive information from such parents. The researcher was of the view that for information on contraceptives to be more beneficial and effective, the government should consider programs to educate the parents so that they could start having 'sex talks' which included proper contraceptive related information. This is supported by studies that have shown that parents who received training on topics of sex and contraception had better communication with their adolescents about sexuality compared with those who did not. Parental conversations with adolescents about sexuality education was correlated with a delay in sexual debut, reduce barriers and increased use of contraception and condoms (Heisler and Van Eron, 2012; Breuner and Mattson, 2016)

### 5.3.4 Religious beliefs.

Zambia is considered to be a country founded on Christian principles and beliefs in which most of the adolescent girls in secondary school are Christians. Christianity teaches that sex before marriage is fornication, a grievous sin. Any adolescent accessing contraceptives would be considered to be committing fornication and a sinner. The fear of the adolescent being considered as sinners deterred them from accessing contraceptives even though they secretly engaged in sexual activities. Sunnu et al agrees with this finding by asserting that in sub-Saharan Africa, traditional religious beliefs and practices are embedded in lineage system that impact the structure of society, which influence women, men and adolescents' decisions regarding contraceptive use (Shahabuddin *et al.*, 2016; Sunnu and Adatara, 2016; Jaramillo *et al.*, 2017; Håkansson *et al.*, 2018b; Manguvo and Nyanungo, 2018; Ndlovu, 2020).The fact that Zambia has been declared a Christian nation, and this declaration has been enshrined in the Zambian constitution may deter individuals and institutions in the community from encouraging contraceptive use for girls in

secondary school even if they are sexually active because it goes against the Christian values. This declaration seems to be in conflict with some policies such as the CSE which takes on a human rights approach and advocates for adolescents access to contraceptive knowledge and use creating a dilemma among the teachers and the girls themselves.

### 5.3.5 Societal misconceptions.

Societal misconceptions were found to pose as challenges to adolescent girls accessing contraceptives for use. Some of these societal misconceptions were that contraceptives were only meant for married people for purposes of child spacing and that if young adolescent girls started using contraceptives they would have infertility problems, develop cancer and fibroids in their adult years. Silumbwe et al (2018) asserted that there were a number of community level barriers which comprised of women's experiences with contraceptive side effects, myths, rumors and misconceptions (Silumbwe *et al.*, 2018). Similarly, other studies confirm the finding that contraceptives should only be available to married women (Sunnu and Adatara, 2016; Håkansson *et al.*, 2018a) and the most frequently mentioned misconception were that the use of contraceptives by young girls was harmful to the womb and caused permanent sterility, illness, cancer, and weaken men's libido (Kabagenyi *et al.*, 2016; Sunnu and Adatara, 2016; Muanda *et al.*, 2018; Self *et al.*, 2018). Further, Agyemang et al (2019) found that the perceived fear of side effects of other methods of modern contraceptives such as the pills, injections and implants were the main reason for not using the contraceptives (Agyemang *et al.*, 2019b).

This lack of proper knowledge and fear of perceived future side effects pose as a challenge for girls in secondary school to use contraceptives. It is the view of the researcher that such held beliefs create knowledge gaps, as girls are hindered from receiving and utilizing vital information that can help to protect themselves from getting pregnant so that they can pursue career development for both personal and national benefits. Hence, there is need for deliberate policies to educate society to overcome these misconceptions.

### 5.3.6 Social stigmatization.

The current study also found that there was a lot of stigmatization by society if a girl was found using or buying contraceptives, as that young girls would be labelled as being promiscuous simply because society believes that contraceptive use was meant for adult married people and not young in-school adolescents. The adolescents would rather access contraceptives from private places or not access them at all as they would rather engage in unsafe, unprotected sex than deal with the judgment they got when it came to accessing contraceptives for usage, be it at a health facility or buying at a pharmacy. These findings are in line with those of other scholars who confirm that adolescents were faced with various difficulties at community level in their bid to access SRH services, including social stigma, fear of teachers and the anticipated negative response of parents due to the complex socio-cultural structure of society (Muanda *et al.*, 2016; Sunnu and Adatara, 2016; Amankwaa, Abass and Gyasi, 2018)

The stigmatization was further compounded by the negative attitudes of the service providers in the facilities where the adolescents were supposed to freely access the contraceptives. These providers would question the adolescents on why they needed the contraceptives before giving them and sometimes would send them away with threats to tell their parents or guardians. A study done by Self et.al (2018) also found that negative attitudes by health workers about youths using contraceptive were a major barrier (Self *et al.*, 2018). Similarly studies done in Kenya and Zambia found that over 96% of the nurse participants disagreed that both adolescent girls and boys should not be left freely to satisfy their sexual needs (Warenius *et al.*, 2006; Smith, 2020). While we commend the government of Zambia for taking the initiative to create youth friendly spaces and training nurses in how to handle and provide SRH services for adolescents in health facilities, and rolling out the CSE in schools, much needs to be done in sensitizing and educating the society at large in order to end this stigmatization and foster SRH rights of adolescents.

## 5.5 Chapter Summary

This chapter discussed the findings of the study and revealed how the engagement of stakeholders in teaching contraceptive information influence the attitudes and behavior of adolescent girls in secondary school in kabwe district. The following chapter will give the conclusions and remarks to the major findings, recommendations and suggested areas for future research.

# CHAPTER SIX

## CONCLUSION AND RECOMMENDATION

### 6.0 overview

This chapter gives the conclusion of the study. It highlights the findings of the study, the conclusion and the recommendations. Some areas for further research have also been suggested.

### 6.1 Conclusion

The purpose of this study was to establish how engaged stakeholders were in teaching contraceptive knowledge and use among in-school adolescent girls in secondary school in order to mitigate the current problem of unintended teenage pregnancies in kabwe district. The study was a purely qualitative research and used a case study research design.

From the findings, it was clear that generally all stakeholders were civically engaged in teaching some form of contraceptive knowledge either through capacity building, pro-social altruism, advocacy and activism and service learning. For instance all stakeholders especially parents advocated and engaged in teaching on abstinence as the only acceptable and safest form of contraception as they believed that other forms of contraception among school going adolescent girls would lead to promiscuity. However, it was found that other stakeholders such as school authorities and NGOs engaged in teaching on all other forms of contraceptive related knowledge to girls in secondary school through inter-personal altruism and also through advocacy by the NGOs who were trying to raise awareness among the adolescents' especially the girls in secondary school and also the wider community on the benefits and rights of all adolescents in getting knowledge relating to SRH issues such as contraceptives.

Further, with regards to findings on views of stakeholders in teaching contraceptive use among adolescent girls in secondary school, the study established that the engagement of various stakeholders was highly influenced by various views on teaching contraceptive use to adolescent girls in secondary schools. These views included the effects of teaching contraceptive knowledge and use on the morality, academic work, marriage and Human rights of the adolescent girls. It was the finding of this study that stakeholders such as NGOs and teachers were of the views that engaging in teaching contraceptive use among girls in secondary would help improve the academic

performance and reduce the high dropouts of girls in secondary school in Zambia. However, it was also found that some stakeholders especially parents shared a feared view and concern that engaging in teaching contraceptive use among young girls in secondary school would lead to moral degradation, increased spread of STIs and promiscuity among the girls as they would be no evident consequences of sexual activities by the girls, hence most parents were not engaged in teaching the use of contraceptives to adolescent girls in secondary school. Further all stakeholders agreed and were of the view that all adolescent girls in secondary school have rights to SRH services such as the access and use of all forms of modern contraceptives.

Furthermore, the study established some challenges that adolescent girls faced when it came to access contraceptive knowledge and also accessing the actual contraceptives for use, adolescent girls faced challenges such as stigmatization, lack of proper knowledge on modern forms of contraceptives, religious and cultural barriers and negative attitudes by health providers. It is evident that contraceptive use among in-school adolescent girls could be used as a mitigation strategy to pregnancy prevention and reduction of school dropouts in Zambia. However, there is need for intensified community sensitization to dispel myths and misconceptions in order to enhance acceptability, adoption and implementation of adolescent contraceptive rights

### 6.3 Recommendations

This section looks at the recommendations on stakeholder engagement in teaching contraceptive information to improve adolescent girls' access to SRH services while still in secondary school in order to prevent adolescent pregnancy among girls in secondary school. Based on the research findings, the following are some of the recommendations that needed to be considered:

i) Firstly, it is recommended that Parents need to start opening up and engaging in having parent to child conversation about SRH issues with their children in order to give the girls the correct knowledge or information.

ii) It would be recommended that all stakeholders be consulted and included in Policy formulations on SRH issues on teaching contraceptive use for all adolescents in secondary school in order to get their views.

iii) Thirdly, There is need for increased collaborative engagement of stakeholders to create and intensify awareness on in-school adolescent rights' to contraceptives knowledge and use in order to break social, cultural and religious challenges.

### 6.4 suggestions on areas of future research

The study focused on three (3) selected secondary Schools in kabwe district and thus the study's findings cannot be generalized. Therefore, there is need for further studies involving many communities and schools in Zambia. I recommend the following areas for future research:

i). Exploring the level of parents' awareness of adolescents SRH rights to contraceptives.

ii). Investigating the implementation of adolescents' rights to contraceptives in secondary schools in Zambia.

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## PROPOSED TIME LINE

| ACTIVITY | DETAILS OF ACTIVITIES | DURATION | DATES |
|---|---|---|---|
| Proposal writing | -Review of literature<br>-Development or designing of research instruments<br>-Production of final draft | Nine months | march 2019<br>to<br>November 2019 |
| Data collection | -Interviews<br>-focus group discussions | eight weeks | February 2020<br>to<br>March 2020 |
| Data analysis | -Preparation and analyzing of data. | Three months | April to June 2020 |
| Report preparation | -Report writing, typing & editing & peer reviewing. | Two months | July 2020 to August 2020 |
| Report production | -Proofreading, production and submission of final draft | Five months | August 2020<br>to<br>February 2021 |

## PROPOSED RESEARCH BUDGET

| ITEM | DESCRIPTION | QUANTITY | UNIT COST (ZMW) | TOTAL COST |
|---|---|---|---|---|
| **Stationery** | Reams of paper | 4 | 60.00 | 240.00 |
| | Packet Pens | 1 | 50.00 | 50.00 |
| | Flash disk | 2 | 200.00 | 400.00 |
| | Writing pads | 3 | 30.00 | 60.00 |
| **Equipment** | Voice recorder | 1 | 500.00 | 1000.00 |
| | Tonner cartilage | 1 | 300.00 | 300.00 |
| | -batteries | 2 | 50.00 | 100.00 |
| **Transport** | Lusaka - Kabwe | - | - | 1000.00 |
| | Local movements to data collection sites | - | - | 2000.00 |
| | Food & accommodation. | - | - | 6000.00 |
| **incidentals** | | - | - | 4000.00 |
| **Grand total** | | | | K15, 150. |

## APPENDICES

THE UNIVERSITY OF ZAMBIA

DIRECTORATE OF RESEARCH AND GRADUATE STUDIES.

DEPARTMENT OF LANGUEGES AND SOCIAL SCIENCES EDUCATION.

SCHOOL OF EDUCATION.

**A: Semi-structured interview guide for affected girls** (those who have been pregnant before).

Dear participate,

My names are Mulenga Muntanga Chanda, a student doing my Master's Degree in the school of Education at the University of Zambia (UNZA). As part of the requirements for this degree, am required to complete this thesis which needs conducting primary research and data analysis with the hopes of contributing to the equal achievement of education for girls in our educational system. My research focuses on civic engagement and contraceptive use among adolescent girls as a mitigation to teenage pregnancy in selected secondary schools in Kabwe district. All information provided will be treated with the utmost confidentiality. Thank you in advance.

**A .Respondents identification.**

1. Age_____ (state years). Signature_____ 3. State grade _____

**Research questions in themes.**

**(i) Knowledge**

1. Would you tell me what you know about contraceptives?

2. Where do you get information about contraceptives from?

3. Do you as a pupil get abstinence, sex or contraceptive information from your parents/teachers as mitigation to pregnancy?

4. Do you think, contraceptive knowledge and usage should be given to girls in secondary schools to prevent pregnancies?

5. What kind of sex and contraceptives education did/do you get from your parents/guardians as a mitigation to prevent pregnancy?

6. Did your parents talk to you about abstinence, sex or contraceptive use to prevent pregnancy?

7. Before you got pregnant, did you know about contraceptives?

8. Are you using contraceptives now to prevent pregnancy?

8. What do you think can contraceptives help prevent pregnancy among girls in school?

**(ii) Usage**

8. Why didn't you use any contraceptives to prevent you from getting pregnant?

9. Should adolescents' girls be allowed to use contraceptives as mitigation to teenage pregnancy?

10. In your view can contraceptive use among adolescent girls lead to reduced teenage pregnancy?

11. Would you use contraceptives now to prevent yourself from getting pregnant again?

12. Are you using contraceptive now to prevent pregnancy?

**(iii) Challenges**

13. What are some of the challenges that adolescent girls face in accessing contraceptives knowledge and usage?

14. What would you suggest as mitigation measures to reduce teenage pregnancies among adolescent girls in secondary school?

THE UNIVERSITY OF ZAMBIA

DIRECTORATE OF RESEARCH AND GRADUATE STUDIES

DEPARTMENT OF LANGUEGES AND SOCIAL SCIENCES EDUCATION.

SCHOOL OF EDUCATION.

**B: Semi-structured interview guide for civic education teachers**.

Dear participate,

My names are Mulenga Muntanga Chanda, a postgraduate student completing my Master's Degree in the school of Education at the University of Zambia (UNZA). As part of the requirements for this degree, am required to complete this thesis which needs conducting primary research and data analysis with the hopes of contributing to the achievement of education for girls in our Educational system. My research focuses on understanding the civic engagement of parents and teachers in exploring contraceptive use among adolescent girls as a mitigation to teenage pregnancy in selected secondary schools in Kabwe district. Feel free, open and honest in your responses as all information provided will be treated with confidentiality.

Thank you in advance.

**A. Respondents identification.**

2. What is your gender? Male [ ] Female [ ]
3. Age_____ (state years). Signature_____

**B. Education qualification**

3. State highest professional qualifications

MA [ ] bachelor's degree [ ] advanced diploma [ ] diploma [ ] certificate [ ] others [ ] 4. State years of experience in teaching (state years) _____.

5. Indicate grades you are teaching (a) all grades 8 to 12 [ ] (b) 8 to 9 [ ] (c) 10 to 12 [ ] (d) others apart from the above [ ]

6. How long have you been teaching at this school? (State years) _____

7. What subjects are you teaching at this school? _____and _____

**C. Personal information**

1. For how long have you been teaching civic education?
2. I would like to ask you about your work experience as a civic education teacher……how is or how has it been for you?
3. What have been some of your successes and challenges of teaching?

**D .Research questions.**

**i) Knowledge.**

**1.** Do you know what contraceptives are?
2. Do you think adolescents (girls) know what contraceptives are?

3. Where do you think they get information on contraceptives from?
4. As a civic education teacher, do you teach adolescents on contraceptive knowledge?
5. Do you teach adolescents their rights to contraceptives knowledge as mitigation to pregnancy?
6. Should adolescent's girls be given knowledge on contraceptives to prevent pregnancy?

**(ii) Usage**

7. Can contraceptive use among adolescents lead to reduced teenage pregnancy/dropouts?
8. Do adolescents have the right to contraceptive usage?
9. What is your view, should adolescents be allowed to use contraceptives?

**(iii) Challenges**

10. What would you say are some of the challenges associated with contraceptive access and usage among adolescents?
11. What are some of the challenges associated with contraceptive usage among adolescents?
12. What do you think, do parents talk to their children about contraceptive knowledge and use as a mitigation to teenage pregnancy?
13. What other suggestions can you give as mitigations to teenage pregnancy?

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DEPARTMENT OF LANGUEGES AND SOCIAL SCIENCES EDUCATION.

SCHOOL OF EDUCATION

**C: Semi-structured interview guide for parents.**

Dear participate,

My names are Mulenga Muntanga Chanda, a student completing my Master's Degree in the school of Education at the University of Zambia (UNZA). As part of the requirements for this degree, am required to complete this thesis which needs conducting primary research and data analysis with the hopes of contributing to the achievement of education for girls in our educational system. My research focuses on civic engagement of parents and teachers in exploring contraceptive use among adolescent girls as a mitigation to teenage pregnancy in selected secondary schools in Kabwe district. All information provided will be treated with the utmost confidentiality. Thank you in advance.

**A .Respondents identification.**

4. What is your gender? Male [ ] Female [ ]. 2. Age_____ (state years). Signature___

**B. Education qualification**

3. State highest professional qualifications

MA [ ] bachelor's degree [ ] advanced diploma [ ] diploma [ ] certificate [ ] others [ ]

**C. Research questions in themes.**

**1. Knowledge.**

1. Do you think adolescent girls know what contraceptives are?
2. Where do you think they get contraceptive information from?
3. Do you as a parent teach contraceptive knowledge to your children as mitigation to pregnancy?
4. Do you think, contraceptive knowledge should be given to girls in secondary schools to prevent pregnancies?
6. Do you talk to your child about sex and contraceptives use as a mitigation to prevent pregnancy?

7. Should parents be talking to their children about contraceptive use to prevent pregnancy?

**(ii) Usage**

8. Should adolescents' girls be allowed to use contraceptives as mitigation to teenage pregnancy?

9. In your view can contraceptive use among adolescent learners lead to reduced adolescent pregnancy?

10. Would you allow your child to use contraceptives?

**(iii) Challenges**

12. What are some of the challenges that pupils face in accessing contraceptives knowledge and usage?

13. What would you as a parent suggest as other mitigations to reduce teenage pregnancies among pupils in secondary school?

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**D: Semi-structured interview guide for guidance & counselling teachers**.

Dear participates,

My names are Chanda Muntanga Mulenga, a student completing my Master's Degree in the school of education at the University of Zambia (UNZA). As part of the requirements for this degree, am required to complement this thesis which needs conducting primary research and data analysis with the hopes of contributing to the achievement of education for girls in our educational system. My research focuses civic engagement of parents and teachers in exploring contraceptive use among adolescent girls as a mitigation to teenage pregnancy in selected secondary schools in Kabwe district. You have been selected randomly to participate in this study and you have been kindly requested to answer the questions in this questioner by placing a tick were needed and writing briefly were required.

All information provided will be treated with confidentiality.

Thank you in advance.

**A. Respondents' identification.**

1. What is your gender? Male [ ] Female [ ]

2. Age_____ (state years). Signature_____

**B .Education Qualification**

3. State highest professional qualifications

MA [ ] bachelor's degree [ ] advanced diploma [ ] diploma [ ] certificate [ ]

4. State years of experience in teaching (state years) _____.

5. Indicate grades you are teaching
(a) all grades 8 to 12 [ ] (b) 8 to 9 [ ] (c) 10 to 12 [ ] (d) Any others apart from the above [ ]

6. How long have you been teaching at this school? (State years) _____

7. What subjects are you teaching at this school? _____ & _____.

**C. Research questions.**

**I) Knowledge**

14. Do you think adolescents (girls) know what contraceptives are?
15. Where do you think they might be getting information on contraceptives from?

16. As a guidance teacher, do you teach adolescents girls on contraceptive knowledge?
17. Should adolescent girls be given contraceptive knowledge to prevent pregnancy?

**(ii) Usage**

18. Can contraceptive use among adolescent girls lead to reduced teenage pregnancy?
19. Should adolescent girls be allowed to use contraceptives to prevent pregnancy?

**(iii) Challenges**

20. What would you say are some of the challenges associated with contraceptive access among adolescents?
21. What are some of the challenges associated with contraceptive usage among adolescents?
22. What do think, do parents talk to their children about sex, contraceptive knowledge and use as a mitigation to teenage pregnancy?
23. What suggestions can you give as mitigation measures to teenage pregnancy?

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SCHOOL OF EDUCATION.

**E: Focus group discussion guide for unaffected girls**.

Dear participates,

My names are Chanda Muntanga Mulenga, a student completing my Master's Degree in the school of Education at the University of Zambia (UNZA). I would like to have a discussion with you on the civic engagement of parents and teachers in exploring contraceptive use among adolescent girls as a mitigation to teenage pregnancy. Be rest assured that there is no right or wrong answer, free to participate by sharing your true feelings and opinions with me on the topic. All information provided will be treated with the utmost confidentiality. Thank you in advance.

**RESEARCH QUESTIONS IN THEMES.**

**(i) Knowledge**

1. Let's start by talking about what contraceptives are?
2. What are some of the types of contraceptives you know?

3. Where have u heard of contraceptive from?
4. Do you as pupils get contraceptive knowledge from your parents/teachers as mitigation to pregnancy?

5. What kind of contraceptive information do you get from your parents and teachers?

6. Do you think, contraceptive knowledge should be given to girls in secondary schools to prevent pregnancies/dropouts?
7. What kind of sex and contraceptives education do you get from your parents/guardians as a mitigation to prevent pregnancy?

8. Do your parents talk to you about sex or contraceptive use to prevent pregnancy?

**(ii) Usage**

9. Should adolescents' girls in school be allowed to use contraceptives as mitigation to teenage pregnancy?

10. In your view can contraceptive use among adolescent girls in secondary lead to reduced teenage pregnancy?

11. Would you use contraceptives to prevent yourself from getting pregnant?

12. Are you using contraceptives now to prevent pregnancy?

**(iii) Challenges**

13. What are some of the challenges that adolescent girls face in accessing contraceptives knowledge and usage?

14. What would you suggest as mitigation measures to reduce teenage pregnancies among adolescent girls in secondary school?

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**DEPARTMENT OF LANGUEGES AND SOCIAL SCIENCES EDUCATION.**

**SCHOOL OF EDUCATION.**

**F: Semi-structured interview guide for school administrators.**

**Dear participate,**

My names are Chanda Muntanga Mulenga, a student completing my Master's Degree in the school of education at the University of Zambia (UNZA). As part of the requirements for this degree, am required to complement this thesis which needs conducting primary research and data analysis with the hopes of contributing to the achievement of education for girls in our educational system. My research focuses civic engagement of parents and teachers in exploring contraceptive use among adolescent girls as a mitigation to teenage pregnancy in selected secondary schools in Kabwe district. You have been selected randomly to participate in this study and you are free to decline if you wish not to take part. All information provided will be treated with the utmost confidentiality. Thank you in advance.

All information provided will be treated with confidentiality.

Thank you in advance.

**A. Respondents' identification.**

5. What is your gender? Male [ ] Female [ ]

6. Age_____ (state years). Signature_____

**B. Education Qualification**

3. State highest professional qualifications

MA [ ] bachelor's degree [ ] advanced diploma [ ] diploma [ ] certificate [ ]

4. State years of experience in teaching (state years) _____.

5. Indicate grades you are teaching
(a) all grades 8 to 12 [ ] (b) 8 to 9 [ ] (c) 10 to 12 [ ] (d) Any others apart from the above [ ]

6. How long have you been teaching at this school? (State years) _____

7. What subjects are you teaching at this school? _____ & _____.

**C. Research questions.**

I) Knowledge

14. Do you think adolescents (girls) know what contraceptives are?

15. Where do you think they might be getting information on contraceptives from?

16. As a guidance teacher, do you teach adolescents girls on contraceptive knowledge?

17. Should adolescent girls be given contraceptive knowledge to prevent pregnancy?

(ii) Usage

18. Can contraceptive use among adolescent girls lead to reduced teenage pregnancy?

19. Should adolescent girls be allowed to use contraceptives to prevent pregnancy?

(iii) Challenges

20. What would you say are some of the challenges associated with contraceptive access among adolescents?

21. What are some of the challenges associated with contraceptive usage among adolescents?

22. What do think, do parents talk to their children about sex, contraceptive knowledge and use as a mitigation to teenage pregnancy?

23. What suggestions can you give as mitigation measures to teenage pregnancy?

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**SCHOOL OF EDUCATION.**

**G: Semi-structured interview guide for NGO facilitator.**

**Dear participate,**

My names are Chanda Muntanga Mulenga, a student completing my Master's Degree in the school of education at the University of Zambia (UNZA). As part of the requirements for this degree, am required to complement this thesis which needs conducting primary research and data analysis with the hopes of contributing to the achievement of education girls in our educational system. My research focuses civic engagement of parents and teachers in exploring contraceptive use among adolescent girls as a mitigation to teenage pregnancy in selected secondary schools in Kabwe district. You have been selected randomly to participate in this study and you are free to decline if you wish not to take part. All information provided will be treated with the utmost confidentiality. Thank you in advance.

All information provided will be treated with confidentiality.

Thank you in advance.

**A. Respondents' identification.**

5. What is your gender? Male [ ] Female [ ]

6. Age_____ (state years). Signature_____

**B. Education Qualification**

3. State highest professional qualifications

MA [ ] bachelor's degree [ ] advanced diploma [ ] diploma [ ] certificate [ ]

4. State years of experience in teaching (state years) _____.

5. Indicate grades you are teaching
(a) all grades 8 to 12 [ ] (b) 8 to 9 [ ] (c) 10 to 12 [ ] (d) Any others apart from the above [ ]

6. How long have you been teaching at this school? (State years) _____

7. What subjects are you teaching at this school? _____ & _____.

**C. Research questions.**

I) Knowledge

14. Do you think adolescents (girls) know what contraceptives are?

15. Where do you think they might be getting information on contraceptives from?

16. As a guidance teacher, do you teach adolescents girls on contraceptive knowledge?

17. Should adolescent girls be given contraceptive knowledge to prevent pregnancy?

(ii) Usage

18. Can contraceptive use among adolescent girls lead to reduced teenage pregnancy?

19. Should adolescent girls be allowed to use contraceptives to prevent pregnancy?

(iii) Challenges

20. What would you say are some of the challenges associated with contraceptive access among adolescents?

21. What are some of the challenges associated with contraceptive usage among adolescents?

22. What do think, do parents talk to their children about sex, contraceptive knowledge and use as a mitigation to teenage pregnancy?

23. What suggestions can you give as mitigation measures to teenage pregnancy?

**H: CD - Rom**