

The effect of culture and religion on the implementation of comprehensive sexuality education in selected primary schools of Zambia

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Abstract

Despite full-scale implementation of Comprehensive Sexuality Education (CSE) in Zambia, behavioural health problems among adolescents persist which include early and unprotected sex, sexual abuse, early marriages and teenage pregnancies. The study aimed at establishing the effect of culture and religion on the implementation of CSE in selected primary schools of Kabwe, Lusaka and Choma districts of Zambia. The study utilised mixed method design with a pupil population drawn from 9 selected primary schools. The sample size of the study was 700 adolescents (aged 12–17 years) and 16 key informants i.e. headteachers, teachers, guidance and counseling teachers, and government senior officials). Simple random sampling was utilised to select pupils while purposive sampling was employed to select key informants. Interview guides, questionnaires and focus group discussions were employed to collect statistical and narrative data. Data was analysed using a Statistical Package for Social Sciences (SPSS) and thematic analysis. The study found that culture and religion influenced the implementation of CSE in selected primary schools. This was evident in the language used for teaching CSE, where vernacular expressions of sexuality faced resistance in a culturally conservative society, despite the dominant use of English. Additionally, there was a perception of incompatibility between religious beliefs and teaching sexuality to adolescents. Moreover, adult respondents believed that CSE could breach the moral fabric. In conclusion, for CSE to achieve its goal of improving young people's education and health outcomes, both religious and traditional leaders must be involved in its implementation.

Keywords

Adolescent, culture, education, religion, sexuality.

INTRODUCTION

In recent decades, there has been a growing concern among society members on adolescent sexual behaviour. Statistics have indicated a spiralling escalation of sexual vices among adolescents that are detrimental to their education and health. For example, the Sexuality Information and Education Council of the United States [1] indicate that risky sexual behaviour of

adolescents has not only been perceived to jeopardize the social order in society but is also a threat to expected health outcomes of young people. Maladies that arise from adolescent sexual perversions include STIs, HIV, teenage pregnancies, abortions, school dropouts and early maternal deaths [2].



In an effort to curb this negative trend on adolescent sexual behaviour in Zambia, several interventions have been designed and implemented that directly address adolescent sexuality.

Two factors have been recognised that created an impetus to develop new approaches to respond to the scourge. Firstly, traditional educational content lacked a direct approach to teaching and learning on adolescent sexuality. For example, Tregear and Mwanakatwe [3] profiled the development of education in Zambia and none of his writings focused on content which brings out information on adolescent sexual reproductive health affirming that issues to do with sexuality education were shrouded in silence. This is as a result of Christian inclinations where people feel talking about sexuality openly will compromise the values of society. This also came up in 2020 when Zambia witnessed an intensive opposition to CSE, a clear sign that religion was seeking to have influence in the way the curriculum is being implemented. Secondly, cultural contexts that acted as sexual education forums for adolescents have dwindled with rapid urbanisation where nuclei family living is the norm and therefore school environments became the alternative for sexuality education. The contributing factor to this dwindling in CSE is the fact that in 1991, Zambia was declared a Christian Nation. As a result of this, school remained the only alternative for sexuality education which narrowly was only being taught in subjects like Biology and a bit of it in Religious Education. Therefore, religion played a role in creating this moral consciousness that exist and leads to resistance to CSE. Furthermore, there are a few additional reasons why religion can sometimes conflict with the teaching of CSE in schools. Firstly, many religious beliefs promote abstinence before marriage, which clashes with messages about safe sex and contraception. Additionally, some religious teachings discourage seeking out information or services related to sexual health, which can leave adolescents ill-equipped to make informed decisions about their bodies and their relationships. In some cases, religious communities may also stigmatize individuals who engage in premarital sex or seek contraception or abortion, which can make it difficult for young people to access the care they need. Ultimately, while religion can provide

valuable guidance and support for young people, it's important to recognize and address areas where it may conflict with their sexual and reproductive health needs.

Among the recent interventions introduced in Zambia is the Comprehensive Sexuality Education in 2014 in the educational system that aimed at addressing adolescent sexuality behaviour. Its implementation in primary schools has however experienced challenges on several facets. In a conservative society such as Zambia, with traditional norms firmly embedded in it, there has been resistance from some stakeholders regarding the moral implication of CSE on primary school learners. Further, religious views have also played a role in creating the consciousness people hold against CSE leading to the evident resistance to its delivery at school level among primary school learners. This has created a back-and-forth debate on the effect of culture and religion on the implementation of CSE in the Zambian education system.

Health Concern for Adolescents

In Zambia, adolescents account for 25% of the total population with 82% aged between 35 years and below [4]. This period is critical in adolescent health development but susceptible to vulnerability which could lead to extensive socio-economic consequences.

The United Nations Population Fund (UNFPA) [5] defines adolescents as young people between the ages of 10 and 19 and further states that Zambia recognizes the importance and significant impact that adolescents have on the overall health status of the country, including the attainment of the national health objectives and Sustainable Development Goals (SDGs) and especially SGD 4 on education. The attainment of this SGD 4 on education in Zambia is hampered by sexual vices that adolescents engage in as recorded by the Zambia Demographic Health Survey [6] which indicated that about 32% of adolescents aged 15-17 years and 60% of those aged 18-19 years are sexually active and at risk of the debilitating effects of sexually transmitted infections (STIs) and sexual violence. Additionally, gender differences related to risk and vulnerability among Zambian adolescents indicate that almost one in five adolescent girls are already married compared to only one in 100 adolescent boys aged 15-19; and one in four girls aged 17 and six in 10 girls aged 19 have already started childbearing [7].

Among strategies to address this adolescent health (ADH) concern in Zambia, education has been recognized as a vehicle for enhancing behavioural change to risky sexual behaviours. To this effect, Zambia developed a Life Skills Education Framework in 2011 that adopted the World Health Organization (WHO) [8] definition of life skills as “abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life”. The framework provided guidelines to direct service providers on minimum content to be taught at different levels of education in order to standardize the life skills offered to learners. An evaluation conducted by the United Nations Children's Fund (UNICEF) in 2009 reveals that the programme did not achieve its desired outcomes such as resilient young people who are able to effectively communicate, make goals, assertive and able to make responsible decisions for their lives [9].

Comprehensive Sexuality Education (CSE)

In 2011, The Ministry of Education enacted the Education Act No. 23. In Section 108(1) (i), the Act empowers the Minister of Education to amend the curriculum to introduce CSE [7]. Therefore, in 2014, the Ministry completed the development of the CSE curriculum, and it was rolled out to all schools, targeting children aged 10–24 in grades 5–12. To ensure that CSE is systematically implemented, the curricular was included in teacher-training colleges. To make it accessible to adolescents, CSE was also integrated into various subjects such as Home Economics, Integrated Sciences, Religious Education, Civic Education, Social Studies, and languages [7].

The key aim of CSE was to attain improved adolescent health which would cascade into the attainment of SGD 4. This core value is articulated in the National Adolescent Health Strategic Plan (2017-2021) [10] which aimed at increasing the knowledge levels on HIV, ASRH and CSE to 75 percent among young people aged 10-24.

The pedagogy for teaching sexuality education in Zambian schools has been an integration in what is referred to as ‘carrier subjects’ such as Home Economics, Biology, Integrated Science, Religious Education, Civic Education and Languages. This approach has however been noted to have its challenges such as monitoring and evaluation of its impact on

learners [10]. Extensive training has been done since the implementation of CSE in schools with well over 65,000 teachers undergoing capacity building on delivery of CSE and over 1,900,000 learners reached [11].

However, despite this reach in number and clarity of thought in the goal and resource investment into the programme, this does not seem to translate into the desired improved health outcomes among young people in Zambia as school dropouts due to teenage pregnancies, early marriages and HIV and STIs remain high among the adolescents [12]. Attaining high impact levels of CSE among adolescents is faced with challenges which critically hinge on societal resistance to the notion of openly discussing sexuality with adolescents, a matter considered taboo in both cultural and religious circles of the Zambian society.

Statement of the Problem

CSE was developed in Zambia as an initiative to respond to adolescent health that is key in attaining desired development in the nation. Comprising 25% of Zambia's population, adolescents' wellbeing is key to this national development and hence a need arose to address the high levels of sexual challenges that deterred adolescents to progress in future adult careers. However, despite CSE being implemented in schools to address these challenges, statistics still allude to a non-responsive status among adolescents resulting in a continued scourge of sexual maladies. Among the critical impediments noted in the implementation of CSE, cultural and religious disposition of the Zambian society is pivotal. The notion of open discussion of sexuality to adolescents is culturally and religiously perceived as taboo in this society. This study sought to examine the effect of culture and religion on the implementation of CSE in selected primary schools in Zambia.

Research objectives

This study aimed at examining the effect of culture and religion on the implementation of CSE in selected primary schools of Kabwe, Lusaka and Choma districts in Zambia.

LITERATURE REVIEW

Sexuality Education Contested

Roudsari et al. [13] states that, despite clear reasons for necessity of sexuality education for

adolescents, CSE is still a contested issue and faces challenges in most cultures. There are several pieces of evidence from Africa and Asia showing cultural resistance to adolescents' sexuality education [14]. Even in more liberal cultures, discussing sexuality for adolescents has not been without challenges; at least at the family level, parents-adolescents sexuality communication has faced some difficulties [15].

Concerns of Sexuality Education

Roudsari et al. [13] states that common concerns are associated with providing sexuality education for adolescents; for example, many parents, teachers and policymakers believe that it can result in early sexual activity and privation of childhood innocence. In policy making and curriculum designing processes, there are some controversies about appropriate age and contents that should be taught [16].

Diversity of Values: Iran

Sexuality education is a form of value-based education and due to political, cultural, religious and ethnical diversities, agreement on values especially in controversial areas of sexuality remains challenging [17]. Asian cultures share disapproval of non-marital sex and taboos surrounding sexuality [18]. This is the case in Muslim countries particularly in relation to girls, because their chastity is denoting their families' honor [19]. Roudsari et al. [13] indicates that in Iran and most other Muslim countries, denial of non-marital sex is an important barrier to combating HIV/AIDS. In Iran, sexuality education programs are limited or are skipped over by the teachers due to religious beliefs. Because of addressing many reproductive health issues in accordance with Islamic values, Iran is a successful model for other Muslim countries in some issues, but not regarding sexual health education for adolescents [20]. A few studies have examined social attitudes towards sex education for adolescents in Iran, with contradictory findings. Iranian parents' attitude towards SHE for teenagers is not positive but there is some contrary evidence indicating that both adolescents and parents agree with it [21]. Educating sexual health through websites seems difficult in Iran, especially in Persian language, and those programs targeting adolescents are scarce [13], [22].

Cultural Taboo: Madagascar

In a study conducted in Bestimisaraka region of Madagascar where culturally, 'sex' is a taboo subject, shows that culture affected the sexuality education offered in schools which was widely considered "useless" partly because many dropped out before joining the upper classes where it was taught [23]. According to teachers in such a cultural background are likely to be unwilling to cover sexuality topics within the classroom freely. One major taboo, so strong in all the regions of Madagascar that it could be described as the 'mother' of all taboos, at least in this specific area, is that sexual intercourse—or even mere mention of it—between relatives of opposite sexes, is strictly forbidden [24].

Culture and the Teaching of CSE

Njue et al. [25] indicated that in both India and Kenya, though teachers played a major role in giving young people information on HIV/AIDS and sexuality, they were constrained by social and cultural factors. The result of this is that teachers resorted to 'selective' teaching where they restricted teaching only the biological aspects and left out those that have to do with sex and relationships. A qualitative study was conducted by Browes [26] in one secondary school in Ethiopia that was delivering a Dutch-developed programme throughout 2013. Over 50 in-depth interviews were conducted with teachers and students, influential community members and experts in SRHR. Data was further gathered through focus group discussions and classroom observations. Results indicated that teachers and pupils were able to discuss issues of sexuality. However, the cultural context was seen to affect interpretation of programme information, influencing the nature of this discussion [26].

Stevens [27] observes that in traditional societies, sexuality is frequently central in myths of cosmogony. This is common in Asian religions, but also in sub-Saharan Africa and elsewhere. Everywhere there are restrictions on contact between men and women and sexuality is at their root [28].

Approaches Counteracting Culture and Religion

Popular culture has belittled the moral significance of sexual relations among young Americans, and the idea that sex is merely a recreational activity has prevailed [29]. Whether or not this is a respectable mindset, is a debatable,

but also separate, issue; the existence of this mindset among adolescent americans is unquestionable.

Rodgers et al. [30] states that adolescents in Sub-Saharan Africa encounter high risks associated with sexuality and reproduction. Mobile phones provide a unique opportunity to provide youth with this critical sexual and reproductive health information need. Designed from the United Nations CSE framework, the mobile-optimized app TuneMe aims to provide adolescents living in eight subSaharan African countries-Zambia, Malawi, Zimbabwe, Swaziland, Lesotho, South Africa, Botswana, and Namibia-with sexual and reproductive health information, and to promote uptake and use of sexual and reproductive health services.

To assess the scope and appropriateness of TuneMe's sexuality education content, a directed content analysis of the 299 articles published on the Zambia-specific TuneMe site between October 2015 and June 2017 was conducted. Results from the analysis indicates that the greatest information provided by TuneMe was on sexual and reproductive health and HIV, followed by relationships, sexual rights, and citizenship [30]. There was substantially less information that focused specifically on matters of pleasure, violence, diversity, and gender. Content was situated within relatable and culturally relevant contexts, but gave mixed, and often problematic, depictions of gender norms [30].

RESEARCH METHOD

The research employed a mixed method design utilising a convergent parallel approach which according to Creswell and Creswell [31], states that, it is a method in which a researcher converges or merges quantitative and qualitative data in order to provide a comprehensive analysis of the research problem.

In this design, the researcher typically collects both forms of data at roughly the same time and then integrates the information in the interpretation of the overall results. This mixed method is preferred because qualitative tends to be open-ended without predetermined responses while quantitative usually includes close-ended responses contained in the questionnaires or survey [31].

The study selected 9 primary schools in Kabwe, Lusaka and Choma districts representing peri-urban, urban and rural settlements respectively. Selection of these schools was based on a high pregnancy rate despite availability of trained teachers in CSE. The study targeted adolescents aged between 12 and 17 who formed a sample size of 700 learners. Data collection from this sample was done through six Focus Group Discussions (FGD), questionnaires and seven lesson observation sessions. A total of six head teachers, one Ministry of Education policy maker and one Ministry of Health policy maker participated in Key Informant Interviews (KII). Finally, an average of 30-36 trained CSE teachers participated in six focus group discussions (Table 1).

Table 1. Study sample and study tools utilised

Learners	Province	Total	Key informants	Province	Total
(a) Sample Size	Kabwe	200	(a) Head teachers		
	Lusaka	300	Interviews	Kabwe	2
	Choma	200		Lusaka	2
(b) Class Observation	Kabwe	3		Choma	2
[average of 30/class]	Lusaka	3	(b) CSE Trained Teachers	Kabwe	2
	Choma	3	FGD	Lusaka	2
(c) FGD – Grade 5-7	Kabwe	2	[average of 3-6/group]	Choma	2
[average of 8-10/group]	Lusaka	2	(c) Ministry of Education		2
	Choma	2	(d) Ministry of Health		2
(d) Questionnaires	Kabwe	237			
	Lusaka	315			
	Choma	148			

The quantitative data was analysed using SPSS mainly by creating the data interface templates in the SSPS version 16 software guided

by the objectives of the research. The data-set was then run to generate different data shapes as utilisable information. Qualitative data was

analysed using thematic analysis in which objectives and research questions were used to create themes that guided the analysis. Narrative data was interpreted qualitatively with thematic analysis.

RESEARCH RESULT

The implementation of CSE in the selected primary schools of Kabwe, Lusaka and Choma between 2014 and 2018, has experienced resistance because of cultural and religious norms imbedded in the society of Zambia. Key findings on the effects of culture and religion on the implementation of CSE in the selected primary schools indicated the following.

Appropriateness of Language in Teaching and Learning of CSE

Findings on appropriateness of language in teaching CSE indicated that majority of learners affirmed appropriateness of language used (Figure 1). Thus, despite Zambia being a conservative society, majority of learner respondents were agreeable that CSE is appropriate with language. However, during focus group discussions, it was observed that there are still issues that required addressing. For example, learners were not able to openly discuss puberty even among girls only focus group. This was prominent in Choma urban and rural schools. Learners were generally shy to speak on any CSE issues especially if it touched on the sexuality aspect of their society.

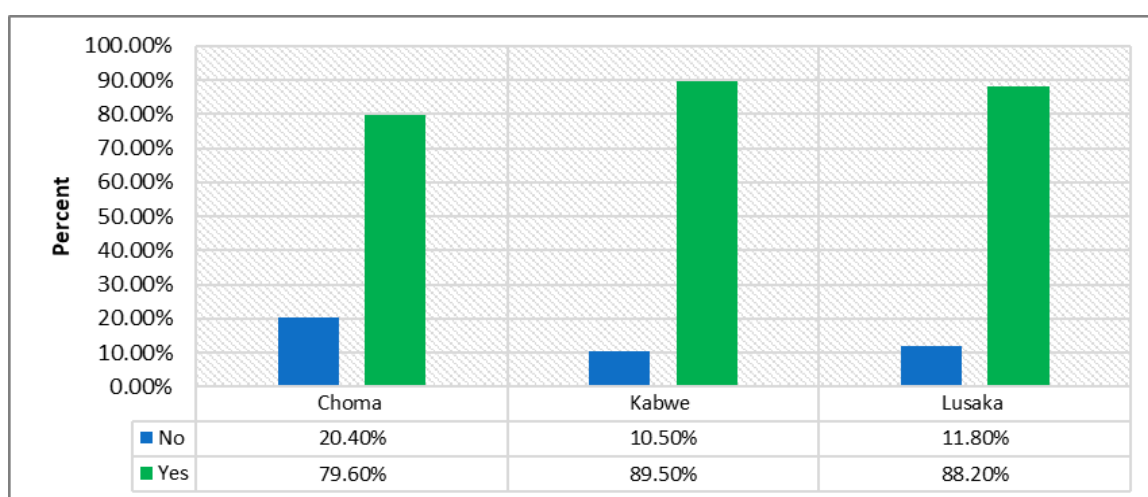


Figure 1. Appropriateness of Language in Teaching/Learning CSE

Appropriateness of Topics in CSE with Religion

Findings on appropriateness of topics in CSE with religion indicated that issues of CSE remain widely misunderstood by communities with religion creating a grey picture of a concept so well intended for the welfare of young people. In a teacher focus group, a teacher stated that:

“I am a pastor’s wife (bana Shimapepo) and talking about the vagina and penis before the children who also attend church with me is not easy and somewhat compromising on my personal values. I would rather speak abstinence and the word of God to them.”
FGD Teacher Participant (Kabwe)

Findings further indicated that teachers hold a view that CSE is contributing to the moral

decay among the young people. For example, in a focus group discussion, teachers argued that CSE is sexualising learners as it is awakening sexual and erotic minds children do not yet have. One teacher stated that:

“CSE is contributing to moral decay among learners because after learning about sexuality, they develop ideas to begin to engage in sexual intercourse with boys...”
Teacher FGD participant (Choma)

Enquiry was further made on identifying specific topics in CSE which were not appropriate with religion. Respondents were requested to make multiple choices on topics they thought were not appropriate with religion.

Table 2 indicated multiple scores with topics such as puberty and reproduction (43.60%) and

puberty (21.10%) not being appropriate with religion. There were relatively higher scores in Kabwe at 53.80% and 35.60% as well as in Lusaka at 64.90% and 14.40%. It is not clear why the scores on topics that are not appropriate were high in Lusaka and Kabwe when these are

cosmopolitan environments and not rural areas where people hold religious beliefs so close to themselves. On the contrary, some teachers indicated that most topics were appropriate with religion depending on the language the teachers use.

Table 2. Topics not appropriate with religion

Description	Choma	Kabwe	Lusaka	Overall
Reproduction	12.10%	53.80%	64.90%	43.60%
Not sure	64.80%	13.00%	14.40%	30.70%
Puberty	13.20%	35.60%	14.40%	21.10%
Wrong Response	9.90%	11.50%	12.10%	11.20%
HIV/AIDS	0.00%	0.00%	28.20%	9.40%
Family	6.60%	0.00%	10.30%	5.60%
Hygiene	1.10%	0.00%	9.20%	3.40%
Relationships	2.20%	2.00%	2.30%	2.70%
Subjects covering CSE	1.10%	1.60%	2.90%	1.87%
Culture	2.20%	0.80%	0.60%	1.20%
Body Changes	1.10%	0.00%	0.60%	0.56%
Abuse	0.00%	1.60%	0.00%	0.53%

Appropriateness Topics in CSE with Culture

Findings in Figure 2 below demonstrate that, topics in CSE are not considered a taboo by

respondents and with adequate teaching by trained teachers, this factor would enhance the implementation of CSE in schools.

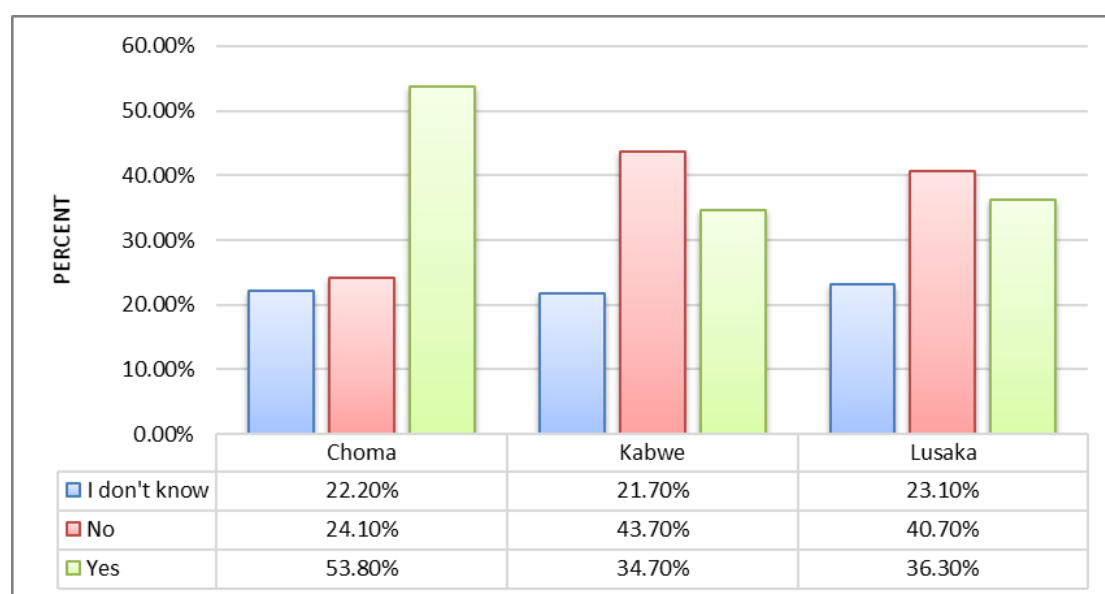


Figure 2. Topics in CSE are a Taboo

A further enquiry was made to identify which CSE topics were not a taboo for culture. Respondents were requested to make multiple choices on topics they considered not a taboo. Table 3 indicates multiple scores of topics in CSE which were not viewed as a taboo. As can be noted, topics like puberty are still not viewed as

taboo as well as culture and relationships including HIV. The challenge is the social construct developed by society. What society considers a taboo is usually designed by the community itself. The work of CSE should also aim at deconstructing these perceptions that are affecting the welfare.

Table 3. Topics not a Taboo in Culture

Description	Choma	Kabwe	Lusaka	Overall
I don't know	46.70%	28.90%	16.20%	30.60%
Puberty	14.40%	21.60%	14.20%	16.70%
Culture and relationships	3.30%	32.10%	4.10%	13.20%
Wrong answer	23.30%	1.60%	10.10%	11.70%
HIV and AIDS	0.00%	0.00%	23.60%	7.90%
Adolescence and Relationships	3.30%	5.80%	3.40%	4.20%
Love and Marriage	3.30%	4.70%	5.40%	4.50%
Personal Hygiene	0.00%	0.50%	10.80%	3.80%
Reproduction	3.30%	2.10%	4.10%	3.20%
Early Marriages and Teenage pregnancies	0.00%	2.60%	6.10%	2.90%
Family planning	1.10%	0.00%	0.70%	0.60%
Gender Based Violence	1.10%	0.00%	0.00%	0.40%
Human Body	0.00%	0.00%	0.70%	0.20%

Ability to Discuss CSE Topics with Peers

Findings in Figure 3 below demonstrate that peers are able to discuss CSE with their friends. Although this is so, there is no indication that learning about CSE gives young people ability to talk about it and neither the opposite is true. Most learners become confident to openly talk about CSE and not necessarily that they learnt it in school. In a learner's own words:

"I learnt about CSE from the youth group in my community and since then, I am still supporting it by openly speaking about it where I have a chance" L- CPS, (Choma)

This therefore confirms that learners can talk about CSE freely no matter how much silence and shame it carries to talk openly about some topics like menstrual hygiene. There are some learners who are still not able to talk about CSE freely.

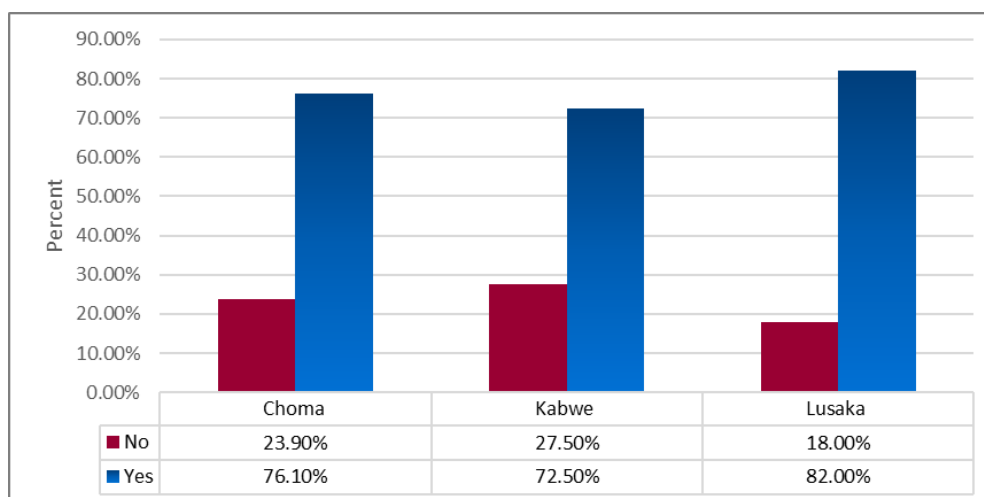


Figure 3. Ability to discuss CSE topics freely with Peers

Factors Hindering Delivery of CSE in Schools

An enquiry on whether culture and religion were among factors hindering implementation of CSE in schools, findings indicated an average response for those who affirmed or opposed the assertion (Figure 4). Through a focus group discussion with teachers, the researcher established that there are cultural factors that play a part in hindering the openness learners or

teachers should have regarding the teaching of CSE. For example, female learners rarely asked or answered questions. This is why some focus groups were designed to be for female learners only so that issues of cultural sensitivities could be handled there. Even with that, some girls remained silent. One teacher stated that:

“I find it very difficult to explain the concept of pregnancy to my learners since one of the pupils is my daughter... Teacher, FGD (Kabwe).

This points to a deeply entrenched cultural issue around the matters of sexuality. It is also

important to note that the study established that males always dominate the issue of sexuality both among the young and the old. This was prominent through the teachers and learners focus group meetings.

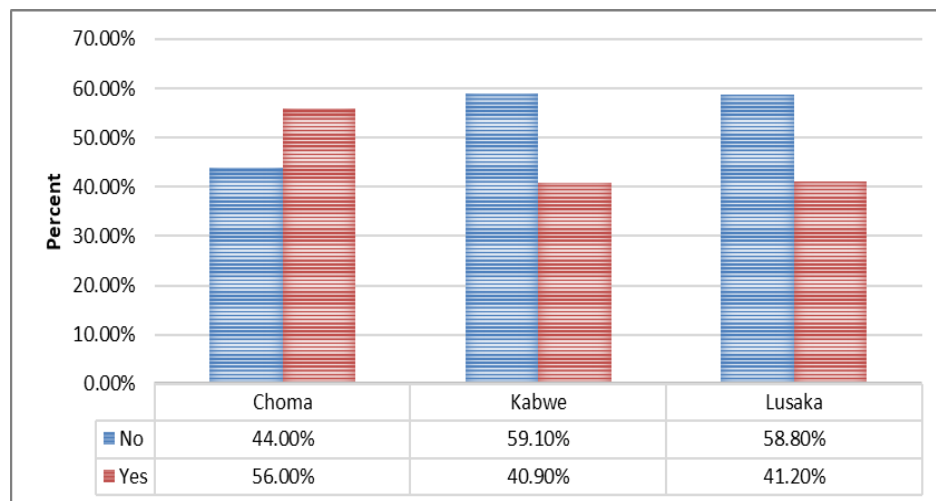


Figure 4. Cultural factors that hinder the teaching of CSE

Findings indicated that religious factors as alluded to by respondents are a hindrance in the implementation of CSE though the majority objected to this (Figure 5). Respondents in Choma particularly affirmed religion as a hindrance owing to the fact that the community around some schools in this town were very religious hence the strong opinions against CSE. This contributed to sustained criticism because some teachers are members of different churches.

Through a focus group discussion, a teacher stated that:

“Unless religious and traditional leaders are involved in ensuring that CSE is supported, it will keep facing opposition at school level as they have influence in what goes on in school” ... Teacher FGD Participants (Choma)

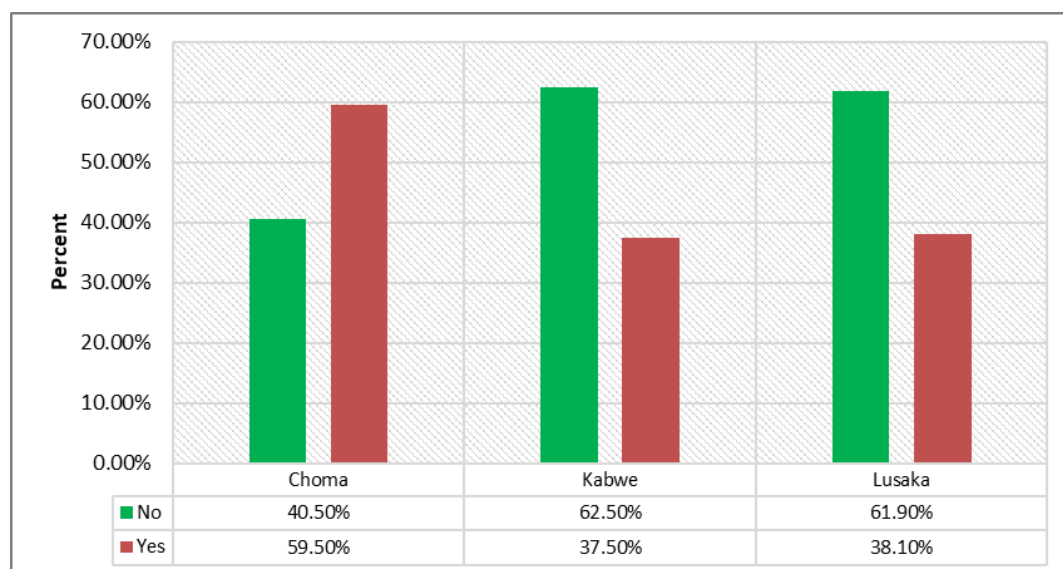


Figure 5. Religious Factors that hinder the delivery of CSE in schools

From FGDs, teachers expressed the need for churches to have an input in the implementation of CSE being custodians of the moral consciousness of society. Teachers expressed that CSE and SRH had come to sexualise the young people which is not the case. If not checked, this had potential to affect the intended outcomes of the programme because despite effectively training teachers, some teachers will not be able to effectively teach CSE at school level.

DISCUSSION

Findings of the study indicated an influence that culture and religion bare on the implementation of CSE in schools. Culture is coded in language and thus an assessment of language on implementation of CSE demonstrated that there was minimal bearing of language in this case. CSE is predominantly taught in English, the official channel of communication in schools. Vernacular languages are however used to explain certain concepts learners may not be able to clearly understand in English. With this language combination, 84% of learners affirmed the appropriateness of language in teaching CSE. Therefore, the notion that CSE bring forth culturally and religiously inappropriate language that corrupts the morals of learners in overruled by the findings of this study. This is therefore demonstrates that CSE does not depart from the cultural values and norms of a society as attested by the respondents in this study. Additionally, Critical Discourse Analysis (CDA) theory was utilised for this study to help understand how learners and teachers use language to convey meaning. CDA contends that social phenomena are socially constructed in any society. This is supported by Wodak and Meyer [32] who state that CDA as a school or paradigm is characterized by several principles: for example, all approaches are problem-oriented, and thus necessarily interdisciplinary and eclectic. CDA is a field that is used to analyze the written and spoken texts to explore the discursive sources of power, dominance inequality and bias. It critically evaluates how these discursive sources are maintained and reproduced within specific social, political, and historical contexts. This is applicable in this study primarily because meanings of sexuality are conveyed through language.

It is argued that religion is an essential element of the human condition. Studies have examined how religious beliefs mold an individual's sociological and psychological disposition. Research has explored how an individual's religion (religious beliefs, religious denomination, strength of religious devotion, etc) is linked to their cultural beliefs and background. This is supported by Roudsari et al. [13] who state that, despite clear reasons for necessity of sexuality education for adolescents, CSE is still a contested issue and faces challenges in most religious and cultural circles. Further, while some researchers have asserted that religion is an essential part of an individual's culture, other researchers have focused more on how religion itself is a culture. The key difference is how researchers conceptualize and operationalise both terms. Moreover, the influence of communication in how individuals and communities understand, conceptualize, and pass on religious and cultural beliefs and practices is integral to understanding exactly what religion and culture are. In relation to the implementation of CSE therefore, it is evident that there is conflict between cultural norms and teacher's personal values and the content of CSE which then hinders its implementation. It can therefore be deduced that religious and traditional leaders should be incorporated in the planning of CSE and its subsequent implementation to stem any resistance from society since these leaders are viewed as custodians of morality in society. While CSE is viewed as a sensitive matter, a religious perspective creates barriers if people choose to judge the contents therein.

The findings above are consistent with what other writers have said and cited in literature review. Kumi-Kyereme et al. [33] state that, "as gatekeepers of sexual health information for adolescents, adults define content of information that adolescents receive, whereas there is a gap between what they perceive adolescents need and what adolescents themselves really need". Sexuality education is a form of value-based education and due to political, cultural, religious, and ethnical diversities, agreement on values especially in controversial areas of sexuality remains challenging.

It is also important to appreciate that issues of sexuality are part of our humanity and a by-product of our socialization learning. This is supported by the Social Learning Theory as

espoused by Edinyang [34] and explains that the Social Learning Theory (SLT) deals with the ability of learners to absorb and display the behaviors exhibited in their environment. SLT originated from Albert Bandura who believed that behaviorism alone cannot explain all there is about learning. Bandura believed that behavior and the environment affect each other. The Social Learning Theory therefore assumes that people are influenced by the environment around them [34]. For the learners, their socialization starts in the home and further, the different communities they live in. According to the World Health Organisation (WHO) that social, cultural, and economic factors also influence sexual decision-making by boys and girls, as individuals and within society [9]. The Social Learning Theory stipulates that people or students can learn new behaviors by observing others [34]. This refers to the symbiotic relationship between social characteristics of the environment, how they are perceived by individuals and how motivated and able a person to reproduce behaviors they see happening around them.

In terms of the relationship between culture and CSE, through a focus group discussion with teachers, the study established that both teachers and key informants (KI) were able to state that culture plays an important role in influencing the delivery of CSE at school level and depending on the local context. For example, teachers were able to state that different cultures exist around schools such as initiation ceremonies when a girl becomes of age. The moment a girl goes through the initiation process, she becomes shy and her performance goes down in school as the focus changes to a relationship as opposed to education. Teachers stated that they find it challenging to teach difficult concepts around sexuality like gender, pregnancy, dangers of sexual intercourse and puberty to mention but a few as the local language presents a challenge and a possible cultural conflict since teachers also have biological children in the classes they teach. The resultant effect of this is that learners are not able to ask questions during lessons covering such content and the teacher finds it easy to ignore such content and move on to more comfortable contents. In the same vein, religious inclinations as stated earlier, continue to challenge teachers as some of them are leaders in their religious organisations like the Seventh Day Adventist Church and Evangelicals or indeed Pentecostal churches which are deeply conservative on such

matters. This is also supported by Roudsari et al. [13] who expose some common concerns that are associated with providing sexuality education for adolescents; for example, many parents, teachers and policymakers believe that it can result in early sexual activity and privation of childhood innocence. Unfortunately, these are educated people who comprehend the issue in this manner. To some extent, this makes the implementation of CSE challenging.

Evidence from this study demonstrate that learners can discuss CSE topics with peers freely as well as with their parents. Overall, this demonstrates that although learners are learning CSE in school, many feel they cannot openly discuss CSE with their parents. This calls for a strengthened Parent-to-Child Communication programme. This is supported by the cultural argument discussed earlier that the issue of sexuality is surrounded by shame and silence. Unless a push for CSE in schools is strengthened and implementers remaining consistent, there is a risk of losing the gains so far achieved. Through a focus group discussion, one of the teachers recounted how it is possible to talk about certain concepts in CSE as they teach learners, admitting that these concepts have been there in subjects like Biology since time immemorial. She however indicated that not all teachers find it easy to talk about these issues of CSE as some are shy to do so to their learners including their own children. Teachers also confirmed this in a separate focus group discussion in which they stated that they find it difficult to handle some of the content in CSE. Content like puberty, conception, Sexual intercourse and its dangers and body parts seem so difficult to talk about openly to young people. This is supported by Njue et al. [25] who through his study found out that in both India and Kenya, though teachers played a major role in giving young people information on HIV/AIDS and sexuality they were constrained by social and cultural factors. The result of this was that teachers resorted to 'selective' teaching where they restricted teaching only the biological aspects and left out those components that have to do with sex and relationships. This is the influence of culture and religion. It has potential to compromise the content of CSE if not well managed.

Roudsari al et. [13] states that, despite clear reasons for necessity of sexuality education for adolescents, CSE is still a contested issue and faces challenges in most religious and cultural

contexts and Zambia has not been an exception. In 2020 during the time of data collection, the researcher observed that Zambia was witnessing an aggressive and systematic campaign against the implementation of CSE in Zambian Schools.

As a result of this opposition to CSE, the findings further show that teachers who keenly followed the debate in the media in some schools were resistant to integrate CSE in their daily teaching siding with the position of the opposers. This demonstrates that religion and culture to some extent has potential to affect the delivery of CSE at school level. As gatekeepers of sexual health information for adolescents, adults define content of information that adolescents receive, whereas there is a gap between what they perceive adolescents need and what adolescents themselves really need [17]. Further, sexuality education is a form of value-based education and due to political, cultural, religious and ethnical diversities, agreement on values especially in controversial areas of sexuality education remains challenging.

In an attempt to understand why communities and individuals react in this manner using a religious mask, the study utilised the Social Learning Theory. This theory stipulates that people or students can learn new behaviors by observing others [34]. This refers to the reciprocal relationship between social characteristics of the environment, how they are perceived by individuals and how motivated and able a person to reproduce behaviors they see happening around them. The WHO reveals that natural sexual curiosity, experimentation and learning before and during adolescence are both normal and healthy and occur in all cultures [9]. However, despite this explanation, there remains a context of cultural and religious values that do not sit well with the fact that this is a reality and until communities including the Zambian one open up and accept that young people engage in sexual activities, will we confront the problem our communities face. The implementation of CSE has been ongoing since 2014 and to date, the numbers of female learners who drop out of school due to teenage pregnancies, low levels of comprehensive knowledge on HIV among young

people, acquisition of STIs and general poor health outcomes remain a huge challenge.

CONCLUSION

This study demonstrated that cultural and religious inclinations, although not predominant, have a bearing on the implementation of CSE. There is therefore need for a close collaboration between the church and the traditional leadership being custodians of the moral consciousness of society. If left unchecked, this has potential to affect the implementation of CSE not only at school level but as a nation. CSE was established to assist learners, teachers and communities obtain information which helps to form appropriate attitudes and beliefs related to sex, gender, relationships, and intimacy. Adolescents account for 25% of the total population and sexuality education has a significant influence on the overall health status, given that adolescence represents a vulnerable period of transformation from childhood to adulthood and, if not well managed, could lead to huge health and socio-economic consequences. As the study has indicated, the effect of culture and religion on the implementation of CSE creates unresponsiveness in learners which results in persistent challenges of school dropout due to teenage pregnancies, early marriages and contraction of STIs including HIV among the young people. This retards the possible attainment of the SDG 4 on education for Zambia.

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