Establishing the Implementation of Comprehensive Sexuality Education (CSE) in Selected Primary Schools of Zambia from 2014 – 2018

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Abstract

Despite the full-scale implementation of Comprehensive Sexuality Education (CSE) in Zambia's primary schools, behavioural related health problems among adolescents persist which include early and unprotected sex, sexual abuse, early marriages and teenage pregnancies. This study aimed at examining the implementation of CSE in selected primary schools of Kabwe, Lusaka and Choma districts. The study utilised mixed method design with a pupil population drawn from 15 selected primary schools. The sample size of the study was 700 adolescents (aged 12 – 17 years) and 42 key informants among educationists (i.e. headteachers, teachers, guidance and counseling teachers, and Ministry of Education and health senior officials). Simple random sampling was utilised to select pupils while purposive sampling was employed to select key informants. Interview guides, questionnaires and focus group discussions were employed to collect statistical and narrative data. Data was analysed using the Statistical Package for Social Sciences (SPSS) and thematic analysis. Findings of the study demonstrated statistical evidence of the implementation of CSE in the selected primary schools. There was above a 90% extent of the implementation of CSE in the selected schools and average frequency of 71.8% of it being taught predominantly in classroom environments. The study indicated a commencement period of grade five with teachers being trained and oriented in the integration of CSE in carrier subjects. The finding revealed that dominant topics in CSE were puberty, reproduction, HIV and AIDS. The study further identified challenges in the implementation of CSE in primary schools which included limited materials on CSE, religious indoctrination and cultural barriers, CSE being a low impact programme and a lack of inclusion of school gender-based violence in the taught lessons. With these challenges, the study noted that in spite of CSE being implemented, there is a continuation of sexual maladies that distract adolescents from attaining an education. The study therefore recommends more capacity building in the pedagogy, teacher training, production of CSE teaching and learning materials and resources. It is further recommended that effective integration of CSE should be coordinated within the Ministry of Education in collaboration with the Ministry of Health.

Keywords: sexuality, education, implementation, adolescent, pregnancy, health, leaners, teachers, schools, training

1. Introduction

The structure of the Zambian education system has been changing periodically informed mainly by changes in political ideologies of different governments (Mwanza, 2020).

Currently, it is common for children to start with pre schooling before they start primary school and later graduate to Secondary and eventually tertiary education levels. This study, however, focuses on primary school learners.

Adolescent sexual behaviour has been an area of global concern. The Sexuality Information and Education Council of the United States (SIECUS) (2005) [1] indicate that risky sexual behaviour of adolescents has not only been perceived to jeopardize the social order in society but is also a threat to expected health outcomes of young people. According to the Zambia National Acquired immunodeficiency syndrome (AIDS) Strategic Plan, (2017-2010) [2] early sexual debut among adolescents results in Sexually Transmitted Infections (STIs); Human Immunodeficiency Virus (HIV)/acquired immunodeficiency syndrome (AIDS), teenage pregnancies, abortion, school dropouts and early maternal deaths that arise from early sexual indulgence among young people. The strategy further indicates that; a healthy adaptive adolescent sexuality would promote not only survival but also adolescent wellbeing (Ibid). The Sexuality Information and Education Council of the United States (SIECUS) (2005) [1] reveals that various parts of the world continue to show that the number of sexually active young people is on the increase and the consequences that accompany early sexual debut are clearly substantial and probably readily growing.

In Zambia, cultural contexts that acted as sexual education forums for adolescents have dwindled with rapid urbanization where nuclei family living is the norm and therefore school environments become the alternative for sexuality education. However there has been a critical challenge in transforming educational environments to include sexuality education in Zambia. For example, Mwanakatwe (1974)[1][3] profiled the development of education in Zambia and none of his writings focused on content which brings out information on adolescent sexual reproductive health affirming that issues to do with sexuality education were shrouded in silence yet young people needed the Adolescent Sexual Health Service (ASRHS) even as far back as the 70s. Even in later years, through the *Educating our Future Policy* review of 1996 [4], very little is mentioned about sexuality education by the authors. Further, although educationists formulated the *Educating Our Future Policy* (1996) which recognized the need for sexuality education in schools, it lacked specific steps that ensured pupils had access to sexuality knowledge in the face of the growing concern for HIV and AIDS at the time.

Traditionally, in most African societies, including Zambia, issues of sexuality are still considered a taboo and can never be discussed openly between adolescents and their parents. According to Kapungwe (2003) [5] in Zambia, it has long been a taboo to discuss sexual matters with somebody of the opposite sex and with one's own child. As a result, parents including teachers feel uncomfortable talking about sexuality issues with young people and adolescents. This cultural aversion to openly discuss sexuality has raised strong reactions in the Zambian society regarding Comprehensive Sexuality Education (CSE) being implemented in

1 Although this literature is outdated, it was useful in profiling the contextual background of the concept of CSE.

primary schools. This study thus evaluated the *implementation* of CSE in selected primary schools of Zambia over an initial five-year period of 2014 to 2018.

2. Adolescent Health (AHD)

2.1. Demographic concern for Adolescents

The Zambia Strategic Framework (2017-2021) [6] states that Zambia currently has the largest population of young people in its history, with 82% aged 35 years and below and 35% aged 15-35 years. Adolescents account for 25% of the total population and have a significant influence on its overall health status, given that adolescence represents a vulnerable period of transformation from childhood to adulthood and, if not well managed, could lead to huge health and socio-economic consequences.

The United Nations Population Fund (UNFPA) (2018) [7] defines adolescents as young people between the ages of 10 and 19 and further states that Zambia recognizes the importance and significant impact that adolescents have on the overall health status of the country, including the attainment of the national health objectives and Sustainable Development Goals (SDGs) and especially SGD 4 on education. In view of the foregoing, the Ministry of Health (MOH) has identified the need to strengthen Adolescent Health (ADH) by developing and implementing a national strategy, aimed at providing a comprehensive and coordinated response to ADH problems and needs in the country (Zambia Adolescent Health Strategy 2017) [8].

The Zambia Demographic Health Survey (ZDHS) (2018) [9] further indicate that about 32% of adolescents aged 15-17 years and 60% of those aged 18-19 years are sexually active, and therefore face risks of acquiring HIV and other Sexually Transmitted Infections (STIs) and only 40% use condoms regularly. The ZDHS (2018) [9] further states that adolescents experience mental health issues, trauma, and physical and sexual violence. In addition, there are substantial gender differences related to risk and vulnerability among Zambian adolescents: almost one in five adolescent girls are already married compared to only one in 100 adolescent boys aged 15-19; and one in four girls aged 17 and six in 10 girls aged 19 have already started childbearing.

2.2. Intervention Initiatives for Adolescents

To address the risky sexual behaviours that include early and unintended pregnancies, the Zambian government in conjunction with pressure groups and Civil Society Organisations (CSOs) that included The Forum For African Women Educationalists (FAWEZA), The Civic Education Organization supported by development partners like UNICEF and World Bank introduced and launched the school re-entry policy in October 2007 with the aim of ensuring that girls who become pregnant while in school can return and continue their education after giving birth [10].

The Ministry of Community Development, Mother and Child Health (2012) [11], as part of Zambia's Education Policy on "Educating Our Future", recognized that life skills are one of the main components of the school curriculum. The policy was formulated to provide types of skills that should be offered to both formal and non-formal learners regardless of sex. The policy framework re-defined the purpose of learning with an emphasis that the learner should be equipped with necessary lifelong core skills which enable them to translate skills learnt into decisions leading to sustainable development (MoE Vision 2030) [12].

In order to deal with the problem of adolescent sexual behaviour risks, Zambia developed a Life Skills Education Framework in 2011 that adopted the World Health Organization (WHO) definition of life skills as "abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life" [13]. The framework provided guidelines to direct service providers on minimum content to be taught at different levels of education in order to standardize the life skills offered to learners. An evaluation conducted by the United Nations Children's Fund (UNICEF) in 2009 [10] reveals that the programme did not achieve its desired outcomes such as resilient young people who are able to effectively communicate, make goals, assertive and able to make responsible decisions for their lives.

3. Comprehensive Sexuality Education

In 2011, The Ministry of Education enacted the Education Act No. 23. In Section 108(1) (i), the Act empowers the Minister of Education to amend the curriculum to introduce Comprehensive Sexuality Education (CSE) [14]. Therefore, in 2014, the Ministry completed the development of the CSE curriculum, and it was rolled out to all schools, targeting children aged 10–24 in grades 5–12. To ensure that CSE is systematically implemented, the curricular was included in teacher-training colleges. To make it accessible to adolescents, CSE was also integrated into various subjects such as Home Economics, Integrated Sciences, Religious Education, Civic Education, Social Studies, and languages [14].

3.1. Development of CSE (2014 – 2018)

According to the United Nations Population Fund (UNFPA) (2018) [7] CSE is one of the interventions that has been implemented since 2014 aimed at reducing teenage pregnancies in schools; empower young people to delay sexual debut; increase knowledge on Sexual Reproductive Health; and reduce HIV infections. Comprehensive Sexuality Education is one of the pathways through which the Ministry of Education is also delivering Adolescent Sexual Reproductive Health (ASRH) information to adolescents which is age appropriate, culturally sensitive, and scientifically accurate and is curriculum based.

In the Zambian schools, teaching of sexuality education has been infused or integrated in Home Economics, Biology, Integrated Science, Religious Education, Civic Education and Languages so referred to as *carrier subjects*. While this

model may reduce pressure on an already overcrowded curriculum, it is difficult to monitor or evaluate, and may limit teaching pedagogies or methodologies to traditional approaches (UNFPA, 2015) [15].

Since the introduction of CSE in schools in Zambia, the United Nations Educational, Scientific and Cultural Organization - UNESCO report (2017) [16] indicates that 65,000 teachers had their capacity built to deliver CSE at classroom level, Over 1, 900,000 learners were reached with CSE messages, about 5,000 head teachers were also reached with training on the management and supervision of CSE at school level and about 6,000,000 parents and young people at community level were reached through mass media campaigns with messages on CSE and Sexual Reproductive Health.

3.2. Adolescents Unresponsive to CSE

However, despite this reach in number and clarity of thought in the goal and resource investment into the programme, this does not seem to translate into the desired improved health outcomes among young people in Zambia as school dropouts due to teenage pregnancies, early marriages and HIV and STIs remain high among the adolescents [17]. Further, anecdotal data around the country also reveals that the number of sexually active young people is high as is evidenced by the continued high numbers of teenage pregnancies in successive years. The situation points clearly to the fact that young, unmarried girls and boys in schools engage in sexual activities, and this is an issue of concern. The Zambian government's target through the National Adolescent Health Strategic Plan (2017-2021) [18] is to increase the knowledge levels on HIV, ASRH and CSE to 75 percent among young people aged 10-24.

4. Statement of the Problem

Comprehensive Sexuality Education (CSE) was developed in Zambia as an initiative to respond to adolescent health that is key in attaining desired development in the nation. Comprising 25% of Zambia's population, adolescents' wellbeing is key to this national development and hence a need arose to address the high levels of sexual maladies that deterred adolescents to progress in future adult careers. However, in spite of CSE being implemented in schools to address these challenges, statistics still allude to a non-responsive status among adolescents resulting in a continued scourge of sexual maladies. Though the cause of this non-responsiveness is multifaceted, *implementation* of CSE in primary schools is pivotal factoring in the cultural tide CSE faces. This study therefore focused on establishing the implementation of CSE in selected primary schools as a correlate to unresponsiveness of adolescents and learners.

5. Study on Implementation of CSE

5.1. Objective

This study aimed at establishing the implementation of Comprehensive Sexuality Education (CSE) in selected primary schools of Kabwe, Lusaka and Choma districts in Zambia.

5.2. Literature Review

The introduction and implementation of Comprehensive Sexuality Education (CSE) for adolescents in its diverse form has been recognised globally for enhancing adolescent health. Goldman & Bradley (2001) [19] reports that in Australia, knowledge/information on sex, puberty, and sexuality, although included in the compulsory HPE curriculum in each State or Territory, is delivered in a sporadic, 'ad hoc and somewhat discretionary' manner. The authors observe that many students are not taught an accurate vocabulary for body parts and systems (Ibid). In Queensland, each principal is responsible for instigating a sexuality education program after negotiations with the School Community Consultative Committee about timetabling, funding and content (Ibid). According to Orlich et al. (2001) [20] relatively few elementary/primary teachers are confident of the level of workplace and parental support necessary to implement even simple, explicit and relevant pedagogies, let alone discussions on body image, sexual values or gender issues. Goldman (2010) [21] reports that schools in Australia choose to employ external providers to deliver an annual lesson to the middle school Grades 4 to 8, for students aged about 8–13 years, but many children and adolescents are left to garner a 'playground education from sexual banter, boasting and bullying.

Future of Sex Education (2011) [22] expounds that the goal of the National Sexuality Education Standards in the United States is to ensure that the Core Content and Skills, K–12 provides clear, consistent and straightforward guidance on the essential minimum, core content for sexuality education that is developmentally and age-appropriate for students in grades K–12. In the United States of America, the delivery of CSE is under the National Sexuality Education Standards and it is informed by the work of the Center for Disease and Control's (CDC) Health Education Curriculum Analysis Tool (HECAT); existing state and international education standards that include sexual health content; the Guidelines for Comprehensive Sexuality Education: Kindergarten – 12th; and the Common Core State Standards for English Language Arts and Mathematics, adopted by most states.

In Europe, Ketting and Ivanova (2018) [23] reports that in some countries the delivery hinges on laws on Comprehensive Sexuality Education, whereas in other countries it is through the national policy or a national strategy. According to Ketting and Ivanova (2018) in many cases there is no specific law on how Sexuality Education can be delivered but only through healthy lifestyle education

or a similar teaching subject which may include some references to sexuality education items

Rutgers (2018) [24] reveals that in Europe and the US, sexuality education as a school curriculum subject, has a history of more than half a century. It officially started in Sweden in 1955 followed by many more Western European countries in the 1970s (like the Netherlands) and 1980s and Eastern Europe in between 1990s and 2000s

Rutgers (2018) [24] reports that in many countries around the world, amongst others Indonesia, Brazil, Burundi and Uganda, the space for civil society is shrinking and opposition to CSE growing. According to Wakaseh (2019) [25] most countries in Sub Saharan Africa (SSA) have realized the need to have CSE programs to address young people's negative outcomes in their SRH. Top on the list is to avert the challenges posed by HIV, including high rates of new infections among young people. As a result, countries in SSA have signed on to a regional and international commitments to address young people's SRH needs, including their need for CSE services. One of these commitments was adopted by the countries of Eastern and Southern Africa (ESA) in 2013. This is referred to as ESA commitment.

Schiffman *et al.,* (2018) [26] reveals that in Nigeria the creation of the National Guidelines on Sexuality Education set the stage for the Federal Government's forward movement on sexuality education, including the adoption of the guidelines and their subsequent delivery of CSE in schools. According to Schiffman et. al., (2018) [26] mention of contraception, masturbation, abortion, sexual diversity and other contentious topics was removed, as was the word 'sexuality.' In addition, the title was changed from 'Sexuality Education Curriculum' to 'Family Life and HIV/AIDS Education,' (FLHE). Proponents reluctantly agreed to these modifications, realizing these were the only way to get a majority of commissioners to approve the curriculum (Ibid).

In Uganda, the Ministry of Education and Sports (MoES) developed the National Framework on Sexuality Education through wide consultations with a cross section of stakeholders. The framework is intended to create an over-arching national direction for providing young people with sexuality education in the formal education setting (Ministry of Education and Sports, 2018) [27]. According to the Ministry of Education and Sports (2018) [29] the National Framework on Sexuality Education was developed in line with existing national policies and commitments, Vision 2040, the Presidential Fast Track Initiative to End HIV as a Public Threat by 2030, the National Development Plan, the National HIV Strategic Plan and finally the Education Sector Strategic Plan. The delivery of CSE in Uganda is organized into four key themes, each of which encompasses one essential area of learning for young people (Ibid).

According to Kalembo, Zgambo, and Yukai (2013) [28] CSE programs in Sub-Saharan Africa are predominantly school based, both in primary and secondary schools. Teachers deliver CSE as part of the school curriculum and in a classroom

setting. In a few cases, CSE is taught as a stand-alone subject (or alongside other life skills-based subjects) but is usually integrated into relevant "carrier subjects." UNESCO (2015) [29] adds that the delivery of CSE requires a specially trained teacher to teach CSE as a stand-alone subject. Stand-alone CSE classes are taught in South Africa, Namibia, and Zimbabwe. Various authors report that integration of CSE to carrier subjects is preferred by most implementers. CSE is integrated into one or more carrier subjects in Madagascar, Mauritius, Mozambique, Rwanda, and Zambia (UNESCO 2015, UNESCO HIV and Health Education Clearinghouse 2016). According to Wekesah (2019) [25] in the carrier - subjects scenario, specific CSE topics are covered in related classes on subjects already taught in the curriculum—for instance, topics around pubertal changes and reproduction are covered in classes focused on biological subjects, whereas values and norms are covered in classes focused on religious education.

According to Wekesah (2019) [25] the integrated CSE curriculum in Zambia was officially rolled out in 2014. Considerations made when settling for integrating CSE into various subject areas and at different education levels (e.g., social studies, biology, home economics, civic education, integrated science and religious education) (Ibid).

5.3. Methodology

The research employed a convergent parallel mixed method design which according to Creswell (2014) [30], states that, it is a method in which a researcher converges or merges quantitative and qualitative data in order to provide a comprehensive analysis of the research problem. While the quantitative data provided objective data, it was necessary to include qualitative data in order to provide indepth understanding of the subject matter (Wakumelo et al, 2016).

In this design, the researcher typically collects both forms of data at roughly the same time and then integrates the information in the interpretation of the overall results. This mixed method is preferred because qualitative tends to be open-ended without predetermined responses while quantitative usually includes close-ended responses contained in the questionnaires Creswell (2014) [30]. Further, this triangulation increase the credibility and validity of research findings.

The study selected 15 primary schools in Kabwe, Lusaka and Choma districts representing peri-urban, urban and rural settlements respectively. Selection of these schools was based on a high pregnancy rate in spite of availability of trained teachers in CSE. It targeted adolescents aged between 12 and 17 who formed a sample size of 700 learners. Data collection from this sample was done through six Focus Group Discussions (FGD), questionnaires and seven lesson observation sessions. A total of six head teachers, one Ministry of Education policy maker and one Ministry of Health policy maker participated in Key Informant Interviews (KII). Finally, an average of 30 -36 trained CSE teachers participated in six focus group discussions (Table 1).

The quantitative data was analysed using Statistical Package for Social Sciences (SPSS) mainly by creating the data interface templates in the SSPS version 16 software guided by the objectives of the research. The data set was then run to generate different data shapes as utilisable information. Qualitative data was analysed using thematic analysis in which objectives and research questions were used to create themes that guided the analysis. Narrative data was interpreted qualitatively through the use of thematic analysis.

Table 1. Study Sample & Study Tools Utilised

1	**LEARNERS**			
	(a) Sample Size	Kabwe	200	
		Lusaka	300	
		Choma	200	700
	(b) Class Observation			
	[average of 30/class]	Kabwe	3	
		Lusaka	2	
		Choma	2	7
	(c) FGD – Grade 5-7			
	[average of 8-10/group]	Kabwe	2	
		Lusaka	2	
		Choma	2	6
	(d) Questionnaires			
		Kabwe	237	
		Lusaka	315	
		Choma	148	700
2	**KEY INFORMATS**			
	(a) Head teachers			
	Interviews	Kabwe	2	
		Lusaka	2	
		Choma	2	6
	(b) CSE Trained Teachers			
	FGD	Kabwe	2	
	[average of 3-6/group]	Lusaka	2	
		Choma	2	6
	(c) Ministry of Education			1
	(d) Ministry of Health			1

6. Study Findings

In spite of Comprehensive Sexuality Education (CSE) being implemented in the selected primary schools in Kabwe, Lusaka and Choma between 2014 and 2018, unresponsiveness is recorded among the targeted adolescent population. Key findings on the implementation of CSE in the selected primary schools indicated the following.

6.1. Strategies of Implementing CSE

The study indicated an extensive coverage of CSE learning in the selected primary schools with Kabwe recording 97.7%, Lusaka 96.6% and Choma 97.4%. The parity between urban (97.9%) and rural (90.5%) primary schools was minimal in the learning of CSE. As a correlate to this parity, the study revealed that there was equity in gender on the learning of CSE in the selected primary schools with 97.6% male respondents and 97.2% female respondents affirming to this. In spite of this extensive response, other learners could not demonstrate their awareness of CSE.

The study indicated that there was a high frequency of learning CSE in the selected primary schools in Choma (87%) and Lusaka (64.7%) districts while a lack of understanding among learner respondents on what CSE is resulted in a misperception in Kabwe (63.7%) district (Figure 1). In a focus group discussion with teachers, this was clarified that since the term being used is 'integration', learners may not be aware that what they are learning is actually CSE because it is covered in carrier subjects. There is no subject known as CSE as it is infused in already existing subjects. Therefore, learners may not be aware about this technicality.

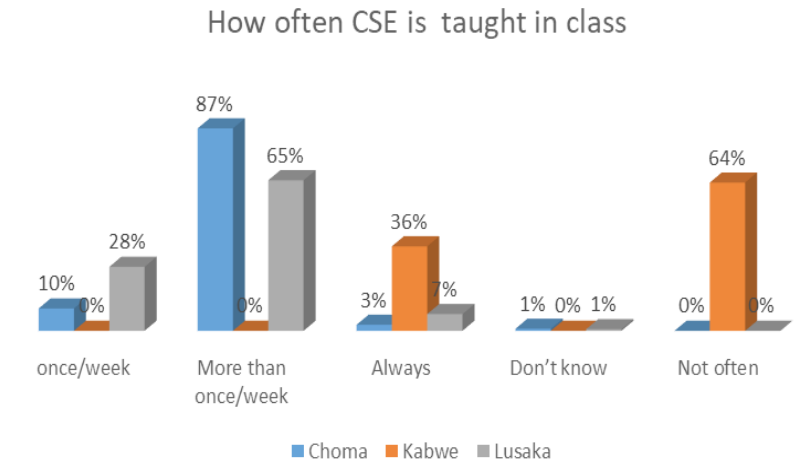

Figure 1. How often is CSE taught in class

The CSE framework developed by the Ministry of Education guides that CSE teaching starts in grade 5. The study results indicated that learners started

learning about CSE in grade 5 with female (74.5%) and male (70.5%) learners acknowledging this period. However, other learners indicated commencing CSE in grade 6 or 7 with some not being sure (Figure 2). One learner indicated as follows, "*...we started learning about our body changes in grade 5 and now I am in grade 7*"… (L-SPS Choma).

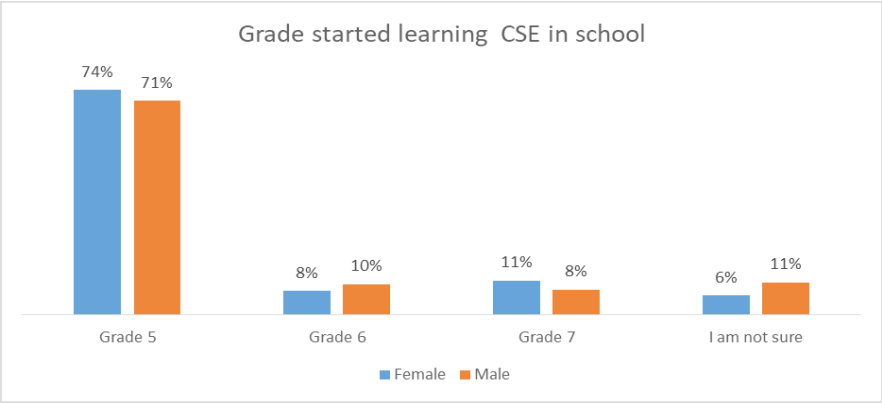

Figure 2. Grade started learning CSE

The study indicated that CSE is predominantly taught is a classroom environment as an integrated content as prescribed by the CSE framework. Thus, 93.6% of learners in urban areas and 80% of learners in rural areas affirmed CSE being taught in classrooms. Although negligible, others indicated diverse sources of learning CSE such as churches (0.2%), home (4%), school dramas (1.6%) and radio/television (8%).

A pre-requisite of teacher training and orientation is important for successful implementation of CSE. The study indicated that teachers at MPS 5 in Kabwe confirmed receiving training in CSE through Ministry of Education intervention via Malcom Moffat College of Education and the DREAMS Project. Head teachers equally affirmed teachers being trained in teaching CSE in a classroom environment as one respondent indicated, *"One of my teachers was invited to attend a CSE training workshop in Livingstone organised by UNESCO and Ministry of Education and since his return, he has reported to me and I have given him permission to orient other members of staff including conducting lesson demonstrations in teacher group meetings." ... (KI, SCPS, Choma).* At MPS 6, the study reveals that, teachers and the head teacher have been exposed to CSE content and they have ideas about the concepts being used. For example, the head teacher was able to state the benefits of CSE and why the Ministry introduced it in 2014. Further, the head teacher reported that 43 teachers have been trained in CSE and have been integrating CSE in their daily teaching. A teacher at TKPS recounted how he was trained and that he is trying hard to integrate CSE despite facing challenges of insufficient learning and teaching materials.

Table 2: Topics taught in CSE

Topics taught in CSE	Choma	Kabwe	Lusaka
Wrong Response	18.80%	6.20%	10.30%
Not sure	29.30%	5.90%	4.30%
Abuse	0.80%	6.20%	0.50%
Body Changes	5.30%	0.00%	0.00%
Culture	0.00%	2.80%	1.60%
Reproduction	14.30%	51.60%	68.50%
Early Marriages	0.00%	1.00%	0.00%
Puberty	48.90%	81.30%	76.10%
Family	8.30%	0.70%	41.30%
GBV	0.80%	0.70%	0.00%
Subjects covering CSE	7.50%	1.70%	0.00%
HIV/AIDS	0.80%	0.30%	56.00%
Hygiene	20.30%	0.30%	32.10%
Relationships	11.30%	12.80%	7.10%

The study also revealed that capacity building for teachers in CSE was not only done through trainings but orientation of teachers through a cascade and or college hub models of implementation as one respondent stated … "*Although I was not trained in CSE, I have access to the content because we were oriented. The orientation has helped me understand what CSE is all about and what it is not*."… (T-SCPS – Choma). In terms of orientation of teachers at school level, the study revealed that some teachers who attended a CSE training were able to report back and conducted orientation meetings at school level. A focus group discussion at CPS1 revealed that a school guidance teacher works with the school In-set Coordinator monthly to organise teacher group meetings to discuss CSE and share methods that make it easy for children to understand. Further, the head teacher at PPS3 in Choma added that equipping teachers with CSE knowledge is the best way to empower them in order to effectively teach the learners. A key informant interview at the Ministry of Education Headquarters stated that; although teachers are being trained, more remains to be done as more teachers require training in CSE in order to attain a comfortable balance in numbers and awareness raising. He added that more learning and teaching materials including the CSE framework need to be printed and distributed to schools. Currently, the materials are insufficient leading to low impact among learners in schools.

This study established that the integration of CSE in schools has been done in various subjects such as social studies, home economics, civic education, integrated science, and religious education though this integration occurs mostly once per week as stated by a learner, *"…. we learn about puberty and our bodies once in a week" …* (L-SPS, Choma). Further, teacher respondents indicated that they integrate CSE about 3 times a week through different subjects referred to as carrier subjects. At primary school, these Integrated Science, Social Studies and home economics. The study revealed that teachers at CPS also stated that

they have been trained in the integration of CSE. In an interview with the Deputy Head teacher, representing the Head teacher of KPS4 revealed that teachers have been integrating CSE and there is evidence in the school through the presence of CSE books that the teachers went through in training at Zonal centers and at Ndocho Lodge in 2019. The study further reveals that teachers were able to outline the same subjects being used to carry CSE content during teaching. In terms of methodology, teachers during a focus group meeting further revealed that they mostly use group discussions, role plays and question and answer as methods of teaching or integrating CSE at school level.

The study results show that CSE is predominantl taught by teachers as learners responded with Kabwe indicating 93%, Lusaka 89.5% and Choma 82.9%. However, CSE is also being taught informally through other means that include guidance teachers (5%, 9%, 6% respectively), nurses (1%, 1% 8% respectively), and parents/guardians (1%, 1%, 3% respectively). While learners were this direct in their response, others still felt nurses, guidance teachers and parents make good teachers and sources of their information.

The study revealed that time allocated for CSE was adequate. Respondents affirmed this with Kabwe indicating 87.6%, Lusaka 77.9% and Choma 85.4%.

Enquiry on the content of CSE indicated an inclusion of content as outlined in the CSE Framework. The study indicated predominately taught topics include puberty at 81.3% (Kabwe) 49% (Choma) and 76% (Lusaka) whereas reproduction is at 68.5% Lusaka, 51.6% (Kabwe) and a 14.3% (Choma) and HIV and AIDS at 56% (Lusaka), 0.8% (Choma) and 0.3% (Kabwe) respectively (Figure 4). However, one of the major pillars of CSE is hygiene, respectful relationships and GBV. Teachers through a focus group discussion also revealed that they only teach what they feel they know better and they have supporting materials like books.

6.2. Challenges in Implementing CSE

The study revealed challenges in the implementation of Comprehensive Sexuality Education (CSE) in the selected primary schools. Respondents indicated that there were inadequate teaching and learning materials as teachers who have received training are willing to integrate CSE but majority lack adequate support to effectively deliver good lessons. One teacher participant stated that "… *I have been oriented in CSE but the challenge is we don't have materials to use as text books, we just use the usual science books which do not have some of the content in CSE…*" (Teacher FGD members, Choma). Added to this, the teachers who received training at district resource centers stated that they would have no challenge in teaching CSE provided materials required are made available to facilitate teaching. Religious indoctrination was indicated as a challenge in implementing CSE in the selected schools. Teacher respondents indicated the challenge of reconciling their beliefs and church regulations with the need to implement government policy of integrating CSE as one respondent stated, "… *I find the teaching of CSE very difficult as I am a church leader besides my teaching job. If this minute I am teaching CSE which mentions heavy names of private parts, the other time I am*

preaching in church, this is compromising my values"… (Teacher FGD member, Kabwe).

Low impact of the programme was indicated by the study as a challenge despite adequate investments into the implementation of CSE. Secondary data indicated that there is consistently a very high number of female learners who drop out of school due to teenage pregnancy and early marriages. Another challenge revealed by the study was that of cultural influence in the implementation of CSE in selected primary schools. The custodians of culture who are also traditional and religious leaders perceive CSE as inappropriate for young people. Recently, Zambia witnessed an aggressive campaign against the implementation of CSE to which a policy key informant referred, "… *For as long as we keep leaving traditional and religious sectors behind, the challenge of opposition to CSE will persist*…" (KI, MoE Headquarters).

While the study established that CSE components are being taught, it was also observed that key components of CSE that include Gender Based violence are being neglected in the content and this leaves young people vulnerable to the effects of violence especially at school, on the way to and from school as expressed by a learner respondent, "… *big boys take away my food and money every day on the way to school but I fear to report…"* (Learner, CPS, Choma). Finally, the study indicated a challenge of incomprehensive service delivery of CSE or not user friendly.

7. Discussion

Unlike in other nations, CSE in Zambia is part of the main curriculum and is examinable by the Examination Council of Zambia. However, Ketting and Ivanona (2018) [23] provides that sexuality education in Switzerland though mandatory has possibility of opting out. Further, in the United Kingdom, since 1996, Sex and Relationship (SRE) has been compulsory in public (Local authority-run) schools but not in the private schools. The Education Act of 1996 provides that Sexuality and Relationship Education is compulsory for public (not private schools) from the age 11 onward [24]. Therefore, the fact that CSE is now examinable in Zambia entails learners having to learn about it without opting out.

Goldman (2010) [21] in a study on sexuality education for young people in Australia supports that young people access to sexuality education at a younger age yields better results that includes high retention in school, increased knowledge on sexuality education thereby improving health and education outcomes.

As part of strengthening pedagogy, the Ministry of Education has been training teachers including head teachers as a way of building their capacity to manage and supervise the integration of CSE in their daily teaching. This is in sync with the Institutional Theory which according to Peters (2000) [32], elaborates that the anatomy of the institution represents the capacity of institutions to make and implement decisions and this is operationalized into budgets and sources of revenue. Institutions also require the capacity to manage its workload that includes the capacity building of its staff for effective delivery of CSE.

The CSE being offered in schools is not a stand-alone but integrated in the carrier subjects. For as long as both teachers and learners don't understand this, they will keep misunderstanding the concept as there is no CSE being taught as a subject but integration.

This is exactly the case for Zambia where most responses were indicating that learners were sometimes having CSE integration once per week or not at all. The concern in this study is the insignificant progress being achieved over the years since the programme started in 2014. There is a deep sense of argument among teachers whether CSE should be given the due prioritisation it deserves or not. As a result, there is this constant neglect to integrate CSE as teachers do not feel compelled to teach as they do for mathematics and sciences including English. A teacher at SCS confirmed to the researcher that there is a huge teaching workload in science and that he teaches exam classes, therefore, he could not find time to teach CSE. This to a certain extent confirms that teachers have little understanding that CSE is policy.

Despite this integration through carrier subjects by trained teachers, there is still insufficient progress regarding results. Teachers have been trained although not adequate to go round, learners confirm learning about CSE yet this does not seem to translate into the desired outcomes. There is need for more support in terms of training teachers and scaling down CSE to all levels of the ministry. The integrated model of delivery for CSE has been happening in schools since 2014. However, a desk review of the educational statistical bulletins of the Ministry of Education over a 10-year trends analysis reveals that the problem of teenage pregnancies remains high and a major concern (Figure 6). This persistent challenge is similar to the US case alluded to by Mackay & Barrett (2010) [33]. They state that the US has one of the highest teen pregnancy rates in the industrialized world and that each year in the US, more than 750,000 women ages 15–19 become pregnant with more than 80 percent of these pregnancies unintended. This relates very well with the findings in this study regarding the perpetual teenage pregnancies that affect the education progression of girls in schools. Further, the challenges being faced in Zambia are similar elsewhere as supported by the Future of Sex Education Initiative (2011) [22] which explains that the National Sexuality Education Standards in the United States were developed to address the inconsistent implementation of sexuality education nationwide and the limited time allocated to teaching the topic. The source further reveals that health education, which typically covers a broad range of topics including sexuality education, is given very little time in the school curriculum.

Table 3. Number of Teenage Pregnancies and Re admissions since 2011
Source: Ministry of Education (2011- 2020) [12]

Year	Preg. Primary School	Re add Prim
2011	13,929	5,106
2012	12,753	4915
2013	12,500	4,492
2014	13,275	5,322
2015	13,277	5,217
2016	11765	5,423
2017	10,684	5,527
2018	11,453	4,917
2019	11,502	5,669
2020	12,330	5,078

Table 3 indicates that while the number of teen pregnancies among school going learners have been somewhat constant especially between 2011 and 2016, there has been a steady increase in the number girls going back to school after delivering their babies due to the effect of the re-entry policy. The evidence from the trends table shows that there were 7, 398 girls who returned to school between 2014 and 2017. This demonstrates a steady and stable increase and attributing the success to the benefit of the re-entry policy. It is also important to note that the intervention of CSE implementation only started in 2014. From 2016, there is evidence that the trend of teenage pregnancies has been going down but only marginally despite the investment in the design and implementation of the CSE and SRH Programme. There are variations of success in different places while the model of implementation remains the same.

Implementing CSE in schools is consistent with the Institutional Theory used in this study. The institutional theory which is one the major approaches to institutional analysis is the normative approach advocated by March and Olsen (1984; 1989; 1996) [34] who argue that the best way to understand behavior (seemingly both individual and collective) is through a "logic of appropriateness" that individuals acquire through their membership to institutions. March and Olsen (1984) [34] argue that people functioning within institutions behave as they do because of normative standards rather than because of their desire to maximize individual utilities. In other ways, the logic of implementation of CSE uses schools as unique platforms to reach many young people and seeking to catch them young in the framework of the institution where values are passed on from teachers to the learners targeting behaviour change. Berthod (2016) [35] supports that the Institutional Theory of organisations puts institutions at the core of analysis of its design and conduct. This theory was therefore adequate and relevant in establishing the implementation of sexuality education in 15 selected primary

schools in Kabwe, Lusaka and Choma districts because CSE is contextualized within the framework of an institution - a school in this regard.

8. Conclusion

This study established the implementation of Comprehensive Sexuality Education (CSE) in selected primary schools in Kabwe, Lusaka and Choma districts. CSE was established to assist learners, teachers and communities obtain information which helps to form appropriate attitudes and beliefs related to sex, gender, relationships, and intimacy. Adolescents account for 25% of the total population and have a significant influence on its overall health status, given that adolescence represents a vulnerable period of transformation from childhood to adulthood and, if not well managed, could lead to huge health and socio-economic consequences. However, the study has revealed that although CSE has been implemented in schools, learners are unresponsive with challenges persisting which include the continued school dropout due to teenage pregnancies, early marriages and contraction of STIs including HIV among the young people. The study has also established that although teachers are trained to deliver CSE at school level, majority of them remain untrained and unaware about the provision of CSE in schools. This could account for the insufficient progress in the implementation of CSE in schools. Therefore, for CSE to be implemented, effective pedagogy, materials and support mechanisms are key in ensuring its success and meeting the teaching and learning needs at school level. In addition, for CSE to be effectively implemented, independent variables are needed which include human rights values; cultural sensitivities, gender equality; accuracy; participatory; gender transformative and age appropriateness of the content. When these variables are considered, it will lead to better health outcomes which include healthy relationships; access to effective counselling services; empowerment of learners; dignity and well-being; prevention of unintended pregnancies; prevention of HIV including STIs and reduced school related gender-based violence. The study recommends more capacity building since though CSE is being delivered at school level with learners accessing it, challenges remain with insignificant progress in terms of expected impact which is not yielding on the ground.

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References

Sexuality Information and Education Council of the United States. (2005). *National Sexuality Education Standards: Core Content and Skills*, K–12. Retrieved from https://siecus.org/wp-content/uploads/07/National-Sexuality-Education-Standards.pdf

The National AIDS Strategic Framework 2017 - 2021

Mwanakatwe, J. M., (1974) The growth of education in Zambia since independence,

Ministry of General Education (1996), *Educating Our Future Policy*, Lusaka: Government Printers.

Kapungwe (2003) *Traditional Cultural Practices of Imparting Sex Education and the Fight Against HIV/AIDS: The case of Initiation Ceremonies for girls in Zambia.*The Zambia Adolescent Health Strategic Framework 2017-2021.

United Nations Population Fund - UNFPA Annual Report (2018). https://www.unfpa.org/annual-report.

The Zambia Adolescent Health Strategy (2017). *Zambia Statistics Agency ZDHS (2018) Demographic and Health Survey.* Lusaka: Zambia Statistics Agency.

United Nations Children's Fund (UNICEF) (2009). *Evaluation Report: 2009 Namibia, My Future Is My Choice. n.p.: UNICEF.* https://www.unicef.org/evaldatabase/index_58830.html.

Ministry of Community Development; Department of Maternal Newborn Child and Adolescent Health. Making Health Services Adolescent Friendly - Developing National Quality Standards for Adolescent Friendly Health Services. World Heal. Organ. [Internet]. 2012;3. Available from: http://www.who.int/iris/bitstream/10665/75217/1/9789241503594_eng.pdf?ua=1.

Ministry of General Education. (2019). *Directorate of Planning and Information. 2016. 2015 Educational Statistical Bulletin. Lusaka, Zambia: Ministry of General Education*. https://www.moge.gov.zm/download/statistics/annual_statistics/Educational-StatisticalBulletin/2015-Educational-Statistical-Bulletin.pdf.

Mwanza, D.S. (2020). Critical Reflections on the Zambian Education System and the Teaching of English in Post-Colonial Zambia. *English Literature and Language Review,* 6(2), 15-23.

Wakumelo, M., Mwanza, D.S & Mkandawire, S. B. (2016). The Toponymics of Post Colonial Zambia. Street Naming Patterns in Lusaka. In G. Mheta (ed). *The Postcolonial Condition of Names and Naming Practices in Southern Africa* (pp. 270-288). Cambridge Scholars Publishing.

World Health Organisation, (2006) *Preventing HIV/AIDS in Young People: A systematic review of the evidence from developing countries.* Geneva, WHO. http://whqlibdoc.who.int/trs/WHO_TRS_938_eng.pdf.

Ministry of General Education. (2014). D*irectorate of Planning and Information. 2016. 2015 Educational Statistical Bulletin.* Lusaka, Zambia: Ministry of General Education. https://www.moge.gov.zm/download/statistics/annual_statistics/Educational-StatisticalBulletin/2015-Educational-Statistical-Bulletin.pdf. https://www.unfpa.org/annual-report.

UNFPA (2015) *Emerging Evidence, Lessons and Practice in Comprehensive Sexuality. Education: a global review. United Nations Educational,* Scientific and Cultural Organization: Paris.

United Nations Educational, Scientific and Cultural Organization. (2017). *Zambia CSE Project Annual Performance Report*.

Zambia National Adolescent Health Strategic Plan (2017-2021).

Central Statistical Office (CSO), Ministry of Health (MOH), University of Zambia, and MEASURE Evaluation, Zambia Sexual Behaviour Survey 2009, (Lusaka: 2010).

Orlich, D.O., Harder, R.J., Callahan, R.C. and Gibson, H. W. 2001. Teaching strategies: A guide to better instruction, 6th ed, New York: Houghton Mifflin.

Goldman, J (2010) Sexuality Education for Young People: A Theoretically Integrated Approach from Australia. Educational Research, v52 n1 p81-99 Mar 2010. Retrieved from http://www.tandf.co.uk/journals.

Future of Sex Education Initiative (2011) Future of Sex Education Fact Sheet. Retrieved from https://www.advocatesforyouth.org/wp-content/uploads/storage/advfy/documents/FoSE/fose-faq.pdf

Ketting & Ivanova (2018) Sexuality Education in Europe and Central Asia: State of the Art and Recent Development: An overview of 25 Countries. Retrieved from https://www.ippfen.org/sites/ippfen/files/2018-.pdf

Rutgers (2018) *Comprehensive Sexuality Education. Retrieved from https://www.rutgers.international*/sites/rutgersorg/files/PDF/knowledgefiles/20181218_knowledge%20file_CSE.pdf.

Wakaseh (2019) Comprehensive Sexuality Education in Sub-Saharan Africa. Retrieved from https://aphrc.org/wp-content/uploads/2019/12/COMPREHENSIVE-SEXUALITY-EDUCATION-IN-SUB-SAHARAN-AFRICA-1.pdf.

Shiffman *et. al*. (2018) *International norms and the politics of sexuality education in Nigeria. Globalization and Health (*2018) 14:63. Retrieved from https://globalizationandhealth.biomedcentral.com/track/pdf/10.1186/s12992-018-0377-2.

Ministry of Education and Sports (2018) National Sexuality Education Framework. Retrieved from https://s3-eu-west-1.amazonaws.com/s3.sourceafrica.net/documents/119376/UNFPA-68-090518.pdf.

Kalembo, Zgambo, and Yukai (2013). *Effective Adolescent Sexual and Reproductive Health Education Programs in Sub-Saharan Africa. Californian Journal of Health Promotion 20*13, Volume 11, Issue 2, 32-42. Retrieved from http://cjhp.fullerton. edu/ Volume11Issue2_2013/documents/32-42_KalemboF.pdf.

United Nations Educational, Scientific and Cultural Organization (UNESCO) (2015b) Emerging Evidence, Lessons and Practice in Comprehensive Sexuality Education: A Global Review 2015. Paris: UNESCO. http://unesdoc.unesco.org/images/0024/002431/243106e.pdf.

Creswell (2014) *Qualitative and Quantitative Research Design,* SAGE Publications, Inc. Thousand Oaks, California 91320.

Peters (2000) Institutional Theory: Problems and Prospects. Retrieved from https://www.ihs.ac.at/publications/pol/pw_69.pdf.

Mackay & Barrett (2010), Trends in teen pregnancy rates from 1996–2006: A comparison of Canada, Sweden, USA and England/Wales. *Canadian Journal of Human Sexuality* 2010; 19(1–2):43–52.

March and Olsen (1984). *The New Institutionalism: Organizational Factors in Political Life. American Political Science Review* 78 (3): 734-749.

Berthod (2016) *Institutional theory of organizations.* Retrieved from https://www.researchgate.net/publication/312572322_Institutional_theory_of_organizations.