

An Assessment of Teachers' Perceptions on The Introduction of Sexuality Education in Zambian Primary Schools: A Case of Selected Primary Schools in Choma District (Paper ID: CFP/1599/2020)

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ABSTRACT

This study was undertaken to assess teachers' perceptions on the introduction of sexuality education in primary schools in selected primary schools in Choma district of Zambia. The researcher employed both qualitative and quantitative strategies to collect data from 96 respondents through questionnaires and interviews. The participants were administrators and teachers who have great teaching experience and those with less experience who were randomly selected from the mainstream classrooms of selected primary schools. The findings of the study were that teachers have a favourable perception towards the teaching of sexuality education and it should be taught to both male and female students irrespective of their age/ level. Through sex education, learners acquired skills in dealing with their sexuality and knowledge about how human bodies function and how to deal with their sexuality. It also helps change learners' attitude and values in dealing with their sexuality which had resulted into reduction in teenage pregnancy and transmission of sexuality transmitted diseases.

However, sexuality education is less well developed than might be expected, in terms of a national plan for pre- and in-service teacher education, given the high rates of HIV-prevalence and other vices that affect adolescents.

The findings also showed the major challenges faced in terms of the successful implementation of sexuality education can be attributed to limited time dedicated towards it, lack of adequate teacher training, course teaching by "non-specialists," lack of in-service training and support and lack of stakeholders' involvement. Based on the findings, recommendations were made that sexuality education should be fully included in the school curriculum and made compulsory also sex education teachers should teach comprehensive sex education without any element of prejudice to any aspect of the content.

1.0 CHAPTER ONE: INTRODUCTION

1.1 Overview

Zambia is facing an on-going debate vis-à-vis the sexuality education programme that the government of Zambia introduced in recent times. There are all sorts of perceptions about the programme. Some people are claiming that this programme is ineffective as such it is not helping the school children to improve their sexual and reproductive health. While others feel that it is too early to judge its performance as it is a relatively new programme. This chapter presents an analysis of the challenges of sexual and reproductive ill-health from a world and Zambian perspective and proposes strategies which would be developed that can help policy makers and other stakeholders to effectively address this dilemma.

1.2 Background to the study

According to UNAIDS (2002) sexual and reproductive ill-health is one of the major social vices the human society throughout the world is grappling with in these modern times. In most instances sexually active groups have potential to fall prey to this. UNESCO (2009) similarly argued that several studies which have been undertaken worldwide have revealed that this phenomenon is more pronounced among the adolescents than the other age groups. Adolescence age ranges between 10 – 24 years and usually represents a time of physiological and anatomical changes in a person's body resulting in his/her reproductive maturity. Some adolescents manage this transformation successfully while others mismanage it and often end up in engaging in sexual behaviors which place their health and well-being at risk of contracting HIV/AIDS. Mwanza (2010) asserted that early and unintended pregnancy, unsafe abortions and child marriages are an example of negative consequences that are normally associated with this vice. In addition, early sexual activity not only impacts on the health and well-being of young people but also has important socio-economic implications.

Globally, young people continue to have high rates of sexual transmitted infections. According to the International Planned Parenthood Federation at least 11 million new cases of curable STIs occur each year among young people aged between 10 to 24 years (IPPF, 2008). The World Health Organization (WHO) estimates that up to 2.5 million girls aged 15 to 19 years old in developing countries have unsafe abortions and 11 percent of births worldwide are to adolescent mothers (WHO 2007).

Furthermore, WHO states that younger women normally experience higher incidences of maternal mortality than older women. UNFPA (2014) stressed that ignorance among adolescents is one of the contributing to this vice. They often lack knowledge and skills required for them to develop positive values and attitudes towards their sexual and reproductive health, and self-esteem, respect for human rights and gender equality. Additionally, UNESCO (2009) also pointed out that the free access to media is another contributing factor. The access to media is contributing to changing sexual values and behaviors of young people often in conflict with the traditional, conservative socio-cultural attitudes that promote and protect their sexual and reproductive health. On the basis of the foregoing analysis, it can be deduced that this challenge continues to be a social anathema worldwide. For this reason, many countries throughout the world are making concerted effort to address this by devising effective strategies that can help to minimize or eradicate this challenge. These strategies include among others devoting resources for promoting sexual and reproductive health among their people (UNESCO 2009).

The need for sexuality education in schools has become indispensable in today's contemporary society. While many societies and culture around the world are yet to consent to the introduction of sex education in schools, belief system, political system, religion, etc., some countries see sex education as a gateway to deal with issues related to reproductive health and sexual preference among teenagers. Sexual health is one of the five core aspects of WHO

global reproductive health strategy approved by the world health assembly in 2010. According to WHO (2010), sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Collins (2010) argued that sexuality education encompasses information about family planning, reproduction, body image, sexual orientation, values, sexual pleasure, decision making, communication, dating, relationships, sexually transmitted infections and how to avoid them and birth control methods. Nwagugu (2011) stressed that sexuality education is also a means of safeguarding or protecting the youths against the consequences of sexual ignorance as well as preparing them for responsible life.

The primary goal of sexuality education is to promote sexual and reproductive health; especially in countries where sex education is received with mixed feelings. Generally, adolescents are not allowed to have access to sexual health information because society has the perception that it will corrupt the child and he or she may likely be a victim of early sexual intercourse. In 2002 when the Nigerian Educational Research and Development Council (NERDC) in conjunction with the Federal Ministry of Education, civil societies and many other International Development partners drafted and proposed a curriculum on sexuality education for primary and secondary schools, it was received with mixed feelings and generated raging controversy especially in Northern Nigeria. A recent study carried out in Kano state of Northern Nigeria, revealed that parents have a negative perception of sexuality education in school's probability because of their religious belief and socio-cultural norms and values.

Ayyuba (2011) in contrast, argued that teachers had positive attitude towards teaching sexuality education in schools. Nevertheless, several studies in Nigeria have validated the introduction of sex education in schools. A study by Akande (2010) carried out in the Nigeria state of Kwara revealed that

that 78% of the respondents suggested that sex education should be made compulsory in schools. Akande further added that schools are a privileged setting for formal, articulate sex education as children and adolescents spent a considerable amount of their time at school and other media agents of sex education like the internet and other media can often provide non structured education. Sex education at schools contributes to its promotion in the home environment. A recent Portuguese study reported that nearly 90% of those surveyed said sex education at school was very important and 87% believed it should be mandatory.

i. Sexual behavior of young people in Zambia

Generally, there has been a trend towards increased sexual activity among young people and Zambia, like many other countries, has not been spared by this vice. The country is experiencing the challenge of high sexual and reproductive ill health among young people. According to CSO (2012) national statistics indicates that 34.4 percent of the Zambia people are aged between 10 and 24 years. A study by the United Nation suggested that a higher risk to sexual and reproductive ill-health falls between 10 and 24 years than other age groups. One indication of this is the higher prevalence of HIV among young people in this age bracket.

According to the United Nations AIDS programme UNAIDS (2017), 1.1 million people are living with HIV in Zambia and approximately 13 % of these are adults aged between 15 and 49 years of age. Although data showing the empirical figure of the proportion of adolescents living with the disease in the country is scanty, but a few studies that have been undertaken recently such as the study by Tyler et al. (2016) indicates that new incidences of HIV infection are rising most rapidly among young people aged between 15 and 24 years. Another indicator of this phenomenon is the high child marriage prevalence rates. National statistics shows that 31.4% of women aged between 20-24 years were married by the age 18 years (CSO 2010); thus,

making them vulnerable to a higher risk of dying from a pregnancy related death; higher risk of limited education and higher risks of accessing economic opportunities.

On the basis of the above viewpoint, it can be stated that this vice will continue to be one of the worst social predicaments the country will experience for some time to come. Thus, there is an urgent need for the country to devise strategies that can effectively address this. The Education Sector plays a critical role in shaping the behaviors of young people and is therefore a key partner in the prevention of HIV, STIs and unintended pregnancies. This is largely so because a large population of young people are in school. Investing in the education through the provision of comprehensive sexuality education and reproductive health information increases the potential and opportunity of reaching out to young people enabling them to access good quality education and to develop skills to make healthy behavioral choices.

Zambia developed a Life Skills Education Framework in 2011 that adopted the WHO principles. The framework provides 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. This policy framework has enabled critical partnerships to be developed between the Ministry of Education and civil society organizations, which are able to deliver services in school settings. Comprehensive sexuality education provides young people with opportunities to explore their values and attitudes and build skills so they can make safe decisions and reduce their risk of getting diseases such as HIV. Comprehensive sexuality education is mainly taught in schools as you see here, but can also be received at home, in churches and mosques and through other community forums.

In December 2013, Ministers of Education and Health from 20 ESA Countries affirmed and endorsed their joint commitment to deliver comprehensive sexuality education and sexual and

reproductive health services to young people. This research is aiming at doing exactly that. It intends to study the sexuality education programme for primary schools focusing on the curriculum and other related activities under the programme and make the necessary recommendations for improving it. This research paper aims at assessing the effectiveness in improving sexual behavior of school children and adolescents in Zambian primary schools with specific reference to Choma district.

1.3 Statement of the problem

Zambia introduced sexuality education programme in schools (both primary and secondary schools) in 2009 as an intervention to reduce sexual risky behaviors among the school children and adolescents in an effort to eradicate or reduce among them the social vice sexual and reproductive ill-health with its concomitant effects such as the spread of HIV/AIDS, unintended and early pregnancy and other social woes. However, studies which have been conducted after the introduction of the programme such as the United Nations Programme on AIDS prevention and control (UNAIDS 2014) indicates that the incidence of sexual misbehavior is still growing among school children and adolescents in the country despite that many of them have received the sexuality education lessons. The underlying cause of this is not well understood. Thus, there is a need to study this problem and identify the gaps and then make appropriate recommendations which can assist to enhance the effectiveness of this problem.

This study intends to close the gap in knowledge regarding sexuality education because there's a pressing need to raise the level of information among the young people especially those who are already embarking on sexually active life. It can help to prevent physical, psychological, marital and social problems related to sex. Young people get information about sex and sexuality from a wide range of sources including each other, their parents, and teacher, through the media, magazines, books and websites. Some of these sources give accurate

information while others do not. Myths and misconceptions about sex and sexuality acquired by primary school pupils from wrong sources may be carried throughout life and passed on to their offspring. It is however been documented that when young people are well informed, there is a delay in the age of onset of sexual activities and increased use of preventive measures against STDs and pregnancy amongst those already sexually active. This led to an overall reduction in teenage pregnancies and sexually transmitted diseases.

1.4 Purpose of the Study

The overall purpose of this study was to assess the effectiveness of the sexuality education programme in reducing risky sexual behavior among Primary School pupils in Zambia.

1.5 Objectives of the Study

1. To establish the extent to which the curricula on sexuality education among selected primary schools in Choma district sufficiently address the needs of learners.
2. To determine the influence of culture and religion on teacher's perception of teaching sexuality education among selected primary schools in Choma district.
3. To establish some of the measures that can be taken to fully implement sexuality education in Zambian primary schools.
4. To find out the importance and challenges of sexuality education among selected primary schools in Choma district.

1.6 Research Questions

1. Does the curriculum on sexuality education in Zambian primary schools sufficiently address the needs of learners among selected primary schools in Choma district?
2. Does culture and religion factor influence teacher's perception of the teaching of sexuality education among selected primary schools in Choma district?

3. What are some of the measures that can be taken to fully implement sexuality education in Zambian primary schools?
4. What is importance and challenges of sexuality education among selected primary schools in Choma district?

1.7 Theoretical framework

1) The social learning theory

The foundation on which the life skills approach is developed is drawn from various theories that have positively contributed to the growth and enrichment of LSE. Social learning theory [Bandura 1977] is prominent among them. The other theories include child and adolescent development theory, cognitive problem solving theory, social influence theory, multiple intelligences theory, problem behaviour theory and risk and resilience theory. (Mangrulkar et al. 2001) From a cognitive-behavioural viewpoint, the perception is that life skills are skills that are learned and a person can be made conscious of its importance through training.

2) Life skills methodology

LSE is generally implemented through methodologies such as group discussion, discussion based on case vignette, role-play, simple games, storytelling, debate, etc. These methodologies unlike the lecture method, arouse and sustain attention and interest, ensure participation and team work and also facilitate learning through fun and humour. Therefore, it's important for the trainer to be well versed in these methodologies; it in turn helps in internalising the skills by the participants in a better way.

3) Life skills education and adolescents

Adolescence is the most critical phase of an individual. It denotes the transitional stage from childhood to adulthood marked by conspicuous physical, cognitive, emotional and social changes. The inbuilt buffers existing in the society in the form of control and support from the near and dear ones guide the adolescents to grow into a mature adult.

However, in the recent years, big changes have taken place in our traditional society owing to industrialisation and globalisation. The impact is evident in the entire society, with no exception to adolescents. The family ties have weakened; moral, social, religious and cultural controls rarely exist and a new life style emerged among the adolescents. The highly competitive world of today and the absence of traditional norms and support have heightened the stress among adolescents resulting in multiple mental health issues such as depression, anxiety, loneliness, rejection, diffidence, anger, confliction in interpersonal relationship and failure. Smith et al. (2004) argued that alcohol abuse and criminal behaviour among the adolescents too are not uncommon.

LSE is suggested by many as a prevention and development approach to this serious scenario. As the definition by WHO (1997) suggests, internalising the core essential life skills helps the adolescents to deal with the concerns in the modern world in a dignified and mature way bringing success to them. These skills will help them to resist peer pressure as they learn how to accept themselves for who they are. These basic skills will help young people in coping with difficulties they face in their personal, emotional and social development. Life skills are essentially those abilities that help promote mental well-being and competence in young people as they face the realities of life. With life skills one is able to explore alternatives, weigh pros and cons and make rational decisions in solving each problem or issue as it arises.

4) ***Research evidence for life skill education training***

There is an emerging consensus among mental health professionals worldwide that LSE trainings to adolescents are effective. The life skills program focusses on the development of the skills needed for life such as self-awareness, communication, decision-making thinking, managing emotions, assertiveness, and relationship skills. Also, the

training programme aims at bringing comprehensive behaviour change in the adolescents. (Rahmati et al. 2010) Through life skills-based training programmes mental health professionals attempt to address varied issues of the adolescents such as alcohol and other substance use, reproductive and sexual health, criminal acts, HIV/AIDS prevention and suicide prevention.

Maryam (2011) in her investigation to find the effectiveness of training life skills on adolescent students found that life skills training lead to significant increase of self-esteem in the study group. The authors concluded that mental health programs such as life skills training can decline school and educational problems. In another study, Ramesht and Farshad (2010) in a sample consisting of 500 students, life skills training was proved to be effective in increasing mental and physical health and also in decreasing the behavioural and social problems. An increase in pro-social behaviour level and decrease in negative self-destructive behaviour was also reported in a longitudinal study among elementary school children subsequent to life skills training (Elias et al. 1991). In yet another study, following life skills training programme, the treatment group reported significant improvement in the total behaviour problem scores. A research by Misener (1995) also showed that life skills training significantly reduced the alcohol and drug use among the studied adolescents. (Smith et al. 2004) Improvement in interpersonal relationship and reduction in aggression and behavioural problems was found among the participants who had attended a coping skills training by Sukhodolsky (2004). Life skills training can promote social adjustment. Anger control, Feindler et al. (1986)] enhanced self-esteem and improvement in academic performance (Elias et al. 1991) were reported in various researches that evaluated the effectiveness of life skills training.

5) ***Life skills and role of parents***

Deficit in skills or lack of skills necessitates training. Skill building should begin in the family. It is the

responsibility of the parents to get their children involve in family related activities so as to strengthen life skills. By encouraging the children and adolescents in house hold activities, they are enabled to strengthen their life skills. If such activities are accompanied by suitable classroom activities by teachers, the children and adolescents would acquire skills required for happy and healthy life. Mental health professionals directly or through teachers or parents should be involved in skill building exercises and promoting competence among adolescents.

1.8 Significance of the Study

The study intended to provide valuable data on the perceptions of teachers and pupils on sexuality education. It is also expected to remove the misconceptions and prejudices about school-based sexuality education which people have. This is important especially for religious faiths such as Christianity, Islam and Zambian traditional beliefs that may have negative perceptions towards school-based sexuality education. The study among other things identified gaps in the sexuality education programme and proposed some actions or strategies that should be adopted by the policy makers and other relevant stakeholders to improve its effectiveness in addressing the social vice sexual and reproductive ill-health among school children and adolescents in Zambia.

The study will contribute to the sociology of sexuality and the sociology of health studies in Zambia. The valuable data that was generated in the study will be used as reference information in similar studies that will be conducted in future in this country or elsewhere. The study will provide useful information that many teachers, school administrators and other stakeholders in the education fraternity will use in their quest to reduce children and adolescent sexual risk behaviors in the country. In addition, it expected that this study will help to provide information that will contribute towards building capacity of school children and adolescents to develop positive values and attitudes towards their sexual and reproductive health and

contribute to the development of this country and hence become good citizens.

2.0 LITERATURE REVIEW

2.1 Overview

This chapter presents the literature that has relevance to the implementation of sexuality education in Zambian primary schools. The chapter begins with the documentary research using different writings with a focus on school-based sexuality education from a worldview perspective. The chapter also reviews the historical overview of adolescent sexuality education in Zambia and discusses the arguments on School-Based Sexuality Education. The chapter further shows some case studies experiences education in other countries beyond Zambia and learn from some key lessons that can be drawn. Sexuality education experiences in Hong Kong, South Africa and Philippine were reviewed.

2.2 Sexuality Education

Sexuality education by and large involves teaching and learning on issues related to human sexuality. According to The ITGSE (2009) sexuality education can be defined as the provision of young people with age-appropriate, scientifically accurate, non-judgmental and culturally relevant information and opportunities to explore attitudes, practice decision making, communication and other skills needed to make informed decisions about their sexual and reproductive health and well-being. Similarly, (UNESCO 2009) in its broadest sense defined sexuality education as an institution to develop an understanding of the physical, mental, emotional, social, economic, and physical aspects of interpersonal relationships, the physiological and cultural foundations of human development, sexual reproduction at various stages of growth, as well as the opportunity for pupils to acquire knowledge about sexuality education which will support the development of responsible sexual behavior. Therefore, in the context of this research sexuality education is described as a type of education that

emphasizes a holistic approach to human development and sexuality.

Bezuidenhout (1998) pointed out that our developing society is increasingly becoming complex where sexual practice is concerned. He further stressed that norms and values regarding sexual behavior often change with time, creating confusion in those who want to conform to them. Therefore, sexuality education offers one of the most promising means to address the sexual health of the youth. Mweembe (2016) argued that over the years different regions worldwide have depicted leadership in the development and implementation of sex education. The political will across these global regions have emphasized on investing in sex education programs. UNAIDS (2009) also pointed out that Western Europe pioneered the introduction of school-based sexuality education over decade years ago. Shuby (2004) similarly claimed that countries such as Norway, Netherlands and Sweden with long standing sexuality education programs in schools have significantly lowered adolescent birth rates as compared to countries in Eastern Europe and Central Asia where open discussion on issues related to sexual education, reproductive health and rights in schools still remains more sensitive. A study by Kelly (2001) revealed that the development of mandatory sexual education programs in schools for instance in Estonia, has led the development of sexuality education and improvement in sexual health indicators among the young people. UNAIDS (2009) also asserted that governments in South American countries like Argentina and Colombia have been committed to integrating strategies to implement and strengthen multi-sectional strategies of comprehensive sexuality education and promotion of sexual health including HIV and STI prevention. UNAIDS further stated that Latin American governments have also developed national legislative frameworks to make the delivery of sex education compulsory in schools.

Beyers (2011) affirmed that sexuality education in most African countries offers one of the most

promising means to not only address the sexual health of the youth, but also assist in curbing the HIV pandemic. UNESCO (2009) emphasizes the need for effective sexuality education among African countries because cultural values and religious beliefs affect all people, the youth in particular, in their understanding of this issue. UNESCO (2015) asserted that the UN Interagency Task Team for young people in the Eastern and Southern Africa region has supported Ministries of Education (MOEs) to strengthen the sexuality education component of current life skills-based HIV education programmes. This collaboration has been instrumental in moving the comprehensive sexuality education agenda forward in these regions. As review of syllabi and curriculum are completed across primary, secondary and tertiary levels of education, efforts are gradually shifting toward training of teachers who deliver comprehensive sexuality education. Beyers (2011) further stated that to ensure effective delivery of sexual education in these regions there is need to have highly skilled and motivated teachers. However, for most countries in the Eastern and Southern Africa region, scale-up of CSE is slowed because of the volume of training needs, staff attitudes toward taboo sexuality topics and lack of skills in participatory teaching.

According to the MOE (2003) sexuality education in Zambia is part of the integrated life skills education that children receive at primary school. Life skills education includes topics on self awareness, self-esteem, assertiveness, interpersonal relationships, decision making and problem solving. Mweembe (2016) as well argued that sexuality education in Zambia, therefore, is not a stand-alone subject as it is in Malawi and some other countries. This has made it difficult for all Zambian pupils to receive it. The Ministry of Education (2003) added that sexuality education in Zambia is often taught only at primary school and has since been extended to secondary school. However, the Curriculum Development Centre (CDC) at present time has not produced any materials on sexuality education for secondary

schools. This implies that adequate information on sexuality and reproductive health is not received among the vulnerable group of adolescents. Most parents also shun such topics as they consider it unethical to discuss sexual issues with their children. As a result, young people learn about this through the media on television, internet and magazines.

i. Importance of sexual education

According to UNESCO (2009) physical, psychological, spiritual, social, economic, political and cultural dimensions are fundamental aspects of human rights. The objective of Sexuality education is to educate the young people on these fundamental aspects of human rights. Beyers (2011) similarly added that these fundamental aspects of human rights also include gender, diversity in sexual characteristics, as well as the rules that govern sexual behavior amongst different cultures. WHO (2006), argued that it's a known fact that adolescents today are often sexually active, therefore sexuality education helps them understand the benefits of abstinence in the early years thus transforming them into responsible adults.

Sexuality education is important because the many young people do not have accurate information on sexuality. This makes them vulnerable to risky sexual behavior which in the long run affects their performance at school. And in line with human rights, it is essential to recognize the need and entitlement of all young people to sexuality education. Goldman and Harlow (1993) asserted that sex education plays a pivotal role in the coverage of various types of sexually transmitted diseases. UNESCO (2009) in the same way agreed, stating that sexual and ill-health are among the most important contributors to the burden of disease among young people and therefore effective sexuality education is critical for HIV and AIDS prevention, treatment, care and support. Goldman and Harlow (1993) further stressed that sex education helps to prevent unplanned pregnancies among teenagers and other health concerns associated with teenage pregnancies

like miscarriages, stillbirths, premature births, low birth weight, birth defects and disabilities.

According to a study carried by Mweembe (2016), it was revealed that sexuality education fosters adolescent's understanding of the impact of sex in their lives. WHO (2006) also pointed out that sex education dispels myths related to sex and broadens their horizon in the understanding of sex. Studies have shown that effective programmes on sexuality education can achieve reduced misinformation, increase knowledge, clarity and solidify positive values and attitudes among adolescents, improve perceptions about peer group norms and increase communication with parents or other trusted adults. In addition, studies conducted by Beyers (2011) revealed that effective programmes on sexuality education can help to delay the debut of sexual intercourse, reduce the frequency of unprotected sexual activity and reduce the number of sexual partners.

2.3 Historical overview of Adolescent Sexuality Education in Zambia

Sexuality education started long time ago in pre - colonial times when parents and elders provided it reflecting the culture and values of a particular place. The current rapid changes occurring in the world, such as urbanization and migration, have influenced the way in which knowledge about sexuality is imparted to adolescents. Moreover, telecommunications of many kinds have expanded across the globe carrying ideas about sex with unprecedented speed and quantity, which have had profoundly negative impacts on young people (UNESCO 2009). Mweembe (2016) discussed that Pre-colonial African societies Zambia inclusive had no formal educational institutions like the ones existing today and hence pre-colonial children and adults were educated through informal systems. Each community made arrangements to see to it that all its members learned desirable social behaviors, necessary basic knowledge and relevant skills for their lives. This kind of education was called

traditional family education, which started at birth and ended at death.

According to UNESCO (2009) traditional family education focused on the requirements of the community as well as the environment of a particular society. Though based on sex, it was able to prepare adolescents to take their future roles as responsible adults, parents, workers and citizens. Boys were brought up in close relationships with their fathers, while girls were groomed as future mother. Education on sexual and reproductive health was provided in a preparatory way through special ceremonies, demonstrations and rituals, which were used to prepare them to become adults. It is argued that during initiation ceremonies, the teacher would go through an informal curriculum for adolescents on how to handle the challenges of puberty and transit safely to adulthood. With the advent of colonial formal education in the 1880s, African indigenous circumcision and initiation rites lost their popularity in most societies. In case of Zambia, the education system inherited a colonial curriculum that did not include sexuality education for about twenty-five years from 1961 to the early 1980s. As a result, Zambian students knew little about sexuality and reproductive health. Consequently, most school adolescents were unable to make informed decisions about premarital sexual activities. Parents and community members at large began to question the capacity of formal education to provide adolescents with adequate preventive action against the mentioned challenges. Thus, MOE (2003) stresses that there was a growing need to fully implement sexuality education in the school curriculum in Zambia.

2.4 Young People's Rights to School-Based Sexuality Education

It is widely accepted that young people have a right to sexuality education. With such information they are able to protect themselves against abuse, exploitation, unintended pregnancies, sexually transmitted diseases and HIV and AIDS. It is further argued that the provision of sexuality education helps

to meet young peoples' rights to information about matters that affect them, their right to have their needs met and to help them enjoy their sexuality and the relationships that they form. Young people are exposed to various sources of information on sex and sexuality, some of which is accurate while another is inaccurate. This creates misconceptions and, if not explained properly, it leads to disastrous consequences (Cresswell 2009).

Talking about misconceptions, Scarlet (2010) states that young people may have heard that a girl cannot get pregnant or contract STDs the first time she has sex, when she is on top, or as long as she rinses with cola immediately after unprotected sex. Information through the provision of sexuality education is necessary as it will correct the misconceptions that young people have. Haffejee (1996) argued that the development of well-informed attitudes and views about sex and sexuality is very important to the lives of young people, especially during the adolescent stage. This is a crucial period in the lives of young people as they experience many changes physically, mentally, emotionally, socially and spiritually. Csincsak et al (1994) similarly stressed that if young people are not informed properly, they may end up developing wrong attitudes and beliefs concerning their sexuality. Young people see, read and hear contradictory statements about sex and sexuality, which is confusing. For instance, some health messages emphasize the risks and dangers associated with sexual activities, while some media coverage promotes the idea that being sexually active makes a person more attractive and mature. This is confusing because young people do not know which view to take.

However, people providing sexuality education to young people should not take a narrow moralistic view about sex and sexuality. Avert (2009) states that providers of sexuality education need to provide effective information that includes work on right attitudes and beliefs, coupled with skills development that enable young people to choose whether or not to have a sexual relationship, taking

into account the potential risks of any sexual activity. Research has shown that sexuality education in a home set-up usually takes a narrow moralistic view where parents want their children to follow everything without question. This restricts them to a narrow view making them incapable to make informed decisions. Holgate et al, (2007) argued that it is for this reason, therefore, that the advocates for school-based sexuality education feel it necessary to have sexuality education in schools to talk about those issues that are not addressed in homes. Besides, a classroom set-up enables young people to talk and ask questions freely as they interact amongst themselves. This kind of interaction benefits also those who are naturally shy as they listen to other pupils and the responses given by their teachers. Further, literature has revealed that in sub-Saharan countries, where poverty is high, sexuality education for adolescents in schools is very important. Some parents force their children into commercial prostitution so that they can make money for food. Others do not find time to sit with their children and discuss matters concerning their sexuality because they are always out looking for ways and means to meet the needs of their families. This leaves young people with no one to talk to when they are faced with problems concerning their sexuality. School-based sexuality education, therefore, cannot be over-emphasized as it provides needed information that enables young people to develop necessary skills to avoid coercion and being sexually abused by rich male adults, also called 'sugar daddies'. These male adults usually take advantage of poverty-stricken young girls who are vulnerable and cannot defend themselves from abuse. Rich men make capital out of the financial constraints of girls from poor family backgrounds to engage them in sexual activities. These sexual relationships become a means of securing money or consumer items which the family cannot provide due to limited finances. The results are often unwanted pregnancies, STDs including AIDS, failure in examinations and finally, dropping out of school (Kanu, 1996).

In addition, most young girls fail to report sexual abuse caused by a family member because they fear to cause trouble or rejection from other family members. This is so because in most homes there is no platform for discussing sexual issues. Most parents regard it as a taboo to discuss such issues with their children. This instilled psychological and emotional trauma in the young girl who needed help and security from an adult member of the family. Unfortunately, the person she ran to for comfort turned out to be another abuser. In the end the girl became confused because she did not know whether the beating was to warn her from indulging in sexual activities or to stop her from telling other people that she was sexually abused by a family member. This made the girl to become promiscuous and she began to sleep with different men so that in the end she became pregnant and did not know who was responsible. She sadly explained, "Now they have a child who is fatherless and not able to support or feed the baby accordingly due to the fact that in the entire family no one is working (Kelly 2001). Fuglestad and Luwaya (2008) present a similar story about another girl who became pregnant at the age of 14. She was forced into having sex so that she could make a bit of money for her school needs because her mother could not provide all the necessary needs for her family. Due to lack of information on safer sex, she became pregnant and the man refused the responsibility and ran away. The girl went through torture and developed hatred for men. She said, "I do not trust men. When I told my boyfriend that I was pregnant, he ran away and I have not seen him since. Any man may run away and leave me alone with the responsibility for the children (Kelly 2001).

According to SIECUS (2009) Sexuality education is a lifelong process of acquiring information and forming attitude, beliefs and values. It encompasses sexual development, sexual and reproductive health, interpersonal relationship, affection, intimacy, body image and gender roles. From the moment of birth, children learn about love, touch and relationship. Infants and toddlers learn

about sexuality when their parent talk to them, dress them, show affection, and teach them the names of the parts of their body. As children rows into adolescence, they continue to receive message about sexual behavior, attitude, and values from their family in an informal way. Sexuality is also learnt from other sources such as friends, television, music, books, advertisement and internet which are all forms of informal way of learning. The formal ways of acquiring sexuality education include planned opportunities such as faith communities, community-based sexuality education as well as Abstinence-only in sex related matters, the school – based sexuality education is often comprehensive and as such provide certain guidelines in form of objectives to be achieved at the end of the programme. The school –based sexuality education provides accurate information about human sexuality, it provides opportunity for people to develop and understand their values, attitude and insight about sexuality, help young people to develop relationship and interpersonal skills among others .These scope and others such as human development ,relationship, decision making, abstinence, contraception, and disease prevention are what makes school-based sexuality education differ from other forms of sexuality education.

2.5 Arguments for School-Based Sexuality Education

Studies have shown that school-based sexuality education is necessary for a variety of reasons. A debate entitled “Should teens have sex education in schools?” revealed that out of 149 articles posted on the internet, 143 were in favour of sexuality education in schools while only 6 were against it. One of the scholars showed that in recent years in Canada, the rates of teen pregnancies and contraction of STD’s have dropped due to school-based sexuality education (Brindis 2002). However, Anangisye (2008) argued that teen pregnancy is still a problem in Canada and many other countries, but it is not as

bad as it used to be before the introduction of sexuality education. Scarlett indicated that if young people cannot receive accurate information, they will rely on rumours. As a result, they will end up with situations where girls believe that they cannot get pregnant the first time they have unprotected sexual intercourse. Other girls end up becoming pregnant because their religions are against birth control.

Anangisye (2008) pointed out that others feel less guilt to commit the sin of having sexual intercourse outside marriage, which is fornication, than to commit the double sin of fornication and using birth control measures. Anangisye (2008) further stated that good sexuality education programmes will teach teenagers to cope with hormones and abstain from sex as a personal choice, whether due to religion or for other reasons. (UNESCO 2009) stressed that good sexuality education programmes can teach them that whether to have sex or not is a choice that deserves much thought and deliberation. With all these confusing thoughts and feelings surrounding sex and adolescent hormones, teenagers need a secure outlet to explore these thoughts and feelings without being judged. They need a classroom set-up where they can freely ask questions and receive adequate answers. Unfortunately, many parents are not prepared to provide that atmosphere due to their own prejudices about sex. If teenagers cannot get answers in a classroom setting, they will go in the field to find out for themselves.

Marilyn Morris, a victim of an early pregnancy, told Sound Vision (2010) about the possible dangers of non-involvement of parents, schools and the church in teaching sexuality education to teenagers. She explained that most teenagers find themselves in situations where no one talks to them about the subject of sex. Most parents do not feel comfortable to talk to their teenage children about sex and most churches also do not have such programmes, resulting in young people getting wrong information from friends. Morris told Sound Vision that when she was growing up as a teenager in the 1960s, she never

received any sex education either at home, at school or at church (Anangisy, 2008).

This partly led to her pregnancy at the age of 17. She explained that she was a good girl from a good Christian home and she attended church every Sunday. Nevertheless, she became pregnant. She and her husband believe that if someone had talked to them about sex either at home, at school or at church, they could have listened. Unfortunately, the only place where it was talked about was amongst the kids. The only message she heard back then was that sex was no big deal, that everyone was doing it and that nobody got hurt. She recounted that she learned the hard way that sex was a big deal and that there was a huge price to pay (Audley and Haward 1972). Scholars have argued that pupils need to learn about sexuality because it is part of social, personal and health education. It provides them with structured opportunities to develop the knowledge, attitudes, values, beliefs and practical skills necessary to establish and sustain healthy personal relationships as children and adults. In answering why sexuality education is necessary in schools, they explain that the general aim of education is to contribute towards the development of all aspects of the individual including the aesthetic, creative, critical, cultural, emotional, intellectual, moral, physical, political, social and spiritual, for personal and family life, for working life, for living in the community and for leisure (Babygeya 1997).

Relationships and sexuality education are clearly a part of this general aim. The advocates of sexuality education state further that good sexuality education includes topics such as development of self-esteem, growing and changing, new life, feelings and emotions, keeping safe and making decisions. Self-esteem is very important and children with high self-esteem are more likely to develop caring relationships and less likely to be vulnerable to exploitation by others. The children with low self-esteem on the other hand, make unrealistically high demands on themselves and may be unable to evaluate themselves accurately. These characteristics

increase the chances of failure. Bar (2004) stated that as a result, young people develop a sense of worthlessness which reinforces poor opinion of them. Furthermore, good sexuality education teaches young people how to use their senses.

For instance, it emphasizes the sense of touch. Young people are made aware that certain parts of the body are more sensitive than others. They need to recognize the fact that when these parts of the body are touched or caressed, it may lead to sexual arousal which may result in having sex. Brindis (2002) affirmed that this information can help them to realize when someone is about to abuse them. Moreover, it can give them the courage to refrain from such touches or even to report to elders when they are abused.

2.6 Case studies: sexuality education experiences from Hong Kong, South Africa and Philippines

The main purpose of looking beyond the border is to explore the nature of sexuality education in other countries beyond Zambia and learn from some key lessons that can be drawn. Sexuality education experiences in Hong Kong, South Africa and Philippine, are each briefly explained and highlight the strengths that may be capitalized on and the weakness that can be avoided.

ii. Hong Kong

Fok (2005) asserted that Hong Kong has developed guidelines on sexuality education and relevant curriculum guides. These guidelines are developed by Education Bureau that covers a range of sexuality issues that are broadly in line with those proposed in UNESCO's International Technical Guidance. However, sexuality is not treated as a separate subject under the Education Bureau's cross-curricular approach (Education Bureau, 2008). Key learning elements and topics are integrated into the Moral and Civic Education curriculum and the curricula of the key learning subjects of primary and secondary schools. Furthermore, schools have the flexibility to develop their school-based curriculum and adopt the approach and delivery mode of

sexuality education according to their ethos and values.

A study by The Family Planning Association of Hong Kong (2017) established that youth's declining sexual knowledge and increased exposure to pornography. Department of Health (2017) argued this concern has prompted NGOs to advocate for the provision of comprehensive sexuality education to enable the youth to make informed choices about their sexual lives and enhance their sexual health. This approach has been supported by international organizations such as UNESCO. However, there are some barriers hindering the effective implementation of sexuality education programmes in schools. The main barriers include: (1) low priority attached to sexuality education; (2) lack of time to conduct programmes that facilitate exploration of values and development of life skills; (3) lack of training and support for teachers to deliver sexuality education; and (4) resistance of some schools to cover sensitive topics such as sexual behaviour and contraception in their sexuality education programmes.

iii. South Africa

According to UNAIDS (2009), having one of the world's highest HIV and TB prevalence rates, South Africa has committed to implementing comprehensive sex education across its Basic Education System. It has drafted an exemplary Basic Education Policy and Strategy on HIV, STIs and TB; and is currently reviewing the policy position in higher education. McCauley et al (2005) argued that research has revealed that there is limited HIV knowledge amongst adolescents, hence highlights the urgency in intervention and commitment towards implementing comprehensive sex education among the young people.

UNAIDS (2009) pointed out that despite the link that exists between issues of HIV, life skills, life orientation and sex education, confusion often arises leading to the substitution of these variables for one another across policy, curricula and strategy. This has provided a measure of uncertainty in the lead up

to the introduction of comprehensive sex education in South Africa. McCauley et al (2005) stressed that the Department of Basic Education developed the Life Skills Education programme which is a curriculum intervention addressing sexuality and health education (including HIV&AIDS), substance abuse, child abuse, peer education, assertiveness, peer pressure, anti-bias, gender issues and other skills needed by children and youth to cope with difficult everyday situations. Additionally, the Department of Basic Education has also embarked on a training curriculum for teachers to implement life skills/orientation as it pertains to SE, including the development of materials and support systems.

iv. Philippines

Rachael (2011) asserted that there have been serious debates over school-based sexuality education in the Philippines. Philippine has a high birth-rate and high poverty levels and this attributed to the lack of information about family planning measures. The advocates of sexuality education believe that offering sexuality education to pupils in schools would curb population problems. Gutierrez (2010) also stated that to promote safer sex, to slow the speed of HIV and AIDS and prevent unwanted pregnancies, the Philippine government developed a pilot programme in both primary and high schools. This was done through the introduction of school-based sexuality education as a way of disseminating information to the teenagers in schools and this programme was back the United Nations.

Nonetheless, Gutierrez (2010) also argued that the introduction of sexuality education in the Philippines has been received with mixed feelings especially among Catholic Church and some powerful conservative crusaders. They disputed that sexuality education in schools was not the answer to curb high population problems and poverty levels but it will instead break the nation's religious based moral code and promote promiscuity among adolescent. They viewed sexuality education as a family affair whose

responsibility lay with the parents and not with the school.

However, advocates of sexuality education in Philippine disagreed with the above arguments claiming this was prejudices and preconceived ideas. They went on to defend sexuality education by stressing that the topics included in the curriculum were prepared by professionals who made sure that the content would be educational. These topics were not designed to excite prurient interests by encouraging young people to engage in sexual relationships, instead they were meant to help them handle their sexuality as part of the process of growing up.

i. Lessons learnt from cases reviewed

Lessons can be learnt from the sexuality education experiences reviewed in Hong Kong, South Africa and Philippines. The lessons from the sexuality education experiences can both negative and positive, below are some of the lessons learnt from sexuality education experiences Hong Kong, South Africa and Philippines.

From the literature reviewed it was revealed that despite being “research-rich,” sexuality education is less well developed than might be expected, in terms of a national plan for pre- and in-service teacher education, given the high rates of HIV-prevalence and other vices that affect adolescents. It was further learnt that some of the major challenges faced in terms of the successful implementation of sexuality education can be attributed to limited time dedicated towards it, lack of adequate teacher training, course teaching by “non-specialists,” lack of in-service training and support and lack of parental involvement. Literature also reviewed that there is need for schools to have the flexibility to develop their school-based curriculum and adapt to the approach and delivery mode of sexuality education according to their ethos and values of their society. It was established that there is a general perception that sexuality education has a negative impact on the

nation’s religious based moral code and promotes promiscuity among adolescent.

3.0 METHODOLOGY

3.1 Overview

This chapter outlines what the research depended on, how the data was going to be collected to support the research questions and where data was going to be derived from. This chapter constitutes a discussion of the research design (the blue print for the entire study); study population along with the sample size and sampling procedures; instrumentation (a description of the type of tools used along with the requisite validity and reliability considerations); data collection procedures including setting the boundaries for the study; instruments used to collect data as well as the data analysis rationalization in view of the design of the study.

3.2 Research Design

According to welman et al, (2005) a research design embraces the process in which the research draws research subjects and collects meaningful data from them. The research design should be able to answer the following questions; what the purpose of the study is, what type of data is required, type of sample, method of data collection, how the data will be analyzed, what methodology the study will use and the specific setting of the study. The study was designed with the objective of establishing the perception of teachers on sexuality education in Zambia.

The study was designed with the objective of establishing the perception of teachers on sexuality education in Zambia. The study involved designing of students’ questionnaires which was answered by the primary school teachers from selected schools in Choma district. Teachers were given questionnaires and interviews were conducted with the administrators and officials from the district. The interview notes and questionnaires were analysed and the results are shown in chapter four. An

investigative research approach was adopted where primary school teachers were involved. The strength of investigative research in this study lies on its applicability in sexuality education inclusion in the curriculum implementation in a school context. In addition, investigative research gave the researcher an opportunity to realize the appropriate structuring and organization of effective teaching of sexuality education in primary schools. This approach was therefore a great length in improving the teachers' methodologies in teaching and learning process of acquiring skills in sexuality education. Findings in an investigative research act as guidelines for future development of teaching materials based on similar settings. Mixed methods approach was used too were both qualitative and quantitative approach was used.

3.3 Target Population

According to Creative Research Systems (2003), the larger the sample size, the surer the researcher can be that the respondents' answers truly reflect the population. The target population was composed of all teachers and administrators in the primary Schools in Choma District that were purposively selected from these schools, (Swan, Aadastra and St. Patrick's primary schools). These schools were selected because they are the biggest and oldest primary schools in the District.

3.4 Sampling Procedure and sample size

Purposive sampling was used to select the participants for this study. Purposive sampling has two main aims which it tries to accomplish. The first one is to ensure that all the key constituencies of relevance to the subject matter are covered and the other is to make certain that within each of the key criteria, some diversity is included so that the impact of characteristic concerned can be explored (Ritchie and Lewis, 2003).

The research selected primary schools within Choma district as the area of study. The primary schools in Choma district that were visited for the study were purposively selected with the guidance of the District Education Board Secretary (DEBS)'s office. This

sampling method was chosen for the study because only the schools and teachers in the district who met the selection criteria were selected for the study. This meant that only schools that incorporated sexuality education in their curriculum were given priority. The total sample size intended targeted about 100 respondents. These consisted of 3 Head teachers, 97 teachers. Teachers' composition intended to target 49 female teachers and 48 male teachers from among the selected primary schools in Choma district. The participants were teachers who have great teaching experience and those with less experience who were randomly selected from the mainstream classrooms of selected primary schools.

3.5 Data Collection Instruments

Two type of data were collected which comprised of primary and secondary data. Primary data was collected from primary sources which were the research respondents. While secondary data was collected from documentation on studies relevant to the implementation of sexuality education in Zambian schools, this included a desk review of literature and partly from the semi-structured questionnaire.

In collecting data for this research, the following instruments were used; Questionnaires and focused group discussions with teachers and scheduled interviews for administrators as instruments for data collection.

i. Data Collection Procedure

The starting point for the data collection phase was to select the primary schools in Choma district that will be visited for the study with the guidance of the debs' office. After the schools have selected, the next step was to inform the selected schools, in writing, through their headmasters that their schools have been chosen to partake in the study that is evaluating the sexuality education programme their schools are carrying out. The letter was among other things that highlighted the purpose of the visit and the date when their schools were to be visited for the study. After the letters were written and circulated to the selected

schools, the researcher started visiting the schools in accordance with the appointment date.

3.6 Data Analysis

Qualitative data was analyzed by establishing categories, themes and sub-themes while quantitative data was analyzed using excel to obtain frequencies, cross-tabulations and descriptive statistics which were presented in form of graphs.

3.7 Reliability and validity of data

i. Reliability of data

Reliability is the degree to which an assessment tool produces is stable and constant results. The idea behind reliability is that any significant results must be more than a one off finding and be inherently repeatable. Other researchers must be able to perform exactly the same experiment under the same conditions and generate the same results. While reliability is necessary, it alone is not sufficient. For a study or a test to be reliable it also needs to be valid.

ii. Validity of data

Validity refers to how well a test measures what it is purported to measure. Validity encompasses the entire experimental concept and establishes whether the results obtained meet all the requirements of the scientific research method. To test the reliability and validity of the data, the same questionnaires will be taken elsewhere, outside the research area. The respondents will fill the questionnaires and the results will be compared to ensure that the results were replicable if applied elsewhere. This will be done in order to ensure that there is consistency with the results if a similar methodology is used elsewhere.

3.8 Limitations to the study

Some limitations were faced during the course of the research. Unresponsiveness of respondents was one of the major challenges, in some instances there were poor responses from teachers as they were completely unwilling to participate. This challenge also affected the efficiency of the data collection process. The other limitation was that the sample size

was limited as it was not representative of the entire population of primary schools in Choma District. Educator's responses to both focus group discussions and questionnaires may not necessarily reflect their real perceptions of the teaching of sexuality education. Since some of the responses may be influenced by their knowledge of what is socially desirable, and not what their genuine perceptions are. The respondents might have responded in a manner that aims at impressing the researcher with a view to the researcher holding them in high esteem due to their viewpoints. In the African culture, certain issues related to sexuality are regarded as taboo and cannot be openly discussed. This could result in respondents not answering questions honestly and in the manner in which they feel. Financial constraint and time were also part of the limitations to this study.

However, the value of research cannot be discounted because of limitations, but can be enhanced by reporting such limitations. This is supported by Hinderson (1990) who argues that there is no harm in having limitations, but it is bad not to admit them. Despite these limitations, this study is an attempt to uncover teacher's perceptions of the teaching of sexuality education. However, these findings and the recommendations that follow should be viewed with these limitations in mind.

3.9 Ethical Considerations

Ethical considerations will be put in place to ensure that all the information that the respondents will give will not divulge or given away to other people other than the researcher. The researcher will assure the respondents that strict confidentiality will be observed and that none will be required to disclose neither their names nor their residential addresses. Identities for the; respondents will be kept anonymous to assure the respondents that this information was strictly for academic purposes only. In the focused group discussions, none of the respondents will be required to give his/her name as the deliberations will be on. In these sessions no teachers or administrators will be allowed to ensure

that everything was done a free atmosphere. No renowned individual troublesome pupils will be targeted for the sake of discrediting them or magnify their characters. A probability sampling procedure for respondents will be done to ensure that there will be no biased selection.

4.0 PRESENTATION OF THE FINDINGS

4.1 Overview

This chapter looks at the findings of the study, data presentation and analysis. This chapter briefly describes the study sites, analyzes demographic characteristics of participants. The chapter also deals with data presentation. The data is presented in various forms using tables, graphs and pie-charts. It also separately deals with the effects of human rights education on discipline in schools.

4.2 Description of Sites

In order to gain entry into the sites, the researcher got permission from the District Education Board Secretary officer who was the stakeholder in the administration of education in the district. Additionally, the researcher got permission from the head teachers who were the gatekeepers of the institutions. The three sites are named St Patrick's, Swan and Adastra primary schools all of Choma District.

4.3 Data Presentation

The data the researcher collected was analyzed and presented as below. The researcher used tables, graphs and pie-charts to present the data. The following were the questions that the research answered;

The data collected answered the question of whether the curriculum on sexuality education in Zambian primary schools sufficiently addressed the needs of learners among selected primary schools in Choma district. The study in addition answered the question of whether culture and religion factors influence teacher's perception of the teaching sexuality education among selected primary schools in Choma district. Furthermore, the study established the

measures that can be taken to fully implement sexuality education in Zambian primary schools. It also revealed some of the advantages and challenges of sexuality education among selected primary schools in Choma district.

6) Demographic Characteristics

The researcher collected data from 96 participants instead of the anticipated 100. Of the 96, 3 were administrators which consisted of two (2) males and one (1) female. The remaining 93 were all teachers of the total number of teachers, forty-six (46) were male and forty-seven (47) were female teachers.

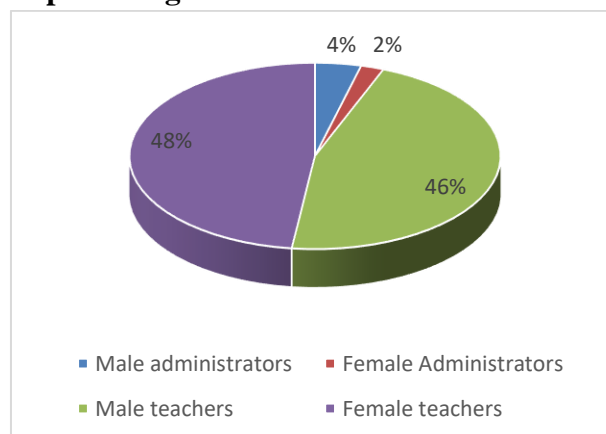
Table 1 Demographic Characteristics

Category	Males	Females	Total
Administrators	2	1	3
Teachers	46	47	93
Total	48	48	96

Compiled by Researcher from field survey (2019)

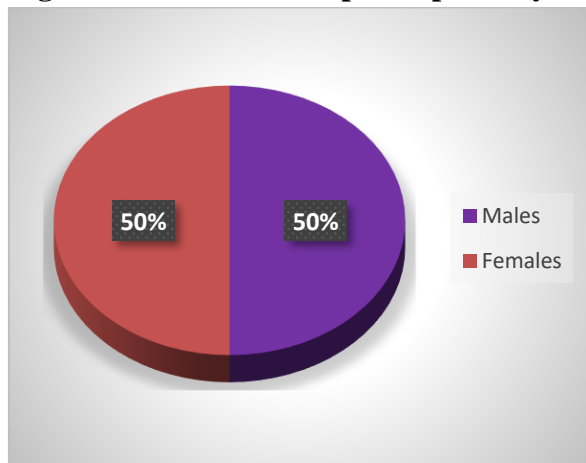
The findings in the table above revealed the number of administrators and teachers who participated in the research was 96. Administrators were 3 in number while teachers were 93. From the total respondents the findings revealed there was an equal representation of both male and female at 48 respondents each. Saying that sexuality education is a sensitive subject the study made sure there was equal representation of gender composition among respondents.

Figure 1 Respondents' distribution by Category in percentages



Compiled by Researcher from field survey (2019)

Figure 2 Distribution of participants by sex



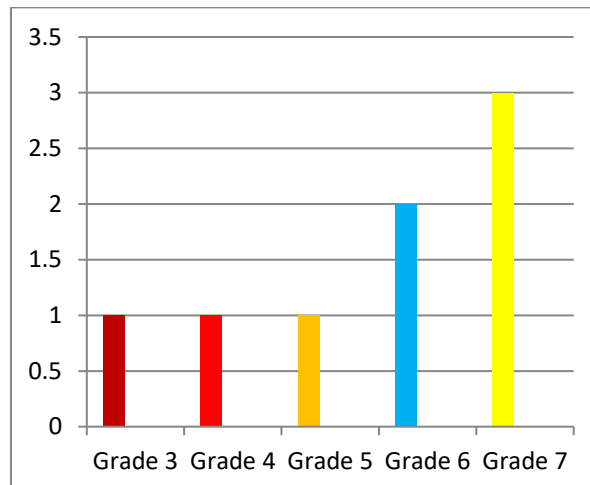
Compiled by Researcher from field survey (2019)

The researcher collected data from 46 participants instead of the anticipated 50. In the figure above males were represented by 50% of the respondents against 50% for women. In short, there was gender balance in terms of respondents' representation.

7) Current curriculum on sexuality education in Zambian primary schools

The study sought to establish if the respondents thought the current curriculum on sexuality education adequately addresses the needs of learners. The respondents were asked the amount of time that is spent on teaching sexuality education among different grades at school every week. The focus of the study ranged from grades two (2) to seven (7). Figure 3 below indicates the number of hours teachers spend on each grade teaching sexuality education in the primary schools every week.

Figure 3 Number of hours teaching sexuality per week



Compiled by Researcher from field survey (2019)

Results in figure 3 above indicated that the most time spent teaching sexuality per week occurs in Grade seven as compared to other grades. The study established that the teachers spend 3 hours every week teaching sexuality education to grade seven pupils. Grade six pupils received 2 hours of teaching of sexuality education while grade three, four and five pupils received one hour of sexuality education each. The results established that more hours of sexuality education are spent on older pupils mainly because they are more prone to sexual activities than those in lower grades.

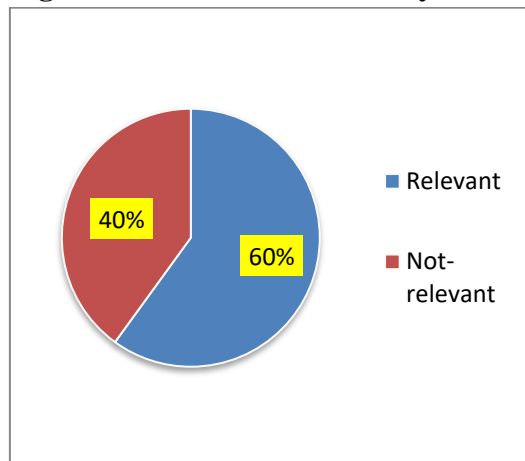
Regrettably, there were fewer hours spent in teaching sexuality in Grades 3, 4 and 5. This indicated that Grade 3 and 4 learners appear to be given less time when it comes to the teaching of sexuality education. However, the questionnaire did not seek to understand or determine the reasons for this omission. The researcher feels that the less-teaching of sexuality in higher grades does warrant further study and research. In short, the current curriculum on sexuality education in Zambian primary schools does not sufficiently address the needs of learners.

8) Relevance of sexuality education for pupils in primary schools

Having established that sexuality education has been introduced in most primary schools in Choma district, it was imperative to establish if teachers

perceive sexuality education relevant to the current curriculum in primary schools. In order to determine these respondents were asked if they thought sexuality education was necessary for pupils in primary schools.

Figure 4 Relevance of sexuality education



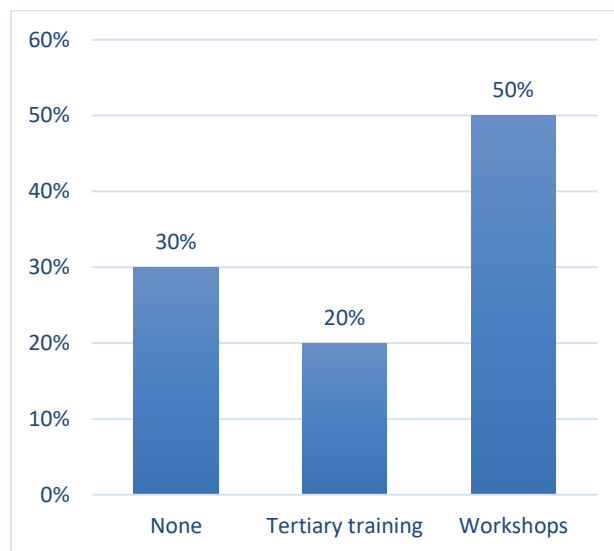
Compiled by Researcher from field survey (2019)

The results from 4 indicated that 60% of the respondents perceived that sexuality education is relevant to pupils in primary school, 40% of respondents affirmed that sexuality education is not relevant to pupils in primary schools. The findings established that the majority of the respondents perceived that sexuality education is relevant to pupils in primary schools in Choma district.

9) Teachers' perceptions on the challenges encountered by teachers and pupils when teaching and learning sexuality education in Zambian primary schools

The study sought to establish some of the challenges encountered by teachers and pupils when teaching and learning sexuality education in Zambian primary schools. The study asked respondents questions on the availability of resources for teaching sexuality education and whether they get the necessary support of from school management and if they get support from parents.

Table 2 Types of training received on sexuality education



Compiled by Researcher from field survey (2019)

The findings in the figure above indicates that 50% of the sample indicated that they attended workshops on sexuality education, 20% had a tertiary level training, while 30% did not receive any training at all. This suggests that the training of educators need to be attended to in order to equip them to teach this subject. The sensitivity of the topics dealt with in sexuality education demand that educators be given adequate training in the subject in order to enable them to feel competent to teach all the topics.

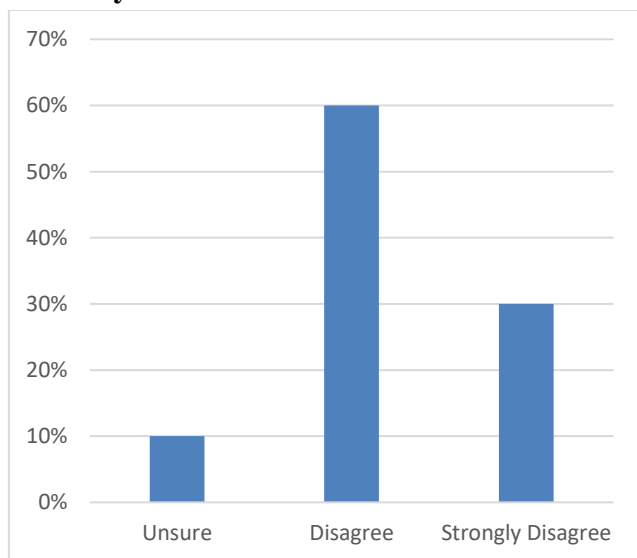
This view is supported by the fact that all of the educators who indicated that they received no training on sexuality, indicated that they are not competent to teach sexuality and are not comfortable to use some of the terminology. This was further supported in that the respondents, who indicated that they only attended one or two workshops on sexuality education and had no tertiary training, agreed that they could not teach all the topics on sexuality. All of them said that they could not teach subject matter concerning masturbation. All the educators who received tertiary training on sexuality also indicated that they were competent to teach about sexuality.

a) Responses for respondents to the statement that seeks to understand whether

schools have sufficient resources to help educators teach about sexuality

Recourses play a vital role in the implementation of sexuality education in Zambia. The study sought to find out the availability of resources to help educators teach about sexuality in schools. The respondents were asked whether schools have sufficient resources to implement sexuality education in selected primary schools in Choma district.

Figure 5 Availability of resources for teaching sexuality education



Compiled by Researcher from field survey (2019)

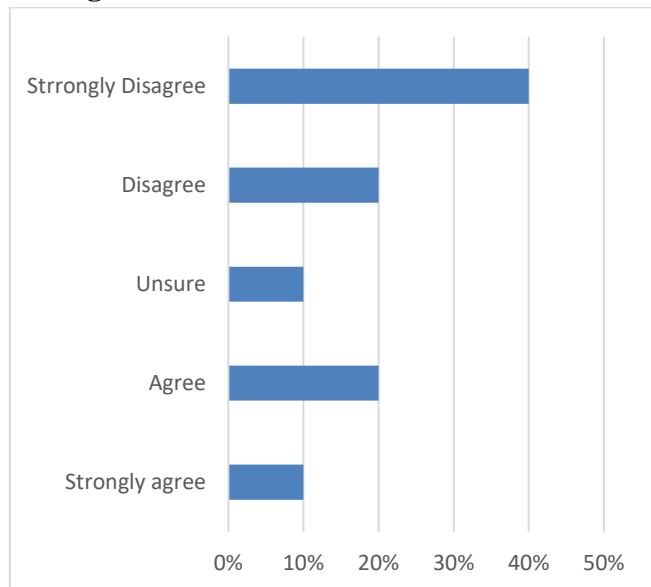
According to figure above, the results show that ninety percent of the sample felt that their school does not have sufficient resources to assist in the teaching of sexuality education. The responses of educators regarding the availability of sufficient resources to assist them in teaching sexuality, demonstrated that schools do not have enough resources to assist educators in the teaching of sexuality education. This suggests that schools do need to provide these resources. Adequate resources could assist educators in feeling comfortable and competent in the teaching of this subject. This view is supported by Milton (2001) who contends that teachers should be adequately trained and be given adequate resources so that sexuality education may be properly implemented. Lack of resources can be further associated with the absence of sexuality

education on the timetable, since 80% of the educators suggested that sexuality education is not included in the timetable. Resources are not likely to be provided for a subject that is not even included in the timetable. This suggests that even though 88% of the respondents agree that all educators should teach sexuality, very little attempt is made to ensure that it is actually taught in all the classrooms.

b) Responses to the statement that seeks to understand whether they receive support from the school management

During the study the respondents were asked whether they receive any support from the school management. Figure 6 below depicts the results of responses as to whether they receive support from the school management.

Figure 6 Support of teachers from school management



Compiled by Researcher from field survey (2019)

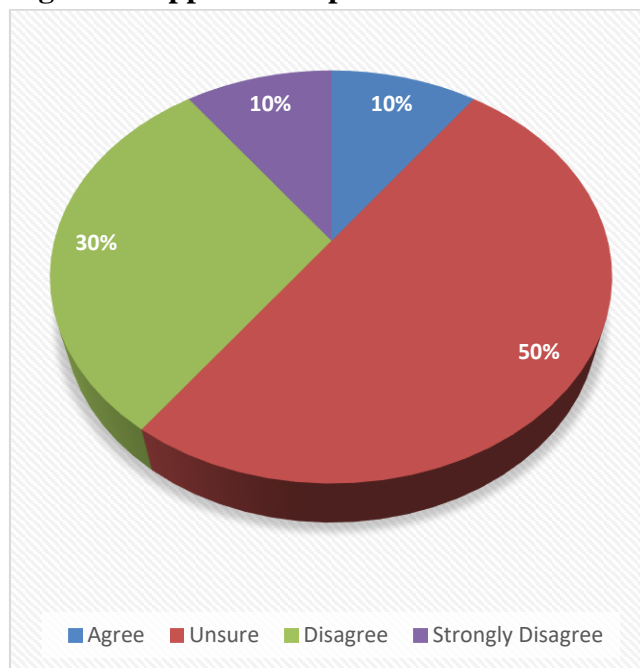
Figure above indicates that 40% of respondents strongly disagree that the school management supports them in teaching this subject, sexuality education. 20% of the respondents both disagreed and agreed that school management supports them in offering sexuality education. The study also established that 10% of the respondents were unsure as to whether school management offered them support as far as implementing sexuality education is concerned. Similarly, 10% of the respondents further agreed that that support was given to the by the school’s management. Therefore, the majority of the respondents indicated that support is not adequately given to them by management in primary schools in Choma district.

10) Responses to the statement that seeks to understand whether educators receive adequate support from parents

The study in pervious chapters revealed that parents often play a major role in the effective implantation of sexuality education in schools. Therefore, respondents were asked as whether the parents of pupils in the primary schools offered support to the

teachers in primary schools as far as implementing sexuality education is concerned.

Figure 7 Support from parents



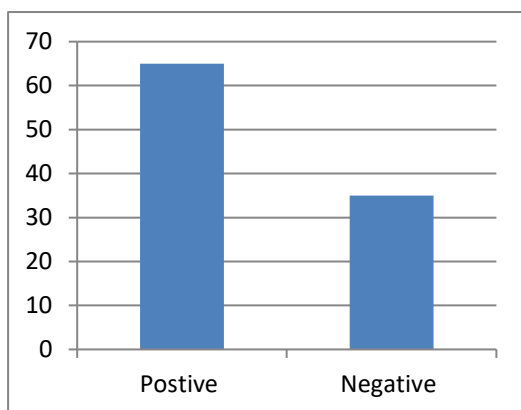
Compiled by Researcher from field survey (2019)

As shown in the figure above, only 10% of educators maintained that they received support from parents. 30% of the respondent established that they disagreed to receiving the much-needed support from parents. 10% of the respondent also disagreed to having received any support from parents and a further 50% of respondents were unsure as to whether support was given to them by parents. The study established that the greater number of the respondents believed that support was not given to them by parents of the pupils. Parents’ lack of support for the educators with regard to the teaching of sexuality education may be associated with their opposition to the teaching of sexuality education.

11) Responses to the question that seeks to understand impact of sexuality education to children in primary schools

As earlier revealed, the majority of respondents to the study believed that sexuality education is relevant to pupils in primary schools in Choma district. However, the study sought to also establish the impact of offering sexuality education to the pupils

in primary schools. Therefore, respondents were asked as to whether there is a positive or negative impact on pupils when sexuality education is taught in schools.



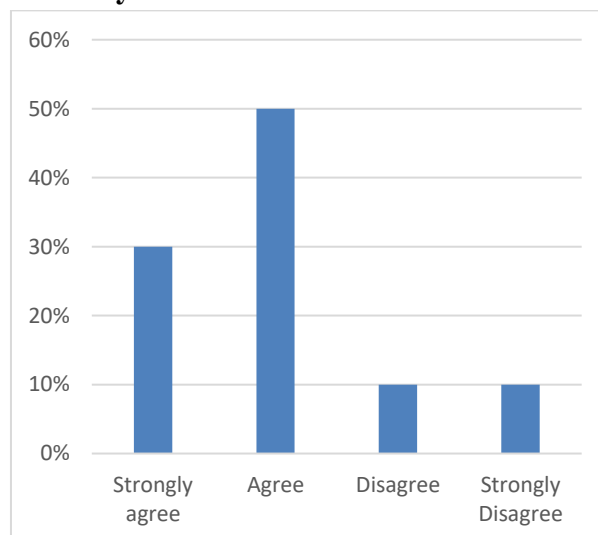
Compiled by Researcher from field survey (2019)

The results in the figure above indicate that 65% of the respondents believed that sexuality education has a positive impact on pupils in primary schools. 35% of the respondents affirmed that there is a negative impact on children by sexuality education taught in primary schools. Therefore, the study established that the majority of the respondents confirmed that sexuality education taught in primary schools in Choma district has a positive impact on the pupils.

12) Responses to the statement that seeks to understand whether culture and religion are problematic in teaching sexuality

The study sought to establish as to whether culture and religion has a profound influence on the teaching of sexuality education in primary schools in Choma district. Respondents were asked whether culture and religion are problematic in teaching sexuality education.

Figure 8 Influence of culture and religion on sexuality education



Compiled by Researcher from field survey (2019)

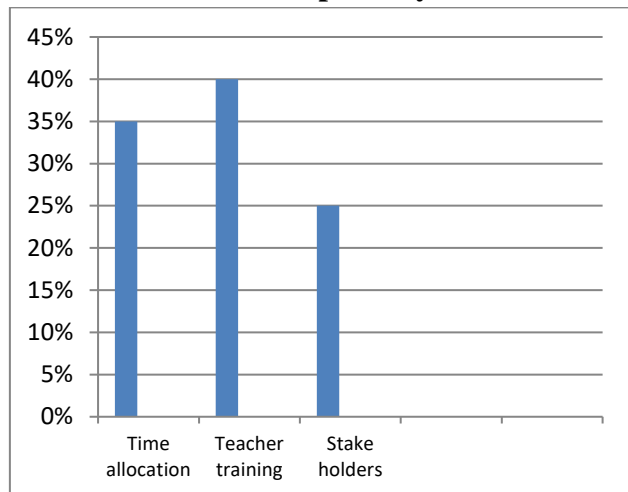
The findings in the figure above affirm that 30% of the respondents strongly agree that culture and religion is viewed as a huge stumbling block in the teaching of sexuality education. 50% of respondents also agreed to culture and religion was problematic towards teaching sexuality education. 10% of respondent both strongly disagreed and disagreed o culture and religion being problematic. The study established that the majority of the respondents perceived that culture and religion was problematic towards the teaching of sexuality education in primary schools in Choma district.

13) Measures that can be taken to fully implement sexuality education in Zambian primary schools

The study sought to find out the measures that can be put in place to adequately implement sexuality education in Zambian primary schools. A number of respondents interviewed suggested that sexuality education could only receive a boost if there is enough time allocation, effective pre-service teacher education programme, involvement of NGOs and other stake holders, and support from parents among others.

Figure 9 Impact of sexuality education to children in primary schools

Figure 10 Measures to implement sexuality education in Zambian primary schools



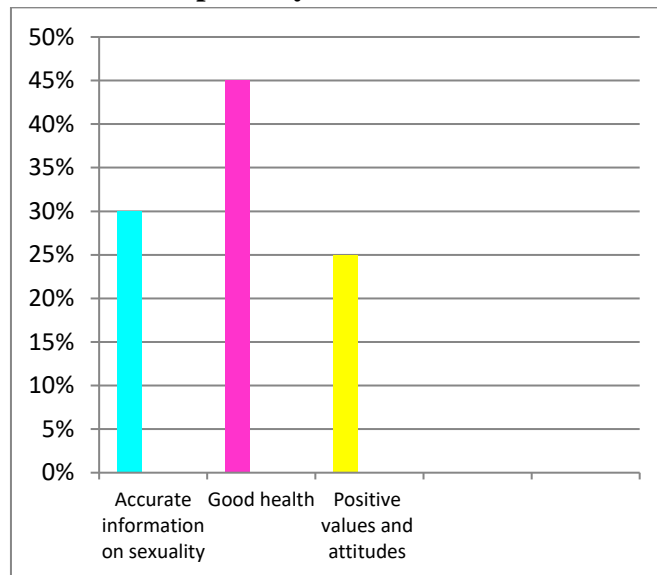
Compiled by Researcher from field survey (2019)

The findings in the figure above affirmed that 35% respondents that were interviewed revealed that enough time allocation should be given to pupils to ensure effective sexuality education in primary schools. 40% of respondents answered that pre-service teacher education training is need to effect positively sexuality education in primary schools and 25% of respondent indicated that involvement of stakeholders plays a vital role in implementing sexuality education. The study revealed that the majority of respondents believed that pre-service teacher education training is a measure that sure be taken seriously to ensure the effective implementation of sexuality education in primary schools.

14) *Importance of sexuality education among selected primary schools*

The study established earlier that sexuality education in primary is relevant and has a positive impact on adolescents in primary schools in Choma district. The respondents were asked the importance and advantages of introducing sexuality education in primary schools. The most occurring answers among the respondents were that sexuality education provides accurate information on sexuality, good health, promotes positive values and attitudes among adolescents.

Figure 11 Importance of sexuality education to adolescent in primary schools



Compiled by Researcher from field survey (2019)

According to figure above, the results show that 30% of the respondents indicated that sexuality education is important because it provides accurate information on sexuality to adolescents. The results also revealed that 45% of the respondents believed that sexuality education in primary ensures good health among adolescents and 25% of the respondents believed that sex education influences positive values and attitudes among adolescents in primary schools in Choma district. The study therefore established that the majority of the respondents indicated that good health is the major advantage or importance sexuality education offers to adolescents.

5.0 DISCUSSION OF THE FINDINGS

5.1 Overview

This chapter looks at the discussions, conclusions and recommendations of the study. It will be discussed in relation with the research questions in order to draw the conclusions and recommendations of the study.

5.2 Description of the study site

This research was carried out in Choma district of Southern province. The study was stationed at Swan, St Patricks and Adastra primary schools. Choma District is currently the provincial city for Southern

province. The area houses a number of educational facilities both in rural and urban centres. This research was carried in the interior of the city.

5.3 Does the current curriculum on sexuality education in Zambian primary schools sufficiently address the needs of learners?

The curriculum in the Zambian education system seems not to address the need for sexuality education at primary level. As can be noted figure 3, most time spent teaching sexuality per week occurs in Grade 7 as compared to other grades. Regrettably, there were fewer hours spent in teaching sexuality in Grades 4 and 5. This indicated that Grade 3 and 4 learners appear to be given less time when it comes to the teaching of sexuality. However, the questionnaire did not seek to understand or determine the reasons for this omission. The researcher feels that the less-teaching of sexuality in higher grades does warrant further study and research. There is need to have sufficient time allocation for sexuality education so as to address their need. The study established that teacher in primary schools spend a lot more time adolescents that are in higher grades in primary schools mainly because it is at this point in time that most of them are vulnerable to peer pressure and indulged in sexual activities. Therefore, there is need for teachers to spend extra time teaching sex education to higher primary school pupils seeing that they are at an experimental stage of life and thus should be guided through the process of puberty.

In addition, it is important to note that the curriculum emerged as yet another significant issue of concern among educators from three schools in this study. Educators expressed concern about the lack of sexuality education as part of the formal curriculum. Educators further felt strongly that this was a phase where the implementation of sexuality education needs to be taken more seriously. The fact that sexuality education is not taken seriously by educators at primary level might expose learners to risky behavior. The respondents shared the similar sentiments and others echoed that sexuality

education is given the seriousness it deserves, as we have classes who are not doing Life Orientation. For example, in our school it is only Grade 6 and 7 who are doing life orientation yet all learners need to know about these things. The whole school needs to know and I don't think that we are giving it enough time even in those classes like Grade 6 and 7. In fact, when they are still in lower grades most of them are still innocent and are not sexually active. Yet it is amazing that by the time they begin to be sexually active, no sexuality education is given to them at all. Therefore, the study established that the current curriculum on sexuality education in Zambian primary schools does not sufficiently address the needs of learners.

5.4 What are the teachers' perceptions on the Challenges encountered when teaching sexuality education?

Educators in this study indicated that they are faced with a number of challenges when teaching sexuality education. These challenges included teachers' sexual relationships with learners, religion, varying age ranges in one class, lack of adequate resources as well as learners' expectations. All primary schools in the Choma District have a group of learners who are peer educators from clubs. Their role is to assist other learners to deal with a number of issues affecting them. This role is sometimes seen as precarious because of the power relations that exist between the teaching educators and learner peer educators. This difficulty comes about as a result of some educators who have sexuality relationships with learners. Peer educators have been found to cause situations of conflict between learners and educators. This issue has caused their relationships with educators to become soured.

The varying age ranges that educators had to cater for in single class were also seen as a challenge. Younger learners found certain aspects of the content inappropriate. On the other hand, many of the older learners found the content appropriate and wished to engage in the discussions. Furthermore, younger learners sometimes found certain topics amusing,

older learners felt embarrassed since some issues had become personal. One respondent had this to say “Certain words sound for of insults to learners. Some learners tend not to take certain issues seriously. This distorts the flow of information”.

This study has also indicated that 100 percent of educators were concerned with the non-availability of adequate resources to assist them in the teaching of sexuality education. This issue has affected the quality of lessons that they were able to provide in the classroom. Interestingly, educators felt that in teaching certain aspects of sexuality, boys and girls should be separated. In the interview schedules, educators appeared to support gender division in these classes and drew attention to this in their expressions. They also questioned the impact of sexuality education on the sexual practices of girls.

Respondents at the three schools voiced concern in interview schedules about the use of English in the teaching of sexuality education to multi-lingual Zambian first language learners. They noted that some local language terminologies are viewed as embarrassing for them to use. In such instances they prefer using the English terminology. However, the majority of educators believed that sexuality education should be taught in is local language so as to achieve maximum effectiveness, as this would give everyone an opportunity to express their own view when different topics are discussed. It was also noted by the researcher that even though educators felt that it would be better if the mother tongue was used in the teaching of sexuality education, they also raised a concern that some local language terminology was very difficult and could be embarrassing to express, and they would prefer to use English than uttering certain specific words. This could be detected in the following expression from a respondent “Some words sound more of insults in local language than English. For example, how do you tell a learner about the penis?”

According to the respondents, training of educators for any curriculum reform is essential if it is to have a positive impact. Educators sometimes perceived

the lack of training and education as the greatest challenge to successfully implementing the sexuality education curriculum. In this regard they expressed the need to have pre- service teacher education training. With the introduction of sexuality education curriculum by the Ministry of education in primary schools in Zambia, teacher education institutions have to find ways of preparing teachers to teach this subject. For its part, education institutions have to develop a fully-fledged course on comprehensive sexuality education, which should be taken by both primary and secondary pre-service student-teachers as a general education course in their first year.

5.5 Does culture and religion factor influence teachers perception of the teaching of sexuality education among selected primary schools in Choma district?

School-based sexuality education is crucial for young people in the world today because of the confusing information they get from the media as well as from friends. The study established that cultural values and norms and religion have a profound influence on the teaching of sexuality education in primary schools. Traditional beliefs and cultural norms that view teaching sexuality education to adolescents in primary schools to be taboo have influenced the implementation of sex education. Because different cultures have different perceptions of sex education therefore their misconceptions on how sex education should be carried out. It is important to understand that Zambia is a Christian nation. Therefore, the findings in this study have revealed that religion has an influence on the teaching of sexuality education since educators expressed the view that it could not be openly discussed due to the restraints imposed by a religious viewpoint. Topics related to the use of condoms are not allowed by some religions, yet educators need to discuss the use of condoms at school. The study revealed that some educators were reluctant to discuss topics that went against the specific principles of their religion. We find it difficult to talk

about certain things due to our religion. It becomes strange to bring out some issues to the young ones especially when you go to the same church.

5.6 What is importance and challenges of sexuality education among selected primary schools in Choma district?

The objective of Sexuality education is to educate the young people on these fundamental aspects of human rights. The study revealed that sexuality education is relevant to the curriculum of pupils in primary schools in Zambia. The study also established that the introduction of sexuality education in Zambia offers a positive impact on adolescents in primary schools in Zambia. Sex education is beneficial to pupils in primary schools as it helps the learners to make informed and responsible decisions about their sexuality. The findings also revealed that sexuality education is important because the many young people do not have accurate information on sexuality. This makes them less vulnerable to risky sexual behavior which in the long run affects their performance at school for instance sexuality transmitted diseases like STIs, HIV/AIDS and unwanted pregnancies which often affect the academic life of most female adolescents. Sexual and ill-health are among the most important contributors to the burden of disease among young people and therefore critical to HIV and AIDS prevention, treatment, care and support. The study findings indicated that good health is the major benefit that adolescents received as the result of the introduction of sexuality education in primary schools in Zambia. Other advantages of sexuality education revealed in the study include the promotion of positive values and attitudes among adolescents, which improves their perceptions about peer group norms and increase communication with parents or other trusted adults. This helps to prevent unplanned pregnancies among teenagers and other health concerns associated with teenage pregnancies like miscarriages, stillbirths, premature births, low birth weight, birth defects and disabilities.

However, despite the importance and advantages that come with introduction of sexuality education there are some barriers that affect the effective implementation of sexuality education. The results in the study indicated that there is inadequate time for teaching sex education since it is taught in other subjects and there are no teaching and learning materials to use to teach sex education. Therefore, teachers' failure to open up to teach sex education topics in details and sex education not being a stand-alone subject is a barrier to the effective teaching of sex education and major reason as to why less time is spent on teaching sex education. The findings of the study also revealed that the lack of involvement of the necessary stakeholders in the sexuality education process is a challenge towards having a comprehensive sex education system in the primary schools. The study results established that there is lack of support for the educators with regard to the teaching of sexuality education from stakeholders like parents and school's management. This may be associated with their opposition to the teaching of sexuality education. The study also revealed that the availability of resources is a key barrier in the implementation of sex education in primary schools. For instance, the study results indicated that lack of adequate pre-service of teachers in educational institutions has affected sexuality education in Zambia.

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

In conclusion, the literature study and findings from this study have supplied evidence that sexuality education should be provided as an integral part of a learner's development from the earliest stages. This could assist learners to develop their own positive value systems, become assertive, make informed decisions and avoid risky sexual behaviour. The effectiveness of the teaching of sexuality education depends ultimately on the effective co-operation between the educators, the Department of Education and also through the role of the parents. The

educators have a pivotal role in making the entire process successful. It is upon their broad shoulders that the responsibility rests. It is with this intention that this research, analysis and the suggested remediation measures may together contribute to the improvement in the teaching of this subject, sexuality education in schools.

This study has focused on understanding teachers' perceptions of the teaching of sexuality education in primary schools in Choma District. Sexuality education has been viewed as playing a significant role in the lives of learners. It has also been seen as significant for schools to recognize and accept sexuality as an important, if not critical part of the development process of young persons. This study recognizes that learners need to understand the sexual nature of their bodies and that, through sexuality education, learners could be exposed to more adequate educational guidance in matters related to sexuality. Issues that emerged during the study will be discussed and recommendations will be made with a view to improving the teaching of this subject.

6.2 Recommendations from this research

This section presents recommendations made on the perceptions of teachers with regards to sexuality education in Zambian primary schools with specific reference to some selected schools of Choma district. The recommendations are made to the various stakeholders in the education of the pupils. The findings from this research have suggested that policy needs to be modified and changes implemented in two areas, those aspects related to the Department of Education, and those in dealing with the parents.

i. Recommendations to the Department of Education

It is this researcher's viewpoint that this study has clearly indicated that more is needed in the field of sexuality education than simply justifying what exists at the time. Certain modifications to policy need to be taken based upon these limited findings.

In view of the findings in this study, the following recommendations are made based both on the literature in this field as well as upon the specific responses to the questionnaire and focus group discussions that were undertaken in this research study.

Tertiary institutions involved in the training of educators should include sexuality education as part of the compulsory course work for teacher trainees in order to qualify as educators. Specialized degrees or diplomas in sexuality education could be provided and would be advantageous in this field. Intensified in-service training should be provided for all educators in order to adequately deal with the ever-changing needs and demands related to human sexuality. Parents need to be given clear guidelines through specialists in sexuality education to positively and comfortably deal with issues related to sexuality rather than treating these issues as taboo subjects. Other stakeholders such as Non-governmental Organisations and other government departments should be invited by the Department of Education to jointly design and implement programmes that will assist learners to become adequately equipped to make informed decisions, behave responsibly, and avoid risky behaviour related to sexuality education.

A system of mentoring could usefully be developed. This system could be introduced through an in-service course using a relatively small committee of specialists who all have considerable expertise in the education system, one too that would not necessarily be too costly to the Department of Education. The composition of this committee could include specialists who could look into the biological problems, specialists that could provide the medical perspective, specialists that could look into the moral issues around sexuality education, specialists looking at the religious issues around sexuality education, as well as specialists from the justice system who could look into the legal issues around sexuality education. Sexuality education should be taught from grade 1 to university and the best ways

of encouraging interest and commitment to this subject need to be devised by the Department of Education. An adequate time allocation for the subject of sexuality education should be part of the timetable. Educators should be provided with comprehensive and more adequate resources in order to assist them in the teaching of sexuality education. This could include arrangement of peer group meetings/discussions which will be guided by a manual that could be provided by the department. The Ministry of Education needs to vigorously deal with educators who have formed sexual relationships with learners as this negatively affects the teaching of this subject.

ii. Recommendations to Parents

Parents should be encouraged not to shy away from discussion of sexual related issues with their children. Parents' openness on these issues could allow children to discuss their problems with the parents without feeling embarrassed. Such encouragement should come from the school. Parents should form networks with other parents in order to empower each other with regard to dealing with sensitive issues related to sexuality and to deal with a clear understanding of the process and teaching of sexuality education. Parents need to be informed of their responsibility in the field of sexuality education by various means as part of school/parent business. This could be done through parent / teacher associations as well as obtaining assistance from the Psychological Services. With knowledge of this responsibility, parents need to realize that they cannot shift their responsibility on to teacher educators in the matter of sexuality education, but need to be informed and understand that effective sexuality education needs the support of parents as well as the community. Parents should also create a warm, loving environment in which their children will feel free to discuss sexually-related issues without feeling threatened or embarrassed.

iii. Recommendations for Further Study

This study was limited to all the schools in an urban area. It *might* be beneficial to investigate whether there is a difference between the perceptions of educators in rural schools and urban schools in some future research study. This present study could be greatly extended to all primary schools in order to obtain a broader insight into teachers' perceptions of sexuality education. This could assist in minimizing and resolving the many and multifarious challenges faced by educators today. An expanded study on sexuality education could be undertaken in the future. In such a study, the moral implications of various forms of sexuality education could be included in research in this field. In such a study, philosophical, religious and even economic factors could be explored to provide a fuller and more comprehensive view on sexuality education

ACKNOWLEDGEMENTS

I would like to thank the management at the Information and Communication University for giving me an opportunity to enrol with this institution as a student. I further, wish to thank my supervisors Mr Kabubi and Mr. Kaela Kamweneshe (IJMDR-Editor), for their dedication and educative comments and advice. I also appreciate the insight I received from my fellow students in coming up with this piece of research. Special thanks go to DEBS for Choma District for according me an opportunity to carry out this research in the district. I also wish to thank the head teachers of Swan, Adastra and St Patrick's primary schools at as teachers for their support and encouragements. Finally, I owe a special thanks to my family for their financial support and encouragements during data collection exercise, writing of the report and the entire study period.

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