

**AN EVALUATION OF THE EFFECTIVENESS OF THE TEACHING OF SEXUAL
AND REPRODUCTIVE HEALTH EDUCATION IN ZIMBABWEAN SECONDARY
SCHOOLS**

By

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ABSTRACT

The study sought to evaluate the effectiveness of the teaching of sexual and reproductive health education (SRHE) in Zimbabwean secondary schools in Masvingo, Manicaland and Mashonaland East Provinces. The study was guided by the Information- Motivation Behavioural Skills model. The study employed a pragmatic research paradigm, a mixed methods approach and a concurrent triangulation research design. A sample of 543 participants (480 secondary school students, 60 SRHE teachers and 3 G & C SIs) was selected so that inferences about the population could be made or be drawn from it. Students were of age range 11- 24 years old. Self administered questionnaires, face to face interviews and FGDs were used to collect data. Quantitative and qualitative data were analysed independently and merged at the interpretation stage. Quantitative data was assigned numerical codes, entered into the SPSS version 21 then analysed using descriptive measures: mode and median. The quantitative data was also analysed using chi- square tests for independence. The computed chi square tests showed no significant relationship between gender and type of school for both teachers and students in the majority of the questions. Qualitative data was analysed thematically. Qualitative findings were reported under each of the following themes: Sexual and reproductive health education content taught in secondary schools, how SRHE programme is taught in secondary schools, the perceived benefits of the teaching of SRHE in schools, factors influencing effective teaching of SRHE in schools, and strategies that can be employed to enhance effective teaching of SRHE in secondary schools and sub-themes using verbatim quotes. From the findings of the study, it was concluded that teachers were not using participatory methods when teaching SRHE, teachers were not making use of peer educators, teachers were not trained in both content and teaching methods and teaching and learning materials were inadequate. The study recommends that teachers be equipped with adequate and relevant information, skills, and attitudes that ensure effective teaching of SRHE in secondary schools. The study also recommends that teacher training, provision of adequate resources, dealing with negative attitudes and perceptions and student-friendly environment be addressed for effective teaching of SRHE in secondary schools. A model for effective teaching of SRHE in secondary schools is further proposed.

Key terms Evaluation, Effectiveness, Teaching, Education, Reproductive health, Sexual and reproductive health education , Sex education, Secondary school, Students, Adolescence, Guidance, Counselling, Sexuality education, Life skills Education, Zimbabwe.

ISIFINYEZO

Lolu cwaningo belufuna ukuhlola ukusebenza kahle kokufundiswa kwemfundo yezempilo yezocansi kanye nokuzala (SRHE) ezikoleni zamabanga aphezulu zaseZimbabwe eMasvingo, Manicaland kanye naseMashonaland East Province. Ucwangingo lusebenzise ipragmatic research paradigm, indlela yezindlela ezixubile kanye nedizayini yocwaningo lwetriangulation efanayo. Isampula yabahlanganyeli abangu-543 (abafundi abangu-480 bezikole zamabanga aphezulu, othisha abangu-60 be-SRHE kanye nama-SI angu-3 G & C SIs akhethiwe ukuze kucatshangwe mayelana nenani labantu noma kuthathwe kukho. Abafundi bebeneminyaka eyi-11- 24 ubudala. imibuzo, inhlolokhono yobuso nobuso kanyenama-FGD asetshenziswa ukuqoqa idatha Idatha yobuningi nekhwalithi yahlaziywa ngokuzimela futhi yahlanganiswa esigabeni sokuchazwa Idatha yobuningi yabelwa amakhodi ezinombolo, yafakwa enguqulweni ye-SPSS 21 yase ihlaziywa kusetshenziswa izinyathelo ezichazayo: imodi ne-median. Idatha yobuningi nayo yahlaziywa kusetshenziswa izivivinyoze-chi-square zokuzimela Idatha yekhwalithi yahlaziywa ngokwethimu Okutholakele okunekhwalithi kubikwe ngaphansi kwendikimba ngayinye nezindikimba kusetshenziswa izingcaphuno zezwi nezwi.Kulokho okutholwe ocwaningweni, kwaphetha ngokuthi othisha bebengekho. Kusetshenziswa izindlela zokubamba iqhaza lapho befundisa i-SRHE, othisha bebengasebenzisi othisha ontanga, othisha bebengaqeqeshiwe kukho kokubili okuqokethwe kanye nokufundisa. g izindlela nezinto zokufundisa nokufunda bezingenele. Ucwangingo luncoma ukuthi othisha bahlonyiswe ngolwazi olwanele nolufanele, amakhono, kanye nezimo zengqondo eziqinisekisa ukufundisa ngempumelelo kwe-SRHE ezikoleni zamabanga aphezulu. Ucwangingo futhi luncoma ukuthi kuhlinzekwe izinsiza kanye nendawo elungele abafundi ukuzekufundiswe ngempumelelo i-SRHE ezikoleni zamabanga aphezulu. Kuphinde kuphakanyiswe imodeli yokufundisa ngempumelelo kwe-SRHE ezikoleni zamabanga aphezulu.

Amagama abalulekile Ukuhlola, Ukusebenza kahle, Ukufundisa, Imfundo, Impilo yokuzala, imfundo yezempilo yezocansi nokuzala , Imfundo yezocansi, Isikole samabanga aphezulu, Abafundi, Ubusha, Isiqondiso, Ukwelulekwa, Imfundo yezocansi, Imfundo Yamakhono Empilo, Zimbabwe

DECLARATION

Student number 55760848

An evaluation of the effectiveness of teaching of Sexual and Reproductive Health education in Zimbabwean secondary schools

I declare that the above thesis is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references appended to this thesis.

I further declare that I submitted the thesis to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.

Signature

J Razywika

Date 21 Dec 2021

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DEDICATION

My thesis is dedicated to the Almighty God who has guided me this far.

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CHAPTER 1

THE PROBLEM AND ITS CONTEXT

1.1 INTRODUCTION

This study sought to evaluate the effectiveness of the teaching of sexual and reproductive health education (SRHE) in Zimbabwean secondary schools. Chapter 1 focuses on the background to the study, statement of the problem, sub research questions, objectives of the study, and significance of the study. The chapter also focuses on delimitation, limitations of the study and definition of key terms used in the study.

1.2 BACKGROUND TO THE STUDY

Globally, the number of 10- 19-year-olds living with HIV increased from approximately 920 000 in 1994 to 1.6 million in 2018 (Liang et al., 2019: 11). In the USA, both adolescent males and females were sexually active, with 19% of adolescent women reporting sexual debut at age 15 in 1995. Thirty- eight percent of 9th graders and 42% of 10th graders in the USA have had sex (Brenner, 2016: 2; Child Trends Databank, 2014:1). According to the 2010 Demographic and Health Survey conducted in the USA, more than 11% of girls aged 15 to 19 years became sexually active before they were 15 years old and by age 16, one in ten girls had begun child-bearing (Brenner, 2016: 2). Relatedly, a high prevalence of sexual intercourse was observed among secondary school going age children in Indonesia (Rochmayani & Zulaekha, 2019:2).

SRHE is a planned process of education that fosters the acquisition of information, the formation of positive attitudes, beliefs, and values as well as the development of skills to cope with the biological, psychological, socio- cultural and spiritual aspects of human sexuality, relationships, and intimacy (Ameh, 2015: 67; Shams, Parhizkar, Mousavizadeh & Majdpour, 2017: 2). The current study adopts Ameh's and Shams' et al definition of SRHE.

Secondary school children are at the adolescence stage of development that is characterized by an extensive process of self-exploration and identity development combined with sensation-seeking and impulsivity (Mouhanna, DeJong, Afifi, Asmar, Nazha & Zurayk. 2017: 3). Several health risk behaviours begin in adolescence and contribute to the leading causes of mortality among adolescents, suicide attempts, injuries and other risks associated with early sexual behaviour (Achhab, El Ammari, El Kazdouh, Najdi, Berraho, & Tachfouti, 2016: 1;

Odo, 2018: 2; Denno, Hoopes & Chandra- Mouli, 2015: 523). Globally, the burden of sexually transmitted infections (STI) remains high with nearly one million new infections occurring every day and the majority occurring in adolescents and young people (Wanje, Masese, Avuvika, Baghaza, Omoni & McClelland, 2017: 2).

Young people all over the world have had to navigate their way through sexual maturity with limited information or services and unanswered questions about reproductive health which are known to promote healthy sexual and reproductive lifestyles (Achahab et al., 2016: 1; Appiah, Amankwaa & Ohene, 2016: 2; Bam & Girase, 2015: 2; Deshmukh & Chaniana, 2020: 56; Lekshmi, Parel & Thomas, 2018: 13; Sooki, Shariati, Chaman, Khosravi, Effatpanah & Keramat, 2016: 8). Some adolescents lack basic information about their bodies and their sexuality (Deshmukh & Chaniana, 2019: 56). Young people are vulnerable to HIV infections because of their physical, psychological, social, and economic attributes (amfAR AIDS Research, 2010:1; Frank- Peterside, Okerentugba, Akpan & Okonko, 2013: 79; Krebbekx 2019: 1326; Mabaso, Sokhela, Mohlabane, Chibi, Zuma & Simbayi, 2018: 3; UNAIDS, 2010: 10).

Secondary school students are adolescents and young adults who are at an age where sexual activity is often beginning or has already begun (Krebbekx, 2019: 1326). The changes to their bodies bring sexual feelings that they need guidance on (Onongha, 2016: 186). The changes are made worse by social, cultural, and religious beliefs (Envuladu, Van de Kwaak, Zwanikken & Zoakah, 2017: 185; Lekshmi, Parel & Thomas, 2018:13; Shayo & Kalomo, 2019: 1). Unless they are given proper guidance and counselling, secondary school students may be at heightened risk of HIV and STI infection, sexual abuse, unsafe abortion, and unintended pregnancies (Aninanya, Debpuur, Awine, Williams, Hodgson & Howard, 2015: Envuladu et al., 2017: 185; Frank- Peterside et al. 2013: 79; Haruna, Hu, Chu, Robin, Mellecker, Gabriel & Ndekao, 2018: 2; Heart, Plesons, Castle, Babb & Chandra- Mouli, 2018: 2; Ketting, Friele, & Michielsen, 2016: 15; Krebbekx, 2019: 1326; Muridzo & Malianga, 2015: 421; UNAIDS, 2013: 7). Children are now becoming physically and sexually mature and active earlier than before (Wolak, Finkelhor, Mitchell & Ybarra, 2008:12; Boonstra, 2007: 2). They thus need SRHE more than those of previous generations who came before them. Sexual and reproductive health education used to be taught by aunts and uncles (Ruparanganda, 2017: 159). Due to breakdown of roles for uncles and aunts, parents now have an obligation for teaching their own children. However, many parents do not have much time to give their children the necessary guidance because of the pressure associated with family responsibilities (Onongha, 2016: 186). Some of the pressure parents have include

going to work to earn money for a living, divorce and single- parenthood (Achen, Nyakato, Akatukwasa, et al. 2022; Aventin, Gough, McShane et al.2020: 2; UNESCO, 2002: 2; Yuk Yee & Brennan, 2004: 58). Children thus lack the necessary guidance because parents have no time for their children and they offload their parenting roles on house maids.

Providing SRHE in schools is very necessary since the family is becoming less important in the individual development of young people, while peers and the media have become more influential providing SRHE content that may not be age appropriate and inaccurate putting pressure on the adolescents (Bonjour & van der Vlugt, 2018: 5; Brown, 2008: 7; Dehne & Riedner, 2005: 22; Krebbekx, 2019: 1337; Lam, Marteleto & Ranchhod, 2009: 5; UNICEF, UNAIDS, WHO, 2002:5). Urbanisation, modernisation, and migration have caused some changes in the way children are raised. These processes have destroyed the traditional social networks and the extended family support system (Liang, Simelane, Fillo, Chalasani, Weny, Canelos, Jenkins & Snow 2019:2; Onongha, 2016: 186). Parents, therefore, expect the schools to provide the necessary guidance and counselling to their children (Chireshe & Chireshe, 2017; Deshnukh & Chaniana, 2020: 62; Krebbekx, 2019: 1326; Rice & Leffert, 1997: 19).

Children currently have a lot of exposure to all sorts of sexual materials from friends, the internet and other media sources that can provide exaggerated, questionable, and inaccurate information (Bam & Girase, 2015: 2; Bonjour & van der Vlugt, 2018: 5; Boonstra, 2007: 2; Emmanuel, 2015: 2; Iqbal, Zakar, Zakar & Fisher, 2017: 9; Liang et al., 2019: 3; UNESCO, 2018: 12; Wolak et al., 2008: 11). Adolescents are more vulnerable to STIs and HIV than adults as a result of drug usage and young people aged between 15 and 24 years account for half of all new HIV infections worldwide (Ebong, 2013:139; Liang et al., 2019: 11; Rodriguez & Hayes, 2002: 1). This vulnerability to HIV and STI infections has increased the need for effective SRHE in schools. SRHE helps to empower school children to protect their health and well-being as they grow and take on family responsibilities (Kapinda & Hyera, 2015:109; Kumar, Goya, Singh, Bhardway, Mitta & Yadav, 2017: 3; Muchabaiwa & Mbonigaba, 2019:12; ; Muanda, Gahungu, Wood & Bertrand, 2018: 12; Panchaud, Keogh, Stillman, Awusabo- Asare, Motta, Sidze & Monzon, 2019: 278; Raitz, 2015:3; Wahba & Roudi- Fahim, 2012: 1). Schools and some adults struggle to accept that some young people are sexually active (Miedemaa, Le & Hagueb, 2020: 753; UNESCO, 2018: 19). Adolescents have a right to access information essential for their health and development including Life Skills and SRHE (Iqbal et al., 2017: 9; Wahba & Roudi- Fahim, 2012: 1). Policies and programmes should uphold individual rights and respond to the complex needs of adolescents

who are in the process of physical, cognitive, emotional, social, and moral development (Krebbekx, 2019: 1326; Lekshmi, et al., 2018: 13; Wahba & Roudi- Fahim, 2012:1). There should be realization of multiple SDGs, especially those aimed to achieve good health and well-being (goal 3), quality education (goal 4) and gender equality (goal 5) (Herat, Plesons, Castle, Babb, & Chandra-Mouli, 2018: 3). The existence of such standards imply that governments have the responsibility to develop school programmes that provide accurate and appropriate information to adolescent boys and girls that enable them to maintain their sexual and reproductive health.

Failure to provide adolescents with accurate and adequate information has long term health and social implications (Deschmuk & Chaniana, 2020: 57; Liang et al., 2019: 2). Statistics, at regional level (Shayo & Kalomo, 2019: 2; Shiferaw, Getahun & Asres, 2014: 2; Uganda National Adolescent Health Policy, 2000: 9) and global level (CDC Fact Sheet, 2013:1; Newsday Weekender, June 5 2021;, UNAIDS, 2013:18, UNICEF, 2012:8), show an increase in sexually transmitted infections (STIs) and HIV and AIDS infections among adolescents and young people. In surveys conducted by UNFPA (2020: 10), it was found that about 60% of females had had sex by age 18, and 22% of adolescent females have begun child bearing (UNFPA, 2020: 10). Within the same age group, of those who had had sex, 17-26% of males and 6-7% of females had had two or more sexual partners (Biddlecombe, Hessburg, Singh, Bankole & Darabi, 2007: 4). In a study carried out at the University of Abuja, Nigeria, STIs and HIV and AIDS were reported to be high among young people in Nigeria. The report revealed that about 50% of new HIV infections in Nigeria occurred in people between 15- 25 years of age (Casey, 2001:2; Make & Adenium, 2014: 706). In South Africa, young people between 15 and 24 years of age have the highest rate of HIV acquisition (Naidoo, Adeagbo & Planer, 2019: 1) and among a large sample of girls in KwaZulu Natal, almost half had had sexual intercourse by the age of 16 (Dehne & Riedner, 2005: 22; Peltzer & Planer, 2005: 3; Hallman, 2004: 14). In Maputo, Mozambique, the mean age at first sexual intercourse for girls of both poor and middle- class socio economic status was 15 years (Dehne & Riedner, 2005: 23; Ringheim & Gribble, 2010: 12). In Kenya, adolescents contributed to 52% of all new HIV cases (Ogola & Ondina, 2019: 111).

In Namibia, sexual activity begins at a very young age, often as early as 10 years (Chisamba, 2009: 108). The same author, in a cross- sectional survey conducted among adolescents (12- 18 years) living in school-based hostels in Namibia, established that 56% of the boys had already experienced sexual intercourse (Chisamba, 2009: 108). Adolescents and young people in Namibia make up only 25% of the sexually active population but represent almost 50% of

all new STIs (Chisamba, 2009: 109; UNAIDS, 2011: 2). Generally, Ugandans have their first sexual experience early in life. According to the 2004- 2005 HIV and AIDS sero- behavioural survey, 14% of young women and men have sex before they turn 15 years (Birungi, Mugisha, Nyombi, Obare, Evelia & Nyinkavu, 2008: 1). Youths in Tanzania have a high HIV infection rate as a result of early sexual debut and the Tanzania Demographic and Health Survey (TDHS) reports that 13% of young women age 15- 19 had had sex before the age of 15 (Laddunuri, 2013: 473; Mwendah & Mallya, 2014:14).

In national surveys conducted in Botswana, South Africa, Tanzania, Zambia, and Zimbabwe, there was a significant decline in HIV prevalence among young women and men although the young people are still at risk of contracting STIs and HIV and AIDS (UNAIDS, 2010: 17). It is estimated that in the 15- 19-year age group, Zimbabwe has the fifth highest HIV prevalence rate with 14,9% after South Africa (17,3%), Lesotho (23,3%), Botswana (23,4%) and Swaziland (26,0%). Globally, more than half of the new infections occur among young people (15- 24 years) (UNAIDS, 2012: 8). Globally over 16 million young women aged 15 to 19 gave birth each year with more than 50% SSA (Yah, Ndlovu, Kutwayo et al., 2020: 325) and 21% teenage pregnancy rate among the 15- 19 age group in Zimbabwe (Bhatasara, Chevo & Changadeya, 2013: 2). In an assessment of reproductive health needs in Bulawayo, Zimbabwe, young people literally stated that they did not know what to do when they realized that they had an STI. They tended to delay seeking treatment for sexual and reproductive health problems. This hesitation to seek help resulted, partly, from fears that adults and service providers would not approve of their sexual behaviour (Acharya, Van Teijlingen & Simkhada, 2009: 449; Dehne & Riedner, 2005: 37; WHO, 2004: 2;).

Most children become sexually active when still in school and this makes it necessary for secondary schools to offer for SRHE. In many societies, children are enrolled in schools where they spend the greater part of their day except for weekends and public holidays. This makes the school a strategic place to offer SRHE to adolescents (Brown, Walker, Rosco & Muff, 2019: 21; Maria & Afroditi; 2016: 207; Rochmayani & Zulaekha, 2019:2). Teaching SRHE in secondary schools is therefore, regarded as an effective way to increase young people's understanding of STIs, HIV and AIDS, unwanted pregnancies, abortion, infertility, and cancer (Acharya, Van Teijlingen & Simkhada, 2009: 445; Krebbekx, 2019: 1333). Teachers, other school staff and health care providers are potential sources of information on STIs (Dehne & Riedner, 2005: 33; McKay & Bissell, 2010: 2). Schools provide opportunities for interventions to reach young people of diverse social backgrounds before or around the time they become sexually active (Kirby, 2011: 2; McKay & Bissell, 2010: 4).

Effective teaching of sexual and reproductive health education (SRHE), a component of guidance and counselling, in secondary schools is very important in enabling each student to complete secondary school and gain maximum benefit from the education system. As a result of civilization, urbanization and change in life style, the sexual and reproductive health (SRH) of adolescents is increasingly at stake (Ogola & Ondina, 2019: 111; Onongha, 2006: 186; Shiferaw, Getahun & Asres, 2014: 2). Secondary school children need SRHE in school because of several reasons. Among these reasons is the observation that institutions that traditionally catered for sex education have been lost because of social disintegration associated with the industrial revolution (Chireshe, 2012b: 17; Mobile & Kayombo, 2008: 2). Secondly, traditional socio- cultural structures that were used for communicating with adolescents in the past are on the decline as societies increasingly become modernized, life gets urbanized, and communication becomes digitalized (Paramotor & Chiwenga, 2009: 53). Educating students on healthy sexuality is an important way to protect them from physical and sexual abuse which can lead to long- lasting consequences (Muridzo & Malianga, 2015: 42; Wahba & Roudi- Fahimi, 2012: 3). Failure to receive SRHE exposes teens to risks such as teenage pregnancies, complications during child birth, STIs, HIV and AIDS, sexual abuse, and abortions. If not addressed, the risks may impair the health and well-being of adolescents and limit their future opportunities (Muanda et al., 2018: 12). The school becomes the best place for teaching SRHE because most children become sexually active when still in school and spend most of their time in schools ((Brown, Walker, Rosco & Muff, 2019: 21; Maria & Afroditi, 2016: 207; Rochmayani & Zulaekha, 2019:2).

The right to comprehensive and non- discriminatory sexuality education is based on rights protected by several human rights agreements and documents that include the Convention on the Rights of the Child, the International Covenant on Civil and Political Rights (General Assembly resolution 44/25, 1989), the Convention on the Elimination of All Forms of Discrimination against Women; the Convention on the Rights of Persons with Disabilities. UNFPA (2011: 11) and Tijuana, Finger, Ruland and Savarin (2004: 9) noted that children need to be provided with comprehensive and culturally appropriate SRHE in schools.

Different countries view SRHE differently. Zimbabwe selects those concepts and aspects it feels suit the country's culture and values. The school-based HIV and AIDS Life Skills programme in Zimbabwe was introduced at primary and secondary levels of education in 1999 (Nziramasa, 1999:389). According to the same source, these programmes are not only comprehensive and well researched but also consider the developmental ages of children and the sensitivities of parents and religious organizations. Zimbabwe was the first country in

the region to provide compulsory teaching of HIV and AIDS and Life skills from grade 4 up to form 6 (Life Skills, Sexuality, HIV and AIDS Education Strategic Plan 2012-2015: xi). The plan made training on HIV and AIDS a compulsory component of teacher training in the country's teacher training colleges from 2000. For many years, non-governmental organizations have funded or implemented programmes that promote safe sexual behaviour (Michielsen, Bosmans & Temmerman, 2008: 32; UNESCO, 1998:5; Wahba & Roudi-Fahimi, 2012: 4) and the government was perceived as doing very little as far as SRHE in school was concerned. Currently, the Ministry of Primary and Secondary Education, works closely with the Young People's Network on SRH and HIV and AIDS (YPNSRHHA) to ensure implementation of well-integrated youth friendly SRH programmes (Life Skills, Sexuality, HIV and AIDS Education Strategic Plan 2012-2015: xi). The National HIV and AIDS policy for Zimbabwe (1999) and the Life Skills, Sexuality, HIV and AIDS Education Strategic Plan (2012- 2015) and (2016-2020) provide several guiding principles that contain educational activities on adolescent SRHE. All the teachers' colleges and technical colleges have either a full-time coordinator or a team of trained lecturers to teach the life skills-based HIV and AIDS education programme and SRHE to all their trainees. Teachers graduating from teachers' colleges are, in turn, expected to teach age appropriate and culturally relevant HIV and AIDS and life skills to school students. The implementation of SRHE which falls under health education and HIV and AIDS is based on the recommendations of the Presidential Commission of inquiry into education and training on guidance and counselling (Nzirasanga, 1999:387; Gudyanga, Nyamande & Wadesango, 2013: 53). The Government of Zimbabwe, through the Ministry of Health and Child Welfare's document, "Planning of Equity in Health Policy", articulates the need to provide adequate human, financial and accessible health resources to those in greatest need (Nzirasanga, 1999: 388). Director's policy circular number 23 of 2005) outlines the procedures to be followed in the implementation of guidance and counselling. The policy expectation is that all secondary schools should institutionalize guidance and counselling programmes.

For the teaching of SRHE to be effective, it needs to be a formal part of the school curriculum (Kinnear, 2018: 10; Nelson, Petterson & Emmelin, 2020: 499). Teaching sex education at school was found to be effective (Himmelstiner, Rost, Samuels & Stavropoulou, 2019: 2; NSW Department of Education, 2016: 2). Sexual and reproductive health challenges faced by adolescents have made policy makers look for alternative structures to prevent rising adolescent health problems (Boonstra, 2007: 6; Mobile & Kayombo 2008: 27). The

Zimbabwean Ministry of Primary and Secondary Education (MoPSE) combines Life Skills Education and SRHE as part of guidance and counselling lessons in secondary schools.

To the knowledge of the researcher, very few related work was done on the teaching of SRHE in Zimbabwe in secondary schools. Examples of such related work include a study by Nhundu and Shumba (2001) which focused on the nature and frequency of reported cases of teacher perpetrated child abuse. In another study, Nhamo (2002) focused on children and youths' reproductive and sexual health in Binga, Nyaminyami and Mutorashanga. Mlingo (2012) also conducted a study on HIV and AIDS knowledge and sexual behaviour in Harare. Another study by Banda (2012) focused on contextualizing gender, legal, human rights frameworks and social realities at Chipadze and Hermain Gmeiner secondary schools in Bindura while Nkala (2014) focused on assessment of guidance and counselling programmes in secondary schools in Bulawayo Metropolitan Province. The present study sought to evaluate the effectiveness of the teaching of SRHE under guidance and counselling at secondary school level. Most of the studies on SRHE in secondary schools were done outside Zimbabwe. Zimbabwe is a country with its own culture and beliefs, hence the need for evaluating the teaching of SRHE in its context. The following section presents the statement of the problem.

1.3 STATEMENT OF THE PROBLEM

The background to the study has shown that adolescents are sexually active and at risk of STIs, HIV and AIDS, and unintended pregnancies (Bhasara et al. 2013:2; Biddlecom et al., 2007: 4; Birungi et al., 2008: 1; Chinsemu, 2009: 107; Dehn & Riedner, 2005: 22- 23; Makwe & Adenyuma, 2014: 706; Muyengwa, 2014: 14). It has also been noted that there are increasing cases of teenage pregnancy, STIs, and HIV and AIDS among teenagers (Ogola & Ondiya, 2019: 111; Shiferaw, 2014: 2). The background to the study also highlighted that SRHE in secondary schools is necessary because it provides secondary school students with sexual and reproductive health information and skills that can enhance their sexual health (Dehne & Riedner, 2005: 22; Ebong, 2013: 139, PPFA, 2013: 1; SIECUS, 1991: 6; Wahba & Roudi- Fahim, 2012: 1). Schools, thus, are potentially major sources of information on SRHE (Dehne & Riedner, 2005: 33; Tijuana et al., 2004: 9). The background has also revealed that there are no prior studies, to the knowledge of the researcher that focused on evaluating the teaching of SRHE in Zimbabwean secondary schools. It is against this background that this study evaluated the teaching of SRHE in Zimbabwean secondary schools in Manicaland, Masvingo and Mashonaland East Provinces.

1.4 Aim of the study

To establish how SRHE is taught in secondary schools in Zimbabwe

1.5 MAIN RESEARCH QUESTION

The study addressed the following main research question:

How is SRHE taught in Zimbabwean secondary schools?

1.5.1 Sub Research Questions

The study addressed the following sub research questions

1.5.1.1 What SRHE content is taught in secondary school?

1.5.1.2 How is SRHE taught in secondary schools in Zimbabwe

1.5.1.3 What are the perceived benefits of teaching SRHE in secondary schools?

1.5.1.4 What factors influence the effectiveness of the teaching of SRHE in secondary schools?

1.5.1.5 How can the teaching of SRHE in secondary schools be enhanced?

1.6 OBJECTIVES

The objectives of the study were to:

1.6.1. find out what content is covered in SRHE in Zimbabwean secondary schools.

1.6.2. establish how SRHE is taught in Zimbabwean secondary schools.

1.6.3. establish perceived benefits of teaching SRHE in Zimbabwean secondary schools

1.6.4. determine factors that influence the effectiveness of the teaching of SRHE in schools.

1.6.5. propose a model to improve the teaching of SRHE in Zimbabwean schools.

1.7 SIGNIFICANCE OF THE STUDY

The study sought to add value on the teaching of SRHE in secondary schools through evaluating the teaching of SRHE in secondary schools. The study is thus relevant to policy makers, school administrators, teachers, parents, students, policy makers and fellow researchers. Students may benefit from the results indirectly as stakeholders may use findings from this study to improve their operations with a view to effectively teach SRHE in secondary schools. Students may also have an opportunity to suggest how SRHE can best be taught in secondary schools. Additionally, teachers may have important feedback of diverse ways about how SRHE should be taught in secondary schools. They may also have a chance to suggest how the subject can best be taught to secondary school students.

Parents may have the chance to contribute to what should be taught in SHRE in secondary schools. It is hoped that the study findings may encourage policy makers and administrators to realize the urgent need for effective SRHE in secondary schools. The study offers planners and administrators access to what is happening in the schools and be able to formulate realistic policies on the needs of secondary school students. They may realize that it is too late to start taking SRHE at tertiary level since some of the students are already mothers at tertiary level. In most cases the policy makers may not be aware of the extent of teenage pregnancies, STIs and HIV and AIDS among secondary school children. They may be able to work on their policies so that they meet the needs of secondary school children as far as teaching of SRHE is concerned. Study findings may help in re- structuring SRHE. The study contributes to the limited literature on teaching of SRHE in Zimbabwean secondary schools. The study can also act as a baseline study for other researchers interested in the teaching of SRHE in secondary schools.

1.8 RATIONALE FOR THE STUDY

The researcher's interest in this area is as a result of her experience working with secondary school students as a teacher and as a guidance and counselling teacher and coordinator. Her interest increased after the researcher obtained a qualification in counselling and joined a teachers' college as a health and life skills lecturer. In the college the lecturer attended several workshops on SRHE and taught some SRHE courses to student teachers. The researcher is one of the counsellors in the college and is the head of the health and life skills subject.

Working with secondary school students and college students, the researcher realized that secondary school students lack SRHE. Many teachers were not adequately prepared to assist the students through guidance and counselling lessons. Students face sexual and reproductive health challenges such as teen pregnancies. There are varied sources of information on SRHE which can mislead these students. With guidance and counselling playing a key role in student learning in secondary schools, it is, therefore, logical to assist students through teaching of SRHE. It is in secondary schools that students can get reliable information from teachers on SRHE. While learning of SRHE in the school is a good idea, it won't be effective without support from the teachers and the school curriculum. Therefore, the purpose of the present study was to evaluate the teaching of SRHE in Zimbabwean secondary schools.

1.9 THEORETICAL FRAMEWORK

This study is informed by the Information- Motivation Behavioural Skills model developed by Fisher and Fisher in 1998. The model originated as an account of the determinants of HIV preventive behaviour and is based on an analysis and synthesis of theory and research in HIV prevention (Barak & Fisher, 2003: 295; Fisher & Fisher, 1998: 43). The model identifies information, motivation, and behavioural skills as determinants of healthy SRH behaviours (Barak & Fisher, 2003: 295; Cornman, Schmiede, Bryan, Benziger & Fisher, 2007: 1573; Fisher & Fisher, 1998: 43; Fisher, Fisher, Bryan & Misovich, 2002: 178; Canadian Guidelines for Sexual Health Education, 2003: 37). The model proposes that individuals who are well informed, highly motivated, and having skills to perform health-related behaviours are more likely to enact and maintain health-related behaviours (Yang, Hui, Zeng, Liu, & Lee, 2020: 1).

The IMB model asserts that SRH information, motivation to act on the information and behavioural skills for acting on it effectively are fundamental determinants of the initiation and maintenance of SRH behaviours (Amico, Toro-Alfonso & Fisher, 2005: 662; Barak & Fisher, 2003: 295; Cornman et al., 2007: 1573; Fisher & Fisher, 1998: 43). According to the model, when an individual is well-informed, well-motivated and possess relevant behavioural skills, he/ she can initiate and maintain patterns of reproductive health promotion behaviour (Barak & Fisher, 2003: 295; Canadian Guidelines for Sexual Health Education, 2003: 34; Fisher & Fisher, 1998: 43; Fisher et al., 2002: 178). When an individual is ill-informed, unmotivated and lacks necessary behavioural skills he/ she can engage in SRH risk behaviours and can experience negative health outcomes (Barak & Fisher, 2003: 295; Fisher & Fisher, 1998: 46).

The IMB skills model is illustrated diagrammatically in fig 1.1

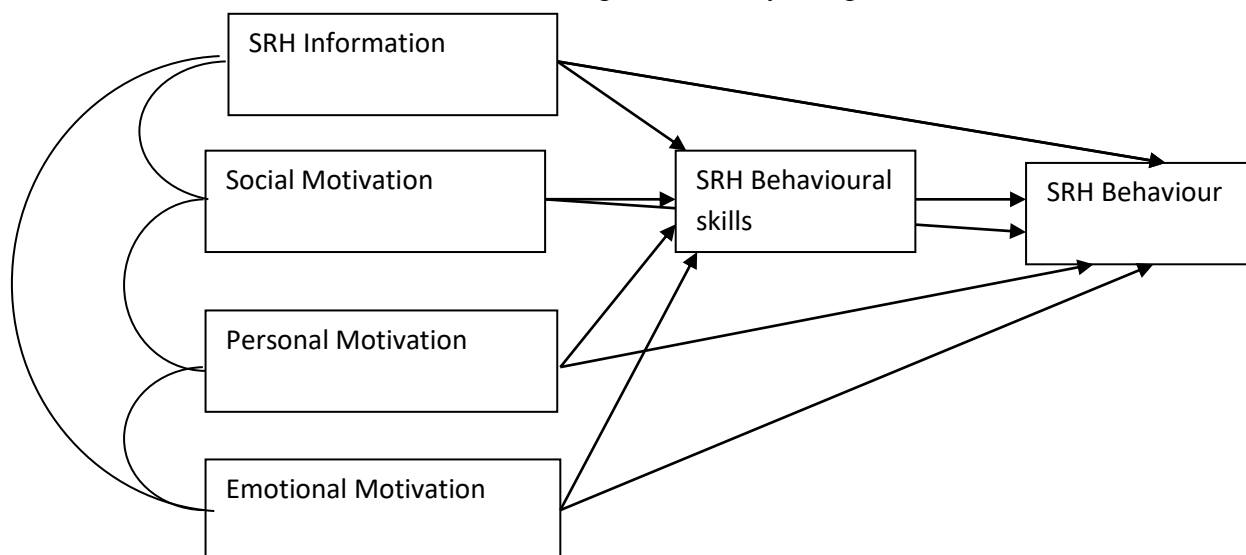


Fig 1.1 The proposed information–motivation–behavioural skills model, adapted from Fisher, J. D., Fisher, W. A. & Amico, K. R. (2006) and Mayberry, L. S. & Osborn, C. Y. (2014)

According to the IMB model, an individual’s SRH information and motivation work through his/ her behavioural skills to affect SRH behaviour. SRH information and motivation stimulate the development and application of SRH behavioural skills that are applied to initiate and maintain SRH promotion behaviour (Barak & Fisher, 2003: 296; Fisher & Fisher, 1998: 43). Accordingly there is a relationship between SRH information, motivation, behavioural skills, and behaviours (Barak & Fisher, 2003: 296; Fisher & Fisher, 1998: 44). The constructs information, motivation and behavioural skills have specific content that should be practical, adaptable, culturally competent, and socially inclusive and relevant to specific SRH behaviours and to populations at risk (Canadian Guidelines for Sexual Health Education, 2003: 38; Fisher & Fisher, 1998: 45).

Information that is relevant to SRH and easy to apply in an individual’s social setting assists students to become more informed and have information that is relevant to SRH needs (Canadian Guidelines for Sexual Health Education, 2003: 37; Fisher & Fisher, 1998: 46; Fisher et al., 2002: 178). The combination of ignorance of information relevant to the performance of SRH behaviour and reluctance to provide such information constitutes neglect (Canadian Guidelines for Sexual Health Education, 2003: 38; Fisher & Fisher, 1998: 46).

According to the IMB model, information included in SRH programs should be linked to desired behavioural outcome and should result in enhancement of sexual health and avoidance

of negative sexual health outcomes (Canadian Guidelines for Sexual Health Education, 2003: 38; Fisher & Fisher, 1998: 46). The information should also be age, gender and developmentally appropriate (Canadian Guidelines for Sexual Health Education, 2003: 38; Fisher et al., 2002: 178).

Motivation is another determinant of healthy SRH behaviours in the IMB model. Motivation assists students to use their knowledge and understanding to avoid risk behaviours and maintain healthy behaviours (Canadian Guidelines for Sexual Health Education, 2003: 37; Fisher & Fisher, 1998:49). Motivation refers to a personal, social, and emotional disposition to use the information obtained (Amico et al., 2005: 663; Fisher & Fisher, 1998: 49). Motivation takes three forms: personal motivation, social motivation, and emotional motivation (Barak & Fisher, 2003: 296; Canadian Guidelines for Sexual Health Education, 2003: 39; Fisher & Fisher, 1998: 49). Personal attitudes, social norms and effective responses to sexuality motivate a range of SRH behaviours (Amico et al., 2005: 663; Fisher & Fisher, 1998: 49). Personal motivation involves one's attitudes and beliefs towards specific health promotion acts. It involves an individual's attitudes and beliefs in relation to specific SRH behaviours (Amico et al., 2005: 663; Fisher et al., 2002: 178; Barak & Fisher, 2003: 296; Canadian Guidelines for Sexual Health Education, 2003: 39; Fisher & Fisher, 1998: 49). Social motivation involves an individual's beliefs and perceptions of support from others regarding social norms or their perceptions of social support pertaining to relevant SRH behaviours (Amico et al., 2005: 663; Canadian Guidelines for Sexual Health Education, 2003: 39; Fisher & Fisher, 1998: 49; Fisher et al., 2002: 178). Emotional motivation involves an individual's emotional response to sexuality as well as to specific sexual health- related behaviours (Canadian Guidelines for Sexual Health Education, 2003: 39; Fisher & Fisher, 1998: 49). The desire to enact SRH behaviours is as a result of personal, social, and emotional responses to sexual cues (Barak & Fisher, 2003: 296; Fisher & Fisher, 1998: 49).

While relevant information and motivation are necessary elements in influencing adoption of behaviours that support SRH, appropriate behavioural skills to act effectively are also necessary. Behavioural skills assist students to acquire the relevant skills that will contribute to the reduction of negative outcomes and enhance sexual health (Canadian Guidelines for Sexual Health Education, 2003: 37). Behavioural skills consist of practical skills for performing the required behaviour and self- efficacy to do so (Barak & Fisher, 2003: 296; Fisher et al., 2002: 178; Canadian Guidelines for Sexual Health Education, 2003: 39; Cornman et al., 2007: 1573; Fisher & Fisher, 1998: 51).

In general, the IMB model can assist students to reduce risk behaviours and guide students in enhancing SRH. Programs based on information, motivation and behavioural skills provide learning experiences that can be translated into behaviours pertinent to SRH (Canadian Guidelines for Sexual Health Education, 2003: 37). The IMB model was appropriate for this study because it is specific, comprehensive, and relevant to the teaching of SRHE in secondary schools. SRHE elements thus can be incorporated into the IMB model. Secondary school students need relevant and accurate information that is culture and age appropriate. For example, teachers should have knowledge on the content and information to be given to secondary school children in the Zimbabwean context. This is because SRHE varies with countries for issues acceptable for discussion differ from one country to the other. Teachers need to use teaching methods that are relevant and motivating to learners so that learning can be effective. For example, students need knowledge about STIs and HIV transmission, prevention of unintended pregnancies through abstinence, information on peer pressure and drug abuse. Students need to be motivated to use the learnt information. They should be able to put information into practice.

Teachers need to be motivated to teach the subject while students need motivation to use the learnt information. Students need behavioural skills to put information into practice. Stakeholders' attitudes and perceptions towards the teaching of SRHE in secondary schools can be revealed through the support they render to students in schools. Attitudes inform perceptions. Behavioural skills can be achieved when one is motivated to learn.

1.10 ASSUMPTIONS

The following assumptions were made:

1.10.1 Sexual and reproductive health education is taught in all Zimbabwean secondary school curricula.

1.10.2 Sexual and reproductive health education is taught under guidance and counselling in secondary schools.

1.10.3 Sexual and reproductive health education is relevant in secondary schools.

1.10.4 Secondary school students who receive teaching on SRHE are better equipped to handle their individual SRHE.

1.11 LIMITATIONS

The study was conducted in three of the ten provinces in Zimbabwe. It would have been ideal to do the study in all 10 provinces in Zimbabwe but resources were limited. As a result, the results cannot be generalised to the other provinces. Financial constraints in the production of research instruments and transport compelled the researcher to rely on samples. Being fully employed, the researcher engaged a research assistant to support during field work. This could have created inter-personal variations and interpretations. The research assistant was however trained in communication skills, inter-personal skills and data capturing. Because the research was done in three of the ten provinces in Zimbabwe and limited to urban and peri-urban secondary schools, results may not be generalisable to all secondary schools in Zimbabwe.

1.12 DELIMITATIONS

The study was conducted in three conveniently selected provinces of Manicaland, Mashonaland East and Masvingo. The selected provinces were also information potentially-rich contexts. The study was carried out in these provinces because of their proximity to the researcher and these were information potentially-rich contexts. The study focused on evaluating the effectiveness of the teaching of SRHE, which is a component of guidance and counselling in secondary schools in Zimbabwe with specific reference to the Life skills, Sexuality, HIV and AIDS Education Strategic Plan, 2015-2020 and the HIV/ AIDS and Life Skills Education Secondary School Syllabus Form 1- 6. The study did not consider private colleges that also teach secondary school students since the colleges teach both adolescents and adults.

SRHE in secondary schools, in this study encompasses all education that offers students life skills as a means of empowering them to deal with sexual pressures, sexual violence and coercion. It is education that promotes responsible behaviour on sexual issues, such as delay pregnancy and child bearing. SRHE is also education that protects students from acquiring STIs and HIV and AIDS and re- inforces positive attitudes and strengthens decision making skills. All this is done to empower the adolescent to learn and finish school and have a future sexual health life.

1.13 DEFINITION OF TERMS

In this section, terms were defined and operationalized. The terms are defined according to how they are used in this study.

1.13.1 Evaluation is a qualitative measure of the prevailing situation. It calls for evidence of effectiveness, suitability, or goodness of the programme. It is the estimation of the worth of a thing, process, or programmes in order to reach meaningful decisions about that thing, process, or programme (Prakash, 2016: 2). In the current research, evaluation is a process of looking at all the systems that are put in place to ensure success of effective teaching of SRHE in secondary schools.

1.13.2 Effectiveness is the indicator given by the ratio of the result obtained to the one programmed to achieve (Mihaiu, Opreana & Cristesa, 2010:136). Effectiveness is the power to produce the desired result (Wnuk, Silvander & Gorschek, 2018: 267). In this research, effectiveness is measured by: the topics covered in SRHE, teaching methods employed, level of teacher training, resources available, monitoring and evaluation of the programme and the school environment.

1.13.3 Secondary school children refer to all children in formal secondary schools, from forms 1-6).

1.13.4 Adolescence is a period of transition between 10 and 19 years and is characterized by significant physical and psychosocial changes that lead to curiosity and experimentation bring both risks and opportunities for influencing the life prospects of young people (Liang et al., 2019:1; Iqbal et al., 2017: 2). In this study adolescence refers to secondary school students from form one to form 6.

1.13.5 Teaching is when information or skills are imparted to someone or some groups of people. Teaching in this case is when one who is more knowledgeable imparts knowledge and skills to someone who needs them. During teaching the knowledgeable individual respects the students, encourages them to ask and answer questions (Rajagopalan, 2019: 5). In this study teaching means any means through which secondary school students get any SRHE knowledge and information from the school and community.

1.13.6 Reproductive health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people can have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so (Glasier, Gülmezoglu, Schmid, Moreno, Van Look, 2006: 2). For the purpose of this study, SRHE is viewed as education that enables school children to acquire knowledge, values, attitudes, and skills that will assist them to avoid

contracting STIs, HIV and AIDS, abortions, and unintended pregnancies. The terms SRHE, sex education, sexuality educations are going to be used interchangeably.

1.13.7 Sexual and Reproductive Health (SRH) Sexual and reproductive health may be defined as a complete state of physical, emotional, mental, and social well-being in relation to sexuality, and not merely the absence of disease, dysfunction, or infirmity (WHO, 2015: 5; WHO, 2020). Sexual and reproductive health is about the enhancement of life and personal relations and not merely counselling and care related to reproduction and STDs (Shiferaw et al. 2014: 2). In this study sexual and reproductive health is the ability of an adolescent to understand their own bodies, how they change and develop as they grow.

1.13.8 Sexual and reproductive health education (SRHE) is a lifelong process of acquiring information and forming attitudes, beliefs, and values about topics such as identity, relationships, and intimacy (Shams, Parhizkar, Mousavizadeh & Majdpour, 2017: 2). Sexual and reproductive health education (SRHE) is an educational experience aimed at developing capacity of adolescents to understand their sexuality in the context of biological, psychological, socio – cultural and reproductive dimensions and to acquire skills in making responsible decisions and actions about sexual and reproductive health behaviour (UNESCO, 1998: 13). SRHE is a planned process of education that fosters the acquisition of information, the formation of positive attitudes, beliefs, and values as well as the development of skills to cope with the biological, psychological, socio- cultural and spiritual aspects of human sexuality, relationships, and intimacy (Ameh, 2015: 67; Shams et al., 2017: 2). According to CDC (2020: 1), sexual and reproductive health education (SRHE) provides students with the knowledge and skills to help them be healthy and avoid human immunodeficiency virus (HIV), sexually transmitted diseases (STD), and unintended pregnancy. SRHE as used in this study refers to various types of curricula, some of which have more focus on sex education, sexuality education, sexual health and HIV and AIDS and life skills education to ensure students become responsible in their sexual life. Learners are exposed to SRHE to help them to acquire knowledge on sexuality.

1.13.9 Sexuality education is a social construction that defines our understanding and experience of sex, gender, and sexual orientation (UNFPA, 2010: 18). Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs and values about identity, relationships, and intimacy (Banjour & van der Vlugt, 2018: 3; SIECUS, 1991: 6). Sexuality education provides opportunities to explore one’s own values and attitudes and to build decision- making, communication and risk reduction skills about many aspects of

sexuality (New Zealand Family Planning, 2017: 12; UNESCO, 2009: 2). In its two-volume International Technical Guidance on Sexuality education, UNESCO emphasises that sexuality education is not about promiscuity or encouraging young people to have sexual relationships. In this study sexuality education is education that allows adolescents to explore their values and attitudes while building the life skills to make decisions, communicate with others, and reduce the health risks related to sexuality. In other words, it is education that empowers the adolescents to take part in sexual activities.

1.13.10 Sex education is the process through which information is obtained and which helps to form appropriate attitudes and beliefs related to sex, sexual identity, relationship, and intimacy (Onongha, 2016: 185). Ameh (2015: 68) defined sex education as a deliberate, planned, and organized learning experience in the aspect of human sexuality which is intended to equip young people with the requisite skills and adequate knowledge which will enable them to develop positive attitude on sex related issues as well as to take rational decisions in line with societal expectations. In this study sex education is education that enables adolescents to conduct themselves in ways that uphold moral values based on culture and religion to prevent the spread of HIV.

1.13.11 Guidance is the process of assisting individuals to help themselves through their own efforts, to discover and develop their potential resources for personal fulfillment and social usefulness (Chireshe, 2006: 38). In this study guidance means equipping secondary school students with education and skills that enable them to cope with physical, emotional, psychological, and social developmental changes at the adolescent stage.

1.13.12 Counselling means helping students to help themselves (Chireshe, 2006: 38). Counselling is a helping relationship where clients learn to discuss properly what worries and upsets them so that they own problems (Kasayira, Chireshe & Chipandambira, 2004: 58). When they own problems, they can select appropriate life skills to deal effectively with the problems. In this study counselling refers to a one-on-one relationship between a secondary school student with a problem and the school counselor who then assists the student to cope and deal with her or his problem in a healthy manner.

1.13.13 Life skills education is a programme where life skills are imparted in a supportive and effective learning environment. Life skills education is an effective tool for empowering the youth to act responsibly, take initiative and control over stress and emotions (Behera, Binoba, Bidyapitha & Muiyarbhanj, 2020: 7). According to Prajapati, Sharma and Sharma, (2017: 3) life skills strengthen the ability of an individual to meet the needs and demands of

the present society. Life skills training/ education considers psychosocial competencies and interpersonal skills that help students to take right decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others, and cope with managing their lives in a healthy and productive manner. In the current study life skills education is a programme that equips students with skills which enable them to make informed decisions, communicate effectively, cope effectively with emotions and stress and be able to live a healthy and fulfilling life.

1.14 CHAPTER OUTLINE

This thesis is made up of the following chapters:

Chapter 1: The problem and its context. This chapter discusses the background to the study, statement of the problem, research questions, objectives, significance of the study, theoretical framework, assumptions, limitations, delimitations, and the definition of terms.

Chapter 2: Review of related literature. This chapter reviews related literature. The literature is presented under the following subheadings: SRHE content taught in secondary schools, how SRHE is taught in secondary schools, perceived benefits of the teaching of SRHE in schools, factors influencing the effective implementation of the SRHE programme in schools, and strategies that can be employed to enhance the teaching of SRHE in secondary schools.

Chapter 3: Research methodology. This chapter addresses the research methodology. The discussion focuses on research paradigm, research approach, design, population, sample, instrumentation, pilot study, procedures, data analysis and ethical considerations.

Chapter 4: Data presentation, analysis, and discussion. The chapter presents both quantitative and qualitative data collected from the participants. The data is presented according to the objectives of the study. The findings are discussed in relation to prevailing literature.

Chapter 5: Summary, conclusions, and recommendations. This chapter discusses key findings on the evaluation of the teaching of SRHE in secondary schools. Conclusions, recommendations, and model for teaching of SRHE are drawn from the study.

1.15 SUMMARY

Chapter 1 discussed the background to the study, statement of the problem, sub- research questions, objectives, and significance of the study. The assumptions, delimitation, limitations, and definition of terms were given. The next chapter reviews literature related to the effectiveness of teaching of SRHE under guidance and counselling in secondary schools.

CHAPTER 2: REVIEW OF RELATED LITERATURE

2.1 INTRODUCTION

This study sought to evaluate effectiveness of the teaching of SRHE in secondary schools. The previous chapter outlined the problem and its context. This chapter reviewed literature related to this study. The review is organised under sub headings derived from the sub-problemsthat include: Sexual and reproductive health education content taught in secondary schools, how SRHE programme is taught in secondary schools, the perceived benefits of the teaching of SRHE in schools, factors influencing effective teaching of SRHE in schools, and strategies that can be employed to enhance effective teaching of SRHE in secondary schools. Gaps filled by the present study were highlighted. The reviewed related literature on effective teaching of SRHE in secondary schools referred to the Information Motivation Behavioural(IMB) Skills model developed by Fisher and Fisher (1998) that informed the study.

2.2. SEXUAL AND REPRODUCTIVE HEALTH EDUCATION CONTENT TAUGHT IN SECONDARY SCHOOLS

It has been established that different countries teach different components of SRHE. In Australia, some schools promote abstinence only programmes (Walker, Drakeleyb, Welch, Leahy & Boyle, 2020: 2). Similarly, in most American schools, abstinence- only programmes are being implemented (Brenner et al. 2016:7; Constantine, Jerman & Huang, 2007: 1; Guttmacher, 2018: 1; Hall et al., 2017: 2; Kantor & Lindberg. 2019: 145; Policy Brief, 2007: 1). The need for children and adolescents to receive accurate education on how to practice healthy sexual behaviours in the US was proposed by Brenner, Muula, Robyn, Bärnighausen, Sarker, Mathanga, Breuner, Mattson (2016). Although most schools in America prefer abstinence- only programmes, there is no evidence that abstinence- only-until- marriage programmes bring about the desired and expected long- term behavioural outcomes (Guttmacher, 2018: 5; Kirby, 2007: 102; Policy Brief, 2007: 2; Santelli, Ott & Lyon, 2006: 84). Abstinence – plus interventions were viewed as more beneficial to students than abstinence –only programmes (Brenner et al., 2016: 2; Dailard, 2001: 9; Fernane, Fruitman, Topping, Clarke, lane&Secan, 2012: 9; McKay & Bissell, 2010: 7; Policy Brief, 2007: 2; Santelli et al., 2006: 8). Gruskin et al.(2019: 6) agree that abstinence- only sexuality education leaves out important conversations about sexual health, sexual rights, and sexual pleasure.

In Trinidad and Tobago, like in the USA, Emmanuel (2015: 19) established that abstinence-only programmes are being implemented and exclude many aspects on adolescent SRHE. It was further established that SRHE programmes that included abstinence messages along with more comprehensive sexuality and sexual health messages positively impacted sexual behaviour in teens (Emmanuel, 2015: 19; Simmond, 2019: 17). The current study thus sought to establish the SRHE content taught in Zimbabwean secondary schools.

In Canada (McCall, 2015: 9; McKay & Bissell, 2010: 8) and Asia-Pacific countries such as Mongolia, Thailand, Cambodia, and Papua Guinea (Smith, Kippax & Aggleton, 2000: 19), it was established that abstinence – only programmes are offered to prevent HIV transmission among school students. Abstinence-only programmes purposely do not teach young people the importance of consistent contraceptive use for unintended pregnancy prevention or condom uses for STIs and HIV infection prevention. Joy-Telu Hamilton-Ekeke (2019:209) argued that good sex education is not only about preaching abstinence but it is about providing comprehensive and accurate knowledge to adolescents that enables them to make informed choices. Educational programmes that withhold information necessary for individuals to make voluntary, informed decisions about their sexual health are unethical (Santelli et al., 2006: 83). Santelli et al.'s view reflects the IMB model that informed this study which states that SRHE information and motivation stimulate the development and application of SRHE behavioural skills. This study sought to establish the SRHE content taught and how it is taught in Zimbabwean secondary schools.

As already mentioned, different countries teach different components of SRHE (Walker, Drakeleyb, Welch, et al. 2020: 14). Smith, Schlichthorst, Mitchell, Walsh, Lyons, Blackman and Pitts (2011: 25), revealed that teachers in Australian secondary schools gave the topics they taught as: STIs, HIV and AIDS, safe sex practices, reproduction and birth control methods with some adding such aspects as managing peer influences, relationships and feelings, alcohol and decision making, sexual activity and decision making and dealing with emotions when sexually active. A study by Parwej, Kumar, Walia and Aggarwal (2005: 288) revealed that SRHE taught in Indian secondary schools consisted of anatomy and physiology of male and female reproductive system, physical and sexual changes during adolescence, menstrual cycle, conception, nutritional requirements, immunizations, reproductive tract infections and HIV and AIDS. In line with that, Long (2015: 4) revealed that in England, SRHE focuses on the physical aspects of reproduction and lack of any meaningful discussion about feelings, relationships and values. This has serious implications for the effective implementation of SRHE in schools. Without meaningful discussion about feelings,

relationships and values, students may fail to get the real essence of SRHE. As portrayed, SRHE programmes in the above mentioned countries do not seem to match some of the students' needs. The current study sought to establish the components of SRHE taught in Zimbabwean secondary schools.

In Kenyan secondary schools, abstinence only is the preferred curriculum by the implementers (Ogola & Ondina, 2019: 111). In South Africa, Motsomi, Makanjee, Basera, and Nyasulu (2016: 4), Moletsane (2014: 33) and Thaver and Leao (2012: 87) established that the curricular currently being implemented was largely inadequate and focused largely on HIV and AIDS awareness and information and did not sufficiently emphasize the importance of physical and mental wellness in youths. Studies by Thaver and Leao (2012) and Moletsane (2014) were both qualitative studies which used content analysis. The study by Moletsane (2014) also focused on girls leaving out boys. The current study intended to evaluate the teaching of SRHE in Zimbabwean secondary schools focusing on both female and male students for a complete gender perspective. The use of both Qual and Quan methods supports an in-depth understanding of SRHE and not only that of HIV/AIDS (Nunu, Makhado, Mabunda & Lebese, 2020: 3).

In Nigerian secondary schools, topics related to abstinence and delaying sex, pubertal issues, dangers of STIs and the need to avoid them were preferred over those related to the use of contraceptives (Eko Jimmy, Abeshi, Osonwa, et al. 2013: 226; Aransiola, Asa, Obinjuwa, et al. 2015: 96). There is a belief that provision of sex education on contraceptives leads to an increase in promiscuity and is equated to how to do sex and freedom to go and have sex (Songok, Yungungu & Mulinga, 2013: 112). The CDC (2020: 1) however revealed that effective teaching of SRHE includes connecting students to sexual health and other services such as family planning services. In Malawian secondary schools, Kalanda (2010: 6) established that students are taught about their bodies, the principles of good health, how to respect each other, how to abstain from sex and how to protect themselves.

Tanzanian sexuality education consists of abstinence- only and consequences of pre- marital sex, like unplanned pregnancies, STIs including HIV infections and poor academic performance (Mlyakado, 2013: 240). Tanzanian students suggested that it was very important to have skills on condom use which must go hand in hand with encouragement to abstain from sex (Mkumbo, 2014: 653). In Ghana, a study by Awusabo- Asare, Stillman, Keogh, et al. (2017: 5) established that topics covered in schools were limited in scope and there was major focus on abstinence. The same views are shared by Rochmayani and Zulaekha

(2019:2) who established that in Indonesia the current situation of many schools, especially junior high schools, has not provided adequate reproductive health education. Extant literature that has been reviewed here demonstrates that teachers do not give students the relevant information they require to protect themselves against STIs and unintended pregnancies. This contradicts the IMB model which informed the study, and proposes that there is need to include elements of information, motivation and behavioural skills in interventions that target sexual risk behavioural change (Canadian Guidelines for Sexual Health Education, 2008: 36). McCall (2015: 9) , however, supports the IMB model which suggests that sexual health education should include functional or practical knowledge about health topics, skills development and instilling new or corrected normative beliefs about the health topics (McCall, 2015: 9). The current study sought to establish how SRHE is taught in Zimbabwean secondary schools.

Many studies have revealed that abstinence was the preferred method of effective birth control and many parents and teachers oppose the teaching of family planning and contraceptive use in secondary schools (Kasonde, 2013: 36; Ogola & Ondina, 2019: 111; Simmond, 2019: 1). Contrary to the above, Natsanet, Assefa, Alemseged and Ambaw (2012: 105) revealed that the content of the school sex education in Ethiopia included abstinence-only and abstinence- plus based on the mental maturity of the students. Emmanuel (2015: 18) established that there was danger when abstinence was seen as the only choice for adolescents and where health information on other choices was restricted or misrepresented. Accordingly, Guttamacher (2018: 5) revealed that there was no evidence to support that abstinence- only programmes were effective. Muanda et al. (2018: 6) established that in DR Congo, adolescents felt contraceptives are an important component of SRHE. The present study sought to establish whether the Botswana and Ethiopian situations obtained in Zimbabwean secondary schools.

After discussing literature on the SRHE content, the next section discusses literature on how this content is taught in secondary schools.

2.3 HOW SRHE IS TAUGHT IN SECONDARY SCHOOLS

Effectiveness of the teaching of SRHE is determined by its ability to motivate, engage, capture and satisfy students with the offered content and methodology (UNESCO, 2018: 19). Quality sexual and reproductive health education involves using strategies that are relevant and engaging for all students, connecting students to sexual health and other health services at school or in the community, engaging parents, families, and community partners in school

programs, and fostering positive relationships between adolescents and important adults (CDC, 2020: 1).

SRHE is taught differently in secondary schools in different countries and even in the same country (Walker et al., 2020: 3). Beaumont and Maguire (2013: 15) found that in the Czech Republic, schools can invite guest speakers and schools and teachers are free to decide the schedule and the organization of the lessons as well as the amount of time devoted to sexuality education. The view is shared in a study by the NSW Department of Education (2016: 10) where it was established that during teaching of SRHE in secondary schools, teachers can make use of community resources, external providers or guest presenters with expertise in SRHE, who must be familiar with age appropriate SRH content, schools' context, school practices and policies to supplement the schools' sexuality education. Such a scenario leads to a lot of inconsistencies in the teaching of SRHE in secondary schools. A different scenario is found in Turkey, where Wahba and Roudi- Fahim (2012: 2) revealed that in order for SRHE to be effective, classes are divided according to sex and taught by teachers of their sex. This division of classes can lead to effective communication among students of the same sex, where students are not ashamed of persons of the different sex. Wight (2011:68) concluded that mixed classes exacerbated embarrassment in sex education lessons and students expressed a wish to have single- sex classes. In Swedish schools, SRH issues are incorporated in all subject areas, taught through lectures, inviting guest speakers, and other opportunities throughout the day (Nelson et al., 2020: 400). The current study sought to establish how SRHE is taught in Zimbabwean secondary schools.

Beaumont and Maguire (2013: 30) argue that sexuality education in Swedish schools is not seen as a taboo and is taught based on honesty, openness, and tolerance. According to the same source, this seems to have satisfactory consequences as figures listed in a 2008 Goteborg University report, 'Sexuality Education in Sweden', show low prevalence of HIV in the country. Still in Sweden, SRHE is integrated into the regular curriculum in all subject areas, for example, in mathematics and history, not just in traditional subjects such as biology and physical education, schools offer special lectures or events, such as bringing in a guest to expand on one aspect of SRHR and teachers use opportunities throughout the day to address SRHR in the classroom (Nelson et al., 2020: 400).

In Uganda, Kibombo, Neema, Moore and Ahmed (2008: 26) revealed that SRHE was being delivered in curriculum- based teaching in the classroom and supplemented by extra-curricular activities. Teaching SRHE in the classroom and through co- curricular activities

has the likelihood of strengthening the implementation of the SRHE programme. Bilinga and Mabula (2014: 27), from a study in Tanzania established that SRHE programmes are infused and integrated in different subjects of the curriculum. Studies from other African countries have established the same (Sidze, Stillman, Keogh, et al. 2017: 18; Wanje et al. 2017: 2; Zulu, Blystad, Haaland, et al. 2019: 2). In Ghana, SRH topics were integrated into core-subjects (Awusabo- Asare et al., 2017: 5). As a result of infusion or integration, Mkumbo (2009: 624) established that most of the topics related to sexuality education that are covered in the Tanzanian national school curriculum appear to be somewhat disorganized and scattered across subjects to the extent that they can hardly be said to constitute a meaningful sexuality education programme. An earlier Tanzanian study by Rutagumirwa and Kamuzora (2006: 5) established that co-curricular activities are voluntary and are carried out on Saturdays and Sundays due to stiff school time tabling. Resultantly, the participation of day students is limited. When a subject is taught after normal classes students are likely to get the impression that it is not important and not worth their serious attention. This implies that the teaching of SRHE may not be effective. Williams (2015), however, concluded from a study in Tanzania that any school- based SRH programme is necessary for students in school. Similar findings were arrived at by Kishindo (2011: 5) from a study in Malawi. He noted that SRHE was not consistently taught in some schools, that it was not taught in others, and taught after classes in some. Like in Tanzania, it was established that in Kenya, where adolescents aged 10-19 years contributed to 52% of all new HIV infections (Ogola & Ondina, 2019: 111), SRHE programmes are infused and integrated in different subjects of the curriculum (Mulama, 2006: 5). However, Mulama (2006: 5) revealed that infusion and integration leave very little room for monitoring progress and evaluation of the effects of the content. Infusion and integration may also lead to some aspects of SRHE being left out. The current study sought to establish whether the teaching of SHRE in Zimbabwe follows an integrated approach as is the case in other countries.

Studies in different countries, for example, Kenya (Dayton, 2010: 4), South Africa (Moletsane, 2014: 16) and Namibia (Mufune, 2008: 156) established that SRHE is not externally examined. As a result students and teachers may not take SRHE lessons seriously. Teachers may use SRHE lessons to teach examinable subjects to the detriment of SRHE. Failure to examine SRHE may limit its potential to adequately develop the knowledge, skills and values young people require. This is in contradiction with the IMB model that informed the study which stipulates that for sexual health programmes to be effective, they need to provide evidence- based information that is relevant and easy to translate into behaviours that

can help individuals to enhance SRHE and avoid negative sexual health outcomes (Canadian Guidelines for Sexual Health Education, 2008: 36). The present study thus sought to establish how SRHE is taught in Zimbabwean secondary schools.

Non-examination of an SRHE programme may be a sign that it is given low status and is not considered important in schools. Literature also revealed that some teachers use SRHE time for other examinable subjects (Deger & Balci, 2018: 5). Literature revealed that SRHE is given low status in secondary schools (Dayton, 2010: 47; Deger & Balci, 2018: 1; Moletsane, 2014: 16; Mlyakado, 2013: 239; Zulu et al., 2019: 7). Resultantly, teachers may not be interested in teaching a low status subject. Several studies established that students in several schools reported receiving life skills education and SRHE only when their teacher was angry and that teachers were rude, not approachable, and not very patient (Dayton, 2010: 47; Gruskin et al., 2019: 3; Mufune, 2008: 156; Netshikweta, Olaniyi & Tshitangano, 2018: 324; Ngwoke, Mbaegbu, Eskay, Oyeoku & Obikwelu, 2013:15; Panchaud et al., 2019: 289; Sidze et al., 2017: 30). Such attitudes create a barrier to effective implementation of SRHE programme. Simmond (2019: 7) however, reiterated that sex education is as important as, if not more important than, any other subject taught in schools and needs the same amount of time and resources as other subjects. The present study sought to find out how SRHE is taught in Zimbabwean secondary schools.

Methods employed in the teaching of SRHE in secondary schools have a bearing on the effectiveness of the teaching of SRHE. Haruna et al. (2018: 3) in Tanzania, Songok, Yungungu and Mulunga (2013:111) and Sidze et al. (2017: 18) in Kenya, Ogolla and Ondina (2019: 118), Haruna et al. (2018: 4) in Sub-Saharan Africa and Gudyanga, de Lange and Khau (2019: 4) in Zimbabwe, found out that didactic approaches were most common in sex education classes in schools.

A review of literature on methods used in effective teaching of SRHE in schools revealed that effective teaching of SRHE requires the use of participatory/ interactive, learner- centered methodologies (Aaro, et al., 2014: 9; Bonjour & van der Vlugt, 2018: 12; Browne, 2015: 10; CDC, 2020: 1; Chireshe & Chireshe, 2017: 32; Jackson, 2002: 131; Kahari, 2013: 3; Muguwe & Gwirayi, 2011: 201; Naidoo, 2006 : 139; Neema, Musisi & Kibombo, 2004: 3; Nqoloba, 2008: 43; Parwej, Kumar, Walia & Aggarwal, 2005: 91; Yego, 2017: 100; UNFPA, 2014: 13; Wight, 2011:67). Use of interactive methods can improve teacher confidence and capacity to teach children (Eloff & Kgwete, 2007: 353). Methods such as class discussions, information sessions, small group work, audio visual materials, values clarification, interactive sessions,

case studies and outside speakers improved the effectiveness of the teaching of SRHE in secondary schools (Smith et al., 2011: 21) for such methods enhance active learning and life skills development among learners (Bonjour & van der Vlugt, 2018:12; LeBrun & Omar, 2015: 4; Wight, 2011: 67). In a similar vein, Neema et al. (2004: 35) in Uganda, articulates that teachers who use participatory methods foster active participation of students and encourage students to take the initiative and to pursue learning in an enjoyable way. Contrary to the above, Songok, Yungungu and Mulinga (2013:111) in their study in Kenya found out that there was little indication that students were allowed to ask questions or encouraged to reflect on issues pertaining sexuality that concerned them. By asking questions students' misconceptions concerning SRHE can be cleared and issues clarified. Interactive methods are effective because learners like lessons where they can view reality visually and some learners may miss essential points from one method and catch them in another (Nqoloba, 2008: 45). For teachers to be able to use participatory methods, they need to be trained in the use of participatory methods (NSW Department of Education, 2016: 10). The current study sought to establish the methods used in teaching SRHE in Zimbabwean secondary schools.

Studies conducted in Uganda and South Africa revealed that the use of interactive methods was viewed positively (Naidoo, 2006: 139; Neema et al, 2004: 35; Ngwoke et al, 2013: 5; ; Nqoloba, 2008: 45). The use of participatory methods has been shown to positively influence the effective provision of SRHE in secondary schools in that participatory learning approaches support critical thinking and the development of relevant skills, attitudes, and values (NSW Department of Education, 2016: 14). Extant literature revealed that very few teachers used interactive methods when teaching SRHE in schools (Acharya et al. 2009: 448; Gudyanga et al. 2019: 3; Haberland & Rogow, 2015: 5; Haruna et al. 2018: 4; Natsanet et al., 2012: 100; Ogolla & Ondia, 2019: 118; Sarma & Oliveras, 2013: 23, 26; Sidze et al. 2017: 18; Smith et al. 2000: 22; Songok et al., 2013: 111) that the use of traditional methods has, however, been found not to support effective teaching of SRHE (Haruna et al. 2018: 2; Plourde, Fischer, Cunningham, et al. 2016: 1). It is argued that teachers revert to lecturing and rote learning because of the large sizes of the classes that they teach (Haberland & Rogow, 2015: 5). The failure to use interactive methods compromises effective implementation of SRHE programme in secondary schools. Effective teaching of sexuality education seems to use interactive, learner centered and skills- based teaching approaches which assist students to develop skills to make decisions and choices for themselves (Bonjour & van der Vlugt, 2018: 12; Gudyanga et al., 2019: 37; NSW Department of Education, 2016: 14; Yego, 2017: 100). This is in tandem with the IMB model that guided the study which

states that individuals should be aware of and practise enacting the specific behavioural skills that are needed to help them adopt and perform behaviours that support sexual health (Canadian Guidelines for Sexual Health Education, 2008: 39). The use of interactive approaches was found to increase teachers' job satisfaction and motivation (UNFPA, 2014: 13). The current study sought to establish how SRHE is taught in Zimbabwean secondary schools.

Literature revealed that effective use of peer - led SRHE programmes was one of the effective methods of providing secondary school students with relevant SRHE (Aaro et al., 2014: 15; Acharya et al., 2009: 448; Azizi, Hamzehgardeshi & Shahhosseini, 2017: 186; Beaumont & Maguire, 2013: 15; Envuladu et al. 2017: 186; Frantz, 2015: 1,5; Jana, Mafa, Limwame & Shabalala, 2012: 5; ; Kalembo et al., 2013:34; Meena, Verma, Kishore & Ingle, 2018: 5; Naidoo, 2006: 43; Nelson, Pettersson & Emmelin, 2019: 400; Netshikweta et al. 2018: 323; Ogolla & Ondina, 2019: 118; Onongha, 2016: 186 ; Rutagumirwa & Kamuzora, 2006: 10; Villa- Torres & Svanemyr, 2015: 53; Wight, 2011:68). The use of peers was found to enable students to feel more comfortable receiving information from people of the same age group rather than from adults (Adeomi et al., 2014: 2; IPPF, 2004: 4; IPPF, 2004: 4; Wight, 2011: 68). In support of this view, Jana et al. (2012: 5), noted that Namibian adolescents opt to talk to their peers about issues of sex and sexuality although the information they get may sometimes be misleading or inadequate. Through peer education, behaviour is influenced by an individuals' social network and normative values and beliefs that exist among friends, peers and family (Acharya et al., 2009: 448). A review by IPPF (2004: 6) in Asia Pacific revealed that peer education is effective because students share similar experiences and social norms with the other students and are therefore better placed to provide relevant, meaningful, explicit and honest information. WHO (2017: 8)concluded that in order to promote a positive, helpful influence concerning their own sexuality education, teenagers themselves need to be involved in their own programmes to deal with their sexuality through peer education. The current study sought to establish how SRHE is taught in Zimbabwean secondary schools.

Existing literature revealed that stakeholder collaboration influences the effectiveness of the teaching of SRHE programme in secondary schools(Acharya et al., 2009: 449; Alimoradi et al., 2017: 89; Armstrong, 2014: 32; Beaumont & Maguire, 2013: 17; CDC, 2020: 1; Esohe & PeterInyang, 2015: 97; Groves & Welsh, 2010: 90; Kalembo et al., 2013: 391; Moletsane, 2014: 32; Naidoo, 2006: 148; Neema et al., 2004: 21; Nelson et al., 2019:400; Sidze et al., 2017: 20; Sorace, 2013: 8; Thaber&Leao, 2012: 89; Ngwoke et al., 2013: 5; Walker et al.

2020: 89). Collaboration among parents, educators, administrators, students and other community members can ensure effective implementation of SRHE programme in schools. Reviews by BUWA (2011: 88), UNESCO (2009: 5) and UNESCO (2010: 29) support collaboration as a way of increasing the effectiveness of teaching of SRHE in secondary schools. Gruskin et al. (2019:1) also support collaboration when they noted that sexual health allowed engagement not only with health sector but with programmers and policy makers. The current study sought to establish the extent to which stakeholders collaborate in the implementation of SRHE programme in secondary schools in Zimbabwe.

Muchabaiwa and Mbonigaba (2019: 12) argued that for preservation of the well-being of young people, effective interventions need to be ascertained or improved through monitoring and evaluation. The IMB model that informed this study recognises the importance of planning, supervising, and monitoring the level of information, motivation and behavioural skills that students have related to specific health behaviours (Canadian Guidelines for Sexual Health Education, 2008: 39). A review by UNESCO (2013: 25) noted that in ESA countries, there is a lack of national level strategies, coordinated mechanisms, and monitoring and evaluation for most countries to address the challenges for teacher training and education in SRHE. A review by UNESCO (2013: 26) and a study by Sidze et al. (2017: 29) found out that no systematic efforts have been made to analyze or document the cost or cost-effectiveness of the SRHE programmes in most ESA countries. The implication is that planning, monitoring and evaluation of the delivery and quality of effective sexuality education is still limited. This contradicts the IMB model which states that evaluation measures the effectiveness of the program in relation to its stated objectives and identifies areas that require modification (Canadian Guidelines for Sexual Health Education, 2008: 39). Evaluation and monitoring of a programme therefore improves its planning process. In support, Songok, Yungungu and Mulinga (2013: 112) noted that frequent teacher monitoring and supervision are required to improve the teaching of SRHE. The present study sought to establish how SRHE is taught in Zimbabwean secondary schools.

Studies in Nigeria, Joy- Telu Hamilton- Ekeke (2019: 2) and Esohe and PeterInyang (2015: 97), Sub-Saharan Africa, Kalembo et al (2013: 39), South Africa, Moletsane (2014: 32), Tanzania, Rutagumirwa and Kamuzora (2006: 6), and Kenya, Dayton (2010: 49) support the involvement of parents and adolescents and young people in the planning, implementation, monitoring and evaluation of SRHE programmes. However, it was established that students were not involved in the planning, implementation of the SRHE programme (Aninanya et al., 2015:5; Dayton, 2010: 49; Esohe & PeterInyang, 2015: 97; Kalembo et al., 2013: 39;

Moletsane, 2014: 32; Mouhanna et al., 2017:4; Panchaud et al. 2019: 287). The NSW Department of Education (2016: 15) suggested that genuine participation occurs when students understand the intention of the programme and have a meaningful role in programme planning, delivery and evaluation to promote a sense of ownership and to ensure that the issues to be covered are most relevant to them.

Studies on effectiveness of guidance and counselling in secondary schools by Chireshe (2006: 228) and Mapfumo and Nkoma (2013: 108), and studies on the teaching of SRHE by Muguwe and Gwirayi (2011: 212), Mugweni (2012: 60) and Mupa (2012: 2) in Zimbabwean secondary schools established that there was no proper planning, implementation and monitoring of SRHE programmes. The NSW Department of Education (2016: 8) suggested that there is need for regular evaluation of schools' SRHE programmes in order to provide evidence of the value of activities and informing future practice. Of the studies done in Zimbabwe, quantitative studies by Chireshe (2006) and Mapfumo and Nkoma (2013) focused on implementation of guidance and counselling in secondary schools and studies by Mupa (2012), Muguwe and Gwirayi (2011) and Mugweni (2012) on SRHE were qualitative. The results of the qualitative SRHE Zimbabwean studies cannot be generalized to the teaching of SRHE in all secondary schools in Zimbabwe. The current study sought to establish how SRHE is taught in Zimbabwean secondary schools using both quantitative and qualitative methods for generalization purposes.

The way the SRHE is taught in secondary schools determines its perceived benefits. The next section discusses literature on the perceived benefits of teaching SRHE in schools.

2.4 THE PERCEIVED BENEFITS OF EFFECTIVE TEACHING OF SRHE IN SECONDARY SCHOOLS

Starrs, Ezeh, Barker, Basu, Bertrand, Blum, Coll- Seck and Ashford (2018: 2642) revealed that research has shown measurable benefits of effective teaching of SRHE in secondary schools. One major benefit of teaching SRHE in secondary schools is that effective SRHE provides young people with age- appropriate, culturally relevant and scientifically correct information (NSW Department of Education, 2016: 11). The same study by the NSW Department of Education (2016: 12), established that students who receive effective SRHE in school can explore their attitudes and values and have opportunities to practice their decision-making, assertiveness and other life skills needed to make informed choices about their relationships and sexual lives.

Studies by Acharya et al. (2009: 445) in Nepal, Kantor and Lindberg (2019: 145) in USA, Joy-Telu Hamilton-Ekeke (2019:210) in Nigeria, Kapinda and Hyera (2015: 109) in Tanzania, Mulama (2006:25) in Kenya, (Aransiola et al., 2013: 88; Eko Jimmy et al., 2013: 227; Songok, Yungungu & Mulinga, 2013: 109) in Nigeria, Kishindo (2011: 13) in Malawi and Rugaranganda (2017: 162) and Muchabaiwa and Mbonigaba (2019: 14) in Zimbabwe maintain that the teaching of SRHE is considered an effective way of increasing young people's understanding of STIs, HIV and AIDS, unwanted pregnancies, early marriages, abortions and infertility. Findings by Parwej et al.(2005: 291) in India, Ngwoke et al.(2013: 1) in Uganda, Aransiola et al.(2013: 87) in Nigeria, Jana et al. (2012: 21) in Namibia, Kalembo et al. (2013: 33) in Sub – Saharan Africa, Mulama (2006: 25) in Kenya and (Eko-Jimmy et al., 2013: 227; Olubayo- Fatiregun, 2012: 25) in Nigeria revealed that in the absence of sex education in secondary schools, children received conflicting, unbalanced, deficient and sometimes damaging messages from friends, peers, media and social networks. The above view is reflected in a review by UNESCO (2009: 8). Some of the studies above were done outside Zimbabwe and one by Rugaranganda (2017) was done using a small sample in Chimanimani and the one by Muchabaiwa and Mbonigaba (2019) was a quantitative review of the impact of CSE strategies in Zimbabwe. The current mixed methods study sought to establish the perceived benefits of teaching SRHE in Zimbabwean secondary schools using a large sample from three provinces.

According to Krebbekx (2019: 1326) and Songok, Yungungu and Mulinga (2013: 109), modern constraints such as shattered basis of child upbringing, economic constraints, inadequate family guidance and counselling, and child headed homes, have resulted in SRHE education being increasingly entrusted with the school. Findings by Nyarko et al. (2014: 22) in Ghana and Ogolla and Ondia (2019: 110) in Kenya support the view that SRHE is beneficial in that it facilitates the development of life skills that enable youths to make informed decisions regarding relationships and sexual behaviour. Studies by Kalanda (2010: 170) in Malawi and Ivanova et al. (2020: 2) in an evaluation of how sexuality education programs have been implemented in Low- and Lower-Middle-Income countries also established that SRHE is very beneficial to school children because it increases knowledge and understanding, explains and clarifies feelings, values, and attitudes, develops or strengthens skills, promotes and sustains risk-reducing behaviours, and enables youths to make informed decisions regarding relationships and sexual behaviour. Haruna et al. (2018: 2) shared the same views that effective teaching of SRHE provides knowledge and skills,

reduces misinformation, increases critical thinking, communication and self- confidence Findings by Ngwoke et al. (2013: 3) in Uganda concur with the view that SRHE assists students in acquiring such skills as being able to communicate, listen, negotiate with others, ask for and identify sources of help and advice, decision making assertion, ability to recognize pressures from other people and to resist them, dealing with any challenging prejudice, seeking help from adults, parents and career professionals. Similar findings were obtained in Malawi by Kalanda (2010: 171) who noted that through the introduction of life skills and reproductive health education, love relationships amongst students and withdrawal due to pregnancy were noted to have decreased significantly. Songok, Yungungu and Mulinga (2013: 114) succinctly observe that guidance and counselling influence not only the acquisition of knowledge but the development of constructive attitude, skills and behaviours needed to develop appropriate personal and social responses to adolescent sexuality.

Without the provision of effective SRHE in schools, young children may not acquire life skills to use in their everyday life and, as a result, are left to equally uninformed peers and internet as the primary sources of information on sexuality issues (Eko Jimmy et al., 2013: 227; Mulama, 2006: 25; Olubayo- Fatiregun, 2012: 25; Parwej et al., 2005: 291; Shams et al. 2017: 1). Media portrayals of sex and sexuality may be inconsistent with real life experiences. Failure to get SRHE in secondary schools can make adolescents susceptible to risky sexual behaviours such as engaging in under age sexual intercourse, and exposing themselves to potential sexual assault environments (Haruna et al., 2018: 1). According to the CDC (2020: 3), teaching SRHE to secondary school students has numerous benefits that include delaying sexual debut, increasing use of protection such as condoms, having fewer experiences of unprotected sex, preventing suicide prevention, and keeping students from committing or being victims of violent behaviours and experiences that place youth at risk of poor health and academic outcomes. The present study sought to establish whether the above scenario was applicable to the Zimbabwean situation.

Although a lot of literature brings out the benefits of teaching SRHE in secondary schools, the literature reviewed below points out that teaching of SRHE is not always beneficial. A study by Wiley (2012: 308) revealed that in American schools, many of the early school-based SRHE programs were focused on quashing curiosity about sex, with much of the material focused on using fear to accomplish this task. In line with that view, findings by Kishindo (2011: 14) revealed that in Malawi, because of the introduction of SRHE in schools, learners have become increasingly disrespectful of their parents, are more prone to sexual experimentation and to using obscene language. The same author established that in Malawi

life skills education (LSE) had proved ineffective as the 2006- 2009 education statistics pointed to the rise in teenage pregnancies among primary and secondary school students and an increasing trend of girls leaving school to get married. The current study sought to establish the extent to which SRHE was beneficial to students in Zimbabwean secondary schools.

Many studies indicate that many countries implement abstinence- only programme which is viewed as ineffective (Esohe & PeterInyang, 2015: 96; Iyoke et al., 2006: 87; Kasonde, 2013: 34; Oransiola et al., 2013: 88; Parwej et al., 2005: 288; Policy Brief, 2007: 1; Rutagumirwa & Kamuzora, 2006: 10; Smith et al., 2000: 19). A study by Rosen et al. (2004: 7) established that in Nigeria, an abstinence- only programme does not offer students other strategies such as information for youths who are already sexually active. Similarly, an in-depth analysis of how an HIV and AIDS curriculum was taught in Western Kenya by Action Aid, a United Kingdom - based group, found that some teachers chose not to teach HIV and AIDS at all or relied solely on messages on abstinence (Songok, Yungungu & Mulinge, 2013:111). This type of education does not support those students who fall pregnant while in schools. The girls are normally dismissed from school as a deterrent to their colleagues. However, Rosen et al. (2004: 7) argued that dismissing girls from Nigerian schools may create problems such as abortion and baby dumping. Furthermore, they noted that sending away pregnant girls perpetuates the gender gap that exists in education. In view of the above literature, the current study sought to establish whether the above scenarios were applicable to Zimbabwe.

One other weakness of teaching SRHE in schools is that it does not reach out- of school youths. Article 28 of the UN Convention on the rights of children stipulates that all children have the right to education. Accordingly, children out of school are also entitled to SRHE just like those in schools. Many young people most in need of SRHE information and education are not enrolled in any educational programs especially girls who often drop out of school at an early age (UN, 2012: 2). This view is shared in a review by UNESCO (2008: 11) where it was established that the education system does not meet the needs of children who are not enrolled in schools, or are frequently absent from school or have dropped out of school. Findings by Rosen et al. (2004:7) revealed that in Nigerian secondary schools, girls who fall pregnant and drop out of school need to be properly supported and counselled so that they can return to school and be effectively rehabilitated and integrated after having their babies. The present study sought to establish whether the above scenarios were applicable to Zimbabwe.

As stated earlier, Constantine et al. (2007: 1), from a study in the USA, revealed that much of the sex education provided by American schools is minimal and fragmented with essential topics often omitted or inaccurately presented. Similarly, Smith et al. (2011: 19) maintain that SRHE curricula in Australian secondary schools rarely address issues such as how to cope with sex for the first time or how to maintain an active yet safe sexual life which are important aspects of interpersonal sexual relations. In support of this view, Atuyambe (2015: 2) states that adolescent sexual and reproductive health services in Uganda are limited and do not address needs of adolescents. The current study sought to establish whether the above scenario was applicable to Zimbabwe.

Wight (2011: 71) revealed that SRHE in British schools does not coincide with critical points in young persons' own sexual experiences, hence is considered ineffective. Wight (2011: 71) further states that

“Routine classroom- based sex education generally has to be delivered at a given time for the whole year group and therefore it is unlikely to coincide with pupils' first sexual experiences for most students. It is therefore likely to come too late or too early. When it comes too early it is too distant in time and context to be memorable when needed.”

In a similar vein, a study by Smith et al. (2011: 44) found out that SRHE in Australian schools is not mandatory for it is generally up to the individual school to decide on the content and depth of its programs. This brings in a certain degree of inconsistency and ineffectiveness in the teaching of SRHE. The current study sought to establish whether the Britain and Australia situations prevail in Zimbabwe.

After discussing literature on the perceived benefits of teaching SRHE in secondary schools the next section discusses literature on factors that influence the effectiveness of the teaching of SRHE in secondary schools.

2.5 FACTORS THAT INFLUENCE THE EFFECTIVENESS OF THE TEACHING OF SRHE IN SECONDARY SCHOOLS

There are many factors that influence the effectiveness of the teaching of SRHE in secondary schools. These factors include policies, training, resources, perceptions, and attitudes.

Effective teaching of SRHE relies on full support of the school community with sound policies (Panchaud, et al., 2019: 278), effective training, adequate resources and positive

attitudes and perceptions. The influence of policies on the effectiveness of SHRE programmes is discussed next.

2.5.1 Policies and the teaching of SRHE programme in secondary schools

Policies have an effect towards effective teaching of SRHE (Atuyambe et al., 2015: 2; Gruskin et al., 2019: 4; Leon- Himmelstine & Rost, 2019: 10; Sidze et al., 2017: 37; Smith et al., 2011: 44). The Swedish National Agency of Education implements the Public Health Agency of Sweden's policy on sexuality and reproductive health, a rights-based policy built on democratic values and respect for other people (Nelson et al. 2020: 400). Songok, Yungungu and Mulinge (2013: 112) in a study in Kenya, established that an important prerequisite to effective guidance and counselling on sexuality issues was clear policies and guidelines supporting young people's access to both information and services. A review by UNESCO (2008: 14) maintains that school policies assist in addressing the impact of a programme. In support, a study by Wiley (2012: 308) revealed that having good evidence-based policies and practices is the first positive step in creating a climate where sexuality is discussed as a normal part of the human experience. In support, (Thaver & Leao, 2012: 87; Mathews et al., 2006: 395) in South Africa and Neema et al. (2004: 11) in Uganda maintain that policies serve as guidelines for schools and institutions, foster a supportive and conducive environment for SRHE and provide a critical framework to guide and ensure implementation and scale up of sexuality education. From the above literature, school policies on the teaching of SRHE can enhance the teaching of SRHE in schools. Although the importance of policies has been highlighted, studies by Smith et al. (2011: 6), Puyate (2008: 11), UNESCO (2008: 20), Miller (2007: 256) and Court et al. (2006: 17) revealed that many teachers are not aware of SRHE policies in schools. Songok et al. (2013: 112) recommended that policies should be widely known by teachers and other service providers for effective implementation. Failure to avail the policies on the teaching of SRHE to stakeholders and implementers can negatively affect the teaching of SRHE in schools. The current study sought to establish the extent to which policies affected the teaching of SRHE in secondary schools in Zimbabwe.

UNESCO (2012:16) and Bilinga and Mabula (2014: 27) in Tanzania, established that there are poor and limited policies regarding sex education and access to contraception by adolescents. Where supportive policies have not been adopted, administrators at the local level may have to cope with input from religious groups and other stakeholders who may object to aspects of curriculum, particularly discussions about condom use for those already

sexually active (Songok et al., 2013:112). Poor and limited policies may lead to ineffective implementation of sexuality education in secondary schools. This view is inconsistent with the IMB model that guided the study, which specifies that in order for sexual health education to be effective it must provide information that is directly relevant to sexual health such as information on effective forms of birth control and where to access them (McKay & Bissell, 2010: 10).

Governments in various countries have, through several international and regional resolutions, committed to ensuring adolescents and young people's access to SRH information and education (Bonjour & van der Vlugt, 2018: 6). Literature reveals that in Ghana there are laws and policies in place to implement sexuality education in schools while Guatemala has a clear policy framework whose implementation is very slow, and in Kenya, policy framework for CSE was found to be fairly strong but implementation was hindered by prioritization of core subjects (Panchaud et al., 2019: 289; Zulu et al., 2019: 7). Without clear guidance from policies, teachers may avoid controversial areas (Songok et al., 2013: 112). A number of studies in Australia (Smith et al., 2011: 44; Thaber & Leao, 2012: 88) in South Africa (Atuyambe et al., 2015: 2; Neema et al., 2004: 11) and in Uganda established that policies are favourable for adolescent health development and enhance the teaching of SRHE in secondary schools. In support; Evidence Briefing (2010: 2) reiterated that applying a clear policy on SRHE at national level can impact directly on teenage sexual behaviour. In line with that, a review of policies and strategies to implement sexuality education, by UNESCO (2012: 6) revealed that national policies and strategies provide a critical framework to guide and ensure the implementation and scale- up of sexuality education. Favourable policies therefore have an influence on effective implementation of SRHE in secondary schools. Policies are effective SRHE intervention strategies that are, however, delivered ineffectively most of the time (Chandra- Mouli et al., 2015: 334).

Many countries have signed on to several international agreements that support the teaching of SRHE or CSE (Panchaud et al., 2019: 285). Internationally and within countries, interpretation of curriculum and policy documents and interpretation of SRHE are inconsistent and often inadequate (Walker et al., 2020:2). The inconsistency and inadequacy has led some teachers to believe that school policies hinder or help their efforts to effectively provide SRHE (Walker et al., 2020: 12). In Zimbabwe, Muchabaiwa and Mbonigaba (2019: 14) suggested that there was need to align government policies with the ASRH strategy that promotes uptake of contraceptives whilst the government policy prohibits distribution of condoms in schools. The view is shared by WHO (2018: 3) which established that the

presence of contradictory policies such as that requiring the Ministry of Health to provide contraceptive information and services to all individuals of reproductive age is undermined by another policy that requires mandatory parental consent for provision of health services to minors. The current study therefore sought to establish the existence and influence of SRHE policies in Zimbabwean secondary schools.

Some policies such as those that do not allow adolescents to access sexual health services without parental consent can create limitations to effective teaching of SRH to adolescents (Gruiskin et al., 2019: 5). The way policies are formulated may also affect effectiveness of the teaching of SRHE in secondary schools. Top down and bottom up approaches are different approaches that can be used in the designing and implementation of SRHE programme. In South Africa, the HIV and AIDS and sexuality education policies were introduced and implemented by government in a top- down approach and often failed to involve the community and to develop community support (Thaber & Leao, 2012: 89). The top down approach considers implementation of a programme as an administrative process and ignores local actors (Cerna, 2013: 18). Leaving out local actors such as youths can lead to ineffective implementation of the SRHE programme. Affirming this view, studies by Jana et al. (2012: 5); UNESCO (2012: 16) and UNFPA (2014: 12) suggest that policies that enhance the teaching of SRHE for youths should involve them as they are important stakeholders. The current study sought to establish whether the way policies on SRHE were enacted affected the teaching of SRHE in secondary schools in Zimbabwe.

According to the Economist Intelligent Unit (2010: 5), the effectiveness of a programme is not only reflected in its ability to formulate policy, but also in its ability to execute such policies effectively. The view is shared by Browne (2015: 5) who noted that although policies on SRHE are available, most countries are not implementing them effectively. In line with that view, a review by UNESCO (2008: 14) established that there was need to ensure that there is adequate institutional capacity to implement policy and plans, to strengthen planning and management skills, to implement policies to remove barriers to education. In support of this view, the Economist Intelligence Unit (2010: 4) indicated that policy implementation requires a holistic approach where formulation and execution are seen as part of the same process. The current study sought to establish whether policies on SRHE affected the teaching of SRHE in secondary schools in Zimbabwe.

Available policies may have a bearing on the nature of teacher training. Effective training of teachers should be a key component of effective teaching of SRHE (Songok, Yungungu & Mulinge, 2013: 112). In the next sub- heading training as a factor was discussed.

2.5.2 Training

Effective SRHE can be obtained if students are taught by well- qualified and highly trained teachers (CDC, 2020: 1). Lack of training and pedagogical knowledge has a negative effect on effective teaching of SRHE (Emmanuel, 2015: 8). Teachers need to be trained so that they can be equipped with some knowledge, attitudes and skills to effectively teach SRHE in secondary schools (UNESCO, 2018: 17). There is need for increased training of culturally competent practitioners who can meet the SRH needs of adolescents (New Zealand FamilyPlanning, 2017: 8). Lack of effective teacher training has been identified as a major barrier to successful school health programs (Maria & Afroditi, 2016: 208).Teacher training whether pre- service or in- service, helps to prepare all those involved in the process of teaching SRHE under guidance and counselling (Songok et al., 2013: 111). Several studies, Gordon (2009: 10) in UK, Browne (2015:10) in US, Sarma and Oliveras (2013: 25) in Bangladesh, Nachmias, Mioduser, Cohen, Tubin and Forkosh (2004: 293) in Amsterdam, (Smith et al.2011: 51; Walker et al., 2020: 14) in Australia and Bonjour and van der Vlugt, (2018:17) in Netherlands have shown that teacher training in the field of SRHE is key to the success of school-based SRHE.

The view that teacher training is key to effective SRHE in secondary schools obtains in South Africa (Mathew et al., 2006: 39; Moletsane, 2014: 16; Naidoo, 2014: 27; Thaber & Leao, 2012: 88), Egypt (Wahba & Roudi- Fahim, 2012: 4), Tanzania (Bilinga & Mabula, 2014: 28), Kenya (Mayabi et al., 2014: 42; Songok et al., 2013: 111) in Kenya, Malawi (Kalanda, 2010: 173) and Nigeria (Puyate, 2008: 68). Training of SRHE teachers is therefore pivotal in effective implementation of SRHE in secondary schools. Training can improve teachers' knowledge, skills and comfort with SRHE matter (CDC, 2020: 3). Teachers who have no qualifications in SRHE are likely to exhibit negative attitudes towards the teaching of the subject and are likely to handle the subject without confidence. Teachers therefore need training if they are to handle the SRHE subject confidently (Songok et al., 2013: 111). The present study sought to establish the training SRHE teachers got and its impact on effective teaching of SRHE in secondary schools in Zimbabwe.

Teachers need special skills to effectively handle SRHE in schools (Songok et al., 2013: 111). In order to effectively implement SRHE in schools teachers get different types of training. Schutte, Meertens, Fraukje, Mevissen, Schaalma, Meijer and Kok (2014: 591), in Netherlands maintain that most SHRE teachers had not received training in sex education at all. In France, teachers attend a training course of two hours per year in order to keep up with new changes concerning the subject SRHE and rights (Beaumont & Maguire, 2013: 27). The provided time is too little for effective training of teachers. Because of lack of adequate training by SRHE teachers, pupils are unlikely to receive SRHE that is beneficial. Beaumont and Maguire (2013: 27) observed that in some European Union member states, teachers paid for training to become sexuality educators. As a result, most teachers are under qualified to provide sexuality education. In another scenario, Smith et al. (2000: 20) revealed that teachers in some Asia- Pacific countries were trained through in- service training following the cascade model of training a group of master trainers, who in turn train other trainers who in turn train teachers. Such type of training may not be effective.

Fakudze (2012: 75) noted that in South Africa and Botswana, teachers upgrade themselves on part- time basis on part- time basis at their own expense. Because teachers pay for their training very few may train because of financial constraints. On another note, Songok et al. (2013: 111) established from a study conducted in Kenya that the few teachers who agreed that they were trained on SRHE content were not trained on the methodologies to use when teaching. The same authors reiterated that training teachers in pedagogical skills should be a key component for sexuality, and HIV and AIDS education. The present study sought to establish the kind of training SRHE teachers received in order to teach SRHE in secondary schools in Zimbabwe.

Several studies revealed that most teachers teaching SRHE lacked adequate training (Bilinga & Mabula, 2014: 26; Kishindo, 2011: 5; Mufune, 2008: 152; Naidoo, 2006: 138; Ogolla & Ondia, 2019: 115; Perez- Dlamini, 2010: 12; Songok, et al., 2013: 111; WHO, 2018: 8). The view is shared in studies on guidance and counselling in secondary schools in Zimbabwe that revealed that some school counsellors are teachers with regular teaching qualifications and are not formally trained to teach the SHRE component of guidance and counselling (Badza, 2005: 34; Chireshe, 2006: 80; Mapfumo & Nkoma, 2013: 100; Mawire, 2011: 13;). These teachers may not be very effective in implementing guidance and counselling programs since they are not trained in the area. Teachers who lack adequate training in SRHE are likely to exhibit negative attitudes towards teaching of SRHE in schools. Songok et al. (2013: 111) suggested, from a study in Kenya, that there is need for systematic short in- service courses

which should be conducted on a continuous basis to equip teachers with special skills to handle specific controversial topics such as condom use, sexual intercourse, delaying sexual activity, male and female organs among others. Like any other subject, SRHE should have skilled human resources. While the above studies focused on teaching of guidance and counselling in secondary schools in general, the current study sought to establish the impact of teacher training on the teaching of SRHE in Zimbabwean secondary schools.

Besides training, effective teaching of SRHE education in schools may also depend on the availability of resources. The next section deals with how resources affected the teaching of SRHE in secondary schools in Zimbabwe.

2.5.3 Resources for teaching SRHE in secondary schools

Less access to resources has a negative effect towards effective teaching of SRHE in secondary schools (Bam & Girase, 2015: 6). Naidoo (2006: 146) revealed, from a study in South Africa, that resources are vital to the success of any programme. The Economist Intelligent Unit (2010: 4) shares the same view when it observes that a holistic approach to the teaching of SRHE includes sufficient resources. Smith et al. (2011:51) in Australia, Rochmayani and Zulaekha (2019:2) in Indonesia, Beaumont and Maguire (2013: 26) in Poland and Browne (2015: 10) in UK have established that limited teaching and learning resources negatively influence the effectiveness of the teaching of SRHE. Several studies, in Tanzania (Bilinga & Mabula, 2014: 26), in Namibia (Mufune, 2008: 152), in Nigeria (Godswill, 2012: 291), in Kenya (Mayabi et al., 2014: 43; Ogolla & Ondia, 2019: 118), in Malawi (Kishindo, 2011: 16; Kalanda, 2010: 173), in Swaziland (Perez- Dlamini, 2010: 12) and in Nepal (Acharya et al., 2009: 446) indicate that lack of resources can be as a result of inadequate funding. A study by Songok et al. (2013: 110) found out that inadequate funding leads to lack of facilities and resources which hinders effective implementation of the SRHE programme in secondary schools. Teachers who have adequate and relevant teaching materials and facilities are likely to be more confident, effective, and productive. The provision of resources and funding is likely to improve not only the teaching of SRHE in schools but also in organizing in- service courses for teachers (Songok et al., 2013: 110). The present study sought to establish how SRHE is taught in secondary schools in Zimbabwe.

Several studies in Zimbabwean schools established that lack of resources negatively affects the teaching of SRHE (Banda, 2012: 14; Chirume, 2007: 45; Emmanuel, 2015: 8; Mupa, 2012: 161; Muguwe & Gwirayi, 2011: 212; Mugweni, 2012: 12; Rugaranganda, 2017: 167 Samuel, 2004: 16). The above cited studies were qualitative and done at a very small scale

and hence results cannot be generalized to all secondary schools in Zimbabwe. The current study sought to find out how lack of resources affect the implementation of the SRHE programme in Zimbabwean secondary schools using a mixed methods approach and at a larger scale that involved studying sampled schools in in three selected provinces of the country.

Time is a resource that affects the teaching of SRHE. Several studies demonstrate that teachers do not use interactive methods because of large classes and inadequate time that impact negatively on teaching and learning activities (Aaro et al., 2014: 9; Dayton, 2010: 49; Mayabi et al., 2014: 42; Nyarondia, Ongong'a & Omolo, 2014: 208) . Such a scenario leads to some teachers not teaching the subject effectively. The current study sought to establish the impact of crowded curriculum and limited time on the teaching of SRHE in Zimbabwean secondary schools.

The other factor that affects the teaching of SRHE is high teacher workload (UNESCO, 2013: 25). Mayabi et al. (2014: 43) suggested, from a study in Kenya, that teachers handling SRHE should have manageable workloads to enable them to handle SRHE. The view is shared by Chireshe (2006: 191) who argued that teachers are overloaded with abnormally large classes which makes it difficult for them to create adequate space and time. The other resources that are not available in schools are counselling rooms. Teachers do their counselling in their offices leading to lack of confidentiality (Williams, 2015: 11). While the study by Chireshe (2006) on effectiveness of the teaching of guidance and counselling in secondary schools was done in Zimbabwe, it was done ten years ago and there might be a lot of changes that have taken place because of the time gap, for an example the focus was on HIV and AIDS at the expense of SRHE. Results of the study cannot therefore be generalized to the present situation in Zimbabwean secondary schools. The current study sought to ascertain whether overload or overcrowding affected the teaching of SRHE in secondary schools in Zimbabwe at the present moment.

Inadequate teaching of SRHE in schools is also due to social and cultural attitudes and perceptions (Haruna et al., 2018: 2). The next sub- section discusses attitudes and perceptions as factors affecting effective teaching of SRHE in schools.

2.5.4 Attitudes and perceptions related to teaching of SRHE in secondary schools

Attitudes, traditions, norms and perceptions can be barriers to effective teaching of SRHE in secondary schools (Iqbal et al., 2018: 11; WHO, 2018: 3). For the teaching of SRHE to be

effective, teachers need to develop positive attitudes towards the subject (Songok et al., 2013: 111). Stakeholders' attitudes and perceptions have an influence on the teaching of SRHE in schools. Studies in UK (Browne, 2015: 9), the USA (Wiley, 2012: 310), Australia (Smith et al., 2011: 28) and Poland (Beaumont & Maguire, 2013: 27) revealed that, because of attitudes, beliefs and culture, teachers often gave their opinion whereby they can start moralizing SRHE instead of giving objective information when teaching SRHE in schools.

Available literature from Nigeria (Puyate (2008: 69), South Africa (Bantwini, 2010: 83; Mathews et al, 2006: 392; Naidoo, 2006: 34) and Malawi (Kachingwe et al. (2005: 9)) revealed that stakeholders' attitudes and perceptions affect the implementation of education programmes. The same situation obtains in Zambia where Zulu et al. (2019:2) established that attitudes, beliefs, and cultural norms of teachers have effects on the teaching of SRHE. There is a general perception that schools and other adults struggle to accept that adolescents in schools are sexually active (Miedemaa et al., 2020: 753; Motsomi et al., 2016: 2; UNESCO, 2018: 19;). Leon- Himmelstine and Rost (2019: 10) shared the same view that social norms related to sexual behaviour can expose adolescents to risks and vulnerabilities. Such a scenario leaves the adolescents without accurate and sufficient information on SRHE. Lack of adequate information on SRH enhances chances of vulnerability for adolescents (Lekshmi, Parel & Thomas, 2018: 13). Kinnear (2018: 9) recommends that there should be early interventions in schools that expose learners to the SRH knowledge they need.

In Zambia, because of their attitudes and beliefs, teachers decide how, when and what SRH to teach as well as what to leave out (Zulu et al. 2019: 4). When teachers give their opinions, effective implementation of SRHE in schools is compromised because one's opinions might lead to providing inaccurate SRHE content. In Nigeria, Iyoke et al. (2006: 87) in their study on determining attitudes of secondary school teachers to sexuality education found out that most teachers felt SRHE should be taught in secondary schools. The current study evaluated effective teaching of SRHE in secondary schools.

Research outcomes in SRHE suggest that perceptions that sex issues are a taboo subject and sex outside heterosexual marriage is sinful and that teaching about benefits of condoms and contraception is morally wrong are common place in many cultures (Bonjour & van der Vlugt, 2018: 16; Boonstra, 2007: 7; Browne, 2015: 10; Deshmukh & Chaniana, 2020:56; Gruskin et al. 2019: 6; Gudyanga et al., 2019: 36; Iqbal et al. 2017: 2; Kishindo, 2011:16; Mlyakado, 2013: 240; Nqoloba, 2008: 38; Pathfinder International, 2005:1; Ruparanganda, 2017: 159; Sayegh, Rose & Schapiro, 2012: 473; Stephanie, 2017: 2; Thaber & Leao, 2012:

88; Zulu et al. 2019: 2, 5). As a result, some teachers avoided some topics when teaching SRHE because of their cultural norms and values as well as embarrassment associated with teaching taboo topics, and fears of victimization by their communities if they discussed issues considered taboo in their community (Aventin et al., 2020: 2; Malleshapa, Shivaram, & Nandini, 2011: 309; Mayabi et al., 2014: 42; Mufune, 2008: 152; Phongluxa et al., 2020: 34; Sarma & Olivers, 2013: 23; Thaber & Leao, 2012: 89; Zulu et al., 2019: 4). Secondary school students are left with no safe space to discuss SRH issues because of stereotypes adults hold on the adolescents (Laura Villa- Torres & Svanemyr, 2015: 54). Ruparanganda (2017: 159) recommended that there is need to initiate techniques for breaking cultural taboos that prohibit parents from having freedom to discuss sex related matters with their children. The current study sought to establish how attitudes and perceptions affected effective teaching of SRHE in secondary schools in Zimbabwe.

Literature revealed that most stakeholders expressed the need for SRHE to be taught in secondary schools (Iyoke, Onah & Onwasigwe, 2006: 87; Kinnear, 2018:10; Naidoo, 2006: 43). Parents are some of the stakeholders that approved teaching of SRHE in secondary schools because the parents perceived that they had limited knowledge and skills on teaching their children (Ram et al., 2020: 5). Li et al. (2017: 2) noted that failure to provide SRHE in schools and at home results in students obtaining the information from sources such as the internet where some of the information may be inaccurate. The current study therefore sought to establish attitudes of stakeholders such as secondary school students towards the teaching of SRHE in secondary schools in Zimbabwe.

Several studies acknowledge that the attitudes of teachers towards the inclusion of sexuality education in the school curriculum are positive (Miyakado, 2013: 235; Mufune, 2008: 150; Nqoloba, 2008: 40; Natsanet et al., 2012:105). Teachers' positive attitudes can therefore influence effective implementation of SRHE programme in schools. In line with the above view, Esohe and PeterInyang (2015: 96) recommended that people who provide sex education in Nigeria should not let their attitudes and beliefs negatively influence the way they provide SRH in schools. The current study sought to establish how teachers' attitudes and perceptions affected the teaching of SRHE in Zimbabwean secondary schools.

Ahmed (2006: 50) argued that some educators consider values, morals and sexual education to lie within the parents' realm of responsibilities rather than the schools'. While it is argued as such, McKay and Bissell (2010: 5) indicate, from a study in Canada, that some parents feel that it is the school's duty to teach children SRHE. The same situation prevails in South

Africa where parents also feel that it is the school's responsibility to teach SRHE to children (Thaber & Leao, 2012: 89). Because of this, teaching of SRHE has sometimes resulted in SRHE being promoted in school but not enforced by the parents at home. Such a scenario leads to ineffective teaching of SRHE in schools. The current study sought to establish how SRHE is taught in Zimbabwean secondary schools.

In UK, (Browne, 2015: 10), Canada (Mc Call, 2015: 33), US (Hall et al., 2017: 2), Nepal (Acharya et al., 2009: 449) and Asia- Pacific (Smith et al., 2000: 20), it was established that cultural resistance which often takes the form of religious or morality- based conservatism is a challenge to the teaching of SRHE. The same situation obtains in Tanzania (Bilinga & Mabula, 2014: 27), Namibia (Mufune, 2008: 153), Nigeria (Rosen et al., 2004: 8; Godswil, 2014: 9), Cameroon (Engen, 2013: 33), South Africa (Motsomi et al., 2016: 4; Naidoo, 2006: 26; Nqoloba, 2008: 39), Uganda (Herman et al., 2013: 5), Botswana (Kasonde, 2013: 36) and Kenya (Dapaah et al., 2016: 3; Mayabi, et al., 2014: 42), where it was established that cultural resistance is a challenge to the implementation of SRHE. The current study sought to establish how cultural resistance affected the teaching of SRHE in Zimbabwean secondary schools.

Parents have different perceptions and attitudes towards the teaching of SRHE in schools. In Iran, Shams et al. (2017: 2) noted, some parents had negative attitudes towards SRHE for adolescents. Natsanet et al. (2012: 105) submitted that all Ethiopian parents agreed that the content of sex education should include abstinence- only and abstinence- plus based on maturation of students. Nyarko et al. (2014: 28) reported that Ghanaian parents do not support sex education at lower primary level saying the children are still very young. Elsewhere, Engen (2013: 32) revealed that many Cameroonian parents are against a reproductive health curriculum being taught in schools. Kishindo (2011: 9) established that in Malawi, some parents demand that their children should not attend SRHE classes which teach obscenities and Herman et al. (2013: 20), revealed that Ugandan parents were of the view that SRHE was not culturally sensitive and it was ambiguous and could encourage students to experiment with sex. In South Africa, Motsomi et al. (2016: 4) noted that parents raised concern that engaging in discussions on SRHE encourages children to indulge in sexual activities. In Kenya, Ogolla and Ondia (2019: 117) also noted that parents have downplayed their role in imparting sexuality education at home. The current study sought to establish attitudes of parents of teachers towards teaching of SRHE in Zimbabwean secondary schools.

Literature in Southern and Eastern Africa (Aaro, et al., 2014: 11; Jana et al., 2012:26), Kenya (Dayton, 2010: 6; Odek, 2006: 21), Nigeria (Eko Jimmy et al., 2013: 227; Olubayo-Fatiregun,2012: 30), Ethiopia (Ayalew et al., 2014:7),Namibia (Mufune,2008:153;Nambambi & Mufune, 2011:123), Tanzania (Assey, 2012: 15; Bilinga & Mabula, 2014: 27), Uganda (Ngwoke et al., 2013: 4), South Africa (Moletsane, 2014: 15), Handin & Fatusi, 2009: 58; Egypt (Khalil, Boog & Salem, 2003:17) and Nigeria (Ayalew et al., 2014: 2; Ojo, Aransiola, Fatusi & Akintomide, 2011: 29) established that problems in teaching SRHE were preventable through transparent discussions.

A study by Shams et al. (2017: 2) established that parents lack awareness and communication skills to discuss sexual issues with their children. Studies in India (Malleshapa et al., 2011: 305), UK (Aventin et al., 2020), Iran (Alimoradi et al., 2017: 86), Nepal (Deshmukh & Chaniana, 2020: 60). Deshmukh and Chaniana (2020: 60) proposed that teaching parents and teachers communication skills might be helpful to students. Good communication is therefore pivotal in the effective implementation of SRHE in secondary schools. Since family is considered as the first social unit, with the most important role in training and transformation of information and health behaviours for adolescents (LeBrun & Omar, 2015: 4; Sooki et al., 2016: 2), parental communication is a potential effective tool for promoting healthy and safe sexual practices among adolescents (Deshnukh & Chaniana, 2020: 61). Emmanuel (2015: 20) added that the extent to which parents are involved in their children's lives are critical factors in effective teaching of SRHE to adolescents. Despite being important sources of SRHE information, parents feel uncomfortable or unprepared to tackle sexuality education and there is a gap between parents and adolescents because of traditional values (Deger, 2018: 1; Iqbal et al., 2017: 11; Kinnear, 2018: 10; Simmond, 2019: 4; Wanje et al., 2017: 2; WHO, 2018: 3). Studies by Motsomi et al. (2016: 3), Deshnukh and Chaniana (2020: 62), Rugaranganda (2017: 167) and Shayo and Kalomo (2019: 2) established that parents were not providing SRHE to their adolescents and that adolescents do not openly communicate with their parents on SRH matters. Motsomi et al. (2016:7) established that communication between South African parents and their children is associated with reduced levels of risk taking among adolescents. Barriers to discussing with adolescents may be attributed to lack of proper vocabulary and skills (Motsomi et al., 2016: 2). Ayalew et al. (2019: 4) and Mouhanna and Dejong (2017: 11) revealed that students who discuss SRHE with their parents were more likely to be knowledgeable and support in-class SRHE compared to those who do not discuss with their parents. The current study sought to establish how communication between parents

and children affect effective implementation of SRHE programme in Zimbabwean secondary schools.

Nunu et al. (2020: 3) established that in Zimbabwe, poor communication between parents and children on sexual health issues is a cultural issue that negatively affects the effectiveness of the teaching of SRHE in schools. The same authors established that there are barriers to communication such as religion and culture. The study by Nunu et al. (2020) was done in Zimbabwe, Mberengwa and Umguza districts which were not in the provinces sampled by the researcher. The current study was done on a large scale in Masvingo, Manicaland and Mashonaland East Provinces.

In many African cultures discussions on issues relating to sexuality were not done by parents but were delegated to other members of the extended family, such as aunts and uncles (Aaro et al., 2014: 11; Bilinga & Mabula, 2014: 21; Motsomi, et al., 2016: 2; Ruparanganda, 2017: 162; Zulu et al., 2019: 2). However, because of modernization, urbanization and migration this is now difficult because the aunts and uncles may not be residing in the same area with the niece or nephew. This brings in the need for parents to communicate with their children on SRHE. The current study sought to establish the extent to which parents discussed SRHE issues with their children.

The next section discussed how the teaching of SRHE could be enhanced in secondary schools.

2.6 ENHANCING THE TEACHING OF SRHE IN SECONDARY SCHOOLS

Moletsane (2014: 28) proposed that teaching of SRHE can be enhanced through programming targeted at three levels: the home and cultural context, the church and religious teachings about sex and sexuality, and the school and teachers' perspectives and values as well as the curriculum. Aaro et al. (2014: 11) and Dayton (2010: 56) are of the view that students should be given homework to discuss and complete with their parents or guardians to enable parents to be involved in SRHE. Similarly, Ngwoke et al. (2013: 6); Aaro et al. (2014: 11) and Esohe and PeterInyang (2015: 97) suggested that seminars should be conducted for parents so that they help to educate their children at home. Through the workshops, parents can gain information and motivation to assist their children in SRHE. This is in line with the IMB model which advocates that there is need to include elements of information, motivation and behavioural skills in interventions that target sexual risk behavioural changes (Canadian Guidelines for Sexual Health Education, 2008: 36).

A comprehensive approach to an effective SRHE programme that involves adolescents, families, schools, community agencies, religious institutions, media, health care providers and government at all levels was advocated in order to ensure the provision of quality and sustainable SRHE programs (Aaro et al., 2014: 10; Acharya et al., 2009: 447; Arionsiola et al., 2013: 91; Godswill, 2012: 290; Kalembo et al., 2013: 39; Nyarko et al., 2014: 27; Phillips & Martinez, 2010: 378). Conferences on SRHE in schools should be organized and media channels should be used (Ngwoke et al., 2013: 16). In other words, involvement of partner organizations should be increased in the delivery of sexuality education (UNESCO, 2010: 30). This should be done because there are always new issues cropping up in SRHE, such as new methods of teaching SRHE and types of family planning methods. However, teachers and administration with negative attitudes towards SRHE may not be involved in the establishment of collaborative structures.

Ngwoke et al. (2013: 17) recommended that introduction of SRHE should be in a manner that is culturally acceptable to adolescents and the community. This is in accordance with the IMB model which stipulates that sexual health education should be accessible to all people and that it should be provided in an age appropriate, culturally sensitive manner that is respectful of an individual's right to make informed choices about SRH (McKay, 2005: 3). Being culturally sensitive is therefore considered important in effective implementation of SRHE in secondary schools. The present study sought to establish what can be done in Zimbabwean secondary schools to enhance effective implementation of the SRHE programme.

Literature proposed the need for continuous professional development and support for teachers to enable them to acknowledge and respond to adolescents' needs in SRHE (Dayton, 2010: 56; Mlyakado 2013: 240; Mlyakado & Timothy, 2014: 284; Moletsane, 2014:33; Oransiola et al., 2013: 90; UNESCO, 2010: 30). Kalembo et al. (2013: 39) argued that there is need to come up with new interventions or validate existing age- specific, peer and culturally sensitive sexual health interventions in sub- Saharan Africa. In support, Acharya et al. (2009: 446) proposed that there is need to consider interests of teachers, parents and pupils in the teaching of SRHE. A review by UNESCO (2010: 17) recommended that there is need to continue to advocate for an environment that is supportive of school- based sexuality education and its practitioners. A supportive environment enables students to open up when they have issues concerning SRHE and seek assistance. The present study sought to establish what could be done in Zimbabwean secondary schools to enhance the teaching of SRHE.

2.7 SUMMARY

Chapter 2 presented the review of related literature under subheadings that included how SRHE is taught in secondary schools, the importance of teaching SRHE in secondary schools, policies governing the teaching of SRHE, content to be covered, resources needed for teaching SRHE in secondary schools, methodologies used in the teaching of SRHE in schools, use of peer educators in the teaching of SRHE, support building and collaboration for the program, the extent to which stakeholders regard the teaching of SRHE in schools, factors influencing the effectiveness of the teaching of SRHE in secondary schools and how the teaching of SRHE in secondary schools could be enhanced. The study intends to establish: how SRHE is taught in secondary schools in Zimbabwe, methodologies used in the teaching of SRHE and the benefits of teaching SRHE in secondary schools. Factors affecting teaching of SRHE were identified as: policies, availability of resources, quality of teacher training, resources available and attitudes and perceptions of stakeholders towards teaching of SRHE. The next chapter discusses the research methodology adopted in this study.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

This study sought to evaluate effectiveness of the teaching of SRHE in Zimbabwean secondary schools. This chapter considers how the research was conducted. It focuses on the research paradigm, the research approach, the study design, the population, the sample, the instrumentation, the data collection procedures and the data presentation and data analysis techniques. This chapter also discusses the ethical issues that were taken into consideration in conducting this study. The following section highlights the research paradigm that informed this study.

3.2 RESEARCH PARADIGM

A paradigm is a “worldview” or a set of assumptions about how things work. Any research effort starts from a particular perspective or paradigm. Rubin and Babbie (2015: 37) define a paradigm as a fundamental model or scheme that organises our views of something. A paradigm is important in that it provides beliefs and dictates which influence what should be studied, how it should be studied, and how the results of the study should be interpreted (Kivunja & Kuyini, 2017: 26). Researcher’s paradigmatic position reflects a researcher’s epistemological, ontological, axiological, and methodological standpoints (Patton, 2002: 134). Epistemology describes how we come to know something; how we know the truth or reality; or what counts as knowledge within the world (Kivunja & Kuyini, 2017: 27). Ontology examines researcher’s underlying belief system about the nature of being and existence (Kivunja & Kuyini, 2017: 27). Axiology refers to the ethical issues that need to be considered when planning a research project and involves defining, evaluating and understanding concepts of right and wrong behaviour relating to one’s research (Kivunja & Kuyini, 2017: 28). Shannon- Baker (2016: 319) gives four major paradigms in mixed methods research, namely pragmatism, transformative- emancipation, dialectics and critical realism. Considering the explanation above the researcher adopted a pragmatic paradigm lens.

3.2.1 Pragmatism

The pragmatism paradigm arose in disagreement with philosophers who argued that it was not possible to access the ‘truth’ about the real world solely by use of a single scientific

method as advocated by the positivist paradigm (Kivunja & Kuyini, 2017:35). Pragmatism is outcome- oriented and is characterized by an emphasis on communication and shared meaning- making in order to create practical solutions to social problems such as SRH concerns of secondary school students (Shannon- Baker, 2016:322). Using pragmatism allowed the researcher to be free of mental and practical constraints imposed by the forced choice dichotomy between positivism and constructivism, and researcher did not have to be prisoner of particular research instruments or techniques when evaluating effective teaching of SRHE in Zimbabwean secondary schools (Creswell & Clark, 2011:27; Saunders, Lewis & Thornhill, 2009: 109). Pragmatism also allowed the researcher to move back and forth between data sets on evaluation of effective teaching of SRHE in secondary schools in Zimbabwe combining it with methods for triangulation as opined by Feilzer (2010: 12).

Pragmatism was used to inform this study because it views both quantitative and qualitative research as useful. It focuses on what things make a difference as well as connected abstract issues. Pragmatism also broke down the hierarchies between positivist and constructivist ways of knowing in order to look at what is meaningful from both quantitative and qualitative research in evaluating effective teaching of SRHE in Zimbabwean secondary schools (Hall, 2013:19; Morgan, 2013: 1051; Shannon- Baker, 2016: 325). As Shannon- Baker (2016: 322) notes, pragmatism allowed the researcher to get workable solutions through research to help the researcher answer research questions that she valued to provide workable improvements in effective teaching of SRHE in Zimbabwean secondary schools. The researcher was able to maintain both subjectivity in her own reflections in research and objectivity in data collection and analysis on evaluation of effective teaching of SRHE in Zimbabwean secondary schools as opined by Feilzer (2010). The researcher had the freedom of choosing methods, techniques and procedures of research from both qualitative and quantitative traditions that met her needs and purposes in the evaluation of effective teaching of SRHE in Zimbabwean secondary schools as guided by Subedi (2016: 571). Pragmatism allowed the researcher to use multiple methods, different worldviews, and different assumptions, as well as different forms of data collection and analysis. It offered the researcher the opportunity to get opinions on how the different stakeholders viewed the teaching of SRHE in Zimbabwean secondary schools.

The pragmatism paradigm adopted informed the research approach used in the current study. The research approach used in the current study is discussed in the next section.

3.3 RESEARCH APPROACH

A research approach is a plan and procedure for research that spans the steps from broad assumptions to detailed methods of data collection, analysis, and interpretation (Creswell, 2014:31). The pragmatism paradigm led the researcher to embrace a mixed methods research (MMR) approach. The next section discusses mixed methods research approach.

3. 3.1 Mixed methods research (MMR) approach

Mixed methodologists present an alternative to quantitative and qualitative traditions by advocating the use of whatever methodological tools are required to answer the research questions under study (Doyle, 2012: 177; Pardede, 2018: 231; Saunders et al., 2009: 153; Subedi, 2016: 570; Teddlie & Tashakkori, 2003: 711; Wium & Louw, 2018: 5). Through using (MMR) in a single study, the researcher was able to draw from both qualitative and quantitative realities (Creswell, 2014: 39; Maxwell, 2016: 14; Shannon- Baker, 2016:321; Tashakkori & Creswell, 2007:4; Wium & Louw, 2018: 3). Through use of mixed methods, the researcher collected and analyzed both quantitative and qualitative data to address the study's research questions (Creswell, 2014: 266). Mixing methods enriched understanding and developed adequate insights into the teaching of SRHE in secondary schools through collection, analysis, and mixing of both quantitative and qualitative data in a single study. A mixed methods approach was best suitable for the current study and provided a better understanding of the evaluation of teaching of SRHE in secondary schools.

Mixed methods research enabled the researcher to combine the strengths of both qualitative and quantitative research approaches and minimized the weaknesses of each approach (Bentahar & Cameron, 2015: 5; Creswell, 2014: 266; Onwuegbuzie & Johnson, 2006: 54; Szyjka, 2012: 111) in evaluating teaching of SRHE in secondary schools in Zimbabwe. Collecting both quantitative and qualitative data provided the researcher with a greater scope to investigate educational issues using both words and numbers to the benefit of educational establishments and society as a whole (Almalki, 2016: 288). Through using mixed methods, the researcher was able to get detailed views of SIs, heads, HODs, teachers and secondary school students.

Mixing of data provided a stronger understanding of how SRHE is taught in Zimbabwean secondary schools than either quantitative or qualitative research could achieve by itself (Armitage, 2007: 5; Creswell, 2014: 264). As summarized by Doyle et al. (2012: 179), the

benefits of using mixed methods include triangulation, completeness, offsetting weaknesses and providing stronger inference and explanation of findings. Both quantitative and qualitative approaches to research enabled the researcher to have findings that strengthened an examination of how SRHE programme is being implemented in secondary schools in Zimbabwe. The researcher used closed- ended questionnaires, face to face interviews, and focus group interviews to collect quantitative and qualitative data. All these tools were necessary in answering research questions and to enhance the validity, dependability, and trustworthiness of the data and their interpretation (Zohrabi, 2013: 254). Research questions were answered with information that was presented in both numerical (quantitative) and narrative (qualitative) forms. The researcher also mixed participants drawn from Guidance and counselling schools inspectors, school heads, guidance and counselling HODs, G & C teachers and secondary school students. Using the different methods and participants, data were collected to help create a complete understanding of the research problem, or to develop multiple perspectives on a phenomenon with quantitative outcomes being enhanced or explained using qualitative data from interviews and FGDs (Wium & Louw, 2018:4). The researcher collected both quantitative and qualitative data rich in attitudes, beliefs, and values concurrently and the data were not constrained by rigid data collecting frameworks (Jimmy-Gama, 2009:100). The researcher found it necessary to mix survey data with richer qualitative data to have a full picture of the teaching of SRHE in secondary schools.

Below is a discussion on the quantitative approach.

3.3.1.1 The quantitative approach

The quantitative approach employs the language of numbers, the syntax of mathematical operations and represented data in numerical values and employed statistical tools in the collection and interpretation of data (Kura, 2012: 11; Rajasekar et al., 2013: 9). The quantitative approach enabled the researcher to collect data from several respondents, settings, and times. The quantitative approach enabled the researcher to cover a large area and reach many respondents in a short period of time within reasonable costs (Chireshe, 2006: 87; Cooper & Schindler, 2014: 219; Creswell, 2009: 32; Daniel, 2016: 94; Mathers, Fox & Hunn, 2009: 6). The use of the quantitative approach eliminated bias during data collection since the researcher was not in direct contact with participants (Daniel, 2016: 94). In this study, the approach was appropriate because it allowed the researcher to collect quantitative data from G & C teachers and secondary school students from 3 provinces and compared their responses on the teaching of SRHE in secondary schools in Zimbabwe.

The use of the quantitative approach enhances the replicability of the study. A study done using quantitative approach can be repeated at any other time or place and still get the same results (Daniel, 2016: 94). The use of quantitative approach enabled the researcher to summarize data in tables which facilitated generalizations to all secondary school SRHE teachers and students (Kura, 2012: 12). The quantitative approach allowed the researcher to test hypothesis accurately and make inferences from chi- square tests which led to general inferences about the population characteristics (Harwell, 2011:149). The use of the quantitative approach enabled the researcher to perform different statistical operations using SPSS (Daniel, 2016: 94). With the quantitative approach the researcher was able to make inferences from tests of statistical hypotheses that led to general inferences about the teaching of SRHE in secondary schools in Zimbabwe.

The quantitative approach allowed for standardization and was suitable for tabulation and statistical analysis and was sensitive to subgroup differences (Burns & Bush, 2003: 238). The sub- groups in the current study were SRHE teachers and secondary school students. Standardization ensured that all respondents were asked similar questions and were exposed to similar response options for each question that was pre-set and organized in a particular arrangement. Quantitative approach enabled the researcher to collect data from a large sample and computer processing allowed quick tallies, cross- tabulations and inferences (Burns & Bush, 2003: 238). This was relevant for the current study that sought to gather information on the opinions of a large number of teacher and student respondents from Manicaland, Masvingo and Mashonaland East provinces on the teaching of SRHE in secondary schools .

The quantitative approach was useful in obtaining an overall picture of the area under study. (Kumar, 2011: 105). The results that were obtained using the quantitative approach were externally validated such that they could be generalized to all SRHE teachers and students in Zimbabwe. The quantitative approach and its scientific methods of data collection and analysis made generalization possible (Daniel, 2016: 94). The quantitative approach was also appropriate for this study which sought to assess perceptions, attitudes, and beliefs of students and teachers on effective teaching of SRHE in secondary schools in three provinces in Zimbabwe.

The next section discusses the qualitative approach.

3.3.1.2 Qualitative approach

The qualitative approach involves the examination of nuanced connections along with the social and contextual dimensions that give meaning to qualitative data (Roller, 2019: 2). The approach aims to interpret how the social world is experienced and understood by individuals within their social context (Dooly & Moore, 2017: 3). Qualitative research relies on integration of data from a variety of methods and sources of information (Maxwell, 2008, 236). The qualitative approach enabled the researcher to study phenomena in their natural settings which helped the researcher to produce a thick description of how SRHE is taught in secondary schools. The close relationship that exists between the researcher and participants in qualitative research makes it easy for the participant to contribute to shaping the research (Daniel, 2016: 93). The qualitative approach enabled the researcher to hold interviews and FGDs with participants to gain insight into their attitudes, beliefs, and perceptions on the teaching of SRHE in secondary schools. Qualitative research reduced the risk that the researcher's conclusions reflecting only the systematic biases or limitations of some methods and allowed the researcher to gain a better assessment of the generality of explanations that the researcher developed (Maxwell, 2008: 235). The qualitative approach was meant to collect data that could not be collected using quantitative methods. The approach allowed the researcher to interact meaningfully with participants and collect natural data. The interactions took place where they would naturally occur and are not re-constructed or taken out of context (Dooly & Moore, 2017: 5). The qualitative approach allowed the researcher to collect abundant non- numerical data about real life experiences and situations to create a wider understanding of human behaviour (Daniel, 2016: 93). Reliance on the collection of non-numerical primary data such as words by the researcher made qualitative research well-suited for providing factual and descriptive information (Daniel, 2016: 93).

The researcher identified specific quantitative questions that needed additional explanation. The qualitative approach allowed the researcher to collect data that provided a better understanding of the teaching of SRHE in Zimbabwean secondary school than could be achieved using quantitative data. The qualitative approach placed emphasis upon exploring and understanding the meanings that individuals or groups ascribed to a social or human problem (Creswell, 2014: 4). The approach enabled the researcher to see patterns, identify themes, discover relationships, develop explanations, and mount critiques of the collected data (Dooly & Moore, 2017: 3). Human behaviour which includes interaction, thought, reasoning, composition, and norms were studied holistically through in- depth examination of phenomenon (Daniel, 2016: 93). The use of the qualitative approach made, expressions and

experiences of participants easier to understand (Daniel, 2016: 93).

The research approach influenced the selection of the research design. Mixed methods provided the researcher with many design choices which involve a range of sequential and concurrent strategies (Terrell, 2012: 255). The next section discusses the research design that was used in the study.

3.4 RESEARCH DESIGN

A research design is a plan and structure of investigation so conceived as to obtain answers to research questions (Creswell, 2009: 22; Cooper & Schindler, 2014: 125; Kumar, 2011: 94; Saunders, Lewis & Thornhill, 2007: 130). The type of design one employs depends on the theoretical perspective, the priority of strategy, the sequence of data collection, and the point at which data are integrated (Terrell, 2012: 260). A research design ensures that the procedures undertaken are adequate to obtain valid, objective and accurate answers to research questions (Kumar, 2011: 97).

There are three basic research designs in MMR, which include the explanatory sequential design, exploratory sequential design and the concurrent triangulation design (Bryman, 2015; Creswell & Plano Clark, 2011; Johnson, 2014). The present study employed the concurrent triangulation (CT) design.

3.4.1 Concurrent triangulation (CT) design

The researcher used concurrent (convergent) procedures to converge quantitative and qualitative data in order to provide a comprehensive evaluation of the teaching of SRHE in Zimbabwean secondary schools. In this case, the qualitative and quantitative data were collected simultaneously (Wium & Louw, 2018: 5). Triangulation is defined as measuring the same concept using two or more methods (Bentahar & Cameron, 2015: 6; Cooper & Schindler, 2014: 166; Kadushin et al., 2008: 46). Concurrent triangulation design was used because it involved collection of both quantitative and qualitative data concurrently and then the comparison of the two data sets to determine if there was convergence, difference or combination and to offset the weaknesses of one method with the strengths of the other (Bentahar & Cameron, 2015: 7; Creswell, 2009: 213, 214; Pardede, 2018: 234). The concurrent triangulation design allowed the researcher to collect complimentary yet distinctly different data on the same topic which were then integrated for analysis and interpretation (Almalki, 2016: 292). The Researcher used concurrent triangulation to confirm, corroborate and cross- validate data within a single study (Pardede, 2018: 233; Terrell, 2012: 268). The

researcher collected data from students, teachers, HODs, school heads and inspectors, using different procedures to heighten the dependability and trustworthiness of the data and their interpretation (Zohrabi, 2013: 254). Since the present study evaluated the teaching of SRHE in schools and sought views of students, teachers, HODs, school heads and inspectors using both quantitative and qualitative data, CT design was most appropriate. The quantitative data and results from the respondents provided a general picture of the research problems while qualitative data enabled the researcher to identify, refine and explain the general picture of how SRHE programme is implemented in Zimbabwean secondary schools. The concurrent triangulation design enabled the researcher to collect different but complementary data that enabled the researcher to develop more understanding of how SRHE was taught in Zimbabwean secondary school. Data were analysed independently and then integrated during the interpretation phase. The design also enabled researcher to make inferences from the data collected and to make validation of results.

Below is the diagrammatic representation of the concurrent triangulation design.

Fig 3.1 Diagram of concurrent triangulation design

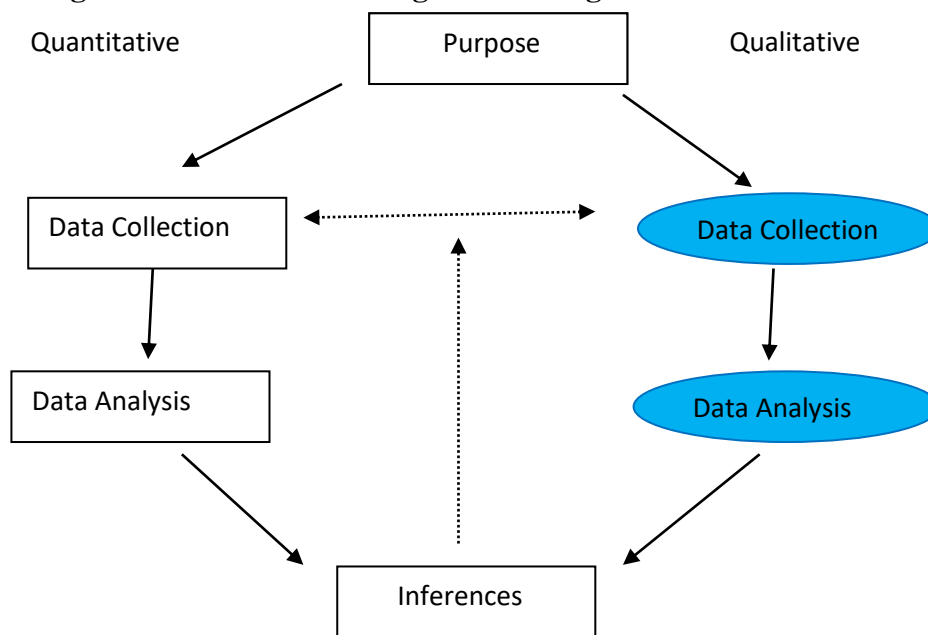


Diagram adapted from (Roslyn Cameron, 2009)

The next section discusses the population for the study.

3.5 POPULATION

A population is the total collection of elements about which a researcher wishes to make some inferences (Chireshe, 2006: 113; Cooper & Schindler, 2014: 338; Creswell, 2009: 22;

Saunders et al., 2009: 212). The target population of the study were all adolescents (11- 24) years (approximately 1000 000) in secondary schools, all SRHE teachers which falls under G & C (approximately 15 000), all G & C HODs (approximately 8 000), all secondary school heads (approximately 10 000) and all G & C schools inspectors at provincial level (10) in all mixed secondary schools (those schools that teach both boys and girls) in Zimbabwe. The target population was not manageable due to its size, time, money and manpower. As a result the target population was scaled down to three provinces: Masvingo, Manicaland and Mashonaland East. The population was further scaled down to urban secondary schools in the three selected provinces for easy accessibility and because it promised to be data-rich. SRHE falls under guidance and counselling in secondary schools. Guidance and Counselling schools inspectors, school heads, G & C HODs, G & C teachers were selected because they are knowledgeable and are the implementers of SRHE. They were able to give the required information on the teaching of SRHE in secondary schools. Students were included because they are the direct beneficiaries of the programme. Their views were very important in this study. They were able to give exactly what transpired in secondary schools as far as the teaching of SRHE was concerned. The study included G & C teachers who were also the SRHE teachers from the sampled schools. The population was drawn from government and church schools. Although parents were part of key informants, the researcher did not directly involve them due to lack of financial resources and other logistics. Parents were engaged through students.

The sample used is discussed in the next section.

3.6 SAMPLE AND SAMPLING PROCEDURE

The basic idea of sampling is that by selecting some of the elements in a population, we may draw conclusions about the entire population (Cooper & Schindler, 2014:338). Since the study used a mixed methods approach, different sampling techniques were employed at various stages of the study. A sample is part of a population (Saunders et al., 2009: 212). A sample of 543 participants (480 secondary school students, 60 SRHE teachers and 3 G & C SIs) was selected so that inferences about the population could be made or be drawn from it. Students were of age range 11- 24 years old.

Convenience sampling was used to select the provinces of Manicaland, Masvingo and Mashonaland East. The provinces were selected because of their proximity and convenience to the researcher and also because they promised to be data rich. Convenience sampling was

used because of its low cost and easy to use in data collection. The urban towns were selected using purposive sampling.

The types of schools (Government and church) were selected using stratified sampling. Guidance and Counselling schools inspectors were asked to assist by providing lists of secondary schools according to their status (government or church). Six urban schools (one government and one church from each province) were studied from the three provinces. These were selected because they were easy to reach. The other reason for selecting only urban schools was because of limited funds. In this study the population was stratified according to type of school (Government or church), level of students (form 3, form 4, form 5 and form 6) and gender of students. Using this technique, the population was stratified into a number of non-overlapping sub-populations or strata and sample items were selected from each stratum (Kothari, 2004: 16). The sample was representative of the population in respect of gender, level of students and type of school. This enabled the researcher to obtain views of the different groups on the teaching of SRHE in secondary schools. The sampled group of students was most suitable because they had stayed in the school for more than two years. As a result their responses most likely represented a true picture of what could be happening in the schools. Another reason for selecting such students was that most of them were most likely able to read and understand English.

The first stage saw the researcher identifying the participating provinces of Masvingo, Manicaland and Mashonaland East through convenience sampling based on their proximity and convenience to the researcher. Urban and peri-urban schools were conveniently selected because of their accessibility. After stratified sampling of the schools, two schools were randomly selected from each of the sampled provinces. Schools inspectors provided lists of peri-urban and urban secondary schools according to their status (government and church).

Students in Forms 3, 4, 5 and 6 were selected through stratified sampling, followed by simple random sampling. The group of students (40 from each sampled school), were selected on the assumption that they could read and understand English. Stratified random sampling ensured that the sample encompassed the nature of schools, different levels or forms and the different gender identities of students. All in all, 553 participants (480 students, 3 G & C SIs, 6 school heads and 58 G & C teachers and 6 G & C HODs) participated in the study.

School heads, G& C SIs and G & C HODs were selected using purposive sampling. Purposive sampling is recruiting specified types of people because they have characteristics of interest to

the theoretical concerns of the researcher (Howitt & Cramer, 2011: 237). The three G & C SIs for the three provinces in charge of Guidance and Counselling were selected for interviewing. The school head, G & C HOD and one G & C teacher per school were interviewed on the assumption that they were well versed in the area of SRHE and were able to provide the researcher with information needed on the evaluation of the effectiveness of the teaching of SRHE in secondary schools. The school heads were part of the sample because they were directly involved in the organization of the SRHE programme and supervision of teachers who taught SRHE under G & C in the schools.

Simple random sampling was used to select the students for questionnaire completion. Simple random sampling involves selecting the sample at random from the sampling frame using random number tables, a computer or an online random number generator (Saunders et al., 2009:222). Using simple random sampling, each population element had an equal and independent chance of selection (Cooper & Schindler, 2014: 351; Kumar, 2011: 180). In this study each student in the sampled schools and sampled classes had an equal opportunity of being selected in the study that evaluated the teaching of SRHE in secondary schools in Zimbabwe. To ensure equal representation of girls and boys the sampling was done separately. At each sampled school, 40 girls (10 from each form) and 40 boys (10 from each form) were selected. School registers were used to separate boys from girls and the new lists were used to number the participants. To get the final lists of participants, computer generated random numbers were used. While the sample for each school was 40 girls and 40 boys, 50 random numbers were generated for each sex at each school to allow for replacement of the students who were absent during the data collection period. Students with numbers that matched the generated numbers participated in the study. The use of computer random numbers allowed the researcher to take the next person if the one selected was absent until the sample was adequate. Students who participated in focus group discussions were selected using convenience sampling from those who had completed the questionnaire. A list of teachers that participated in the study was selected following the same procedure. Those teachers that matched the random numbers participated in the study. The questionnaires were completed while the researcher and the research assistants waited. Distribution of participants and their breakdown is presented in Table 3.1 below.

Table 3.1 Distribution of G & C SIs, school heads and teachers and their breakdown N=67

Respondents	Biographic Variable	Variable Description	Responses
School Inspectors	Province	Mutare	1 (33 %)
		Masvingo	1 (33 %)
		Mash East	1 (34 %)
		Total	3 (100%)
	Gender	M	0(0%)
		F	3 (100%)
		Total	3 (100 %)
	Highest Qualifications	First degree	0 (0 %)
		Masters	3 (100%)
		PhD	0 (0%)
Total		3 (100 %)	
School Heads	Province	Mutare	2 (33 %)
		Masvingo	2 (33 %)
		Mash East	2 (34 %)
		Total	6 (100%)
	Gender	M	6 (100%)
		F	0 (0 %)
		Total	6 (100 %)
	Age	31-40 years	0 (0)
		41-50 years	3 (50%)
		Over 50 years	3 (50 %)
		Total	6 (100 %)
	Highest qualification	CE	0 (0 %)
		First degree	0 (0%)
		Masters	6 (100%)
		Total	6 (100%)
	Experience as school head	0-5 years	0 (0 %)
		6- 10 years	3 (50 %)
		11- 15 years	2 (33.3 %)
		Above 15 years	1 (16.7 %)
		Total	6 (100%)
Guidance and counselling teachers	Province	Mutare	2 (33 %)
		Masvingo	2 (33 %)
		Mash East	2 (34 %)
		Total	6 (100 %)
	Gender	F	30 (65.5 %)
		M	28 (34.5 %)
		Total	58 (100 %)
	Age	20-30 years	10 (17.2 %)
		31-40 years	20 (34.5 %)
		41-50 years	21 (36.2 %)
		50+ years	7 (12.1 %)
		Total	58 (100%)
	Highest qualification	CE/ Diploma	18 (31.1 %)
		First degree	35 (60.3 %)
		PGDE	5 (8.6 %)
		Total	58 (100%)
	Experience as G & C teacher	1-5 years	34 (58.6)
		6-10 years	11 (19.0)
		11-15 years	8 (13.8)
		16+	5 (8.6)
Total		58 (100)	

Table 3.1 shows that there were no male guidance and counselling schools inspectors and no female school heads in the sampled schools. All school heads and inspectors had a masters degree. Additionally, there were more female teacher respondents (65.5%) than male teacher respondents (34.5%). This was however a true picture of the situation in urban schools. The same table shows an equal number of respondents from government and church schools. This scenario enabled the researcher to get views from both types of schools to find whether there are significant differences in responses. From table 3.1, it is very clear that a significant number of teachers were mature and as a result were able to give informed views about the teaching of SRHE in secondary schools. Data in table 3.1 further shows that all teachers in the sampled schools were professionally qualified with the majority (68.9%) of them having a teaching degree. The assumption here was that all those teachers, because of their qualifications, had some knowledge on SRHE in secondary schools from their different training. The same table shows that many of the teachers (65.5%) had SHRE teaching experience of 10 years and above. Such experience had a significant influence on teachers' views and attitudes on the teaching of SRHE in secondary schools. Experience as SRHE teacher also varied with most respondents (58.6%) having SHRE teaching experience of between 1- 5 years. This might be because SRHE was not compulsory in schools.

Table 3.2 Distribution of secondary school students and their breakdown N=480

RESPONDENTS	BIOGRAPHICAL VARIABLE	VARIABLE DESCRIPTION	FREQUENCES
Secondary school students	Type of school	Government	240 (50%)
		Church	240 (50%)
		Total	480 (100 %)
	Gender	Males	240 (50%)
		Females	240 (50%)
		Total	480 (100 %)/
	Age	11-13 years	1 (0.2 %)
		14-16 years	152 (31.7 %)
		17-19 years	306 (63.8 %)
		20+ years	21 (4.4 %)
		Total	480 (100%)
	Level	Form 3	120 (25 %)
		Form 4	120 (25 %)
		Form 5	120 (25 %)
		Form 6	120 (25 %)
		Total	480 (100%)

Table 3.2 shows that respondents were selected from different classes and from government and church schools. The table also shows that respondents were a representation of form 3, form 4, form 5 and form 6 students in equal proportion from sampled schools. The equal number of male and female students is a true reflection of the situation in secondary schools where there are almost the same number of male students and female students. Table 3.2 also shows that selected students were in the 13- 24 years age range with the majority (63.8%) falling in the 14- 19 years age range. This indicates that most of the students were mature enough to be able to understand instructions and to respond to the questionnaire items (appendix C).

3.7 INSTRUMENTATION

The concurrent triangulation design required the use of a variety of research instruments. Accordingly, data were collected through questionnaires, interviews, and FGDs. Questionnaires were used to collect data from teachers and students. Semi-structured interviews were conducted with G & C SIs, school heads, G & C HODs, and teachers . FGDs were used to collect qualitative data from students. The next section discusses the instruments that were used in the study.

The next section discusses questionnaire as an instrument.

3.7.1 Questionnaire

Questionnaire is a general term that includes all techniques of data collection in which each person is asked to respond to the same set of questions in a predetermined order (Saunders, et al., 2009: 360). It provides an efficient way of collecting responses from a large sample prior to quantitative analysis because each respondent is asked to respond to the same items. Questionnaires were used because they were cost and time efficient and thus enabled the researcher to collect data on a large scale (Zohrabi, 2013:255). The questionnaire was distributed to secondary school students and SRHE teachers. The questionnaires for both students (appendix C) and teachers (appendix B) had six sections. They consisted of a section on biographical data and five other sections with items derived from the research questions. The questionnaire contained open-ended questions that secondary school students could read and understand. The questionnaire was used because it could obtain a large amount of data within a reasonably short space of time, it secured the anonymity of participants, and had the advantage of reducing bias errors because data were collected without the influence of the researcher.

Questionnaire items were in the form of a five-point Likert scale. A Likert scale is based on the assumption that each item on the scale has equal attitudinal value in terms of reflecting attitude towards the issue in question (Kumar, 2011: 339). Using a Likert scale, respondents were asked to rate their level of agreement with each of the questionnaire statements (Jackson, 2010: 112). In a Likert scale, each response was given a numerical score to reflect its degree of attitudinal favourableness and scores were summed to measure the participant's overall attitude (Cooper & Schindler, 2014: 278). Respondents were presented with one or more attitudinal statements and asked to score each statement on a Likert scale. The Likert scale was used because it was easy and quick to construct, was more reliable, and provided a greater volume of data than other scales. Data from a Likert-type scale is also very easy to statistically analyze (Jackson, 2010: 112).

A limitation of the questionnaire is that ambiguity and vagueness of some questions might lead to inaccurate and unrelated responses (Zohrabi, 2013: 255). A poorly constructed questionnaire may have ambiguous questions that are difficult to understand. This limitation was overcome by asking the supervisor and other experts in the area of SRHE to review the items.

Development of the questionnaire was guided by the literature review. Examples of questionnaire items derived from the literature are shown in Table 3.3 below:

Table 3.3 A grid showing examples of questionnaire items obtained from literature by authors

Author (s)	Items
Miyakado, 2013: 240; Mkumbo, 2014: 653; McCall, 2015: 9; (Netshikweta et al. 2018: 323; McCall, 2015: 9; Awusabo- Asare et al., 2017: 5; Emmanuel, 2015:18; Leon- Himmelstine & Rost, 2019: 328; Esohe & PeterInyang, 2015: 96; Kalanda, 2010: 6; Sidze et al., 2017: 21, 23; Chandra- Mouli et al., 2017: 336	SRHE content and services provided to secondary school students in secondary schools.
Sidze et al., 2017: 21; Shams et al., 2017: 2; Zulu et al. (2019: 2; Wanje et al., 2017: 2; Deger & Balci, 2018: 1; Zulu et al., 2019: 7; Panchaud et al., 2019: 289; Netshikweta et al.,2018:323; Gruskin et al., 2019: 3; Ogolla & Ondia, 2019: 118; Gudyanga et al., 2019: 37; Bonjour & van der Vlugt, 2018: 12; Azizi et al., 2017: 2	Implementation of SRHE programme in secondary schools.
; Kapinda & Hyera, 2015: 109;; Kalanda, 2010: 170; Kalanda, 2010: 170; Plourde et al., 2016: 2; Li et al., 2017: 2; Ngwoke et al., 2013: 3; Songok et al., 2013: 114; Ogolla & Ondia, 2019: 110; Onoyase, 2018: 1; Panchaud et al., 2019: 278; Muanda et al., 2018: 12	Benefits of implementing the SRHE programme in secondary schools.
Wiley, 2012: 308; Thaver & Leao, 2012: 87; Puyate, 2008: 11; Bilinga & Mabula, 2014: 27; McKay & Bissell, 2010: 10; Atuyambe et al., 2015: 2; Sidze et al., 2017: 37; Leon- Himmelstine & Rost, 2019: 10; Gruskin et al., 2019: 4; Smith et al., 2011: 44; Atuyambe et al., 2015: 2; Thaver & Leao , 2012: 88	Policies and strategies and implementation of SRHE in secondary schools.
Bonjour & van der Vlugt, 2018: 17; Frounta & Zartaloudi, 2016: 208; Nakwenda, 2017: 6; Sidze et al., 2017: 37; Zulu et al., 2018: 7; Bonjour & van der Vlugt: 2018: 17; Panchaud et al., 2019: 291; Stephanie, 2016: 33, LeBrun & Omar, 2015: 4; WHO, 2017:8; Frounta & Zartaloudi, 2016: 210; Sidze et al., 2017: 44)	Teachers' training and the implementation of SRHE programme in secondary schools.
Smith et al., 2011:51; Beaumont & Maguire ,2013: 26;Godswill, 2012: 291;Mayabi et al.,2014: 43,; Nyarondia, Ongong'a & Omolo, 2014: 208; Aaro et al., 2014: 9;; Emmanuel, 2015: 61; Villa- Torres & Svanemyr, 2015: 8; Nakwenda, 2017: 6; Chireshe & Chireshe, 2017: 21; Ogolla & Ondia, 2019: 118	Material resources and implementation of the SRHE programme in secondary schools.
Wanje et al., 2017: 2;; ; Kumar et al., 2017: 4; Onoyase, 2018: 166; Sidze et al., 2017: 44; Ram et al., 2020: 5; Breuner et al., 2016: e4; Ayalew et al., 2019: 3; Mouhanna & Dejong , 2019:11; Panchaud et al., 2017: 290; Shams et al., 2017: 2,; Ayalew et al., 2019: 4, Mouhanna & Dejong , 2017: 11; Zulu et al., 2019:2	Stakeholders' attitudes and culture and the teaching of SRHE in secondary schools.
Aaro et al., 2014: 11; and Dayton, 2010: 56; Ngwoke et al., 2013: 6; Phillips & Martinez,2010: 378; ; Godswill, 2012: 290; Ngwoke et al., 2013: 17; Miyakado & Timothy, 2014: 284; Esohe & PeterInyang, 2015: 97; Kapinga & Hyera, 2015: 111; Aninanya et al., 2015: 3; Chireshe & Chireshe, 2017: 32; Nakwenda, 2017: 5	Enhancing the teaching of SRHE in secondary schools.

The following broad categories were used in the questionnaire (Appendices B and C):

Section A. Biographical data of the individual respondents.

Section B. Items on how SRHE programme is implemented in secondary schools.

Section C. Items on SRHE content taught in secondary schools.

Section D. Items on perceived benefits of SRHE to secondary school students.

Section E. Items on factors affecting the implementation of the SRHE programme in secondary schools.

Section F. Items on how the teaching of SRHE can be enhanced in secondary schools.

The questionnaires had some limitations in that they did not give the researcher the opportunity to probe deeper into the respondent's opinion and feelings (Burns & Grove, 2005:35). Most of the responses given were final and without any clarification. This limitation was overcome by using face-to-face and group interviews. The next section discusses the interview as an instrument for collecting qualitative data.

3.7.2 Face-to-face interviews

The interview guide contained structured questions designed to obtain information by means of communicating with each interviewee. Interviews allowed the researcher to obtain details of personal reactions and specific emotions. Face-to-face interviews were used with sexual and reproductive health education officers and teachers. An interview is a purposeful discussion between two or more people (Saunders et al., 2009: 318). Three sexual and reproductive health education officers (1 per province) were interviewed using the sexual and reproductive health education officers' interview schedule (appendix D). Six sexual and reproductive health education teachers (one from those who completed the questionnaire for teachers at each sampled school for the 6 schools) were selected to participate in a face-to-face semi-structured interview for teachers per sampled school. Open-ended question items on the interview schedule (appendix E) allowed respondents to state responses in their own words and the researcher to capture diverse, richer, and complex perspectives of the respondents without any limitations (Bird, 2009: 1311; Cohen et al., 2007: 322; Jackson, 2010: 112; Mathers, Fox & Hunn, 2009: 20; Nardi, 2006: 72; Zohrabi, 2013: 255). As the respondent answered the question, the researcher sought clarification through probing. The researcher was able to tape record the conversation and to take notes on non-verbal cues as the interview progressed. Responses to open-ended questions more accurately reflected what the respondents wanted to say (Nunan, 1999: 143). The use of interviews helped the

researcher to gather valid and reliable data that were relevant to research questions and objectives. In these interviews, the researcher had a list of themes and questions to be covered (Saunders et al, 2009: 320). With semi- structured interviews, there was some prior planning but there was freedom to vary the course of the interview based on participant's responses. During an interview, answers to posed questions were tape- recorded and some notes were taken during the discussions with participants' consent. The interview helped the researcher to obtain information which could not be obtained through the questionnaire. Semi-structured interviews allowed the interviewer to clarify unclear terms and to probe for additional information. Information from the interview was used to refine, extend, validate and authenticate information from the questionnaires.

Semi – structured interviews were conducted with 3 G & C SIs, 6 school heads; 6 G & C HODs and 6 SRHE teachers. In an interview, the interviewer asks the interviewee questions while responses are being recorded. In these interviews the researcher listed themes and questions to be covered (Saunders, et al, 2009: 320). The other processes that improved reliability of instruments were: debriefing, verbatim records, comparisons and thick descriptions. The order of questions varied depending on the flow of the conversation. Interviews gathered data about people's beliefs, perceptions, feelings, motives, past and present behaviours, and events (Zohrabi, 2013: 255) about the teaching of SRHE in secondary schools. Interviews allowed the interviewer to determine the wording of the questions, to clarify unclear terms, and to probe for additional information. The interviewer probed and got more clarity to the interviewee's answers. The interview helped the researcher to obtain information which could not be obtained through the questionnaire. Information from the interview was used to validate information from the questionnaires.

The next section discusses FGDs as a method for collecting data. Students were engaged in FGDs.

3.7.3 Focus Group Discussions (FGDs)

Focus group refers to group interviews where the topic is defined clearly and precisely and there is a focus on enabling and recording interactive discussion between participants (Saunders et al. 2009: 343). The researcher used FGDs with secondary school students. FGDs were used because they reduced the cost of research by gathering views of many students in a short period of time. Additionally, FGDs allowed for the emergence of a group generated perspective. The researcher was able to examine in detail how the group members thought and felt about SRHE. The researcher was able to draw from upon respondents' attitudes,

feelings, beliefs, experiences and reflections (Gundumogula, 2020: 300). Twelve FGDs were held with 144 students (12 females and 12 males from each of the 6 sampled schools). Participants were selected using convenience sampling where the selected respondents were able to provide valuable data on teaching of SRHE in secondary schools. These were selected from a sample that had completed the questionnaire for students. FGD participants were selected from those students who had also completed the questionnaire. The number of students sampled allowed the researcher to have focus groups of reasonable size.

It was necessary for the researcher to establish the appropriateness, quality and accuracy of procedures adopted for finding answers to research questions (Kumar, 2011: 163). The next section discusses the reliability of instruments that were adopted for this study.

3.8 RELIABILITY

Reliability refers to administering the same instrument to the same group of respondents or different groups of people under different situations and getting the same results under comparable conditions or dependability and consistency of the data (Babbie, 2009: 143; Bird, 2009: 1311; Burns & Grove, 2012: 332; Saunders et al., 2009: 156; Zohrabi, 2013: 258). Reliability of a research instrument refers to its consistence, accuracy, precision and stability (Kumar, 2011: 167). A reliable instrument is predictable and accurate. The questionnaires were pre- tested through a pilot study. The pilot study enabled the researcher to ensure that all relevant issues were included, that the item ordering was correct, that the wording was not misleading, that pre- codes were correct, and that the researcher had not forgotten or omitted some important issues (Mathers et al., 2009: 30).

When the questionnaires had been completed, the researcher checked each completed pilot questionnaire to ensure that respondents had no problems understanding or answering questions and had followed all instructions correctly. The given responses provided the researcher with an idea of the reliability and suitability of the questions (Saunders et al. 2009: 394). The questionnaires were pre-tested in a neighbouring local government school on 30 students and 10 teachers before use in the study. After the pre- test, an analysis that informed corrections and modifications of the final questions was done. The researcher identified obscure terminology, ambiguous words and phrases that she did not initially identify to ensure that questions were clearly articulated. The pilot group was given the corrected instrument to complete and responses were recorded.

Reliability was also achieved through triangulation involving the use of different instruments and different groups of respondents. Collecting varied types of data through different sources can enhance the reliability of the data and the results (Zohrabi, 2013: 258).

The results of the pilot study are given in table 3.4.

Table 3.4: Secondary school students’ test re-test scores (N = 30)

Students’ Pre-test	196	149	144	195	126	164	159	159	213	160	177	145	206	200	198
Students Post-test	196	166	147	196	126	163	175	164	204	154	180	144	200	199	184

Students’ Pre-test	163	167	165	205	131	200	199	190	202	143	192	186	179	152	158
Students Post-test	172	178	168	196	138	184	207	184	201	147	194	189	184	157	164

Table 3.5: Secondary school teachers’ test re-test scores (N = 10)

Teachers’ Pre-test	292	299	262	254	247	272	223	174	243	251
Teachers’ Post-test	292	299	263	251	225	259	228	193	255	254

The Pearson correlation coefficient was calculated to establish the reliability of the instrument. The correlation coefficient for students (Table 3.4) was 0.954045 while that for teachers (Table 3.5) was 0.948022. The high correlation co-efficient signifies high reliability of instruments. The necessary corrections were done before the instruments were administered to the study sample.

Reliability was also measured using Cronbach’s alpha. Cronbach’s alpha is a measure of internal consistency reliability of questionnaire items (Bonnet, 2014: 1; Taber, 2016: 5). Internal consistency of items per theme is illustrated in table 3.5 below.

Table 3.6: Cronbach's alpha reliability of internal consistency for Likert-scale sections

Themes	Section	Type of respondents	Cronbach's Alpha	Number of items
SRHE content taught	Table 4.1	Teachers	0.9	16
		Students	0.9	17
How SRHE is taught	Table 4.2	Teachers	0.9	15
		Students	0.6	11
Benefits	Table 4.3	Teachers	0.7	9
		Students	0.6	8
Policies as a factor	Table 4.4	Teachers	0.9	10
Training as a factor	Table 4.5	Teachers	0.9	8
Resources as a factor	Table 4.6	Teachers	0.8	5
		Students	0.7	5
Attitudes and perceptions as a factor	Table 4.7	Teachers	0.9	9
		Students	0.6	8
Enhancing teaching of SRHE	Table 4.8	Teachers	0.8	7
		Students	0.7	6

All sections had $\alpha = 0.6$ and above indicating an acceptable reliability level for both the teachers and the students' questionnaires.

3.9 VALIDITY

Validity refers to the ability of an instrument to measure what it was designed to measure (Burns & Grove, 2012: 334; Kumar, 2011: 165; Bird, 2009: 1311; Saunders et al. 2009: 157). The instrument should be considered valid by the researcher, the readership of the report, and experts in the field of study. The validity of the instruments was established through justification of each question in relation to the objectives of the study. The researcher ensured that the instruments satisfied face and content validity which were very relevant in the current study. Face validity is when researcher justifies the inclusion of a question or item in a research instrument by linking it with the objectives of the study (Kumar, 2011: 336). Through content validity, the researcher assessed the items of the questionnaire to establish that the items and the questions covered the full range of issues that were being measured (Zohrabi, 2013: 258). This allowed preliminary data analysis and ensured that the data to be collected answered the research questions. The researcher ensured that each aspect had similar and adequate representation in the questions or items. Validity was judged by the researcher, experts in the area under study, and the supervisor. This helped establish content validity and

enabled the researcher to make necessary amendments prior to pilot testing. With the assistance of experts in SRHE and the supervisor, items on the questionnaire which were not measuring what the scale was intended to measure were eliminated.

For the qualitative data, the researcher employed strategies to ensure trustworthiness of the research findings.

The next section discusses trustworthiness of qualitative data.

3. 10 TRUSTWORTHINESS OF QUALITATIVE DATA

Quality criteria used in quantitative research are not suitable in judging the quality of qualitative research (Korstjens & Moser, 2018: 121). For qualitative data, the researcher employed strategies to ensure trustworthiness of the findings. Trustworthiness is defined as the degree of confidence in data interpretation and methods used (Connelly, 2016: 453). Trustworthiness can also be defined as a measure of the quality of the research (Mertens, 2015:353). The researcher established trustworthiness of the qualitative component of the study by ensuring the credibility, transferability, confirmability, and dependability of the study (Gunawan,2015: 10; Korstjens &Moser,2018: 121; Shenton,2003: 64).

The next section discusses how the credibility of the research data was achieved.

3. 10.1 Credibility

Credibility refers to the confidence that can be placed in the truth of the research findings obtained through use of standard procedures (Connelley, 2016: 435; Shenton, 2004: 64). Credibility of the researcher was also important in this study since the researcher was the major instrument of data collection and analysis (Shenton, 2004: 68). The research was approved to be conducted in secondary schools after scrutinizing its importance and realizing that it added value to effective teaching of SRHE in secondary schools in Zimbabwe. As Shenton (2004: 69) postulated, the researcher also reviewed previous studies on effective teaching of SRHE in secondary schools in different countries and areas from similar organizations and settings addressing comparable issues.

Credibility concerns whether the research findings represent plausible information drawn from the participants' original data and are a correct interpretation of the participants'

original views (Korstjensa & Moser, 2018: 121; Mertens, 2015:271).The researcher employed procedures such as line of questioning pursued in data collection sessions and methods of data analysis derived from those that had been successfully utilized in previous comparable studies (Shenton, 2004: 64). The researcher ensured that the research findings represented participants' original views using a pilot study, triangulation, peer examination and debriefing. Pilot testing was done to ensure that the FGD guide and interview guide collected credible and consistent data. Credibility was also enhanced through interviewing a variety of voluntary respondents (SIs, school heads, G & C HODs, G & C teachers, secondary school students) who all provided data on effective teaching of SRHE in secondary schools in Zimbabwe. Interview data and FGDs data were also triangulated to get a clearer picture of the effectiveness of the teaching of SRHE in Zimbabwean secondary schools. The researcher captured the actual experiences of participants through interviews and FGDs. The researcher also constantly debriefed with the study supervisor in ensuring the credibility of the research findings. The supervisor, fellow researchers, and specialists in the teaching of SRHE assisted in the development of the research instruments and other aspects of the study including the process of analysing data. Through debriefing, the researcher was able to recognise her own biases and preferences and worked to reduce them in order to get credible results. The researcher was able to refine her methods, develop a greater explanation of the research design, and strengthen her arguments by using feedback from research colleagues, peers and academics (Shenton, 2004: 67). The researcher developed meaningful codes and categories which helped in examining the data (Korstjensa & Moser, 2018: 122). Data triangulation was also achieved by using various data sets that emerged throughout the analysis process (Korstjensa & Moser, 2018: 122).

The section that follows discusses how the transferability of the research data was addressed in the current study.

3.10.2 Transferability

Transferability refers to the degree to which the results of qualitative research can be applicable, generalized and can be transferred to other contexts or settings or groups (Connelly, 2016: 435; Elo et al., 2014: 2;Korstjens & Moser, 2018: 121; Magwa & Magwa, 2015:94). To ensure transferability,the researcher clearly described how participants were selected, duration of data collection and the number of sessions that were conducted. Interview data transcripts were also very detailed and wellkept thus enabling readers and

other researchers to compare with those that they have seen emerge in their situations (Shenton, 2004: 70). All this enabled readers and other researchers to make judgements about the applicability of the research findings to their situation (Mertens, 2015:272). To establish transferability, the researcher also used purposive sampling to select key informants that included G & C SIs, school heads, G & C HODs, G & C teachers and secondary school students who had relevant data on the effective teaching of SRHE in secondary schools. As indicated by Korstjens and Moser (2018: 122), the researcher gave a rich account of the context in which the research was carried out, its setting, sample and sample size, sample strategy, demographic characteristics, length of data collection sessions, period over which data was collected, interview and FGD procedure and excerpts from interview and FGD guides. The sampled provinces and schools were adequate for results to be transferable to other respondents and contexts.

The next section discusses how confirmability of the research data was addressed.

3.10.3 Confirmability

Confirmability refers to the objectivity, that is, the potential for congruence between two or more independent people about the data's accuracy, relevance, or meaning (Elo et al. 2014: 2). It can also be defined as neutrality or the degree to which findings are consistent and could be repeated (Connelly, 2016: 435). Confirmability is concerned with establishing that data and interpretations of the findings are not figments of the inquirer's imagination, but clearly derived from the data (Korstjens & Moser, 2018: 121; Shenton, 2004: 72). Detailed methodological descriptions enabled readers and other researchers to determine the extent to which the data and constructs emerging from the data may be accepted and the extent to which other researchers may be able to trace the course of the research step by step via the decisions made and procedures described (Gunawan, 2015: 11; Shenton, 2004: 72). The researcher triangulated research approaches, instruments, and participants to ensure confirmability. Triangulation reduced researcher bias (Gunawan, 2015: 11; Shenton, 2004: 72). Use of different respondents and data sources enabled individual view points and experiences to be verified against those of others to gain a rich picture of the attitudes, perceptions needs or behaviour of those under study (Shenton, 2004: 66). The researcher drew participants from students (users) of information and professionals (SIs, school heads, G & C teachers) who were information designers and implementers. Participants were students in form 3, 4, 5, and 6 drawn from 6 secondary schools in three selected provinces of

Manicaland, Mashonaland East, and Masvingo. Selecting participants from different forms and schools reduced the effect of particular local factors peculiar to one form, school or province on the study. This also allowed for diversity in views of varied cultures in teaching of SRHE and awareness and understanding of practices in SRHE which permitted a better and more stable view of reality based on a wide spectrum of participants (Shenton, 2004: 67).

The next section discusses how dependability of the research data for the current study was achieved.

3.10.4 Dependability

Dependability means establishing stability, consistency, and neutrality of findings over time and under different conditions (Connelly, 2016: 435; Elo et al., 2014: 2; Korstjens & Moser, 2018: 122). It involves checking whether the analysis process was in line with the accepted standards for a particular design to allow consistency and neutrality (Korstjens & Moser, 2018: 122). To ensure dependability of results as postulated by Korstjens and Moser (2018: 122), the researcher explained the methodology section clearly for other researchers to replicate. The researcher used a research auditor who reviewed all the research processes to see whether they followed the accepted standards for the adopted mixed methods design. The researcher provided some clearance letters to conduct the research in the three provinces (appendices G, H, I, J), letters seeking permission to carry out research in the three provinces (appendices K, L, M, N, O, P), consent forms for teachers and students 18 years and above (appendices R, S) and assent forms for students under 18 (appendix Q). This enabled the research auditor and future researchers to study the transparency of the research path used (Korstjens & Moser, 2018: 122) and to be able to repeat the research process to get the same results (Shenton, 2004: 71). In the qualitative phase of the study, the researcher used FGDs and interviews and multiple research participants to validate the research findings. The auditor was not part of the research team but a research specialist.

The next section addresses training of research assistants.

3.11 TRAINING OF RESEARCH ASSISTANTS

Three research assistants were purposively selected from educational provinces to assist in the collection of data. The research assistants were guidance and counselling teachers with at least a degree in education. Such research assistants had some research experience and

understood research ethics. The research assistants were trained in communication skills, issues to do with confidentiality and confidentiality and how to record students' responses to ensure the reliability of the results of the study. During the training, the researcher explained to the research assistants the objectives of the study and the ethical responsibilities that they had to observe. The ethical considerations to be discussed include informed consent, confidentiality, anonymity, harm to respondents, and privacy. Other procedures to be followed during the research were discussed during the training. The research assistants participated in both the pilot and the main study.

Details of the pilot study are discussed in the next section

3. 12 PILOT STUDY

A pilot study was carried out to perfect research instruments. The questionnaires were pilot tested in order to increase their reliability, validity, and practicability (Cohen, Manion, & Morrison, 2007:341). The pilot study enabled the researcher to obtain some assessment of the questions' validity and the likely reliability of the data that would be collected. Marshall and Rossman (2006: 125) note that a pilot study allows questions to be examined for bias, sequence, clarity, and face validity. Pilot studies are usually conducted on small groups to determine the usefulness and reliability of instruments. The pilot study assisted in discovering question content, wording, and sequencing problems and exploring ways to improve the overall quality of data. The pilot study further assisted in the refinement of the questionnaire and reduced problems in recording collected data (Cooper & Schindler, 2014: 324; De Vos et al., 2012:206).

One of the advantages of conducting a pilot study was that it gave advance warning about where the main research could fail (Chimhenga, 2014: 74). Babbie (2010:267) states that questionnaire pretesting is the surest way to avoid errors, ambiguous questions, and questions that people cannot answer. Conducting a pilot study therefore increased the likelihood of success during collection of data. The pilot study was conducted on a group similar to the sample (Saunders et al., 2009: 394). The questionnaires were administered by the researcher and two trained research assistants. Participants completed the questionnaires under the supervision of the researcher and research assistants. The assistant researchers and the researcher provided detailed explanations on the questionnaire, advising on reflective responses, and assisting respondents where assistance was required. The survey was conducted

during regular school hours. Participation in the pilot study was voluntary. Participants were requested not to communicate with one another during completion of the questionnaire to encourage honest individual responses. The questionnaires contained both close-ended and open-ended questions. The questions aimed to collect data in five areas that included how SRHE is taught in secondary schools, SRHE content taught in Zimbabwean secondary schools, the perceived benefits of the teaching of SRHE in schools, factors influencing the effectiveness of the teaching of SRHE in secondary schools and enhancing the teaching of SRHE in secondary schools.

A total of 60 questionnaires were administered to teachers and 58 were returned. Accordingly, a return rate of 97% was achieved and this increased the possibility of obtaining valid results. Questionnaires for teachers were not very easy to collect since teachers were very busy marking mid-year examinations. The researcher used the HOD G & C to collect the questionnaires on the researcher's behalf. Questionnaires were later collected from HODs. A total of 480 questionnaires were distributed to students and they were all completed and returned. The questionnaires were distributed soon after the students had finished writing their mid-year examinations. The period for collecting data was very convenient since students had just finished writing their mid-year examinations and had very little work to do while they waited for their scripts to be marked by teachers and close school for the holiday. The high return rate was due to the logistics used in collecting the data.

When the questionnaires had been completed, the researcher and assistants checked each completed pilot questionnaire to ensure that respondents had no problems understanding or answering questions and had followed all instructions correctly. The responses provided the researcher with an idea of the reliability and suitability of the questions (Saunders et al., 2009: 394). The researcher and research assistants later re-administered the questionnaires to the same group of respondents after two weeks. The two sets of scores for each group of respondents were correlated using Pearson product moment correlation coefficient. The correlation coefficient for students (Table 3.4) was 0.954045 while that for teachers (Table 3.5) was 0.948022. The obtained high co-efficient signified high reliability of instruments.

3.12.1 The Pilot Study Sample

The researcher pre-tested the questionnaire in a pilot study with 30 secondary school students (15 girls and 15 boys) and 10 SRHE teachers (7 females and 3 males) in Manicaland Province at a conveniently selected secondary school. Biodata for pilot study respondents is given below

Table 3.7: Biodata of Pilot study participants (N = 30)

RESPONDENTS	BIOGRAPHICAL VARIABLE	VARIABLE DESCRIPTION	FREQUENCES
Teachers	Gender	Female	6 (60%)
		Male	4 (40%)
		Total	10 (100%)
	Age	11-13 years	0 (0)
		14-16 years	20 (67)
		17-19 years	10 (33)
		Total	30 (100%)
		First degree	3 (30%)
		PGDE	1 (10 %)
		Total	10 (100%)
	Teaching experience	1-5 years	5 (50%)
		6-10 years	3 (30%)
		11-15 years	1 (10%)
		Above 15 years	1 (10 %)
		Total	10 (100%)
	Experience as G & C teacher	1-5 years	5 (50%)
		6-10 years	2 (20%)
11- 15 years		2 (20%)	
Above 15 years		1 (10%)	
Total		10 (100%)	
Students	GENDER	Female	15 (50%)
		Male	15 (50%)
		Total	30 (100%)
	AGE	11-13 years	0 (0)
		14-16 years	20 (67)
		17-19 years	10 (33)
		Total	30 (100%)
	LEVEL	Form 3	8 (27 %)
		Form 4	8 (27 %)
		Form 5	8 (27 %)
Form 6		6 (19 %)	
Total		30 (100%)	

3.12.2 Data collection procedure

The pilot study was carried out on a sample with similar characteristics to those respondents who participated in the sample of secondary school children, G &C teachers, school heads, and Schools inspectors. Permission to carry out the pilot study was obtained from the Provincial Education Director Manicaland Province. The letter from the Provincial Education Officer was shared with the Schools Inspector Guidance and Counselling who later gave the

researcher the go ahead. The researcher then took the letters to the school head who finally allowed the pilot study to be conducted. The G & C HOD was tasked by the school head to arrange for the study to take place. Secondary school students were gathered in the school hall and the researcher and assistants used stratified sampling and then proceeded to randomly select participants according to their forms. The researcher explained the purpose of the study to the sampled students and then issued questionnaires for students to complete.

The groups of respondents were debriefed and their input were sought to modify the final questionnaire. The pilot group was excluded from the real study The necessary corrections were done before the instruments were administered to the study sample.

3.13 DATA COLLECTION PROCEDURES: MAIN STUDY

3.13.1 Questionnaire Administration

The questionnaires were administered by the researcher and the three trained research assistants (one in each province). Participants completed the questionnaires under the supervision of the researcher and research assistants. The assistant researchers provided detailed explanations on the questionnaire, advising on reflective responses, and assisting when needed. The survey was conducted during the regular school hours and the students voluntarily participated. The researcher and the research assistants explained the purpose of the study to the participants in both English (the language of instruction in Zimbabwean secondary schools) and Shona (the indigenous language used in the three provinces) to ensure that everyone was informed. Participants were requested not to communicate with one another during completion of the questionnaire to encourage honest individual responses. Basic socio-demographic data concerning age, sex, and form were also elicited. The questionnaires on evaluation of effective teaching of SRHE in secondary schools contained mainly close-ended questions and a few open- ended questions. The questionnaire collected data in five areas that include how SRHE is taught in secondary schools, SRHE content taught in secondary schools, perceived benefits of teaching SRHE in secondary schools, factors influencing the effectiveness of the teaching of SRHE in secondary schools and enhancing the teaching of SRHE in secondary schools. Participants were given a total of 30 minutes in which to complete the questionnaire. When all participants had completed the questionnaires, the questionnaires were collected and participants were thanked and dismissed. A suitable day for each school was selected.

3.13.2 Interview data

Interviews were conducted with school heads, teachers and guidance and counselling inspectors to offset the deficit in questionnaire responses and to also gain more information in some areas that required elaboration.

Semi- structured interview guides with questions developed from the questionnaire were conducted with 3 guidance and counselling inspectors, 6 school heads, 6 guidance and counselling HODs and 6 guidance and counselling teachers. Teachers and students who participated in the interviews and FGDs respectively were part of the group that had completed the questionnaires. Interviews were done in the respondents's offices. The issues of confidentiality and informed consent were addressed. Respondents were given forms to sign to ensure they consented. Each interview was 30- 45 minutes long. Data was recorded through audio technique and listened to repeatedly during transcription to get an accurate understanding of the data. The cellphone was used to record the interview proceedings. Some notes were taken down during the interviews. The recorded data was transcribed and inspected for themes. The qualitative data collected were used to validate, authenticate, confirm, further explain, and clarify the quantitative data in order to get a full picture of the effectiveness of the teaching of SRHE in secondary schools in Zimbabwe.

3.13.3 FGDS data

Twelve FGDs (1 with 12 girls and the other with 12 boys) at each of the sampled 6 schools) were conducted. To ensure the smooth flow of the discussions, the researcher together with participants, set some ground rules at the beginning of each discussion so that every participant would understand his/ her terms of reference. Common ground rules exhorted participants to speak through the moderator, to freely participate, to respect each and every contribution. During the discussions, the ground rules were adhered to as much as possible. The researcher and assistant's roles during the discussions were to ensure that all participants had the opportunity to state their points of view and answered the questions and that the data was captured. The discussions were tape recorded and notes were taken with the participants' permission.

The focus group discussion guide consisted of questions that were framed in such a way that participants would give their own views and not those expected by the researcher. Interaction between participants in the FGDs stimulated richer responses and allowed new valuable

thoughts to emerge. The researchers were able to observe the discussion and gain first hand insights into the participants' behaviour, attitudes, and language (including body language and feelings). The presence of several respondents allowed breadth of points of view to emerge and for the group to respond to these views (Saunders, et al. 2009: 346). In the FGDs the researcher acted as the moderator and facilitator and kept the group within the boundaries of an evaluation of the effectiveness of the teaching of SRHE in Zimbabwean secondary schools and encouraged discussion, whilst at the same time not leading the group towards certain opinions (Saunders, et al., 2009: 347). At the end of the discussion the researcher summarized and checked for agreement in the data and thanked the participants.

3.14 DATA ANALYSIS

Quantitative and qualitative data were analyzed independently and merged during interpretation.

3.14.1 Quantitative data analysis

Quantitative data were collected and analyzed using descriptive and inferential statistics to answer the quantitative research questions. Before quantitative data analysis, the researcher addressed non-response error and missing data (Bird, 2007: 1315). To reduce the effect of non-response bias on the analysis, statistical techniques such as statistical weighting and multivariate analysis were performed. After quantitative data collection, sorting and coding of questionnaires was done manually and entered into a computer. The data were analyzed using SPSS version 21. Data were presented in tables and statistical measures. Tables offered a useful means of presenting large amounts of data clearly in a small space. Additionally, they clarified text, provided visual relief, and served as a quick point of reference (Kumar, 2011: 259). The researcher used descriptive measures such as mode and median. Data were assigned numerical codes and then entered into the SPSS version 21. SPSS was useful in summarizing valid data excluding missing data. Once the data were entered, they were checked for errors and typos (Mathers et al., 2009: 34).

Quantitative data were easily summarized in tables which facilitated generalizations about the empirical world (Kura, 2012: 12). The results obtained were generalizable to all secondary school heads, SRHE teachers, G & C inspectors, and students in secondary schools. Using the quantitative data, the researcher was able to test hypothesis accurately and make inferences from chi-square tests which led to general inferences about characteristics of the population

(Harwell, 2011:149). With the quantitative data, the researcher was able to make inferences from tests of statistical hypotheses that led to general inferences about effective teaching of SRHE in secondary schools in Zimbabwe. The researcher performed chi-square tests to see if there was a statistically significant difference between students and teachers and between different types of schools on effective teaching of SRHE in secondary schools. Chi-square tests were most suitable for this study on evaluating effective teaching of SRHE in Zimbabwean secondary schools.

3.14.2 Qualitative data analysis

After collection of qualitative data, it was coded and analysed thematically. The themes were: SRHE content taught, how SRHE was taught, benefits of teaching SRHE, factors affecting teaching of SRHE namely, teacher training, resources, attitudes and perceptions. During qualitative data analysis, the researcher reported key findings of the study under each theme and sub-theme using verbatim quotes to illustrate the findings. Qualitative results were presented under themes that included benefits of teaching SRHE in secondary schools, content taught in secondary schools, methods and strategies used, resources available, challenges encountered in the teaching of SRHE in secondary schools, how teaching of SRHE can be improved in secondary schools. Findings were discussed with participant narratives used to illustrate the findings. Excerpts from FGDs were integrated in the discussion to provide more understanding of the findings. Qualitative results were needed to supplement quantitative results and to fill the gaps in the quantitative data. The qualitative approach, by its nature, gives more detailed explanations on issues on the teaching of SRHE in secondary schools. The approach helped build a clear understanding of the phenomena under study and did not emphasize on generalizations like the quantitative approach. Qualitative methods allowed the researcher to get participants' feelings, thoughts, and actions about the teaching of SRHE in secondary schools and not just focus on figures.

3.15 ETHICAL CONSIDERATIONS

The study complied with the ethical requirements necessary to protect human subjects in research.

The following ethical issues were considered:

3.15.1 Permission

Ethical clearance for the study was sought from the Ethical Review committee of UNISA. Permission to carry out the study in the three provinces in Zimbabwe was sought and obtained from the Permanent Secretary in the Ministry of Primary and Secondary Education (MoPSE), from the Provincial Education Directors of Masvingo, Manicaland and Mashonaland Provinces, the Guidance and Counselling Schools Inspectors (G & C SIs) then from the heads of the schools where the research was carried out so that the researcher was able to get into the schools. The purpose of the study was explained verbally and in the cover letters.

3.15.2 Informed consent

Informed consent implies that participants are made aware of the type of information the researcher wants from them, why the information is being sought, what purpose it will be put to, how they are expected to participate in the study, and how it will directly affect them (Cooper & Schindler 2014: 31; Greener, 2008: 44; Kumar, 2011: 219). Research participants were given informed consent forms (appendices R and S) before they participated in the research study in order to inform them of the general nature of the study and in order to obtain their consent to participate (Jackson, 2010:57). Participants signed consent forms to confirm that they had been informed of the ethical principles underlying the research (Howitt & Cramer, 2011: 142). Written and verbal consent was sought from the students that participated in the study. Students below 18 years old were given assent forms (appendix Q) and a letter seeking permission for them to participate in the study for their parents or guardians to complete and sign.

3.15.3 Confidentiality

Sharing information about a respondent with others for purposes other than research is unethical (Kumar, 2011: 221). The researcher ensured confidentiality of the data obtained by keeping it anonymous and not providing source information. The researcher ensured that personal information about informants was kept private. To ensure confidentiality, data was not tied to individuals. The researcher will not divulge information from participants to other people for purposes other than research.

3.15.4 Harm to participants

During the research, researcher did not cause embarrassment, stress, discomfort, anxiety, invasion of privacy, demean or dehumanize and cause harm to study participants. The

researcher examined carefully whether participants' involvement was likely to harm them in any way. The researcher observed and respected cultural values, traditions and taboos valued by the respondents. This was very necessary in evaluating the teaching of SRHE in Zimbabwean secondary schools where there may be some controversies. The researcher ensured data collection procedures did not harm participants.

3.16 SUMMARY

The chapter discussed the research methodology. The discussion centered on research paradigm, research approach, research design, population, sample, instrumentation, pilot study, data collection procedures, data analysis, and ethical consideration. The next chapter focuses on data presentation, analysis, and discussion of study findings.

CHAPTER 4

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 INTRODUCTION

The study sought to evaluate of the effectiveness of the teaching of SRHE in secondary schools. The previous chapter focused on the research methodology adopted for this study. The current chapter focuses on data analysis, presentation and discussion. Data collected using questionnaires, interviews and FGDs are presented, analysed, and discussed. Research questions were answered during the data presentation, analysis, and discussion. Results for each research question are presented in two parts-the quantitative part and qualitative part. The results generally show that SRHE is not effectively taught in secondary schools in Zimbabwe.

The next section focuses on research question 1 which focuses on SRHE content taught in secondary schools.

4.2 RESEARCH QUESTION 1: What SRHE content is taught in Zimbabwean secondary schools?

The following section presents findings of the current study on content taught in Zimbabwean secondary schools.

4.2.1 Quantitative results on SRHE content taught in Zimbabwean secondary schools

Tables 4.1 presents results on content taught in Zimbabwean secondary schools.

Table 4.1 Guidance and Counselling teachers' and students' responses on SRHE content taught in Zimbabwean secondary schools (N=538)

Respondents									Pearson according to gender p>0.001 (non- significant); (significant)	Chi-square (non- significant); p<0.001	Pearson according to type of school; p>0.001 (non- significant); p<0.001(significant)	
	Item	SA	A	U	D	SD	Total	Median	df	p-value	Df	p-value
Teachers	Unwanted pregnancies	21 (36.2%)	33(56.9%)	1 (1.7%)	3 (5.2%)	0 (0%)	58 (100%)	4.00	3	.752	3	.565
	STIs including HIV and AIDS.	31(53.4%)	27 (46.6%)	0 (0%)	0 (0%)	0 (0%)	58 (100%)	5.00	1	.864	1	.430
	Abstinence	27(46.6%)	31 (53.4%)	0 (0%)	0 (0%)	0 (0%)	58 (100%)	4.00	1	.201	1	.792
	Puberty and adolescence.	33(56.9%)	24(41.4%)	1 (1.7%)	0 (0%)	0 (0%)	58 (100%)	5.00	2	.380	2	.550
	Sex and sexuality	26(45.6%)	29 (50.9%)	2 (3.5%)	0(0%)	0 (0%)	57 (100%)	4.00	2	.106	2	.635
	Human reproduction	29 (50%)	28 (48.3%)	1 (1.7%)	0 (0%)	0 (0%)	58 (100%)	4.50	2	.163	2	.596
	Reproductive health	29(50.0%)	25 (43.1%)	4 (6.9%)	0 (0%)	0 (0%)	58(100%)	4.50	2	.723	2	.498
	Family planning methods	10 (18.2%)	22 (40.0%)	6(10.9%)	15(27.3%)	2(3.6%)	55 (100%)	4.00	4	.817	4	.393
	Stigma and discrimination.	21 (36.2%)	25 (43.1%)	12(20.7%)	0 (0%)	0 (0%)	58 (100%)	4.00	2	.650	2	.670
	Peer pressure	15 (25.9%)	33(56.9%)	6(10.3%)	4 (6.9%)	0 (0%)	58 (100%)	4.00	3	.143	3	.513
	Adolescents parents Communication on SRHE.	13 (22.4%)	29(50.0%)	3 (5.2%)	11(19.0%)	2(3.4%)	58 (100%)	4.00	4	.818	4	.820
	Abuse	26(44.8%)	32(55.2%)	0(0%)	0 (0%)	0 (0%)	58 (100%)	4.00	1	.258	1	.113
	Friendship and relationships	26 (44.8%)	29(50.0%)	3 (5.2%)	0 (0%)	0 (0%)	58 (100%)	4.00	2	.042	2	.533
	Students	Abortion	22 (37.9%)	29 (50.0%)	7 (12.1%)	0 (0%)	0 (0%)	58 (100%)	4.00	2	.867	2
HIV counselling and testing.		20 (34.5%)	26 (44.8%)	2 (3.4%)	10(17.2%)	0 (0%)	58 (100%)	4.00	3	.442	3	.314
Circumcision		17 (29.3%)	29(50.0%)	3 (5.2%)	5 (8.6%)	4(6.9%)	58 (100%)	4.00	4	.374	4	.551
Unwanted pregnancies		304(63.5%)	124(25.9%)	20(4.2%)	14 (2.9%)	17(3.5%)	479(100%)	4.00	4	.864	4	.013
STIs including HIV and AIDS.		270(56.3%)	166(34.6%)	26(5.4%)	7 (1.5%)	11(2.3%)	480(100%)	4.00	4	.186	4	.187
Abstinence		276(57.6%)	146(30.5%)	27(5.6%)	15 (3.1%)	15(3.1%)	479 (100%)	4.00	4	.564	4	.404
Puberty and adolescence.		223(46.6%)	199(41.5%)	26(5.4%)	21 (4.4%)	10(2.1%)	479 (100%)	4.00	4	.422	4	.431
Human reproduction		214(44.8%)	182(38.1%)	39 (8.2%)	27 (5.6%)	16(3.3%)	478 (100%)	4.00	4	.882	4	.957
Reproductive health		205(43.1%)	177(37.2%)	46 (9.7%)	29 (6.1%)	19(4.0%)	476 (100%)	4.00	4	.772	4	.311
Family planning methods		151(31.9%)	129(27.2%)	64(13.5%)	67(14.1%)	63(13.0%)	474 (100%)	4.00	4	.494	4	.043
Alcohol and drug abuse		296(61.8%)	120(25.1%)	27(5.6%)	10(2.1%)	26(5.4%)	479(100%)	5.00	4	.031	4	.748
Stigma and discrimination.		126(26.3%)	121(25.2%)	97(20.2%)	74(15.4%)	62(12.9%)	480 (100%)	4.00	4	.141	4	.550
Sexual decision making		122(25.6%)	125(26.2%)	82(17.2%)	78(16.4%)	70(14.7%)	477 (100%)	4.00	4	.503	4	.561
Peer pressure		168(35.5%)	171(36.2%)	56(11.8%)	47 (9.9%)	31 (6.6%)	473 (100%)	4.00	4	.634	4	.159
Adolescents parents Communication	136(28.5%)	131(27.4%)	84(17.6%)	77(16.1%)	50(10.5%)	478 (100%)	4.00	4	.789	4	.242	
Friendship and relationships	229(47.9%)	182(38.1%)	30 (6.3%)	17 (3.6%)	20 (4.2%)	478 (100%)	4.00	4	.257	4	.021	
Sex before marriage (pre- marital sex).	213(44.6%)	143(29.9%)	48(10.0%)	40 (8.4%)	34 (7.1%)	478 (100%)	4.00	4	.283	4	.001	
HIV counselling and testing.	171(35.8%)	122(25.5%)	58(12.1%)	66(13.8%)	61(12.8%)	478 (100%)	4.00	4	.686	4	.856	
Circumcision	158(33.1%)	151(31.7%)	63(13.2%)	49(10.3%)	56(11.7%)	477 (100%)	4.00	4	.047	4	.185	
Abortion	147(30.8%)	126(26.4%)	49(10.3%)	64(13.4%)	92(19.2%)	478 (100%)	4.00	4	.247	4	.470	

Key: SA: Strongly Agree 5, A: Agree 4, U: Undecided 3, D: Disagree 2, SD: Strongly Disagree 1, (Median: 4 – 5 High; 3 Neutral; 1-2 Low)

Data in Table 4.1 are ordinal hence median is a suitable measure of central tendency to analyze the data. Any median more than 3.00 is construed as approval to the statement and any median less than 3 is construed as disapproval. Tables 4.1 presents responses by guidance and counselling teachers and students on SRHE content taught in secondary schools. The table shows that responses to items on topics covered in SRHE by guidance and counselling teachers and students had median ranging from 4.00 to 5.00 which are all more than 3.00 the neutral. The results show that all G & C teachers and students agreed that all listed topics were taught in secondary schools.

Table 4.1 also shows p- values greater than .001 and ranging from .042 to .903 according to gender and .113 to .820 according to type of school taught for teachers and p- values greater than .001 and ranging from .031 to .958 according to gender and .001 to .957 according to type of school attended for students. The computed chi square tests show that there is no significant relationship between gender and type of school for both G & C teachers and students. The type of school or gender of an individual have no significant effect on the response given by an individual.

Qualitative results on content covered during SRHE lessons are given in the next section in preparation for triangulation of results in this mixed methods study.

4.2.2 Qualitative results on content taught in SRHE

4.2.2.1 Guidance and counselling Schools Inspectors' and school heads' qualitative results on SRHE content taught in Zimbabwean secondary schools.

Guidance and counselling schools inspectors and school heads revealed that SRHE topics in the syllabus were all covered. They however acknowledged that some topics may not be effectively taught since some of the teachers might not be competent in them due to limited training. They revealed that there were other topics that should be added to the syllabus so that adolescents can have more information on other issues that affect their sexuality. Some of the topics they wished could be added were: sexual abuse, gender-based violence, sexual harassment, and harmful sexual practices. The following verbal quotes from the interviews illustrate the above finding:

Topics in the syllabus are all covered during G & C lessons and in other platforms that arise in the school (G & C SI 1).

We acknowledge that some of the topics are not effectively taught since some of our teachers are not trained in the area (Head 3).

There is need to add more topics, such as sexual harmful practices, sexual harassment, and gender-based violence in the SRHE curriculum. Those topics can empower the students (G & C SI 3).

Our students need to be provided with information on sodomy and homosexuality. These are talked about in the media (Head 6)

The section below presents G & C HODs' and G & C teachers' qualitative responses on topics covered during SRHE lessons.

4.2.2.2 Responses from G & C HODs and G & C teachers on content covered during SRHE lessons

Guidance and counselling teachers revealed that most of the topics listed in the syllabus were covered. The topics include friendship, STIs and HIV and AIDS, reproductive health, circumcision, stigma and discrimination, alcohol and drug abuse, family planning, unwanted pregnancies and abortion, parent- child communication and life skills. Guidance and counselling teachers also revealed that there was need to provide students with information on hygiene and grooming, sexual abuse, child marriages, harmful cultural sexual practices, gender-based violence, cervical and prostate cancer screening, sodomy, homosexuality, incest, and pornography. The above topics were said to be equally important to students. Teachers' views are demonstrated in the following verbal quotes:

During G & C lessons a lot of SRHE topics are covered (G & C HOD 3).

When it comes to SRHE I teach all the topics in the syllabus. Offhand I know I teach STIs and HIV, abstinence, friendship, and family planning (G & C teacher 1).

There are some topics such as sexual abuse, sodomy and homosexuality, incest, pornography that need to be added on the curriculum. Leaving them out creates a knowledge gap on some of the SRH issues (G & C teacher 1).

Students also need information on areas such as hygiene and grooming, cervical, breast and prostate cancer screening (G & C HOD 4).

Students need information on child marriages and other harmful cultural practices that can affect them (G & C teacher 6).

The subsequent section presents students' qualitative responses on content taught in Zimbabwean secondary schools.

4.2.2.3 Responses from students on SRHE content taught in Zimbabwean secondary school

Like the teachers, students were able to list the topics that were taught during SRHE as abstinence, unwanted pregnancies, relationships, dating, contraceptives and abortion, stigma and discrimination, sexual decision making, HIV testing and counselling, contraception, family planning and abortion and its consequences. The students however, bemoaned the little information they got on some of the topics. Students revealed that they needed

information on aspects such as pornography, sodomy, homosexuality, and lesbianism and SRH rights from teachers. The following verbal quotes from focus group discussions illustrate this finding:

We are given information on friendship, abstinence, circumcision, family planning and alcohol and substance abuse (FGR12).

We are taught that sex is not good for our body and that we should abstain (FGR19).

We are taught about HIV testing and counselling, stigma and discrimination (FGR 61).

We are taught many SRHE topics, but would want topics such as: abortion, dating and condom use to be added (FGR13).

We are taught about family planning methods although very little is being said about condoms (FGR43).

We need information on sodomy, homosexuality and lesbianism. These issues are being discussed on social media but no one talks of these issues with us (FGR19).

We also need to be taught SRHR (FGR63).

We need more information on what is happening these days, for example issues of pornography (FGR 39).

The next section focuses on research question 2 which focused on how the SRHE programme is implemented in secondary schools.

4.3 RESEARCH QUESTION 2: How is SRHE taught in Zimbabwean secondary schools?

The quantitative findings on how SRHE is taught in Zimbabwean secondary schools are presented and analyzed below.

4.3.1 Quantitative findings on how SRHE is taught in Zimbabwean secondary schools

Table 4.2 presents findings on how the SRHE programme is implemented in Zimbabwean secondary schools.

Table 4.2 Guidance and counselling teachers’ and students’ responses on how SRHE is taught in secondary schools: n=538

Respondents									Pearson Chi-square according to gender p>0.001 (non-significant); p<0.001 (significant)		Pearson Chi-square according to type of school; p>0.001 (non-significant); p<0.001 (significant)	
	Item	SA	A	U	D	SD	Total	Median	df	p-value	df	p-value
Teachers (N=58)	Teachers are involved in the organization and planning of the SRHE content.	5(8.8%)	21(6.8%)	5 (8.8%)	21(36.8%)	5(8.8%)	57(100%)	3.00	4	.264	4	.132
	There is a clear syllabus on SRHE.	7 (12.3%)	23(40.4%)	12(21.1%)	14(24.6%)	1(1.8%)	57(100%)	4.00	4	.069	4	.512
	SRHE lessons are time tabled.	5 (8.8%)	23 (40.4%)	5 (8.8%)	22(38.6%)	2(3.5%)	57(100%)	3.00	4	.251	4	.049
	Teachers have scheme- cum plans for SRHE.	3 (5.4%)	14 (25.0%)	2 (3.6%)	32(57.1%)	5(8.9%)	56(100%)	2.00	4	.251	4	.205
	Teachers are trained to teach SRHE	4 (6.9%)	16 (27.6%)	3 (5.2%)	30 (51.7%)	5(8.6%)	58(100%)	2.00	4	.223	4	.475
	Teachers are sometimes assessed teaching SRHE.	1 (1.8%)	14 (25.5%)	1 (1.8%)	33 (60.0%)	6 (10.9%)	55(100%)	2.00	4	.652	4	.564
	Teachers sometimes use SRHE lessons for other subjects.	7 (12.1%)	19 (32.8%)	0 (0%)	24 (41.4%)	8(13.8%)	58(100%)	2.00	4	.723	3	.100
	SRHE classes are divided according to sex.	2 (3.4%)	15 (25.9%)	4 (6.9%)	28 (48.3%)	9 (15.5%)	58(100%)	2.00	4	.302	4	.383
	Teachers resort to question and answer method.	5 (8.6%)	28 (48.3%)	2 (3.4%)	18 (31.0%)	5 (8.6%)	58(100%)	4.00	4	.668	4	.387
	NGOs partner with schools in teaching SRHE.	13(22.4%)	25(50.0%)	4 (6.9%)	8 (13.8%)	4 (6.9%)	58(100%)	4.00	4	.927	4	.138
	Parents are involved in the implementation of the SRHE programme.	7 (12.1%)	15(25.9%)	10(17.2%)	20 (34.5%)	6 (10.3%)	58(100%)	3.00	4	.852	4	.566
	There is coordination between Ministry of Health and Child Care and MoPSE when teaching SRHE.	8 (13.8%)	24(41.4%)	16(27.6%)	10 (17.2%)	0 (0%)	58(100%)	4.00	4	.968	3	.010
	Planning and review meetings on SRHE are held at school level.	8(13.8%)	18(31.0%)	14(24.1%)	16 (27.6%)	2 (3.4%)	58(100%)	3.00	4	.780	4	.134
	Evaluation of the teaching SRHE is done regularly.	5 (8.6%)	20(34.5%)	8 (13.8%)	23(39.7%)	2(3.4%)	58(100%)	3.00	4	.642	4	.108
	There is strong monitoring and evaluation of the teaching of SRHE in secondary schools.	7 (12.1%)	13 (22.4%)	11(19.0%)	22 (37.9%)	5 (8.6%)	58(100%)	3.00	4	.247	4	.766
	Teachers provide SRHE that suits the age of the learner	16(28.1%)	25 (43.9%)	9 (15.8%)	3 (5.3%)	4 (7.0%)	57(100%)	4.00	4	.239	4	.670
	Teachers respect students’ cultures, norms and beliefs	17 (29.8%)	19 (33.3%)	13(22.8%)	5 (8.8%)	3 (5.3%)	57(100%)	4.00	4	.790	4	.951
	Teachers offer guidance and counselling to students	25(43.1%)	27 (46.6%)	4 (6.9%)	2 (3.4%)	0 (0%)	58(100%)	4.00	3	.937	3	.274

	Teachers use peer educators to assist other students with SRHE information	13(22.4%)	11 (19.0%)	14(24.1%)	15 (25.9%)	5 (8.6%)	58(100%)	3.00	4	.850	4	.013
Students (N=480)	Students are involved in the planning of the SRHE content.	62(13.0%)	159(33.3%)	46(9.6%)	157(32.9%)	53(11.1%)	477(100%)	3.00	4	.011	4	.002
	SRHE education lessons are on the school time table.	57(11.9%)	124(25.9%)	43(9.0%)	156(32.6%)	99(20.7%)	479(100%)	2.00	4	.020	4	.244
	Teachers attend SRHE lessons regularly.	32(6.75%)	130(27.2%)	56(11.7%)	166(34.7%)	94(19.7%)	478(100%)	2.00	4	.059	4	.187
	Teachers are sometimes observed when teaching SRHE.	22 (4.7%)	83 (17.5%)	75 (15.9%)	198(41.9%)	95 (20.15)	473(100%)	2.00	4	.772	4	.038
	SRHE classes are divided according to sex	59(12.4%)	82 (17.2%)	38 (8.0%)	163(34.2%)	134(28.2%)	476 (100%)	2.00	4	.616	4	.028
	Parents support the teaching of SRHE in the school.	120(25.0%)	169(35.2%)	57 (11.9%)	71 (14.8%)	63(13.1%)	480 (100%)	4.00	4	.954	4	.027
	There are other people who are invited to come to teach SRHE at school.	128(26.8%)	187(39.1%)	24 (5.0%)	71 (14.9%)	68(14.3%)	478 (100%)	4.00	4	.296	4	.670
	Teachers provide SRHE that suits the age of the learner	95(19.9%)	156(32.6%)	81(16.9%)	84(17.6%)	62(13.0%)	478(100%)	4.00	4	.307	4	.002
	Teachers respect students' cultures, norms and beliefs	107(22.4%)	147(30.8%)	58(12.1%)	96(20.1%)	70(14.6%)	478(100%)	4.00	4	.361	4	.051
	Teachers offer guidance and counselling to students.	248(51.7%)	163(34.0%)	18(3.8%)	31(6.5%)	20(4.2%)	480(100%)	5.00	4	.332	4	.321
Teachers use peer educators to assist other students.	86(18.1%)	122(25.6%)	64(13.4%)	107(22.5%)	97(20.4%)	476(100%)	3.00	4	.040	4	.380	

Key: SA: Strongly Agree 5, A: Agree 4, U: Undecided 3, D: Disagree 2, SD: Strongly Disagree 1, (Median: 1 – 2 Low; 3 Neutral; 4-5 High).

Table 4.2 shows responses to items on how SRHE was implemented, with median ranging from 2.00 to 4.00. Guidance and counselling teachers agreed with 5 out of 13 of the items. They agreed that there was a SRHE syllabus, G & C was timetabled, they used the question-and-answer method, invited experts including NGOs, and offered guidance and counselling to students.

Table 4.2 also shows students' responses on how SRHE was implemented in secondary schools with median ranging from 1.00 to 5.00. Like teachers, students agreed that G & C was timetabled, that there were experts who visited schools to offer SRHE, and that teachers offered guidance and counselling to students.

Table 4.2 also shows p-values ranging from .069 to .937 according to gender and .010 to .951 according to type of school one taught for G & C teachers and p-values ranging from .001 to .954 according to gender and .002 to .893 according to type of school attended for students. The computed chi square tests show that there is no significant relationship between gender and type of school for both G & C teachers and students.

After finding the quantitative results, the next researcher section focuses on qualitative results on how SRHE is taught in secondary schools for triangulation purposes.

4.3.2 Qualitative findings on how SRHE is taught in secondary schools

The next section presents G & C SIs' responses on how the SRHE programme is implemented in secondary schools.

4.3.2.1 Guidance and Counselling Schools Inspectors (G & C SIs) s' responses on how SRHE is taught in secondary schools

Guidance and Counselling Schools Inspectors revealed that there was a lot of consultation in the preparation of SRHE content being taught in secondary schools. G & C SIs revealed that there were consultations with representatives of different stakeholders such as school heads, experts from ministry of health and NGOs, teachers, parents, and students. Findings also established that the syllabus was derived from the Zimbabwe National Strategic Plan (2015-2020). G & C SIs also revealed that lessons were timetabled, teachers were assessed teaching SRHE under G & C and that MoHCC, NGOs and other people who specialize in SRHE partnered with secondary schools in the teaching of SRHE. It was also revealed during interviews with G & C SIs that teachers were using interactive methods when delivering SRHE. The G & C SIs also revealed that there were peer educators in schools who assisted

other students with SRHE and that teachers were using whatever platform they got to teach SRHE. It also emerged that there was very little parental involvement in the whole SRHE programme in schools. The following verbal quotes confirm these findings:

There was a lot of consultation especially with MoHCC, experts in SRHE, parents, teachers and students in the preparation of the SRHE content (G & C SI 2).

There were meetings with school heads, teachers, parents and other stakeholders concerning the teaching of SRHE in schools (G & C SI 3).

We had meetings with various stakeholders before teaching of SRHE was done in secondary schools (G & C SI 1).

A syllabus is provided to every school with content to be taught and methodology to use. The subject is timetabled and there is an HOD who coordinates all the activities and ensures that students are learning SRHE (G & C SI 1).

Schools work with NGOs who specialize in SRHE in the teaching of SRHE in secondary schools. All NGOs go through the MoPSE to ensure their content is checked before they visit schools (G & C SI 3).

Each school offers guidance and counselling to needy students (G & C SI 2).

There are peer educators who assist in disseminating SRHE to other students (G & C SI 2).

Teachers use whatever chance they have to share with students on SRHE. For an example, SRHE can be taught in different subject areas, during assemblies and clubs (G & C SI 3).

Parents are not directly involved in SRHE in secondary schools (G & C SI 1).

Guidance and Counselling Schools Inspectors also revealed that teachers are supervised teaching G & C either by the school head, the deputy or the HOD. Guidance and counselling schools inspectors revealed that there was monitoring and evaluation done in the teaching of SRHE in secondary schools. They revealed that there was a monitoring tool for all G & C activities done in schools including SRHE activities. It emerged that the monitoring tool was fed with reports from schools written by the school heads assisted by HODs. G & C SIs revealed that HODs submitted end of term reports on all guidance and counselling activities including SRHE activities done in the school to the school heads. It was revealed during interviews that reports on evaluation of the activities done in G & C were sent to Head Office through district and provincial offices at the end of each school term. The following verbal quotes illustrate the above:

Monitoring and evaluation is done using a monitoring instrument designed by MoPSE to use to check the progress in teaching SRHE and other issues to do with students' welfare (G & C SI 2).

Monitoring and evaluation is done. Schools are requested to submit a list of SRHE issues addressed by the school within the past 3 months to district offices for submission to head office (G & C SI 3).

At the end of each term the school head writes a report on activities done during G & C lessons under which SRHE is taught as a way of monitoring and evaluation (G & C SI 1).

There is monitoring and evaluation done in schools. Either the school head, the deputy or HOD supervises the teachers and a report is written and send to the provincial office at the end of each term (G & C SI 3).

The next section presents school heads and HODs' responses on how SRHE is taught in secondary schools.

4.3.2.2 School heads and HODs' responses on how SRHE is taught in secondary schools

Views of school heads and HODs that there were consultations done and G & C lessons, where SRHE was taught were in most cases time tabled were the same as those of G & C SIs.

The following verbal quotes illustrate the above:

I attended one meeting where teachers' views were being sort on teaching of SRHE in secondary schools (HOD 6).

There were consultations done before SRHE was taught in secondary schools (Head 1).

School heads attended a number of consultative meetings concerning teaching of SRHE in secondary schools (Head 5).

Meetings were held with representatives of parents, students and teachers on the teaching of SRHE in schools (Head 3).

Just like all the other subjects, G & C is time tabled at this school (HOD 4).

G & C, under which SRHE is taught, is timetabled. Each class teacher knows exactly when to go and teach (HOD 1).

Views of G & C SIs that teachers were supervised teaching SRHE were different from those of school heads and HODs who revealed that the teaching of SRHE was not being supervised in schools. School heads and G & C HODs also revealed that other than time tabled lessons, schools used many platforms to provide SRHE to students. Like G & C SIs, school heads and HODs revealed that staff from the MoHCC, the police and various NGOs who specialized in SRHE visited schools to assist students with SRHE. School heads and HODs also revealed that some aspects of SRHE were also taught during Biology, Home Economics and ChiShona lessons. The following verbal quotes illustrate the above:

Teachers are not effectively observed teaching SRHE because of shortage of time (Head 5).

There are few supervisions done because of high workloads. As the HOD I am expected to observe teachers teaching guidance and counselling yet I have my subject of specialisation I teach (HOD 3).

Observing teachers is a challenge due to many commitments (Head 1).

Besides timetabled lessons, teachers use any other relevant platforms, for an example, assemblies, when marking the register to teach SRHE (Head 2).

Besides G & C lessons, a lot of SRHE issues are covered in Biology, ChiShona and Home Economics (HOD 6).

At times teachers make use of assemblies to disseminate SRHE information. A teacher who is on duty may select a topic on SRH and share with students during assembly (HOD 1).

We have people from MoHCC who visit this school together with some from NGOs to assist students with SRHE (Head 3).

The school welcomes people who visit the school to assist students with SRHE (Head 2). Various people including the police also visit the school to equip students with knowledge especially on rape, sexual abuse and drug abuse (HOD 3).

Heads and HODs also revealed that peer educators were used to provide SRHE to fellow students. However, it emerged that all peer educators in the selected schools were girls. The scenario can lead to boys to have insignificant contributions as they might feel sidelined in the peer education activities. The ideal situation would have been selecting both boys and girls. The following verbal quotes illustrate the above:

There are peer educators whom I am working with on SRHE. These help their peers with SRHE after they undergo training. A few girls are trained at a time (HOD 5).

There are peer educators in the school. These are selected by NGOs who are given permission by our ministry (Head 6).

There are a few girls who are selected and trained by NGOs to become peer educators. They assist other students on SRH issues (Head 3).

As was the case with G & C SIs, results from school heads and G & C HODs also revealed that there was monitoring and evaluation of SRHE activities done in schools. It was established that parents were however not meaningfully involved in the implementation of the SRHE programme but were informed of the SRHE content taught to their children. The school heads clarified that parents were informed during parents' meetings with the school development committee (SDC). These views were illustrated in the following verbal quotes:

There is monitoring and evaluation of all G & C activities done in the school including SRHE (Head 3).

The school submits a report to the DSI on all guidance and counselling activities done in schools. This is monitoring and evaluation (Head 4).

Parents are informed of the teaching of SRHE in schools. There was no way SRHE could be taught without parents' knowledge (Head 2).

Parents are not meaningfully involved in the SRHE programme in schools but are informed of what students learn in SRHE (HOD 5).

At the end of each term I write a report on all guidance and counselling activities done in the school and submit it to the school head (HOD 1).

There is a monitoring tool for guidance and counselling activities that is completed at the end of each term. This is sent to the district offices for onwards to the regional offices (HOD 4).

The next section presents SRHE teachers' responses on how the SRHE is taught in secondary schools.

4.3.2.3 Guidance and Counselling teachers' responses on how the SRHE is taught in secondary schools

Findings from teachers concurred with findings from G & C SIs, school heads and HODs which revealed that there was an SRHE syllabus in secondary schools. Results also revealed that G & C was time tabled for most of the classes in the schools. The G & C teachers also revealed that they were not using participatory teaching methods because of large classes and time constraints. They revealed that they used the lecture method and question and answer methods instead. Contrary to what G & C SIs, school heads and HODs said, G & C teachers revealed that they were never consulted on SRHE. They pointed out that they were just asked to teach the subject by virtue of being a class teacher. The following verbal quotes confirm these findings:

When teaching, I resort to lecture method because of shortage of time and a very large class (G & C Teacher 2).

One cannot use participatory methods with such big classes and little time (G & C Teacher 1).

I have not heard of any teacher who was consulted on SRHE (G & C Teacher 3).

I was never consulted to put my input on what was to be taught. I heard in a staff meeting that SRHE was to be taught in secondary schools (G & C Teacher 4).

Perhaps consultations were done, but I was never consulted (G & C Teacher 6).

Like G & C schools inspectors, heads and HODs, teachers revealed that some aspects of SRHE were covered in subjects such as Biology, Home Economics and ChiShona and that some experts on SRH were invited to assist teachers in the teaching of SRHE. The following verbal quotes illustrate these findings:

Besides G & C lessons, teachers teach aspects of SRHE in their subject areas especially in Biology, ChiShona and Home Economics when a topic including such aspects is being taught (G & C Teacher 5).

At this school, SRHE is taught under G & C, during assemblies and in other subjects such as biology (G & C Teacher 6).

There are NGOs who come to assist teachers in teaching SRHE and other guidance and counselling issues (G & C Teacher 3).

G & C at this school is taught during G & C lessons, assemblies and as the class teachers mark the register and during other subjects (G & C Teacher 1).

There are experts in SRHE issues who visit schools to assist students. These include people from MoHCC, NGOs and members of the policy force (G & C Teacher 2).

Some experts are invited to assist teachers with teaching topics that are a challenge to them (G & C Teacher 4).

Some teachers leave out topics they are uncomfortable teaching because of lack of information and dedicated some of the time to examinable subjects. NGOs come and assist in such topics (G & C Teacher 3).

Interviews with teachers also revealed that they provided SRHE information through offering guidance and counselling to students on SRHE issues whenever need arose. In relation to counselling, teachers bemoaned absence of proper private counselling rooms for counselling to be more effective. Guidance and counselling teachers indicated that they used their offices as counselling rooms. It emerged that the offices were not private since different students and teachers entered the offices for various reasons even when a counselling session was in progress. Private rooms ensure confidentiality and privacy. These sentiments were illustrated in the following verbal quotes:

We assist our students through G & C when ever need arises (G & C Teacher 1).

Guidance and counselling is done to students (G & C Teacher 6).

When there is a common issue we address all our students and then offer counselling to individual students who need individual help (G & C Teacher 2).

The use of our offices as counselling rooms is not effective (G & C Teacher 4).

A lot of people will always come whilst you are having a counselling session with a student. It's really disturbing (G & C Teacher 5).

Counselling of students is done in offices and can be disturbed any time since a lot of people will always come whilst you are having a counselling session (G & C Teacher 3).

Consistent with G & C SIs, school heads and HODs, teachers also revealed that they were not regularly observed teaching SRHE. Results of the study revealed that most teachers were not aware of the monitoring and evaluation of the SRHE programme that was being done in the schools contrary to what G & C SIs, school heads and HODs indicated. Guidance and counselling teachers revealed that they had not seen the monitoring and evaluation tool. Teachers' sentiments were illustrated in the following verbal quotes:

I was never assessed teaching G & C (G & C Teacher 1).

There are no assessments done (G & C Teacher 5).

Perhaps the monitoring and evaluation is done. I have never been observed teaching the subject (G & C Teacher 2).

At the end of every term I am asked by the HOD G & C to write a report on all activities I did during G & C lessons. I always produce the report (G & C Teacher 3).

I was never observed teaching SRHE so I don't know how the monitoring and evaluation of the SRHE programme can be done without observing teachers teaching (G & C Teacher 4).

Lesson observations are not always done in this school, especially during guidance and counselling (G & C Teacher 6).

Interviewed G & C teachers also revealed that during SRHE lessons, they rarely used interactive teaching methods such as role plays, poems, group work and other methods because of various reasons that included large classes, inadequate time, and inadequate skills. It was revealed that G & C teachers had not learnt techniques on the use of interactive methods such as drama, role play, brain storming and others to teach SRHE. The following verbal quotes confirm this finding:

Although use of participatory methods is the in thing, you end up lecturing so that students get as much information as possible in the little time given (G &C Teacher 5).

I used role plays sometime to teach SRHE and students really enjoyed and benefited. The challenge now is that those who participated in the role plays have nick names derived from the roles they played. I now resort to lecture method (G &C Teacher 2). I know we should use participatory methods but we are not trained on how to use them especially on SRHE (G &C Teacher 6).

We were never trained on how to use participatory methods in teaching guidance and counselling hence I cannot use them (G &C Teacher 3).

Use of participatory methods is the idea, but practically it's not possible looking at the time allocated and the size of the class (G &C Teacher 1).

Unlike G & C SIs, school heads and HODs, teachers revealed that they were not making use of peer educators in the teaching of SRHE. They also revealed that peer educators were not very visible in the sampled schools and were only a few girls. It was noted with concern that most NGOs who visited schools preferred working with a few girls to working with all students. Respondents' views are shared in the verbal quotes below:

We don't make use of peer educators in the dissemination of SRHE information (G &C Teacher 4).

There are no peer educators to assist us in the teaching of SRHE. There are only a few girls who are trained by NGOs and work as a club (G &C Teacher 5).

There are a few girls at our school who are said to be peer educators. They are not doing anything significant at the school (G &C Teacher 1).

Only a few girls participate in the peer education club. This is an initiation from donors (G &C Teacher 3).

Peer educators are only girls (about 10 at a school) who cannot assist others due to lack of time (G &C Teacher 2).

The next section presents students' qualitative results on how the SRHE programme is implemented in secondary schools.

4.3.2.4 Students' responses on how the SRHE is taught in secondary schools

Students revealed that they were never involved in the planning of the SRH content to be taught. It emerged that in most sampled schools SRHE was time tabled in the afternoon and not regularly taught. It came out during discussions with students that besides G & C lessons,

SRHE was also integrated in subjects such as Biology and Home economics. Peer education SRHE activities were done mostly with a few girls during clubs. Students expressed that SRHE was mostly taught when teachers suspected that students were misbehaving. It also emerged that in some schools SRHE was taught during assemblies of which the time was very limited. The following views from FGDs illustrate the above:

Students are not involved in the planning of what needs to be taught in SRHE although they are the direct beneficiaries (FGR 8).

We were never consulted on anything concerning the teaching of SRHE (FGR 65).

We just saw the subject on the timetable and were told that everyone was to do the subject (FGR 45).

G & C is timetabled at this school but teachers don't regularly come for the lessons (FGR 33).

Teachers come to teach SRHE when they hear rumours that students are engaging in love affairs, if not they do not come to teach the subject (FGR 44).

The only time our teacher comes for G & C lessons seriously is when an incident occurs, when some students are caught offside school rule (FGR12).

We learn some aspects of SRHE in Home Economics and ChiShona (FGR52).

At times we learn SRHE in science subjects but teachers would not allow you to ask questions which are not exam related (FGR 61).

The lessons are mostly timetabled in the afternoon and teachers do not always come to teach in the afternoon (FGDR25).

Students also revealed that some teachers were not explaining SRHE content in a friendly manner. Findings from students also revealed similar sentiments as those from G & C SIs, school heads, HODs and teachers that there were very few peer educators in most schools. During discussions with students, it was established that only girls seemed to benefit from many of the organizations that came to assist in schools. Further probing revealed that peer education clubs were not very viable in the various schools and their activities varied from province to province and from school to school and most of the clubs worked with girls only. Concurring with findings from interviews with G & C SIs, school heads, HODs and teachers, findings from FGDs with students revealed that schools invited some experts to handle some areas in SRHE where teachers had challenges. The organisations that visited schools differed from one province to the other and most of them focused on a few girls. Examples of organisations that visited schools were: FACT, Patsime, Musasa, SAYWHAT, Youth Alive, Youth Empowerment Trust and Transformation (YETT), Campaign for Female Education (CAMFED), Girl Empowerment Movement, Regai Dzive Shiri, Musasa, ZICHIRE and the police. It was revealed that the police also visited schools to discuss SRH issues with students. Concurring with their teachers, students revealed that very little peer education was being carried out in the sampled schools. Students' views are captured in the verbal quotes below:

Teachers cannot even talk to us nicely during the SRHE lessons. They are not free to us (FGR37).

A subject like SRHE needs free and approachable teachers. They are always shouting at us. The lessons are full of threats (FGR30).

There are very few peer educators at this school and they are only girls (FGR28).

In this school there are about 15 girls who are said to be peer educators. They work with the HOD who also happens to be female. They have never assisted us with SRHE (FGR45).

There are many people who visit our school and discuss SRHE issues but some of them discuss with girls only (FGR 64).

At our school, we are also visited by the police who come to talk to us about drug abuse and rape (FGR44).

Respondents from all FGDs unanimously agreed that teachers assisted them through guidance and counselling. Students expressed their frustration at the lack of confidentiality on the part of some of the G & C teachers. Students expressed the following sentiments in the FGD verbal quotes below:

Teachers provide us with guidance and counselling on SRH issues (FGR61).

Students are always assisted by teachers through guidance and counselling (FGR 27).

We are always advised to go to teachers for counselling when we have any problems (FGR 71).

Teachers do guidance and counselling when they suspect misbehaviour among students (FGR 57).

Although G & C is done, some of the teachers lack confidentiality. At times you hear them discussing student issues publicly in the staff room. Next time you won't go for counselling (FGR23).

There are teachers who discuss students' issues with their friends. They don't keep secrets (FGR 38).

It's very disturbing to know that the issue you discussed with a teacher is known by every teacher (FGR 14).

Some teachers don't maintain confidentiality at all (FGR 64)

There is no privacy in teachers' offices (FGR19).

When you are in the middle of sharing your problem, another teacher enters and starts asking, why is she here? As soon as I leave, the teacher shares with her colleague (FGR 62).

Counselling done in teachers' offices can never be effectively used as counselling rooms. There are numerous disturbances that can always disturb the counselling (FGR 68).

The next section presents results for research question three which focused on benefits of teaching SRHE in secondary schools.

4.4 RESEARCH QUESTION 3: WHAT ARE THE PERCEIVED BENEFITS OF TEACHING SRHE IN SECONDARY SCHOOLS?

The quantitative findings on perceived benefits of teaching SRHE in secondary schools are presented and analyzed below.

Table 4.3 below shows findings on perceived benefits of teaching SRHE in secondary schools.

Table 4.3 Teachers’ and students’ responses on perceived benefits of teaching SRHE in secondary schools (N=538)

Respondents									Pearson Chi-square according to gender p>0.001 (non-significant); p<0.001 (significant)		Pearson Chi-square according to type of school; p>0.001 (non-significant); p<0.001 (significant)	
	Item	SA	A	U	D	SD	Total	Median	df	p-value	df	p-value
Teachers	Helps in the development of life skills	32(55.2%)	25(43.1%)	1(1.7%)	0(0%)	0(0%)	58(100%)	5.00	2	.512	2	.575
	Effective way of increasing students’ understanding of STIs.	28(48.3%)	30(51.7%)	0(0%)	0(0%)	0(0%)	58(100%)	4.00	1	.717	1	.293
	Can reduce cases of withdrawal of girls from school.	22(37.9%)	33(56.9%)	1(1.7%)	1(1.7%)	1(1.7%)	58(100%)	4.00	4	.797	4	.485
	Assists where the use of extended family is no longer effective.	21(36.2%)	33(56.9%)	2(3.4%)	2(3.4%)	0(0%)	58(100%)	4.00	3	.180	3	.994
	Reduces inaccurate SRHE information	25(43.1%)	28(48.3%)	3(5.2%)	2(3.4%)	0(0%)	58(100%)	4.00	4	.063	4	.190
	Can reduce teenage pregnancies in schools.	17(29.3%)	36(62.1%)	3(5.2%)	2(3.4%)	0(0%)	58(100%)	4.00	3	.054	3	.841
	Can reduce children’s curiosity about issues to do with sex.	17(30.4%)	26(46.4%)	7(12.5%)	5(8.9%)	1(1.8%)	56(100%)	4.00	3	.484	3	.210
	Can reduce sexual experimentation.	4(7.1%)	18(32.1%)	10(17.9%)	15(26.9%)	9(16.1%)	56(100%)	4.00	4	.432	4	.531
	Can benefit all students who receive it.	11(19.0%)	7(12.1%)	16(27.6%)	17(29.3%)	7(12.1%)	58(100%)	4.00	4	.440	4	.296
Students	Helps in the development of life skills	253(52.8%)	189(39.5%)	18(3.8%)	12(2.5%)	7(1.5%)	479(100%)	5.00	2	.110	2	.320
	Effective way of increasing students’ understanding of STIs.	265(55.6%)	172(36.1%)	20(4.2%)	13(2.7%)	7(1.5%)	477(100%)	5.00	1	.646	1	.080
	Can reduce cases of withdrawal of girls from school.	224(46.7%)	166(34.6%)	41(8.5%)	37(7.7%)	12(2.5%)	480(100%)	4.00	4	.857	4	.525
	Assists where the extended family is no longer effective.	133(27.7%)	175(36.5%)	102(21.3%)	54(11.3%)	16(3.3%)	480(100%)	4.00	3	.375	3	.032
	Reduces inaccurate SRHE information	170(35.6%)	165(34.5%)	63(13.2%)	51(10.7%)	29(6.1%)	478(100%)	4.00	4	.063	4	.190
	Can reduce children’s curiosity about issues to do with sex.	139(29.2%)	128(26.9%)	81(17.0%)	78(16.4%)	50(10.5%)	476(100%)	4.00	3	.056	3	.057
	Can reduce sexual experimentation.	101(21.2%)	112(23.5%)	85(17.9%)	99(20.8%)	79(16.6%)	476(100%)	3.00	3	.821	3	.311
	Can benefit all students who receive it.	79(16.6%)	98(20.6%)	121(25.5%)	107(22.5%)	70(14.7%)	475(100%)	3.00	4	.980	4	.473

Key: SA: Strongly Agree 5, A: Agree 4, U: Undecided 3, D: Disagree 2, SD: Strongly Disagree 1, (Median: 4 – 5 High; 3 Neutral; 1-2 Low).

Table 4.3 shows that responses to items on perceived benefits of teaching SRHE in secondary schools had median ranging from 4.00 to 5.00 for teachers and from 3.00 to 5.00 for students indicating that the teaching of SRHE in secondary schools has some benefits to school students. Perceived benefits included development of life skills, increasing students' understanding of STIs, reducing cases of withdrawal of girls from school, reducing inaccurate SRHE information and reducing children's curiosity.

Table 4.3 also shows p- values greater than .001 ranging from .054 to .797 according to gender and .190 to .994 according to type of school one taught for teachers and .056 to .980 according to gender and .032 to .525 according to type of school attended for students. Basing on the computed chi- square tests there is no statistically significant relationship between gender and type of school on perceived benefits of teaching SRHE in secondary schools for both teachers and students. This means gender and type of school did not influence the results.

4.4.2 Qualitative results on perceived benefits of teaching SRHE in secondary schools

4.4.2.1 Guidance and counselling schools inspectors', school heads', HODs' and G & C teachers' responses on perceived benefits of teaching SRHE in secondary schools

The interview results show that all the respondents were of the view that the teaching of SRHE was beneficial to school children. The benefits identified included development of life skills, increase in students' understanding of STIs, reducing cases of withdrawal of girls from school, reducing inaccurate SRHE information and reducing children's curiosity. Respondents' views are presented in the verbal quotes:

Through SRHE students can be taught risk reduction through providing them with life skills to be able to deal with different SRH issues they come across (HOD 4).

Teaching SRHE in schools is a good move. It assists students with knowledge on STIs and their signs and symptoms (Head 1).

SRHE is very beneficial to secondary school students in that they can have knowledge on HIV and AIDS and use it to assist their peers and relatives who might be HIV positive (G & C SI 3)

Teaching of SRHE in secondary schools can help to provide students with age appropriate and scientifically correct SRHE information (G & C Teacher 3).

Teaching SRHE in schools can also assist those students who do not have a chance of getting it at home due to various obstacles (G & C SI 2).

Teaching of SRHE is very important in that students are guided on their sexual life (Head 3).

Through teaching SRHE in secondary schools misconceptions and myths are corrected (G & C Teacher 5).

Teaching of SRHE in secondary schools could assist in correcting myths and misconceptions about SRHE (G & C Teacher 6).

These students need a lot of assistance. Teaching of SRHE is beneficial in that it provides students with accurate information on SRHE (HOD 4).

Teaching SRHE in secondary schools can assist by reducing number of girls who drop out of school (HOD 3).

SRHE is a very important subject which we did not take seriously previously. Students benefit by sharing their SRHE experiences (Head 5).

SRHE in schools improves retention and completion rates and subsequent positive learning outcomes (G & C SI 1).

Teaching SRHE in secondary schools equips learners with comprehensive life skills for healthy living (Head 3).

One of the main benefits of teaching SRHE in schools is to reduce health barriers to learning (G & C SI 3).

Through SRHE students are equipped with relevant life skills that are age appropriate, culturally relevant and scientifically accurate in the school setting (Head 2).

The next section discusses students' qualitative results on perceived benefits of teaching SRHE in secondary schools.

4.4.2.2 Students' responses on perceived benefits of teaching SRHE in secondary schools

Most students shared that they benefitted from the teaching of SRHE in secondary schools in several ways. Some of the benefits listed included self-control, knowledge acquisition, reduction in school drop outs, reduction in unwanted pregnancies, reduction in the spread of STIs cases and acquisition of life skills. The verbal quotes below illustrate students' views:

Teaching of SRHE is necessary because it equips us with knowledge on how to deal with issues of growing up, e.g. issues of wet dreams and masturbation (FGR 44).

We can get accurate information from reliable sources like teachers. During SRHE sessions we can also get clarifications to some of the SRH issues (FGR 15).

At school some explanations are given on SRH issues unlike at home where you are brushed aside if you ask a question (FGR 65).

Teaching of SRHE can reduce fear among students when physical changes occur because they will be aware of what will happen to them and get prepared (FGR 19).

We get information on how to control our sexual feelings (FGR 63).

Through SRHE lessons, there can be reduction of number of girls who drop out of school due to early marriages and unwanted pregnancies (FGR 52).

Our parents have no time for such issues. Teaching SRHE in schools can help us get SRH information we can't get at home (FGR 7).

When SRHE is taught in schools, it reduces false information we get from some of us who claim to know a lot (FGR 38).

We get information on sexually transmitted infections (FGR 59).

Teaching of SRHE in schools enables us to get SRH information that is accurate and that suits our age (FGR 55).

The next section presents results for research question four which focuses on factors influencing effective teaching of SRHE in secondary schools.

4.5 RESEARCH QUESTION 4: WHAT FACTORS INFLUENCE EFFECTIVE TEACHING OF SRHE IN SECONDARY SCHOOLS?

The next section presents results on how policies affect the effective teaching of the SRHE in secondary schools. The study focused on factors that included policies, training, resources, attitudes, and culture.

4.5.1 Findings on policies and the teaching of SRHE in secondary schools

Findings of the present study on policies and the implementation of the SRHE programme in secondary schools are presented and analyzed in table 4.4.

Table 4.4 Teachers' responses on effects of policies on the teaching of the SRHE in secondary schools (N=58)

Respondents									Pearson Chi-square according to gender p>0.001 (non-significant); p<0.001 (significant)		Pearson Chi-square according to type of school; p>0.001 (non-significant); p<0.001 (significant)	
	Statement	Very great extent	Great extent	Moderate extent	Little extent	Very little extent	Total	Median	df	p-value	df	p-value
Teachers	Policies guide implementation of SRHE.	14(24.1%)	36(62.1%)	4(6.9%)	3(5.2%)	1(1.7%)	58(100%)	4.00	4	.387	4	.224
	There is a policy that guides implementation of SRHE.	13(22.4%)	23(39.7%)	16(27.6%)	4(6.9%)	2(3.4%)	58(100%)	4.00	4	.387	4	.081
	The policy has an influence on effective implementation of SRHE.	11(19.0%)	26(44.0%)	17(29.3%)	3(5.2%)	1(1.7%)	58(100%)	4.00	4	.609	4	.264
	Policy clearly indicates level to be taught and what should be taught.	9(15.5%)	29(50.0%)	16(27.6%)	3(5.2%)	1(1.7%)	58(100%)	4.00	4	.713	4	.781
	Policy takes different cultural perspectives into consideration.	9(15.8%)	22(38.6%)	20(35.1%)	5(8.8%)	1(1.8%)	57(100%)	4.00	4	.907	4	.352
	The policy promotes a teaching style that focuses more on class discussion.	8(13.8%)	29(50.0%)	15(25.9%)	5(8.6%)	1(1.7%)	58(100%)	4.00	4	.913	4	.674
	Teachers were involved in designing of the SRHE policy.	5(8.6%)	9(15.5%)	12(20.7%)	21(36.2%)	11(19.0%)	58(100%)	2.00	4	.121	4	.576
	Teachers are provided with policy documents on SRHE.	14(24.1%)	31(53.4%)	5(8.6%)	5(8.6%)	3(5.2%)	58(100%)	4.00	4	.201	4	.477
	Students' views are sort during designing of policies.	12(20.7%)	16(27.6%)	14(24.1%)	9(15.5%)	7(12.1%)	58(100%)	3.00	4	.434	4	.561
	Parents are informed of existing SRHE policy in schools.	8(14.0%)	21(36.8%)	11(19.3%)	9(15.8%)	8(14.0%)	57(100%)	4.00	4	.182	4	.143
	Teachers are made aware of existing SRHE documents in the school.	12(21.8%)	30(54.5%)	8(14.5%)	2(3.6%)	3(5.5%)	55(100%)	4.00	4	.648	4	.523

Key: Very great extent: 5, Great extent: 4, Moderate extent: 3, Little extent: 2, Very little extent: 1(Median: 4 – 5 High; 3 moderate; 1-2 Low)

Results from Table 4.4 show that teacher responses to items on policies as factors that influence effective implementation of the SRHE programme in secondary schools had median ranging from 2.00 to 4.00. The results generally portrayed positive responses by teachers on most (8 out of 11) items. This is an indication that teachers were of the view that teaching SRHE in secondary schools has some benefits to school students.

Table 4.4 also shows p- values greater than .001 ranging from .121 to .913 according to gender and .081 to .781 according to type of school. The calculated Chi-square tests reveal that there was no statistically significant relationship between gender and responses and type of school. Therefore, it can be concluded that gender and type of school did not significantly affect the results of the study.

The next section presents qualitative results on policies and the teaching of the SRHE in secondary schools.

4.5.1.1 Guidance and counselling schools inspectors', school heads' and G & C HODs' responses on policies and the implementation of the SRHE programme in schools.

All respondents revealed that availability of policy affected the teaching of SRHE. According to the G & C SIs, school heads and HODs, there were a lot of consultations done in schools during formulation of the policy. All respondents revealed that there was a policy that guided the implementation of the SRHE programme in secondary schools. The policy guided the designing of the syllabus being used in secondary schools. The policy specifies content to be taught in secondary schools and outlines teaching strategies that should be used when teaching students. The above views are illustrated in the following verbal quotes:

A policy has been developed to guide teachers in the teaching of SRHE (HOD 5).

Schools are provided with syllabus and policy on the teaching of SRHE in secondary schools which guide the teachers (G & C SI 1).

During formulation of the policy consultations were done in schools (Head 1).

The policy guided the designing of the syllabus being used (G & C SI 3).

The policy specifies the content to be taught to students of different levels (HOD 4).

The policy has included strategies to be used in the teaching of SRHE in secondary schools (Head 2).

The policy provides a broad frame of reference to guide the implementation of a number of health related issues relating (Head 3).

The policy is available but contradicts with that of the MoHCC which states that every individual of reproductive health should be provided with contraceptive information and services (HOD 3).

The policy provides a common framework for all school health intervention programme activities and the monitoring and evaluation of the School Health Programme (G & C SI 3).

The next section presents teachers' responses on policies and the teaching of SRHE in secondary school.

4.5.1.2 Guidance and counselling teachers' responses on policies and the teaching of the SRHE in schools

Consistent with G & C SIs, school heads and HODs, G & C teachers were of the view that policy affects the teaching of SRHE in secondary schools. It was revealed that availability of a policy guided the teaching of SRHE. Most G & C teachers revealed that the policy contradicted the MoHCC policy which stipulates that every individual of reproductive age should be provided with contraceptive information and services. They pointed out that the policy focuses on provision of information and not services. Unlike G & C SIs, school heads and HODs; interviewed G & C teachers revealed that they were not consulted during the formulation of the policy. They revealed that they were just asked to teach SRHE under guidance and counselling. The verbal quotes below illustrate the above views:

Provision of a policy has a positive effect on the teaching of SRHE in secondary schools in that it reduces conflicts on the teaching of SRHE in secondary schools (G & C Teacher 4). I think the policy can be of great benefit but I have not yet seen the policy document but I am told its available (G & C Teacher 1).

Providing a policy is very beneficial to the teaching of SRHE in secondary schools in that it guides the teaching process (G & C Teacher 5).

The policy seems to contradict with that of MoHCC in that it places emphasis on provision of information at the expense of services (G & C Teacher 6).

The policy limits effective teaching of SRHE in secondary schools in that it does not talk of access to SRH services by adolescents without parental consent (G & C Teacher 1).

Teachers were never consulted during the formulation of the policy (G & C Teacher 2).

We were just told that SRHE was being taught during guidance and counselling. I don't remember any consultations being done (G & C Teacher 3).

The next section presents and analyses findings on training and the teaching of SRHE.

4.5.2 Training and the teaching of SRHE in secondary schools

Table 4.5 below presents findings on the extent to which G & C teachers are trained in the teaching of SRHE.

Table 4.5: Teachers' responses on the extent to which teacher training affects the implementation of the SRHE programme in secondary schools (N=58)

Respondents	Items	SA	A	U	D	SD	Total	Median	Pearson Chi-square according to gender p>0.001 (non-significant); p<0.001 (significant)		Pearson Chi-square according to type of school; p>0.001 (non-significant); p<0.001 (significant)	
									df	p-value	df	p-value
Teachers	Training teachers has a positive effect of equipping them with knowledge about SRHE.	10(17.2%)	39(67.2%)	3(5.2%)	5(8.6%)	1(1.7%)	58(100%)	4.00	4	.673	4	.706
	Formally training teachers on SRHE has positive effect on the teaching of SRHE in secondary schools.	2 (3.4 %)	29 (50.0%)	6(10.3%)	15(25.9%)	6(10.3%)	58(100%)	2.00	4	.868	4	.113
	Pre-service and in-service training on SRHE has positive effect on teaching SRHE in schools.	0 (00%)	30 (52.6%)	7(12.3%)	12(21.1%)	0(0%)	57(100%)	2.00	3	.855	4	.020
	Training teachers on use of participatory methods has positive effect on teaching SRHE.	1 (1.8%)	25 (43.9%)	8(14.0%)	15(20.3%)	8(14.0%)	57(100%)	3.00	4	.832	4	.276
	Acquiring further qualifications by teachers positively affect the teaching of SRHE in secondary schools.	7(12.3%)	32(56.1%)	6(10.5%)	8(14.0%)	4(7.0%)	57(100%)	4.00	4	.070	4	.504
	Attending workshops on SRHE regularly has a positive effect on the teaching of SRHE in secondary schools.	8(13.8%)	22(37.9%)	9(15.5%)	14(24.1%)	5(8.6%)	58(100%)	4.00	4	.591	4	.610
	Conducting school- based training on SRHE ensures positively affects of its teaching.	9(15.5%)	16(27.6%)	9(15.5%)	21(36.2%)	3(5.2%)	58(100%)	3.00	4	.207	4	.119
	Having staff development workshops with teachers on SRH enhances their teaching.	19(33.3%)	25(43.9%)	3(5.3%)	8(14.0%)	2(3.5%)	57(100%)	4.00	4	.587	4	.923

Key: SA: Strongly Agree 5, A: Agree 4, U: Undecided 3, D: Disagree 2, SD: Strongly Disagree 1, (Median: 4 – 5 High; 3 Neutral; 1-2 Low).

Results from Table 4.5 show that teacher responses to items on training as a factor that influence effective implementation of the SRHE programme in secondary schools had median ranging from 2.00 to 4.00. Responses suggest that teachers were either not agreeing or undecided on 7 out of 11 items.

Table 4.5 also shows p- values greater than .001 ranging from .070 to .868 according to gender and .020 to .984 according to type of school one taught. Basing on the results of the computed chi- square tests there is no statistically significant relationship between gender and responses and type of school and responses on the extent to which teachers were trained on SRHE.

The next section presents qualitative results on training as a factor affecting the teaching of SRHE in secondary schools.

4.5.2.1 Guidance and Counselling Schools Inspectors', school heads' and HODs' qualitative results on training as a factor affecting the teaching of SRHE in secondary schools

Training was another factor that was found to influence the teaching of SRHE. G & C SIs, school heads and G & C HODs revealed that trained teachers had a positive impact on the teaching of SRHE. The study also revealed that training equips teachers with knowledge and skills to teach SRHE effectively. It was also established that teachers had different trainings on SRHE. The different forms of training were said to improve teacher delivery of SRHE lessons and had a positive effect on the teaching of SRHE. G & C SIs, school heads and HODs shared their sentiments in the following verbal quotes:

Teacher training has a positive effect on the teaching of SRHE (G & C SI 3).

A trained teacher is more likely to teach better than one who is not trained (Head 2)

Training helps a lot in the teaching of SRHE in secondary schools (G & C SI 2).

Training can equip teachers with skills to use participatory methods effectively (HOD 5).

Training teachers on use of participatory methods positively affects the teaching of SRHE in secondary schools (Head 3).

When one acquires another qualification, e.g., a degree in counselling, it improves his/her teaching of the subject (HOD 4).

Teachers have different qualifications in SRHE (Head 4).

The majority of teachers who teach G & C have no qualification in the area. This negatively affects the teaching of SRHE (HOD 3).

Some of the teachers did a five- day training with NAC on SRHE. Such trainings may not equip teachers with all the relevant skills (G & C 1).

Some of the teachers have qualifications in their subjects of specialization and no qualifications in guidance and counselling. This has a negative effect towards the teaching of SRHE (HOD 2).

The next section presents qualitative results on training as a factor affecting teaching of SRHE in secondary schools.

4.5.2.2 Guidance and Counselling teachers' qualitative results on training as a factor affecting the teaching of SRHE in secondary schools

Concurring with G & C SIs, school heads and HODs, G & C teachers revealed that their training in handling SRHE had a positive effect. It was however observed that many of the teachers had not had any meaningful training on teaching SRHE. Most G & C teachers had done a five- day training on SRHE. The training was said to be very insignificant considering what the G & C teachers were required to handle in delivering SRHE. The short training left teachers with limited knowledge and skills to teach SRHE. Interviewed G & C teachers shared their sentiments in the following verbal quotes:

Failure to get training on SRHE negatively affects our teaching of SRHE (G &C Teacher 5).

Lack of adequate training on use of participatory methods has a negative effect on effective teaching of SRHE (G &C Teacher 6).

Failure by teachers to advance themselves through acquiring degrees in counselling can have a negative effect on how they teach SRHE in schools (G &C Teacher 6).

Lack of techniques that can help teenagers to postpone early sexual debut by teachers negatively influence teaching of SRHE in secondary schools (G &C Teacher 2).

The subsequent section presents the findings of the current study on resources and the teaching of SRHE in secondary schools.

4.5.3 Resources and the teaching of SRHE in secondary schools

Table 4.6 presents the findings on resources as a factor that affects the implementation of the SRHE programme in secondary schools in Zimbabwe.

Table 4.6 Teachers' and students' responses on resources and the implementation of the SRHE programme in secondary schools (N=538)

Respondents									Pearson Chi-square according to gender p>0.001 (non-significant); p<0.001 (significant)		Pearson Chi-square according to type of school; p>0.001 (non-significant); p<0.001 (significant)	
	Item	SA	A	U	D	SD	Total	Median	df	P-value	df	P-value
Teachers	Time allocated for the teaching of SRHE is adequate	4(7.1%)	4(7.1%)	3(5.4%)	30(53.6%)	15(26.8%)	56(100%)	2.00	4	.598	4	.415
	SRHE staff in schools is adequate.	2(3.0%)	3(5.2%)	8(13.8%)	27(46.6%)	18(31.0%)	58(100%)	2.00	4	.660	4	.308
	Large classes have a negative effect on the implementation of the SRHE curriculum.	20(34.5%)	24(41.4%)	6(10.3%)	5(8.6%)	3(5.2%)	58(100%)	4.00	4	.609	4	.906
	High work load negatively affects the implementation of the SRHE curriculum.	21(36.2%)	29(50.0%)	3(5.2%)	2(3.4%)	3(5.2%)	58(100%)	4.00	4	.851	4	.235
	There are limited teaching and learning resources.	24(41.4%)	32(55.2%)	1(1.7%)	1(1.7%)	0(0%)	58(100%)	4.00	3	.765	3	.572
	Time allocated to SRHE is adequate.	77(16.2%)	116(24.7%)	63(13.3%)	143(30.2%)	75(15.8%)	474(100%)	3.00	4	.850	4	.755
Students	Large classes have a negative effect on the teaching of SRHE.	94(19.7%)	130(27.3%)	94(19.7%)	114(23.9%)	45(9.4%)	477(100%)	3.00	4	.744	4	.719
	There is adequate SRHE staff in your school.	67(14.0%)	110(23.1%)	60(12.6%)	143(30.0%)	97(20.3%)	477(100%)	2.00	4	.310	4	.600
	There are SRHE textbooks in schools.	61(12.8%)	65(13.7%)	58(12.2%)	146(30.7%)	146(30.7%)	476(100%)	2.00	4	.077	4	.648
	SRHE materials are enough for the students.	42(8.8%)	40(8.4%)	46(9.6%)	178(37.2%)	173(36.1%)	479(100%)	2.00	4	.744	4	.719

Key: SA: Strongly Agree 5, A: Agree 4, U: Undecided 3, D: Disagree 2, SD: Strongly Disagree 1, (Median: 4 – 5 High; 3 Neutral; 1-2 Low).

Results presented in Table 4.6 revealed that resources have an effect on the teaching of SRHE in secondary schools. Results show that responses to items on resources as factors that influence effective implementation of the SRHE programme in secondary schools had median ranging from 2.00 to 4.00 for teachers and from 2.00 to 3.00 for students. Guidance and counselling teachers and students were agreeing that lack of adequate resources negatively affected the teaching and learning of SRHE and that there was lack of adequate resources for teaching of SRHE in secondary schools. It is also shown that most student respondents (74.8%) agreed that inadequate resources compromise effective implementation of the SRHE programme in secondary schools.

Table 4.6 also shows p- values greater than .001 ranging from .148 to .851 according to gender and. 132 to .906 according to type of school for G & C teachers and from.010 to .850 according to gender and. 021 to .761 according to type of school for students. Basing on the results of the computed chi- square tests there is no statistically significant relationship between gender and responses and type of school and responses on the availability of resources towards the teaching of SRHE in secondary schools.

The next section presents qualitative results on resources as a factor affecting the teaching of SRHE in secondary schools.

4.5.3.1 Guidance and counselling schools inspectors', school heads and G & C HODs' responses on resources as a factor affecting the teaching of SRHE in secondary schools

The above interviewees shared the same sentiments that lack of adequate resources had a negative effect on the implementation of the SRHE programme in secondary schools. They revealed that there was shortage of resources such as time, books, pamphlets, and counselling rooms. The following verbal quotes confirm these findings:

Shortage of resources negatively affects teaching of SRHE in secondary schools (G & C SI 3).

There are only few textbooks that have been produced for form one students (Head 1).

Failure to have textbooks for form 3 up to six has a negative effect towards teaching of SRHE (HOD 4).

There are no charts and pamphlets with SRH material for students to use (Head 3).

The ministry is busy producing G& C textbooks to be used by secondary school students (G & C SI 2).

The next section presents teachers' responses on resources as a factor affecting the teaching of SRHE in secondary schools.

4.5.3.2 Teachers' responses on resources as a factor affecting the teaching of SRHE in secondary schools

Like G & C SIs', school heads and G & C HODs, teachers revealed that lack of adequate resources had a negative effect on the implementation of the SRHE programme in secondary schools. It came out that teachers were using very old and outdated textbooks of the 'Think About It' series whose focus is on HIV and AIDS. In the absence of text books it was revealed that teachers obtained some of the teaching material from the internet although it was not readily available. It was established that schools did not have pamphlets or charts with SRHE information to assist students. The teachers also revealed that there were no counselling rooms in schools and that they used their offices as counselling rooms. It was established during interviews that use of teachers' offices as counselling rooms compromised the counselling process. Respondents' views are shared in the following verbal quotes:

Failure to produce enough textbooks to use during SRHE has a negative effect. We rely on research from the internet which is not always available because of high costs (Teacher 1).

Inadequate time allocated to the teaching of SRHE because it is not examined has a negative influence towards teaching of SRHE in secondary schools (Teacher 2).

There are these out dated text books titled "Think About It" books 1 to 4 which were produced in 1994. These are no longer relevant and this has a negative effect towards teaching of SRHE in secondary schools (Teacher 5).

Unavailability of proper counselling rooms compromise counselling in schools. Teachers use their offices, where there are many disturbances (Teacher 3).

There are no teaching and learning materials such as pamphlets that can be used by students to learn about SRHE (Teacher 6).

Very high workload with very big classes negatively affects teaching of SRHE (Teacher 4).

The next section presents students' responses on resources and the teaching of SRHE

4.5.3.3 Students' responses on resources and the implementation of SRHE in secondary schools

Focus group discussions with students revealed that shortage of resources negatively affected the teaching of SRHE in secondary schools. Concurring with G & C SIs, school heads and SRHE teachers, students reported that resources like time, textbooks and pamphlets were in short supply. In agreement with teachers, students revealed that the few text books available were outdated with very little information. Students' findings are captured in the verbal quotes below:

Time allocated to G & C is inadequate considering the information that we require and this negatively affects our learning (FGR 57).

Shortage of textbooks on SRHE negatively affects our learning (FGR 16).

Lack of pamphlets with self-explanatory SRHE information has a negative effect on our learning (FGR 23).

There are very few textbooks that we use. They do not have adequate information. There are just stories in the books. The text books are: 'Think About It' (FGR4).

I have seen just one chart that talks about sexual abuse. There are no books on SRHE. We get some of the SRHE information from our biology and home economics text books (FGR2).

In our library there are no textbooks with information on SRHE and this negatively affects the teaching of SRHE (FGR1).

The following section presents the findings on the stakeholders' attitudes and perceptions in the teaching of SRHE in secondary schools.

4.5.4 Attitudes and perceptions and the teaching of SRHE in secondary schools

Table 4.7 presents responses on attitudes and perceptions on the teaching of SRHE in secondary schools.

Table 4.7 Teachers’ and students’ perceptions and attitudes on implementation of the SRHE programme in secondary schools (N= 538)

Respondents	Item	SA	A	U	D	SD	Total	Median	Pearson according to gender		Pearson according to type school	
									df	p-value	df	p-value
Teachers	Considering secondary school students as asexual negatively affects teaching of SRHE.	8(13.8%)	9(15.5%)	4(6.9%)	31(53.4%)	6(10.3%)	58(100%)	2.00	4	.054	4	.19
	Considering SRHE as a taboo subject has negative impact	9(15.5%)	13(22.4%)	7(12.1%)	22(37.9%)	7(12.1%)	58(100%)	3.50	4	.493	4	.00
	Cultural and religious values negatively affect teaching of SRHE.	12(20.7%)	19(32.8%)	9(15.5%)	15(25.9%)	3(5.2%)	58(100%)	4.00	4	.522	4	.75
	Feeling shy when teaching SRHE has a negative effect.’	6(10.5%)	33(57.9%)	4(7.0%)	10(17.5%)	4(10.5%)	58(100%)	4.00	4	.277	4	.24
	Avoiding topics considered sensitive has a negative effect	8(13.8%)	36(62.1%)	2(3.4%)	7(12.1%)	5(8.6%)	58(100%)	4.00	4	.500	4	.12
	Parents’ negative attitudes towards teaching of SRHE in schools has negative effect.	5(8.6%)	24(41.4%)	7(12.1%)	13(22.4%)	9(15.5%)	58(100%)	3.50	4	.126	4	.00
	Communication between parents and children negatively affects teaching of SRHE.	20(34.5%)	33(56.9%)	1(1.7%)	3(5.2%)	1(1.7%)	58(100%)	4.00	4	.683	4	.63
	Failure by parents to discuss SRHE issues with their children has a negative effect.	9(15.5%)	9(15.5%)	6(10.3%)	26(44.8%)	8(13.8%)	58(100%)	3.50	4	.634	4	.07
Students	Failure to examine SRHE has a negative effect on its teaching	12(20.7%)	15(25.9%)	6(10.3%)	15(25.9%)	10(17.2)	58(100%)	3.00	4	.160	4	.56
	Considering school students not sexually active has a negative effect towards teaching of SRHE in secondary schools.	74(15.4%)	111(23.2%)	61(12.7%)	134(28.0%)	99(20.7%)	479(100%)	3.00	4	.035	4	.64
	Considering SRHE as a taboo subject negatively affects teaching of SRHE.	56(11.7%)	145(30.3%)	65(13.6%)	127(26.6%)	85(17.8%)	478(100%)	3.00	4	.176	4	.14
	Viewing SRHE as encouraging sexual activity among school students negatively affects its teaching.	53(11.1%)	98(20.5%)	63(13.2%)	147(30.8%)	117(24.5%)	478(100%)	2.00	4	.840	4	.99
	Cultural and religious values are hindering the teaching of SRHE.	78(16.3%)	167(34.9%)	70(14.6%)	109(22.6%)	54(11.3%)	478(100%)	4.00	4	.842	4	.00
	Parents have negative attitudes towards teaching of SRHE in schools	37(7.8%)	63(13.2%)	66(13.9%)	189(39.7%)	121(25.4%)	479(100)	2.00	4	.520	4	.51
	Communication between parents and children negatively affects teaching of SRHE	160(33.4%)	171(35.7%)	59(12.3%)	55(11.5%)	34(7.1)	479(100%)	4.00	4	.035	4	.43
	Failure by parents to discuss SRHE issues with their children has a negative effect.	83(17.4%)	111(23.3%)	83(17.4%)	119(25.0%)	80(16.8%)	476(100%)	3.00	4	.283	4	.30
When SRHE is not examined it is viewed as not important.	119(24.8%)	126(26.3%)	62(13.0%)	95(19.8%)	77(16.1%)	479(100%)	4.00	4	.425	4	.07	

Key: SA: Strongly Agree 5, A: Agree 4, U: Undecided 3, D: Disagree 2, SD: Strongly Disagree 1, (Median: 4 – 5 High; 3 Neutral; 1-2 Low).

Results from Table 4.7 show that teachers and students' responses to items on perceptions and attitudes towards the implementation of the SRHE programme in secondary schools had median ranging from 2.00 to 4.00 with most items having a median of 3.00 and 4.00. Most of the teachers (91.4%) and students (69.1%) were of the view that poor communication between parents and students negatively affected the teaching of SRHE in secondary schools.

Table 4.7 also shows p- values greater than .001 ranging from .010 to .850 according to gender and .021 to .761 according to type of school for teachers for most of the items (8 out of 9) and .035 to .842 according to gender and .003 to .998 according to type of school for students for all items. Basing on the results of the computed chi- square tests there is no statistically significant relationship between gender and responses and type of school and responses on 8 out of 9 of the items for teachers and all the items for students.

Table 4.7 also shows that teacher responses to the item: 'Parents have negative attitudes towards the teaching of SRHE in schools' had a chi- square test p- value of .000 which is less than .001 according to type of school taught. The calculated chi-square test for teachers for the item suggested that there was a statistically significant relationship between type of school and responses. Results are therefore dependent on type of school taught.

The next section presents qualitative findings on attitudes and perceptions and the teaching of SRHE in secondary school.

4.5.4.1 Guidance and counselling schools inspectors', school heads', HODs' and G & C teachers' responses on attitudes and perceptions and the teaching of SRHE in secondary schools

Interviewees perceived that attitudes and perceptions of stakeholders reduced the effectiveness of teaching of SRHE in schools. G & C SIs, school heads, HODs and revealed that the teaching of SRHE was negatively affected by perceptions that SRHE is a taboo subject and that students are asexual. Results also revealed that cultural and religious beliefs, failure by parents to discuss SRHE with their children, and poor communication between parents and children on SRHE issues negatively affected the teaching of SRHE in secondary schools. The verbal quotes below illustrate the above views:

Attitudes and perceptions greatly reduce the effectiveness of teaching of SRHE in schools (Head 2).

Considering SRHE as a taboo subject affects its teaching in secondary schools (G & C SI 3).

Besides attitudes and perceptions, there are also other factors such as culture and religion that also have a negative effect on the teaching of SRHE in schools (HOD 6).

Failure by parents to discuss issues to do with SRH with their children negatively affects its teaching in secondary schools (Teacher 5).

Most church run schools have negative perceptions that teaching SRHE went against church morals (G & C SI 2).

Poor communication between parents and their children negatively affects the teaching of SRHE in secondary schools (Head 4).

Being afraid of contradicting what parents say reduces teachers' effectiveness in the teaching of SRHE (Teacher 1).

The next section presents students' responses on attitudes and perceptions and the teaching of SRHE in secondary schools.

4.5.4.2 Students' responses on attitudes and perceptions and the teaching of SRHE in secondary schools

In agreement with G & C SIs, heads, HODs and teachers, students revealed that considering SRHE as a taboo subject and treating students as asexual human beings negatively affected the teaching of SRHE in secondary schools. Students also revealed that cultural and religious beliefs had a negative effect on the SRH information they got in schools. Poor communication between students and their parents on SRH matters had a very negative effect on the teaching of SRHE in secondary schools. Students' views are captured in the following verbal quotes:

When parents, teachers and other adults consider SRHE as a taboo subject, it really affects how it is taught in schools (FGR18).

Poor communication, thus threats and intimidations by parents on SRH issues have a negative impact on teaching and learning of SRHE even in schools (FGR13).

Cultural and religious beliefs are a hindrance to effective teaching of SRHE in schools (FGR15).

Reluctance by parents to discuss SRH issues with their children affects its teaching in secondary schools (FGR14).

The section that follows presents the findings on research question 5 which focused on how teaching of SRHE in secondary schools can be enhanced.

4.6 SUB-RESEARCH QUESTION 5: HOW CAN THE TEACHING OF SRHE IN SECONDARY SCHOOLS BE ENHANCED?

4.6.1 Findings on how teaching of SRHE can be enhanced

Table 4.8 presents findings on how the teaching of SRHE can be enhanced in Zimbabwean secondary schools.

Table 4.8 Teachers' and students' responses on how the implementation of the SRHE programme in secondary schools can be enhanced (N=538)

Respondents									Pearson Chi-square according to gender p>0.001 (non-significant); p<0.001 (significant)	Chi-square according to type of school; p>0.001 (non-significant); p<0.001 (significant)		
	Item	SA	A	U	D	SD	Total	Median	df	p-value	df	p-value
Teachers	There should be collaboration when teaching SRHE.	29(50.0%)	27(46.6%)	1(1.7%)	1(1.7%)	0(0%)	58(100%)	4.50	3	.584	3	.450
	There should be programmes for parents on SRHE.	30(51.7%)	26(44.8%)	1(1.7%)	1(1.7%)	0(0%)	58(100%)	5.00	3	.218	3	.442
	Workshops should be held to update teachers on SRHE.	33(56.9%)	25(43.1%)	0(0%)	0(0%)	0(0%)	58(100%)	5.00	1	.043	1	.791
	There should be professional development for teachers.	37(63.8%)	21(36.2%)	0(0%)	0(0%)	0(0%)	58(100%)	5.00	1	.062	1	.785
	There should be a supportive environment for the teaching of SRHE.	33(56.9%)	24(41.4%)	1(1.7%)	0(0%)	0(0%)	58(100%)	5.00	2	.091	2	.298
	Students should be given home work on SRHE.	23(39.7%)	21(36%)	2(3.4%)	12(20.7%)	0(0%)	58(100%)	4.00	3	.820	3	.590
	There should be supervisions on how SRHE is taught.	22(37.9%)	21(36.2%)	1(1.7%)	12(20.7%)	2(3.4%)	58(100%)	4.00	4	.747	4	.083
Students	All stakeholders should work together to improve the teaching of SRHE.	198(41.4%)	209(43.7%)	46(9.6%)	12(2.5%)	13(2.7%)	478(100%)	4.00	4	.174	4	.368
	There should be programmes for parents on SRHE.	196(41.2%)	217(45.6%)	30(6.3%)	19(4.0%)	14(2.9%)	476(100%)	4.00	4	.541	4	.125
	Workshops for teachers on SRHE should be held.	262(54.7%)	166(34.7%)	28(5.8%)	13(2.7%)	10(2.1%)	479(100%)	5.00	4	.231	4	.164
	Teachers should be supported in order to effectively teach SRHE.	255(53.7%)	171(36.0%)	28(5.9%)	10(2.1%)	11(2.3%)	475(100%)	5.00	4	.225	4	.527
	Students should be given homework on SRHE.	171(35.7%)	136(28.4%)	38(7.9%)	64(13.4%)	70(14.6%)	479(100%)	4.00	4	.057	4	.222
	Peer educators should be trained to assist in teaching of SRHE.	183(38.3%)	131(27.4%)	39(8.2%)	61(12.8%)	64(13.4%)	478(100%)	4.00	4	.004	4	.775

Key: SA: Strongly Agree 5, A: Agree 4, U: Undecided 3, D: Disagree 2, SD: Strongly Disagree 1, (Median: 4 – 5 High; 3 Neutral; 1-2 Low).

Table 4.8 shows that all the items on how the teaching of SRHE can be enhanced in secondary schools were viewed positively by G & C teachers and students with median ranging from 4.00 to 5.00.

Table 4.8 also shows p- values greater than .001 ranging from .043 to .820 according to gender and .083 to .791 according to type of school taught for teachers and from .004 to .541 according to gender and from .125 to .775 according to type of school attended for students. The calculated chi-square tests for both G & C teachers and students reveal that there was no statistically significant relationship between gender and responses and type of school and responses on all items on how the teaching of SRHE can be enhanced.

The next section presents qualitative results on how the teaching of SRHE can be enhanced in secondary schools.

4.6.2. Guidance and counselling schools inspectors', school heads', HODs and G & C teachers' responses on how the implementation of the SRHE programme can be enhanced in secondary schools

All the interviewees believed that the teaching of SRHE could be enhanced through collaboration between teachings from home, cultural context, religion, and schools so that there were no contradictions in the SRHE messages students get. Respondents also supported the use of awareness programmes to equip parents with skills and knowledge to assist their children with SRHE. Other strategies supported included staff development for G & C teachers, supervision of G & C teachers, creating a supportive environment, awareness programmes for parents and homework on SRHE. Interviewees' responses are shared in the verbal quotes below:

Yes, there should be collaboration among all stakeholders in order to reduce contradictions on what should be taught and how it should be taught (HOD 6).

There should be workshops for parents so that they understand the need for their children to learn SRHE both at school and at home (G & C SI 2).

Children should be given homework in SRHE so that parents can be involved as they assist in the homework (HOD 3).

There should be teacher supervision on SRHE activities they do with their classes (Teacher 1).

There is need to create a supportive environment for teaching of SRHE in secondary schools to be effective (G & C SI 3)

There is need for regular staff development for all the teachers who teach SRHE to make them more knowledgeable (Teacher 1)

The next section presents students' responses on how teaching of SRHE can be enhanced in secondary schools.

4. 6.3 Students' qualitative results on how the teaching of SRHE in secondary schools can be enhanced

Consistent with G & C SIs, school heads and G & C teachers, students supported the views that parents, teachers, churches, and community should work together on SRHE, that parents be workshopped on SRHE, that students be given homework, and that peer educators be trained on SRHE. Students' views are presented in the following verbal quotes:

Schools should work closely with other ministries and NGOs so that we won't get contradicting information (FGR35).

Our parents need some workshops on how they can assist us in SRHE (FGR53).

As students we should be given some homework on SRHE so that we can engage our parents and ensure they take part in SRHE (FGR 63).

Peer educators should be trained in schools to assist other students on issues of SRH. Being our peers they have nothing to hide from us (FGR19).

The following section discusses the findings of the study. mention that the qual and quan data will be integrated in the discussion that follows (as you have mentioned earlier). Link this also to Fig 3.1 and that the findings are discussed in relation to the literature review in Chapter 2.

4. 7 DISCUSSION OF RESEARCH FINDINGS

The study evaluated the effectiveness of the teaching of SRHE in Zimbabwean secondary schools. The evaluation used both qual and quant data from G & C inspectors, school heads, G & C HODs, G & C teachers, and students. The qual and quant data will be intergrated (fig. 3.1) in the discussion that follows. The discussion is conducted bearing in mind the guiding research questions and themes derived from the questions. The findings are discussed in relation to the literature review in chapter 2.

The next section discusses results on how SRHE is being taught in Zimbabwean secondary schools.

4.7.1 Sexual and Reproductive Health Education content taught in Zimbabwean secondary schools

The study revealed that topics that were covered during SRHE include adolescent male and female reproductive systems, STIs, HIV and AIDS, reproduction, managing peer influences,

relationships, alcohol and substance abuse and sexual decision making and focused on abstinence- only aspects. Students revealed that although many topics were covered, very little information was provided since the focus was on the consequences of doing unaccepted things. The findings that focus was on abstinence– only programmes are in line with findings by (Awusabo- Asare et al., 2017: 5; Breuner et al., 2016: 7; Emmanuel, 2015:18; Hall et al. 2017: 2; Herman et al., 2013: 21; Leon- Himmelstine & Rost, 2019: 328; Leung et al., 2019: 1; McCall, 2015: 9; Netshikweta et al., 2018: 323; Ogola & Ondina, 2019: 111; Sidze et al. 2017: 47) who established that abstinence- only programmes were found to threaten fundamental human rights to health and led to limited access to scientific information about reproduction. Abstinence only programmes contradict with the IMB model that informed the study which states that there is need to include elements of information, motivation, and behavioural skills in interventions that target sexual risk behavioural change (Canadian Guidelines for Sexual Health Education, 2008: 36). Teaching abstinence- only programmes means SRHE is not effectively taught in secondary schools in Zimbabwe.

The findings of this study further revealed that topics covered during SRHE focused on the physical aspects of reproduction and understanding consequences but lack any meaningful discussion about feelings, relationships, and values. The finding that topics covered focused on physical aspects of reproduction is in line with prevailing literature (Aransiola et al., 2013: 88; Chandra- Mouli et al., 2017: 336; Eko Jimmy et al., 2013: 226; Esohe & PeterInyang, 2015: 96; Kalanda, 2010: 6; Long, 2015: 4; Thaver & Leao, 2012: 87; Moletsane, 2014: 33; Plourde et al., 2016: 1; Sidze et al., 2017: 21, 23) which all allude that topics covered in SRHE focus on physical aspects of reproduction. Focusing on physical aspects and ignoring discussions about feelings is an indication that SRHE is not effectively being taught in secondary schools. Adolescents in the current study however felt contraceptives were an important component of SRHE. This finding concurs with findings from a study conducted in DR Congo where adolescents also felt contraceptives are an important component of SRHE (Muanda et al. 2018: 6).

The findings that abstinence- only information is provided to students do not concur with findings by Smith et al. (2011: 25) which revealed that SRH topics taught in schools in Australia include safe sex practices, reproduction and birth control methods. Natsanet et al. (2012: 105) also shared the same view when they revealed that SRHE content taught in Ethiopian schools included abstinence- only and abstinence- plus based on the mental maturity of the students. These findings differ from findings by Emmanuel (2015: 18) that

there is danger when abstinence is seen as the only choice for adolescents and where health information on other choices was restricted and misrepresented. These findings are also contradictory to findings by the CDC (2020: 1) that effective teaching of SRHE includes connecting students to sexual health and other services such as family planning services. Further, study findings are inconsistent with findings by McCall (2015: 9) that sexual health education should include functional or practical knowledge about health topics, skills development and instilling new or corrected normative beliefs about SRHE. Joy- Telu Hamilton- Ekeke (2019: 209) argued that effective sex education is not only about preaching abstinence, but is about providing comprehensive and accurate knowledge to adolescents so that they can make informed choices. The possible reasons for seeing abstinence as the only choice for adolescents can be attributed to varying government policies and different cultural norms and values that guide the teaching of SRHE in each country.

It also emerged from the study that respondents proposed that topics such as hygiene, sexual abuse, child marriages, harmful cultural practices, incest, homosexuality, and sodomy should be included in the teaching of SRHE in secondary schools. Use of contraceptives including condoms was one area where students mentioned that they needed more information on. Although teachers felt it was not necessary, students expressed that they wanted to be taught about condom use demonstrations in schools. Several studies support the view that topics such as hygiene, sexual abuse, child marriages, harmful cultural practices, incest, homosexuality and sodomy should be added in the SRHE curriculum (Breuner et al., 2016: 7; Leung et al., 2019: 20; Mkumbo, 2014: 653; Mouhanna et al., 2017: 4; Muanda et al., 2018: 6). Students revealed that although some topics were left out they had information from other sources and what they needed was the correct and age- appropriate information from the school.

The study established that topics such as hygiene, sexual abuse, child marriages, harmful cultural practices, incest, homosexuality and sodomy were not addressed in the SRHE curriculum. Failure to include such topics reduces the effectiveness of the teaching of SRHE in secondary schools since it deprives learners of adequate SRHE. The next section discusses findings on how SRHE is taught in secondary schools in Zimbabwe.

4.7.2 How SRHE is taught in secondary schools in Zimbabwe

The second objective of the study was to establish how SRHE is taught in secondary schools in Zimbabwe. It emerged from the study that G & C lessons, where SRHE is taught are

timetabled in most schools with some schools timetabling it under clubs. Time tabling the learning area is a way of ensuring that it is effectively taught. The finding that SRHE is taught under G & C concurs with Sidze et al. (2017: 21) who established that SRHE is not a stand-alone subject in the Kenyan national curriculum. The situation is different from that in Iraq where no formal systematic SRHE programme for adolescents was available (Shams et al., 2017: 2).

It also emerged from the study that there was a clear syllabus on SRHE in the schools. However, it was established that G & C teachers were never involved in the planning of the SRHE content that was taught. Failure to involve teachers in the planning and failure to assess them may limit delivery and quality of SRHE. The study further revealed that G & C teachers were never assessed teaching SRHE. This is inconsistent with findings from a study in Kenya that frequent teacher monitoring and supervision are key ingredients in improving the teaching of SRHE (Songok et al., 2013: 112). Monitoring and supervision of teachers can improve effectiveness of the teaching of SRHE in secondary schools.

Findings from this study further revealed that most SRH topics listed in the syllabus were being covered during G & C lessons and other forums in the schools. Such other forums included during assemblies, clubs, and any other time when experts in SRHE were invited to talk to students on SRH issues. The study further revealed that besides G & C lessons, SRHE is also infused in subjects such as Biology, Home Economics, Religious Studies, and ChiShona. The finding that SRHE is also infused in other subjects corroborates that of Sidze et al. (2017: 18) , Wanje et al. (2017: 2) and Zulu et al. (2019: 2). This infusion of the SRHE content in other areas improves the effectiveness of the teaching of SRHE in secondary schools.

It also emerged from the study that G& C under which SRHE is taught was accorded low status since it was not externally examined. Since SRHE is taught under another subject and not examined, it implies that it is given a low status in the curriculum. Findings that SRHE is given low status concur with findings from UK (Gordon, 2009: 177), South Africa (Moletsane, 2014: 16), Tanzania (Miyakado, 2013: 239) and Kenya (Dayton, 2010: 47). The finding that SRHE is accorded low status is similar to findings from elsewhere (Deger & Balci, 2018: 1; Denno et al., 2015: 40; Zulu et al., 2019: 7). A subject given low status will most likely not be effectively taught and the information that students will receive would not be the best. Additionally, the study revealed that some G & C teachers sometimes used the

SRHE lessons for other subjects that are externally examined. Furthermore, it was revealed that the time for SRHE was also used to do corrections, finishing work from other subjects, and even for study because of school educational policies that place emphasis on academic excellence. The findings that some teachers used SRHE for other subjects are consistent with studies by Deger and Balci (2018: 5) and Joseph et al. (2021: 2) which established that teachers do not teach SRHE and used G & C lessons to do examinable subjects.

Findings from this study further revealed that teachers in Zimbabwean secondary schools used question and answer and lecture methods when teaching SRHE. This was due to constraints such as shortage of time, large classes, and lack of skills to handle the classes on such a sensitive subject. Findings that teachers used question and answer and lecture method are in line with Gudyanga et al. (2019: 36) in Zimbabwe, (Sidze et al., 2017: 18; Songok et al., 2013: 111) in Kenya, Natsanet et al., 2012: 100; Ogolla & Ondina, 2019: 118) in Ethiopia, and Haruna et al. (2018: 4) in sub – Saharan Africa countries who also found out that teachers were not using participatory methods when teaching SRHE. Although teachers reverted to question and answer methods and rote learning, the use of participatory methods was found to be very effective in teaching SRHE through increasing learners' level of activation and allowing learners to construct their own knowledge (Acharya et al., 2009: 448; Bonjour & van der Vlugt, 2018: 12; Gudyanga et al., 2019: 37; NSW Department of Education, 2016: 14; Pithouse- Morgan et al., 2013: 86; Yego, 2017: 100).

Findings from this study further revealed that the use of peer educators in the teaching of SRHE in secondary schools was not very popular. It also emerged from the study that there were no visible peer educators in schools. Findings from the study further revealed that there were a few girls in the schools who were said to be peer educators but they never assisted anyone outside their clubs. The study finding that use of peer educators was not popular is not in line with findings in studies by (Aaro et al., 2014: 15; Acharya et al., 2009: 448; Adeomi et al., 2014: 2; Azizi et al., 2017: 2; Beaumont & Maguire, 2013: 15; Chandra-Mouli et al., 2015: 335; Envuladu et al. 2017: 186; Frantz, 2015: 5; Jana, Mafa, Limwame & Shabalala, 2012: 5; Kalembo et al., 2013:34; Meena et al., 2018: 5; Netshikweta et al., 2018: 323; NSW Department of Education, 2016: 13; Onongha, 2016: 186; Sidze et al., 2017: 27; Villa- Torres & Svanemyr, 2015: 53; Wight, 2011:68) which established that effective use of peer education has a positive effect on effective teaching of SRHE in secondary schools. The contradiction on the use of peer education may be because Zimbabwean teachers may lack knowledge on how to train peer educators and knowledge on how to work with them since

most of the teachers lack training on how to effectively teach SRHE to students in secondary schools.

It also emerged from the study that various stakeholders (NGOs, health personnel and other specialists in SRHE) collaborated to ensure effective teaching of SRHE in secondary schools. The findings that there was collaboration during teaching of SRHE in secondary schools concur with findings from other studies (Acharya et al., 2009: 449; Alimoradi et al., 2017: 89; Armstrong, 2014: 32; Beaumont & Maguire, 2013: 17; Groves & Welsh, 2010: 90; Kalembo et al., 2013: 391; Sidze et al., 2017: 20; Sorace, 2013: 8; Thaber & Leao, 2012: 89; Walker et al., 2020: 14).

It also emerged from the study that many teachers were not very patient and friendly when teaching SRHE. It was revealed that some teachers threatened students and told them to focus on their studies. The findings that teachers were using fear and threats concur with findings by Dayton (2010: 47), Gruskin et al. (2019: 3), Netshikweta et al. (2018:323), Ngwoke et al. (2013: 15), Panchaud et al. (2019: 289) and Sidze et al. (2017: 30), and who established that focus of SRHE was on harm and squashing curiosity about sex.

The study further established that teachers were not aware that there was any monitoring and evaluation taking place in schools on SRHE, implying that there was no clear monitoring and evaluation of effective teaching of SRHE in secondary schools. The findings of this study that there was no clear monitoring and evaluation of the guidance and counselling and SRHE programmes concur with previous studies that established that there was no proper planning, implementation and monitoring of the G & C programme in schools (Chireshe, 2006: 228; Mapfumo & Nkoma, 2013: 108; Muguwe & Gwirayi, 2011: 212; Mugweni, 2012: 60; Mupa, 2012:2; Sidze et al. 2017: 29). To measure the effectiveness of the teaching of SRHE, there is need for monitoring and evaluation to take place. The view that there is need for monitoring and evaluation is shared by Songok, et al. (2013: 112) who established, from a study in Kenya, that frequent teacher monitoring and supervision are required to improve the teaching of SRHE.

The current study also revealed that students and parents were not involved in the planning, implementation, monitoring, and evaluation of the SRHE programme. The findings that students were not involved in the planning, implementation, monitoring, and evaluation of the SRHE programme are in line with those by Panchaud et al. (2019: 287) from a study in

Kenya and Ghana that established that students were not involved in the planning and implementation of the SRHE programme. Findings from studies in Sub-Saharan Africa (Kalembo et al., 2013: 39), Nigeria (Esohe & PeterInyang, 2015: 97), South Africa (Moletsane, 2014: 32), Kenya (Dayton, 2010: 49), Lebanon (Mouhanna et al., 2017:4) and Ghana (Aninanya et al., 2015:5) support the involvement of adolescents and young people in the planning, implementation, monitoring, and evaluation of SRHE programmes. The findings that students and parents were not involved in the planning, implementation, monitoring, and evaluation of the SRHE programme contradicts those by the World Health Organization (2017: 8) that concluded that teenagers need to be involved in their own programmes to deal with their sexuality through peer education in order to promote a positive and helpful influence concerning the teens' sexuality education. The contradiction may be as a result of the set up in Zimbabwean secondary schools where SRHE is considered just like any other subject in the curriculum in which parents and students are not involved.

Effective teaching of a subject can also be determined by its benefits to the recipients. The following section discusses perceived benefits of effective teaching of SRHE to students in schools in Zimbabwe

4.7.3 Perceived benefits of effective teaching of SRHE to students in schools in Zimbabwe

The study revealed that the teaching of SRHE was perceived as very beneficial to students in secondary schools. One of the mentioned benefits was development of life skills such as being able to communicate, listen, negotiate with others, ask for and identify sources of help and advice, decision making assertion, ability to recognize pressures from other people and to resist them, dealing with any challenging prejudice, seeking help from adults, parents, and career professionals. When students develop life skills through effective teaching of SRHE, they are able to avoid pregnancies and risky sexual behaviours (Simmond, 2019: 17). Study findings that teaching of SRHE provides students with life skills supports findings by Kapinga and Hyera (2015: 107), Kalanda (2010: 170), Plourde et al. (2016: 2), Li et al. (2017: 2), Haruna et al. (2018: 2), Ngwoke et al. (2013: 3), Songok, Yungungu and Mulinga (2013: 114), Nyarko et al. (2014: 22), Ogolla and Ondia (2019: 110) that development of life skills would enable students to know themselves and to deal with identity crisis. This finding that students develop life skills through SRHE is also in line with the IMB model on which the study is grounded. The IMB model stipulates that effective SRHE supports informed

decision- making by providing an individual with the opportunity to develop the knowledge, personal insights, motivation and behavioural skills that are consistent with each individual's personal values and choices (Public Health Agency of Canada, 2008: 22).

It also emerged from the study that the teaching of SRHE increases young people's understanding of STIs, HIV and AIDS, early marriages, abortion, unwanted pregnancies, early marriages, and infertility. The findings of this study that teaching of SRHE increases young people's understanding of STIs, HIV and AIDS, early marriages, abortions, unwanted pregnancies, early marriages, and infertility concurs with findings by (Acharya et al. 2009: 445; Aransiola et al., 2013: 88; Eko Jimmy et al., 2013: 227; Joy-Telu Hamilton-Ekeke, 2019:210; Kantor & Lindberg, 2019: 145; Kapinda & Hyera, 2015: 109; Kishindo, 2011: 13; Krebbekx, 2019: 1326; Lekshmi et al., 2018: 13; Muchabaiwa & Mbonigaba, 2019: Mulama, 2006:25; Ruparanganda, 2017: 162; 14; Songok et al. 2013: 109).

It was also established that in the absence of sex education in secondary schools, children received inaccurate, conflicting, unbalanced, deficient, and sometimes damaging messages from friends, peers, the media and social networks. The findings that teaching of SRHE reduces inaccurate, conflicting, unbalanced, deficient and sometimes damaging messages concurs with findings of several other studies (Acharya et al., 2009: 445; Aransiola et al., 2013: 88; Chireshe, 2011: 106; Eko Jimmy et al., 2013: 227; Haruna et al., 2018: 1; Jana et al., 2012: 21; Kalembo et al., 2013: 33; Kapinda & Hyera, 2015:109; Kishindo, 2011: 13; Kumar et al., 2017: 3; Meena et al., 2015: 3; Muanda et al., 2018: 12; Muchabaiwa & Mbonigaba, 2019:12; Mulama, 2006: 25; Ngwoke et al., 2013: 1; NSW Department of Education, 2016: 3; Olubayo- Fatiregun, 2012: 25; Onongha, 2016: 185; Onoyase, 2018: 1; Panchaud et al., 2019: 278; Parwej et al., 2005: 291; Shams et al., 2017: 1; Songok et al., 2013: 109, 114).

Although the study established that teaching of SRHE reduces inaccurate, conflicting, unbalanced, deficient, and sometimes damaging messages, it did not mention benefits such as getting an explanation and clarification of sexual feelings, values, and attitudes regarding relationships and sexual behaviour as revealed by (Ivanova et al., 2020: 2; Kalanda, 2010: 170;). Findings from the current study also left out benefits such as delaying sexual debut, increasing use of condoms, having fewer experiences of unprotected sex, preventing suicide and keeping students from committing or becoming victims of violent behaviour that place youth at risk for poor health and academic outcomes as established by the CDC (2020: 3).The

variations in the benefits realized could be a result of different cultural beliefs, values and norms of different countries.

Findings from this study established that teaching of SRHE in secondary schools enables those students with no parents or guardians to also receive SRHE which they may not get from home. Those students with poor backgrounds and in school were also able to get SRHE from school. The finding that teaching of SRHE in secondary schools is also beneficial to students from poor backgrounds concurs with findings from Krebbekx (2019: 1326) and Songok et al. (2013: 19) which established that teaching SRHE to secondary school learners is beneficial in that it provides information even to those students with shuttered backgrounds, with inadequate family guidance and counseling, and from child headed homes.

Although the study established that teaching of SRHE was found to be beneficial to school children, studies by Atuyambe (2015: 2), Esohe and PeterInyang (2015: 96), Oransiola et al. (2013: 88), Smith et al. (2011: 19), Wight (2011: 71) and Wiley (2012: 308) established that abstinence- only programme was not very beneficial. This study contradicts this finding in that it demonstrated that the teaching of SRHE was beneficial. The reason for this variation could be significant country variations in curriculumthe coverage of SRHE with countries focusing on different components of the model and not necessarily covering all the components.

The next section discusses findings on factors that influenced the effectiveness of the teaching of SRHE in secondary schools.

4.7.4 Factors that influence the effectiveness of the teaching of SRHE in secondary schools

This section discusses findings on factors that influence the effectiveness of the implementation of SRHE in secondary schools. The findings are discussed under the themes that include policies, training, resources, and attitudes and perceptions.

This section discusses policies and the implementation of the SRHE programme in secondary schools.

4.7.4. 1 Policies and the teaching of SRHE in secondary schools

Findings from this study revealed that policies affect the teaching of SRHE in secondary schools in that they guide the provision of sexual reproductive health to adolescents

(Williams, 2015: 8). The study further revealed that policy provided a critical framework to guide teaching of SRHE in secondary schools. The availability of a policy (Zimbabwe School Health Policy) and other relevant documents has a positive influence on effective implementation of the SRHE programme in secondary schools. The policy guides the implementation of a number of health-related interventions relating to the welfare of learners in the school system including SRH concerns, and guidance and counselling services for all learners (ZSHP, 2018: 1). The policy acts as a binding framework for effective implementation of SRHE and sets rules and frameworks for people's conduct and for programmatic interventions in Zimbabwean secondary schools. The finding that the availability of a clear school policy has a positive influence on effective teaching of SRHE in secondary schools is in line with Atuyambe et al. (2015: 2), Evidence Briefing(2010: 2); Gruskin et al.(2019: 4), Leon- Himmelstine and Rost(2019: 10), Panchaud et al. (2019: 278), Sidze et al.(2017: 37), Smith et al.(2011: 44), Songok et al. (2013: 112), Thaver and Leao (2012: 88), UNESCO (2012: 6), and Wiley (2012: 308) who established that policies guide the implementation of the teaching of SRHE in secondary schools.

The current study established that secondary school students were not meaningfully engaged in the development of the SRH policy that is used in schools. This is despite observations by Panchaud et al. (2019: 287) that young people's engagement in policy development and implementation processes is key to ensuring that their needs are considered.

The current study revealed that policies on teaching of SRHE are available though they are not effectively implemented in secondary schools. This view is shared by Browne (2015: 5), New Zealand Family Planning (2017: 12; Sidze et al. (2017: 21); Svanemyr et al. (2015:5), and) who noted that although policies on SRHE are available, most countries are not implementing them effectively.

The study also established that the policy is in contradiction with MoHCC policy which states that all persons of reproductive age are supposed to be provided with contraceptive information and services. The policy in schools is silent on SRHE services. Like any other services found in school, mandatory parental consent is required for minors to access SRH services (WHO, 2018: 3). Similar findings were arrived at by Panchaud et al. (2019: 288) who demonstrated that the MoHCC policy says that any young person from 14 years of age has a right to access condoms but condoms are not supplied in schools. The study also revealed that the policy creates limitations to the effective teaching of SRHE to adolescents

since it does not give provision for adolescents to access SRH services without parental consent. This finding is in agreement with Gruiskin et al. (2019: 5) who established that some policies can create limitations to effective teaching of SRH to adolescents such as those that do not allow adolescents to access SRH services without parental consent. A similar view is shared by Muchabaiwa and Mbonigaba (2019: 14) who suggested that there is need to align government policies such as the policy that prohibits distribution of condoms in schools with the ASRH strategies to promote uptake of contraceptives.

The following sub-section discusses teachers' training and the implementation of SRHE in secondary schools.

4.7.4.2 The influence of teachers' training on the teaching of SRHE in secondary schools

The current study established that teacher training is a key in the effective teaching of SRHE to secondary school students. The finding that teacher – training is key in effective teaching of SRHE in secondary schools concurs with findings from many other studies (Bilinga & Mabula, 2014: 28; Bonjour & van der Vlugt, 2018: 17; Browne, 2015:10; CDC, 2020: 3; Emmanuel, 2015:26; Frounta & Zartalousi, 2016: 208; Kalanda, 2010: 173; Mayabi et al., 2014: 42; Moletsane, 2014: 16; Naidoo, 2014: 27; Nakwenda, 2017: 6; Sarma & Oliveras, 2013: 25; Smith et al., 2011: 51; Songok et al., 2013: 111; Thaber&Leao, 2012: 88; Wahba&Roudi- Fahim, 2012: 4). Lack of training leaves teachers with no motivation, no information, and skills that have a negative impact towards the teaching of SRHE in secondary schools. This finding contradicts the IMB model that guided this study and states that providing students with information on SRH is linked to desired behavioural outcomes and should result in enhancement of sexual health and avoidance of negative sexual health outcomes (Canadian Guidelines for Sexual Health Education, 2003: 38; Fisher & Fisher, 1998: 46). This contradiction could be a result of inadequate resources to train teachers on effective teaching of SRHE to students in secondary schools. Students, as a result of lack of teacher expertise, could also lack the motivation and skills to behave in the required manner.

The study revealed that teachers teaching SRHE in secondary schools were not trained to teach the subject. This finding that teachers are not adequately trained is shared by Bilinga and Mabula (2014: 26), Bonjour and van der Vlugt (2018: 17), Chireshe (2006: 80), Chireshe and Chireshe (2017: 21), Chireshe (2011: 106), Dlamini (2010: 12), Emmanuel (2015: 8), Frounta and Zartalousi (2016: 208), Gudyanga et al. (2019: 37), Kishindo (2011: 5), LeBrun and Omar (2015: 4), Mapfumo and Nkoma (2013: 100), Mawire (2011: 13), Ogolla and

Ondia (2019: 115), Panchaud et al. (2019: 291), Perez- Songok, et al. (2013: 111), Schutte et al. (2014: 591), Sidze et al. (2017: 37), Stephanie (2016: 33), WHO (2017:8) and Zulu et al.(2018: 7), who revealed that teachers are not adequately trained in the teaching of G& C and SRHE in secondary schools. Inadequate training leads to ineffective teaching of SRHE.

It also emerged from the study that teachers are not adequately trained in use of participatory methods in order to effectively teach SRHE in secondary schools. This is so despite the acknowledgement that participatory methods are effective in the teaching of SRHE to school students. The study further established that some G & C teachers professionally and academically advanced themselves at their own expenses to get a qualification in guidance and counselling which enhanced their teaching of SRHE in secondary schools. The fact that the teachers upgraded themselves at their own expenses and in their spare times implies that few teachers pursue advanced qualifications. The view that teachers upgraded themselves on their own expenses was shared by Fakudze (2012: 75) who revealed that teachers upgrade themselves on part time basis at their own expense. Owing to shortage of funds, some teachers were not able to advance themselves. This leaves most of the teachers with inadequate training to teach SRHE. The view that SRHE teachers were not adequately trained are shared by Wekesah et al. (2019: 10) who established that SRHE teachers had inadequate training, skills, and competencies in SRHE delivery.

The current study further revealed that a few teachers attended five- day training by NAC on SRHE. The training was viewed as inadequate in covering all the content in SRHE. The findings that teachers needed more training concur with findings by Mturi and Bechuke (2019: 141) that some teachers needed to be send for further training or to attend workshops on improving their teaching of sex education. Songok et al. (2013: 111) advocated for regular systematic short in- service courses to be conducted on a regular basis to equip teachers with special skills to handle specific controversial topics on SRHE.

The subsequent sub-section discusses material resources and the teaching of SRHE in secondary schools.

4.7.4.3 Resources and the teaching of SRHE in secondary schools

The study revealed that lack of resources has a negative effect on effective teaching of SRHE in secondary schools. Several studies (Alemu (2013:32), Bam and Girase (2015: 6), Banda (2012: 14), Beaumont and Maguire (2013: 26), Bilinga and Mabula(2014: 26), Browne (

2015: 10), Chireshe (2011: 106), Chirume (2007: 45), Emmanuel (2015: 61), Mahlangu (2011: 239), Muguwe and Gwirayi (2011: 212), Mugweni (2012: 12), Mupa (2012: 161), Nakwenda (2017: 6) Samuel (2004: 16), Ruparanganda (2017: 167), Shumba et al (2011: 18), Smith et al.(2011:51), and Villa- Torres and Svanemyr (2015: 8) established that lack of resources compromised the implementation of SRHE in secondary schools.

The current study also established that there were inadequate resources for teaching of SRHE in secondary schools. The findings that there were inadequate resources concur with findings from several studies (Aaro et al., 2014: 9; Acharya et al., 2009: 446; Beaumont & Maguire, 2013: 26; Bilinga & Mabula, 2014: 26; Browne, 2015: 10; Chireshe, 2006: 191; Chireshe & Chireshe, 2017: 21; Dayton, 2010: 49; Dlamini, 2010: 12; Emmanuel, 2015: 8; Godswill, 2012: 291; Gudyanga et al., 2019: 36; Karangu & Muola, 2011: 269; Kalanda, 2010: 173; Kishindo, 2011: 16; Mayabi et al., 2014: 43; Nyarondia, Ongong'a & Omolo, 2014: 208; Ogolla & Ondia, 2019: 118; Panchaud et al., 2019: 291; Perez- Mayabi et al., 2014: 43; Rochmayani & Zulaekha, 2019:2; Sidze et al., 2017: 28; Songok et al., 2013: 111; Stephanie, 2016: 27) that established that there were inadequate resources for teaching SRHE in secondary schools. Inadequate resources have a negative effective on effective teaching of SRHE. Adequate resources ensure that students get adequate knowledge and skills to use in day to day lives. The view that effective teaching of SRHE ensures that students get adequate knowledge and skills is in line with the IMB model which states that individuals should be aware of and acquire practice in enacting the specific behavioural skills that are needed to help them adopt and perform behaviours that support sexual health (Canadian Guidelines for Sexual Health Education, 2008: 39).

The study further established that there were only a few form one textbooks available in the schools. The other forms had no current text books. The study revealed that there were no other supplementary materials in the form of charts, pamphlets or videos that would enhance effective teaching of SRHE to adolescents in secondary schools. It was established that there were out dated Think About It' textbooks series 'which were supplied to schools during the HIV era. These textbooks now have irrelevant information. The findings of the current study that there are no charts are pamphlets contradict findings by Mturi and Bechuke (2019: 137) that there were charts and some pamphlets posted on walls on SRHE topics. The contradiction may be a result of the low status accorded to the subject in Zimbabwe. Some countries value the subject more and thus provide adequate resources.

The study also established that SRH was allocated inadequate time. The view that SRHE was allocated inadequate time was shared by Aaro et al. (2014: 9); Dayton (2010: 49); Mayabi et al. (2014: 42); and Nyarondia, Ongong'a and Omolo (2014: 208). Where it was timetabled it was allotted one period (between 30 and 35 minutes per week). The reason for the allocation of little time may be that more time and energy is dedicated to examined subjects. It was established in the current study that teachers had high workloads and very large classes which negatively affected effective teaching of SRHE in schools. The view that high workload and large classes negatively affected teaching of G & C in secondary school is shared by Chireshe (2006: 191), Mayabi et al. (2014: 43) and UNESCO (2013: 25). The study also established that there were no proper counselling rooms in secondary schools with teachers using their offices as counselling rooms. Salam et al. (2016: 14) shared that counselling is important in that it increases adolescent SRHE. Unavailability of proper, private counselling rooms leads to lack of confidentiality (Williams, 2015: 11) which negatively affects counselling services in secondary schools. Confidentiality creates a situation where a client can share very sensitive subject with the counsellor with the assurance that the information would not be discussed outside the counselling room.

Ineffective teaching of SRHE in secondary schools results from several factors that include attitudes and perceptions. The next section discusses stakeholders' attitudes and perceptions and the teaching of SRHE in secondary schools.

4.7.4.4 Stakeholders' attitudes and perceptions and the teaching of SRHE in secondary schools

The study revealed that parents supported the teaching of SRHE in secondary schools although most of them were not ready to discuss SRHE issues with their children. The finding that parents were not ready to discuss SRHE with their children is supported by findings from a Kenyan study by Ogolla and Ondia (2019: 117). The finding that parents supported the teaching of SRHE in secondary schools concurs with findings by Kapinga and Hyera (2015: 110) who established that parents supported the teaching of SRHE in secondary schools. Findings that some parents and religious groups had positive perceptions and attitudes, however, contradict findings from many other studies which revealed that most parents had unfavourable attitudes towards teaching of SRHE in secondary schools (Acharya et al., 2009: 449; Akpama, 2014: 142; Bilinga & Mabula, 2014: 27; Boonstra, 2007: 7; Browne, 2015: 10; Deger & Balci, 2018: 2; Emmanuel, 2015: 3; Engen, 2013: 33; Godswil, 2014: 9; Herman et al., 2013: 5; Iqbal et al., 2017: 9; Kasonde, 2013: 36; Kishindo, 2011:16;

Kumar et al. 2017: 4; MAIA et al., 2015: 429; Mayabi, et al., 2014: 42; Mc Call, 2015: 33; Mlyakado, 2013: 240; Onongha, 2016: 188; Sayegh, Rose & Schapiro, 2012: 473; Sooki et al. 2016: 1; Thaber & Leao, 2012: 88; UNESCO, 2012: 38; Wanje et al., 2017:2; Zulu et al.. 2019: 2). The reason for this contradiction could be different cultural and religious beliefs, attitudes, and values on SRHE in different countries which do not support SRHE.

Study findings also revealed that teachers had positive attitudes towards the teaching of SRHE in schools and it was noted that positive attitudes by teachers had a positive effect on the teaching of SRHE in secondary schools. Findings from this study concur with findings by Ayalew et al. (2019: 3), Breuner et al. (2016: 4), McKay and Bissell (2010: 5), Mlyakado(2013: 235), Mouhanna and Dejong (2019:11), Natsanet et al.(2012:105), Onoyase (2018: 166), Panchaud et al. (2017: 290), Ram et al. (2020: 5), Sidze et al. (2017: 44), and Thaber and Leao (2012: 89), who established positive teacher and student attitudes towards the inclusion of SRHE in the school curriculum. teachers' positive attitudes may influence effective teaching of SRHE in secondary schools.

Although it was established that positive teacher attitudes had a positive effect towards teaching of SRHE in secondary schools, it also emerged that some teachers felt shy and embarrassed to the extent of avoiding topics they considered sensitive based on their cultural and religious beliefs as well as their personal attitudes and opinions. Avoiding certain topics considered sensitive has a negative effect towards the teaching of SRHE in secondary schools. The findings that some teachers avoided some topics because they felt shy concur with findings by Malleshapa, Shivaram and Nandini(2011: 309), Mayabi et al. (2014: 4), Mufune (2008: 152), Sarma Olivers (2013: 2), Sidze et al. (2017: 28) and Thaber and Leao (2012: 89) who established that some teachers avoided sensitive topics when teaching SRHE.

It also emerged from the study that poor parent- child communication on SRH issues had negative effect on the effectiveness of the teaching of SRHE in schools. Findings were in line with Chireshe and Chireshe (2017: 22) and Ojo et al., (2011: 34) who established that lack of communication with parents may cause adolescents to turn to peers who can negatively influence them. It was also established that there was poor parent – child communication on SRH issues. The findings that there was poor parent- child communication concur with findings from several studies: in India (Malleshapa et al., 2011: 305), Southern and Eastern Africa (Aaro, et al., 2014: 11), Kenya (Dayton, 2010: 6), Nigeria (Olubayo- Fatiregun, 2012: 30; Eko Jimmy et al., 2013:227), Ethiopia (Ayalew et al., 2014: 7), Southern Africa (Jana et

al., 2012: 26), Namibia (Mambambi & Mufune, 2011: 123), Tanzania (Bilinga & Mabula, 2013: 27; Assey, 2012: 15), Uganda (Ngwoke et al., 2013:4), South Africa (Moletsane, 2014: 15), Egypt (Wanje et al. 2017: 2) and Bangladesh (Iqbal et al. 2019: 9), Svanemyr et al. (2015: 3), Turkey (Deger & Balci, 2018: 1) and Zimbabwe (Chireshe & Chireshe, 2017: 22) which established that there was poor parent- child communication on SRH issues. Such a scenario renders the teaching of SRHE ineffective.

The findings of the study also revealed that attitudes and perceptions of SIs, school heads, teachers and students had an effect on the teaching of SRHE in secondary schools. Stakeholders were of the view that SRHE discussions should be initiated by parents. The findings are consistent with Aaro et al. (2014: 11), Ayalew et al. (2019: 4), Bilinga & Mabula (2014: 21), Mouhanna and Dejong (2017: 11), Shams et al. (2017: 2), Zulu et al. (2019:2) findings that some teachers felt that SRHE should be initiated by parents.

The next section discusses strategies that can be used in Zimbabwean secondary schools to enhance the implementation of the SRHE programme.

4.8 ENHANCING THE TEACHING OF SRHE IN SECONDARY SCHOOLS

This study established that all stakeholders were of the view that collaboration between teachings from home, from church, from community and from school would enhance the teaching of SRHE. It was established that effective implementation depends on collaboration between the education and health sectors including all other stakeholders working in health and Education in Zimbabwe. The findings that collaboration is necessary for effective implementation of SRHE programme in schools concurs with Aaro et al. (2014: 10), Aninanya et al. (2015: 4), Arionsiola et al. (2013: 91), Godswill (2012: 290), Kalembo et al. (2013: 38, 39), Moletsane (2014: 28), Nyarko et al. (2014: 27), Phillips and Martinez (2010: 378) and Svanemyr et al. (2015: 1).

The study further established that awareness campaigns in the form of workshops and seminars for all stakeholders would enlighten them and update them on SRH issues. Findings that awareness campaigns would benefit stakeholders are in line with Aaro et al. (2014: 11), Chireshe and Chireshe (2017: 32), Esohe and PeterInyang (2015: 97), Nakwenda (2017: 5) and Ngwoke et al. (2013: 6) who suggested that seminars should be conducted for parents so that they help to educate their children at home. Through the workshops, parents can gain information and motivation to assist their children in SRHE. This is in line with the IMB

model, the theory that guided this study, which advocates that there is need to include elements of information, motivation and behavioural skills in interventions that target sexual risk behavioural changes (Canadian Guidelines for Sexual Health Education, 2008: 36).

The current study also established that continuous professional development and support for teachers to equip them with relevant skills to implement the SRHE programme in schools would enhance the teaching of SRHE in secondary schools. The view that there should be continuous professional development is shared by Kapinga and Hyera (2015: 111) and Aninanya et al. (2015: 3) when they advocated continuous professional development of teachers to enhance the teaching of SRHE in secondary schools.

The study further established that supportive environments would enhance the teaching of SRHE in secondary schools. Findings of the study that a supportive environment enhances the teaching of SRHE in secondary schools concur with findings from a review by UNESCO (2010: 17) which recommended that there is need to continue to advocate for an environment that is supportive of school- based sexuality education and its practitioners to enable students to open up when they have issues concerning SRHE and to seek assistance. The study also established that giving students homework on SRHE would enhance teaching of SRHE in secondary schools. Findings that giving homework to students enhances teaching of SRHE concur with findings by Aaro et al. (2014: 11) and Dayton (2010: 56) who recommended that students should be given homework to discuss and complete with the help of their parents or guardians to enable parents to be actively involved in SRHE issues. Giving students homework would ensure there is collaboration between home and school. Such a scenario harmonizes the teaching of SRHE and ensures that students do not get contradicting information and skills. This view is in line with the IMB model that guided this study which stipulates that when an individual is well- informed, well- motivated, and possess relevant behavioural skills, he/ she is able to initiate and maintain patterns of reproductive health promotion behaviour (Barak & Fisher, 2003: 295; Canadian Guidelines for Sexual Health Education, 2003: 34; Fisher & Fisher, 1998: 43; Fisher et al. 2002: 178).

4.9 SUMMARY

This chapter presented, analyzed, and discussed the findings from the study that are based on both quantitative and qualitative data. Findings of the study were presented in the context of subquestions in Chapter 1 and against reviewed related literature. The next chapter presents the summary, conclusions and recommendations of the study.

CHAPTER 5: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The aim of the present study was to evaluate the effectiveness of the teaching of SRHE in Zimbabwean secondary schools. The chapter presents the summary of findings of the study focusing on each study objective. The chapter goes on to present the conclusions and recommendations that can be adopted to improve the teaching of SRHE in secondary schools in Zimbabwe. The chapter further presents the researcher's proposed model for improving the effectiveness of teaching SRHE in secondary schools. Furthermore, the chapter presents issues that require further research.

5.2 A REVIEW OF THE RESEARCH PROBLEM AND ITS CONTEXT

Chapter 1 revealed that more adolescents become sexually active before they are 18 years old and need SRHE whilst in school (Alimoradi et al., 2017: 89; Bhatasara et al., 2013: 2; Biddlecombe et al., 2007: 4; Birungi et al., 2008: 1; Chisamba, 2009:108; Dehne & Riedner, 2005: 22; Hallman, 2004: 14; Laddunuri, 2013: 473; Mehta & Seeley, 2020: 1; Muyengwa, 2014: 14; Mwendah & Mallya, 2014:14; Peltzer & Planer, 2005: 3; Ringheim & Gribble, 2010: 12; Simmond, 2019: 4).

Chapter 1 also showed that secondary school students may put themselves at risk for acquisition of HIV, STIs and unintended pregnancies unless they are given proper guidance and counselling through teaching of SRHE in schools (Alimoradi et al. 2017: 81; Boonstra, 2007: 2; Breunner, 2016:2; Deshmuk & Chaniana 2020: 57; Haberland & Rogow, 2015: 6; Kinnear, 2018: 9; Lekshmi et al., 2018: 13; Liang et al.? 2019: 2; Muchabaiwa & Mbonigaba, 2019:12; Shiferaw et al., 2014: 2 Wolak et al., 2008:12). Teaching SRHE in secondary schools has been found as one of the most effective ways of providing students with relevant, accurate, appropriate and culturally relevant SRHE in this era where students are not getting information from the home. This finding that teaching of SRHE in secondary schools was beneficial concurs with findings by (Acharya, Van Teijlingen & Simkhada, 2009: 445; Almoradi et al. 2017: 85; Chireshe, 2012b: 17; Deshmuk & Chaniana, 2020: 61; McKay & Bissell, 2010: 2; Muparamoto & Chigwenya, 2009: 53; Phongluxa et al. 2020: 35; Simmond, 2019: 7; Wahba & Roudi- Fahim, 2012: 1; Walker et al., 2020: 14). This study, therefore, evaluated the effectiveness of the teaching of SRHE in secondary schools.

It has also been mentioned in the background to the study in Chapter 1, that, to the best of the researcher's knowledge, no nationwide research has been carried out in Zimbabwe on evaluation of the effectiveness of the teaching of SRHE in Zimbabwean secondary schools. This deficit has necessitated this study

The next section presents a summary of the findings of the present study according to sub-research questions.

5.3 SUMMARY OF LITERATURE REVIEW

5.3.1 SRHE Content taught in Zimbabwean secondary schools

Available literature states that in most schools, abstinence- only programmes are being implemented (Awusabo- Asare et al., 2017: 5; Breunner et al. 2016: 7; Constantine, Jerman & Huang, 2007: 1; Hall et al. 2017: 2; Leon- Himmelstine & Rost, 2019: 328; McCall, 2015: 9; McKay & Bissell, 2010: 8; Netshikweta et al., 2018: 323; Ogola & Ondina, 2019: 111; Policy Brief, 2007: 1; Sidze et al. 2017: 47). Literature has shown that most SRHE topics taught in secondary schools included abstinence, STIs, HIV and AIDS, safe sex practices, reproduction and birth control methods with some adding such aspects as managing peer influences, relationships and feelings, alcohol and decision making, sexual activity and decision making and dealing with emotions when sexually active, anatomy and physiology of male and female reproductive system, physical and sexual changes during adolescence, menstrual cycle, conception, nutritional requirements, immunizations, reproductive tract infections and HIV and AIDS (Aransiola et al., 2013: 88; Eko Jimmy et al. 2013: 226; Esohe & Peter Inyang, 2015: 96; Kalanda, 2010: 6; Kasonde, 2013: 36; Long, 2015: 4; Mlyakado, 2013: 240; Moletsane, 2014: 33; Rutagumirwa & Kamuzora, 2006: 10; Smith et al. 2011: 25; Thaver & Leao, 2012: 87).

5.3.2 How SRHE is taught in Zimbabwean secondary schools

Literature reveals that effective teaching of SRHE in schools requires inviting guest speakers as well as collaboration with various stakeholders (Esohe & PeterInyang, 2015: 97; Moletsane, 2014: 32; Nelson et al, 2019:400), delivering it in curriculum- based teaching in the classroom and supplemented by extra- curricular activities (Sidze et al., 2017: 21), infusion and integration in different subjects of the curriculum (Sidze et al., 2017: 18; Wanje et al., 2017: 2; Zulu et al., 2019: 2;), use of peer educators (Azizi et al., 2017: 2; Envuladu et

al., 2017: 186; Frantz, 2015: 1; Nelson et al, 2019:400; Villa- Torres & Svanemyr, 2015: 53;) and use of interactive, learner centered and skills- based teaching approaches (Bonjour & van der Vlugt, 2018: 12; Browne, 2015: 10; Browne, 2015: 2; Chireshe & Chireshe, 2017: 32; Gudyanga et al., 2019: 37; NSW Department of Education, 2016: 14; Yego, 2017: 100). However, literature further demonstrated that very few teachers used interactive methods (Sarma & Oliveras, 2013: 26; Songok et al., 2013: 111) and peer led interventions (Gudyanga et al., 2019: 36; Haruna et al., 2018: 4; Sidze et al., 2017: 18). Literature from studies in Zimbabwean secondary schools established that there was no proper planning, implementation and monitoring of guidance and counselling under which SRHE programme is implemented (Chireshe 2006: 228; Mapfumo & Nkoma, 2013: 108; Muguwe & Gwirayi, 2011: 212; Mupa , 2012: 2).

5.3.3 Perceived benefits of teaching SRHE in secondary schools

Literature has established that teaching of SRHE in secondary schools has benefits such as: assisting students to develop skills to make decisions and choices for themselves (Browne, 2015: 10; Sarma & Oliveras, 2013: 23), increasing young people's understanding of STIs, unwanted pregnancies, abortions and infertility (Acharya et al., 2009: 445, Aransiola et al., 2013: 88; Eko Jimmy et al., 2013: 227; Kalanda, 2010: 170, 171; Kapinda & Hyera , 2015: 109; Kishindo, 2011: 13; Ngwoke et al., 2013: 3; Nyarko et al., 2014: 22).

5.3.4 Factors influencing effective teaching of SRHE in secondary schools

Literature established that some of the factors affecting teaching of SRHE in secondary schools were: policy (Atuyambe et al., 2015: 2; Bilinga & Mabula , 2014: 27; Thaver & Leao, 2012: 87), teacher training (Chireshe, 2006: 80; Mapfumo & Nkoma, 2013: 100; Mayabi et al., 2014: 42; Moletsane, 2014: 16; Naidoo, 2014: 27; Schutte, et al. 2014: 591), resources (Aaro et al., 2014: 9; Beaumont & Maguire , 2013: 26; Browne, 2015: 10; Mayabi et al., 2014: 42, 43; Nyarondia, Ongong'a & Omolo, 2014: 208) and attitudes and perceptions (Bilinga & Mabula, 2014: 27; Browne, 2015: 10; Godswil, 2014: 9; Herman et al. 2013: 5; Mayabi et al. 2014: 42; Mc Call, 2015:33; Moletsane, 2014: 14).

5.4 SUMMARY OF RESEARCH METHODOLOGY

The current study adopted a mixed-methods approach that was grounded in the pragmatic research paradigm. The study employed a concurrent triangulation design that involved the collection of quantitative and qualitative data at the same time. Sampling procedures adopted included stratified sampling, simple random sampling, and purposive sampling. Data were collected through questionnaires, interviews, FGDs, and document analysis. Quantitative data were analyzed using SPSS version 21 and presented in tables. Qualitative data was analyzed using themes and sub- themes derived from research questions. Verbatim quotes were used to illustrate the qualitative findings.

5.5 SUMMARY OF THE RESEARCH FINDINGS

5.5.1 Sub- research question 1: What SRHE Content is taught in Zimbabwean secondary schools?

The study established that a lot of SRHE content in the syllabus was taught in secondary schools in various forums. The common topics covered included relationships, dating, contraceptives and abortion, stigma and discrimination, sexual decision making, HIV testing and counselling, contraception and family planning, parent- child communication, and abortion and its consequences.

5.5.2 Sub- research question 2: How was SRHE taught in secondary schools in Zimbabwe?

The study also established that besides G & C lessons, SRHE was taught using any other available platform outside the SRHE lessons such as during guidance and counselling sessions, during assemblies, during Biology, Home Economics and ChiShona lessons, and through inviting staff from the MoHCC, the police and NGOs to ensure students got as much information as possible. The current study, however, established that SRHE was not uniformly taught in secondary schools with some schools teaching it regularly following the time table, others teaching it at club level, and yet others teaching it during assemblies. It was also noted that G & C was always done in the afternoon because it was argued that the timetable was packed and G & C could not fit in the morning. It also emerged from the current study that during SRHE lessons, interactive teaching methods such as role plays, poems, group work and other related methods were rarely used because of various reasons

that include large classes, inadequate time, and inadequate skills. The current study also established that peer education in schools was not very popular and that parents were not meaningfully involved in the implementation of SRHE. The study also established that monitoring and evaluation of the teaching of SRHE was not being effectively done in secondary schools.

5.5.3 Sub- research question 3: What are the perceived benefits of teaching SRHE in secondary schools?

The teaching of SRHE in secondary schools was associated with several benefits. The current study revealed that students benefited in the development of life skills such as being able to communicate, listen, negotiate with others, ask for and identify sources of help and advice, decision making assertion, ability to recognize pressures from other people and to resist them, dealing with any challenging prejudice, seeking help from adults, parents to know themselves and to deal with identity crisis, to deal with SRH issues responsibly. It was also observed that teaching SRHE in secondary schools increases young people's understanding of STIs, HIV and AIDS, early marriages, abortion, infertility and unwanted pregnancies. Teaching of SRHE reduces chances of adolescents receiving inaccurate information from unreliable sources such as peers and the media.

5.5.4 Sub- research question 4: What factors influence effective teaching of SRHE in secondary schools?

The factors that were perceived as influencing the teaching of SRHE in this study included policy, training, resources, and attitudes and perceptions.

5.5.4.1 Policy and the teaching of SRHE in secondary schools

The current study revealed that Zimbabwean secondary schools had a mandatory policy for implementation of the SRHE programme. The study also established that the existence of a mandatory policy on implementation of the SRHE programme positively affected the teaching of SRHE in secondary schools in Zimbabwe. However, teachers, parents and students were not involved in policy formulation.

5.5.4.2 Teachers' training and the teaching of SRHE in secondary schools

The study revealed that many teachers who taught SRHE in secondary schools were not formally trained to teach SRHE and, as a result, lacked adequate skills and knowledge required to effectively teach the SRHE syllabus content. The knowledge many teachers had was obtained attending workshops organized by organizations such as the National AIDS Council (NAC).

5.5.4.3 Resources and the teaching of SRHE in secondary schools

The study revealed that there was a lack of resources such as textbooks, time, and counselling rooms for the implementation of the SRHE programme in secondary schools. This lack of resources hindered the effective implementation of the SRHE programme.

5.5.4.4 Attitudes and perceptions and the teaching of SRHE in secondary schools

This study revealed that attitudes, beliefs, and perceptions affected the implementation of the SRHE programme in secondary schools. The study further established that talking about SRHE was now an accepted thing in Zimbabwean secondary schools and that teachers, parents and students had positive attitudes towards and perceptions of the teaching of SRHE. The current study also established that parents had positive attitudes and perceptions towards the teaching of SRHE in secondary schools.

5.5.5 Sub research question 5: How can teaching of SRHE be enhanced in Zimbabwean secondary schools?

This study suggested that there should be collaboration between teachings from home, from church, from community and from school in order to enhance the teaching of SRHE. Additionally, there should be regular awareness programmes in the form of workshops and seminars for all stakeholders to enlighten and update them on new developments on SRHE issues. Furthermore, there should be continuous professional development and support for teachers, a supportive environment for the implementation of the SRHE programme, and that students should be given homework on SRHE so that parents can be involved by assisting their children.

5.6 CONCLUSIONS

The current study evaluated the effectiveness of the teaching of SRHE in Zimbabwean secondary schools.

Basing on the findings of this study, it can be concluded that the teaching of SRHE is considered beneficial in that it provided students with life skills such as being able to communicate, listen, negotiate with others, ask for and identify sources of help and advice, decision making, assertion, ability to recognise pressures from other people and to resist them, dealing with any challenging prejudice, seeking help from adults, parents to know themselves and to deal with identity crisis, to deal with SRH issues responsibly, and knowledge that can assist them to minimise SRH problems and live a satisfying SRH life.

Although the teaching of SRHE was viewed as beneficial, it is concluded that the teaching of SRHE was not effective since the SRHE content being taught was limited. The content taught was more inclined towards abstinence-only content which left out issues of sexual and reproductive health services and rights. It is concluded that services and rights can be more beneficial to adolescents than SRHE whose focus is on abstinence-only. It is also concluded that SRHE was accorded lower status since it was not externally examined. Teachers, therefore, concentrated on teaching examinable subjects. The teaching of SRHE is therefore ineffective. It can also be concluded that the way SRHE is taught in secondary schools is not very effective since the use of participatory methods and peer educators remains limited in the schools studied.

Inadequate training by G & C teachers, high workload, limited resources including time and counselling rooms and the lack of G & C teacher involvement in SRHE policy formulation, made the researcher conclude that teaching of SRHE is not very effective in secondary schools.

Effective teaching of SRHE in secondary schools can be achieved through teaching abstinence plus content, using participatory methods, using peer educators, effectively training teachers in both content and teaching methods, ensuring the availability of adequate resources, and all stakeholders have positive attitudes towards the teaching of SRHE.

The subsequent section presents the contribution of the current study.

5.7 CONTRIBUTION OF THE STUDY

The current study is the first to evaluate, on a large scale, the effectiveness of the teaching of SRHE in secondary schools in Zimbabwe from the perspectives and experiences of G & C inspectors, school heads, G & C HODs, G & C teachers, and secondary school student. Despite the limitations outlined in Chapter 1, the current study makes significant contributions in evaluating the effectiveness of the teaching of SRHE in secondary schools.

This study enriches the body of knowledge on the implementation of the SRHE programme in secondary schools. Knowledge gained from this study will go a long way in improving the teaching of SRHE in secondary schools through assisting G & C inspectors, school heads, G & C HODs, G & C teachers, secondary school students, parents, policy makers, supporting NGOs, parastatals, and the community at large.

The following section presents the recommendations of the current study.

5.8 RECOMMENDATIONS

Based on the findings of this study, the researcher makes the following recommendations for policy, practice and further studies:

5.8.1 Policy

The Zimbabwe School Health Policy that also promotes Sexual and Reproductive Health in schools needs to be supported by an act of parliament that spells out the expectations and roles of each stakeholder in the implementation of the SRHE programme in secondary schools. The policy should also spell out what the government should do as far as SRHE is concerned, including budgeting for SRHE to reduce shortage of resources in the area.

Policies should include sections that protect school children by addressing harassment in schools by students or teachers or any other member of staff. Policy and curriculum review should be on-going since SRHE issues are dynamic.

5.8.2 Practice

Government should take the lead in the training of teachers on SRHE. Training should not be led by NGOs. Training by different specialists and NGOs should be standardized, be coherent and be sustainable across provinces and schools so that learners get similar information. Teacher training should be improved to adequately prepare teachers and equip them with knowledge and skills needed in teaching SRHE and the use of participatory methods so that

full benefits can be reaped by secondary school students. There should be effective pre-service and in-service training for teachers. In-service trainings should be done to upgrade and update the knowledge that teachers already have. There should be continuous professional development in the form of workshops, seminars, and conferences for teachers and parents to equip them with the skills necessary in enhancing the effectiveness of the SRHE programme. There should also be training for parents who play a major role in the SRHE teaching of their children so that they effectively assist 21st century children with SRHE. Peer educators also need some training so that they can have adequate knowledge and skills to effectively assist their peers.

Government should partner with other stakeholders such as NGOs, Health personnel, and Voluntary organizations to produce more age appropriate and culturally relevant material for use by learners in secondary schools. Secondary school teachers should also be empowered to produce resources they can use in teaching SRHE to complement government efforts. All resources should go through the ministry of education so that materials can be checked for accuracy and relevance before they are distributed for use by vulnerable adolescents.

All stakeholders need to cultivate and nurture positive attitudes towards the teaching of SRHE in secondary schools. Steps should be taken to demystify and decentralize adolescent sexuality to improve the comprehensiveness of SRHE offered in secondary schools in line with international standards. SRHE clubs in secondary schools must include active participation of male teachers and male students and not focus too narrowly on female students and female teachers. There is need for every stakeholder to speak out honestly and openly in empowering the young people with SRHE.

5.8.3 Recommendations for further studies

Another recommendation is that further studies in the area of SRHE could use this study as a baseline. The current study was confined to only three of ten educational provinces in Zimbabwe. A more comprehensive study executed nationally in secondary schools would make a more thorough evaluation of the teaching of SRHE in Zimbabwean secondary schools. Such an evaluation can lead to effective implementation of SRHE in secondary schools by identifying grey areas in the teaching of SRHE. Although parents are very important in the teaching of SRHE in secondary schools, the current study did not include them as participants in the collection of data. The study therefore recommends the inclusion of parents as participants for further research on the implementation of the SRHE programme

in secondary schools. This study further recommends that future studies should investigate the models appropriate for secondary school students instead of assuming what best suits them.

To improve understanding of SE programme effectiveness, it is important to assess the quality of the program development, its implementation, and its impact using existing evaluation frameworks and recommendations.

The study also recommends the need for research to determine programmes that are appropriate to students' needs. Research should ensure that teachers are kept abreast with current SRH issues and SRH challenges students have in schools. SRHE, being a contemporary subject, requires a lot of research to establish what best suits the students. Government should fund research on the SRH needs of secondary school students and research on how other countries are handling SRHE in secondary schools.

A proposed model for effective teaching of SRHE in secondary schools is presented below.

5.8.4 The proposed Model for effective teaching of SRHE in secondary schools

The SRHE Implementation Model for secondary schools in Zimbabwe is here proposed. The model is a reflection of suggestions from the respondents, from the literature review, and from the theoretical framework on how to effectively implement the SRHE programme in secondary schools. The model was designed based on the Information Motivation Behavioural (IMB) Skills model developed by Fisher and Fisher (1992) which informed the study. This model is important in that it identifies information, motivation, and behavioural skills as determinants of healthy SRH behaviours. According to the model, when an individual is well-informed, well-motivated, and possesses relevant behavioural skills, he/she is able to initiate and maintain patterns of reproductive health promotion behaviour. The model suggests that sexually health persons are more likely to make sexually healthy choices including decisions concerning sexual risk behaviours (Emmanuel, 2015; 23). Bonjour and van der Vlugt (2018: 18) also shared that an effective SRHE programme is determined by its ability to motivate, engage, capture, and satisfy students with the offered SRH content.

The proposed model is grounded in the IMB Skills model and the teaching of SRHE in secondary schools using components that include meaningful student consultation and involvement, effective use of participatory methods and peer education, collaboration

between schools, training of teachers on SRHE (pre- service and in- service), collaboration between schools, parents, teachers, NGOs, community and other stakeholders, safe, student-friendly environments and SRH care services, adequate resources (text books, pamphlets, proper counselling facilities, time), effective child- parent communication, effective use of media, use of specialists other than teachers and standardising their work, teaching of harmful sexual practices and drafting policies to that effect, effective supervision for effective monitoring and evaluation , utilising any available opportunity to teach SRHE. In summary, the author advocates the teaching of comprehensive sexuality education in secondary schools. The onus is, therefore, on parents, schools, communities, and policy makers to accept adolescent sexuality as a reality and to provide adolescents with CSE.

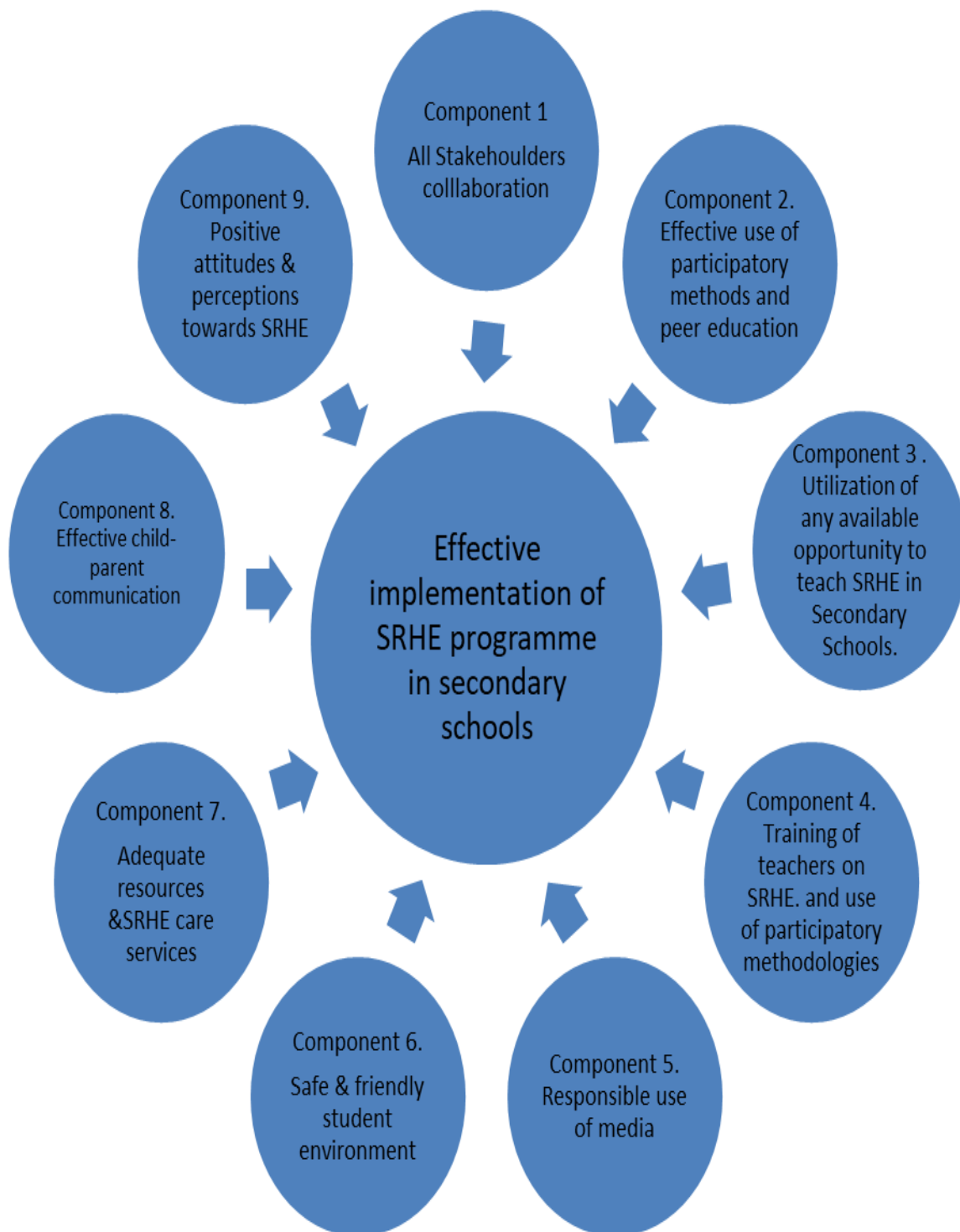


Figure 5.1: Proposed SRHE Teaching Model for Zimbabwean secondary schools.

The proposed model shows that all the components listed affect implementation of SRHE in secondary schools. Failure to fulfil one of the variables may lead to ineffective implementation of the SRHE programme in secondary schools. This implies that all

suggested variables need to be considered for effective implementation of SRHE in secondary schools. Effective implementation means students get the necessary SRHE knowledge and skills in order to have a satisfying sexual life. Effective implementation of SRHE in secondary schools can also assist in reducing sexual exploitation and harassment in secondary schools. The focus of this proposed model is on comprehensive sexuality education. This is in line with the IMB theory which calls for acquisition of information and skills that motivates an individual to behave in a healthy manner.

Component 1: All stakeholders' collaboration

The model proposes that there should be collaboration between relevant experts, stakeholders, and out of school sources so that SRHE in secondary schools does not contradict with out of school sources. Experts can help the ministry to develop fact-based policies. This will ensure that conflicting messages are reduced. The proposed model advocates parental involvement in the teaching of SRHE since the family is the first social unit and has the most important role in training of children and in transmitting information and health behaviours to their adolescent children. This is in tandem with the IMB model which recommends that adequate information on SRH can motivate an individual to engage in sexually health behaviour. The proposed model also advocates meaningful involvement of students in the process of planning, implementing, and evaluating so that students' needs are considered in the effective implementation of an SRHE programme. The model also proposes that all SRHE programmes in secondary schools be tailored to students' needs, expectations, and concerns.

Component 2: Effective use of participatory methods and peer education

Peer education is an effective method of teaching SRHE. Peers have a great influence on the way adolescents behave. The proposed model suggests that through peer education, students can get information from people who have similar concerns and an understanding of what it is like to be an adolescent student. The model proposes that the use of interactive methods engages students more and ensures development of skills to act on provided information. Peers can have more access to those adolescents at risk or hard to reach unlike adults. Peers are trusted more than adults hence they can have open discussions on sensitive topics which allows information flow from one peer to another (Villa- Torres & Svanemyr, 2015:53). The use of peer education is also proposed to capitalise on social networks of adolescents and

contribute to increased information sharing. This is in line with the IMB theory which calls for provision of information to ensure that an individual gets motivated to initiate and maintain patterns of reproductive health behaviour.

Component 3: Utilising any available opportunity in schools to teach SRHE

Besides being timetabled, the model proposes that SRHE should also be integrated and infused in other subject areas such as Biology, ChiShona, and Home Economics so that students get access to more information and skills. The model also proposes that schools should also make use of co curricula activities, debates, music, drama, or expressive art competitions to present SRH information and skills to students.

Component 4: Training of teachers on SRHE and use of participatory methodologies

Training hinges on content and how it should be delivered. The model proposes that teachers should have pre- service and in- service training to be able to handle the learning area effectively. The model also proposes that teachers need to be trained so that they have adequate content to effectively teach secondary school students. The model further proposes that training should also include how to use participatory interactive methods, to teach effectively and confidently, and to improve students' access to SRH information and services. Receiving SRHE from trained teachers guarantees that the information students get is accurate. The model proposes that teacher training should be improved to adequately prepare teachers with skills and information needed to teach SRHE so that students can reap full benefits from SRHE. Trained teachers are able to provide SRHE information that is trustworthy and credible. The model proposes regular teacher training to ensure that teachers have a strong understanding of current and evolving issues in SRHE in a fast-changing society.

Component 5: Responsible use of media platforms

Recognising that adolescents are attracted to the media, the model proposes the need to teach adolescents on how to effectively use the media. The media, especially the internet, has sexually explicit materials accessible to adolescents. In view of this, the model proposes that students be taught how to select age appropriate, culturally relevant, and scientifically accurate information from the media.

Component 6: Safe, student- friendly environment

The model proposes that proper counselling rooms be established in secondary schools for students to share their concerns in private without fear of other people overhearing their issues. The model also proposes that schools create safe environments and safe spaces where students can freely express themselves without fear of harassment and intimidation. It is also proposed that there is need to increase students' awareness of a range of SRHE services and where to find them. The model also proposes that there should be a link between young people, the school, and appropriate services so that students can gain trust and confidence to access services. There is need to teach students sexual and reproductive health rights so that they can realise when they are being abused and when their sexual and reproductive health rights are being violated. The model also proposes the provision of suggestion boxes where students can drop questions and other concerns that they may want to bring to the attention of teachers anonymously. The model further proposes that there should be more youth friendly centres that offer youth friendly SRH services with respect and without judgement. The model further proposes that students should be taught on harmful sexual practices so that they are able to protect themselves. Early sexual activity among adolescents and teen pregnancies may be a result of the harmful sexual practices, sexual abuse, and poorly supportive environments that students are exposed to. The model further proposes that policies that protect school children should be crafted and implemented to ensure safe and student friendly school environment. Policies should protect adolescents in schools and address sexual exploitation and sexual harassment.

Component 7: Adequate resources and SRHE care services

The model proposes that there is need to avail instructional resources such as textbooks, pamphlets, motion film projectors, and videos in schools for the effective teaching of SRHE. The model also proposes the establishment of proper counselling rooms in secondary schools to allow students to share their concerns with qualified counsellors in privacy. For effective and successful delivery of SRHE, the model proposes that young people should be made aware of available services such as HIV counselling and testing, STI treatment, family planning services, and cancer screening services in the country.

Component 8: Effective child- parent communication

The model proposes that there should be effective open parent – child communication so that children can be able to talk freely with their parents on SRH issues. The model further proposes that parents need training on how to effectively communicate with their children on SRH issues. Through the training, they can gain information and skills to use when talking to their children. Improper parent- child communication can limit and block a child’s access to important information, can push adolescents to incorrect and incomplete sources of information which can eventually cause adolescent health problems. The model proposes that parental discussions with children on SRHE should not be characterised by warnings and reprimands. Parents should be open and ready to discuss SRH with their children and should not impose punishment to ensure their children adhere to what they say. The model further proposes that parents should also desist from focusing mainly on negative consequences of engaging in sexual activities when their children are aware of the positives of doing so as well. The model proposes that discussions should not be limited to threats and warnings devoid of factual explanation.

Component 9: Developing positive attitudes and perceptions towards SRHE

There is a positive correlation between positive perceptions, attitudes, and effective teaching of SRHE in secondary schools. The model proposes that there is need for all SRHE stakeholders to develop positive attitudes and perceptions towards the teaching of SRHE in secondary schools in order to reduce the effects of social and cultural obstacles that impede the teaching of SRHE in secondary schools. The model proposes the need to present SRHE in a positive manner and to avoid negative and reactive teaching that may block students from accessing factual SRH information.

It is only when the components of the model discussed above (1 to 9) are implemented that improvement in the teaching of SRHE in Zimbabwean secondary schools can be realised.

5. 9 FINAL COMMENTS

The study evaluated the effectiveness of the teaching of SRHE in Zimbabwean secondary schools in three provinces of Manicaland, Mashonaland East, and Masvingo by gathering

perspectives and experiences of secondary school students, district inspectors, school heads, heads of department, and teachers. The study employed the mixed method approach and data were qualitatively and quantitatively analyzed. The study considered how SRHE is taught in secondary schools, the content taught in SRHE, the benefits of teaching SRHE in secondary schools, and the factors that affect the teaching of SRHE in secondary schools. The study established that there are gaps that need to be filled in order for students to effectively benefit from SRHE. Additionally, the study suggested possible ways of improving the effectiveness of the teaching of SRHE in secondary schools.

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AppendixA RESEARCH ETHICS CLEARANCE CERTIFICATE

UNISA COLLEGE OF EDUCATION ETHICS REVIEW COMMITTEE

Date: 2017/04/12

Ref: **2017/04/12/55760848/16/MC**

Dear Mrs Razuwika,

Name: Mrs J Razuwika

Student: 55760848

Decision: Ethics Approval from
2017/04/12 to 2019/04/12

Researcher:

Name: Mrs J Razuwika

Email: jrazuwika@gmail.com

Telephone: +2632060380

Supervisor:

Name: Prof R Chireshe

Email: Chireshe@yahoo.co.uk

Telephone: +263777308244

Title of research:

**An evaluation of the teaching of sexual and reproductive health education in
Zimbabwean secondary schools**

Qualification: D Ed in Psychology of Education

Thank you for the application for research ethics clearance by the UNISA College of Education Ethics Review Committee for the above mentioned research. Ethics approval is granted for the period 2017/04/12 to 2019/04/12.

The low application was reviewed by the Ethics Review Committee on 2017/04/12 in compliance with the UNISA Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the UNISA College of Education Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing.
5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No field work activities may continue after the expiry date 2019/04/12. Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

The reference number 2017/04/12/55760848/16/MC should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.

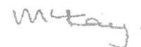
Kind regards,



Dr M Claassens

CHAIRPERSON: CEDU RERC

mcdtc@netactive.co.za



Prof V McKay

EXECUTIVE DEAN

Approved - decision template – updated 16 Feb 2017

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392, UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150

APPENDIX B: QUESTIONNAIRE FOR TEACHERS

I am conducting a study entitled: “**Appraisal of the teaching of sexual and reproductive health education (SRHE) in Zimbabwean secondary schools**”. The study is part of the researcher’s Doctor of Education in Psychology of Education Degree at the University of South Africa and should help improve the teaching of SRHE in secondary schools in Zimbabwe. Do not write your name and no respondent will be identified or traced from this investigation as confidentiality and anonymity are guaranteed. All data and information provided by you will be treated as private and confidential. There are no ‘right’ and ‘wrong’ answers. You are therefore kindly requested to complete the questionnaire as honestly as you can. Thank you for participating in this survey.

Serial number

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SECTION A: BIOGRAPHICAL INFORMATION

Kindly indicate your response by placing a tick (✓) in the appropriate box at each statement or question.

1. Gender

Female	1
Male	2

2. Type of school

Government	1
Church	2

3. Age

20- 30 years	1
31- 40 years	2
41- 50 years	3
50+	4

Diploma	1
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4. Qualification

First degree	2
PGDE	3
Master's degree	4

5. Teaching Experience

1- 5 years	1
6- 10 years	2
11- 15 years	3
16+	4

6. Experience as SRHE teacher

1- 5 years	1
6- 10 years	2
11- 15 years	3
15+	4

SECTION B: IMPLEMENTATION OF THE SRHE PROGRAMME IN ZIMBABWEAN SECONDARY SCHOOLS.

a) How SRHE is implemented in secondary schools in Zimbabwe

Indicate with a tick (✓) the response that best describes your opinion on the implementation of SRHE in Zimbabwean secondary schools.

To what extent do the following statements describe how SRHE is implemented at your school?

Statement	Strongly agree	agree	Undecided	Disagree	Strongly disagree
	1	2	3	4	5
Teachers are involved in the planning of the SRHE content.					

There is a clear syllabus on SRHE.					
SRHE education lessons are on the school time table.					
Teachers have scheme- cum plans for the subject.					
Teachers are trained to teach SRHE					
Teachers are sometimes assessed teaching SRHE.					
Teachers sometimes use lessons for SRHE to teach other subjects.					
SRHE classes are divided according sex for effective communication among students.					
Teachers resort to question and answer after lecture method instead of learner-centred methods because of limited time and large classes.					
NGOs partner with schools in implementing SRHE programmes in schools.					
Parents are involved in the implementation of the SRHE programme in secondary schools.					
There is coordination between MCHW and Ministry of Education in the teaching of SRHE.					
Regular planning and review meetings on SRHE are held at all levels of the education sector.					
Evaluation of the SRHE programme is done on regular basis.					
There is strong monitoring and evaluation of the SRHE programme.					

Teachers provide age- appropriate SRHE.					
Teachers respect students’ cultures and beliefs.					
Teachers offer counselling to students when necessary.					
Teachers use peer educators to assist in the implementation of SRHE in secondary schools.					

SECTION C SRHE CONTENT TAUGHT

Indicate with a tick (✓) the response that best represent your view on the content taught in SRHE in secondary schools.

How often are the following SRHE topics taught to students in your school?

Topic (s)	Very often	Often	Not sure	Seldom	Not at all
	1	2	3	4	5
Protecting students against unwanted pregnancies.					
Sexually Transmitted Infections and HIV and AIDS.					
Abstinence					
Puberty and adolescence.					
Sex and sexuality					
Human reproduction.					
Reproductive health					
Contraception and family planning methods					
Issues of stigma and discrimination.					
Manage peer influence.					
Communication between adolescents and their parents on SRHE issues.					
Alcohol and drug abuse.					
Friendship					
Abortion and baby dumping					
HIV testing and counselling.					
Voluntary medical male circumcision (VMMC)					

SECTION D PERCEIVED BENEFITS OF TEACHING SRHE IN SECONDARY SCHOOLS

Indicate with a tick () your level of agreement to the suggested benefits of teaching SRHE in secondary schools.

Benefit	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
	1	2	3	4	5
Facilitates the development of life skills to enable youths to make informed decisions regarding SRHE.					
Effective way of increasing young people's understanding of STIs and unwanted pregnancies.					
Reduces withdrawal of girls from school due to pregnancies.					
Assists in the absence of traditional mechanisms where adolescents no longer get SRHE from the extended family members.					
Reduces chances of children receiving inaccurate information from peers, media and social networks.					
SRHE may reduce pregnancies in secondary schools.					
SRHE reduces children's curiosity about sex.					
SRHE can reduce sexual experimentation.					
SRHE in schools benefits all who learn it.					

SECTION E FACTORS THAT INFLUENCE THE EFFECTIVENESS OF THE TEACHING OF SRHE IN SECONDARY SCHOOLS

a) This section seeks to obtain information on how policies affect the implementation of the teaching of SRHE in secondary schools.

Put a tick () in the appropriate box that best represents your opinion on the policies and strategies of SRHE in Zimbabwe.

To what extent do you agree or disagree with the following statements about the policy and legislation of implementing SRHE in secondary schools of Zimbabwe?

Statement		Great extent	Somewhat	Little extent	Very little extent
	1	2	3	4	5
Policies provide a critical framework to guide implementation of SRHE programme in secondary schools.					
There is a policy that guides schools to effectively implement SRHE.					
The policy has an influence on effective teaching of SRHE in secondary schools.					
Policy specifically indicates what levels of education are being targeted.					
Policy takes different cultural backgrounds into account.					
The policy on SRHE promotes a more enriching and engaging teaching style that focuses more on class discussion and problem solving.					
Teachers were involved in designing of the SRHE programme.					
Teachers are provided with national policy documents on SRHE.					
Students' views are sort in SRHE policy formulation.					
Parents are informed of existing SRHE policy in secondary schools.					
Teachers are made aware of existing policy on SRHE					

b) Teachers' training in the implementation of SRHE in secondary schools

Indicate with a tick (✓) in the appropriate box the response that represents your opinion on teacher's training in SRHE.

To what extent do the following statements apply to your own situation?

Statement	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
	1	2	3	4	5

Training has a positive influence on teaching of SRHE in secondary schools.					
Training of teachers on SRHE has a positive effect towards teaching of SRHE in secondary schools.					
Pre-service and in- service training on SRHE has a positive influence on teaching SRHE.					
SRHE training done was too short when taking the amount of content the teachers have to get acquainted with					
Acquiring further qualifications positively affects teaching of SRHE.					
Attending workshops has a positive effect towards teaching of SRHE.					
School organises and conducts school- based training to improve teachers' skills and knowledge on SRHE.					
Staff development positively affects the implementation of SRHE in secondary schools.					

c) Resources and the implementation of SRHE in secondary schools

Indicate with a tick (✓) the appropriate box that best describes your opinion on resources in the implementation of SRHE in secondary schools.

To what extent do you agree or disagree with each of the following statements with regard to resources in the implementation of SRHE in secondary schools?

Statement	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
	1	2	3	4	5
There is adequate time allocated to the teaching of SRHE.					
Large classes negatively affect the implementation of the SRHE curriculum.					
There is adequate SRHE staff in schools.					
High workload negatively affects teaching of SRHE in schools					
There are limited teaching and learning resources.					

d) Attitudes and culture of stakeholders on the teaching of SRHE in secondary schools

Indicate with a tick (✓) the level of your agreement on attitudes and culture of stakeholders in SRHE.

To what extent do you agree or disagree with the following statements concerning the attitudes and culture of stakeholders in the implementation of SRHE in secondary schools?

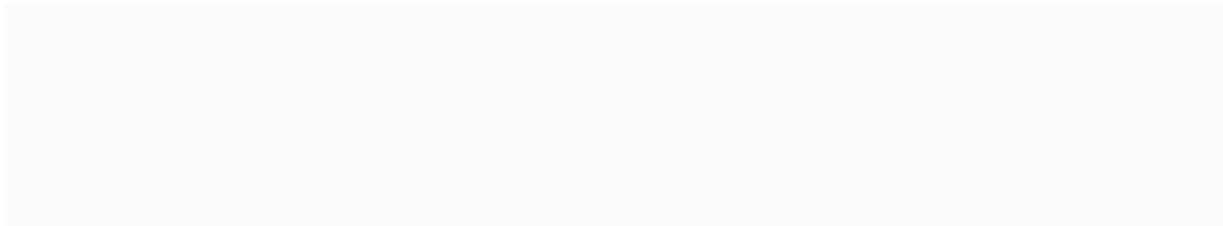
Statement	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
	1	2	3	4	5
Considering secondary school students as asexual and not in need of SRHE negatively affects teaching of SRHE.					
Considering SRHE as a taboo subject and not culturally sensitive has a negative effect towards its teaching.					
Cultural and religious values negatively affect teaching of SRHE.					
Feeling shy when teaching SRHE negatively affects its effectiveness.					
Avoiding topics considered sensitive negatively affects teaching of SRHE.					
Parents's negative attitudes have a negative effect on teaching of SRHE in schools.					
Poor communication between parents and children is a cultural issue that negatively affects the effectiveness of the teaching of SRHE in schools.					
Failure by parents to discuss SRHE issues with their children negatively affects teaching of SRHE.					
Failure to examine SRHE has a negative effect towards its teaching,					

SECTION F ENHANCING THE TEACHING OF SRHE IN SECONDARY SCHOOLS

Indicate with a tick (✓) your level of agreement to the suggested ways of enhancing the teaching of SRHE in secondary schools.

To what extent do you agree or disagree with the following statements on enhancing the teaching of SRHE in secondary schools?

Statement	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
	1	2	3	4	5
Collaboration between teachings from the home and cultural context, church and religious teachings and school and teachers enhance the implementation of SRHE programme in secondary schools.					
There should be programmes for parents to enlighten them on the subject.					
Workshops on SRHE should be held for teachers to updates their information.					
There should be continuous professional development and support for teachers.					
There should be an environment that is supportive of school- based SRHE.					
Students should be given homework on SRHE to discuss with parents at home.					
Supervision should be done to improve teaching of SRHE.					



APPENDIX C: QUESTIONNAIRE FOR STUDENTS

I am conducting a study entitled: “**Appraisal of the teaching of sexual and reproductive health education (SRHE) in Zimbabwean secondary schools**”. The study is part of the researcher’s Doctor of Education in Psychology of Education Degree at the University of South Africa which seeks to improve your learning of SRHE in secondary schools in Zimbabwe. Do not write your name so that you will not be identified or traced. All data and information you are providing will be treated as private and confidential. There are no ‘right’ and ‘wrong’ answers. You are therefore kindly requested to complete the questionnaire as honestly as you can. You are reminded to complete all sections of the questionnaire. Thank you for participating in this survey.

Serial number

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SECTION A: BIOGRAPHICAL INFORMATION

Kindly indicate your response by placing a tick (✓) in the appropriate box at each statement or question.

1. Gender

Female	1
Male	2

2. Type of school

Government	1
Private	2
Church	3

3. Level

Form2	1
Form 4	2
Form 6	3

4. Age

11- 13 years	1
14- 16 years	2
17- 19 years	3
20+	4

SECTION B: IMPLEMENTATION OF THE SRHE PROGRAMME IN ZIMBABWEAN SECONDARY SCHOOLS

a) How SRHE is implemented in secondary schools in Zimbabwe

Indicate with a tick (✓) the response that best describes your opinion on the implementation of SRHE in Zimbabwean secondary schools.

To what extent do the following statements describe how SRHE is implemented at your school?

Statement	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
	1	2	3	4	5
Students are involved in the planning of the SRHE content.					
SRHE education lessons are on the school time table.					
SRHE teachers attend SRHE lessons regularly.					
Teachers are sometimes observed when teaching SRHE.					
SRHE classes are divided according sex (boys on their own and girls on their own) for effective communication among students.					
Peer educators assist in the teaching of SRHE.					
Parents support the teaching of SRHE in the school.					
There are other people who are not teachers who come at school to teach SRHE.					
Teachers provide age- appropriate SRHE.					
Teachers respect students' cultures and beliefs.					
Teachers offer counselling to students when necessary.					

Teachers use peer educators to assist in the implementation of SRHE in secondary schools.					
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SECTION C SRHE CONTENT TAUGHT IN SECONDARY SCHOOLS

Indicate with a tick (✓) the response that best represent your view on the teaching of SRHE in your school.

To what extent are/were the following topics discussed during SRHE lessons?

Topic (s)	Very great extent	Great extent	Somewhat	Little extent	Very little extent
	1	2	3	4	5
Protecting students against unwanted pregnancies.					
Sexually Transmitted Infections and HIV and AIDS.					
Abstinence					
Puberty and adolescence.					
Sex and sexuality					
Human reproduction.					
Reproductive health					
Contraception and family planning methods					
Issues of stigma and discrimination.					
Managing peer influence.					
Communication between adolescents and their parents on SRHE issues.					
Alcohol and drug abuse.					
Friendship					
Consequences of abortion and pre- marital sex.					
HIV testing and counselling.					
Voluntary medical male circumcision (VMMC)					

SECTION D PERCEIVED BENEFITS OF TEACHING SRHE IN SECONDARY SCHOOLS

Indicate with a tick (✓) your level of agreement to the suggested benefits of teaching SRHE in secondary schools

Benefit	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
	1	2	3	4	5
Facilitates the development of life skills to enable youths to make informed decisions regarding SRHE.					
Teaching of SRHE is an effective way of increasing young people's understanding of STIs and unwanted pregnancies.					
Teaching of SRHE may reduce withdrawal of girls from school due to pregnancies.					
Teaching of SRHE in schools assists in the absence of traditional mechanisms where adolescents no longer get SRHE from the extended family members.					
Teaching of SRHE reduces chances of children receiving inaccurate information from peers, media and social networks.					
Teaching of SRHE reduces children's curiosity about sex.					
45. Teaching of SRHE can reduce sexual experimentation.					
46. Teaching of SRHE in schools benefits all students.					

c) Resources and the implementation of SRHE in secondary schools

Indicate with a tick (✓) the appropriate box that best describes your opinion on resources in the implementation of SRHE in secondary schools.

To what extent do you agree or disagree with each of the following statements with regard to resources in the implementation of SRHE in your secondary schools?

Statement	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
	1	2	3	4	5
There is adequate time for SRHE in the curriculum.					
Large classes negatively affect the implementation of the SRHE curriculum.					
There is adequate SRHE staff in schools.					
There are textbooks on SRHE in the school.					

SRHE materials are enough for the students.					
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d) Attitudes and culture of stakeholders on the teaching of SRHE in secondary schools

Indicate with a tick (✓) the level of your agreement on attitudes and culture of stakeholders in SRHE.

To what extent do you agree or disagree with the following statements concerning the attitudes and culture of stakeholders in the implementation of SRHE in secondary schools?

Statement	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
	1	2	3	4	5
Considering students not sexually active negatively affects teaching of SRHE in secondary schools.					
Consiring SRHE as a taboo subject negatively affects its teaching.					
Viewing SRHE as encouraging sexual activity has negative effect towards teaching of SRHE.					
Cultural and religious values are hindering adolescents from obtaining SRHE.					
Parents have negative attitudes towards teaching of SRHE in secondary schools.					
Poor communication between parents and children is a cultural issue that negatively affects the effectiveness of the teaching of SRHE in schools.					
Failure by parents to discuss SRHE issues with their children has a negative effect towards teaching of SRHE in secondary schools.					
SRHE is viewed as not important because it is not examined like other subjects.					

SECTION F ENHANCING THE TEACHING OF SRHE IN SECONDARY SCHOOLS

Indicate with a tick (✓) your level of agreement to the suggested ways of enhancing the teaching of SRHE in secondary schools.

To what extent do you agree or disagree with the following statements on improving the teaching of SRHE in secondary schools?

Statement	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
	1	2	3	4	5
Collaboration between teachings from the home and cultural context, church and religious teachings and school and teachers enhance the implementation of SRHE programme in secondary schools.					
There should be programmes for parents to enlighten them on the subject.					
Workshops for teachers on SRHE should be held for updates on new developments on SRHE.					
Teachers need to be supported in order to effectively teach SRHE in secondary schools.					
Students should be given homework on SRHE to discuss with parents at home to improve collaboration between home and school.					
There is need to train peer educators to assist in teaching SRHE to their peers.					

APPENDIX D INTERVIEW GUIDE FOR SCHOOL HEADS AND SCHOOLS INSPECTORS

An evaluation of the teaching of SRHE in Zimbabwean secondary schools

I, Jerita Razuwika am a UNISA student conducting a research entitled: ‘An evaluation of the teaching of Sexual and reproductive health education in secondary schools in Zimbabwe’. You are kindly asked to respond freely and honestly. Information you are going to provide will be kept confidential and will be used for the purposes of research only.

Interview items

1. What preparations are done to ensure that students effectively benefit from the teaching of SRHE in secondary schools?
2. Are you aware of methodologies being used in implementing SRHE in secondary schools?
3. What content is being taught to secondary school students in schools?
4. What else would you suggest should be included in the SRHE in schools?
5. Why is SRHE taught in schools?
6. Are there policies and strategies that guide in the teaching of SRHE in schools?
7. Are the SRHE teachers well trained to teach the subject?
8. How would you rate resources in schools on the teaching of SRHE?
9. How do teachers and parents view the teaching of SRHE in secondary schools?
10. How do parents’ attitudes and culture influence effective teaching of SRHE in secondary schools?
11. What can be done to improve the teaching of SRHE in secondary schools?

Thank you for participating

APPENDIX E INTERVIEW GUIDE FOR TEACHERS AND HODs

An evaluation of the teaching of SRHE in Zimbabwean secondary schools

I, Jerita Razuwika am a UNISA student conducting a research entitled: ‘An evaluation of the teaching of Sexual and reproductive health education in secondary schools in Zimbabwe’. You are kindly asked to respond freely and honestly. Information you are going to provide will be kept confidential and will be used for the purposes of research only.

Interview items

1. What SRHE content is taught to students in your school?
2. Why should SRHE be taught to students in secondary schools?
3. How is SRHE taught in secondary schools?
4. What type of training do you have as a SRHE teacher?
5. What preparations are done in your school towards teaching of SRHE?
6. To what extent are you and other SRHE teachers involved in the planning of the content to be taught?
7. What support do you get from your administration towards the teaching of SRHE to students?
8. Are there policies that guide teaching of SRHE in secondary schools and how do these influence the teaching of SRHE to students?
9. How do teachers and parents view the teaching of SRHE to secondary school students?
10. What resources are available in your school towards teaching of SRHE?
11. Can you give challenges you are encountering when teaching SRHE if any?
12. What suggestions do you have towards improving effectiveness in the teaching of SRHE in secondary schools?

Thank you for participating

APPENDIX F: FGD SCHEDULE WITH STUDENTS

The purpose of this study is to evaluate the teaching of sexual and reproductive health education in Zimbabwean secondary schools.

I, Jerita Razuwika am a UNISA student conducting a research entitled: ‘An evaluation of the teaching of Sexual and reproductive health education in secondary schools in Zimbabwe’. You are kindly asked to respond freely and honestly. Information you are going to provide will be kept confidential and will be used for the purposes of research only.

Questions

1. What is being taught in SRHE in your school?
2. What are the benefits of teaching SRHE in secondary schools?
3. What methods are used by teachers when teaching SRHE in your school?
4. What issues affect the teaching of SRHE at your school?
5. What factors hinder effective teaching of SRHE in secondary schools?
6. What resources are available when teaching SRHE at your school?
7. Besides your teachers, who else come to teach SRHE at your school?
8. To what extent do parents support the teaching of SRHE in schools?
9. To what extent are peer educators involved in the teaching of SRHE in your school?
10. What do you think can be done to improve the teaching of SRHE in secondary schools?

Thank you for participating

APPENDIX G MASVINGO PROVINCE, MANICALAND PROVINCE AND MASHONALAND EAST PROVINCE PERMANENT SECRETARY CLEARANCE LETTER

Mutare Teachers' College
P. O. Box 3293 Paulington
Mutare
17 October 2016

The Permanent Secretary
Ministry of Primary and Secondary Education
P. O. Box CY 121
Harare
Dear Sir/ Madam

RE: APPLICATION FOR CLEARANCE TO CONDUCT A RESEARCH STUDY IN SECONDARY SCHOOLS IN MASVINGO PROVINCE, MANICALAND PROVINCE AND MASHONALAND EAST PROVINCE

I, Jerita Razuwika (National Registration Number 22- 039681 Z o4) am a registered student with the University of South Africa (UNISA) doing a Doctoral study in Psychology of Education. My student Number is 55760848. My supervisor is Professor R. Chireshe. I wish to carry out a study on An evaluation of **the teaching of sexual and reproductive health education (SRHE) in Zimbabwean secondary schools**. The provinces to be used are going to be selected using convenience sampling. The intended participants of the study are SRHE officers, SRHE teachers and students in the sampled schools. The participating students are going to be selected through stratified sampling followed by simple random sampling. The SRHE teachers and SRHE officers are going to be selected using purposive sampling. A total of 453 respondents (270 students, 180 SRHE teachers, 3 SRHE officers) are expected to participate in the study. I am therefore requesting for permission to carry out a study in the above mentioned provinces. I assure you that no anticipated risks are expected to the participants.

The study is going to benefit the Ministry of Primary and Secondary Education in general and Masvingo, Manicaland and Mashonaland East Provinces in particular. The results of the study will benefit SRHE teachers, Education Officers and other stakeholders who have an interest in SRHE. The study will enhance the teaching of SRHE in secondary schools in Zimbabwe.

Participation in the study will be purely voluntary. If participant intends to drop out he/ she will do so freely. If they intent to take their contributions with them they are free to do so. The data respondents contribute will be strictly confidential and used for academic purposes only. Anonymity is also assured to all the participating schools.

Yours Sincerely

J Razuwika

Razuwika Jerita

Cell Number +263772244969 E-mail Address: jrazuwika@gmail.com

**APPENDIX H MANICALAND, MASVINGO AND MASHONALAND EAST PROVINCES
PERMANENT SECRETARY CLEARANCE LETTER**

*All communications should be addressed to
"The Secretary for Primary and Secondary
Education
Telephone: 732006
Telegraphic address : "EDUCATION"
Fax: 794505*



Reference: C/426/3 Manicaland,
Masvingo, Mashonaland East
Ministry of Primary and
Secondary Education
P.O Box CY 121
Causeway
HARARE

19 May 2017

Jerita Razuwika
Mutare Teachers' College
P.O Box 3293 Paulington
Mutare

**Re: PERMISSION TO CARRY OUT RESEARCH IN MANICALAND, MASVINGO
AND MASHONALAND EAST PROVINCE: MUTARE, MASVINGO AND
MARONDERA DISTRICTS: NYAMAWURO, ST JOSEPH, MUCHEKE, MASVINGO
CHRISTIAN, MARONDERA AND WADDILOVE HIGH SCHOOLS.**

Reference is made to your application to carry out research at the above mentioned schools and Provinces on the research title:

**"AN EVALUATION OF THE TEACHING OF SEXUAL AND REPRODUCTIVE
HEALTH EDUCATION (SRHE) IN ZIMBABWEAN SECONDARY SCHOOLS"**

Permission is hereby granted. However, you are required to liaise with the Provincial Education Directors of the respective Provinces, who are responsible for the schools which you want to involve in your research. You should ensure that your research work does not disrupt the normal operations of the school. Where students are involved, parental consent is required.

You are also required to provide a copy of your final report to the Secretary for Primary and Secondary Education.



Dr. S. J. Utete-Masango
SECRETARY FOR PRIMARY AND SECONDARY EDUCATION
cc: PEDs – Manicaland, Masvingo and Mashonaland East Provinces

APPENDIX I: MANICALAND PROVINCE DIRECTOR CLEARANCE LETTER

Mutare Teachers' College
P. O. Box 3293 Paulington
Mutare
17 October 2016

The Provincial Education Director
Ministry of Primary and Secondary Education
P. O. Box
Mutare

Dear Sir/ Madam

RE: APPLICATION FOR CLEARANCE TO CONDUCT A RESEARCH STUDY IN SECONDARY SCHOOLS IN MANICALAND PROVINCE

I, Jerita Razuwika (National Registration Number 22- 039681 Z o4) am a registered student with the University of South Africa (UNISA) doing a Doctoral study in Psychology of Education. My student Number is 55760848. My supervisor is Professor R. Chireshe. I wish to carry out a study on An evaluation **of the teaching of sexual and reproductive health education (SRHE) in Zimbabwean secondary schools**. The intended participants of the study are SRHE officers, SRHE teachers and students in the sampled schools. The participating students are going to be selected through stratified sampling followed by simple random sampling. The SRHE teachers and SRHE officers are going to be selected using purposive sampling. A total of 453 respondents (270 students, 180 SRHE teachers, 3 SRHE officers) are expected to participate in the study. I am therefore requesting for permission to carry out a study in the province. I assure you that no anticipated risks are expected to the participants.

The study is going to benefit the Ministry of Primary and Secondary Education in general and Manicaland Province in particular. The results of the study will benefit SRHE teachers, Education Officers and other stakeholders who have an interest in SRHE. The study will enhance the teaching of SRHE in secondary schools in Zimbabwe.

Participation in the study will be purely voluntary. If participant intends to drop out he/ she will do so freely. If they intend to take their contributions with them they are free to do so. The data respondents contribute will be strictly confidential and used for academic purposes only. Anonymity is also assured to all the participating schools.

Yours Sincerely

J Razuwika

Razuwika Jerita Cell Number +263772244969 E- mail Address: jrazuwika@gmail.com

APPENDIX J CLEARANCE LETTER FROM MANICALAND PROVINCE

All communications should be addressed to
"The Secretary for Primary and Secondary
Education
Telephone: 732006
Telegraphic address: "EDUCATION"
Fax: 794505



ZIMBABWE

Reference: C/426/3 Manicaland,
Masvingo, Mashonaland East
Ministry of Primary and
Secondary Education
P.O Box CY 121
Causeway
HARARE

19 May 2017

Jerita Razuwika
Mutare Teachers' College
P.O Box 3293 Paulington
Mutare

Re: PERMISSION TO CARRY OUT RESEARCH IN MANICALAND, MASVINGO AND MASHONALAND EAST PROVINCE: MUTARE, MASVINGO AND MARONDERA DISTRICTS: NYAMAURO, ST JOSEPH, MUCHEKE, MASVINGO CHRISTIAN, MARONDERA AND WADDILOVE HIGH SCHOOLS.

Reference is made to your application to carry out research at the above mentioned schools and Provinces on the research title:

"AN EVALUATION OF THE TEACHING OF SEXUAL AND REPRODUCTIVE HEALTH EDUCATION (SRHE) IN ZIMBABWEAN SECONDARY SCHOOLS"

Permission is hereby granted. However, you are required to liaise with the Provincial Education Directors of the respective Provinces, who are responsible for the schools which you want to involve in your research. You should ensure that your research work does not disrupt the normal operations of the school. Where students are involved, parental consent is required.

You are also required to provide a copy of your final report to the Secretary for Primary and Secondary Education.

Heads:
Nyamawuro and
St Josephs High
Please assist the
bearer.

Dr. S. J. Utete-Masango
SECRETARY FOR PRIMARY AND SECONDARY EDUCATION
cc: PEDs – Manicaland, Masvingo and Mashonaland East Provinces

MIN. OF PRY. & SEC. EDUCATION
EDUCATION OFFICER
MUTARE DISTRICT
13 JUL 2017
P. BAG 7755, MUTARE
ZIMBABWE TEL: 020-67657

D.S.I please assist accordingly.
Dr. 10/7/17.

MINISTRY OF EDUCATION
MANICALAND STAFF OFFICE
(CHIPINGE SECTION)
10 JUL 2017
P.O. BOX 146, MUTARE
ZIMBABWE

APPENDIX K: MOPSE CLEARANCE LETTER: MASVINGO PROVINCE

Mutare Teachers' College
P. O. Box 3293 Paulington
Mutare
17 October 2016

The Provincial Education Director
Ministry of Primary and Secondary Education
P. O. Box
Masvingo

Dear Sir/ Madam

RE: APPLICATION FOR CLEARANCE TO CONDUCT A RESEARCH STUDY IN SECONDARY SCHOOLS IN MASVINGO PROVINCE

I, Jerita Razuwika (National Registration Number 22- 039681 Z o4) am a registered student with the University of South Africa (UNISA) doing a Doctoral study in Psychology of Education. My student Number is 55760848. My supervisor is Professor R. Chireshe. I wish to carry out a study on An evaluation of **the teaching of sexual and reproductive health education (SRHE) in Zimbabwean secondary schools**. The intended participants of the study are SRHE officers, SRHE teachers and students in the sampled schools. The participating students are going to be selected through stratified sampling followed by simple random sampling. The SRHE teachers and SRHE officers are going to be selected using purposive sampling. A total of 453 respondents (270 students, 180 SRHE teachers, 3 SRHE officers) are expected to participate in the study. I am therefore requesting for permission to carry out a study in the province. I assure you that no anticipated risks are expected to the participants.

The study is going to benefit the Ministry of Primary and Secondary Education in general and Masvingo Province in particular. The results of the study will benefit SRHE teachers, Education Officers and other stakeholders who have an interest in SRHE. The study will enhance the teaching of SRHE in secondary schools in Zimbabwe.

Participation in the study will be purely voluntary. If participant intends to drop out he/ she will do so freely. If they intent to take their contributions with them they are free to do so. The data respondents contribute will be strictly confidential and used for academic purposes only. Anonymity is also assured to all the participating schools.

Yours Sincerely

J Razuwika

Razuwika Jerita

Cell Number +263772244969 E- mail Address: jrazuwika@gmail.com

APPENDIX L CLEARANCE LETTER FROM MASVINGO PROVINCE

ALL communications should be addressed to "The Provincial Education Director for Primary and Secondary Education"
Telephone: 263585/264331
Fax: 039-263261



Ministry of Primary and Secondary Education
P. O Box 89
Masvingo

12 July 2017

Jerita Razuwika
Mutare Teachers' Collage
P. O. Box 3293
Mutare

**RE: PERMISSION TO CARRY OUT RESEARCH IN MASVINGO PROVINCE:
MASVINGO DISTRICT: MUCHEKE AND MASVINGO CHRISTIAN HIGH SCHOOLS.**

Reference is made to your application to carry out a research at the above mentioned schools in Masvingo District on the research title:

"AN EVALUATION OF THE TEACHING OF SEXUAL AND REPRODUCTIVE HEALTH EDUCATION (SRHE) IN ZIMBABWEAN SECONDARY SCHOOLS."

Please be advised that the Secretary for Primary and Secondary Education has granted permission to carry out your research.

You are also advised to liaise with the District Education Officer who is responsible for the schools which are part of the sample for your research.

Z. M. Chitiga
Provincial Education Director



APPENDIX M: MASHONALAND EAST PROVINCE DIRECTOR CLEARANCE LETTER

Mutare Teachers' College
P. O. Box 3293 Paulington
Mutare
17 October 2016
The Provincial Education Director
Ministry of Primary and Secondary Education
P. O. Box
Marondera

Dear Sir/ Madam

RE: APPLICATION FOR CLEARANCE TO CONDUCT A RESEARCH STUDY IN SECONDARY SCHOOLS IN MASHONALAND EAST PROVINCE

I, Jerita Razuwika (National Registration Number 22- 039681 Z o4) am a registered student with the University of South Africa (UNISA) doing a Doctoral study in Psychology of Education. My student Number is 55760848. My supervisor is Professor R. Chireshe. I wish to carry out a study on An evaluation **of the teaching of sexual and reproductive health education (SRHE) in Zimbabwean secondary schools**. The intended participants of the study are SRHE officers, SRHE teachers and students in the sampled schools. The participating students are going to be selected through stratified sampling followed by simple random sampling. The SRHE teachers and SRHE officers are going to be selected using purposive sampling. A total of 453 respondents (270 students, 180 SRHE teachers, 3 SRHE officers) are expected to participate in the study. I am therefore requesting for permission to carry out a study in the province. I assure you that no anticipated risks are expected to the participants.

The study is going to benefit the Ministry of Primary and Secondary Education in general and Mashonaland East Province in particular. The results of the study will benefit SRHE teachers, Education Officers and other stakeholders who have an interest in SRHE. The study will enhance the teaching of SRHE in secondary schools in Zimbabwe.

Participation in the study will be purely voluntary. If participant intends to drop out he/ she will do so freely. If they intent to take their contributions with them they are free to do so. The data respondents contribute will be strictly confidential and used for academic purposes only. Anonymity is also assured to all the participating schools.

Yours Sincerely

J Razuwika

Razuwika Jerita

Cell Number +263772244969 E- mail Address: jrazuwika@gmail.com

APPENDIX N: CLEARANCE TO CONDUCT A RESEARCH STUDY IN SECONDARY SCHOOLS IN MASHONALAND EAST PROVINCE

Reference: P/Razuwika J
E. C. No.: 0323482 K

All communications should be addressed to
"The Provincial Education Director
Mashonaland East Province"
Telephone: 0279-24811/4 and 24792
Telex:
Fax: 079-24791



Ministry of Primary & Secondary Education
Mashonaland East Province
P.O. Box 752
Marondera
Zimbabwe

06 July 2017

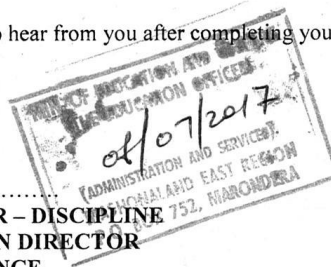
Mr./Mrs./Miss RAZUWIKAJERITA
MUTARE T.S. COLLEGE

PERMISSION TO CARRY OUT RESEARCH IN SCHOOL FOR EDUCATIONAL PURPOSES: MR/MRS/MISS RAZUWIKAJ E. C. NO. 0323482 K
STUDENT I. D. 55.760848 HEAD/TEACHER AT MUTARE T.S. SCHOOL

Reference is made to your minute dated
Please be advised that permission has been granted that you carry out research work in our schools. You are accordingly being asked to furnish the Ministry with information about your findings so that we share the knowledge for the benefit of the system as well as our nation at large.

We wish you all the best and hope to hear from you after completing your project work.

JERA.KI
HUMAN RESOURCES OFFICER - DISCIPLINE
FOR PROVINCIAL EDUCATION DIRECTOR
MASHONALAND EAST PROVINCE
/mm



APPENDIX O: PERMISSION LETTER TO SCHOOL HEADS

Mutare Teachers' College
P. O. Box 3293 Paulington
Mutare
17 October 2016

School Name _____

Dear Sir/ Madam

RE: **REQUEST FOR PERMISSION TO CONDUCT A RESEARCH AT YOUR SCHOOL**

I, Jerita Razuwika (National Registration Number 22- 039681 Z o4) am a registered student with the University of South Africa (UNISA) doing a Doctoral study in Psychology of Education. My student Number is 55760848. My supervisor is Professor R. Chireshe. I wish to carry out a study on An evaluation of **the teaching of sexual and reproductive health education (SRHE) in Zimbabwean secondary schools**. The intended participants of the study are in form 2, 4 and 6. The participating students are going to be selected through stratified sampling followed by simple random sampling. The SRHE teachers are going to be selected using purposive sampling. A total of 30 students and 10 SRHE teachers are ear- marked to participate in the study. I am therefore requesting for permission to carry out a study at your school. I assure you that no anticipated risks are expected to the participants.

The study is going to benefit the Ministry of Primary and Secondary Education in general and your school in particular as the results will be conveyed to your school for use by SRHE teachers. The results of the study will benefit SRHE teachers, Education Officers and other stakeholders who have an interest in SRHE. The study will enhance the teaching of SRHE in secondary schools in Zimbabwe.

Participation in the study will be purely voluntary. If participant intends to drop out he/ she will do so freely. If they intent to take their contributions with them they are free to do so. The data respondents contribute will be strictly confidential and used for academic purposes only. Anonymity is also assured to all the participating students and teachers.

Thank you in advance for your cooperation

Yours Sincerely

J Razuwika

Razuwika Jerita

Cell Number +263772244969 E- mail Address: jrazuwika@gmail.com

APPENDIX P: PERMISSION LETTER TO PARENTS

Mutare Teachers' College
P. O. Box 3293 Paulington
Mutare
17 October 2016
Dear Parent/ Guardian

RE: REQUEST FOR PERMISSION FOR YOUR CHILD TO PARTICIPATE IN A RESEARCH

I, Jerita Razuwika (National Registration Number 22- 039681 Z o4) am a registered student with the University of South Africa (UNISA) doing a Doctoral study in Psychology of Education. My student Number is 55760848. My supervisor is Professor R. Chireshe. I wish to carry out a study on An evaluation of **the teaching of sexual and reproductive health education (SRHE) in Zimbabwean secondary schools**. The intended participants of the study are in form 2, 4 and 6. The participating students are going to be selected through stratified sampling followed by simple random sampling. The SRHE teachers are going to be selected using purposive sampling. A total of 30 students are ear-marked to participate in the study. I am therefore requesting permission for your child to participate in the study. I assure you that no anticipated risks are expected to the participants.

The study is going to benefit the Ministry of Primary and Secondary Education in general and your child's school in particular as the results will be conveyed to your school for use by SRHE teachers. The study will enhance the teaching of SRHE in secondary schools in Zimbabwe.

Participation in the study will be purely voluntary. If your child intends to drop out he/ she will do so freely. If they intent to take their contributions with them, they are free to do so. The data they will contribute will be strictly confidential and used for academic purposes only. Anonymity is also assured to all the participating students.

Thank you in advance for your cooperation

Yours Sincerely

J Razuwika

Razuwika Jerita

Cell Number +263772244969 E- mail Address: jrazuwika@gmail.com

Your signature below indicates that you have read the information provided above and have decided to participate in the study. If you later decide that you wish to withdraw from participating in the study you may discontinue any time.

Child's name: -----

Parent/ Guardian's signature: -----

Researcher's signature: -----

APPENDIX Q: ASSENT FORM FOR STUDENTS

Mutare Teachers' College
P. O. Box 3293 Paulington
Mutare
17 October 2016

Dear under 18 student

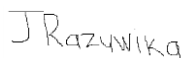
I, Jerita Razuwika (National Registration Number 22- 039681 Z o4) am a registered student with the University of South Africa (UNISA) doing a Doctoral study in Psychology of Education. My student Number is 55760848. My supervisor is Professor R. Chireshe. I wish to carry out a study on An evaluation of **the teaching of sexual and reproductive health education (SRHE) in Zimbabwean secondary schools**. The intended participants of the study are in form 2, 4 and 6. The participating students are going to be selected through stratified sampling followed by simple random sampling. The SRHE teachers are going to be selected using purposive sampling. A total of 30 students are ear-marked to participate in the study. I am therefore requesting you to participate in the study. I assure you that no anticipated risks are expected to the participants.

The study is going to benefit the Ministry of Primary and Secondary Education in general and your school in particular as the results will be conveyed to your school for use by SRHE teachers. The study will enhance the teaching of SRHE in secondary schools in Zimbabwe.

Participation in the study will be purely voluntary. If you intent to drop out you will do so freely. If you intent to take your contributions with you, you are free to do so. The data you contribute will be strictly confidential and used for academic purposes only. Anonymity is also assured to all the participating students.

Thank you in advance for your cooperation

Yours Sincerely



Razuwika Jerita

Cell Number +263772244969 E- mail Address: jrazuwika@gmail.com

Your signature below indicates that you have read the information provided above and have decided to participate in the study. If you later decide that you wish to withdraw from participating in the study you may discontinue any time.

Child's name: -----

Child's signature: -----

Researcher's signature: -----

APPENDIX R: CONSENT FORM FOR STUDENTS

Title of Study: Appraisal of the teaching of sexual and reproductive health education in Zimbabwean secondary schools.

Description of the research and your participation

You are invited to participate in a research study conducted by **Razuwika Jerita a doctorate student registered with the University of South Africa**. My supervisor is Professor R. Chireshe. The purpose of the study is to evaluate the teaching of sexual and reproductive health education in Zimbabwean secondary schools. Your participation will involve responding to questionnaire items which are mainly closed ended questions with very few open- ended questions.

Risks and discomforts

There are no known risks associated with research.

Protection of confidentiality

We will do everything we can to protect your privacy. We will not include any information in any report we may publish that would make it possible to identify you. Records of this study will be kept strictly confidential.

Voluntary participation

The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time without affecting your relationship with the investigator of this study. You have the right not to answer any question on the questionnaire, as well as to withdraw completely from the study at any point during the process, additionally; you have the right to request your contribution back without any reprisal.

Contact information

If you have any questions or concerns about this study or if any problems arise, please contact Jerita Razuwika on cell phone number 0772244969 or email address jrazuwika@gmail.com . If you have any questions or concerns about your rights as a research participant, please feel free to contact me.

Consent

I have read this consent form and have been given the opportunity to ask questions. I give my consent to participate in this study.

Participant's name _____

Participant's signature _____ Date _____

Researcher's signature *J Razuwika*

APPENDIX S: CONSENT FORM FOR SRHE TEACHERS,SCHOOL HEADS and G & C SCHOOLS INSPECTORS

Title of Study: An evaluation of the teaching of sexual and reproductive health education in Zimbabwean secondary schools.

Description of the research and your participation

You are invited to participate in a research study conducted by **Razuwika Jerita a doctorate student registered with the University of South Africa**. My supervisor is Professor R. Chireshe. The purpose of the study is to evaluate the teaching of sexual and reproductive health education in Zimbabwean secondary schools. Your participation will involve responding to questionnaire items which are mainly closed ended questions with very few open- ended questions.

Risks and discomforts

There are no known risks associated with research.

Protection of confidentiality

We will do everything we can to protect your privacy. We will not include any information in any report we may publish that would make it possible to identify you. Records of this study will be kept strictly confidential.

Voluntary participation

The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time without affecting your relationship with the investigator of this study. You have the right not to answer any question on the questionnaire, as well as to withdraw completely from the study at any point during the process, additionally; you have the right to request your contribution back without any reprisal.

Contact information

If you have any questions or concerns about this study or if any problems arise, please contact Jerita Razuwika on cell phone number 0772244969 or email address jrazuwika@gmail.com . If you have any questions or concerns about your rights as a research participant, please feel free to contact me.

Consent

I have read this consent form and have been given the opportunity to ask questions. I give my consent to participate in this study.

Participant's name _____

Participant's signature _____ Date _____

Researcher's signature *J Razuwika*