



REPUBLIC OF ZAMBIA
MINISTRY OF GENERAL EDUCATION

HIV/AIDS

KNOWLEDGE, ATTITUDE, BEHAVIOUR AND PRACTICE (KABP) SURVEY IN SIX PROVINCES OF ZAMBIA: *EASTERN, LUAPULA, MUCHINGA, NORTHERN, NORTH-WESTERN AND WESTERN* PROVINCES

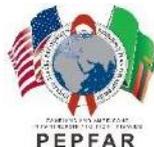
FINAL REPORT

May 2015

RTS Monitoring, Evaluation & Research (MER) Series # 4



USAID
FROM THE AMERICAN PEOPLE



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CREATIVE

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This is a product of many people and the list is too long to itemize. However, some deserve special mention. RTS acknowledges the cooperation and support from MESVTEE counterparts (HQ officials, Provincial Education Officers, District Education Board Secretaries, District Resource Centre Coordinators and others) for their role in the survey. In the same vein, RTS is thankful to schools and learners for cooperating with survey teams and for making sure that the survey was successfully implemented.

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AoC	Agent of Change
CAMFED	Campaign for Female Education
CSE	Comprehensive Sexuality Education
DEBS	District Education Board Secretary
FGD	Focus Group Discussion
GBV	Gender Based Violence
G & C	Guidance and Counseling
GPS	Global Progress Survey
FAWEZA	Forum of African Women Educationalist in Zambia
HIV	Human Immune-deficiency Virus
MESVTEE	Ministry of Education, Science, Vocational Training and Early Education
NAC	National AIDS Council
KABP	Knowledge, Attitudes, Behavior, and Practice
PEPFAR	President's Emergency Plan for AIDS Relief
REPSSI	Regional Psychosocial Support Initiative
RTS	Read To Succeed
PTA	Parent-Teacher Association
SACMEQ	Southern and Eastern Africa Consortium for Monitoring and Educational Quality
SIC	School In-service Coordinator
SRH	Sexual Reproductive Health
SCP	School-Community Partnership
SPSS	Statistical Package for Social Sciences
STI	Sexually Transmitted Infections
USAID	United States Agency for International Development
UNGASS	UN General Assembly Session

EXECUTIVE SUMMARY

In response to young learners' sexual reproductive health and physical safety needs, the Ministry of Education Science, Technical, Vocational and Early Education (MESVTEE) in collaboration with Read to Succeed (RTS), Campaign for Female Education (CAMFED), Forum for African Women Educationalist Zambia (FAWEZA), Regional Psychosocial Initiative (REPSSI) strengthened the Guidance and Counseling Services (G&C) in primary and secondary schools. The effort is intended to help young learners cope with situations that affect their academic life and lead to poor choices that can have negative life-long effect. RTS' assistance includes strengthening the Guidance and Counseling Services by training teachers to effectively facilitate the development of life skills, primarily for the prevention of HIV, STIs and pregnancy; and introducing the Agents of Change (AoC) model which provides a peer-to-peer platform for honest and frank discussions on issues regarding young people's sexual reproductive health and academic future.

MESVTEE adopted the Comprehensive Sexual Education approach in 2012 in response to the poor performance of Zambian learners on SACMEQ and the need to close the knowledge and attitudinal gaps. The UN General Assembly Session on AIDS (UNGASS) knowledge indicator defines comprehensive knowledge about HIV as: correctly identifying ways of preventing sexual transmission of HIV (condom use and having one HIV-negative faithful partner); and rejecting major misconceptions about HIV transmission (that it can be transmitted by mosquitoes or witchcraft)¹.

Project Design and Methodology

RTS undertook a Knowledge, Attitudes, Behavior and Practice survey to assess learners HIV/AIDS knowledge, and processes for implementing the HIV/AIDS response inclusive of the Guidance and Counseling services. The KABP targeted learners aged 10 to 18 years in upper primary schools, teachers and administrators in RTS targeted provinces (i.e. Eastern, Luapula, Muchinga, Northern, Northwestern, and Western Provinces)². The survey examined if and how the MESVTEE Guidance and Counseling Strategic Framework is being implemented in terms of staffing, collaborative work with learners (Agents of Change), and addressing issues (e.g. bullying, sexual harassment and gender based violence) that deter learners from fully participating in the academic experience; and constraints and challenges to achieving compliance with MESVTEE guidelines. Data, also, was collected on key indicators relating to HIV knowledge, perceptions about risk to pregnancy, STIs and HIV, and knowledge of HIV prevention.

Four instruments were used to collect data from the 4 categories of respondents:

The school administrator was asked to complete a checklist prior to administration of the three other instruments. The checklist was designed to obtain information on the number of trained G&C teachers in the school; the number of training sessions that they have conducted with other teachers, AoCs, and community members; and the number of supervisory meetings held with AoCs. The school administrators were also asked to identify behaviors requiring disciplinary action such as bullying, sexual harassment and gender based violence (GBV), and how they dealt with them.

A learner interview schedule to assess knowledge of HIV/AIDS and prevention measures for avoiding sexually transmitted infections (inclusive of HIV) and pregnancy; and interaction with the school G&C services. The schedule collected quantitative and qualitative information through a pre-coded menu of possible responses and a few open-ended questions that allowed the respondent to express personal opinions. The questions on knowledge were drawn from *measuring the Education Sector Response to*

¹ Cited in *Situation Assessment of the HIV Response Among People in Zambia*, Kalibala and Mulenga, 2010.

² Although learners 10-18 years were targeted, data was collected on three 19 year olds because of the random selection process.

HIV and AIDS Guidelines for the Construction and Use of Core Indicators, UNESCO 2013³. Examinees must score 95% or better on the test in order to be deemed knowledgeable about HIV/AIDS and have the correct attitudes consistent with the United Nations Human Rights Charter and United Nations Guidelines on HIV/AIDS.⁴

An Agent of Change Focused Group Discussion (FGD) guide was used to assess AoC attitudes about HIV and pregnancy risk among students, their role as change agents, and their perceptions about how the G&C system is working.

A teacher/school administrator FGD guide was used to assess the school's effort in delivering the HIV/reproductive health response through improved G&C services.

Findings

RTS assistance to strengthen Guidance and Counseling programs is helping primary schools to be compliant with the MESVTEE Guidance and Counseling Strategy Framework. An aspect of the strategy is to improve efficiency and effectiveness by training teachers, who are expected to train other teachers, learners (AoCs), and community members in guidance and counseling skills. Although RTS trained 1,123 teachers in G&C and 11,230 learners in peer education and behavioral change methodology, 75% of the surveyed schools were affected by numerous staff transfers. Trained teachers either had left the school where they were employed whilst undergoing training or had become too busy with their teaching workload to adequately provide counseling services and supervise the Agents of Change (AoC).

Zambian schools are expected to have a school-level policy and interventions to promote and secure safety for learners and staff within the school perimeters. Compliance with this expectation is tracked annually by MESVTEE and published in the *Education Bulletin*. All 36 of the sampled school responded positively and said they have a school policy and that it is communicated to all staff, learners, and the PTA. Operational implementation guidelines to provide clear direction on who does what, when, where and with whom, were missing from the policy. This was evident when the school administrator and teachers, and AoC FGDs talked about how they manage bullying, sexual harassment and gender based violence.

Learners, administrators and teachers acknowledged that bullying, sexual harassment, and gender based violence (GBV) exist in their learning environment (i.e. school, home and community) but mostly occurs in the wider community. Because bullying, harassment and Gender Based Violence (GBV) most often occurs outside of school premises, it is not perceived as a major school responsibility for teachers to address. Apart from reporting the matter to classroom teachers and G&C teachers (where they exist), little is done to address the matter. Learners who commit such offenses are counseled and punished, and their behavior reported to their parents. Parents are informed of their child's offense and expected to correct the child's behavior.

Some learners expressed fear of sexual abuse by teachers if they discussed intimate matters with them or asked questions about sexually-related matters. The possibility of sexual harassment by teachers was acknowledged by discussants in FGDs. Formal complaints to authorities concerning such behavior are rare as verification and disciplinary procedures are cumbersome. Learners and their parents/guardians have little faith that they will obtain redress.

³ These set of questions have been adopted and used by schools in the SADC region to test learner's knowledge of HIV/AIDS and ability to reject major misconceptions.

⁴ The International Guidelines on HIV/AIDS and Human Rights was developed at the second international consultation on HIV/AIDS and Human Rights by the United Nations Centre for Human Rights, organized by the Joint United National Program on HIV/AIDS in 1996. The guidelines provide explicit benchmarks to implement and measure performance in developing an effective rights-based response to the epidemic, *The Zambia HIV/AIDS Human Rights Charter*, 2009.

The 226 surveyed learners performed poorly on the HIV/AIDS test with only 17.8% achieving acceptable scores that demonstrate knowledge of HIV transmission and prevention, and acceptable attitudes towards people living with HIV. Nearly half (48.7%) of the respondents indicated they do not have enough knowledge to protect themselves from HIV, STIs and pregnancy, and would like more information. The preferred source for obtaining the information is the classroom in school. However, when the results were disaggregated, provincial differences emerged. The majority (57%) of learners in Eastern Province indicated that TV and radio were their main source of information, and classroom discussions were used by 25% of learners from the province. Northwestern Province had the second highest number (38.9%) of learners who indicated use of TV and radio to source information about HIV/AIDS although the majority (49.1%) indicated classroom discussions. Muchinga, Northern, Luapula, and Western had the lowest use of electronic media for sourcing information, e.g. 10.5%, 11.4%, 23.5% and 17.1% respectively. Apart from learners in Eastern Province, the majority said their main source of information is through classroom discussions.

Perception and appreciation of risk is linked to knowledge and attitudes, and directly influences sexual behavior. Learners were asked three hypothetical questions to assess their assertiveness and potential ability to negotiate risky sexual situations. The study found that younger learners aged 10-14 years are more confident about their negotiating skills than those who are 15-19 years, with the exception of negotiating condom use. Attitudes towards negotiation skills were similar between rural and urban learners within the same age categories.

All schools had elements of preparedness for implementing the HIV/AIDS response. All 36 schools had a policy to promote learner and staff physical safety, which is consistent with the MESVTEE's policy framework for promoting health and safety in school. But, only 75% of were compliant with G&C recommendations of a G&C teacher for every 200 students, and male and female teachers to cater to the needs of both sexes.

Bullying, sexual harassment and GBV are problems for learners and inhibit school performance and sometimes attendance. According to school administrators and teachers, most bullying, sexual harassment and GBV take place in the learners' home and community. Whilst it was acknowledged that it affects learner performance, it is generally perceived as a community problem rather than a school problem.

Both school administrators/teachers and learners have similar views on the purpose of G&C. Morality featured in comments on the purpose of G&C, e.g. providing moral guidance and helping to maintain moral standards. These sentiments may inhibit learners from seeking out G&C teachers and AoC to discuss sexual and other SRH issues. The learner is likely to feel that he or she is being judged.

Recommendations

MESVTEE should revisit assumptions about learner educational needs related to sex and sexuality. The existing age-appropriate materials may be inadequate to respond to learners' needs and experiences. Integration of HIV/AIDS into curricular currently is done according to class level rather than according to actual age of learner in the class.

It is recommended that MESVTEE:

- i. Conduct operational research on HIV/AIDS classroom and extra-curricular instructions to better document coverage of content and teaching delivery;
- ii. Include HIV/AIDS knowledge and attitudes in periodic National Assessment Survey conducted by the Examination Council to assess learning achievement; and

- iii. Utilize results from these studies to adapt and adjust the Life Skills framework to local realities and constraints, e.g. multiple ages in the same classroom setting.
- iv. Encourage the Planning and Information Directorate to provide templates to school G&C teachers to develop annual action plans. This will help to regularize counseling services so that it can be built in the school time-table and assist AoCs to learn how to plan and support activities whilst also providing structure and direction to what they do.
- v. Work with National AIDS Council (NAC) and Ministry of Community Development, Child and Maternal Health to develop and execute an advocacy plan to leverage local support for anti-AIDS, anti-bullying and GBV activities. CAMFED and FAWEZA have materials that can be used in such a campaign. For example, the schools can build a campaign around the rights of children living with HIV and thus dispel misconceptions about the way HIV is transmitted.
- vi. Collaborate with the Victim Support Unit in the Police Services to facilitate the formation of “Boys against GBV” clubs in primary schools⁵. The Police Services can coordinate the clubs with the existing work they carry out with MESVTEE, which involves school visits to sensitize learners about substance abuse.

⁵ The Victim Support Unit has already begun this activity in some schools. (Conversation with Head of Victim Support Unit.)

1) INTRODUCTION

Read to Succeed (RTS) Project is funded by the United States Agency for International Development (USAID) to work in partnership with the Government of the Republic of Zambia (GRZ) through the Ministry of Education, Science, Technical, Vocational and Early Education (MESVTEE) to implement the *Improved School Effectiveness Program in Zambia (ISEP)*. The primary purpose of the RTS project is to improve early grade reading through school effectiveness in Government primary schools in six provinces: Eastern, Luapula, Northern, North-Western, Western and Muchinga.

The RTS project adopts a holistic approach to school effectiveness that embraces a “whole school/whole teacher/whole child” approach to promoting learning and meeting the academic, physical and emotional needs of students and teachers. A critical component of this approach is to support responsiveness to the needs of children that facilitate and/or impede academic progress and achievement.

The RTS development hypothesis is straight forward: to increase student learning outcomes in reading, schools must be more effective in providing the services children need to learn. Based on this hypothesis, a number of interventions have been designed to improve schools and the systems supporting them, and offer learners support to mitigate physical and socio-economic factors that impede the learning process. Communities are encouraged as well as assisted to engage in supporting school effectiveness, and providing leadership in ameliorating conditions that undermine school-based learning processes.

HIV, pregnancy and early marriage are threats to a learner’s well-being, and can curtail academic progress, even preventing her or him from completing primary school. The Zambia Sexual Behavior Survey (2009) indicates that significant numbers of young people are sexually active. The CSE Baseline Survey⁶, which captured data on 1,815 learners, reported that by age 16, 17% of girls and 33% of boys reported having had sex. Learners as young as 10 years (0.5% girls and 2.9% boys) reported having had sex.

The majority of pregnancies among school girls, grades 1-9 occur in primary school learners in rural areas (MESVTEE, 2012). It is estimated that nearly 30% of illegal abortions occur among school girls who fear parental anger and disappointment, and who do not want to disrupt their education⁷ (Stephen Bell, Stephen, Victor Peleka, Mathews Falanga, Florence Phiri, 2012). Death or permanent physical complications are risks to illegal abortion. Young girls under 15 years are five times more likely to die during childbirth and those under 19 are twice as likely to die during childbirth (Shaw, D. 2009, cited in Kalibala and Mulenga, 2011).

In response to young learners’ sexual reproductive health and physical safety needs, MESVTEE in collaboration with RTS, CAMFED, FAWEZA, and REPSSI have strengthened the Guidance and Counseling (G&C) Services in primary schools to help young learners cope with situations that affect their academic life and lead them to make poor choices that can have negative life-long effect. RTS’ assistance include strengthening the G&C services by training teachers to effectively facilitate the development of life skills, primarily for the prevention of HIV, STIs and pregnancy; and introducing the Agents of Change (AoC) model which provides a peer-to-peer platform for honest and frank discussions on issues regarding young people’s sexual reproductive health and academic future in school. RTS also provided technical assistance for the development of a five-year Guidance and Counseling Strategy for MESVTEE, inclusive of a Guidance and Counseling Manual; and a health monitoring guide based on key features of the Focusing of Resources on Effective School Health (FRESH) approach.

⁶ *Strengthening Comprehensive Sexuality Education Programs for Young People in School Settings in Zambia*, Elena Vinogradova and Brittany Herber, 2014

⁷ MESVTEE has a Re-entry Policy for girls who become pregnant during the school year.

Learner achievement is influenced by home and community involvement in the learning process, particularly interventions that promote learner health and well-being, and school safety. Recognizing the importance of school-community relationships, RTS is assisting MESVTEE to establish school-community partnerships in its targeted areas. These partnerships aim to improve learner performance in school through building learners' social and moral development, and the production of local reading materials that reinforce character building as well as reading competency. RTS has encouraged schools and communities to provide reading spaces, and some schools have responded by developing "reading trees/shelters, which are dedicated spaces for learners to read. In some schools the spaces are also used as a meeting place for parents and community members to meet once a week to share information on common issues affecting their school-aged children.

2) EDUCATION SECTOR POLICY AND PROGRAMS ON HIV/AIDS

The Education Sector response to HIV/AIDS is part of a broader program directed at improving the overall health, safety and well-being of learners and staff. To achieve this, the MESVTEE has strengthened school health and nutrition and HIV/AIDS programs by combining them into one comprehensive program. The synergies emerging from a unified approach to health, safety and welfare issues in the sector is expected to strengthen HIV/AIDS interventions as well as promote efficiencies in other education service delivery areas.

Life skills education was introduced during the curriculum reforms under the Basic Education Sub-sector Implementation Program (BESSIP), and included components on HIV/AIDS and gender. The inclusion of HIV/AIDS was partially the result of the HIV/AIDS epidemic and growing awareness that young people's knowledge, attitudes and behavior are key to preventing infection. Young people of 14 years and below were referred to as the "window of hope" because they were widely perceived as not yet sexually active.

Various research reports and monitoring information through EMIS begin to show a contradictory view, that is a significant number of young people 15-24 years were sexually active and some had initiated sexual activity below 15 years. In 2002 for example, the country recorded 3,663 teenage pregnancies among school-going teenagers at primary and secondary school levels; in 2004, the number doubled to 6,528; in 2007 the figure rose further to 11,391 and to 13,634 in 2009. In 2013, MESVTEE (2013, p. 43) reported 14,922 cases of teenage pregnancy.

Although national population-based studies such as the Demographic and Health Survey (DHS) and Sexual Behavioural Survey (SBS) (which are conducted at regular intervals and target 15-49 year age category) show that awareness and knowledge of how to prevent HIV is consistently high in this age group, younger people lack the same knowledge and awareness. Only two surveys in Zambia have comprehensively assessed younger people's HIV/AIDS-related knowledge, attitudes, behaviour and practice. These are the *Zambia Global Health Survey, 2004* undertaken with assistance from WHO, and the *Comprehensive Sexuality Education (CSE) Survey, 2014* undertaken with assistance from UNESCO. Both surveys indicate that young people aged 10-14 years (in and out-of-school) are at risk because of inadequate knowledge, poor attitudes, and early initiation of high risk sexual behaviour.

Further illustrating this point is the poor performance of Zambia learners on the HIV/AIDS component of the Southern and Eastern Africa regional test. According to the Southern and Eastern Africa Consortium for Monitoring and Educational Quality (SACMEQ) report, 60% of grade six learners did not have adequate knowledge of sexuality education. MESVTEE undertook a curriculum scan which investigated the quality of information on sexuality education provided in the curriculum and reviewed gaps in knowledge on sexuality education among learners. The research findings identified gaps which needed to be addressed in the school curriculum on sexuality education (.op. cit.).

With the adoption of CSE which focuses on a life-skills based HIV and sexuality education approach, MESVTEE is harmonizing the HIV/AIDS curricula and strengthening content on sexuality (UNESCO, 2013). Comprehensive life skills-based HIV and sexuality education covers 16 specific topics, which can be summarized as follows:

- **Generic life skills:** decision-making/communication/refusal skills
- **SRH and sexuality education:** human growth and development, family life, reproductive health, sexual abuse and the transmission of STIs;
- **HIV transmission and prevention**

Primary and secondary schools are being capacitated to provide life skills-based HIV education in the classroom and through extra-curricular activities. In addition, schools are facilitating the formation of youth peer education groups to provide a supplemental channel for HIV/AIDS and general reproductive health education, counseling, and referral; expanding counseling and guidance services in which classroom teachers, learners, and community members are provided knowledge and skills to recognize problems that affect the learning process and how to respond with counseling and referrals.

3) STUDY QUESTIONS AND PROJECT INDICATORS

3.1 Study Questions

A. Guidance and Counseling Service Infrastructure

- i. Is the RTS assisted Guidance and Counseling Services functioning in a manner to address various influencing factors (e.g. socio-cultural and health-related) that threaten learners' academic performance? Is adequate time and resources devoted to G&C activities?
- ii. What is the current level of knowledge of female and male students in grades 4 to 9 about HIV/AIDS?⁸
- iii. In the targeted schools, what are learners' perceptions about risk to STI/HIV and pregnancy? What do they think cause the risks and can be done to reduce it?
- iv. Where do they receive information about HIV and how to protect themselves from STIs and unwanted pregnancies ... in school and in the community?
- v. How do they perceive the G&C services in the school, and is it helpful in addressing their sexual reproductive health issues?
- vi. What community resources are available to support learners' knowledge and behavior?

B. Agents of Change

- i. What are the factors that put learners at risk to HIV and pregnancy (e.g. bullying, sexual harassment, gender based violence); and does the school have mechanisms in place to address these factors?
- ii. In the school, are there sufficient information and services to address adolescent sexual reproductive health needs?
- iii. Are the Agents of Change aware of the School Health and Nutrition (SHN) Policy? Are they aware of the school's Re-entry Policy?
- iv. Where do they think most students would like to access sexual reproductive health information and services?
- v. What are the barriers/constraints to accessing desired information and services?

⁸ A standardized test will be administered based on a consensus of schools in the SADC region for primary and secondary learners. See *Measuring the Education Response to HIV and AIDS Guidelines for the Construction and Use of Core Indicators*, United Nations Educational, Scientific and Cultural Organization (UNESCO), Paris, France, 2013

C. Teachers and Administrators

- i. Are teachers delivering life-skills based HIV and sexuality curriculum been trained to implement the curriculum? Have teachers been trained in GBV prevention?
- ii. Does the school have rules and guidelines for staff and students relating to physical safety, stigma and discrimination, sexual harassment, and abuse? Are these rules communicated to the entire school community, including teaching staff, students, and students' families?
- iii. Is there a school policy or guideline that facilitates the referral of learners for G&C by classroom teachers if the learner is suspected or report to be at risk of abuse or in need of sexual reproductive health services? For instance, exhibiting behavior inconsistent with the learner's age and psychological development, suspected to be sexually active and/or pregnant, showing signs of physical and/or psychological abuse?
- iv. In the absence of a policy or guidelines, do classroom teacher refer learners for G&C if the learner reports sexual harassment/abuse, gender-based violence and/or bullying?
- v. How does the school respond to such reports? Are students referred for external services, e.g. police and protective services, HIV counseling and testing, and other health services?

3.2 Project Indicators

- i. Number of schools with a functioning G&C system
- ii. Percentage of schools with G&C teachers assigned in target districts.
- iii. Number of G&C teachers completing training (minimum 16 hours per year) in target districts.

4) PROJECT DESIGN AND METHODOLOGY

4.1 Sample Design

The survey employed a two-phase quasi-experimental design that sampled 6 schools per province in 12 of the 13 RTS-supported districts. MESVTEE's list of schools provided the sampling frame from which 36 schools were drawn (3 schools in rural and 3 in urban areas). The criterion used for determining rural versus urban location was distance from the District Education Board Secretary (DEBS). Schools 25 kilometers or less from the DEBS were classified as urban, and those beyond this distance were classified as rural⁹.

At school level, 3 female and 3 male learners in grades 4-9 were randomly chosen to be interviewed using a questionnaire. Agents of Change (who are also learners), school administrators, teachers, and in some cases community members were identified to participate in focus group discussions. The school head assisted with identification and selection of focus group discussants.

The instruments were pilot tested to ensure usability, appropriateness, and accuracy. Modifications were made on the basis of the pilot and feedback from Provincial Program Officers, who supervised the data collection process.

⁹ Three categorizations exist for schools in measuring distance from the DEBS. They are urban (25 or less) km from DEBS), rural (26- 70 km from DEBS), and remote (more than 70 km from DEBS). For purposes of this study, all schools beyond 25 km were classified as rural.

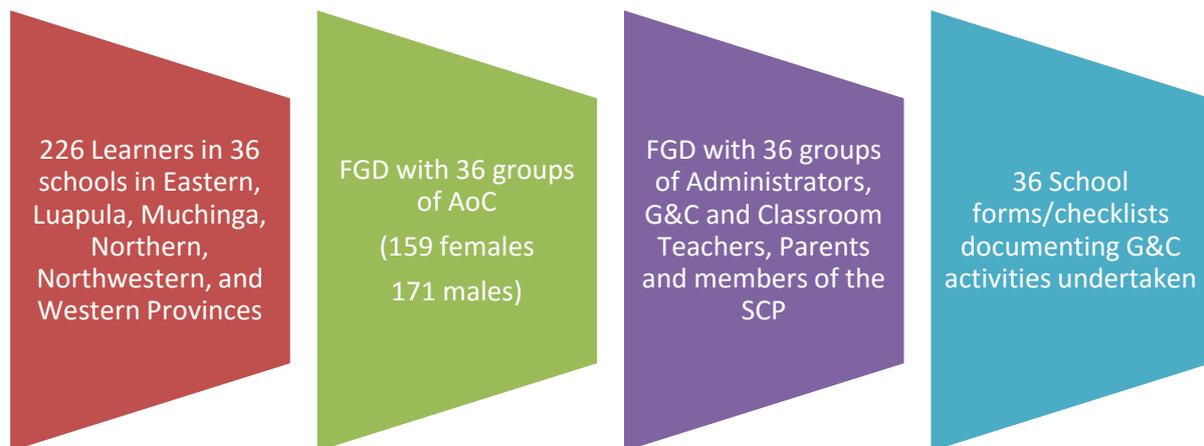
4.2 Data Collection

Data was collected on key indicators relating to HIV knowledge, STIs and perceptions about risk of pregnancy. The survey also examined if and how the G&C Services are working. Firstly, are they working as recommended by the MESVTEE Guidance and Counseling Strategy framework in terms of staffing, collaborative work with learners (Agents of Change), and addressing issues (e.g. bullying, sexual harassment and gender based violence) that deter learners from fully participating in the academic experience. Secondly, how they are perceived by the target audience (learners), e.g. what do learners consider to be the role of the G&C teacher, what are their attitudes towards talking to the teacher about intimate and sexual issues, and would they like to be referred to other services for additional information and/or reproductive health (RH) services.

Data was collected using four instruments which were designed to complement each other to provide a holistic picture of how various components of the school-level HIV/AIDS response works together to achieve MESVTEE HIV/AIDS policy and programmatic objectives.

Instruments for data collection were:

A learner interview schedule to assess knowledge of HIV/AIDS and prevention measures for avoiding transmission; attitudes about personal risk to infection and pregnancy and preferred methods for protection, attitudes about the school G&C services, interaction with school HIV interventions such as the anti-AIDS club, and desire for additional information and services. The schedule collected quantitative information using a pre-coded menu of possible responses, and qualitative data through a few open-ended questions that allowed the respondent to express personal opinions.



An Agent of Change FGD guide for assessing AoC attitudes about HIV and pregnancy risk among students, their role as change agents, and their perceptions about how the G&C system is working.

A teacher/school administrator FGD guide for assessing the school's effort in delivering the HIV/reproductive health response, including identification of risks such as bullying, harassment and gender based violence (GBV); risk management, and perceived role of G&C services.

A checklist that was to be completed by the school administrator to identify number of G&C teachers in the school, their training, the number of training sessions conducted for other teachers, AoC, and community members, and the number of supervisory sessions held with AOC. Administrators were also asked to identify behaviors in school requiring disciplinary action such as bullying, sexual harassment and gender based violence, and the policy/regulatory frameworks for dealing with such issues. RTS provincial program officers trained data collectors within their provinces, and supervised data collection.

4.3 Data Analysis

RTS' monitoring and evaluation department processed quantitative data using the Statistical Package for Social Sciences (SPSS) package. Statistical analysis was based on descriptive statistics (e.g. averages and cross-tabulations). The qualitative data was manually processed and analyzed to identify common themes, consensus of opinions, and diverging views that can enhance contextual understanding of the knowledge, attitudes, perceptions and beliefs of the sampled learner population. Since the focus of the questions between the various categories of respondents was different, analysis aimed at identifying areas of congruity.

Completed questionnaires were sent to the RTS office in Lusaka for input into the SPSS package and preliminary data analysis. Transcripts from the FGDs were processed and typed at provincial level, and forwarded to Lusaka. The checklist was processed and analyzed by the consultant.

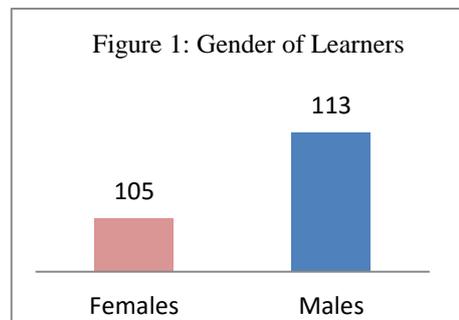
4.4 Survey Constraints and Limitations

The survey was conducted a few weeks before national examinations and during onset of the rainy season thereby slowing down the data collection process. For example, data collection in Muchinga could not be completed until January 2015 when schools re-opened because of reasons stated above. All of the schools were busy preparing learners in grades 7 and 9 for the examination and selected discussants for the FGD based on their availability as advised by the classroom teacher. The findings of this study are only generalizable to RTS target provinces and not the entire country because the sample was not representative of the country's school population.

5.0 CHARACTERISTICS AND STATUS OF RESPONDENTS

5.1 Learners

The learner survey targeted young people aged 10-18 years in rural and urban schools, however three 19-year olds were captured in the sample. Over half (55.6%) of the 226 learners were drawn from rural areas and 44.4% from urban areas. 108 females were interviewed, comprising 48% of the sample and 113 males were interviewed, comprising 52%; 7 respondents did not identify their gender.



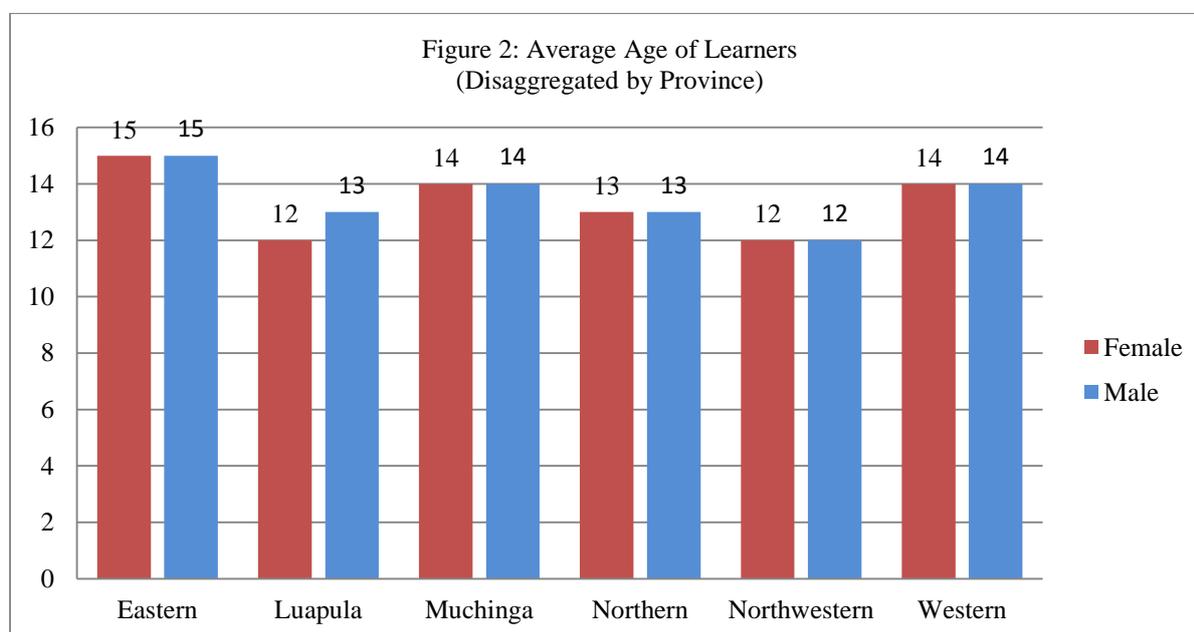
A. Age

Age for primary school attendance in Government Schools is 7-13 years with 7 years being the minimum age for entry into grade one. The majority were 12 to 15 years, with the average age being 13.8. Generally, males were older than the female learners, and male learners in lower grades. The table also shows that age is not a determinant for grade; for instance 10 year olds were spread across grades 3 to 5 (females) and 15 year olds (males) were spread across grades 5 to 9. Younger learners (10 and 11 years) constituted 7% of all urban learners, and 12% of all rural learners in the sample. Older learners in the survey (aged 16+) comprised 18% of all urban learners, and 7% of the rural sample.

Table 1: Age and Grade of Learners (Number)

Age of Learner (Years)	Number of Female	Grades	Number of Males	Grades
10	3	3 -5	2	4-5
11	10	4-6	7	4-6
12	15	3-6	19	5-8
13	24	3-8	33	4-8
14	22	5-9	16	4-9
15	13	5-9	16	5-9
16	14	6-9	6	5-9
17	1	8	8	8-9
18	2	9	5	8-9
19	1	9	1	9

When disaggregated by province. Northwestern Province had the youngest group of respondents whilst Eastern Province had the oldest as indicated in figure below.



B. Vulnerability Status of Learners

Learner vulnerability was assessed in terms of orphan status and the adults with whom they resided. The majority of the sample was not orphaned (93.3%) and lived with both parents (64.3%). Within the parameters of this sample, children 10-14 years of age are in most need of care and supervision as they are generally considered too young to defend themselves, especially girls. Three quarters (69 %) of the learners surveyed were in the 10-14 years age category, of which 35% were females living with both parents, 6% of females living with mother only, and 14% living with others (other guardians, siblings and grandparents). One male learner aged 12 living in Mongu, lived alone.

Vulnerability affects the learner's ability to fully benefit from the formal education experience, particularly if s/he does not receive psychosocial, material and financial support from parents, guardians or others responsible for his/her welfare. It is assumed that children living in a home where both parents are available to provide this kind of support are not as vulnerable as children who are orphaned or living with others.

The survey did not investigate the socio-economic status and circumstances of living for the surveyed learners beyond their orphan status and living arrangements, and therefore cannot comment on the type and quality support provided to any of the respondents. However, the learners reside in geographical areas of Zambia that are characterized by high levels of poverty. For instance, all 6 provinces have overall poverty levels above 50% and Eastern, Luapula, Northern, Muchinga and Western have extreme poverty levels above 50%¹⁰. Poor socio-economic environments are associated with poor human capital-base (including low literacy levels) and resource-constrained households that have limited ability contribute to school PTA funds and campaigns that generate resources for local schools¹¹.

5.2 Agents of Change¹²

Agents of Change perform the role of peer educators through initiating and facilitating discussions with fellow learners about issues that affect their personal life and academic performance. Many of the

Province	Number of Female	Age Range	Number of Male	Age Range ¹ (15)	Grade Levels ¹ (16)
Eastern	20	14-19	38	10-17	4, 6, 8 & 9
Luapula	37	11-17	33	12-20	4,6,8 & 9
Muchinga	23	13-20	25	14-20	5,6 7, 8, 9
Northern	30	11-18	36	11-20	4, 5, 6, 7, 8, 9
Northwestern	17	12-18	17	12-18	5, 6, 8
Western	32	9-17	23	12-17	4, 5, 6, 7, 8, 9
Total	159		172		

issues revolve around maturation and sexual behavior, particularly HIV/AIDS, STIs and pregnancy. AoCs also provide a channel for interpersonal communication with fellow learners about issues that have been discussed in class and/or school extra-curricular activities.

Table 2 below shows that the majority of AoC discussants in the FGDs were male, and slightly older than the female discussants. There was also a

wide age variation among the discussants. The survey did not ascertain if the FGDs involved all of the AoCs in the school or only a portion, recognizing, firstly that the number of discussants should be kept at a reasonable number (e.g. no more than 10) and some AoCs would not be available because of preparation for the national examinations

5.3 Administrator/Teachers

Males outnumbered the females in the Administrator/teacher FGD as indicated in Table 3. The table in Appendix 2 shows that the groups were varied and represented the full spectrum of duty bearers within the school as well as PTA Committee/sub-committees. The position of the discussants is presented in Appendix 1.

¹⁰ CSO *Zambia 2010 Census of Population and Housing National Analytical Report*, Vol. 11

¹¹ World Bank *Zambia: Poverty and Vulnerability Assessment, 2005*

¹² For purposes of this study, AoCs will be separately addressed from other learners because of the role they play in the G&C system in their schools.

¹³ AoC are also learners but are referred to in this paper as AoCs to distinguish them from learners who were interviewed using the questionnaire. AoCs were specifically chosen to participate in the FGD where issues were addressed in terms of their role in the G&C system.

¹⁴ The age range describes the age parameters by province, however variation in age was slightly less broad when disaggregated by district.

¹⁵ This column reflects the grades of the discussant by province. When disaggregated by district, the number of grades represented in a discussion is less.

Table 3: Number of Discussants in the Administrator/Teacher/Community FDG

Province	Females	Males	Total
Eastern	15	15	30
Luapula	12	13	25
Muchinga	19	12	31
Northern	7	15	22
Northwestern	6	20	26
Western	10	9	19
Total	69	84	153

6. SURVEY FINDINGS

6.1 Learners' HIV/AIDS Knowledge, Attitudes and Behavior

6.1.1 Knowledge and Attitudes

The survey asked learners 20 questions about HIV/AIDS to test their knowledge, attitudes and potential behavior. The questions were drawn from *measuring the Education Sector Response to HIV and AIDS Guidelines for the Construction and Use of Core Indicators*, UNESCO 2013. Eight of the questions are already included in the *Demographic and Health Survey*, and 12 are included in the *SACMEQ HIV-AIDS Knowledge Test (ibid.¹³)*. The questions have been adopted and used by schools in the SADC region to test learners aged 10-24 years knowledge of HIV/AIDS and ability to reject major misconceptions. Respondents are required to answer at least 95% (19 of the 20 questions) correctly to be considered to demonstrate the desirable level of knowledge and to reject major misconceptions about HIV/AIDS (UNESCO, 2013).

Only 17.8% of the learners achieved 95% or better on the HIV test.

Only 16% of the learners achieved 95% or better on the HIV test.

The questions also indicate acceptance or non-acceptance, and willingness to interact with people living with HIV. Stigma and discrimination are not only violations of international standards of human rights but can lead to denial of personal risks, and unwillingness to adopt safer sexual behavior.

Only 40 (17.8%) of the learners scored 95% or better on the HIV test in the learner questionnaire¹⁴. Test results for all schools sampled are provided in Appendix 2. Schools in Muchinga Province had the worst performance with only 2 learners achieving the acceptable level of knowledge¹⁵. The 95% or better score indicates the learner is knowledgeable about how HIV is transmitted, methods to reduce risk and protect oneself from infection, rejects popular myths, and has acceptable attitudes towards PLHAs.

¹³ Six areas of knowledge were accessed: definitions and terminology, transmission mechanisms, avoidance behaviour, diagnosis and treatment; myths and misconceptions; and attitudes/perceptions about PLWHA.

¹⁴ 224 learners took the HIV/AIDS test.

¹⁵ Muchinga also experienced missing data as data from Isoka District was not available.

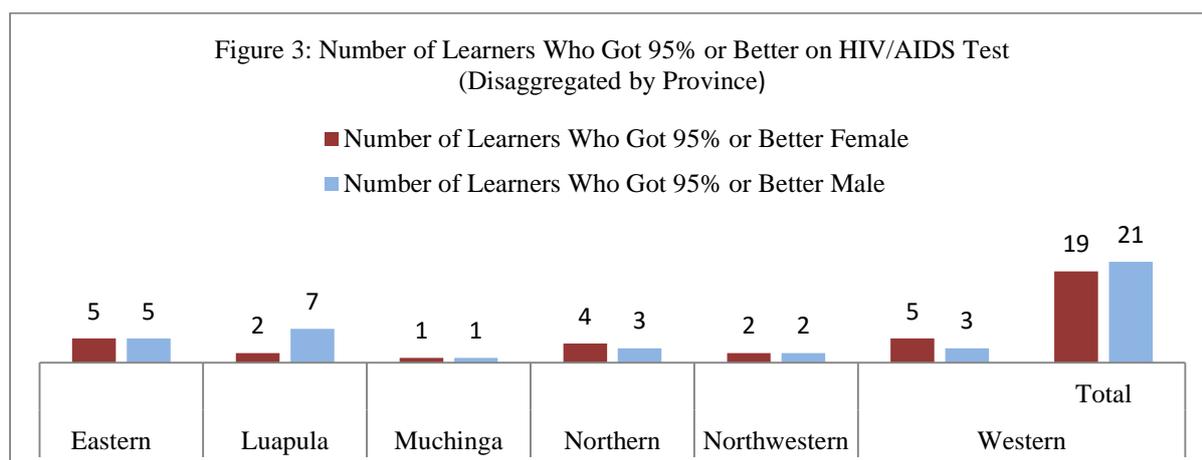


Table 4: Number of Learners Who Got 95% or Better (Disaggregated by Province, Gender, Age and Grade)

Province	Grade	Female		Male	
		10-14 years	15-18 years	10-14 years	15-18 years
Eastern	8	---	2	1	4
	9	---	3	---	---
Luapula	3	1	---	---	---
	5	1	---	1	---
	6	---	---	5	---
	8	---	---	1	---
Muchinga	6	1	---	---	1
Northern	5	1	---	1	---
	6	3	---	1	1
Northwestern	5	---	---	1	---
	6	2	---	---	1
Western	5	1	---	---	---
	8	1	---	---	---
	9	---	3	1	2
Total		11	8	12	9

The average age for female learners who passed the HIV/AIDS test (e.g. obtaining 95% or more) was 14 years, and for males 14.3 years. About 22.5% were in grades 3 to 5 with an average age of 14.5 years; 32.5% were in grade 6 with an average age of 13.2 years; and 30% were in grades 8 or 9 with an average age of 16.3. The majority of successful learners were not in the grades expected for their age. Only grade 6 had an average age consistent with the expected age of a child entering school at age 7 years, e.g. that he or she would be 13 years old in grade 6. Classes below grade 6 (e.g. grades 3 to 5) and grade 8 had older learners than would be expected if the entry age qualification was strictly followed.

Among the provinces that had relatively better scores on the HIV/AIDS test, Eastern Province had the best scores (25% of the total obtaining correct answers) and oldest learners with the average age of 15.7 years; and 70% were in the appropriate grade for age (e.g. grade 8). Only 2 learners in grade 8 were above 15 years, e.g. 1 female (16 years) and 1 male (18 years). Of those in grade 9, only 1 was 16 years, and 2 were 15 and 18 years respectively. All were female. The average learners in class were common in both rural and urban schools.

Luapula Province had the second highest number of successes on the HIV/AIDS test with 22.5% of those obtaining an acceptable number of correct answers. The average age for learners in grade 6 was

13.2 years. There was only 1 learner in grade 8 a male aged 14 years. A female in an urban school was 13 years but in grade 3, and a female in a rural school was 11 years but in grade 5. The gender of successful learners was skewed towards males as indicated in Figure 3 above.

Western Province had the third highest number of successes with 20% of the learners from the total 40 achieving an acceptable number of correct answers. Both Eastern and Western Provinces had a balance between genders as figure 3 above indicates. There were no successful learners in grade 6; and the average age for learners in grade 8 and 9 was 15.1 years. The youngest learner was 12 years (a female in an urban school) in grade 5. All of the older learners (3 females in urban schools and 1 male in a rural school) were 16 years of age and in grade 9.

See Appendix 3 which reflects the scores achieved on individual questions. Younger and older males in both age categories (e.g. 10-14 years and 15-19 years) achieved better results than females in the same age categories. Because success is assessed on the basis of total knowledge rather than score on individual questions, the overall performance for learners in all age categories was far below an acceptable level of achievement.

6.1.2 Learners' Source of Information about HIV/AIDS and Other SRH Issues

Schools are preferred source of learning and exposure to HIV/AIDS information. Learners were asked the following questions: “ what is your main source of information about HIV/AIDS; the content of classroom discussions; involvement in extra-curricular activities; if the information received in school is perceived to be adequate to enable protection from HIV; and if they would like to receive additional information”. Classroom HIV/AIDS content and content of AoC presentations as well as frequency of presentations and discussions is covered in section 5.2.

Although the question about main source of information on HIV/AIDS allowed multiple responses, both rural and urban learners indicated their main source of information is school through classroom discussions. Similarly, the majority (56% rural and 57% urban) indicated that school is their preferred choice for information about HIV, STIs, and how to avoid pregnancy. Identification of the main source does not obviate other sources of information but brings to the fore the main source which the learner relies on and perhaps, gives greater credibility.

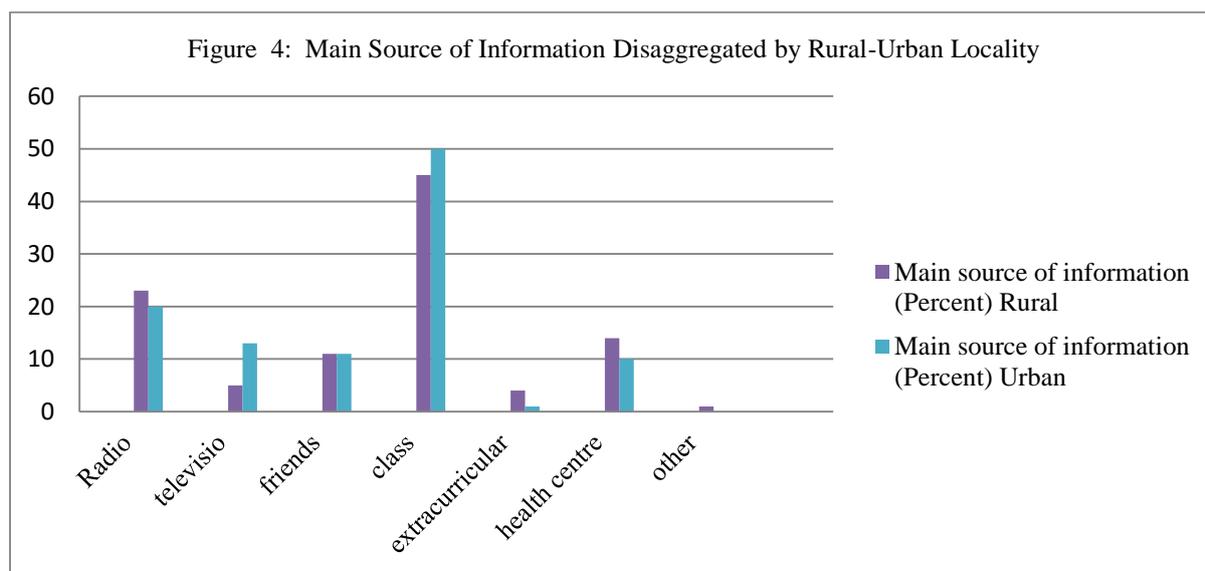
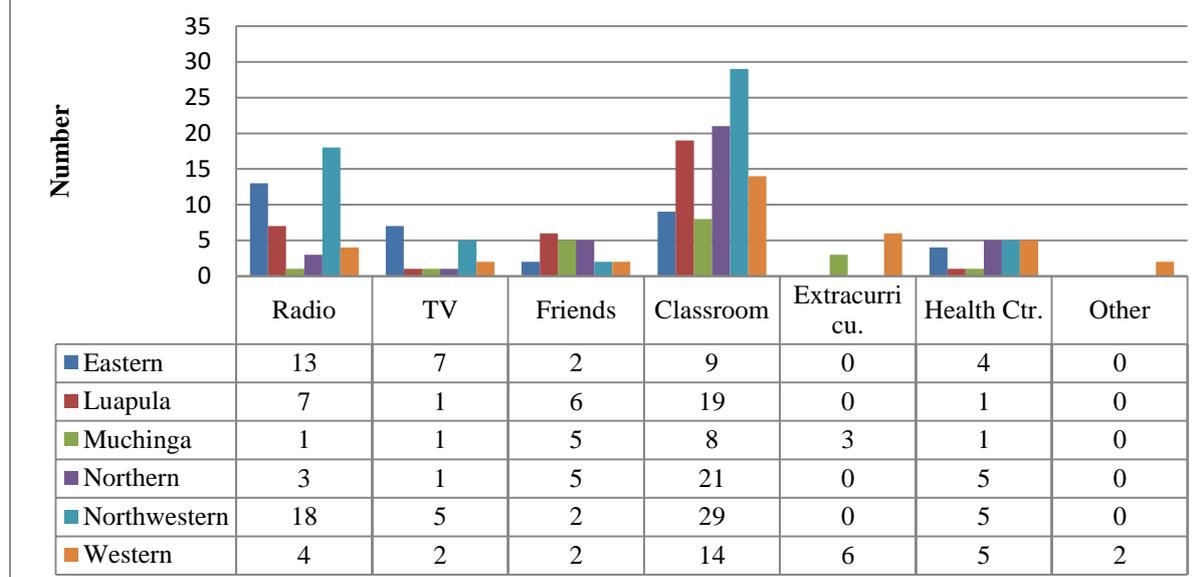


Figure 5: Number of Learners Indicating Main Source of information about HIV/AIDS (Disaggregated by Province)



Main source of HIV/AIDS information disaggregated by province indicate differences between the provinces in the use of the media for information. The majority (57%) of learners in Eastern Province indicated that TV and radio were their main source of information, and classroom discussions were used by 25% of learners from the province. Northwestern Province had the second highest number (38.9%) of learners who indicated use of TV and radio to source information about HIV/AIDS although the majority (49.1%) indicated classroom discussions. Muchinga, Northern, Luapula, and Western had the lowest use of electronic media for sourcing information, e.g. 10.5%, 11.4%, 23.5% and 17.1% respectively. Apart from learners in Eastern Province, the majority said their main source of information is through classroom discussions

When disaggregated by age, more learners in the 15-19 years category said their main source of information was from radio and television (39.9%) compared to younger learners in the 10-14 years category (17.1%). However, the opposite was true for Northwestern Province where younger learners in the 10-14 year category (35.5%) said their main source of HIV/AIDS information was radio and TV compared to 3.3% of learners in the 15-19 years category. Western Province had the highest percentage of learners sourcing information from health centers (26.6%); and Luapula and Muchinga had the highest percentage of learners sourcing information from friends (17.6% and 26.2% respectively). Appendix 6 provides the full list of main sources of HIV/AIDS information cited by learners disaggregated by province.

6.1.3 Learner's Perception of Risk to HIV

Perception and appreciation of risk is linked to knowledge and attitudes, and directly influences behavior. To assess attitudes to personal risk and beliefs about how to manage risk, learners were asked to respond to a set of questions and hypothetical situations that put young people at risk to pregnancy and STIs, including HIV (see Box 1). AoCs were asked if they thought their schoolmates are sexually active and why; and do they think the sexually active schoolmates are at risk to pregnancy and STIs, including HIV infection?

Box 1: Questions to Assess Attitudes towards Risky Sexual Behavior

1. How easy or difficult is it for a girl or boy to refuse to have sex with her/his teacher if s/he demands it?
2. How easy or difficult is it for a girl to refuse to have sex with a man or boy who has given her money or gifts and want to have sex?
3. Is it easy or difficult to insist on condom use during sex when the sexual partner does not want to use it?

Responses to the questions are summarized in Table 5 in which 96% of the learners responded to the three questions.

Question 1: How easy or difficult is it for a girl or boy to refuse to have sex with her/his teacher if s/he demands it? The survey found that 35% of female and male learners said it is possible to refuse sex, however there was a difference between genders in the amount of negotiation skills required to affect the refusal. Only 10% of the females thought it was easy compared to 16% of the males. Only 25% of females said it was difficult but possible whereas 19% of males agreed that it is difficult but possible. A small percent of females (10%) and males (12%) said it would be impossible.

Question 2: How easy or difficult is it for a girl to refuse to have sex with a man or boy who has given her money or gifts and want to have sex?" According to survey findings, 36% said it is possible, but when disaggregated by gender more males (39%) found it possible than females (36%). In terms of negotiating skills, more males (20%) said refusal is easy compared to females (13%). Females (23%) and males (18%) said it is possible but difficult, and 9% of females and 10% of males said it is impossible.

Question 3: "Is it easy or difficult to insist on condom use during sex when the sexual partner does not want to use it?" A smaller percent of both genders thought it was impossible to insist on condom use (7% females and 5% males). Those who thought it was either easy or possible but difficult were in the 10-14 year old age range. All of the older learners said it is possible to negotiate condom use.

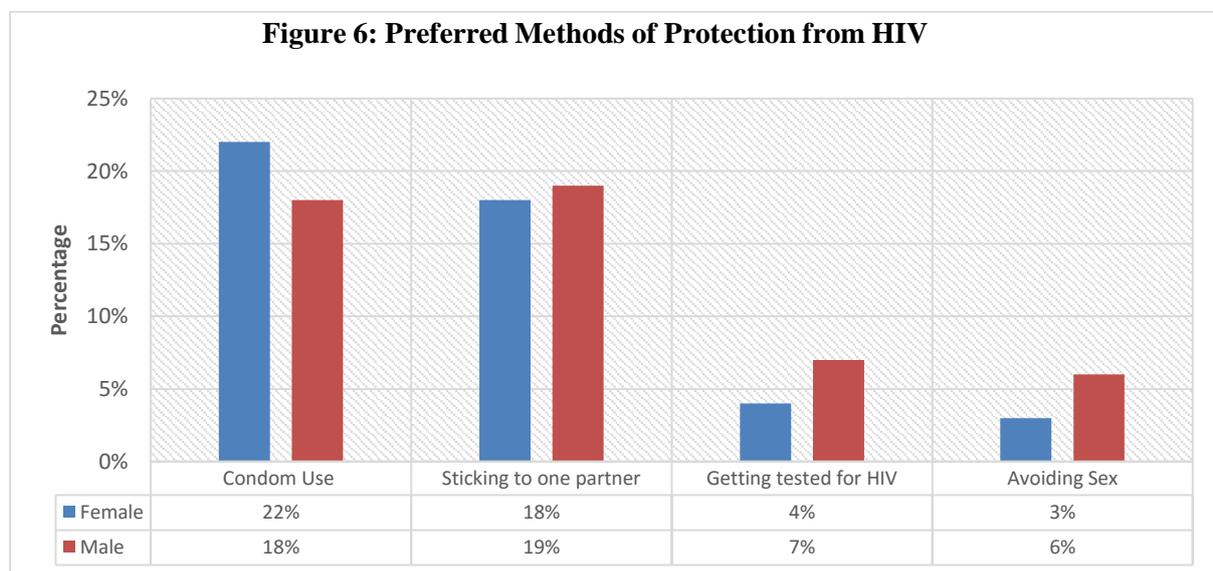
When these findings are further disaggregated by age and rural-urban locality, Table 6 suggests that younger learners aged 10-14 years are more confident about their negotiating skills than those who are 15-19 years, with the exception of negotiating condom use. Attitudes towards negotiation skills were similar between rural and urban learners within the same age categories. See Appendix 4 for negotiation skills disaggregated by Province.

Table 5: Negotiation Skills Disaggregated by Age and Locality (Percent)

1. How easy or difficult is it for a girl or boy to refuse to have sex with her/his teacher if s/he demands it?				
Response	Urban		Rural	
	10-14	15-19	10-14	15-19
Easy	60	39	65.5	35
Difficult but possible	78.9	21	81.3	18.6
Impossible	50	50	55	45
2. How easy or difficult is it for a girl to refuse to have sex with a man or boy who has given her money or gifts and want to have sex?				
Easy	78.5	21.4	67.4	32.5
Difficult but possible	71	28.9	80	19.6
Impossible	44	56	60	40
3. Is it easy or difficult to insist on condom use during sex when the sexual partner does not want to use it?				
Easy	65	33	64.2	35.7
Difficult but possible	54.5	45.	79.5	20.4
Impossible	100	0	76.4	23.5

The survey did not directly ask learners about their sexual behavior, e.g. if they were sexually active and the age of sexual debut. This information was captured in the CSE study and is reported on for older learners (e.g. 15 and above in the DHS and SBS studies). According to the CSE “Among the young people who reported having had sex in the past, the median age of the first sexual intercourse was 14 for girls and 15 for boys.”(Vinogradova and Hebert, 2014, p. iii). These are the same age groups captured in this survey.

The survey showed that 81% of learners responded to the question “how they would protect themselves from HIV infection when they have a boyfriend or girlfriend to marry.” Figure 6 below indicates condom use as the first choice of females, and being faithful to one partner who is also faithful is the first choice of males. When the choices are compared to responses in the HIV/AIDS test, younger females (50%) and males (63%) 10-14 year olds and older males 15-19 answered the question correctly on condom use as a means of protection and thus recognize its effectiveness. Only 36.4 % of older females (e.g. 15-19) responded correctly to the question about condoms. Abstinence and being faithful also had relatively higher correct scores among younger females and older males in the HIV/AIDS knowledge test.



AoCs were asked if they thought their schoolmates are sexually active and, if yes, are they at risk to HIV, other STIs, and pregnancy. FGDs in all 36 schools said their schoolmates are sexually active and are at risk. Girls were blamed as the primary culprits because of accepting money and gifts and becoming pregnant. Discussants in Northwestern and Western Provinces specifically cited boys as initiators of sexual activities with schoolmates and, also accepting gifts in exchange for sex.

Box 2: Why do you think Your Schoolmates are Sexually Active?

“... they do it to feel grown up; to get money; as a habit; to stop school, money and to feel grown up. Peer pressure, exposure to pornographic materials, and love of money are causes.” “Because of behavior exhibited such as being fond of playing with the opposite sex, sexual language, hugging and cultural beliefs that encourage girls to engage in pre-marital sex,” **Chipata and Lundazi District, Eastern Province**

“ ... because of peer influence, girls exchange sex for money or gifts; they get pregnant, they talk about their experience in class, write love letter; watch pornographic movies and pictures in magazines, and access on the internet,” **Mwansa Rural and Urban, Luapula, Province**

“... Because of poverty ... especially among bigger boys and girls,” **Chinsali District, Muchinga**

“... Because some learners drop out of school to get married. For instance, there was a situation where one female learner was impregnated by a man from the community... we’ve witnessed situations where our fellow learners have fallen pregnant. **Mporokoso and Mungwi Districts, Northern Province**

“ .. because of the stories of boyfriends and girlfriends they talk about ...they love money so they will do anything for money ... because most of them are poor so they tend to engage in sexual activities to get money” **Solwezi and Sesheke Districts, Northwestern Province**

“ ..Because we see girls being bought Jiggies, lolly-pops, talk-time and given money by boys and men ... Boys visit their girlfriends at home and sometimes take them to their homes at night. Some well to do school learners get girls and boys from poor families and buy them food,” **Mongu and Sesheke Districts, Western Province.**

6.1.4 Discussion

A key strategy in the Education Sector is to ensure that learners have factual information about HIV/AIDS and are knowledgeable about methods for preventing infection. Education policy requires that HIV is integrated into the curriculum and is addressed through classroom teaching and/or extra-curricular activities. Methods for testing learner HIV/AIDS knowledge and competency based on the learning experience have not been instituted.

All of the schools reported integrating HIV/AIDS into their classroom and extra-curricular programs, and this was verified by the learners. However, performance on the HIV/AIDS test was extremely poor for all schools in all of the provinces surveyed. The CSE baseline study, which used the same HIV/AIDS test, also showed poor performance by learners in Government primary schools (22.1%) and failure to meet the recommended standard for knowledge and attitudes. Although the sample size for the KABP was very small, results were consistent with the CSE study, e.g. only a few learners are knowledgeable and have attitudes consistent with recommended UN Human Rights standards for people living with HIV/AIDS.

Study results indicate that learners are aware of the deficiencies in their knowledge and skills, and desire more information. They have confidence in school programs to fill information gaps and assist them to acquire knowledge and skills to protect them from HIV, STIs, and unwanted pregnancies. Teachers engaged in the FGDs also indicated lack of resource materials and teaching aids to adequately equip them to teach HIV/AIDS related topics.

Comparatively, in this KABP females answered correctly questions relating to myths such as transmissions from clothes and dog bites; behaviour such as condom use, ARVs, and faithfulness. Male also did well on these questions but age was a factor for both sexes. All females (10-14 and 15-19 years) and older males (15-19 years) performed better than younger males (10-14 years) on all questions. The average score for males 10-14 years was 75.7 compared to 79.9 for females in the same age category. The average score for males 15-19 years was 82.1 compared to 83.6 for females in the same age category.

The number of successful learners on the HIV test was too small to attribute success or failure to locality (e.g. rural-urban), however, grade of the learner appears to be the most important factor in obtaining satisfactory performance. Of those passing the test, 82.5% were in grades 6 to 9. One learner who successfully passed the test was in grade 3 but was 13 years of age. Three learners were in grade 5 and had an average age of 11.6 years.

Attitudes towards persons living with HIV (PLHA) are strongly influenced by fear of infection. Three questions in the HIV test were designed to assess attitudes as well as knowledge about transmission. The questions asked if the respondent is willing to interact with a PLHA by “holding hands,” “sharing food,” and “wearing clothes” used by a PLHA. Older females did not perform as well on these questions as younger females and older males, except for the question on wearing clothes that had been worn by a PLHA. This suggests ignorance in methods of transmitting HIV but one can also speculate that older females are more socially conscious about interacting with people who are discriminated and stigmatized by the larger society, and fear that fraternization may have a negative impact on themselves. This is an area for possible research in the future.

Critical thinking and learning to be assertive are part of the life skills curriculum from grade 4 to upper primary school, and are seen as crucial to young people making informed decisions about their life. More than half of the learners demonstrated intent towards being asserted when faced with situations that require negotiation skills, e.g. such as insistence on condom use to protect oneself from HIV, and refusing the sexual advances of a teacher or other person in authority.

A possible challenge to the structure of the life skills and CSE curriculum is its design, which is based on age-appropriate instructions based on learner grade. Assumptions have been made, but perhaps not adequately tested, on the HIV-knowledge needs of learners in grades 4-9, e.g. that the majority are not yet sexually active and do not require information about sexuality and intimate relationships. Results from the CSE baseline and other studies suggest otherwise. Further complicating the task of teaching age-appropriate HIV/AIDS and other reproductive health-related topics is the age-range of learners within the same class. This puts additional work on the teacher in trying to meet a very wide range of informational needs.

6.2 School-level Interventions for Implementing the Education Sector HIV/AIDS Response

School preparedness for implementing an effective response to HIV/AIDS involves many components of the Education Sector, which includes policy guidance, adequate and competent human resource base to implement policy and programs, a conducive environment for program implementation (classroom teaching and supervising extracurricular activities), and regular collection of data to document implementation processes and output. The section below examines school level factors that promote learner health, safety and well-being in the context of the HIV/AIDS response. The factors include policy/guidelines and programs for promoting physical safety for learners and staff, staffing and training, actions taken to combat school violence, and interventions to help learners make informed choices.

Box 3: Education Policy to Promote Physical Safety

Education institutions should have in place rules and guidelines that set the terms for the relationship between administrators, teachers, other staff and learners in the school environment. This would include what is defined as "inappropriate behavior, parameters of a safe and healthy learning/working environment, free of discrimination, stigma, sexual and other forms of bullying and harassment, moral or physical, and all forms of violence, whether physical or verbal. UNESCO, 2012

6.2.1 School Policy and Interventions to Promote Learner and Staff Physical Safety and Well-being

All 36 schools have a school-level policy to promote physical safety and well-being, and that staff, learners and community have been informed about policy content and implementation. This is consistent with MESVTEE's policy framework for promoting health and safety in schools. Policy/guideline availability is tracked in the *Educational Statistical Bulletin*.

To ascertain how the policy is being implemented, the discussants were asked if the school has an implementation policy or guidelines for operationalizing the policy. Implementation guidelines provide a greater level of specificity on who does what, when, where, and would articulate the roles played by various actors in the school G&C service system, e.g. the role of the school head, G&C teacher, classroom teacher, and AoC. The guidelines would also provide a communication/information flow chart, identifying who should be informed about the problem and under what circumstances confidential information can be shared, with whom, and for what purpose; and when to refer to external services for further assistance and problem resolution, and when to inform and/or summon parents/guardians.

This question generated mixed results. Some of the respondents (for instance, FGDs in Muchinga and Northern) referred to the school policy and did not have a clear idea of implementation guidelines and why they are needed¹⁶. Discussants from other provinces provided either a yes or no response, suggesting that they understood the difference between the overarching policy and guidelines for day to day operations.

6.2.2. Risks to Safety: Bullying, Sexual Harassment and Gender Based Violence

Bullying, sexual harassment and gender-based violence (GBV) occurs among learners within the school environment and during the period of travel between home and school. Only 4 out of the 36 schools sampled said that it did not occur within their premises; however they also acknowledged that it occurs in the learners' home and community. A school in Luapula Province admitted that "bullying takes place among learners themselves and sometimes from members of staff." "Bullying often takes place between older learners and younger ones, and most often between boys" Western Province.

Sexual harassment and GBV, also, were acknowledged as common by 30 of the administrators and teachers FGDs. Only 6 FGDs said it did not happen in their school but admitted it is a community problem. Sexual harassment in school involved boys touching girls inappropriately (e.g. their breasts and buttocks). Verbal abuse was not mentioned although it is often a part of bullying and GBV.

Box 4: Where GBV Occurs

"GBV does not happen in school premises but in the communities around it." ..."

Mwense Rural, Luapula.

"Learners coming from affected homes in most cases don't perform well in school and absenteeism rates tend to grow since they move from home to home seeking refuge." Mungwi Urban, Northern Province.

¹⁶ Implementation guidelines would provide a greater level of specificity on who does what, when, where, and how in regard to operationalizing MESVTEE's policy on physical safety, stigma and discrimination, sexual harassment, and abuse. For instance, what types of problems should the classroom teacher intervene and provide G&C and when should a case be referred to the G&C teacher? Should the G&C teacher be informed when behavioral problems arise with students, even when the problems are adequately being handled by the classroom teacher? Should AoCs provide a first line counseling response for some problems of which the parameters are clearly identified (e.g. bullying and GBV), or should all matters be referred to the classroom teacher and/or G&C teacher to make a decision on how it should be disposed?

Box 5: AoCs' Observations about Bullying and Harassment

*"Some [learners] keep quiet, others tell their parents, and some parents pay bullies not to bully their children. Some [learners report] to class or G&C teacher; some resort to violence; some stop coming to school, some keep quiet", Chipata **Rural and Urban, Eastern Province***

*"Bullying takes place in school and culprits are punished when reported to authority; No, there are no incidences of bullying and harassment," Mwense **District, Luapula Province***

*"Yes bullying takes place including sexual harassment; bullying is minimal, but sexual harassment is rife, **Chinsali and Isoka Districts, Muchinga**"*

*Yes it does happen... [there was an] incident where one male learner stood by the door and started holding the breasts of every female learner that went out of the classroom, **Mporokoso, Northern Province.***

*"No bullying and no harassment, not even sexual harassment; sexual harassment used to be there sometime back **Mongu and Sesheke Districts, Western Province***

AoCs and learners also were asked about bullying and harassment of schoolmates but from different perspectives. AoCs were asked from the perspective of participants in the G&C system, particularly how they handle bullying and harassment. Learners' from the perspective of existing or potential user of the G&C services, i.e. as victim or perpetrator and their level of comfort in using the services.

AoC discussants in 35 of the 36 FGDs said yes that bullying and harassment takes place in their school and community. Only in Western Province, did all six schools report no incidence of bullying and harassment. A Mongu District school said bullying used to be a problem in the past but that it no longer occurs. Discussants in urban FGDs in Eastern, Luapula and Northwestern Provinces had conflicting views, some said it was common and occurred in the school whilst others denied that it occurs at all. There was no indication that consensus was reached. It does suggest failure on the part of some AoCs in Eastern, Luapula and Western Provinces to recognize when acts of bullying and harassment occur; or they might confuse it with mockery which is commonly accepted in Zambian schools¹⁷.

None of the discussants referred to school policy for guidance in handling bullying, sexual harassment and GBV. The availability of a G&C teacher does not appear to influence the way bullying, harassment and GBV cases are initially handled. FGDs in all 36 schools reported classroom teacher involvement when learners report such cases. Generally, class teachers and AoCs are the first responders to provide an intervention because they either observe the offense or learners report to them. The class teacher determines if and when to involve parents or guardians in counseling and disciplining perpetrators. These actions usually take place before referring a case to the G&C teacher.

Generally, class teachers and AoCs are the first responders to provide intervention bullying and harassment offences

The responses to the question of "how school administrators and teachers handle bullying" were multiple and diverse as reflected in the box immediately below.

¹⁷ Mockery involves teasing and deliberate attempts to annoy a person in order to manipulate their behavior. It is usually directed at new learners as a way of initiating them into the ways of the school, and helping them to learn power hierarchy among school mates.

Box 6: How do school administrators/teachers handle bullying situation?

The perpetrator is counseled and punished, victim counseled, Chipata and Lundazi Districts, Eastern Province

We counsel the perpetrator and victim; report to relevant authorities such as school head; and summon the parents if there is no change in behavior of the perpetrator, Mporokoso and Mungwi Districts, Northern Province

We promote friendship and try to solve problems to ensure that it does not happen again, Mufumbwe Rural and Urban Districts, Northwestern Province

6.2.3 Risk Management: Deterrence of Bullying, Harassment, and GBV

MESVTEE bans corporal punishment although some schools continue to exercise this option to control student behavior.¹⁸ Following observations from RTS Provincial Program Officer Officers, a question on corporal punishment was included in the FGD for the administrators/teachers' guide.¹⁹ 28 schools did not respond to the question, thereby avoiding further discussion on the issue. FGD groups in Mansa Urban and Lundazi Rural Districts admitted that they still administer corporal punishment.

Box 7: How Administrators and Teachers Handle Bullying, Harassment, and GBV

“There are challenges that happen to the teachers when they are trying to implement effective intervention against bullying, harassment and GBV. Some parents prevent their children from being punished.

There is need to sensitize the community and the learners on how bad these practices are ... affecting learning.

In order to make the school a place of safety, teachers must be free and open to the learners.” Mwense, Luapula

When bullying, harassment (including sexual), and GBV are reported to the class teacher via the victim or through the AoC, the perpetrator is counseled and punished, (e.g. sweeping an area or digging up a tree). If the offense continues the perpetrator's parents or guardians are called to the school by the class teacher and asked to be involved in correcting his or her behavior. It was also mentioned that victims of bullying, harassment and GBV are also counseled by the teacher and AoC.

The discussants admitted that this process of reaching out to perpetrators and victims does not always result in problem resolution. Sometimes, parents are not helpful because they are either too busy to come to the school or they refuse to accept that their child could be a bully or abuser or even a victim.

6.2.4 Staffing and Training for HIV/AIDS and G&C Services

The KABP did not assess teachers' and administrators' knowledge of HIV/AIDS. Knowledge, attitudes and behaviour for adult populations aged 15-49 are captured in other studies such as the DHS, SBS and SACMEQ. The 2013-14 DHS shows that awareness of modes of transmission is nearly universal in Zambia. SACMEQ uses the HIV Knowledge Test (HAKT) to assess knowledge and attitudes of learners and teachers and the curriculum frameworks adopted by SACMEQ's education ministries.

¹⁸ During the training of RTS Program Officers, who acted as field supervisors for the research, said they observed that schools in their areas continue to administer corporal punishment, primarily because parents and members of the community urge them to do so.

¹⁹ Program Officers noted that parents in many areas of the country expect schools to exercise corporal punishment as a way of controlling unruly behavior among students.

HIV Knowledge Test (HAKT) results for Zambia indicate that 86.1% of teachers had desirable knowledge levels but only 34.7% of the learners had an acceptable level of knowledge about HIV/AIDS. The SACMEQ report suggests that the quality content of HIV/AIDS education is ineffective (Musonda and Kaba, 2011).

MESVTEE has been working with NAC and the Ministry of Health to improve teachers' knowledge about HIV/AIDS through decentralized training programs administered by NGOs, CBOs and other partners. The partners include the Teacher Service Commission and Teachers' Union, which educate their members about HIV/AIDS (MESVTEE GPS results, 2011). The 2010 NAC Monitoring and Evaluation report indicated that 60% of teachers in government schools have been provided life skills-based HIV education. It is not how much of sexuality content was included in the training program.

To build upon the life-skills program for enhancing learner knowledge about HIV/AIDS and provide support for schools to deal with broader socio-economic and cultural issues that affect learners' knowledge, attitudes and behavior, RTS assisted MESVTEE to implement the G&C framework by training over 1,123 teachers, and 11,140 Agents of Change (AOC) in G&C program. Ideally, each school should have at least one female and one male G&C teacher to serve the learner population; and there should be at least one AoC per 200 students. The table in Appendix 9 shows that 75% of the sampled schools were non-compliant with MESVTEE policy of ratio of guidance teacher to student population.

An aspect of the MESVTEE Guidance and Counseling strategic framework is to provide trained teachers of both genders to schools to address issues that female and male learners may feel shy or uncomfortable about discussing with a G&C teacher of the opposite sex. Based on returns from the completed checklists, the study found that 72 % of schools were not compliant with the strategic framework of at least two trained G&C teachers per school of both female and male gender; 55% of the schools had single sex G&C departments, and 16% of the schools did not have a trained G&C teacher.

The level of training was also mentioned by some respondents as they saw counseling ability to be associated with training and experience. RTS training consist of 16 hours of supervised study whereas teacher training institutions and universities in Zambia providing degree programs require more course work and attachments for practical/internship.

Box 8: Comments on Level of G&C Training for Teachers

"All the five teachers have been trained in the short courses but only one is trained in guidance and counseling. That is where big cases are referred." **Mwense, Luapula Province**

One teacher from each school trained. All teachers in school provide G&C services but do not make referrals." **Mporokoso, Northern Province**

"A male teacher was trained in re-entry policy and dangers of HIV." **Sesheke, Western Province**

6.2.5 Role of AoCs

As the table in Appendix 11 indicates, 97% of the 36 schools have AoCs.²⁰ AoCs supplement the work of G&C teachers in proving information to learners about HIV/AIDS and other SRH issues. In the absence of trained G&C teachers, AoC play an important role in information dissemination about HIV/AIDS and informing students where and how they can seek redress when bullied or sexually harassed. This is done through individual and small group meetings and in formal presentations to school assemblies.

²⁰ Only Kakoko Primary School in Chinsali District, Muchinga Province lacked AoCs. The study did not ascertain why there were not AoCs.

AoCs are quite active and have held as many sessions as their G&C teachers during 2014. Their information dissemination sessions cover topics featured in Box 9 below. This information was collected from school administrators and may not capture all face-to-face sessions with individuals or informal meetings with groups within school premises and during travel between school and community. Neither does it capture how the sessions facilitated by AoCs dovetail into and complement sessions conducted by G&C classroom teacher(s).

Box 9: Topics Covered by AoC	
Topics	No. of Schools in Which Topics are addressed
HIV/AIDS	34
OVC issues	21
STIs	27
Pregnancy and Re-entry Policy	31
General Health and Nutrition	17
School Safety	24
Substance Abuse	25
Referral Process and sources of information	7

The survey did not ascertain how many of the AoCs were trained directly by RTS and how many were trained through a cascading approach by the G&C teacher(s)²¹. 94% of the schools conducted at least one session of training for AoC and 66.6% had multiple sessions during the year, indicating continuous supervision and development of AoC knowledge and skills. Schools not providing training are: Mulenga Primary School in Solwezi, Northwestern Province; and Kakumba Primary School in Lundazi District, Eastern Province. Mulenga has only 1 G&C teacher against a population of 209 learners. The school administrator did not complete the information on number of AoC in the school. Kakumba does not have a G&C teachers to service its learner population of 282 but has 7 AoCs.

The ratio of AoCs to student population varied. All schools (except Kakoko in Chinsali District, Muchinga Province) were in compliance with the recommended ratio of 1 AoC to 200 learners but only 50% of the schools had an equal number of female and male AoCs to service learners. This may not be a problem in schools where the gender of the learner population is skewed, e.g. males outnumber females or vice versa, and there are sufficient number of AoCs in the most populous gender to serve the learner population.

6.2.6 Time Spent Teaching SRH (Including HIV/AIDS) and Content

Time spent on HIV/AIDS and vocational issues varied considerably. Table 7 below suggest that 86% of G&C teachers have serious challenges to their time and conduct between 4 and 10 formal sessions on HIV/AIDS, school safety and vocational issues per year²². The table in Appendix 5 is disaggregated by district and provides a more detailed picture of what G&C teachers said about the use of their time.

²¹ The cascading approach provides knowledge and skills to a few key persons, who are expected to train others in the same knowledge and skills areas.

²² G&C teachers are expected to provide formal sessions on these issues at assemblies, during extra-curricular activities, and through supervising the AoCs and their activities.

Table 6: Number of SRH Sessions (Including HIV/AIDS) Conducted By G&C Teachers in 2014

Province	Number of Sessions Per Year				Total
	None	3 or less	4 to 10	More than 10	
Eastern ²³	--	1	3	1	5
Luapula	--	3	3	0	6
Muchinga	--	1	5	0	6
Northern	1 ²⁴	2	2	1 ²⁵	6
Northwestern	--	4	0	2	6
Western	---	1	3	2 ²⁶	6
Total	1	12	19	6	

Table 7: Number of SRH Sessions (Including HIV/AIDS) Conducted By AoCs in 2014

Province	Number of Sessions Per Year				Total
	None	3 or less	4 to 10	More than 10	
Eastern	--	---	6	---	6
Luapula	---	2	3	1	6
Muchinga		3	3	--	6
Northern	2	2	1	1	6
Northwestern	---	2	---	4	6
Western	1	1	3	1	6
Total	3	10	16	17	

Classroom teachers were not asked questions about the content of life skills education actually taught or if and how they are using the *Life Skills Education Framework* developed by the Curriculum Development Centre in MESVTEE. The information on classroom instruction about HIV/AIDS, STIs, pregnancy and general SRH issues was derived from the form completed by school administrators, learners' responses on what they talked about in class and FGDS. The table in Appendix 11 provides a menu of training content targeting AoC and community members.

Box 10 indicates that schools are not adequately addressing topics that are included in a comprehensive sexuality education package. There was not a major difference

between rural and urban AoC discussants in citing that bullying, sexual harassment and GBV are serious problems for learners even to the extent that "some parents pay bullies to not harass their child." Counter claims that bullying, sexual harassment and GBV are not problems were made only by AoC in Western Province, 1 urban school in Eastern and 1 rural school in Luapula Provinces. There was dissension among the discussants in the Eastern and Luapula Province schools. Some discussants said that it is a problem while others said it is not.

Box 10: Percent of Schools in Which Classroom Teachers Discuss ...

	Rural	Urban
HIV/AIDS	92%	85%
Other STIs	55%	65%
Pregnancy and early marriages	70%	75%
Bullying	30%	48%
Sexual Harassment	31%	47%
GBV	34%	58%

²³ One school (Kakumba Primary) did not respond to the question.

²⁴ This was Peleti in Mungwi District

²⁵ Kawikisha conducted more than 10 sessions

²⁶ Mulambwa and Ngambwe conduct 10 or more sessions.

Less than 50% of urban and rural teachers talk about these common problems that affect learner well-being and academic performance.²⁷ Rural teachers discuss the problems less than urban teachers although rural environments have longer distances between school and learners' home, and thus are more conducive for bullying and harassment to take place between school and home because of the lack of adult supervision.

Extra-curricular activities provide another platform in which HIV/AIDS, other SRH issues, bullying, sexual harassment and GBV can be discussed with learners. School clubs and recreational activities tend to attract like-minded learners and can provide a space for more intense interaction and discussion of sensitive issues. The survey and FGDs asked learners and AoCs if the school had HIV programs such as Anti-AIDS clubs, SAFE or Agents of change; if they participated in such clubs, and did they find it useful for their personal informational needs.

Box 11: Percentage of Learners Who Participate in Clubs Where They Can Receive Information on HIV/AIDS	
Agents of Change Agent	15%
Anti-AIDS	7%
Non-specific	18%

Not all of the respondents answered the question on the existence of anti-AIDS or similar clubs in their school (about 58% responded to the question). Of those who responded 68.8% of urban and 63.3% of rural learners said that such clubs exist in their school, and 72% urban and 94.9% rural said they were useful. The majority of club participants were in the 11-15 age range (75%) for both rural and urban areas. AoCs helped to provide clarity on why learners may not know about the clubs. *“Only Anti-Aids Club and AoC exist”* (Chipata and Lundazi, Eastern Province. *“Only AoC exists and functions properly. Other programs have died a natural death.”*

The clubs were perceived positively assessed by all of the AoCs, who made comments such as *“they are useful and help learners to face the dangers of premature & unprotected sexual activity.”* Mwansa, Luapula Province. *“Very useful, we share vital information and have good discussion. We, create awareness and help learners to avoid sexual activities,”* Chinsali and Isoka Districts, Muchinga Province.” Learners were less enthusiastic. Less than half responded to the question and of those who did, 47.5% rural and 52% urban learners said the clubs are useful.

AoCs discussants provided a mixed result when responding to the question of whether they had enough information to effectively perform their duties. Two of the 6 groups responded yes and no. Yes, they think they are effective; and no, they do not have enough materials, especially on latest information such as male circumcision. More than half of learners (55.6% rural and 53.6% urban) said they have enough information to protect themselves. Those wanting more information were in the 10-14 year old category (65%) in both rural and urban areas.

6.2.7 Discussion

Teachers have been trained in G&C through continuous professional development activities at zonal and school levels. Nevertheless, the need for trained G&C teachers is far greater than available resources, including time for trained teachers to teach others. Many schools (75% in this study) remain non-compliant with suggested guidelines of having at least 2 trained G&C teachers representing both genders. Staff transfers, retirement, and other reasons for dropping out of the school continue to influence G&C teacher availability. This is beyond the control of individual schools but should be a consideration of district and provincial planning offices, particularly in high HIV prevalence areas and where there is a large number of OVCs.

²⁷ The percentage provided indicating the extent sexual harassment is discussed in class does not include all of the Isoka data.

Classroom teachers are expected to cover topics under “Life Skills” and “Comprehensive Sexuality Education” for which age-appropriate manuals exist to facilitate teaching and classroom discussions.²⁸ However, classroom teacher discretion determines when, how and how much content is presented. Since HIV/AIDS and life skills are not examinable subjects for which teachers can be held accountable for learner results, the topics are integrated in a manner that allows the teacher to complete the curriculum for examinable subjects. Further, the *Zambia Global Progress Country Report* (2011) stated that sexuality was not covered because of cultural sensitivities and taboos; neither have systems been put into place to monitor the success of HIV/AIDS messages throughout the education system (MESVTEE, 2011, p. 4).

The knowledge and attitudes of young learners to HIV/AIDS is not part of the barometer for measuring progress of mainstreaming HIV/AIDS into the Education Sector. To date, emphasis has been placed on policy, curriculum development, and teacher/administrator training. SACMEQ tests, which are administered at regular intervals, could be a reliable source of information on how well teachers and the school environment is performing in knowledge transfer and fostering appropriate attitudes. The National Assessments carried out by the National Examination Council could be another source of information for assessing how well schools are performing in equipping learners with knowledge about HIV/AIDS.

There is a strong tradition in Zambian schools, based on socio-cultural norms and practices, that older persons can exert power and authority over younger ones, and that younger people must respect the age and status of the older members in their group or social setting. This can result in a form of bullying and harassment, which in its milder form is mockery. Mockery is recognized by learners, school administrators, teachers and parents as a way of initiating new students into the culture, discipline and expectations of a school and is usually directed at new students. Generally, it is tolerated as long as no one is physically hurt, and it is expected to end within a reasonable time in the school year.

Bullying and harassment are extremes at the opposite side of the spectrum of teasing and exerting power over others, and is discouraged through punishing perpetrators as indicated by the study. Boundaries of acceptable behavior are well-known by most learners by the time they reach grade 4, and they can distinguish between bullying and mockery.

Contrary to mockery, most of the bullying and harassment takes place outside of school perimeters mostly as learners travel between home and school or in the community. This enabled some of the discussants in the administrator/teacher FGD to say it does not happen in their school, and thus not a problem for them.

It is a problem for victims and has discouraged some learners from continuing to attend school or to acquiesce to the bully’s demands. The Concern Worldwide/Zambia KABP on the HIV/AIDS youth program in Western Province indicated that bullying was linked to younger boys initiating sexual activities because older boys verbally abused and questioned their masculinity if the younger boys were not sexually active²⁹.

GBV was reported to rarely happen in the school but to be a common practice in the surrounding communities. When it does happen within the school boundaries and is perpetrated by learners, action is taken to discourage it. Learners and AoCs reported that some teachers are culprits and this discourages learners from reporting offenses to appropriate authorities; and as indicated by responses in the learner questionnaire, a fear of talking to the G&C teacher about sexual matters for fear the teacher will want to have sex with them.

²⁸ The Curriculum Development Department of MESVTEE has developed a series of books on *Life Skills Education* and *Comprehensive Sexuality Education* to assist classroom teachers.

²⁹ Robie Siamwiza *HIV And AIDS Knowledge, Attitudes, Beliefs, and Practice Study in Senanga, Mongu, and Kaoma Western Province, Zambia, 2011*

MESVTEE has a policy and mechanisms in place to deal with teacher abuse of students. Unfortunately, the process is rarely utilized by students and parents/guardians as it is cumbersome and both learners and parents/guardians have little faith in the process and achieving redress.³⁰ Behavior between school and home and between home and community interaction is a grey area for the school. There is recognition that activities and behaviors within these settings influence learner's academic behavior and progress but also acceptance that it is beyond the control of teachers and administrators. Thus far, there were few indications that schools are utilizing the AoCs, PTA, and SCP to address these issues.

Basically the approach to bullying, sexual harassment and GBV is to discourage it as unacceptable behavior and seek rapprochement between the victim and the perpetrator. It does not address the socio-cultural environment of family and community as it is perceived outside of the school's remit, and teachers particularly in large schools do not have the time and resources to focus on external issues.

Developing linkages with external services to enhance G&C and assist learners to assess needed information and services is another area for consideration. Many schools in the study did not make any referrals, even to assist pregnant school girls, apart from ascertaining their pregnancy status and informing them about the re-entry policy. School-girl pregnancies are common in Zambia and an obvious marker to exposure to HIV. There is need to strengthen linkages with services that can provide learners with information and services that prevent and mitigate against situations that cause risk to HIV/AIDS.

Availability of G&C teachers is complicated by many factors. G&C teachers have other teaching responsibilities and lack time to perform G&C activities. Teachers are also lost to a school because of transfers, resignation, retirement, and death. MESVTEE tries to ensure that upper primary and basic schools are staffed sufficiently to cover core subjects, and will transfer teachers trained in G&C if their specialty is in a core area to another school where expertise in the core area is lacking. Consideration for G&C availability becomes secondary. Without a critical mass of teachers trained to offer G&C services, the problem of poorly staffed school-level G&C departments will continue.

6.3 Guidance and Counseling Services

A draft national strategy and guidelines for administration and management of G& C in the Education Sector have been developed with technical and financial assistance from RTS, and approved by the Permanent Secretary. The guiding principle of the strategy is that "optimum emotional and psychosocial wellbeing of the learner is a determining factor for effective learning."³¹

The framework outlines key strategic components and activities for 1) policy harmonization of the common areas with components such as Life Skills education, Sexuality Education, OVC, and Special Educational Needs (policy harmonization and advocating for the enactment of the proposed structure for effective implementation of guidance and counseling in schools) and 2) establishing and strengthening structures at district and school level that support guidance and counseling service provision which are currently not formalized. All schools are encouraged to have an active School-Community Partnership (SCP), whose purpose is to "encourage local communities to effectively participate in and support education programs especially early grade reading, guidance and counseling, and in providing other support services to learners."³²

³⁰ *Women in Law in Southern Africa-Zambia, 2012*

³¹ *MESVTEE Five Year Guidance and Counseling Strategy 2013-2017 (Draft), p. 8.*

³² *School Community Partnership Guide*

6.3.1 Knowledge and Perceptions about Guidance and Counseling

Academic achievement is influenced by factors outside of the classroom as well as within. Social interactions with relatives and friends in the home and community and interpersonal relationships with teachers and schoolmates impact on the learning process. G&C services are a part of the school environment and exist to help learners integrate the various strands into their life that require decisions and actions as part of maturation, growth and development.

Box 12: Definition of Guidance and Counseling

“Guidance is a process that is put in place at a time when and an individual has a choice to make. Counseling is the process that helps an individual to consider all sides of a potential choice, even before the choice is made and takes place. Counseling also helps one’s choice to be modified, reinforced or even abandoned, when consequences are undesirable or harmful.” Excerpt from the Guidance and Counseling Trainer’s Guide, p. 9 MESVTEE/RTS, 2013

According to the Guidance and Counseling Strategy 2013-2017 the role of the G&C teacher is “to assess the learner’s behavioral outcomes in order to better guide ... the learner in how to manage challenges”. The support and role-modeling provided by fully engaged parents, teachers, and other concerned adults, children and adolescents are to assist with this endeavor.”

All categories of respondents (e.g. administrators, teachers, AoCs, and other learners) were asked “what is the purpose of the G&C service”. Appendices 7 and 8 provide a condensed summary of what administrators, teachers and AoC said about the role of G&C. Their responses ranged from providing moral guidance to helping learners with vocational decisions. Learners also were asked what they think is the role of the G&C teacher, particularly in linking the learner to SRH. More than 50% either did not respond to the question or indicated they did not know the purpose of G&C. Those providing an answer said the G&C teacher’s role is to provide health information (15%), help learners to solve problems (14%), and other.

Morality featured in some of the responses, e.g. providing moral guidance and helping to maintain moral standards. These sentiments were also expressed by AoCs. Generally, AoC responses were consistent with the responses of their teachers. However there were a few negative comments by AoCs as cited in the responses by AoC.

AoCs expressing ignorance about G&C or making negative comments were from schools without a G&C teacher or where the number of G&C teachers is inadequate to provide AoCs with guidance and supervision. Although the teachers and learners did not mention this, another point of concern could be the perceived role of the G&C teacher and the AoC in “maintaining moral standards.” This view could deter some learners from seeking G&C services for fear of a judgmental response from those charged with helping them. For instance, a learner who has become pregnant might be reluctant to seek the help of an AoC or teacher for fear of being stigmatized and scolded for being immoral.

Table 8 indicates that female teachers are in the majority in single sex G&C departments. The absence of G&C teachers was primarily in schools with smaller student populations although Ndakala Primary in Mungwi was an exception.

Table 8: Number of Sampled Schools without Trained G&C Teachers and Number with only a Single Sex G&C Teachers (Disaggregated by Province)

Province	Number of Schools Without G&C Teacher	Number of Schools with Single Sex G&C Departments	
		Female Only	Male Only
Eastern	1	2	1
Luapula	---	1	3
Muchinga	2	3	1
Northern	2	2	1
Northwestern	1	1	1
Western	---	2	2
Total	6	11	9

G&C teachers are encouraged to train other teachers, AoC, and community members to provide additional channels for counseling and support. A G&C Manual has been developed to facilitate this process. All schools have made the effort to train at least one set of potential counselors from the teacher/administrator, AoC, and PTA/Community categories³³. As Table 9 indicates, AoCs and community members were targeted for most of the training effort.

Western Province conducted the majority of trainings although Nangondi Primary in Mongu did not train any staff and had only one (1) training for AoC and 3 trainings for PTA/Community members in 2014. Kakumba Primary in Lundazi did not have G&C teachers, and did not conduct any training for teacher/administrators, AoC, and PTA/community. The two schools differ in that Kakumba reports spending less than 10% of time per term on SRH/HIV whilst Nangondi reports spending one hour per week on the topic.

Table 9: Number of Training Sessions G&C Teachers Conducted For Teachers/ Administrators, Agents of Change, And PTA/Community since January 2013

Province	Teachers/ Administrators	Agents of Change	PTA/Community	Total Number of Trainings Per Province
Eastern	12	25	7	44
Luapula	16	23	9	48
Muchinga ³⁴	9	24	10 or 12	43 or 45
Northern	7	22	6	35
Northwestern	20	26	13	59
Western	12	26	32	70
Total Number of Trainings per Category	76	146	77 or 79	299 301

6.3.2 Perceptions about Guidance and Counseling Services Implicit in the explanations of G&C by school administrators, teachers and AoCs is the perception that they are helping learners to be better people through providing direction to their lives and protection from harmful influences and potential situations. There is an assumption that learners understand that G&C services exist to help and that learners will readily seek help when problems arise or when there is need to make crucial decisions.

³³ The study did not ascertain the gender of the trainees.

³⁴ Muchinga did not use the revised questionnaires, thus some of the data reflects ranges rather than a specific number.

Only 14% of the learners mentioned the word “helping” when describing the role and purpose of G&C teachers, suggesting that they do not perceive that G&C services and personnel exist to help them.

Learners and AoCs were asked about the “level of comfort” they have in discussing intimate issues with G&C teachers. “*Would they feel comfortable talking about bullying, sexual abuse, sexual harassment or other issues involving sex and sexuality?*” Only 69% of the learners answered the question, and of these, 70% said they would be comfortable talking to the G&C teacher about these issues. When disaggregated by locality 48.9% rural and 51% urban said they would be comfortable. When disaggregated by gender more males (51.7%) expressed comfort compared to females (45.5%)

When asked why they would feel comfortable or uncomfortable in discussing personal and intimate issues, only 56% of sample responded. Of these, 48% said the teacher will “help “or advise. There appears to be mixed and contradictory feelings about the role and functions of the G&C teacher and his or her ability to help a learner.

Further elucidating on why learners are initially shy or reluctant to talk to G&C teachers but will do so as a last resort, AoCs said in their FGDs “*some learners preferred discussing SRH issues with the G&C teacher because of confidence in the teacher’s ability to help them and belief that their information would not be shared with others*”.

Box 13 indicates that the AoCs recognize the difficulties that schoolmates have in approaching them (as AoCs) and others (G&C and classroom teachers) about personal problems and intimate issues. Among the comments made by the AoC in FGDS is. “*some learners are shy and do not know how to approach the G&C teacher to discuss problems; learners do not know who they can trust; and learners are reluctant to discuss their own issues but prefer to discuss that of their friends or pretend that it is a friend’s problem when it is their own*”. The facilitator for the AoC FGD is Sesheke Urban (Western Province) asked “*if fellow learners seek help from them (AoCs) sometimes*” and they said no.

The limited understanding of why the G&C services exist and what they do might be influenced by how the AoC work with the G&C service and the tasks they are currently assigned to carry out by the G&C teacher. The comments in Box 14 summarize responses to the question “*How do you as an AoC work with the G&C Services?*” Much of their work involves information, education and communication (IEC) with fellow learners. They “teach,” “share information,” and “hold meetings” about bullying, harassment and HIV/AIDS. Helping schoolmates work through problems was not mentioned. This limited view may also send signals to schools mates on their availability, willingness and ability to address sensitive personal issues

Box 13: Comments by AoC: Who schoolmates feel comfortable with when discussing reproductive health issues?

“Depends on who learner feel free with but few will come to Agent of Change – feel teacher is in best position to help.”

“Shy to talk to teachers but a few will talk to AoC.”

Eastern Province

“They feel less comfortable with the G&C teacher and do not discuss their issues with other teachers because they do not trust them at all.”

Learners at this school do not discuss HIV and other sexual reproductive health issues due to the fact that they have very little knowledge about G&C services.

They do not feel comfortable discussing their issues but discuss their friends’ issues with G&C.”

Luapula Province

Box 14: How do you as an AoC work with the G&C Service?

“Share information on HIV/AIDS with classmates and report to G&C, class teacher.” “Talk to learners during assemblies and seek additional information from G&C teachers.” **Eastern Province**

“Teach fellow learners about bullying, harassment, pregnancy and GBV.” “Refer some pupils to the G&C teacher for further guidance and counseling” “Meet the G&C teacher for guidance before teaching friends, and then report back the outcomes.”

“Agents of change do not know their roles and how to refer other learners to G&C services in school.” **Luapula Province**

“We hold awareness meeting with fellow learners and disseminate information through drama and poems, and motivational talks. Issues to do with HIV and moral living are addressed. We last met in Term two of 2014.” **Northern Province**

None of the respondents (learners, school administrators/teachers and AoCs), mentioned the community Counselors that have been trained by the school G&C teacher, as another avenue for advice and counsel. The role of community counselors was not mentioned in the FGDS that had SCP or PTA participants. There were situations discussed in which the discussants agreed it was a serious problem for learners and not the responsibility of the school to ameliorate but there was never a suggestion that community counselors become involved in problem-solving.

6.3.3 Links to External Services and Referrals

All of the schools encountered situations or problems requiring external assistance. The most common referrals are between school and parents/guardians when a learner has contravened school policy or has committed a serious breach in conduct. Under these circumstances, parents/guardians are encouraged to take responsibility for influencing their child’s behavior and making it compliant with school policy and regulations.

Province	No. of School with No Referrals
Eastern	3
Luapula	2
Muchinga	4
Northern	2
North Western	2
Western	3
TOTAL	16

Referrals to external services were few³⁵, e.g. only 16 referrals were made in 2014 to external sources of service such as health care, police, child protection, or social welfare services. One of the most common problem requiring assessment, confirmation and action by the school is school-girl pregnancy. 78% of the surveyed schools reported pregnancies during the school year. Sometimes girls are referred to the local health center to confirm pregnancy status but it is not a policy or standard procedure; 38.8% of schools reporting pregnancies did not make any referrals.

G&C teachers are responsible for counseling pregnant female learners, primarily to inform them of the re-entry policy. However, there was no indication that the girls, and boys responsible for the pregnancy and who may be follow learners in the school, are counseled on responsible sexual behavior, safe

³⁵ The question asked of the administrators was to indicate number of referrals for any problem or issue requiring outside assistance. Therefore, the referrals listed are not restricted to pregnancy.

motherhood and referred to ante-natal services³⁶. This is a missed opportunity for the Education Sector to work with the Health Sector to reduce maternal mortality and promote early child development.

Voluntary HIV counseling and testing is another issue for referral and was mentioned in the FGDs. Some schools work with NGOs to facilitate testing of learners³⁷. Parental permission is required before under-aged students can participate in the exercise. The Care and Support Teaching Learning program is working to strengthen links between Education and Health Sectors, however, the focus is primarily on immunizations, general health and nutrition. The health status of children living positively also falls under this program although it is not clear at this time how it will be integrated into the G&C services.

There was no discernible pattern between urban and rural schools in regard to linkage to external services although there were differences between provinces. Eastern and Muchinga Provinces made the most referrals; and Northern and Northwestern Province made the least. Only 2 urban schools made referrals in Northwestern Province, and 1 urban and 1 rural school made referrals in Northern Province.

AoCs were asked in the FGDs if they would like access to external services for additional SRH information and services. There was 100% consensus that this is desirable. They would like more resource persons from outside of the school to give talks and provide services. They would, also, like to visit places (health facilities and police services) to become better informed about the information and services available.

6.3.4 Perceived deficiencies in G&C services

Lack of clarity about role and functions of G&C was expressed by some AoC. Ironically, in schools where G&C teachers are actively engaged, there were indications that AoCs do not see their role as actively seeking situations in which they can inform, give advice and counsel at individual and small group levels. Schools in Eastern, Luapula, Northern, Northwestern and Western Provinces emphasized information dissemination work undertaken at assembly or club level under the supervision of the G&C teacher.³⁸

FGDs in Northwestern and Western Provinces expressed desire for a clear-cut identity through t-shirts or badges so that school mates would know who they are. They also expressed desire to establish links with external services (e.g. health clinics, police, social welfare) so that they could have access to information that would enhance their knowledge and skills.

“We learn more from the people who are directly related to such issues. G&C teachers’ specialization is limited to teaching bringing on board an expert i.e. In HIV counseling and testing and family planning would mean acquiring knowledge in depth...”

The AoCs also made suggestions on how to improve the G&C services and facilitate greater cooperation among AoCs. The following are the suggestions ...

- Improve the human resource base: Fill G&C positions when teachers are transferred or leave the school under other conditions; and replace non-performing G&C teachers. Provide female and male teachers rather than have a single-sex department. Recruit new AoCs to replace those who drop out or leave school. Update the skills of teachers and AoCs through refresher courses and exchange visits to schools within the zone.

³⁶ Pregnant women are strongly encouraged by health facilities to bring the father of their child with them to the ante-natal clinic during the early stages of pregnancy. During this period they are tested for STIs, including HIV, and counseled on how to promote the health of the unborn child and ensure a safe delivery.

³⁷ The number of referrals for HIV testing was not explored in the study. School administrators were asked a generalized question about referrals, e.g. how many were made in 2014.

³⁸ Locality of the schools was all schools in Eastern, Muchinga and Northwestern Provinces; and schools in Mporokoso, Northern Province and Sesheke, Western Province.

- Integrate G&C into the curriculum: Encourage schools to develop a plan of action with clear programs for AoCs so that activities are planned and resourced. Integrate G&C into co-curriculum activities and time-table it into the school schedule.
- Provide materials: Literature and other materials are needed to improve knowledge and skills, and enable AoCs to teach others. For instance, they would like to know more about male circumcision and family planning.
- Strengthen links with external services: Invite more resource persons from outside the school to give talks and provide services, and allow AoCs to visit service delivery centers (health and police) where information can be accessed.
- Provide incentives: This could be in the form of an allowance (K20) or other incentives.

Teachers and school administrators also had suggestions for improving the G&C services. During the FGD, they suggested the following:

- Organize a specific office for G&C activities: Currently schools do not have a dedicated physical space for G&C activities that provides privacy and confidentiality of learner problems.
- Create space in the timetable dedicated to G&C activities and allow learners to attend counseling sessions: G&C services lack legitimacy in the eyes of some teachers. Consequently, teachers refuse to allow learners to be counseled if their class is in session. Learners should be allowed to attend counseling sessions if required.
- G&C should be guided by a plan of action and implementation plan.
- There should be more literature available within the school on GBV, harassment/ bullying and HIV.
- Provide more refresher training particularly in emerging issues like GBV/sexual harassment, and group counseling.
- MESVTEE should bring back the G&C allowance since this is an additional responsibility

6.3.4 Discussion

There was general agreement between administrators/teachers and AoC on the purpose of G&C; and the description provided on purpose was mostly consistent with the MESVTEE Guidance and Counseling Framework. AoCs have considerable responsibility for educating and assisting fellow schoolmates when properly guided by the G&C teacher. In nearly 95% of the schools sampled, G&C teachers were too few in terms of the learner population, and could not manage the guidance and counseling tasks on their own. It was observed, however, that in a number of schools AoCs are providing services without adequate supervision or even sufficient consultation with other AoCs with more experience, and who could provide advice and support.

19.4% of the schools reported having no pregnancies among learners as of October and November 2014. The schools vary in size and locality of learner population, number of trained and active G&C teachers, and number of AoC. Traits that they share in common, however, are active engagement between G&C teacher and AoCs, active AoCs, dedicated time devoted to information dissemination on SRH issues, and at least 2 meetings between school and community on SRH issues. There may be other factors working to reduce pregnancies among primary school learners

Inadequacy of referral services have been documented by Mwanza and Jacobs (2015) in response to school-girl pregnancy. They found that evidence was lacking that G&C teachers provided in-depth counseling and referral services to pregnant girls. These findings are consistent with the KABP results. Many schools in the study did not make any referrals, even to assist pregnant school girls, apart from ascertaining their pregnancy status and informing them about the re-entry policy. School-girl pregnancies are common in Zambia and an obvious marker to exposure to HIV. There is need to strengthen linkages with services that can provide learners with information and services that prevent and mitigate against situations that cause risk to HIV/AIDS.

7. CONCLUSIONS AND RECOMMENDATIONS

7.1 Conclusions

Learners in government primary schools are not receiving appropriate and adequate information to assist them to acceptable levels of knowledge about HIV/AIDS. The majority continue to have misconceptions about the causes of HIV, and display attitudes that can promote stigma and discrimination against persons living with HIV. According to this survey, existing classroom instruction and extra-curricular activities are not meeting their needs. Linkages to external services are underdeveloped, that is, learners do not have access to expertise outside of the school-system unless they are able to assess this through other channels.

Schools have policies in place to promote physical safety and prevent stigma and discrimination, sexual harassment and abuse. However, operational guidelines are lacking, therefore monitoring and assessment of policy implementation are not linked to learner academic progress, growth and development. Classroom teachers continue to be the bulwark of the G&C system due to scarcity of trained G&C teachers and overload with other teaching responsibilities. They are assisted by the AoCs but often without adequate supervision and continuous training based on counseling experiences and outcomes. All schools surveyed had G&C units in place and in each of the sampled schools at least one teacher had completed the required minimum standard of training. In each of the schools sampled in the target districts, there was evidence of a G&C teacher.

7.2 Recommendations

- A. The continued increase in HIV infection by young people and the number of pregnancies in schoolgirls suggest reproductive health information and services are inadequate. Operational research is required to revisit assumptions about primary school learners' educational needs regarding sex and sexuality, reproductive health, and access to services. There is need to assess suitability of existing teaching materials and referral services in primary school and design interventions based on research evidence using the lens of age of learner per grade. Overage and underage learners in the same class and grade levels makes it extremely challenging for teachers to use the *Life Skills Education Framework* produced by CDC and based on age-appropriate instructions.

It is recommended that MESVTEE

- (1) Conduct operational research on HIV/AIDS classroom and extra-curricular instructions to better document coverage of content and teaching delivery;
 - (2) Include HIV/AIDS knowledge and attitudes in periodic National Assessment Survey conducted by the Examination Council to assess learning achievement; and
 - (3) Utilize results from these studies to adapt and adjust the Life Skills framework to local realities and constraints, e.g. multiple ages in the same classroom setting.
- B. The G&C intervention supported by RTS appears to be working in schools that are compliant with guidelines and recommended standards. However, the AoCs and SCPs can be deployed to do more to address bullying, harassment and GBV, particularly targeting events involving learners but occurring outside of school boundaries.

In this regard, the following recommendations are made:

- i. MESVTEE source funds and facilitate the training of a core group of older AoCs (age 14+) to recognize and implement a first-level response and appropriate intervention into situations involving bullying, harassment and GBV. Older children should be chosen for this task because of its seriousness and possible need to establish links with external sources of help. This will require accurate documentation and/or verbal reporting of the offense to relevant authorities.
 - ii. MESVTEE's Planning and Information Directorate provide templates to school G&C teachers to develop annual action plans. This will help to regularize counseling services so that it can be built in the school time-table and assist AoCs to learn how to plan and support activities whilst also providing structure and direction to what they do.
 - iii. MESVTEE work with NAC and Ministry of Community Development, Child and Maternal Health to develop and execute an advocacy plan to leverage local support for anti-AIDS, anti-bullying and GBV activities. CAMFED and FAWEZA have materials that can be used in such a campaign. For example, the schools can build a campaign around the rights of children living with HIV and thus dispel misconceptions about the way HIV is transmitted.
- C. MESVTEE collaborate with the Victim Support Unit in the Police Services to facilitate the formation of "Boys against GBV" clubs in primary schools³⁹. The Police Services can coordinate the clubs with the existing work they carry out with MESVTEE, which involves school visits to sensitize learners about substance abuse.
- D. MESVTEE should reduce the amount of teaching workload that G&C teachers have so that they can also give significant attention to G&C activities.

³⁹ The Victim Support Unit has already begun this activity in some schools. (Conversation with Head of Victim Support Unit.)

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Appendix 1: Position of Discussants in the Teacher/Administrator FGD

Province,	Positions Represented	Grades Taught
Eastern	Head teacher, Deputy Head teacher, senior teacher, G&C teacher, Teacher, PTA members, SCP Member, Parent SHN and HIV/AIDS focal point person	All grades and subjects including IT
Luapula	Head and Deputy Head teacher, senior teacher, G&C teacher, HIV/AIDS Coordinator, Acting G&C teacher, Teacher, Class teachers, SIC,	Grades 1 through 12 ⁴⁰
Muchinga	Head and Deputy Head teachers, G&C teacher, class teacher, and parent	Grades 1 through 9
Northern	Head and Deputy Head teachers and G&C teacher, senior teacher, Acting senior teacher, Class teacher, SHN focal point, SIC, untrained teacher from community school, Parent	Grades 1 through 9
Northwestern	Head and Deputy Head teachers, G&C teacher, Grade teacher, SHN focal point, SIC teacher	Grades 2,4,5,6,8,9
Western	Head and Deputy Head teacher, G&C teacher; Class teachers	Grades 2 through 9

⁴⁰ The FGD was focused on primary/basic school administrators, teachers, parents, committee meetings. However, no one was turned away if the school wanted them to participate, and the size of the group did not exceed a maximum of 10.

Appendix 2: Number of Students Who Got 95% or Better on the HIV/AIDS Test Disaggregated by School, Age and Gender

Province	District	School	Female		Male			
			Mark	Age	Grade	Mark	Age	Grade
Eastern	Chipata	Chipata	19 (95%)	15	8	20 (100%)	14	8
		Lunkhwakwa	19 (95%)	15	9			
		Nyakutwa	19 (95%)	16	9	19 (95%)	15	8
	Lundazi	Swiswi				19 (95%)	15	8
		Sikatengwa	20 (100%)	16	8			
		Kakumba						
D Luapula	Mansa	Mutende				19 (95%)	14	8
		Chilabashi				19 (95%)	13	6
		Fibale	19 (95%)	13	3	19 (95%)	14	5
	Mwense					19 (95%)	14	6
		Mweshi				19 (95%)	13	6
		Musele	20 (100%)	11	5			
	Moba				19 (95%)	14	6	
Muchinga	Chinsali	Mwaba	20 (100%)	14	6			
		Munwe						
		Kaso						
	Isoka	Mwenitawa						
		Chinyansi				20 (100%)	17	8
	Kakoko							
Northern	Mungwi	Ndakala						
		Peleti						
		Chandawayaya	19 (95%)	14	6			
	Mporokoso	Kalabwe	19 (95%)	12	6	19 (95%)	13	5
			19 (95%)	12	5	19 (95%)	15	6
		Mulama	19 (95%)	14	6			
	Kawikisha				20	13	6	
North Western	Solwezi	Nyambombo	19 (95%)	12	6	19 (95%)	15	6
		Mulenga				19 (95%)	12	5
		Katandano						
	Mufumbwe	Kamazovu						
		Kakilufya						
		Chizela	19 (95%)	11	6			
			Female			Male		
			Mark	Age		Mark	Age	
Western	Mongu	Mulambwa						
		Mawawa	20 (100%)	16	9			
		Nangondi	19 (95%)	12	5			
	Sesheke					19 (95%)	15	9
						20 (100%)	13	8
		Katima	20 (100%)	16	9	19 (95%)	16	9
		Mangamu	19 (95%)	16	9			
	Ngambwe							

Appendix 3: HIV/AIDS Test Questions Answered Correctly⁴¹ (Percent Disaggregated by Age and Gender)

% of Learners who answered correctly by age group				
	Aged 10-14 years		Aged 15-19 years	
	Male	Female	Male	Female
A person can get HIV from Mosquito bites	81.6	64.8	78.6	70.9
A person can get HIV by sharing food with a person with AIDS	59.2	70.0	79.3	65.3
A person can get HIV through witchcraft	61.0	68.4	91.0	78.4
A person can get HIV by holding hands with a person who has AIDS	71.2	79.0	82.6	50.5
A person can get HIV by wearing clothes used by a person who has AIDS	72.6	87.2	72.2	92.5
A person can spread HIV by coughing	57.0	89.2	54.9	76.4
HIV can be transmitted by saliva	56.9	82.5	67.4	72.5
A person can get HIV by eating dirty vegetables	93.4	82.3	92.2	97.1
ARV (Anti-Retroviral) medication can be used to help people live with HIV	80.0	93.5	65.1	91.1
Is it possible for a healthy looking person to have the virus that causes HIV?	96.0	92.9	91.4	100.0
A person can reduce the chances of HIV by using a condom every time he/she has sex	83.9	87.5	97.5	100.0
If a person have one sexual partner they can be protected from getting HIV	88.9	94.2	89.5	98.4
HIV can be passed from a mother to her baby during pregnancy	83.6	71.8	97.5	77.0
HIV can be transmitted through a mother's breast milk	67.97	48.1	86.6	57.1
One way of avoiding getting HIV is through abstaining from sex	98.7	66.8	53.1	70.8
HIV can be transmitted by blood	58.8	66.8	88.3	90.8
One way to be sure that a person has HIV is through a blood test	83.8	90.3	95.0	95.4
HIV stands for Human Immunodeficiency Virus	63.5	83.7	96.2	97.0
Having more than one sexual partner could increase the risk of getting HIV	67.4	88.0	90.4	94.1
A person can get HIV from dog bites	87.7	91.3	73.7	97.1
Average Score	75.7	79.9	82.1	83.6

**Appendix 4: Negotiation Skills Disaggregated by Gender and Provincial Locality
(Percent)**

1. How easy or difficult is it for a girl or boy to refuse to have sex with her/his teacher if s/he demands it?			
Province		Gender	
		Female	Male
Eastern	Easy	13.8	16.6
	Difficult but possible	5.5	8.3
	Impossible	22.2	16.6
Luapula	Easy	27.7	25
	Difficult but possible	19.4	13.8
	Impossible	2.7	8.3
Muchinga	Easy	10.5	15.7
	Difficult but possible	10.5	36.8
	Impossible	10.5	5.2
Northern	Easy	0	19.4
	Difficult but possible	16.6	8.3
	Impossible	33.3	22.2
Northwestern	Easy	6.6	13.3
	Difficult but possible	43.3	26.6
	Impossible	0	10
Western	Easy	5.5	8.3
	Difficult but possible	33.3	30.5
	Impossible	2.7	5.5
2. How easy or difficult is it for a girl to refuse to have sex with a man or boy who has given her money or gifts and want to have sex?			
Province		Gender	
		Female	Male
Eastern	Easy	8.3	25
	Difficult but possible	0	8.3
	Impossible	5.5	38.8
Luapula	Easy	50	8.3
	Difficult but possible	25	0
	Impossible	8.3	0
Muchinga	Easy	5.2	15.7
	Difficult but possible	36.8	15.7
	Impossible	10.5	15.7
Northern	Easy	33.3	11.1
	Difficult but possible	13.8	8.3
	Impossible	25	8.3
Northwestern	Easy	16.6	0
	Difficult but possible	65	8.3
	Impossible	8.3	1.6
Western	Easy	22	11.1
	Difficult but possible	38.8	19.4
	Impossible	2.7	5.5
3. Is it easy or difficult to insist on condom use during sex when the sexual partner does not want to use it?			
Province		Gender	
		Female	Male
Eastern	Easy	11.1	25
	Difficult but possible	25	16.6
	Impossible	2.7	0
Luapula	Easy	25	30.5
	Difficult but possible	8.3	11.1

	Impossible	13.8	5.5
Muchinga	Easy	15.7	15.7
	Difficult but possible	5.2	21
	Impossible	5.2	5.2
Northern	Easy	19.4	30.5
	Difficult but possible	13.8	2.7
	Impossible	13.8	13.8
Northwestern	Easy	11.8	15.2
	Difficult but possible	28.8	22
	Impossible	5	3.3
Western	Easy	5.5	11.1
	Difficult but possible	36.1	33.3
	Impossible	2.7	2.7

Appendix 5: G&C Teachers' Comments on Estimated Amount of Time Devoted to HIV Prevention, School Safety and Vocational Issues

Province	District	Amount of Time
Eastern	Chipata	<i>"It is a lot of time because I see 5-6 learners in a day besides my normal duties of a teacher."</i>
	Lundazi	<i>"HIV Prevention= 11:25 minutes per week and school safety = 5 hours per week"</i> [Note: vocational counseling was not mentioned]
Luapula	Mansa	<i>"No time spent on vocational issues". "No time spent reaching out to pupils on HIV prevention"</i> <i>"G&C teachers spend about a month on vocational issues HIV is ongoing because it is even integrated into subjects ... it has been done once with agents of change".</i> <i>"Safety is an ongoing process but if there are no cases, it is done once a week."</i> <i>"Very little time is spent on vocational issues because teachers are busy with what they plan for. Most schools perceive that the G&C teachers are not very important."</i>
	Mwense	<i>"Not enough time to talk about vocational issues and HIV because the school is underfed".</i> <i>"Vocational 1 hour per week and HIV is also 1 hour per week"</i>
Muchinga	Chinsali	<i>"Vocational issues minimal time is spent, like less than 10% while HIV prevention is a teacher's responsibility and should be on a daily basis. It is in the curriculum"</i>
	Isoka	<i>"One time a week to 80% of time, vocational – 10% of time for HIV"</i>
Northern	Mporokoso	<i>"Every 10-15 minutes before every lesson is delivered; It's a lot of time because I see 5-6 learners in a day besides normal duties of a teacher"</i> <i>"More time is dedicated to vocational and less time on HIV/AIDS awareness"</i>
	Mungwi	Same as for Mporokoso
Northwestern	Solwezi	<i>"HIV most of the time, vocational little time"</i>
	Mufumbwe	<i>"Little time is spent on these issues because the G&C teachers do not have enough time to meet with the learners"</i>
Western	Mongu	<i>"If done through academic way, 3 times in a term and at least one hour."</i>
	Sesheke	<i>At least 2hours per week for both Vocational and HIV prevention and School safety</i>

Appendix 6: Main Source of HIV/AIDS Information Disaggregated by Age (Percent)

Province	Source	Age Category	
		10-14 years	15-19 years
Eastern	Radio	11.4	25.7
	Television	5.7	14.2
	Friends	0	5.7
	Classroom	2.8	22.8
	Extracurricular	0	0
	Health center	2.8	8.5
	Other	0	0
Luapula	Radio	14.7	5.8
	Television	2.9	0
	Friends	17.6	0
	Classroom	50	5.8
	Extracurricular	0	0
	Health center	2.9	0
	Other	0	0
Muchinga	Radio	0	5.2
	Television	0	5.2
	Friends	15.7	10.5
	Classroom	31.5	10.5
	Extracurricular	0	15.7
	Health center	5.2	0
	Other	0	0
Northern	Radio	2.8	5.7
	Television	2.8	0
	Friends	14.2	0
	Classroom	42.8	17.1
	Extracurricular	0	0
	Health center	8.5	5.7
	Other	0	0
Northwestern	Radio	27.1	3.3
	Television	8.4	0
	Friends	3.3	0
	Classroom	44	5
	Extracurricular	0	0
	Health center	8.4	0
	Other	0	0
Western	Radio	8.5	2.8
	Television	2.8	2.8
	Friends	5.7	0
	Classroom	25.7	14.2
	Extracurricular	0	8.5
	Health center	17.1	8.5
	Other	5.7	0

Appendix 7: What Administrators and Teachers Said is the Purpose of G&C Services

“To give learners the morals of living; To create a place where learners’ needs can be listened and attended to, To help learners and staff. To remind each that bullying or harassment is bad.” **Eastern Province**

‘Help student.; guide student, orient new learners and teachers; evaluate situations and analyze; analyze end of term test or results; track attendance of learners; counsel and guide learners on different issues into the right directions **Luapula Province**

“To help learners cope with life situations, to provide career guidance; promote interaction between learners and the teacher; guide learner(s) in good behavior;” **Muchinga Province**

“To create a place where learners’ needs can be listened and attended to; To help learners and staff; To remind each that bullying or harassment is bad; To provide learners the morals of living; Create a place where learners’ needs can be listened and attended to; Provide a conducive environment for both the weak and strong or fast and slow learner academically; Provide career guidance to the learners.” **Northern Province**

“Help to solve the problems learners face at home and school; To discipline learners; Helps learners to concentrate on school; To solve matters arising in the school; To give guidance to the learners; to bring order to the school; To help in guiding the learners; to motivate learners; to help the learner choose the right career path”. **Northwestern Province**

“Change learner’s attitude; help learners to have a positive behavior towards life; to create a conducive atmosphere for both pupils and teachers; help learners to build self-esteem and confidence; help learners to understand that teachers are there for them; to sensitize learners on the dangers of HIV and AIDS; to sensitize learners on re-entry policy; sensitize community on the importance of education; counsel pupils.” **Western Province**

Appendix 8: What AoCs Said is the Purpose of the G&C Services

“Giving guidance to learners; to support learners on different issues; to protect us from getting pregnant; teach good behaviors so as to help us not fall into problems; teach us about the importance of education; to maintain & promote good morals among students.” **Eastern Province**

“To encourage learners to work hard; to sensitize learners on the dangers of sexuality; to help learners to choose a career; Guide them in real life situations where they are not doing fine; help learners with problems and teach them about their rights. It meets the young people’s need and teaches learners good behavior and moral and hence a reduction of HIV/AIDS and pregnancies; foster behavioral change in learners and teach pupils how to prevent STIs and pregnancies.”

Agents of change do not know the purpose of G&C services in the school because of lack of information from the G&C teacher. **Luapula Province**

“To provide counseling and protection services; to guide learners in career choices and counsel them.” **Muchinga Province**

“Guiding learners to do right and behave morally; providing counseling sessions to learners in need of it; to give career guidance to the learners.” **Northern Province**

To protect learners; teaching learners how to live; to guide learners; to encourage learners in their studies; help the learners during time of difficulties.” **Northwestern Province**

“Protect learners; teaching learners how to live; to guide learners; to encourage learners in their studies; help the learners during time of difficulties.” **Northwestern Province**

“No idea about G & C but AOC teach others about HIV prevention.” **Western Province**

Appendix 9: Student Population and Number of G&C and AoC Available⁴²

Name of School	District and Rural/urban Designation	Number of Learners	Number of G&C Teachers	Number of AoC	
Eastern Province					
Lunkhwakwa	Chipata	Urban	2161	1	8
Nyakutwa		Urban	647	1	15
Chipata		Urban	1329	1	10
Kakumba	Lundazi	Rural	282	0	7
Sikatengwa		Rural	670	3	10
Swiswi		Rural	390	2	10
Luapula Province					
Mutende	Mansa	Urban	2054	4	10
Fibale		Urban	1074	22	20
Chibalashi		Urban	575	4	20
Mweshi	Mwense	Rural	331	1	18
Moba		Rural	248	1	10
Musele		Rural	633	2	7
Muchinga Province					
Chinyansi	Chinsali	Urban	600	1	8
Kakoko		Rural	200	0	0
Mwenitawa		Urban	483	0	8
Kaso	Isoka	Rural	351	1	5
Munwe		Rural	521	1	10
Mwaba		Urban	465	1	10
Northern Province					
Kawikisha	Mporokoso	Urban	313	0	8
Kalabwe		Urban	428	1	10
Mulama		Urban	297	1	20
Chandaweyaya	Mungwi	Rural	720	1	2
Ndakala		Rural	541	0	14
Peleti		Rural	447	4	10
Northwestern Province					
Chizela	Mufumbwe	Urban	931	1	9
Kakilufya		Urban	818	2	25
Kamazovu		Rural	288	0	10
Katandano	Solwezi	Rural	420	3	10
Nyambombo		Urban	275	2	20
Mulenga		Rural	209	1	No response
Western Province					
Mawawa	Mongu	Rural	630	1	15
Mulambwa		Urban	2296	1	29
Nangondi		Rural	263	1	10
Ngambwe	Sesheke	Rural	339	1	13
Katima		Urban	969	3	33
Mangamu		Urban	457	2	8

⁴² Data on school population was supplied by RTS from enrolment returns collected regularly from the schools.

Appendix 10: Number of Schools that made referrals in 2014; Number of Schools Reporting Pregnancies; Number of G&C Teachers and Number of AoCs

School Name	Number of School with Referrals	Number of Schools Reporting Pregnancies Among Learners	Number of G&C Teachers	Number of AoCs
Eastern				
Lunkhwakwa	Less than 5	Less than 5	1	8
Nyakutwa	Less than 5	Less than 5	1	15
Chipata	0	0	1	10
Kakumba	0	5 to 10	0	7
Sikatengwa	Less than 5	Less than 5	3	10
Swiswi	0	0	2	10
Luapula				
Mutende	7	2	4	10
Fibale	12	6	22	20
Chibalashi	0	2	4	20
Mweshi	0	4	1	18
Moba	0	1	1	10
Musele	0	1	2	7
Muchinga				
Chinyansi	Less than 5	Less than 5	1	8
Kakoko	2	1	0	0
Mwenitawa	0	Less than 5	0	8
Kaso	1	3	1	5
Munwe	1	1	1	10
Mwaba	Less than 5	5 to 10	1	10
Northern				
Kawikisha	2	3	0	8
Kalabwe	0	2	1	10
Mulama	0	0	1	20
Chandaweyaya	0	7	0	14
Ndakala	1	0	4	10
Peleti	0	4		
Northwestern				
Chizela	2	3	1	9
Kakilufya	10	10	2	25
Kamazovu	0	1	0	10
Katandano	0	4	3	10
Nyambombo	0	0	2	20
Mulenga	0	1	1	No response
Western				
Mawawa	0	1	1	15
Mulambwa	5	12	1	29
Nangondi	0	0	1	10
Ngambwe	0	0	1	13
Katima	4	11	3	33
Mangamu	2	4	2	8

Appendix 11: Outline of Themes Under CSE⁴³

Comprehensive Sexuality Education comprises six thematic areas. These are outlined as follows:

These topics are introduced in each grade with varying degrees of detail on how they influence sexuality and sexual behavior. For instance, teachers may facilitate a discussion among grade 5 learners on different kinds of relationships and the feeling that are generated. They are unlikely to talk about sexual intercourse as part of a relationship. However, sexual intercourse is likely to be introduced at grade 9 or 10 and discussed at higher levels.

1. Relationships

- 1.1 Families
- 1.2 Friendship, Love and Relationships
- 1.3 Tolerance and Respect
- 1.4 Long-term Commitments, Marriage and Parenting

2. Values, Attitudes and Skills

- 2.1 Values, Attitudes and Sources of Sexual Learning
- 2.2 Norms and Peer Influence on Sexual Behavior
- 2.3 Decision-making
- 2.4 Communication, Refusal and Negotiation Skills
- 2.5 Finding Help and Support

3. Culture, Society and Human Rights

- 3.1 Sexuality, Culture and Law
- 3.2 Sexuality and the Media
- 3.3 The Social Construction of Gender
- 3.4 Gender-Based Violence, Sexual Abuse and Harmful Practices

4. Human Development

- 4.1 Sexual and Reproductive Anatomy and Physiology
- 4.2 Reproduction
- 4.3 Puberty
- 4.4 Body Image
- 4.5 Privacy and Bodily Integrity

5. Sexual Behavior

- 5.1 Sex, Sexuality and the Sexual Life Cycle
- 5.2 Sexual Behaviors and Sexual Response

6. Sexual and Reproductive Health

- 6.1 Pregnancy Prevention
- 6.2 Understanding, Recognizing and Reducing the Risk of STIs, including HIV
- 6.3 HIV and AIDS Stigma, Treatment Care and Support

⁴³ Curriculum Development Centre *Comprehensive Sexuality Education Framework: Grades 5 – 12*, October 2013



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