
An Investigation into the Effectiveness of Comprehensive Sexuality Education in Curbing Teenage Pregnancies among Secondary School Girls: a Case of Five Selected Secondary Schools in Samfya District of Luapula Province

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Abstract

Comprehensive sexuality education (CSE) is a rights-based approach to comprehensive sexuality education which seeks to equip young people with the knowledge, skills, attitudes and values which they need to determine and enjoy their sexuality physically and emotionally while the primary goal of the school-based sexuality education programme is to build on knowledge, skills and behaviours thus enabling young people to make responsible and safe choices as well as prepare them for sexually healthy adulthood. Learners need to be aware of the different kinds of development and the impact they have on their lives such as globalization, arrival of new population groups with different cultural and religious backgrounds, the rapid spread of new media, particularly the internet, internet pornography and mobile phone technology, the emergence of HIV and AIDS and increasing concerns about STIs. Thus, the purpose of the study was to investigate the effectiveness of comprehensive sexuality education on curbing teenage pregnancies among secondary school girls in Samfya district of Luapula Province. The study employed a mixed method paradigm of an embedded method and descriptive survey design that used purposive and simple random sampling to select 5 Head teachers, 5 Guidance and counselling teachers, 20 teachers, 10 parents and 60 learners. Data was obtained from respondents by means of interviews, questionnaires and classroom observation schedules. Frequency, percentages, tables, graphs and pie-charts were used to analyze the quantitative and qualitative data obtained. Data was then analyzed by use of the Statistical Package for Social Science (SPSS) computer package. The findings revealed poor implementation and teaching of comprehensive sexuality education and lack of qualified guidance and counselling teachers in schools.

Keywords: Body image, comprehensive sexuality education, puberty, teenage pregnancy, transition.

1. Introduction

The quest for equal and fair education to all genders in Zambia, and the world at large, has raised more concerns about teenage pregnancies among school girls not only in Zambian secondary schools but the world over hence the quest to introduce comprehensive sexuality

education in schools. Slogans such as “girl child education” stand as hallmarks for education systems and Zambia as a country has also embraced the right for girl education thus the enactment of policies such as the re-entry policy (MOE 2011).

Despite the formulation and implementation of the re-entry policy which aims at assisting pregnant girls to reenter school after delivery, the government of the Republic of Zambia through the Ministry of education and other stakeholders saw a vacuum in helping pregnant girls continue their education as some girls still fall prey to the same vice (UNICEF, 2004). In order to help curb pregnancies among school girls, the Ministry of education in 2014 rolled out a new and ambitious framework for Comprehensive Sexuality education (CSE) in the curriculum of the Zambian education system targeting children and adolescents enrolled in Primary and secondary schools (CDC 2000).

Comprehensive sexuality education or CSE is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality (Hurtchison 2013). This type of education in some circles is referred to as life skills, family life or HIV education. Comprehensive sexuality education does not only play an important role in preventing negative sexual and reproductive health outcomes among school going boys and girls but it also offers a platform for learners to discuss gender issues and human rights as well as promote respectful, non-violent relationships among learners.

Comprehensive sexuality education should enable young people to protect and advocate for their health, wellbeing and dignity by providing them with necessary information and it aims at developing and strengthening the ability of children and young people to make conscious, satisfying, healthy and respectful choices regarding relationships, sexuality, emotional and physical health. In addition, comprehensive sexuality education does not encourage children and young people to have sex (ERO 2015).

It should also be noted that comprehensive sexuality education includes scientifically accurate information about human development, anatomy and reproductive health as well as information about contraception, childbirth and sexually transmitted infections (STIs) including HIV while sex education is high quality teaching and learning about a broad variety of topics related to sex and sexuality, exploring values and beliefs about those topics and gaining the skills that are needed to navigate relationships as well as manage one’s own sexual life (Down 2012). Therefore, comprehensive sexuality education and sex education are the same as both cover the same topics though comprehensive sexuality also includes issues such as relationships, attitudes towards sexuality, sexual roles, gender relationships and the social pressures to be sexually active and it also provides information about sexual and reproductive health services. On the other hand sex education programmes teach learners about sexual health as well as ways to avoid sexually transmitted diseases and unwanted teenage pregnancies and the main types of programmes under sex education are abstinence only, abstinence plus and comprehensive sex education (Allen 2011).

1.1 Statement of the problem

Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality and it helps to empower children and young people to develop a positive body image and manage important transitions such as puberty but leaving out key stake holders in policy formulation process achieves little in terms of implementation (Hattie 2012).

1.2 Purpose of the study

The purpose of the study was to investigate the effectiveness of comprehensive sexuality education in curbing teenage pregnancies among secondary school girls in five selected secondary schools in Samfya district of Luapula Province.

1.3 Research Objectives.

The objectives of the study were to:

1. Determine the effects of comprehensive sexuality education in curbing teenage pregnancies among girls in the five selected secondary schools of Samfya district.
2. Identify factors that contribute to teenage pregnancies among school girls in the five selected secondary schools of Samfya district.
3. Assess the strategies that can be put in place to enhance comprehensive sexuality education among girls in the five selected secondary schools of Samfya district.

1.5 Theoretical Framework

The study was guided by the Social exchange theory and sexuality by Cook (2006) and according to (Cook and Rice, 2003 and Ejem et al., 2018), social exchange theory and sexuality is a rights based approach to comprehensive sexuality education (CSE) which seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality physically, emotionally, individually and in relationships. Further, Comprehensive sexuality education is seen as standing on three main pillars of knowledge, values and behaviour, Parker (2002).

1.6 Significance of the study

It is hoped that the findings of the study would contribute to the knowledge gap amongst all the stake holders interested in comprehensive sexuality education and school based reproductive health education which would help bring about better health and reproductive health outcomes such as lower the frequency of sexual intercourse, increased contraceptive use, avoidance of sexually transmitted diseases and unwanted teenage pregnancies among school going girls thereby promoting girl child education in Zambian secondary schools and beyond.

2. Literature Review

2.1 Introduction

Zambia gained independence from Britain in 1964 and from independence to 2000, the Zambian education system was clapping with reproductive health problems such as HIV and Aids, unwanted pregnancy and unsafe abortion among adolescents which are linked to insufficient knowledge about sexuality and reproduction and lack of contraceptives. Therefore, in 2014, Zambia rolled out CSE targeting children enrolled in Grades 5-12 in schools across the country. The Ministry of Education introduced a curriculum based on discourse of sexual and reproductive rights (MOE 2007).

2.2 Comprehensive sexuality education and sex education

Comprehensive sexuality education (CSE) is a rights-based approach to comprehensive sexuality education which seeks to equip young people with the knowledge, skills, attitudes and values which they need to determine and enjoy their sexuality physically and emotionally (Durie 1994). However, the primary goal of the school-based sexuality education programme is to build on knowledge, skills and behaviours thus enabling young people to make responsible and safe choices as well as prepare them for sexually healthy adulthood. Learners need to be aware of the different kinds of development and the impact they have on their lives such as globalization, arrival of new population groups with different cultural and religious backgrounds, the rapid spread of new media, particularly the internet, internet pornography and mobile phone technology, the emergence of HIV and AIDS and increasing concerns about STIs.

Comprehensive sexuality education equips young people to deal with all issues covering not only human anatomy and disease prevention but also human rights, gender equality, communication skills and respectful relationships. In addition, comprehensive sexuality education is important because when young women and adolescent girls have access to comprehensive age-appropriate sexuality education before becoming sexually active, they are more likely to make informed decisions about their sexuality and approach relationships with more self-confidence (Allen 2005).

More importantly, comprehensive sexuality education helps in educating every youth about sexual reproductive health by creating awareness among adolescents about safe sexual practices, it protects both the mother and the child from infectious diseases and to deliver a healthy baby, it prevents the spread of various sexually transmitted diseases such as AIDs, syphilis, etc. and it helps learners as individuals with sound reproductive health produce better offspring which have better chances of survival.

2.3 Factors contributing to teenage pregnancies in Zambia

Muzumara (1999) carried out a study titled adolescent decision making and pregnancy in Zambia: A case of Lusaka urban district. He found that the majority of adolescents in Zambia were sexually active, with high levels of adolescent pregnancy and birth and that the consequences of this sexual activity were largely borne by the girls. Solutions advanced to the problem of teenage pregnancy were advancement of girls' education to empower them in decision making and to be less dependent on men.

The causes of teenage pregnancy found were lack of communication between parents and children, lack of provision of sex education by parents to their children and peer pressure. Parents considered providing sex education to their children as a taboo due to cultural and

religious beliefs. Sexual education is perceived unculture by teaching children about sexual issues such as abortions, sex, contraceptives and gender identity among other sensitive topics (Carmody 2004). In this vein, adults may think that adolescents will try sex if they receive sex education because they may view sex education as a motivation for sexual awareness.

Other causes of teenage pregnancies are lack of reproductive health information and services particularly contraceptives, poverty also leads some girls to offer sex in exchange for money, goods and services from older men, lack of school fees and parental care, social and cultural determinants such as gender inequality where women and girls are perceived as the weaker sex and also child marriages due to rampant poverty among most households and to some extent peer pressure especially in boarding secondary schools when girls are away from parental communication and supervision (FAWEZA 2010). Also, non-use of and poor access to contraceptives and issues with termination of pregnancy, low, inconsistent and incorrect use of contraceptives coupled with limited number of health care services, desire by some girls for a child, forced marriages as well as low education levels and need for dowries by some parents especially in rural areas.

Additionally, educational consequences of teenage pregnancy are school drop-out, absenteeism, poor academic performance and lower educational attainment. Health consequences are high risk of maternal death especially for girls younger than 16 years of age, high risk of obstetric complications and low birth weight. Social consequences are stigma and discrimination, reduced chances of getting married and increased chances of suffering abuse (UNESCO, 2014).

2.4 Teaching comprehensive sexuality education

Comprehensive sexuality education is an essential part of a good quality education that helps prepare young people for a fulfilling life in a changing world. It improves sexual and reproductive health outcomes, promotes safe and gender equitable learning environments and improves education access and achievement. Therefore, the teacher is the most important human resource in the teaching and learning of comprehensive sexuality education as he or she is the resource provider, instructional specialist, curriculum specialist, classroom supporter, learning facilitator, mentor classroom leader as well as data coach (Kelly 1999).

The teacher is the one who plans the learning process, manages, partner in his or her educational work and in some time valuer of skills and knowledge of learners and the teacher's education work is based on sincerity, passion, help shape academic goals, love to learners but also in practicing the profession (Carmody 2004). Nevertheless, the functions of a teacher is to help learners learn by imparting knowledge to them and by setting up a situation in which learners can and will learn effectively by organizing the classroom and learning resources and creating displays to encourage a positive learning environment, planning, preparing and presenting lessons that cater for the needs of the whole ability range within the class, motivating learners with enthusiastic, imaginative presentations and maintaining discipline.

What is taught in comprehensive sexuality education? In comprehensive sexuality education, learners are taught human sexuality including intimate relationships, human sexual anatomy,

sexual reproduction, sexually transmitted infections, sexual activity, sexual orientation, body image and gender identity, abstinence, contraception and condoms, sexual violence prevention and reproductive rights and responsibilities. However, comprehensive sexuality education should be taught by trained teachers (FAWEZA 1996).

2.5 Challenges in teaching comprehensive sexuality education

In the early 1970s the secondary school curriculum was reviewed and in 2000, the Curriculum Development Centre (CDC) reviewed the lower and middle basic education (Grades 1-7). The purpose of the review was to link the school curriculum to teacher education. However, in the curriculum structure, comprehensive sexuality education is not a standalone subject or learning area but come as a cross-cutting issue whose key competences are life skills (MOE 1996). Teachers are expected to integrate comprehensive sexuality education in all learning areas. Hence, due to lack of time and pressure from communities and administration, teachers tend to concentrate more on learning areas that are examined at the end of the course than on cross-cutting issues (FAWEZA 1996).

The challenges associated with the teaching of comprehensive sexuality education programme planning which include insufficient and piecemeal funding for comprehensive sexuality education, lack of coordination of the various efforts by central and local governments, Non-governmental Organizations (NGOs) and development partners and also, inadequate systems for monitoring and evaluating teachers and learners in comprehensive sexuality education.

2.6 Strategies to enhance comprehensive sexuality education among school girls

In Zambian secondary schools, administrators should ensure that subjects for learners are not taught to pass examinations but in teaching comprehensive sexuality education, teachers should include both core knowledge and learners' ability to apply knowledge to different circumstances (MOE 1996). Learning institutions should deliberately include in their programmes co-curricular activities for all learners as co-curricular activities are a major channel for the development of life skills and formation of positive attitudes and behaviour patterns.

The other strategy to enhance comprehensive sexuality education is the use of a variety of teaching methods and techniques in order to cater for a range of learning needs taking into account the availability of local resources (Kelly 1999). Teachers should as much as possible use methods that promote active learners' participation and interaction and in addition, they should use methods that encourage learners to reflect, think and do rather than reproduce from rote learning and should therefore be advised to use the learner-centered approach in the teaching and learning process.

The Ministry of Education should adequately finance the effective running of learning institutions and institutions should spend financial resources largely on the acquisition of learning materials as quality education requires the availability and use of educational materials (Sifuniso 2000). It should be noted that educational facilities and resources are not available for effective teaching and learning in secondary schools and therefore most of the teaching is done theoretically, even for practical and science subjects especially in newly

upgraded secondary school which lack teaching and learning materials as well as science laboratories and equipment.

Monitoring and evaluation is another strategy which can help to enhance the teaching of comprehensive sexuality education among secondary school girls as monitoring and evaluation improve teaching practices. Learning institutions should monitor, evaluate and analyse the effectiveness of their programmes and the teaching and learning strategies and then, there should be follow-ups and continuous monitoring and evaluation (MOE 1996).

3. Methodology

3.1 Study Design

The study adopted a mixed methods approach which is a combination of quantitative and qualitative data. Exploratory and descriptive designs were as well considered appropriate as they also allowed for more flexible strategies of data collection in order to answer the research questions, (Best and Kahn, 2006). The research design was a descriptive survey, as Borg and Gall, (1989) pointed out that a descriptive study may often result in the formation of important principles of knowledge and solutions to significant problems. The study incorporated both qualitative and quantitative aspects of research. It was aimed at collecting information from respondents on the effectiveness of comprehensive sexuality education in curbing teenage pregnancies among secondary school girls. It highlighted the teaching of comprehensive sexuality education in secondary schools, factors contributing to teenage pregnancies and strategies to enhance comprehensive sexuality education among secondary school girls. Structured open-ended interviews were conducted and questionnaires were used to respondents.

3.2 Research sites

The study was carried out in the five selected secondary schools (Samfya, Kasomabangweulu, Kapela, Chibolya and Chiswela) in Samfya district of Luapula Province from which respondents were also sampled.

3.3 Population, Sample and Sampling procedure

The population for the study was purposefully drawn from the five selected secondary schools. Purposive sampling procedure was used to select Head teachers (5), Guidance and Counselling teachers (5), Councilors (5) while the simple random sampling procedure was used to select the teachers (20), parents (10) and learners (60), (Agesa,2012). The sample size comprised of 100 respondents. Also, the primary data was complimented by the secondary data which was derived from government policy documents, ministerial reports and relevant literature on the teaching and learning of initial literacy.

In the sampling of institutions, the study adopted the stratified cluster random sampling technique. Sampling was done zone by zone. Schools were clustered by zones. Five zone were purposively selected based on highest number of co-education or girls' schools. The sampling was done at three levels: Sampling zones, schools and wards- level 1, Sampling Head teachers and Guidance and Counselling teachers-level 2 and Sampling teachers, parents and learners-level 3.

3.4 Data Analysis

In this research, data was analysed qualitatively as the semi structured interviews and observation schedules were used as data collection instruments. Thematic approach was used, where data analysis started with the categorization of themes from the semi structured interviews and observation schedules Kombo and Tromp (2006). Charts and graphs were used to analyse data. The data gathered was analysed according to the themes of the study, the order of the research objectives. Data generated from the interview guide was analysed manually and also, a combination of software MS Access, SPSS and MS Excel was used to analyse data. Analysis was mainly descriptive, that is, mean, median, mode, range, and standard deviation. Related statistics were applied where possible. Statistical testing took the form of Analysis of Variance (ANOVA), correlation and regression both simple and multiple.

3.5 Ethical Issues

The researcher avoided pressuring respondents to take part in the research. Alternatively, permission consents, assents were obtained from respondents involved in the research and the research topic was strategically selected to ensure that there was no harm whatsoever to the research respondents. In this research, the researcher was fully conscious of the need to abide by the ethical rule of respecting the privacy of individuals taking part in the research. In the same way, all the respondents of the research were to remain unidentified to the public as all their valuable views, opinions and perceptions were only known by the researcher for use only in the research and participant's identities will forever remain hidden.

The Researcher got permission from the Head teacher to interview Guidance and Counselling teachers, teachers, parents and learners. The names of respondents would remain anonymous for the sake of confidentiality, Bryman (2001) and Diener and Crandall (2008). However, the identity of respondents was concealed in the thesis but for identification in the thesis, the sixty learners were allocated numbers 1 to 60, the twenty teachers were allocated ordinal numbers 1st to 20th, the ten parents were allocated letters A to J, the five Head teachers were allocated primary colours Blue, Black, Green, Yellow and Red, the five Guidance and Counselling teachers were allocated names of famous villages Lupili, Mwense, Musenga, Kasoma and Chafye.

4. Findings and Discussions

The following findings and discussions were presented according to set research objectives:

4.1 Challenges in teaching Comprehensive sexuality education

According to study results, challenges in teaching comprehensive sexuality education were: lack of coordination (95%), not examined (90%), lack of monitoring and evaluation (90%), cultural beliefs (90%), religious beliefs (90%), not time-tabled (90%), inadequate materials (85%) while least were integrated subject (80%) and insufficient funds also at (80%). Study results also indicated that 75% of the comprehensive sexuality education teachers concentrated on reproductive health education.

Data also showed that there was no association between teaching and learning and what was obtaining on the ground. Teachers mostly were not able to integrate comprehensive sexuality

education in the core-subjects whenever teaching (65%) while organizations concentration was in town and district centre schools (80%) and therefore, learners received less information on comprehensive sexuality education as shown in Table 1 below.

Table 1: Distribution of challenges in teaching comprehensive sexuality education

Challenge	Actual	Percentage	
		Yes	No
Integrated subject	20	80	20
Not examined subject	10	90	10
Insufficient funds	20	80	20
Lack of coordination	5	95	5
Lack of monitoring and evaluation	10	90	10
Inadequate materials	15	85	15
Cultural beliefs	10	90	10
Religious beliefs	10	90	10
Not time-tabled	10	90	10

Literature review that comprehensive sexuality education should aim at developing and strengthening the ability of children and young people to make conscious, satisfying, healthy and respectful choices regarding relationships, sexuality, emotional and physical health (Allen, 2005). According to (Bearinger et al 2007), comprehensive sexuality education enables young people to protect and advocate for their health, well-being and dignity when provided with necessary information.

Other studies, MOE, (2007) advised that teachers of comprehensive sexuality education should use methods that encourage learners to reflect, think and do rather than reproduce from rote learning. However, the methods used in teaching comprehensive sexuality education as reviewed by findings from this study did not allow teachers to think about the knowledge and skills of learners, their ability and the kind of experience they bring to the lessons, did not use a variety of teaching methods, teaching methods and techniques used were not according to learners' experience and did vary for effective teaching and learning to be encouraged (Quist 2000).

4.2 Effects of Comprehensive Sexuality Education on teenage pregnancies

Regarding areas of effects of comprehensive sexuality education on teenage pregnancies, survey results as illustrated in Table 2 below, showed that opinions from respondents scored highly on abstinence (78.4%), followed by use of contraceptives at 73.6%, less STIs infections (69.7%), make responsible choices at 53.6% and the least was less obstetric complications at 49.6%.

Table 2: Distribution of effects of civic education on the youth

Effects of CSE	Percentage	
	Yes	No
Abstinence	78.4%	21.6%
Use of contraceptives	73.6%	26.4%
Less STIs infections	69.7%	30.3%
Make responsible choices	53.6%	46.4%
Less obstetric complications	49.6%	50.4%

On effects of comprehensive sexuality education on teenage pregnancies, the study showed that 78.4% of the respondent agreed that, comprehensive sexuality education provides learners information which enables them to practice abstinence. Others indicated that, comprehensive sexuality education enables girls to know how, when to use contraceptives (Down 2012). The study further revealed that comprehensive sexuality education has an effect on the girls if well utilized, as it would enable them not to contract STIs (69.7%). In addition, the study revealed that comprehensive sexuality education if well conducted in schools and the communities can enlighten both the youth and other members of the community on making responsible choices (53.6%) while (49.6%) of the findings of the study from all the participants reviewed that comprehensive sexuality education would result in less obstetric complications among the girls in secondary schools and (Durie 1994) noted that comprehensive sexuality education enables girls to be aware of their body anatomy, how it functions, advocate for their health, appreciate their reproductive rights and responsibilities.

4.3 Factors contributing to teenage pregnancies

From the study, the responses of factors that contribute to teenage pregnancies were poverty at 40%, lack of communication between parents and children at 13%, lack of provision of sex education by parents to their children at 11%, peer pressure at 10%, social and cultural determinants at 8%, lack of reproductive health information at 7%, religious beliefs at 6% and non-use and poor access to contraceptives at 5%.

The study showed the factors that contribute to teenage pregnancies and to help curb teenage pregnancies, the government should come up with programmes to reduce poverty among citizens more especially in rural areas where it is wide spread among households (FAWEZA 2010). Other causes of teenage pregnancies are lack of reproductive health information and services particularly contraceptives, poverty also leads some girls to offer sex in exchange for money, goods and services from older men, lack of school fees and parental care, social and cultural determinants such as gender inequality where women and girls are perceived as the weaker sex and also child marriages due to rampant poverty among most households and to some extent peer pressure especially in boarding secondary schools when girls are away from parental communication and supervision (Booth and Ainscon 2011). Also, non-use of and poor access to contraceptives and issues with termination of pregnancy, low, inconsistent and incorrect use of contraceptives coupled with limited number of health care services, desire by some girls for a child, forced marriages as well as low education levels and need for dowries by some parents especially in rural areas (Carmody 2004).

4.4 Strategies to enhance comprehensive sexuality education among school girls

From the study, the responses on strategies to enhance comprehensive sexuality education among school girls were to enhance co-curricular activities at 88.9%, finance procurement of learning resources at 85%, use of variety of teaching methods and techniques at 80.1%, monitoring and evaluation at 79.6% and the least was use of local resources at 66.4% as illustrated in Table 3 below.

Table 3: Distribution of strategies to enhance comprehensive sexuality education among school girls

Strategies to enhance CSE among school girls	Percentage	
	Yes	No
Enhance co-curricular activities	88.9%	11.1%
Finance procurement of learning resources	85%	15%
Use of variety of teaching methods and techniques	80.1%	19.9%
Monitoring and evaluation	79.6%	20.4%
Use of local resources	66.4%	33.6%

The study revealed strategies that there are several strategies that can be employed in schools to enhance comprehensive sexuality education such as administrators ensuring that subjects for learners are not taught to pass examinations but teachers should include both core knowledge and learners' ability to apply knowledge to different circumstances (MOE 1996). Learning institutions should deliberately include in their programmes co-curricular activities for all learners as co-curricular activities are a major channel for the development of life skills and formation of positive attitudes and behaviour patterns.

The other strategy to enhance comprehensive sexuality education revealed by the study was the use of a variety of teaching methods and techniques in order to cater for a range of learning needs taking into account the availability of local resources (Kelly 1999). Teachers should as much as possible use methods that promote active learners' participation and interaction and in addition, they should use methods that encourage learners to reflect, think and do rather than reproduce from rote learning and should therefore be advised to use the learner-centred approach in the teaching and learning process.

The Ministry of Education should adequately finance the effective running of learning institutions and institutions should spend financial resources largely on the acquisition of learning materials as quality education requires the availability and use of educational materials (Carmody 2004). It should be noted that educational facilities and resources are not available for effective teaching and learning in secondary schools and therefore most of the teaching is done theoretically, even for practical and science subjects especially in newly upgraded secondary school which lack teaching and learning materials as well as science laboratories and equipment.

Monitoring and evaluation is another strategy which can help to enhance the teaching of comprehensive sexuality education among secondary school girls as monitoring and evaluation improve teaching practices. Learning institutions should monitor, evaluate and

analyse the effectiveness of their programmes and the teaching and learning strategies and then, there should be follow-ups and continuous monitoring and evaluation (MOE 1996).

5. Conclusion

The conclusion drawn were that comprehensive sexuality education plays an important role in developing and strengthening children and young people's ability to make healthy and respectful choices as learners who are equipped with comprehensive sexuality education knowledge will be able to practice abstinence, approach relationships with self-confidence and above all are equipped with knowledge, skills, attitudes and values needed to determine and enjoy sexuality. Comprehensive sexuality education should be taught realistically for it to address the central facts gender equality as well as relationships. It is also a tool in young people to fulfill life in a changing global world. Without comprehensive sexuality education, it is difficult to improve sexual and reproductive health outcome. All stake holders involved in teaching comprehensive sexuality education at all levels should be practical and promote learner involvement in their learning and encouraging adherence to the values and principles of comprehensive sexuality education.

Recommendations

The following are actions that should be taken on the basis of the findings of this study:

1. Government through responsible ministries should come up with strategies to deal with rampant poverty among many households especially in rural areas.
2. Lessons for girls should deal with reproductive health information and services particularly contraceptives.
3. Teachers should ensure that girls know the impact of development on their lives such as globalization, cultural and religious beliefs, spread of internet and mobile phone technology.
4. Government through the Ministry of Education should finance procurement of teaching resources.
5. School administrators should ensure that comprehensive sexuality education is integrated in all the core-subjects but eventually be taught as a stand-alone subject and should be examinable.
6. Schools should establish peer educator groups to help develop moral virtues in pupils and peer educator groups should have the Comprehensive Sexuality Education content made available to them for discussion.
7. School administrators should encourage teachers to use a variety of teaching methods and techniques as well as use of local materials.
8. Schools should enhance monitoring and evaluation of learning programmes.
9. The government, through the Ministry of Education, should effectively implement the teaching of Comprehensive Sexuality Education in schools to help curb the problem of teenage pregnancies.

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Citations: Lufeyo Chitondo and Hosea Lupambo Chishala. “An investigation into the effectiveness of comprehensive sexuality education in curbing teenage pregnancy among secondary school girls: A case of five selected Secondary schools in Samfya Districts of Luapula Province.”

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