

# Factors Affecting the Teaching of Comprehensive Sexuality Education among Secondary School Teachers in Zambia

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## Abstract

The study examined the factors influencing the teaching of comprehensive sexuality education (CSE) among secondary school teachers in Mpongwe District, Copperbelt Province, Zambia. It utilized a cross-sectional survey method involving 185 participants from secondary schools in the district, selected through convenience sampling. Structured questionnaires were administered to gather data on various factors impacting the teaching of CSE.

Results indicated that management factors, including training in CSE, access to resources, and support from school management, significantly influenced participants' comfort and competence in teaching CSE. Cultural factors were identified as barriers to teachers' comfort in delivering CSE content. Interestingly, demographic factors such as gender, professional qualifications, and length of service did not affect participants' comfort in teaching CSE, although age emerged as a significant factor, with younger teachers feeling more at ease with teaching CSE compared to their older counterparts.

## Keywords

comprehensive sexuality education, teaching, cultural factors, demographic factors, secondary school

**JEL codes:** I14, I15, I18, I24, J13

## Introduction

Comprehensive sexuality education (CSE) is an educational approach designed to address various aspects of sexuality, including cognitive, emotional, physical, and social dimensions. Its goal is to empower children and young people to achieve optimal health, well-being,

and dignity. CSE aims to help individuals develop respectful relationships, make informed choices that promote their own well-being and that of others, and understand and assert their rights throughout their lives. (UNESCO 2018).

Comprehensive sexuality education (CSE) is widely endorsed by numerous countries worldwide. The International Planned Parenthood Federation (IPPF) defines CSE as “education on all issues related to sexuality and its expression, covering the same topics as sexuality education, but also issues such as relationships, attitudes towards sexuality, sexual roles, gender relations, and social pressures to be sexually active, and providing information on sexual and reproductive health services.” This education may also incorporate communication and decision-making skills training (Browne 2015). CSE is grounded in United Nations agreements, particularly the 1994 International Conference on Population and Development (ICPD) Programme of Action, which urged governments to ensure adolescent well-being through sexuality education, reproductive health education, gender equality, and violence prevention (Haberland & Rogow 2015).

According to Avert (2017), sexuality education serves to mitigate the risks associated with sexual behaviour, such as unintended pregnancy and sexually transmitted infections (STIs), while also fostering healthy relationships. CSE recognizes the sexual activity of adolescents and aims to empower them to make informed and healthy sexual choices (Kendall 2012).

Sexuality education programmes have been shown to increase knowledge about HIV, enhance self-efficacy in using condoms and refusing sex, increase contraceptive and condom use, reduce the number of sexual partners, and delay the age of first sexual intercourse (Maticka-Tyndale & Tenkorang 2010; Fonner et al. 2014). Comprehensive sexuality education (CSE) has led to increased condom use among adolescents, increased voluntary HIV testing, and reduced pregnancy rates among adolescent girls. It is recommended as one of the best methods to prevent the spread of HIV/AIDS among adolescents in Africa.

As sexuality education advances, there is a growing emphasis on addressing gender dynamics, power relations, and human rights to enhance the outcomes of comprehensive sexuality education (CSE) (Haberland 2015). Incorporating content related to gender and rights further enhances the effectiveness of sexuality education (UNFPA 2014). A global evidence review in the education sector similarly concluded that sexuality education instils confidence, a crucial skill for postponing sexual debut and for adopting contraceptive methods, including condoms (Unterhalter et al. 2014).

CSE enjoys recognition at international, regional, and national levels. Consequently, governments are increasingly expanding the provision of school-based sexuality education and seeking guidance on best practices, particularly regarding its integration within the school curriculum (UNESCO 2015). Depending on the country, sexuality education may be presented as a standalone subject or integrated into pertinent subjects within the school curricula. These approaches have direct ramifications for implementation, encompassing teacher training, curriculum evaluation and revision, the efficacy of curriculum delivery, and the methods of delivery (UNESCO 2015).

## **Purpose of the Study**

Gender-based violence, unwanted pregnancies, and child marriage persist as serious issues in Zambia. The 2018 Zambia Demographic Health Survey revealed that around 30% of young girls’ experience pregnancy by the age of 18 (DHS 2019). Adolescent pregnancy is

especially concerning and presents a substantial development hurdle. Teenage girls who become pregnant frequently discontinue their education, restricting their prospects for realizing their full potential and perpetuating a cycle of injustice and poverty (National Assembly of Zambia 2022).

The Ministry of General Education (MoGE) in Zambia has noted a concerning rise in adolescent pregnancy rates among school-aged females, with a total of 120,878 pregnancies documented among schoolgirls between 2011 and 2019 (Mbizvo et al. 2023). Particularly in the Mpongwe District, the District Education Office recorded over 100 cases of student pregnancy in just 2013 and 2014. In reaction to this issue, school-based comprehensive sexuality education (CSE) was introduced in 2013 and incorporated into the Zambian school curriculum.

Although CSE was integrated into the Zambian curriculum in 2013, it is not a standalone subject and is not examinable. Consequently, teachers have the autonomy to decide whether to fully teach the subject or not at all. Moreover, there has been no evaluation study conducted to assess whether teachers are effectively delivering CSE or to identify the challenges they encounter in doing so. Therefore, this study aims to investigate the factors influencing the teaching of comprehensive sexuality education among secondary school teachers in Zambia, with a specific focus on Mpongwe District.

## **Significance of the Study**

Indeed, comprehensive sexuality education (CSE) is crucial in addressing various issues such as sexual abuse, exploitation, unwanted pregnancies, and sexually transmitted diseases among adolescents. Teachers' knowledge and attitudes towards CSE play a pivotal role in shaping students' understanding and behaviour. Therefore, this study holds significant importance as its findings can contribute to enhancing the delivery of CSE in secondary schools not only in Zambia but also nationally. The results can provide valuable insights for policymakers to identify and address the challenges in implementing CSE effectively, thereby promoting the sexual health and well-being of adolescents across the country.

## **General Objective**

The study aims to assess the factors influencing the teaching of comprehensive sexuality education (CSE) among secondary school teachers in Mpongwe District. CSE is defined as a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It seeks to empower young people to recognize their health, well-being, and dignity; foster respectful social and sexual relationships; consider the consequences of their choices on their own well-being and that of others; and understand and safeguard their rights throughout their lives.

## **Specific objectives**

The objectives of this study are as follows:

1. To investigate management factors (i.e., training, availability of resources, and type of school) that affect the teaching of comprehensive sexuality education (CSE) among teachers.

2. To ascertain cultural factors (i.e., beliefs and religious denomination) that affect the teaching of comprehensive sexuality education among teachers.
3. To investigate demographic factors (i.e., age, gender, and tenure of service) that affect the teaching of comprehensive sexuality education.

## Literature Review

### Management factors that affect the teaching of CSE

#### *Formal Training*

Schenker (2001) emphasized that effective teaching of comprehensive sexuality education (CSE) requires teachers to possess a thorough understanding of both the scientific and social aspects of the subject, as well as an awareness of how their behaviour influences their teaching. The lack of specific training in CSE has been identified as a major obstacle to the successful implementation of sexuality education programs in schools (Schenker 2001; UNESCO 2008). Furthermore, research has shown that teachers who lack training in CSE often experience feelings of embarrassment and anxiety when it comes to teaching the subject (Barnett et al. 1995).

Cohen et al. (2012) discovered that teachers who underwent training in teaching comprehensive sexuality education (CSE) demonstrated greater willingness and comfort in delivering CSE compared to those who did not receive such training. Rosen et al. (2004) similarly emphasized the importance of ongoing teacher training for the effectiveness of sex education programs. Kasonde (2013) highlighted the significant barrier posed by the lack of teacher training in sex education, suggesting that in-service training could address this gap. However, Sidze et al. (2017) observed that many teachers lacked adequate knowledge on topics related to sexuality education, often due to insufficient training in this area.

#### *Availability of Resources to Teach CSE*

UNESCO (2008) emphasized the crucial role of schools in delivering sexuality education to young people, especially in resource-constrained settings, as they provide a platform for reaching a large number of students in sustainable ways. However, Kirby et al. (2006) cautioned that implementing school-based programs in such settings could be challenging due to limited access to financial, material, and technical resources. Furthermore, Smith et al. (2011) highlighted the importance of qualified and experienced staff in developing curricula and adequately training teachers, underscoring the need for sufficient human resources to ensure the effective delivery of sexuality education in schools.

Kasonde (2013) found that most teachers believed that school curricula inadequately covered topics related to sexuality education. Similarly, Sidze et al. (2017) noted that many teachers expressed a need for additional materials, information, and training, particularly regarding violence prevention and contraceptive methods, to enhance their effectiveness in teaching sexuality education.

#### *Type of the school*

Woo et al. (2011) discovered that teachers in public schools were more inclined to teach comprehensive sexuality education compared to their counterparts in private schools. However, Pattman and Chege (2003) observed that the needs of boys and girls in sexuality ed-

ucation programs may differ, affecting their level and nature of participation, especially in mixed-gender classes where girls tended to be more reserved.

In contrast, Muhanguzi (2011) emphasized that comprehensive sexuality education entails discussing and negotiating gender roles and expectations, which requires interaction between boys and girls to understand each other's perspectives and experiences.

### **Support in delivering CSE**

Mkumbo (2012) found that the majority of teachers were supportive of the provision of sexuality education in schools. Sidze et al. (2017) also echoed this sentiment, noting that head teachers supported teachers in the provision of sexuality education (SE). However, Adogu and Nwafulume (2015) reiterated that lack of commitment and absenteeism among teachers were major drawbacks in the implementation of comprehensive sexuality education (CSE).

Sidze et al. (2017) further observed that some teachers perceived parents as unsupportive in the provision of sexuality education to children. Emmanuel (2015) explained that some parents were reluctant to have teachers delve too deeply into SE topics because they felt that teachers were encroaching on their role as parents. These parents believed that teaching adolescents about sex would encourage them to experiment with it (Onyechi et al. 2014). Additionally, some parents expressed discomfort with male teachers teaching female students about SE issues (Onyechi et al. 2014).

Some parents harboured concerns that sex education would instil inappropriate attitudes in children and promote promiscuity among them. However, in contrast to these fears, Esohe and PeterInyang (2015) found that parents were generally supportive of teaching sexuality education (SE) to students from junior secondary school onwards. Parents agreed that sex education could potentially reduce the rate of abortion and prevent sexually transmitted diseases (Fentahun et al. 2012; Esohe & PeterInyang 2015).

### **Cultural Factors**

Cultural constraints exert a significant influence on the quality of sexuality education (Okazaki 2002). Similarly, Loeber et al. (2010) discovered that beliefs regarding what is morally acceptable and healthy are crucial determinants of sexuality education within any given society. Wahlström (2013) observed that teachers' comfort with sexuality education seemed to be largely influenced by cultural factors. Despite expressing support for sexuality education, some teachers felt uncomfortable teaching about the topic (Mkumbo 2012). Mangwaya and Ndlovu (2013) found that secondary school teachers were hesitant to discuss sexual issues with their students due to traditional cultural norms that discouraged adults from engaging in such discussions with children.

Studies by Alubo (2000) and Opeloye (2001) reported that religion upheld strict sexual morality, leading to the belief that sexual matters should not be discussed with children to prevent promiscuity. Similarly, Alubo (2000) found that religious institutions condemned sex education for adolescents.

### **Demographic Factors and Teaching CSE**

#### **Age**

Adogu and Nwafulume (2015) reiterated that teachers who were at least 40 years old exhibited greater knowledge on the topic of sexual maturity. Similarly, Onwuezobe and Ekanem

(2009) and Smith et al. (2011) found that older teachers were more willing to train and impart knowledge on sexuality to students compared to their younger counterparts. Additionally, it was observed that younger teachers often felt uncomfortable discussing topics of a sexual nature (Emmanuel 2015).

### **Gender**

Adogu and Nwafulume (2015) indicated that female teachers demonstrated greater knowledge than males on the topic of contraception. Additionally, they observed that a significantly higher proportion of female teachers supported the teaching of sexuality education (SE) in secondary schools compared to male teachers. However, contrary to these findings, Woo et al. (2011) found that gender did not significantly affect the likelihood of teaching comprehensive sexuality education.

### **Marital Status**

Kamrani and Yahya (2016) discovered that the number of years of marriage was significantly related to the willingness to discuss sexuality education (SE), as teachers who had been married for a longer time were more willing to talk to students about SE compared to those who had been married for a shorter period. Additionally, they observed that single teachers might find it challenging and embarrassing to discuss sexual issues with students. However, in contrast, Adogu and Nwafulume (2015) reported that single teachers were willing to recommend contraceptive services to students.

### **Experience**

Teachers' experience has been positively and significantly associated with prioritizing sexuality education in schools (Martínez et al. 2012). Cohen et al. (2012) also found that teachers with more teaching experience were more willing to teach sexual health education (SHE) than those with less experience, as they felt more knowledgeable about sexual health topics. Ramiro and Matos (2008) highlighted that teachers who had previously been involved in teaching sexuality education had positive attitudes towards teaching comprehensive sexuality education (CSE). Similarly, Helleve et al. (2009) found that teachers with more experience in teaching sexuality and those who had received training were more confident in their abilities compared to teachers with less experience and no training.

### **Attitudes**

Kasonde (2013) discovered that teachers' attitudes and perceptions towards sex education were mostly positive. Similarly, Helleve et al. (2009) found that teachers had positive attitudes towards comprehensive sexuality education (CSE), with some believing that contraceptive services should be made available to adolescents. Bwalya (2012) also found that the introduction of sexuality education in schools was welcomed, as students lacked information and skills on how to protect themselves from sexual coercion.

Contrastingly, Sidze et al. (2017) found that many teachers held negative attitudes and misconceptions about several issues related to adolescent sexuality, which could impede the delivery of sexuality education to pupils. Smith and Harrison (2013) discovered that South African teachers had negative attitudes towards sexuality education, hindering its implementation in schools; they believed that sexual issues were not suitable for discussion with students. Similarly, Iyer and Aggleton (2013) found that Ugandan secondary school teachers held conservative attitudes towards young people's sexual activities and primarily focused

on abstinence when teaching sexuality education. Furthermore, Iyer and Aggleton (2013) noted that the inadequacy of the sexuality education curriculum discouraged students from seeking sexual and reproductive health services (SRHS).

### **Level of Introduction of CSE**

Mkumbo (2012) found that the majority of teachers indicated that sexuality education should be introduced at the primary school level between Class 4 and 7. Similarly, Smith et al. (2011) noted that teachers viewed sexuality education as an important subject that should commence in primary schools. Mkumbo's (2012) study revealed that teachers preferred sexuality education to begin early during primary education (ages 10-13) rather than during secondary education (ages 14 and above).

Adogu and Nwafulume (2015) also found that the majority of teachers approved the inclusion of sex education in the Junior Secondary School curriculum. Similarly, Landry et al. (1999) discovered differing opinions, with some believing that sex education should be taught in high school, while others believed it should be taught in junior high school.

In summary, studies have shown that effective teaching of sexuality education requires teachers to be trained, resources to be available, and cultural barriers to be overcome. Furthermore, teachers should receive supervision and support when teaching sexuality education.

### **Comprehensive Sexuality Education in Schools**

Many studies highlight schools as ideal places to implement comprehensive sexuality education (CSE) (Iyer & Aggleton 2013; James-Traore et al. 2004). Teachers are therefore viewed as central to the implementation of CSE (Iyer & Aggleton 2013; James-Traore et al. 2004). In fact, teachers are often seen as second parents to students and primary adult providers of information and guidance on sexuality (Mangwaya & Ndlovu 2013). However, teacher training remains limited, and if provided at all, it is usually only offered through in-service training.

### **Comprehensive Sexuality in Zambia**

In Zambia, adolescents constitute more than a quarter (27%) of the total population. Additionally, approximately 29% of adolescent females aged 15-19 years are already mothers or pregnant with their first child (DHS 2015). To address these challenges, a National Adolescent Health Strategic Plan (AHSP) was developed for the period 2011 to 2015. This plan outlined a strategic framework to promote the provision of appropriate, comprehensive, accessible, efficient, and effective adolescent-friendly health services (ADFHS) throughout the country, aiming to comprehensively address adolescent health issues.

Furthermore, the Government of the Republic of Zambia has recognized the importance of investing in the education sector by providing comprehensive sexuality education. This recognition stems from the understanding that education offers a significant opportunity to reach young people, as a large proportion of adolescents are enrolled in schools. Additionally, education is regarded as a practice that can instigate behavioural change and foster commitment among individuals (Yangailo & Mkandawire 2023).

In Zambia, sexuality education was initially integrated into life skills education, which was exclusively taught in primary schools. Life skills education covered various topics such



as self-awareness, self-esteem, assertiveness, interpersonal relationships, decision-making, and problem-solving (Bwalya 2012). However, the extension of this curriculum to secondary schools has been delayed, resulting in a lack of adequate information on sexuality and reproductive health for vulnerable adolescents. Additionally, most parents shy away from discussing sexual issues with their children, considering it unethical (Bwalya 2012).

## **Theoretical and Conceptual Framework**

### **Theoretical Framework**

#### ***Primary Socialisation Theory***

The primary socialization theory identifies family, peer groups, and school as the main sources of sexual information for adolescents. However, in some cultures, literature has highlighted that teachers were sometimes reluctant to discuss sexual matters with students because such topics were considered taboo or shameful (Mangwaya & Ndlovu 2013). Despite this, I justified its importance for this study as it highlighted the need to consider schools as agents of socialization for youth.

#### **Holistic Model of Sexual Health**

Holistic models of sexual health, such as the sexual health model and the health beliefs model, offer valuable frameworks for understanding and promoting sexual health. The Sexual Health Model posits that sexually healthy individuals are more likely to make sexually healthy decisions, including decisions about sexual risk behaviours (Emmanuel 2015). On the other hand, the Health Belief Model, as described by Rosenstock et al. (1994), has been applied to various health education topics, including sexuality education. This model focuses on motivating individuals to take action and change behaviours, making it suitable for sexuality programs that aim to promote health-enhancing behaviours such as preventing unintended pregnancy, sexually transmitted infections (STIs), and HIV through comprehensive sexuality education (CSE) for students.

#### **Leadership Obstacles Course (LOC) model**

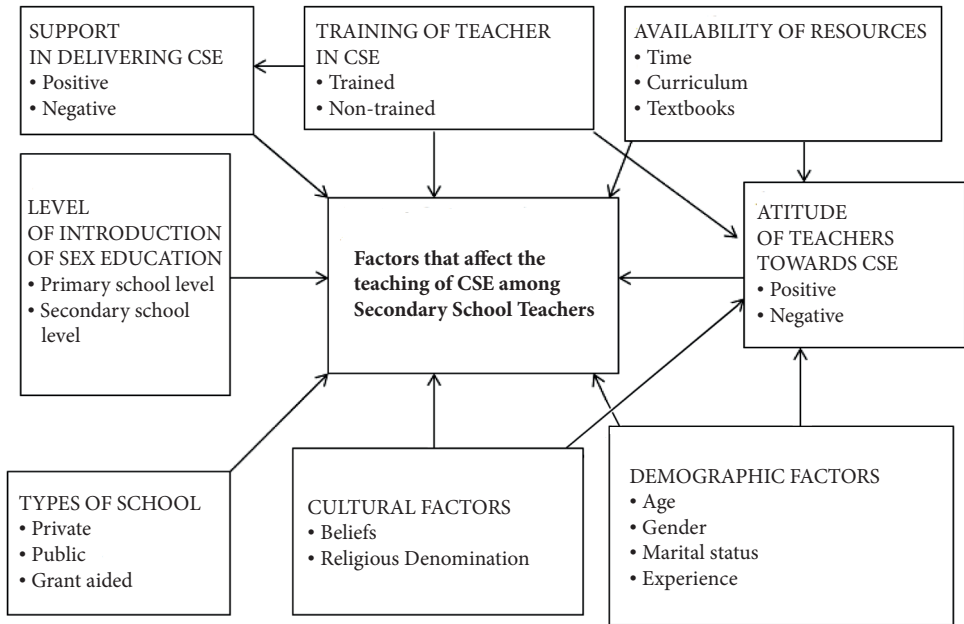
The theoretical framework of the study is based on the Leadership Obstacles Course (LOC) model by Gross (1971), as cited in (Shunza 2014). This theory advocates for a clear understanding among organization members regarding intended changes, ensuring they are equipped with relevant skills to implement innovations and providing necessary resources for implementation.

The views presented by Gross are applicable to this study. Studies by Schenker (2001), Smith et al. (2011), UNESCO (2015), and Cohen et al. (2012) have all indicated that successful implementation of sexuality education relies heavily on factors such as teacher training and preparedness, availability of appropriate teaching and learning resources, effective teaching methods for comprehensive sexuality education (CSE), support for teachers and school administrators, and adequate time allocation for CSE. This study aims to determine whether these factors influence the implementation of CSE in secondary schools in Mpongwe District.



## Conceptual Framework

A conceptual framework serves as a research tool to aid researchers in developing awareness and understanding of the situation under investigation and communicating this effectively (Shunza 2014). The variables associated with factors affecting the teaching of comprehensive sexuality education among teachers were conceptualized as follows:



**Figure 1.** Conceptual framework. *Source:* Compiled by the authors

The figure above illustrates the relationship between the dependent and independent variables. The dependent variable is the teaching of comprehensive sexuality education (CSE) among secondary school teachers, while the independent variables encompass factors that influence the teaching of CSE among secondary school teachers. These factors comprise management factors such as formal training, availability of resources, type of school, and support from schools and parents for teaching CSE. Additionally, cultural factors such as teachers' beliefs and religious denomination, demographic factors including teachers' age, gender, marital status, and experience, as well as teachers' attitudes and the level of introduction of sex education in schools, are considered as part of the independent variables.

## Methodology

### Research Design

The study utilized a cross-sectional survey conducted among secondary school teachers. According to Fraenkel and Wallen (2012), a survey involves presenting the same set of questions (typically in the form of a written questionnaire or ability test) to a large number of individuals, either by mail, telephone, or in person.

## Study Area

The study was carried out in Mpongwe District, Copperbelt Province, Zambia. According to the Mpongwe District Education Office (DEO 2017), Mpongwe District comprises 73 schools, including 10 secondary schools and 63 primary schools. Among these schools, there were a total of 822 teachers, with 343 teaching at secondary schools and 479 at primary schools.

## Target Population

The target population refers to “the group of people (objects, institutions, etc.) that is the focus of the study” (Fraenkel & Wallen 2012). Therefore, in this study, the target population was secondary school teachers from the 10 schools in Mpongwe District, which comprised 343 teachers from these 10 secondary schools.

## Sample Size Determination

The sample size for the target population was 185 secondary school teachers using the Slovin’s formula:

$$n = N / (1 + N \cdot e^2).$$

Where:

n = sample size

N = target population

e = random error (0.05)

Substituting the figures in the formula:

$$n = 343 / (1 + 343 \cdot 0.05^2)$$

n = 184.6 which was rounded off to 185

## Sampling Method

Convenience sampling was employed to select a sample of 185 secondary school teachers from secondary schools in Mpongwe District. Among the 185 participants, 106 were male and 79 were female. The participants were conveniently selected from secondary schools situated along the Luanshya-Mpongwe road.

## Data Collection

The structured questionnaires were administered to secondary school teachers, and they were informed that there were no right or wrong answers. Additionally, they were told that there was no time limit for answering the items in the questionnaires, but they were encouraged to work as quickly as possible. The structured questionnaires were divided into two sections. Section A comprised items that assessed the demographic characteristics of the participants, while Section B contained items that assessed factors affecting the teaching of comprehensive sexuality education (CSE) by secondary school teachers.

## Data Analysis Techniques

After data collection, the researcher meticulously examined the data for accuracy, completeness, and consistency. Descriptive statistics such as cross-tabs and percentages were employed to analyse the data. The findings were presented in tables to address the research objectives and questions pertaining to the research topic. The Statistical Package for Social Sciences (SPSS) version 16.0 computer software was utilized to conduct the data analysis.

## Variables

This study included several independent variables, including: comfortability to teach CSE, competency to teach CSE, ability to discuss abstinence and protective sex with learners, belief in teaching sexuality education to young learners, inclusion of HIV/AIDS information in CSE, Coverage of conception, pregnancy, and birth in CSE lessons. Meanwhile, the dependent variables comprised: training in CSE, availability of CSE resources, type of school, management support, support from parents and cultural values.

## Results

### Demographic Data of the Participants

**Table 1.** Gender and age range of the participants

Gender	Age Range (years)			Total n (%)
	≤ 25 n (%)	Between 25 and 30 n (%)	≥30 n (%)	
Males	4 (2.2)	48 (25.9)	54 (29.2)	106 (57.3)
Females	7 (3.8)	46 (24.9)	26 (14.1)	79 (42.7)
<b>Total</b>	<b>11 (5.9)</b>	<b>94 (50.8)</b>	<b>80 (43.2)</b>	<b>185 (100)</b>

Source: authors' calculations

Table 1 summarizes the demographic characteristics of the 185 participants in the study. It indicates that 57.3% of the participants were male, while 42.7% were female. Regarding age distribution, 5.9% of the participants were aged ≤ 25 years, 50.8% were aged between 25 and 30 years, and 43.2% were aged over 30 years.

**Table 2.** Gender and type of school, where the participants were teaching at

Gender	Type of school		Total n (%)
	Public n (%)	Grant aided n (%)	
Males	94 (49.7)	14 (7.6)	106 (57.3)
Females	71 (38.4)	8 (4.3)	79 (42.7)
<b>Total</b>	<b>163 (88.1)</b>	<b>22 (11.9)</b>	<b>185 (100)</b>

Source: authors' calculations

Table 2 presents the distribution of participants based on the type of secondary school they belonged to. It shows that a larger proportion of participants (88.1%) were from public secondary schools compared to grant-maintained secondary schools (11.9%). Within public secondary schools, there were more male participants (49.7%) than female participants (38.4%). Similarly, in grant-maintained secondary schools, there were more male participants (7.6%) than female participants (4.3%).

**Table 3.** Qualifications and being trained in Comprehensive Sexual Education (CSE) among participants

Qualifications	Being trained in CSE		Total n (%)
	Yes n (%)	No n (%)	
Diploma	62 (33.5)	42 (22.7)	<b>104 (56.2)</b>
Bachelor’s Degree	58 (31.4)	23 (12.4)	<b>81 (43.8)</b>
<b>Total</b>	<b>120 (64.9)</b>	<b>65 (35.1)</b>	<b>185 (100)</b>

Source: authors’ calculations

Table 3 illustrates the distribution of participants based on their training status in Comprehensive Sexuality Education (CSE) and their qualifications. It indicates that the majority of participants (64.9%) were trained in CSE, comprising 31.4% with bachelor’s degrees and 33.5% with diploma qualifications. Among those trained, 58 (31.4%) had bachelor’s degrees, while 62 (33.5%) had diploma qualifications. Additionally, 22.7% of participants with diploma qualifications and 12.4% with bachelor’s degrees were not trained in CSE.

### Management factors and effect on teaching CSE among participants

**Table 4.** Being trained in CSE and effect of teaching CSE among participants

Variables		Being trained in CSE		Total n (%)	r	p-value
		Trained n (%)	Not trained n (%)			
Comfortability to teach CSE	Yes	120 (64.9)	54 (29.2)	174 (94.1)	0.05	0.01
	No	0 (0.0)	11 (5.9)	11 (5.9)		
	<b>Total</b>	<b>120 (64.9)</b>	<b>65 (35.1)</b>	<b>185 (100)</b>		
Competency to teach CSE	Yes	114 (61.6)	9 (4.9)	123 (66.5)	0.04	0.01
	No	6 (3.2)	56 (30.3)	62 (33.5)		
	<b>Total</b>	<b>120 (64.9)</b>	<b>65 (35.1)</b>	<b>185 (100)</b>		
Ability to discuss abstinence and protective sex with learners	Yes	54 (29.2)	27 (14.6)	81 (43.8)	0.09	0.65
	No	66 (35.7)	38 (20.5)	104 (56.2)		
	<b>Total</b>	<b>120 (64.9)</b>	<b>65 (35.1)</b>	<b>185 (100)</b>		

Variables	Being trained in CSE		Total n (%)	r	p-value		
	Trained n (%)	Not trained n (%)					
Sexuality education to be taught to the young ones	Yes	110 (59.5)	41 (22.2)	151 (81.6)	0.4	0.01	
	No	10 (5.4)	24 (13.0)				34 (18.4)
	<b>Total</b>	<b>120 (64.9)</b>	<b>65 (35.1)</b>				<b>185 (100)</b>

Source: authors' calculations

Table 4 presents the participants' comfort and competence in teaching Comprehensive Sexuality Education (CSE) based on their training status. It indicates that the majority of participants (64.9%) who were trained in CSE felt comfortable teaching it, while none of them felt uncomfortable. In contrast, among participants who were not trained in CSE, 29.2% felt comfortable, and 5.9% felt uncomfortable. Regarding competence, 61.6% of trained participants felt competent to teach CSE, compared to only 4.9% of untrained participants. These differences were statistically significant ( $p < 0.05$ ). Additionally, the majority of participants (81.6%) agreed that CSE should be taught to young people.

**Table 5.** Availability of resources and effect on teaching CSE among participants

Variables	Availability of CSE		Total n (%)	r	p-value		
	Resources						
	Enough n (%)	Not enough n (%)					
Comfortability to teach CSE	Yes	63 (34.1)	111 (60.0)	174 (94.1)	0.03	0.01	
	No	0 (0.0)	11 (5.9)				11 (5.9)
	<b>Total</b>	<b>63 (34.1)</b>	<b>122 (65.9)</b>				<b>185 (100)</b>
Competency to teach CSE	Yes	55 (29.7)	68 (36.8)	123 (66.5)	0.32	0.01	
	No	8 (4.3)	54 (29.2)				62 (33.5)
	<b>Total</b>	<b>63 (34.1)</b>	<b>122 (65.9)</b>				<b>185 (100)</b>
CSE should be taught to young ones	Yes	60 (32.4)	91 (49.2)	151 (81.6)	0.25	0.01	
	No	3 (1.6)	31 (16.3)				34 (18.4)
	<b>Total</b>	<b>63 (34.1)</b>	<b>122 (65.9)</b>				<b>185 (100)</b>

Source: authors' calculations

Table 5 illustrates the relationship between the availability of Comprehensive Sexuality Education (CSE) resources and participants' comfort, competence in teaching CSE, and their opinions on whether CSE should be taught to young learners. It indicates that the majority of participants (65.9%) did not have enough CSE resources, while 34.1% had sufficient resources. Despite this, 60.0% of participants without enough resources felt comfortable teaching CSE, compared to 34.1% of those with sufficient resources. Regarding competence, 40.0% of participants without enough resources felt competent to teach CSE, while 31.6% of those with sufficient resources felt the same. Notably, only a few participants (4.3%) from schools with available resources were not able to teach CSE. Conversely, 29.2% of participants from schools with insufficient resources were incompetent to teach CSE. Regarding

opinions on teaching CSE to young learners, more participants (49.2%) from schools without available resources supported this idea compared to 32.4% from schools with available resources.

**Table 6.** Type of school and effect on teaching CSE among participants

Effect of teaching CSE (variables)		Type of school		Total n (%)	r	p-value
		Public n (%)	Grant aided n (%)			
Comfortability to teach CSE	Yes	152 (82.2)	22 (11.9)	174 (94.1)	0.09	0.21
	No	11 (5.9)	0 (0.0)	11 (5.9)		
	<b>Total</b>	<b>163 (88.1)</b>	<b>22 (11.9)</b>	<b>185 (100)</b>		
Competency to teach CSE	Yes	104 (56.2)	19 (10.3)	123 (66.5)	0.14	0.04
	No	59 (31.9)	3 (1.6)	62 (33.5)		
	<b>Total</b>	<b>163 (88.1)</b>	<b>22 (11.9)</b>	<b>185 (100)</b>		
HIV/AIDS information should form part of CSE	Yes	149 (80.4)	22 (12.0)	171 (92.4)	0.31	0.15
	No	14 (7.6)	0 (0.0)	14 (7.6)		
	<b>Total</b>	<b>163 (88.0)</b>	<b>22 (12.0)</b>	<b>185 (100)</b>		

Source: authors' calculations

Table 6 presents the participants' comfort and competence in teaching Comprehensive Sexuality Education (CSE) and their preferences for including HIV/AIDS information in the curriculum, categorized by the type of secondary school. It indicates that more participants (82.2%) from public secondary schools were comfortable teaching CSE compared to those (11.9%) from grant-aided secondary schools. However, all participants from grant-aided secondary schools were comfortable teaching CSE. The difference in comfort levels between the two types of schools was not statistically significant ( $p > 0.05$ ). Regarding competence, a higher proportion of participants (56.2%) from public secondary schools were competent to teach CSE compared to those (10.3%) from grant-aided secondary schools, and this difference was statistically significant ( $p < 0.05$ ). Moreover, a larger percentage of participants (80.4%) from public secondary schools preferred the inclusion of HIV/AIDS information in the CSE curriculum compared to those (12.0%) from grant-aided secondary schools. However, all participants from grant-aided secondary schools were in favour of including HIV/AIDS information, and this difference was not statistically significant.

**Table 7.** Management support of CSE and effect of teaching CSE among participants

Variables		Management support		Total n (%)	r	p-value
		Supported n (%)	Not supported n (%)			
Comfortability to teach CSE	Yes	154 (83.2)	20 (10.8)	174 (94.1)	0.51	0.01
	No	1 (0.5)	10 (5.4)	11 (5.9)		
	<b>Total</b>	<b>155 (83.8)</b>	<b>30 (16.2)</b>	<b>185 (100)</b>		

Variables	Management support			Total n (%)	r	p-value
	Supported n (%)	Not supported n (%)				
Competency to teach CSE	Yes	114 (61.6)	9 (4.9)	123 (66.5)	0.34	0.74
	No	4 (22.2)	21 (11.4)	62 (33.5)		
	<b>Total</b>	<b>155 (83.8)</b>	<b>30 (16.2)</b>	<b>185 (100)</b>		
Conception, pregnancy and birth should be cov- ered in CSE lessons	Yes	138 (74.6)	21 (11.4)	159 (85.9)	0.02	0.01
	No	17 (9.2)	9 (4.9)	26 (14.1)		
	<b>Total</b>	<b>155 (83.8)</b>	<b>30 (16.2)</b>	<b>185 (100)</b>		
HIV/AIDS information should form part of CSE	Yes	147 (79.9)	23 (12.5)	170 (92.4)	0.2	0.01
	No	7 (3.8)	7 (3.8)	14 (7.6)		
	<b>Total</b>	<b>154 (83.7)</b>	<b>30 (16.3)</b>	<b>185 (100)</b>		
CSE to be taught to young ones	Yes	134 (72.4)	17 (9.2)	151 (81.6)	0.28	0.01
	Not	21 (11.4)	13 (7.0)	34 (18.4)		
	<b>Total</b>	<b>155 (83.8)</b>	<b>30 (16.2)</b>	<b>185 (100)</b>		

Source: authors' calculations

Table 7 illustrates the influence of school management support on the competence of teachers to teach Comprehensive Sexuality Education (CSE), their coverage of conception, pregnancy, childbirth in lessons, preference for including HIV/AIDS information in the curriculum, and agreement with teaching CSE to adolescents. It is evident that a majority of participants (83.2%) supported by school management were competent to teach CSE, whereas only a small percentage (4.3%) of unsupported participants were competent. The association between school management support and teachers' competence to teach CSE was statistically significant ( $p < 0.05$ ). Furthermore, participants supported by school management were more likely to cover conception, pregnancy, childbirth in their lessons (88.6%) and prefer including HIV/AIDS information in the curriculum (79.9%) compared to unsupported participants. The statistical analysis revealed a significant effect of management support on these variables ( $p < 0.05$ ). Additionally, a large proportion of participants, especially those supported by school management, were in favour of including conception, pregnancy, childbirth in CSE lessons (90.7%) and agreed to teaching CSE to adolescents (72.4%).

**Table 8.** Support from parents and effect of teaching CSE among participants

Variables	Support from parents			Total n (%)	r	p-value
	Supported n (%)	Not supported n (%)				
Comfortability to teach CSE	Yes	73 (39.5)	101 (54.6)	174 (94.1)	0.16	0.03
	No	1 (0.5)	10 (5.4)	11 (5.9)		
	<b>Total</b>	<b>74 (40.0)</b>	<b>111 (60.0)</b>	<b>185 (100)</b>		
Competency to teach CSE	Yes	59 (31.9)	64 (34.6)	123 (66.5)	0.23	0.01
	No	15 (8.1)	47 (25.4)	62 (32.5)		
	<b>Total</b>	<b>74 (40.0)</b>	<b>111 (60.0)</b>	<b>185 (100)</b>		



Variables		Support from parents		Total n (%)	r	p-value
		Supported n (%)	Not supported n (%)			
CSE should be taught to young ones	Yes	69 (37.3)	82 (44.3)	151 (81.6)	0.25	0.01
	No	5 (2.7)	29 (15.7)	34 (13.4)		
	<b>Total</b>	<b>74 (40.0)</b>	<b>111 (60.0)</b>	<b>185 (100)</b>		

Source: authors' calculations

Table 8 illustrates the influence of parental support on the competence of teachers to teach Comprehensive Sexuality Education (CSE) and their agreement with teaching CSE to young people. It is evident that a higher percentage of participants who were not supported by their parents (54.6%) were competent to teach CSE compared to those who were supported (39.5%). Similarly, a higher percentage of unsupported participants (44.3%) agreed that CSE should be taught to young people compared to supported participants (37.6%). The association between parental support and teachers' competence to teach CSE, as well as their agreement with teaching CSE to young people, was statistically significant ( $p < 0.05$ ).

### Cultural factors and effect of teaching CSE among participants

Table 9 illustrates the impact of cultural factors on teachers' comfort and competence in teaching Comprehensive Sexuality Education (CSE), as well as their willingness to teach CSE to young people. It is evident that a majority of participants (82.7%) agreed that cultural factors hindered their comfort in teaching CSE, and a similar majority (60.5%) agreed that these factors hindered their competence in teaching CSE. Additionally, most participants (71.4%) agreed that cultural factors hindered the teaching of CSE to young learners. The association between cultural factors and teachers' comfort, competence, and willingness to teach CSE to young people was statistically significant ( $p < 0.05$ ).

**Table 9.** Cultural factors and effect of teaching CSE among participants

Variables		Cultural values hindering the teaching of CSE		Total n (%)	r	p-value
		Agree n (%)	Disagree n (%)			
Comfortability to teach CSE	Yes	153 (82.7)	21 (11.4)	174 (94.1)	0.45	0.01
	No	2 (1.1)	9 (4.9)	11 (5.9)		
	<b>Total</b>	<b>155 (83.8)</b>	<b>30 (16.2)</b>	<b>185 (100)</b>		
Competency to teach CSE	Yes	112 (60.5)	11 (5.9)	123 (66.5)	0.23	0.01
	No	43 (23.2)	19 (10.3)	62 (33.5)		
	<b>Total</b>	<b>155 (83.8)</b>	<b>30 (16.2)</b>	<b>185 (100)</b>		
CSE should be taught to young ones	Yes	132 (71.4)	19 (10.3)	151 (81.6)	0.21	0.01
	No	23 (12.4)	11 (5.9)	34 (18.4)		
	<b>Total</b>	<b>155 (83.8)</b>	<b>30 (16.2)</b>	<b>185 (100)</b>		

Source: authors' calculations

## Demographic factors and teaching of CSE

Table 10 summarizes the relationship between the demographic characteristics of participants (gender, age, qualifications, and years of service) and their comfort in teaching Comprehensive Sexuality Education (CSE). It is notable that more male participants (54.6%) reported being comfortable teaching CSE compared to female participants (39.5%), although this difference was not statistically significant ( $p > 0.05$ ). Additionally, participants in the age group of 26-30 years (48.1%) and those with diploma qualifications (52.4%) were more likely to feel comfortable teaching CSE. However, the comfort level in teaching CSE did not significantly differ based on age, qualifications, or years of service ( $p > 0.05$ ).

**Table 10.** Effect of demographic factors on teaching CSE among participants

Demographic Variables		Comfortable to teach CSE		Total n (%)	r	p-value
		Yes n (%)	No n (%)			
Gender	Males	101 (54.6)	5 (2.7)	106 (57.3)	0.26	0.3
	Females	73 (39.5)	6 (3.2)	79 (42.7)		
	<b>Total</b>	<b>106 (57.3)</b>	<b>79 (42.7)</b>	<b>185 (100)</b>		
Age Range (years)	≤ 25	8 (4.3)	3 (1.6)	11 (5.9)	0.13	0.03
	Between 25 and 30	89 (48.1)	5 (2.7)	94 (50.8)		
	≥ 30	77 (41)	3 (1.6)	80 (43.2)		
	<b>Total</b>	<b>174 (94.1)</b>	<b>11 (5.9)</b>	<b>185 (100)</b>		
Qualifications	Diploma	97 (52.4)	7 (3.8)	104 (56.2)	0.04	0.61
	Bachelors' degree	77 (41.6)	4 (2.2)	81 (43.8)		
	<b>Total</b>	<b>174 (94.1)</b>	<b>11 (5.9)</b>	<b>185 (100)</b>		
Tenure of service (years)	≤ 5	51 (27.6)	6 (3.2)	57 (30.8)	0.11	0.14
	Between 5 and 10	74 (40.0)	3 (1.6)	77 (41.6)		
	≥ 10	49 (26.5)	2 (1.1)	51 (27.6)		
	<b>Total</b>	<b>174 (94.1)</b>	<b>11 (5.9)</b>	<b>185 (100)</b>		

Source: authors' calculations

## Discussion

The findings revealed a significant statistical association between training in CSE and comfort in teaching CSE. Specifically, a majority of participants (64.9%) who had received training expressed higher comfort levels in teaching CSE compared to those (29.2%) who had not undergone training ( $p < 0.05$ ). This aligns with previous research by Martínez et al. (2012) and Woo et al. (2011), which indicated that formally trained teachers were more inclined to impart sexuality education compared to their untrained counterparts. Similarly, studies by Helleve et al. (2009) and Wahlström (2013) underscored that teachers equipped with CSE knowledge tended to feel more at ease teaching the subject.

Moreover, the results demonstrated that a larger proportion of trained participants (61.1%) exhibited higher competence levels in teaching CSE compared to their untrained counterparts (4.9%). This statistical significance ( $p < 0.05$ ) emphasizes the impact of CSE training on participants' competency to deliver CSE, which is consistent with the findings of Helleve et al. (2009) and Cohen et al. (2012). These studies highlighted that CSE training enhanced teachers' skills, confidence, and effectiveness in teaching CSE to students.

The findings also revealed that a majority of participants (60.0%) lacked adequate CSE resources despite feeling comfortable teaching CSE. This seeming contradiction may stem from the participants' prior knowledge acquired through subjects such as biology, which often covers sexual issues and is typically studied in secondary school. However, this finding contrasts with previous research by Adogu and Nwafulume (2015), Sidze et al. (2017), Buston et al. (2002), Mangwaya and Ndlovu (2013), Martínez et al. (2012), and Smith and Harrison (2013), which highlighted that teachers often face constraints in implementing sexuality education due to resource shortages.

Furthermore, the results indicated that a significant proportion of participants (29.2%) were unable to teach CSE due to the lack of resources, whereas a smaller percentage (4.3%) had access to CSE resources. Interestingly, a higher proportion of participants without access to resources (49.2%) supported the idea of teaching CSE to young learners compared to those with access (32.4%). This discrepancy in perspectives may reflect variations in participants' experiences with students' health behaviours within their respective schools. Nonetheless, these findings resonate with prior research by UNESCO (2008), Kirby et al. (2006), and Smith et al. (2011), which underscored that resource constraints, including limited financial, material, and technical resources, pose significant challenges to the implementation of school-based sexuality education programs.

It was found that a significant majority of participants (85.9%) supported the inclusion of topics such as conception, pregnancy, and childbirth in CSE lessons, contrasting with a smaller proportion (14.9%) who did not. This support likely stems from the recognition that addressing these topics equips learners with essential knowledge and skills for preventing pregnancy, as highlighted by Loeber et al. (2010).

Additionally, the study found that a majority of participants (82.2%) from public secondary schools felt more comfortable teaching CSE compared to participants (11.9%) from grant-aided secondary schools. This discrepancy may be attributed to the cultural context and norms within these different types of schools. Teachers in public schools may feel more freedom to discuss sexual issues openly, whereas those in grant-aided (Christian) schools may face cultural taboos and restrictions regarding discussions on sexuality, as noted by Mangwaya and Ndlovu (2013). These findings align with research by Woo et al. (2011), which similarly found that teachers in public schools were more inclined to teach CSE compared to their counterparts in private schools.

The study highlighted that a significant majority of participants received support from school management to teach CSE, and most of them expressed comfort and competence in delivering this education. This support from school management was found to have a statistically significant impact on the teaching of CSE to young learners ( $p < 0.05$ ), with 83.2% of participants reporting such support. These findings are consistent with previous research by Mkumbo (2012) and Sidze et al. (2017), which also found that a majority of teachers and head teachers supported the provision of sexuality education in schools.

Most of participants (74.6%) who received support from school management were more inclined to cover topics such as conception, pregnancy, and birth in their lessons compared to unsupported participants (11.4%). Additionally, 79.9% of participants reported that school management supported the inclusion of HIV/AIDS information in the CSE curriculum, with the results being statistically significant ( $p < 0.05$ ). This inclusion is particularly crucial considering the high prevalence of HIV/AIDS among youth aged 15 to 19, who often lack comprehensive knowledge about HIV and engage in unsafe sexual practices, putting them at high risk of infection (DHS 2015).

Although the results revealed that while participants were comfortable and competent to teach CSE to pupils, they lacked support from parents. A majority of participants (44.3%) who endorsed the idea that CSE should be taught to young learners did not receive parental support. This finding may be attributed to cultural norms that discourage discussions about sexual matters with young individuals. This aligns with previous studies by Sidze et al. (2017), Emmanuel (2015), and Onyechi et al. (2014), which similarly indicated parental reluctance towards CSE education for their children.

Furthermore, the results demonstrated that cultural factors significantly affected participants' comfort and competence in teaching CSE ( $p < 0.05$ ). A majority of participants (82.7%) acknowledged that cultural factors hindered their comfort in teaching CSE, while 60.5% agreed that these factors also impeded their competence in this area. These findings are consistent with research conducted by Wahlström (2013) and Mkumbo (2012), suggesting that teachers' comfort with sexuality education is closely linked to cultural considerations.

The study highlighted that cultural factors significantly influenced the teaching of CSE to adolescents among participants ( $p < 0.05$ ), with a majority (71.4%) agreeing that these factors hindered the process. This aligns with research by Kasonde (2013) and Mangwaya and Ndlovu (2013), indicating that teachers face challenges in delivering CSE due to cultural barriers.

Regarding gender differences, the results indicated that male participants (54.6%) were more comfortable teaching CSE than female participants (39.5%). However, the statistical analysis revealed that comfort in teaching CSE had no significant effect among participants ( $p > 0.05$ ), suggesting that both male and female participants are equally exposed to educational training. This finding contrasts with Adogu and Nwafulume's (2015) observation that female teachers were more inclined to discuss SE with students than male teachers.

The results indicated a significant statistical effect of age group on comfort with teaching CSE ( $p < 0.05$ ), with younger participants being more comfortable with CSE compared to older participants. This trend might stem from the fact that younger teachers received training in the CSE curriculum, whereas older teachers were trained before CSE was integrated into the program. However, this finding contrasts with the observation by Woo et al. (2011) that age did not significantly affect the likelihood of teaching CSE. Similarly, Onwuezobe and Ekanem (2009) and Smith et al. (2011) noted that older teachers were more willing to impart sexuality knowledge to students than younger teachers, while Emmanuel (2015) found that younger teachers felt uncomfortable discussing sexual topics.

The results suggested that participants with longer service were less likely to feel comfortable teaching CSE compared to those with shorter service, although this difference was not statistically significant. This finding aligns with the observations by Woo et al. (2011), who found that total teaching experience and sexual health teaching experience did not sig-

nificantly influence the likelihood of teaching CSE. However, it contrasts with the findings of Ramiro and Matos (2008) and Helleve et al. (2009), who noted that teachers previously involved in teaching sexuality education exhibited positive attitudes towards teaching CSE. Additionally, the majority of participants with diplomas (52.4%) felt comfortable teaching CSE compared to those with bachelor's degrees (41.6%).

## Conclusion

The study revealed the significant impact of management factors, including training in CSE, access to resources, and support from school management, on the teaching of CSE to pupils. Specifically, participants who received training in CSE, had access to CSE resources, and were supported by school management demonstrated greater comfort and competence in teaching CSE. Conversely, participants lacking such support were less comfortable and competent in discussing sexual issues with students.

Moreover, cultural factors, such as traditional and religious values, emerged as significant barriers, leading to discomfort among teachers in teaching CSE. This was further supported by a statistically significant association between cultural factors and competence in teaching CSE ( $p < 0.05$ ), with the majority of teachers expressing a lack of competence due to cultural factors.

The study found that socio-demographic factors such as gender, professional qualifications, and length of service did not influence participants' comfort in teaching CSE. However, age emerged as a significant factor, with younger participants expressing greater comfort in teaching CSE compared to older participants.

In conclusion, the study underscores the importance of integrating sexuality education into learners' development from an early age, as supported by the majority of participants who advocated for teaching CSE to young people. This holistic approach can empower learners to develop positive value systems, make informed decisions, and mitigate the risks associated with sexual behaviour.

## Recommendations

The study's findings emphasize the importance of training for teachers in order to enhance their comfort and effectiveness in teaching CSE. As a recommendation, the Ministry of General Education (MoGE) could consider expanding the availability of training courses for CSE to increase the number of qualified teachers and improve pedagogical skills. This would contribute to the more effective implementation of the CSE curriculum.

Furthermore, the study highlights the inadequacy of teaching and learning resources for CSE, which impacts the quality of instruction. To address this issue, collaboration between MoGE and the Zambian Curriculum Development Centre (CDC) is suggested to ensure the adequate provision of CSE teaching materials in schools. Additionally, head teachers should prioritize the provision of necessary resources to support CSE instruction.

Finally, the study recommends the establishment of a standardized allocation of time for CSE within school timetables. This would ensure that sufficient time is dedicated to teaching CSE, facilitating comprehensive coverage of relevant topics and promoting effective learning outcomes.

## The Limitations and Future Research

The study's focus on Mpongwe District in Zambia limits the generalizability of its findings to other districts and countries. Therefore, it's recommended that future research replicates the study in diverse settings to validate the findings across different contexts. Additionally, while the study assessed teachers' competence to teach CSE, future studies should also evaluate their actual teaching ability in this area for a more comprehensive understanding.

Moreover, the convenience sampling method used in this study may introduce bias and limits the representativeness of the findings. Future researchers should strive to use more rigorous sampling techniques to ensure a more representative sample. Additionally, the cross-sectional design of the study hinders the establishment of causality. Therefore, future studies could employ longitudinal or cohort methods to explore causal relationships over time.

Furthermore, the study relied on quantitative data collection through structured questionnaires, which may not capture the full depth of participants' experiences and perspectives. Future research could supplement quantitative approaches with qualitative methods such as focus group discussions (FGDs) to gain more nuanced insights into the factors influencing the teaching of CSE in secondary schools in Zambia.

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