

THE EFFECT OF EDUCATION ON SEXUAL BEHAVIOUR AND HIV PREVENTION AMONG SENIOR SECONDARY SCHOOL PUPILS OF SINAZONGWE DISTRICT (Conference ID: CFP/795/2018)

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ABSTRACT

The HIV/ AIDS pandemic has had very bad effects on every aspect of humanity negatively affecting the development paradigm. Young people have not been spared. Education is generally regarded as a vaccine for HIV. In addition, the impact of education on sexual behavior has not been constant. Currently the relationship between education and HIV prevention is not clear. In Sinazongwe district, there are many cases of school girls' pregnancies despite the introduction of comprehensive sexuality education. Very little research has been carried out on the impact of education on HIV while much research has been done on the socioeconomic impact of HIV on the education sector. The purpose of this study was to establish the effect of education of sexual behavior and HIV prevention among senior secondary school pupils of Sinazongwe district. The study involved use of both descriptive and exploratory studies for triangulation purposes. Semi structured questionnaires were used to collect quantitative data while Focus Group Discussions (FGDs) were used for qualitative data collection. A total of 54 respondents were selected using stratified random sampling and purposive sampling. Descriptive analysis techniques were used for the analysis of quantitative data while content analysis was used for the analysis of qualitative data. The study reveals that comprehensive sexuality education (CSE) was being taught at schools for grades 5 to 12. It further reveals that the effectiveness of CSE was less than desirable. The study indicates that there are challenges on the effectiveness of offering CSE in schools. The recommendations are to introduce comprehensive sexual education as a topic on its own; send specified teachers for training in the subject as well as holding regular refresher trainings.

Key Works: Effect, Education, HIV, Prevention, Sexual, Behaviour

1.0 INTRODUCTION

This research report is on the effect of education on the sexual behaviour and HIV prevention for senior secondary school pupils in Sinazongwe district.

1.1 Background

The HIV/ AIDS pandemic has had very bad effects on every aspect of human wellbeing. It has been negatively affecting every aspect of development. Robson, Sylvester & Kanyanta (2014) agree with this view when they point out that the global spread of HIV and AIDS has presented a major threat to development as it affected the health of the poor and many aspects of social and economic development. Kopecky (2017) is also in agreement with this view when he reports that the HIV/AIDS infection has a significant negative impact on the economy of countries through decreasing available human capital. The HIV and AIDS pandemic has not spared the young people as it affects people from every age category. However, there are gender imbalances to the face of the pandemic. Girls and women are more vulnerable and affected than the male counterparts. Hargreaves & Boler (2006) agrees with this view when they point out that in Africa where the disease has hit most, 74% of the young people living with HIV are women. Fleischman & Peck (2015) also agree with this view when they report that in Eastern and Southern Africa, girls account for 80 % of all new HIV infections among adolescents.

Africa is the most hit continent by the HIV and AIDS pandemic (ibid). However, no part of the world is immune to the epidemic (ibid). Even within Africa, Sub-Saharan Africa is the most hardy hit by the HIV and AIDS pandemic. Robson & Kanyanta (2014) agree with this view when they point out that the greatest impact of the HIV and AIDS epidemic has been in the Sub-Saharan Africa. Caillods, Kelly & Tournier (2008) agree with this view when they report that in the past 20 years, HIV and AIDS has been rightly considered the most devastating epidemic especially in the sub-Saharan Africa. Kopecky is also in agreement with this view when he reveals that without doubt the sub-Saharan Africa is the most hit region with the HIV/AIDS pandemic.

Zambia has not been spared from the devastating impact of HIV and AIDS (Robson, & Kanyanta, 2014). The Zambian society has been affected in virtually all the sectors. Currently the HIV infection rate stands at 11.2 % in Zambia and at 13.4% in the Southern province. The infection rate for Sinazongwe district is at 6.8%. National HIV/AIDS/TB Council (NAC) (2017) reports that Zambia has one of the highest HIV burdens in the sub-Saharan Africa.

It should be highlighted that the impact of HIV and AIDS has not spared any age category as earlier alluded to. The pandemic's impact on the younger generation cannot be overlooked. UNICEF (2004) agrees with this view when they point out that one aspect of the changing demographics of HIV and AIDS is the impact the pandemic is having on children. In addition to the more than 2 million under 15 years old children living with HIV themselves, there are millions more who although not being HIV positive, have parents infected with the virus (ibid). Sub-Saharan Africa is home to an estimated 12.3 million children who have lost one or both parents (ibid). One unfortunate aspect is that although, education is deemed an important way to prevent HIV infections, most children are already deprived of the chance to go to school by the same pandemic (ibid). Hargreaves & Boler (2006) also agree with this view when they point out that the reality is that the vast majority of African children will not manage to enroll in school. However, there is a general agreement that education is an important tool in preventing HIV infections among children (UNICEF, 2004). Hargreaves & Boler (2006) also agree with this view when they point out that education has been linked to effective HIV prevention. However, there are some scholars opposed to this who say that there is no conclusive relationship between the levels of education and HIV prevention as it has been evolving over time (WFP, 2006). Kopecky (2017) gives a similar view when he points out that the HIV/AIDS status and education relationship is rather unclear based on the current literature.

In Sinazongwe district there are incidences of school girls' pregnancies. The table below indicates the trend in girls. Pregnancies for secondary schools in Sinazongwe district from 2014 to 2016.

Table 1.1.1: 3-year trend of secondary school girls' pregnancies in Sinazongwe

Serial #	DISTRICT	SCHOOL	2014	2015	2016
1	Sinazongwe	Maamba Secondary	7	13	4
2	Sinazongwe	Maamba GRZ	5	13	7
3	Sinazongwe	Maamba Mine	6	0	7
4	Sinazongwe	Nkandabbwe	13	17	2
5	Sinazongwe	Kanchindu	0	2	3
6	Sinazongwe	Sinazongwe	3	3	8

Source: Sinazongwe DEB office

1.3 Statement of the Problem

Zambian schools have been offering lessons on sexual reproductive health that was introduced in 2013 (UNESCO, 2016). The expectation was that that would lead to reduced risk to HIV infections. However, the situation is such that there are still incidences of school girls' pregnancies being reported. The government is aware of those school girls' pregnancies as they have even introduced re-entry policy for girls who fall pregnant while at school so that they can return to school after giving birth (McCladen, 2015). The incidences of pregnancies are evidence that school children are engaging in unprotected sexual intercourse which makes them vulnerable to HIV infections. UNESCO (2016) is in tandem with this when they reveal that there is a big problem of early and unintended pregnancies (EUPs) in Zambia with 29 % of females aged 15-19 having already had a birth or been pregnant with their first child indicating high levels of unsafe sex practices and high risks of infection. Why should children continue being at risk to HIV infection when they are taught on sexual reproductive health issues from grade 5 to grade 12 classes? The United Nations Educational Scientific and Cultural organization (UNESCO) (2016) points out that Zambia currently have the largest population of young people in its history with 46 % being below 15 years and 52.5 % being below 18 years. At adolescent stage, children are faced with a lot of challenges that makes them more vulnerable to HIV infections (ibid). In addition, the 2013-2014 Zambia Demographic health Survey (ZDHS) reports that 11.7 % of females aged 15-19 had first sexual intercourse by age 15 and 13 % women aged 25-49 had first sexual intercourse by age 15, 58 % by age 18 and 75 % by age 20 (UNESCO, 2016). National AIDS Strategic Framework (NASF), 2017) reports that 23 % of the Zambian population are adolescents aged between 10 and 19 years.

1.4 Research Objectives

General Objective

The general objective of the study was to establish the effect of education of sexual behavior and HIV prevention among senior secondary school pupils of Sinazongwe district.

Specific Objectives:

- (i). To determine how education in general enhances sexual behaviour and HIV prevention among senior secondary pupils of Sinazongwe district.
- (ii). To establish which aspect of the education curriculum can help prevent HIV infections among the senior secondary school pupils of Sinazongwe District.
- (iii). To determine which levels of education the school curriculum introduces HIV/AIDS prevention messages among school pupils of Sinazongwe district.

1.5 Research Questions

- (i). In which ways does education in general enhance sexual behaviour and HIV prevention among senior secondary school pupils of Sinazongwe district?
- (ii). Which aspects from the education curriculum is made to specifically help change sexual behavior for HIV prevention among the senior secondary school pupils of Sinazongwe district?
- (iii). In which levels of education does the education curriculum introduce messages on HIV prevention among school pupils of Sinazongwe district?

1.6 Purpose of the Study

The purpose of the study was to establish the effect of education of sexual behaviour and HIV prevention among senior secondary school pupils of Sinazongwe district. Very little research has been carried out on the impact of education on HIV while much research has been done on the socioeconomic impact of HIV on the education sector (WFP, 2006 & Kopecky, 2017). What makes the situation interesting is that the results on the impact of education of HIV/AIDS have been evolving over time (Hargreaves & Boler, 2006). WFP (2006) support this argument when they point out that while in the 1990s research findings indicated that higher education was associated with high HIV incident rates, latter research findings indicated that higher education levels led to lower HIV infection rates. It would be good to know the current relationship between the levels of education and HIV prevention through this proposed research. Currently the relationship between the levels of education and HIV prevention is unclear (Kopecky, 2017).

1.7 Scope of the Study

The study was undertaken from Selected senior secondary schools of Sinazongwe District of the Southern Province in Zambia. The schools from which the study was done were Sinazongwe Secondary School; Maamba Secondary School; 1; Nkandabbwe School of Excellence and Maamba Mine Secondary School.

2.0 Literature Review

This section gives a literature review on the studies done on the effect of education on sexuality and HIV/AIDS among senior secondary school pupils in Sinazongwe District. This literature review discusses past studies that looked at how education affects sexual behavior and HIV prevention. The literature review is presented in chronological order. That means earlier studies are presented first while the later studies are presented later. The

reviews present the authors; when the studies were undertaken; the methodology used; and major results. A conclusion is given at the end.

Rasing (2004) studied on HIV/ADS and sex education among the youth in Zambia: Towards Behavioral change. The study was done in two periods between 1992 and 2003. The first stage of the research was in 1992, 1995-6, 1999 and 2001 and focused on female initiation rites. Those initiation rites dealt with sexuality and sex education; fertility; gender relations; and position of women in the society. The study was carried out in Northern Province for rural settings and on the Copperbelt Province for urban setup.

The study's methodology involved carrying out field works in those mentioned areas and carrying out analysis of the policy of the Roman Catholic Church in Zambia (secondary data) on the rites and gender relations.

The findings to this part of the study were that sex education begins early in an informal set up involving distant relations like grandparents. The research reveals that it was considered a taboo to offer sex education to close relatives like parents using stories (folk tales). The study also reveals that the initiation rites were the main source of sex education and that it mainly applied to girls than boys. The research reveals that for boys the initiation rites applied in the western part of the country.

The second part of the study by Rasing (2004) conducted in 2003 was on the knowledge of HIV/AIDS among Zambian youth. The study examined how the knowledge of HIV/AIDS is passed on predominantly by teachers at primary schools but also by health workers, peer educators and parents.

The methodology involved personal and group interviews with teachers and parents.

On HIV and sex education in schools, the study reveals that in the mid-1990s, HIV/AIDS education was part of the curriculum at all schools from grades five in primary schools onwards and continued at secondary schools. The study further reveals that HIV/AIDS education was integrated with lessons about human biology; Christian norms and values; relationships; friendships; responsibility, self-esteem; the family; making choices and decisions. The study reveals that all teachers interviewed in 2002 recognised the utmost importance of informing children about HIV/AIDS. The research also reveals that although a few teachers were hesitant to talk about sex in the early 1990s, at the time of the study all teachers were considered HIV/AIDS education predominantly a task for teachers more than that for parents and other adults. The reason given was that teachers were considered distant from pupils and therefore more appropriate to teach sexuality and HIV/AIDS to pupils than

parents. In addition, teachers were considered more knowledgeable than parents and were therefore considered to be in a better position to talk about sex and HIV/AIDS. The report further reveals that from grade six onwards pupils knew most basics about HIV/AIDS. However, there were a few misconceptions noted like on the effectiveness of condom use.

Hargreaves & Boler (2006) did a study on the impact of girls' education on HIV and sexual behavior. The study had three (3) research questions as follows: (i). what is the impact of girls' education on sexual behavior and HIV? (ii). What difference does primary or secondary education make to women's vulnerability? (iii). What are some of the possible mechanisms underlying the relationship between HIV and girls' education? The research produced the following notable results.

The study reports that early in the epidemic before 1995 more highly educated women were more vulnerable to HIV than women who were less well educated. The reasons given for that finding was that more highly educated women had better economic prospects which influenced their lifestyle choices such as mobility and number of sexual partners. Another reason for educated women's increased vulnerability to HIV was that more educated women were likely to live in urban areas where the HIV prevalence rates were highest. The study further reveals that however as HIV epidemic has evolved, the relationship between girls' education HIV has changed. It reveals that currently more highly educated girls and women are better able negotiate safe sex and reduce HIV rates. The study further reveals that across all countries reviewed, girls who had completed secondary education had lower risk of HIV infection and practiced safer sex than girls who had only finished primary education. The study also reports that there were also intergenerational benefits of education with the most highly educated adults having a positive bearing on young women's condom use. The study contends that the challenge therefore was that the vast majority of girls in Africa would not complete education despite noting all those benefits of education. The reason given is the cost involved in educating someone up to secondary level which was way above the means of most families.

The study reveals five different ways that formal education can influence vulnerability to HIV. The first way was that if girls were exposed to HIV and AIDS education, it would help prevent HIV. The second way was that HIV and AIDS education would provide psychosocial benefits for young women, helping them to build their self-esteem and capacity to act on HIV prevention messages. The third way was that HIV and AIDS education would lead to better economic prospects, which in turn lead to life style changes that can influence HIV vulnerability. The fourth way was that education on HIV and AIDS influenced the level of

power within sexual relationships. Lastly, the fifth way was that the education on HIV and AIDS affected the social and sexual networks for girls.

The study also reports that girls' education had an impact on sexual behavior. It reveals that six out of eight articles showed that girls who had received more education were more likely to start having sex at a later age. It also reveals that 10 out of 13 articles showed that higher levels of girls' education were related to higher levels of condom use.

Jukes, Simons & Bundy (2008) researched on Education and vulnerability: the role of schools in protecting young women and girls from HIV in Southern Africa. The study was carried out in the Southern Africa.

The study revealed many results on the relationship between schooling and sexual behavior. The study reports that there was much evidence on the fact that sexual behavior is associated with the level of education. It also reveals that in nine countries the study was carried out in, secondary education was associated with a further in the likelihood of using a condom at last sex. The study also reveals that from a study in Zimbabwe, it was found that women with secondary education were less likely to report having unprotected casual sex and were more likely to delay sexual behavior debut. In addition, the study reports that a study in African countries found that education was associated with less risky sexual behavior. It also reveals that condom use was more common among more educated individuals. The report also indicates that the exchange of money for sex was less likely among educated women. Lastly, the study reveals that students attending school have a smaller sexual network strong motivation to avoid the consequences of unprotected sex than their out of school colleagues.

Zilkowski & Jukes (2011) did a study on the impact of education on sexual behaviour in Sub-Saharan Africa: A review of evidence. They focused their discussion on three specific behaviours of number of sexual partnerships; sexual debut and condom use.

The methodology involved the review of literature and it focused on the relationships between sexual behavior and general education. It included review of several studies analysing waves of longitudinal data sets which allowed for temporal order of educational attainment and sexual behavior to be established. However, the majority of the articles reviewed were cross sectional studies.

On education and sexual debut, the study reports that while the total number of studies that were linking education attainment or enrollment to sexual debut was too small to come up with a strong conclusion, the results of the study strongly suggested a protective relationship for women. This could be because students have more structured schedule supervision during

school day and fewer free hours to spend time with a partner. The study further reports that being enrolled in school may also lead to the ability to delay immediate gratification in exchange for a long term educational or professional goal. The findings suggest that merely keeping adolescents in school may reduce their risk of contracting HIV by extending abstinence. **On education and multiple partners**, the study reveals that more educated people are more likely to understand the health risks involved in having many sexual partners. It further reveals that educated individuals would be less likely to exchange sex for money or other needs. **On education and condom use**, the study reveals that taken as a whole these studies strongly support the hypothesis that more educated individuals are more likely to use condoms than less educated individuals. The study further reveals that in studies that involved both rural and urban areas, urban areas were more likely to use condoms possibly due to easy access in cities.

2.1 Establishment of the gap and personal critique

Studies have been done either through descriptive or exploratory designs. The current study hopes to carry out a mixed design for triangulation purposes. In addition, the current study will focus on school going children in senior secondary grades. This is contrary to other studies which focused on young children in general or female pupils in some cases. The other aspect is that the current study will be focused on Sinazongwe district from where no such a study has been undertaken. The revealed study in Zambia was conducted on the Copperbelt and Muchinga provinces and focused on both in and out of school youth.

3.0 RESEARCH METHODOLOGY

This section discusses the research methodology of the study. It clearly describes the research design; sampling procedure; target population; sample size; instruments of data collection; data analysis techniques and ethical considerations.

3.1 Research Design

This study involved a mix of descriptive and exploratory study designs to ensure triangulation of data collected (Johnson & Onwuegbuzie, 2004). The descriptive part of the study attempted to clearly state the facts collected from the study (ibid). On the other hand, the exploratory part of the study helped to dig deeper into the existing relationships among the study variables (Kothari, 2004). The descriptive part of the study was quantitative in nature while the explorative part was qualitative. Therefore, the mix research design took both quantitative and qualitative sides.

Since the study involved both quantitative and qualitative approaches, it involved a mix of positivist and constructivist paradigms. Positivist is associated with hard sciences as well as objective and tangible knowledge easy for experimentation (Dietonrou, 2011). On the other hand, constructivist paradigm is associated with getting meanings from the research environment while the researcher is not independent of the research (Kraus, 2011). Positivist paradigm is meant for quantitative researches while constructivist paradigm is associated with qualitative research (ibid). Since the study involved both positivist and constructionist paradigms, the combined research paradigm is called realism paradigm (Kraus, 2005).

3.2 Sampling procedure

The sampling procedure involved both probability sampling and non-probability sampling for the descriptive and exploratory parts of the study respectively. Under probability sampling, the stratified random sampling technique was employed while the purposive sampling technique was used under the non-probability sampling technique.

3.3 Target population and sample size

Under the Quantitative part of the study, the target population was drawn from four (4) schools with senior secondary school pupils in Sinazongwe district. That means the sampling was drawn from the four (4) schools in the district that have pupils in grades 10 and upwards to 12. That in turn also means the sample was forty (40) respondents. Those schools in Sinazongwe include Maamba Secondary School; Maamba Mine School; Nkandabbwe School of Excellence; and Sinazongwe Secondary School. Forty (40) respondents were drawn from those four schools.

Under the qualitative study, respondents were drawn from the teaching staff from the said four (4) schools as well as from the District Education Board's office. The DEB officials included the DRCC, Guidance Officer; and guidance teachers from schools. That made a total of fourteen (14) key informants.

Therefore the study involved a total of fifty four (54) respondents comprising 40 pupils and 14 members of staff from schools and DEB office in Sinazongwe.

3.4 Instruments of data collection

Semi structured questionnaires were administered to forty (40) pupils. Then focus group discussions (FGDs) were undertaken with the fourteen (14) key informants with the use of interview guides.

3.5 Data analysis techniques

Descriptive data analysis techniques were employed to analyse quantitative data collected from the forty (40) pupil respondents. Excel tools were used during these descriptive analyses including coming up with frequency tables; bar charts and pie charts. Then content analysis was used to analyse qualitative data collected through focus group discussions from the fourteen (14) key informants. That content- analysis helped give rise to themes that in turn gave meanings and helped interpret collected data (Hsieh & Shannon, 2005).

3.6 Ethical considerations

To ensure required ethical considerations, necessary approvals were gotten from DEB office, school head teachers and all the respondents (Fauka & Mantzorou, 2011). Then respondents were assured of confidentiality on the information being collected from them and informed of the use of that information to be collected (ibid). The research was done in such a way as to avoid any form of harm to the respondents including reducing any risk of impending harm (ibid).

This section has been discussing the research methodology of the study. It clearly outlined the research design, sampling techniques and the relevant aspects of research methodology.

CHAPTER FOUR RESEARCH FINDINGS

4.1 Overview

This chapter is a presentation of research findings. The findings are presented in a systematic manner where headings are formulated in accordance with the research questions. Quantitative findings have been presented using frequency tables and charts while qualitative findings are in narrative form.

4.2 Ways in which education in general enhances sexual behaviour and HIV prevention

This section discusses how education in general enhances sexual behaviour and HIV prevention. It looks at what effect being educated helps one to prevent HIV as revealed by the senior secondary school learners of Sinazongwe district. The section answers research question number one on ways in which education in general helps enhance the sexual behaviour and HIV prevention.

Table 4.2.1 Ways in which education in general enhances sexual behaviour and HIV prevention

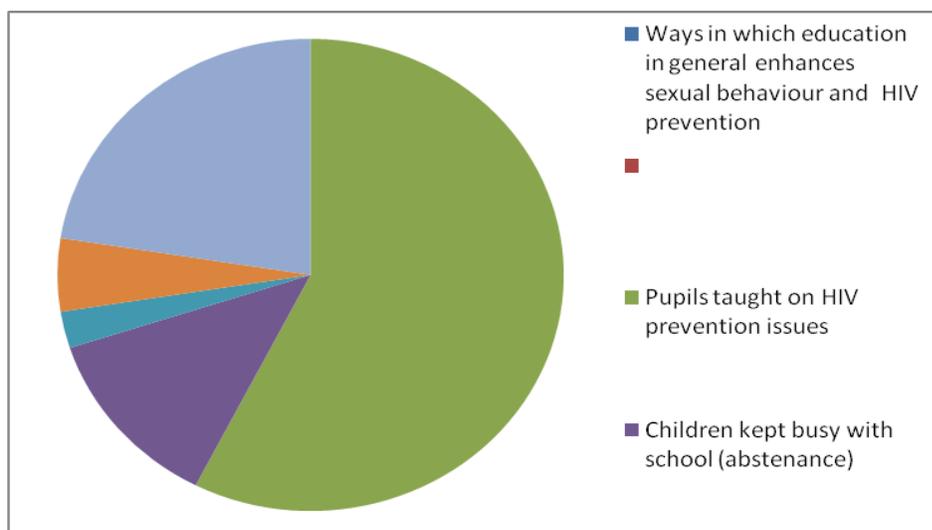
Way	Frequency	Percentage
Pupils taught on HIV prevention issues	23	57.5
Become literate to understand issues	2	5.0
Education leads to moral uprightness	1	2.5
No response	9	22.5
Pupils kept too busy at school (abstinence)	5	12.5
Total	40	100.0

Source: Field data

Table 4.2.1 represents the ways in which education in general enhances sexual behaviour and HIV prevention. It shows that 23 out of 40 respondents representing 57.5 % reported that

through education, they learned of HIV prevention issues. The table also shows that 9 out of 40 representing 22.5 % did not respond on the matter. Table 4.3.1 also shows that 5 respondents representing 12.5 % reported that pupils were kept too busy to engage in sexual activities as they spent a lot of time at school. The table also shows that 2 respondents representing 5 % reported that being educated led to being literate and better able to understand issues including HIV transmission and prevention issues. Lastly, the table indicates that 1 respondent representing 2.5 % reported that being educated led to being upright in morals. See pie chart below representing the same information.

Figure 4.2.1 Pie chart on Ways that education in general helps enhance sexual behaviour and HIV prevention.

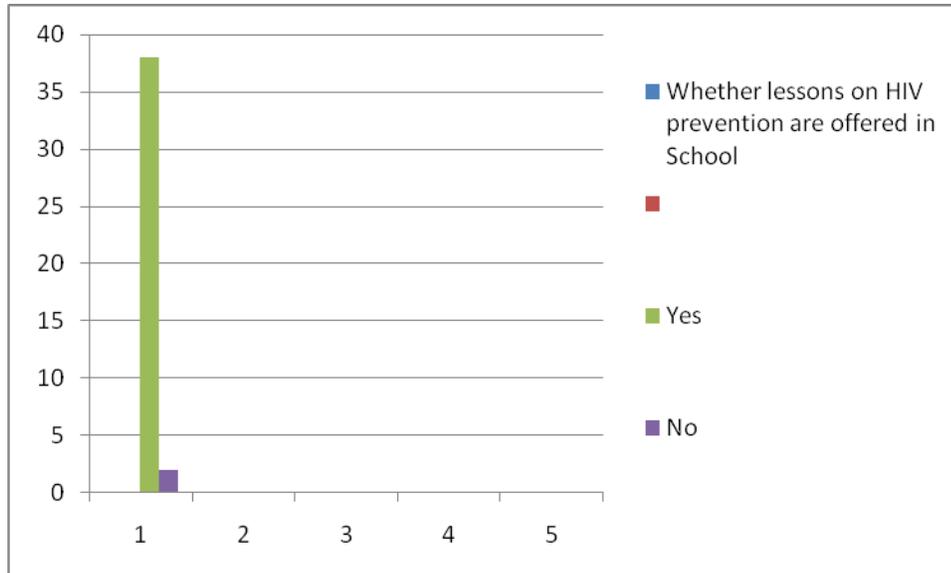


From the Focus group Discussions (FGDs) most discussions revealed that schools were teaching pupils on HIV prevention activities through the comprehensive sexuality education (CSE) which were introduced and made mandatory for all schools. This is in agreement with the majority of questionnaire respondents that pupils were taught on HIV prevention activities.

4.3 Part of the educational curriculum that enhances HIV prevention.

This section discusses the educational curriculum that enhances HIV prevention among pupils in schools.

Figure 4.3.1 Whether HIV prevention lessons are offered in school



Source: Field data

Figure 4.3.1 above shows that 38 out of 40 pupils representing 95 % reported that they were learning on HIV prevention lessons in school. This is as reported in section 4.3.1, that most respondents indicated that pupils were taught on HIV prevention issues. However, it should be noted that there is no what course or subject in which HIV prevention is taught. Pupils reported that they learn on HIV prevention issues in various subjects.

4.4 Subjects Offering HIV prevention lessons

This section presents results on subjects that offer HIV prevention lessons in Schools of Sinazongwe District.

Table 4.4.1 Tabulation of Subjects with HIV prevention lessons

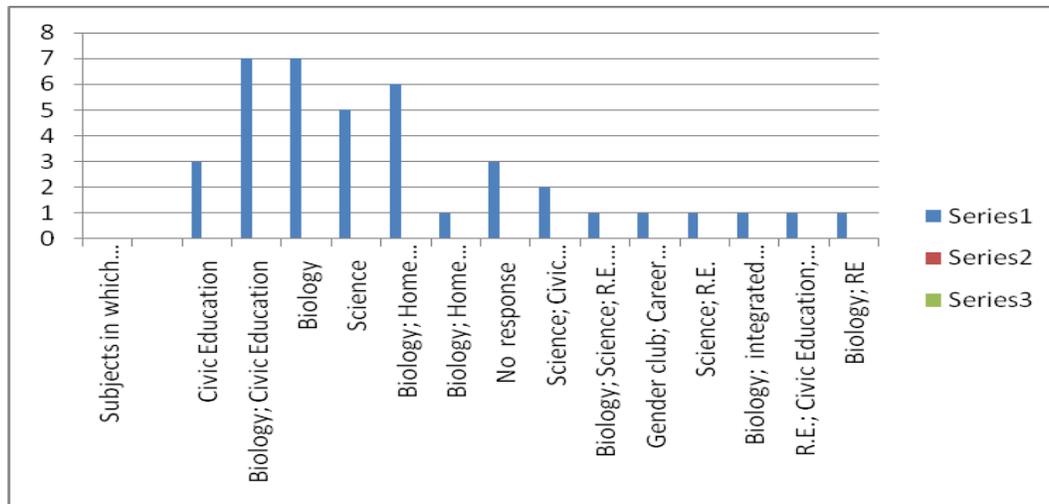
Subjects	Frequency	Percentage
Biology	7	17.5
Civic Education	3	7.5
Science	5	12.5
Biology; Civic Education	7	17.5
Biology; Home Management	6	15.0

Biology; Home Management; Junior Science	1	2.5
No response	3	7.5
Science; Civic Education	2	5.0
Biology; Science; R.E. Civic Education	1	2.5
Gender club; Career club	1	2.5
Science; R.E.	1	2.5
Biology; integrated Science; Home management; Civic Education	1	2.5
R.E.; Civic Education; English	1	2.5
Biology; R.E.	1	2.5
Total	40	100.0

Source: Field data

Table 4.4.1 above represents frequencies and percentages for the subjects in which HIV prevention lessons are offered. This is in accordance with the responses given by respondents as the question was open ended. The combinations of responses were captured as provided. The table above shows that Biology as a subject received the most frequent responses with 7 out of 40 representing 17.5 %. The same frequency was received by the combination of Biology with Civic Education. The second highest frequency was the combination of Biology with Home Management scoring 6 out of 40 and therefore representing 15 %. That was followed by Science with a frequency of 5 out of 40 representing 12.5 %. Other frequencies are revealed in table 4.4.1 above. Generally, Biology, Civic Education; Home Management; Science; Religious Education (R.E.) are among the most common subjects in which HIV prevention lessons are offered. It should be noted that there is no one subject for HIV prevention lessons. See figure 4.4.2 showing the bar chart on subjects in which HIV prevention lessons are offered.

Figure 4.4.2 Bar chart on Subjects offering HIV prevention lessons



From the conducted FGDs, it was also confirmed that HIV prevention lessons were being offered through integrating them in various subjects. It was reported that there had been an introduction of Comprehensive Sexuality Education (CSE) through which HIV prevention lessons were being offered.

4.5 Levels of Education when HIV prevention lessons are introduced

This section discusses the levels of education when HIV prevention messages are introduced in schools of Sinazongwe District as reported by the respondents.

Table 4.5.1: Tabulation of Education levels when HIV prevention messages are introduced.

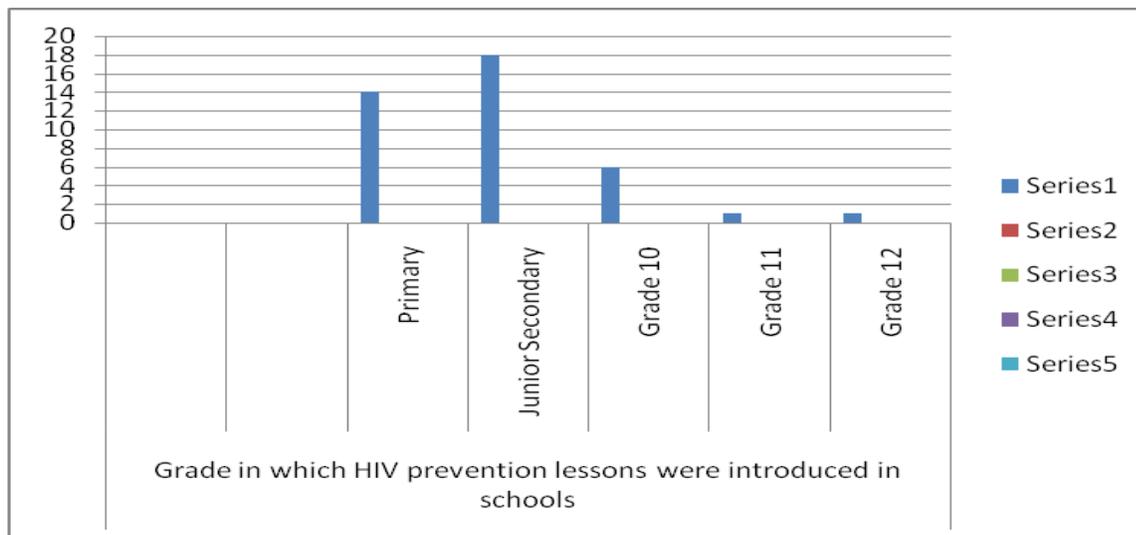
Level/ Grade	Frequency	Percentage
Primary	14	35.0
Junior Secondary	18	45.0
Grade 10	6	15.0
Grade 11	1	2.5
Grade 12	1	2.5
Total	40	100.0

Source: Field data

Table 4.5.1 above shows that 18 out of 40 respondents representing 45 % reported that they had been introduced to HIV prevention messages at junior secondary level. That was the highest score followed by primary level by 14 respondents representing 35 %. The table also shows that

6 out of 40 respondents representing 15 % reported that they were introduced to HIV prevention lessons in Grade 10. Only 1 representing 2.5 % of the respondents reported having been introduced to HIV prevention lessons in Grades 11 and 12. See below figure 4.5.1 for the bar chart on the levels when HIV prevention messages are introduced.

Figure 4.5.1 Levels of education when HIV lessons are introduced



From the focus group discussions, it was revealed that Comprehensive Sexuality Education is actually introduced at Primary level. The Guidance Teachers explained that this was meant to enlighten the learners early enough before it gets too late for them to use the received information. They added that some children became sexually active at very young ages and therefore it was important to enlighten them in their early years.

Chapter four has been a presentation of research findings. The presentation has been systematically done in accordance with the research questions of the study. There was clear use of descriptive tools like frequency tables, bar charts and pie charts on presenting findings. It started with demographics of respondents and then the presentation of results.

CHAPTER FIVE DISCUSSION OF RESEARCH FINDINGS

5.1 Discussion Overview

This section is a discussion of research findings. It looks at the results of the current study and compares them with the results of similar studies. This chapter is an attempt to reflect, affirm and extend knowledge on the effect of education on sexual behaviour and HIV prevention on pupils.

5.2 Ways in which education in general enhances sexual behaviour and HIV prevention

This section is a discussion on ways in which education in general enhances sexual behaviour and HIV prevention. The current study reveals that the major way education in general enhances sexual behaviour and HIV prevention is that there are HIV prevention lessons integrated in various subjects that include Biology; Civic Education; Home management; Religious Education; Science and others. The report adds that the Government Republic of Zambia (GRZ) introduced Comprehensive Sexuality Education for learners. The report, however, also reports that education in general also helps pupils to stay away from sexual activities by making them too busy to participate. The current study further reveals through education learners gain moral uprightness. In addition, the study reveals that education makes one able to read and write and makes them better able to understand HIV transmission issues. Raising (2004) agrees with the view that HIV and AIDS lessons were being offered in schools of Zambia. He adds that it was easier for teachers than parents to talk about sexuality issues as it was generally considered a taboo for parents.

Hargreaves & Boler (2006) also agree that education enhanced sexual education and HIV prevention for girls in five ways. They report that HIV prevention lessons in schools were being offered thus agreeing with the current study findings. They mention the improvement in economic status and power for the girls to negotiate for safer sex as another benefit. Jukes, Simons & Bundy (2008) also agree that education improves sexual behaviour and HIV prevention as the higher the education level, the less risky sexual behaviour for women.

5.3 Aspects of the education curriculum offering HIV prevention lessons

This section discusses the current study results on the education curriculum offering HIV prevention lessons in comparison to previous related studies. The current study results indicate that there is no specific subject just meant for HIV prevention lessons. It indicates that HIV prevention lessons are taught in an integrated manner. The teachers, during the focus group discussions regarded this as the main challenge for effective implementation of the comprehensive sexuality education lessons. Other previous studies indicate that there are benefits of education even without engaging in specific HIV prevention lessons.

5.4 Levels of education during which HIV prevention messages are introduced

This section discusses the levels of education when HIV prevention messages are introduced in schools of Sinazongwe with reference to previous similar studies.

The current study reveals that HIV prevention messages were being introduced at junior secondary level. However, the teacher, through focus group discussions revealed that the said lessons were actually being introduced at primary level of education. Other studies just indicate that the higher the level of education, the less risky will be the sexual behaviour.

Chapter five has been a presentation on the discussion of research findings. It looked at research results in light of the previous similar studies. That was meant to reflect, affirm and critic the results of the current study.

6.0 CONCLUSIONS AND RECOMMENDATIONS

6.1 Overview

This section gives the conclusion and recommendations of the study.

6.2 Conclusion

Education in general has the ability to enhance sexual behaviour and HIV prevention. In Zambia, there has been an introduction of comprehensive sexuality education for learners starting from primary level to secondary level. Although the majority of the respondents reported that HIV prevention lessons were started at junior secondary level, the reality is that comprehensive sexuality education is introduced at primary level. It has also been noted that comprehensive sexuality education is offered in an integrated manner through various subjects being offered at various levels of education. However, offering Comprehensive Sexuality Education (CSE) possess challenges. One notable challenge is that it is difficult to hold the teachers accountable for something that is not easy to track in its implementation. Comprehensive sexuality education is not even examinable. The second challenge has been that CSE was introduced only in 2013 when most teachers had already graduated from colleges rendering its implementation less effective by the already trained teachers. Even those who were sent for training could not effectively roll out to other teachers in their schools. Overcoming such challenges would definitely make HIV prevention lessons more effective. The next section on recommendations strives to address the raised challenges.

6.3 Recommendations

This section provides recommendations to address the raised challenges in ensuring effective HIV prevention lessons in schools for pupils.

The following are the recommendations from the study:

1. To retrain more teachers in effective ways of implementing comprehensive sexuality education
2. To be holding regular refresher courses on how to effectively implement comprehensive sexuality education
3. Schools to be carrying out community sensisations on comprehensive sexuality education as communities consider it a taboo to talk about sexuality issues and yet teachers are not with pupils when the pupils are out of school.
4. More educational materials to be provided for teachers to effectively implement comprehensive sexuality education.
5. Allow comprehensive sexuality education to be taught as a stand-alone subject for which teachers will be accountable.

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