STRENGTHENING COMPREHENSIVE SEXUALITY EDUCATION PROGRAMS FOR YOUNG PEOPLE IN SCHOOL SETTINGS IN ZAMBIA:

NATIONAL BASELINE SURVEY REPORT

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral
CSE	Comprehensive Sexuality Education
EDC	Education Development Center
EMIS	Education Management Information System
FGD	Focus group discussion
GBV	Gender-based violence
HIV	Human Immunodeficiency Virus
IUD	Intrauterine device
MER	Monitoring, Evaluation and Research
MESTVEE	Ministry of Education, Science, Vocational Training and Early Education
SACMEQ	Southern and Eastern African Consortium for Monitoring Educational Quality
SIDA	Swedish International Development Agency
SRGBV	School-related gender-based violence
SRH	Sexual Reproductive Health
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TTI	Teacher Training Institutions
UNESCO	United Nations Educational, Scientific and Cultural Organization
YPHIV	Young people living with HIV

ACKNOWLEDGEMENTS

This study was the result of collaborative efforts by EDC, UNESCO and the Ministry of Education, Science, Vocational Training and Early Education (MESTVEE). EDC sincerely thanks UNESCO and MESTVEE staff for providing input into the research design and establishment of a list of indicators that are appropriate and feasible for inclusion in the baseline survey. Field data collection was only possible thanks to Ms. Alice Saili and Mr. Remmy Mukonka from UNESCO, Dr. Charles Ndakala and, Mr. Bupe Musonda from MESTVEE, and Ms. Robie Siamwiza from EDC. We would like to thank the field data collectors for their tireless efforts to deliver high quality data. We are particularly grateful to school head masters, teachers, and learners who participated in the study. Without their gift of time and information this study would not be possible.

Secondary school learners in Eastern province

EXECUTIVE SUMMARY

In late 2013, UNESCO commissioned Education Development Center (EDC) to develop and implement a national survey of upper primary education, secondary education, and teacher training institutions (TTIs) to collect baseline data on key indicators relating to the provision of Comprehensive Sexuality Education (CSE) for young people between the ages of 10 and 24. The baseline survey was designed to establish a clear starting point for a national project, "Strengthening CSE Programmes for Young People in School Settings in Zambia," funded by the Swedish International Development Cooperation Agency (SIDA), by generating data as benchmarks for the project's monitoring and evaluation, and to provide an understanding of the current provision of CSE and facilitation of access to sexual and reproductive health (SRH) services for adolescents and young people by the education sector. Additionally, data will serve as a comparison basis for the end-of-project assessment of changes in the provision and quality of CSE in Zambian upper primary and secondary schools.

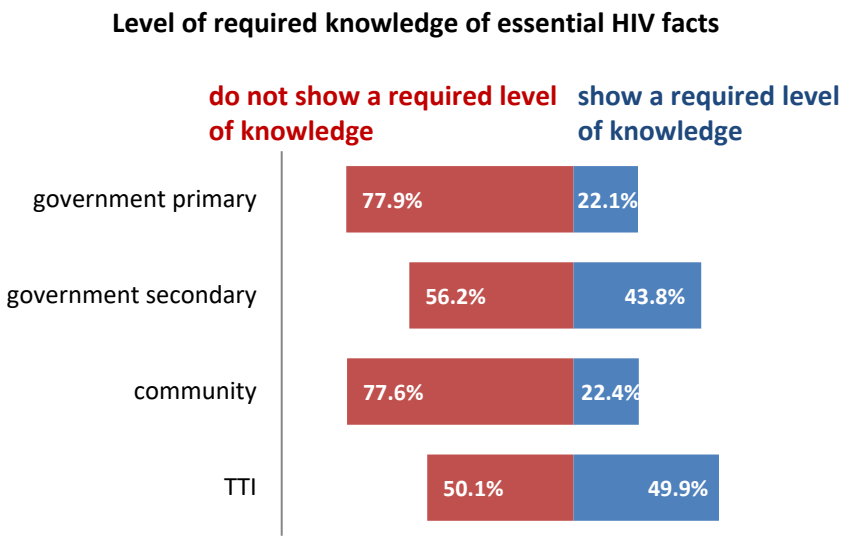
For this baseline study, cross-sectional data were collected on a nationally representative sample of young people between 10 and 24 years of age who are enrolled and attending school or a teacher training institution (TTI). Learners from primary government schools, secondary government schools, and community schools in all ten provinces of Zambia were included in the study. In total, 1,815 learners from 115 schools and 9 TTIs, and 390 teachers took part in the baseline assessment. The study also included an extensive desk review of existing studies on CSE in Zambian schools.

To obtain an accurate picture of the current situation of HIV, sexual and reproductive health education in school settings in Zambia, the baseline study collected data on knowledge, behavior and attitudes of young people in Zambia in regards to sexual and reproductive health; the availability and quality of CSE in school settings; and safety, discrimination and harassment in and out of school settings.

HIV Knowledge and Attitudes. A standard learner questionnaire was administered to all participating learners to measure their knowledge and attitudes relating to HIV/AIDS. Nearly a quarter (24.6%) of Zambian school learners in grades 4 through 12, and about half (49.9%) of TTI enrollees were found to have desired levels of knowledge and reject major misconceptions about HIV and AIDS. A significant variation across school types and provinces was found. Twice as many learners in government secondary schools and in TTIs are considered to have desired levels of knowledge and reject major misconceptions about HIV and AIDS, compared to learners in primary and community schools. The correlation between the percent of correct answers and the grade level of the school learner is moderately high, with Pearson's r=.330. Age was also found to be correlated with the HIV

test results: Pearson's r=.215. Both correlations were found to be statistically significant at p<.001.

Although there was no statistically significant difference between male and female learners in the results of the HIV knowledge test, the pattern of correct answers was somewhat different.

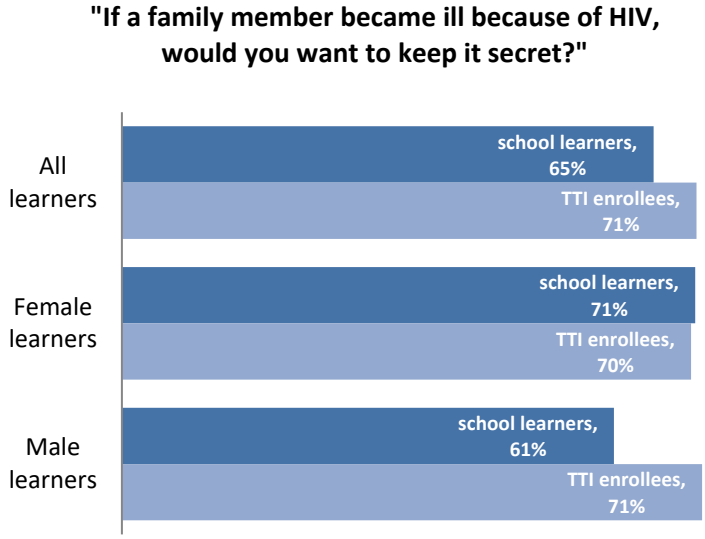


Females correctly answered questions relating to faithfulness, abstinence, transmission from mother to baby, and testing for HIV through a blood test more frequently than males. Males correctly answered questions relating to condom use, transmission through blood and some questions regarding common misconceptions about HIV/AIDS more frequently than females.

The study sought to gauge attitudes toward people living with HIV/AIDS through a series of questions. The study found that nearly a half of young people (45%) personally know someone who is living with AIDS. There was a significant difference between the proportion of girls and boys who said they know someone living with AIDS (55% and 38%, respectively). Further studies are needed to better understand the gender differences in perceptions and reporting of HIV/AIDS. Reports of personal acquaintance of someone living with AIDS increased with age, in which young people aged 21 and older reported knowing more people with AIDS, in which over three-quarters of young people reported that they knew someone living with AIDS. Differences among females and males in reporting knowing someone with HIV/AIDS persisted. In fact, regression analysis found that both sex and age are statistically significant predictors of whether a young person would say they know someone with HIV/AIDS.

Learners were asked about their attitudes toward people in their community living with HIV/AIDS, specifically if they would interact casually with people living with HIV/AIDS. Over two-thirds of learners were found to have accepting attitudes towards people with HIV, and would share a meal, buy food from a HIV-positive shopkeeper and would be friends with a

person living with HIV. Significantly more learners (81%) said they would be willing to have HIV-positive relatives cared for in their house. Females were generally found to display more accepting attitudes toward HIV-positive persons.



Study results show that the stigma associated with HIV and AIDS remains strong. Despite the largely accepting attitudes towards persons living with HIV identified above, two-thirds of all learners said they would want to keep it a secret if a family member became ill with HIV. Female school learners in particular would want to keep it a secret. Both female and male enrollees of TTIs said they would rather keep it a secret.

Sexual Behaviors and Experiences of Young People. Young people in Zambia are highly vulnerable to the risks associated with early sexual debut such as unintended pregnancy, sexual abuse, early marriage, sexually transmitted infections (STIs) and HIV. Given that sexual activity can be a primary mode of HIV transmission, the baseline study included a series of questions on learners' sexual behaviors and experience in order to better understand their knowledge, attitudes and behaviors in regards to sexual and reproductive health.

A substantial proportion of young people attending government and community primary and secondary schools - 16.7% - are estimated having had sexual intercourse. The vast majority of teacher trainees under 25 in TTIs also said they have had sex. Of the young people who said they have had sexual intercourse in their lifetime, there were more than twice as many young men as young women. Significantly more boys than girls in all types of schools in the study said they had had sex. In government and community schools, over 20% of boys said they had had sex. The proportion of females who said they have had sex was smaller: 10 and 6% in primary and community schools, respectively, and 18% in secondary schools. Two-thirds (68%) of female TTI enrollees and 73% of male TTI enrollees said they have had sex in the past.

Analyses of sexual activity by age and grade show a steady increase in the proportion of learners who said they had had sex, as their age and grade level increase. By the age of 16, 17% of girls and 33% of boys report having had sex. The analysis of school learners by age

was conducted only for 10 to 17 year olds since the number of in-school learners over 17 was insufficient to make reliable statistical estimates. Among those young people who reported they had had sex in the past, the median age of the first sexual intercourse was 14 for girls and 15 for boys.

Statistical estimates show that 13.8% of all Zambian in-school young people had their first sexual intercourse under the age of 15: 7.4% of girls and 18.4% of boys. Since according to Zambian laws sex prior to age of 16 is considered unlawful, many of these young people can be viewed as victims of sexual abuse.

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Among young women and men who had their first sexual encounter after they turned 16, some also reported that they were forced. The study found that of those young women who started their sexual activity after they turned 16, about 22.8% said they were coerced. Comparisons by sex show that significantly more boys start sexual activity when they are minors (under 16), and significantly more young women are victims of sexual abuse.

Of the in-school young people that have had a sexual experience, about 27% indicated that they were currently sexually active (22% of young women and 29% of young men). The study found that the most commonly used method of protection against pregnancy and sexually transmitted infections (STIs), including HIV, was condoms, with 92% of sexually active females and 73% of sexually active males using them. A significant proportion of males (22%) and nearly 5% of females did not use any protection against pregnancy, STIs and/or HIV.

Access to and Use of SRH Services. Both learners and head masters/mistresses were asked whether schools provided referrals to learners to health facilities in their respective areas. In each province, more than half of the head masters/mistresses of government and community primary and secondary schools indicated that they provided referrals to learners to health facilities, but only 36% reported that they refer learners for SRH services. When analyzed by school type, large differences in access to SRH services were found. TTIs**,** likely due to the older age of the learners, provide the most access to SRH services: 70% of TTIs reported that they provide referrals to SRH services. Access to SRH services through secondary and primary schools in contrast is quite low with only 46.5% of secondary schools reporting that they provide referrals for SRH services, and 40.3% of government primary schools reporting that they provide such referrals. Community primary schools provide the least SRH referrals to their learners, with only 20.8% of schools who reported that they provide referrals. Overall, the results suggest that many learners in primary and secondary school do not have access to SRH services through schools.

Older school learners were found to be largely aware of where to receive SRH information and services. Close to 90% of 18 to 19 year old learners knew a place to receive SRH information and services. About two-thirds of 14 to 17 year old learners knew where to receive SRH information and services, while about 50% of 10-11 year olds knew where to get SRH information and services nearby. 83.5% of TTI enrollees knew where to go for SRH information and services nearby.

Life Skills-Based HIV and Sexuality Education in Schools. Life skills-based HIV and sexuality education uses a participatory approach to teach behaviors to young people, particularly helping them identify and assess the individual, social and environmental factors that raise and lower the risk of HIV transmission. Both school headmasters and learners were asked about the provision of life skills-based HIV and sexuality education in schools. Across all school types and provinces, 37.9% of schools reported having at least one teacher trained in teaching life-skills and sexuality education.

Schools are supposed to provide each of the 16 essential topics for a curriculum to be considered life skills-based HIV and sexuality. Although many schools self-reported that they provided life skills-based HIV and sexuality education, when analyzed using the UN definition of comprehensive life skills-based HIV and sexuality education, only 23% of schools were found to provide comprehensive life skills-based HIV and sexuality education. Data analysis shows that secondary schools are more likely to provide CSE, in that 31.4% of surveyed schools reported that they provide CSE. Similarly, 40% of TTIs reported that CSE was provided. Younger learners in government primary schools are less likely to receive CSE in schools. However, learners in community schools are the least likely to receive CSE, with only 11.9% of community schools are estimated to provide CSE to their learners.

Parental Involvement. The engagement of parents and guardians of learners is an important aspect of a CSE program. The study found that many schools did not provide orientation sessions for parents/ guardians. On average, only 34% of schools provide orientations to parents/guardians. Analysis by school type showed that a third (33%) of primary schools (government and community) provided orientation sessions for parents/guardians. Among secondary schools and TTIs, more schools provided orientations to parents/guardians (41.1% and 40%, respectively).

Young People's Experiences of Violence and School Response. Young people (10-24) participating in the study were asked whether someone has ever physically hurt them or done anything to make them feel uncomfortable, such as slap, push, shove, verbally insult or touch them in an inappropriate way without their permission. Over a third of in-school learners (36%) reported that they have experienced violence or abuse in the past. Of all in-school learners between 10 and 24 years old, about 39% of girls and 36% of boys report having been abused or harassed. The findings for TTI are a similar, suggesting that violence

against children and young people is widespread. Comparisons by school type and sex found that older female learners are more likely to be victims of violence and abuse than males or younger learners.

The study also looked at patterns of bullying and sexual harassment in schools. About a quarter of all learners reported that bullying takes place in their school, although this varied greatly by province, school type, and sex of respondents. Higher rates of bullying were reported by government secondary school learners, followed by government primary learners. Additionally, in all school types, except community, female learners reported more prevalence of bullying in schools.

Nearly 20% of school learners and over 30% of TTI enrollees reported that sexual harassment takes place in school/TTI. Female learners in TTIs were more likely to report that sexual harassment takes place in their school than male learners. Learners were asked why they thought young people were sexually harassed. "Because they are attractive" was the most frequently selected response, indicating a pattern of normalization of harassment as an action that can be interpreted as flattering to the victim. Reflecting the expected power dynamic, girls were more likely to select the answer "some people are more powerful than others and can force others to do what they want," while boys were more likely to select the answer "because they are 'loose', or promiscuous, and you can get what you want".

The study sought to find out whether schools have policies in place to protect learners from bullying and sexual harassment. Although many schools indicated adopting such rules and guidelines, only 1.9% of schools communicated rules and guidelines to all key stakeholders: teaching staff, non-teaching staff, PTA/Community, parents/guardians and learners. More than 75% of schools did not communicate rules and guidelines to anyone.

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The study found that most schools do not have teaching and administrative staff with adequate level of training in violence prevention, including GBV. For example, only a third of community schools have at least one teacher trained in GBV prevention. More than half of studied schools have not conducted sessions on GBV prevention with their staff. The study also found that in many schools administrators and teachers do not take cases of GBV seriously and do not encourage reporting.

Secondary school learners in Luapula province

Summary of Indicator Results. Indicator data includes results from primary, secondary, and community schools.

	INDICATOR	BASELINE RESULTS
#1	Percentage of school dropouts due to pregnancy[1]	2.0%
#2	Percentage of students, aged 10-24 years who demonstrate desired level of knowledge & reject major misconceptions about HIV & AIDS[2]	24.6%
#3	Percentage of young people, aged 15-24, who have had sexual intercourse before the age of 15[3]	13.8%
#4	Percentage of schools that provided life skills-based HIV & sexuality education in the previous academic year	23.0%
#5	Number and percentage of learners reached by high-quality education[4] curricula that is evidence-based & age appropriate	935,371 (25.8%)
#6	Percentage of schools with teachers who have received training and taught lessons in life skills-based HIV and sexuality education in the previous academic year	61.2%
#7	Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders[5]	1.9%
#9	Number of young people[6] referred to SRH services from schools	152,371
#10	Number of cases of gender-based violence and harassment cases responded to and addressed according to guidelines[7]	19,347
#11	Number of learners trained in children rights, sexuality, gender and HIV[8]	2,233,708 (61.7%)
#12	Number of teachers trained on gender-based violence against children and young people[9]	25,858

[1] Indicator refers to the percent of students who left school because of becoming pregnant or impregnating a girl as reported by schools. This indicator was computed based on the school self-report. It is not known how accurate this statistic is. Schools may not be informed about the reasons behind student drop out. The indicator is a measure of the number of students who left school because of becoming pregnant or impregnating a girl divided by the total number of students. Indicator results do not include responses from TTIs.

[2] Indicator 2: Desired level of knowledge = scoring 95% on HIV Knowledge Test, per UNESCO methodology.

[3] This indicator was computed by calculating the frequency of non-TTI school learners age 15 to 24 who said they had first sexual intercourse before age 15.

[4] Since curricular materials were not available for the study, the percentage of schools that provide life skills-based HIV & sexuality education (indicator 4) was used to estimate the number of learners. The percentage (indicator 4) of primary, community and secondary schools that provide life skills-based HIV and sexuality education was applied to the entire Zambian student population. Data does not include TTI enrollees.

[5] This number only reflects schools that fit the following criteria: (I) have guidelines for (a) physical safety in school, (b) sexual harassment and abuse, (c) stigma/discrimination toward staff/students living with HIV, (d) stigma/discrimination on basis of sex, race, or ethnicity, religion, and (e) grievance/disciplinary procedures AND (II) communicated guidelines to all 6 stakeholders. For schools that just have rules and guidelines for all categories, regardless of whether they are communicated, the value is 63.5%.

[6] The study collected data on the number of referrals, not individual young people. To estimate number of referrals, the average number of referrals by province was calculated and then was multiplied by the number of schools in each province.

[7] Indicator 10 is an estimate and is calculated by finding the average number of cases by province and school type and multiplying this average by the total number of schools for each school type in each province. Finally, they are summed to estimate the total number of cases of GBV and harassment responded to and addressed according to guidelines. Qualitative data suggest that many GBV cases remain unreported.

[8] The total number of young people that have received training in all 4 subjects (children's rights, gender, sexuality and HIV). Does not include TTI students. Data from learner questionnaire was used.

[9] Calculated by taking the weighted percent of teachers in the sample who have received training and multiplied it by the total number of teachers in Zambia (from the sample frame). Does not include teachers from TTCs.

#13	Percentage of educational institutions that have delivered life skills sessions addressing GBV[10]	40.0%
#15	Percentage of schools that provided an orientation for parents /guardians of students regarding life skills-based HIV and sexuality education programs in schools in the previous academic year	33.7 %

[10] Schools self-reported whether they conducted skill sessions on how to deal with gender-based violence. Does not include results from TTCs.

INTRODUCTION

In early 2014, UNESCO launched a national project, "Strengthening CSE Programmes for Young People in School Settings in Zambia," funded by the Swedish International Development Cooperation Agency (SIDA). The project aims to strengthen the delivery of comprehensive sexuality education (CSE) targeting young people (including young people living with HIV (YPLHIV) and young people with disabilities) age 10 to 24 in Zambia through increasing access to high quality and age appropriate sexuality education and services. Ultimately, the project aims to contribute to better sexual and reproductive health outcomes for Zambian adolescents and young people.

In late 2013, UNESCO commissioned Education Development Center (EDC) to develop and implement a national survey of upper primary education, secondary education, and teacher training institutions (TTIs) to collect baseline data on key indicators relating to the provision of CSE for young people between ages 10 and 24. The baseline survey was designed to establish a clear starting point for the project by generating data as benchmarks for the project's monitoring and evaluation and to provide an understanding of the current provision of CSE and facilitation of access to sexual and reproductive health (SRH) services for adolescents and young people by the education sector. Additionally, data will serve as a comparison basis for the end-of-project assessment of changes in the provision and quality of CSE in Zambian upper primary and secondary schools.

For this baseline study, cross-sectional data was collected on a nationally representative sample of young people between 10 and 24 years of age who are enrolled and attending school or a teacher training institution. Learners from primary government schools, secondary government schools, and community schools in ten provinces of Zambia were included in the study.

The baseline study collected data on the current situation of HIV, sexual and reproductive health education in school settings in order to 1) provide an accurate and evidence- based understanding of the present provision of CSE and facilitation of access to sexual SRH services for adolescents and young people by the education sector, and 2) to determine baseline values for key process and outcome indicators of school-based CSE programs in Zambia.

To gain an accurate and evidence-based understanding of the state of CSE in Zambia, in July 2014, EDC collected data at the school, teacher and student level. This baseline report presents findings from data collected from principal surveys, school observation, document review, teacher focus groups, and a student questionnaire.

LITERATURE REVIEW

This section provides a desk review of relevant research findings on the indicators that were used to inform the baseline survey methodology and analysis (see Appendix A for the complete literature review). The objective of the desk review was to inform the planning and design of the baseline survey, ensuring that the survey builds on current literature, while also focusing on areas not sufficiently covered by the annual school census.

DESK REVIEW FINDINGS

Relevant policy documents, reports, studies and surveys on CSE in Zambia were examined. Selected reports and studies on sexual and reproductive health were also examined because of the Education sector's commitment to promoting health-seeking behaviour among students and staff. Research reports were particularly sought to ascertain what information is available, relevant and up-to-date.

The information reviewed covered census and demographic data, population-based survey reports; policy and strategy documents related to HIV/AIDS, SRH, and gender-based violence; education sector documents particularly related to life skills instruction in primary and secondary school; and project reports and specialized studies.

OVERVIEW OF DATA COLLECTION STRUCTURES FROM SCHOOL LEVEL TO NATIONAL LEVEL

- MESTVEE conducts an annual school census in which all schools complete a form consisting of over 50 indicators, ranging from programs offered (i.e. special education; care and support for learners and teacher; school health and nutrition, HIV/AIDS programs, Interactive Radio Instruction (IRI) methodology, and primary reading program) to staff information (i.e. number of teachers and non-teaching personnel in school, staff qualifications, and average number of contact hours by grade and province.
- The Zambia National Assessment Program, administered by the National Examination Council, monitors progress made in the provision of basic education. Surveys are conducted at grade 5 level (which is the beginning of middle basic education in Zambia) every two years to monitor learning progress. Life skills have been included in two national assessments, and provide a standardized way to measure educational outcomes in this area.
- Southern and Eastern African Consortium for Monitoring Educational Quality (SACMEQ) is a regional program that conducts surveys to measure the quality and standards of education in 15 countries in East and Southern Africa. Standardized tests are administered to grade 6 pupils and teachers to access their knowledge and

competency in literacy and mathematics. SACMEQ III contained questions on HIV/AIDS knowledge, based on topics specified in official school curriculum frameworks, textbooks, and teaching materials used in the SACMEQ countries. SACMEQ also accessed violence and gender discrimination within school settings. For HIV/AIDS, 5 areas of knowledge were accessed: definitions and terminology, transmission mechanisms, avoidance behavior, diagnosis and treatment; and myths and misconceptions.

- A process is underway to integrate HIV indicators in EMIS using the Guidelines for the Construction and Use of Core Indicators. All ten HIV indicators recommended in the Global Guidelines have been integrated into the Annual School Census or collected through EMIS. Collection of data on these core indicators will start in 2014. The first statistical bulletin which will capture the HIV sensitive indicators will be ready by November 2014.

DATA SOURCES AVAILABLE TO THE EDUCATION SECTOR FROM OTHER NATIONAL SOURCES

- National population-based studies such as the Demographic and Health Survey (DHS) and Sexual Behavioral Survey (SBS) are conducted in Zambia at regular intervals. There have been 5 DHS and 4 SBS surveys conducted since 1992.
- A global school health survey (GSHS) was held in 2004 to collect data on health behaviors and protective factors for school-going children in grades 7 to 10. Although the GSHS was a national survey conducted in 9 provinces, it differed from the DHS and SBS in that it focused only on in-school young people and addressed wider health concerns than HIV/AIDS.
- In addition to the DHS, SBS and GSHS, NAC has established an activity report system (NARS) which collects information from district and community levels on interventions to prevent HIV infection, provide treatment, care and support, and facilitate impact mitigation. At provincial and district levels information is collected on the teaching of life skills and sexuality education through the national activity reporting form (NARF). These forms are collected quarterly, collated and analyzed by NAC.
- The annual UNGASS Country Progress Report is based on analysis of data from specialized studies as well as DHS and SBS data. It contains a section on HIV prevention in young people and reports on 3 indicators related to sexual behaviour and comprehensive knowledge about HIV/AIDS.
- The Zambian Health Information System (HIS) comprises of routine and survey-based information systems, and includes routine information systems such as the Health Management Information System (HMIS) and Integrated Disease Surveillance and Response (IDSR). Some districts collect quarterly performance assessments on

youth-friendly corners (YFCs); however this information is not integrated into the national HMIS (ZISSP, 2009).

- The document review also included research and evaluation reports by civil society organizations (e.g. both secular and faith-based), that support adolescent reproductive health (ASRH) interventions and related broader human rights and good governance approaches. These studies provide useful information on the impact of life skills and sexuality education; and the link between young people's knowledge and attitudes on SRH and health seeking behavior.

QUALITATIVE AND QUANTITATIVE DATA AVAILABLE

Analysis was conducted on qualitative and quantitative data available for each indicator included in the Project Results Framework (complete results can be found in the Appendix). The quality of available data varies considerably. Generally, the reporting systems on adolescent health are weak. Although data might be collected at district level on ASRH (such as number of clients seeking services, actual services provided and trends in youth-friendly corners), it does not feature in the annual health reports (MOH, 2009).

Qualitative and/or quantitative data is available for the following indicators (the serial numbers of the indicators are based on the Project Results Framework):

- Indicator 1: Percentage of reduction in school dropouts due to pregnancy
- Indicator 2: Percentage of students, aged 10-24 years who demonstrate desired level of knowledge & reject major misconceptions about HIV & AIDS
- Indicator 3: Percentage of young people, aged 15-24 years who have had sexual intercourse before the age of 15
- Indicator 4: Percentage of schools that provided life skills-based HIV & sexuality education in the previous academic year
- Indicator 5: Number and percentage of learners reached by high-quality education curricula that is evidenced-based & age appropriate
- Indicator 6: Percentage of schools with teachers who have received training and taught lessons in life skills-based HIV and sexuality education in the previous academic year
- Indicator 13: Percentage of educational institutions that have delivered life skills sessions addressing GBV

Analysis found that data was unavailable for the following indicators:

- Indicator 7: Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders

- Indicator 8: Percentage of increase in the number of young people, YPLHIV, disabled children accessing SRH service in project sites
- Indicator 9: Number of young people referred to SRH services from schools
- Indicator 10: Number of cases of gender-based violence and harassment cases responded to and addressed according to guidelines
- Indicator 11: Number of learners trained in children rights, sexuality, gender and HIV
- Indicator 12: Number of teachers and support and no-teaching staff trained on gender-based violence against children and young people
- Indicator 14: Number of GBV cases recorded in Education Management Information System
- Indicator 15: Percentage of schools that provided an orientation process for parents or guardians of students regarding life skills-based HIV and sexuality education programmes in schools in the previous academic year

RECOMMENDATIONS

Of the fifteen indicators identified in the project results framework, fourteen were selected to be included in the baseline survey based on collaborative process with the Ministry of Education and UNESCO staff. The baseline survey will assist the Ministry to refine and articulate issues where gaps have been identified and require remedying, for example, the issue of gender-based violence. Inclusion of nearly all of the indicators will also allow cross-reference analysis, for example the relationship between sexual harassment and learner pregnancies and drop-outs. The sections below detail the indicators selected to be included in the survey and the reasons why each indicator was selected.

INDICATORS WITH UP-TO-DATE AND QUALITY DATA & DATA COLLECTION MECHANISMS

Indicator 3: Percentage of young people aged 15 – 24 years, who have had sexual intercourse before the age of 15 years. This data is regularly collected in the DHS and ZSBS to identify trends and behavior change but at 3 to 5 year intervals. Baseline data collected on this indicator will enable MESTVEE to design life skills-based HIV and sexuality education programs based on the most current evidence of knowledge and behavior.

Indicator 4: Percentage of schools that provided life skills-based HIV & sexuality education in the previous academic year. This indicator is included to establish a reliable baseline from which to build on and implement an evidence-based HIV and sexuality education program in all schools.

Indicator 6: Percentage of schools with teachers who have received training, and taught lessons in life-skills based HIV and sexuality education in the previous academic

year. This will enable MESTVEE to better monitor the quality of teaching and correlate it to learning outcomes.

Indicator 7: Percentage of educational institutions that have adopted and communicated a code of conduct for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse. This will assist MESTVEE in establishing a safe and enabling environment in schools and other institutions.

Indicator 5: Number and percentage of learners reached by high-quality sexuality education curricula that are evidenced-based and age appropriate. Presently, MESTVEE is in the process of developing and operationalizing materials that is associated with "high-quality" education. Data collection on this indicator will establish a baseline on the extent to which the recommended topics are integrated into curricula and if it is evidenced-based and age appropriate.

Indicator 8: Percentage of increase in the number of young people, YPHIV, disabled children accessing SRH services in project sites. MESTVEE presently does not have a formal mechanism in place to refer young people to facilities offering SRH services although some schools have partnerships with CAMFED, FAWEZA, PPAZ and Churches Health Association of Zambia (CHAZ) to promote good sexual reproductive health practices through peer education and youth-friendly corners.

Indicator 9: Number of young people referred to SRH services from school. Same as indicator 8.

Indicator 15: Percentage of schools that provided an orientation process for parents or guardians of students regarding life skills-based HIV and sexuality education programs in schools in the previous academic year. Although the data collection mechanism is up-to-date, data does not exist on this indicator, it has been integrated into the EMIS and data will be collected starting in 2014. The baseline survey data on this indicator will provide a benchmark to enable MESTVEE to monitor progress in establishing harmonious communication and interactions with parents/guardians that are supportive of the life skills-based HIV and sexuality education program.

INDICATORS WITHOUT UP-TO-DATE QUALITY DATA AND/OR DATA COLLECTION MECHANISMS

The following indicators were recommended for inclusion in the baseline survey given that they do not have up-to-date quality data and/or data collection mechanisms.

Indicator 1: Percentage of reduction in school dropouts due to pregnancy. There is a need to engender the measurement of student pregnancies and correlate it to learning outcomes based on life skills-based HIV and sexuality education.

Indicator 2: Percent of students aged 10-24 years who demonstrate desired level of knowledge & reject major misconceptions about HIV & AIDS. Data on this indicator will assess the current state of knowledge about HIV and AIDS and other reproductive health issues among this category of the population, and help MESTVEE to improve the knowledge base.

Indicator 10: Number of cases of gender-based violence and harassment cases responded to and addressed according to guidelines. Presently, the extent of GBV taking place in school environments is not known. Data collected on this indicator will assist MESTVEE to document the scope of the problem and set up mechanisms for establishing a safe and enabling environment in schools and other institutions.

Indicator 11: Number of learners trained in children's rights, sexuality, gender and HIV. As with indicators 2 and 4, there is a need to establish a baseline on current status of teaching these subjects. They are part of the essential topics to be covered in life skills-based HIV and sexuality education.

Indicator 12: Number of teachers and support and non-teaching staff trained in gender-based violence against children and young people. Data collected on this indicator can be used to gauge the safety of the learning environment by knowing the number of school personnel who are trained to interact with students in a positive and supportive manner.

Indicator 13: Percentage of educational institutions that have delivered life skills sessions addressing GBV. This indicator is to provide a baseline for tracking the impact of learning on subsequent behavior. In addition, as with indicators 10 and 12, available data will assist MESTVEE to develop effective systems for preventing GBV in schools.

STUDY PARTICIPANTS

The study sample was designed to provide an accurate estimate of characteristics of Zambian government and community with regard to comprehensive sexuality education and knowledge, attitudes and behaviors relating to sexuality among young people ages 10 to 24 attending schools and teacher training institutes. The detailed sampling parameters can be found in the Methodology section in Appendix B. This section presents a description of demographic characteristics of the population selected to participate in the baseline study, which includes data for surveyed young people, primary and secondary schools (government and community) and teachers delivering CSE curriculum in schools. This section presents a summary of the demographic data of the study participants.

STUDY SCHOOLS

The study included government schools and community schools that educate children in grades 4 through 12, and teacher training institutes, in all ten provinces in Zambia. The sample was designed to collect data from a sufficient number of schools within each study category to allow for statistical estimates of the entire school population in this category. While the original sampling calculations are found in the Methodology section, the table below provides a summary of the actual sample of the schools included in the baseline study. In most categories data collectors collected data from a higher number of schools than sampled, thus increasing the power of statistical estimates. In a few categories, however, the final number of visited schools was smaller than intended. Statistical weights were applied to compensate for the missing schools.

Secondary school in Muchinga province

All schools in a sample were randomly selected using the complex sampling module of SPSS software from a list of all government and community schools in Zambia. The sample was stratified by province and school type, including government primary, community primary and government secondary. Teacher training Institutions (TTIs) were also included in the baseline sample. In total, 1,815 learners from 115 schools and 9 teacher training institutions, and 390 teachers took part in the baseline assessment.

Table 1. Baseline school and learner sample

Province	Government Schools				Community Schools		TTIs	
	Primary		Secondary					
	# of schools	# of learners	# of schools	# of learners	# of schools	# of learners	# of schools	# of learners
Central	3	40	4	56	5	61	1	39
Copperbelt	4	43	4	48	3	29	1	18
Eastern	5	65	5	54	3	41	1	41
Luapula	4	55	4	55	4	56	1	42
Lusaka	4	52	3	31	3	40	1	6
Muchinga	4	56	4	48	3	41	n/a*	n/a
Northern	4	54	4	56	4	55	1	45
North-Western	4	53	4	56	4	56	1	39
Southern	4	55	4	57	4	57	1	42
Western	4	49	4	56	2	29	1	39
TOTAL	**40**	**522**	**40**	**517**	**35**	**465**	**9**	**311**

**There is no TTI in Muchinga*

In each visited school, the Head Master or Mistress (or Head Teacher, if the Principal was not available) was asked to complete the School Survey Form in order to assess the school's delivery of CSE. Not all Head Masters/Mistresses completed the survey. The table below shows the number of schools in each category in each province that provided data about characteristics of their learner population and about CSE delivery.

Table 2. Study schools, by province and type

Province	Government		Community	TTIs
	Primary	Secondary		
	# of schools	# of schools	# of schools	# of schools
Central	3	4	6	1
Copperbelt	4	4	4	no data
Eastern	5	4	2	no data
Luapula	4	3	5	1
Lusaka	3	3	3	no data
Muchinga	4	4	2	no TTI
Northern	5	4	6	1
North-Western	4	4	4	no data
Southern	4	4	4	1
Western	4	4	3	1
TOTAL	**40**	**38**	**39**	**5**

Since the proportion of schools in the sample from each province was not equivalent to the proportion of schools from this province in the entire population of Zambian schools, design weights were applied to all analyses of school and learner-level data. This strategy ensures that the school sample represented the entire population of Zambian schools. Consequently, the sample number is only reported in the section describing study participants; the Findings section only shows the weighted results.

Community school learners in Luapula province

LEARNER DEMOGRAPHICS

The final sample was 1,815 of learners sampled from government primary, government secondary, community schools and teacher training institutions. The final number of study participants by province and grade is show in Table 3.

Table 3. Number of learners, by grade level

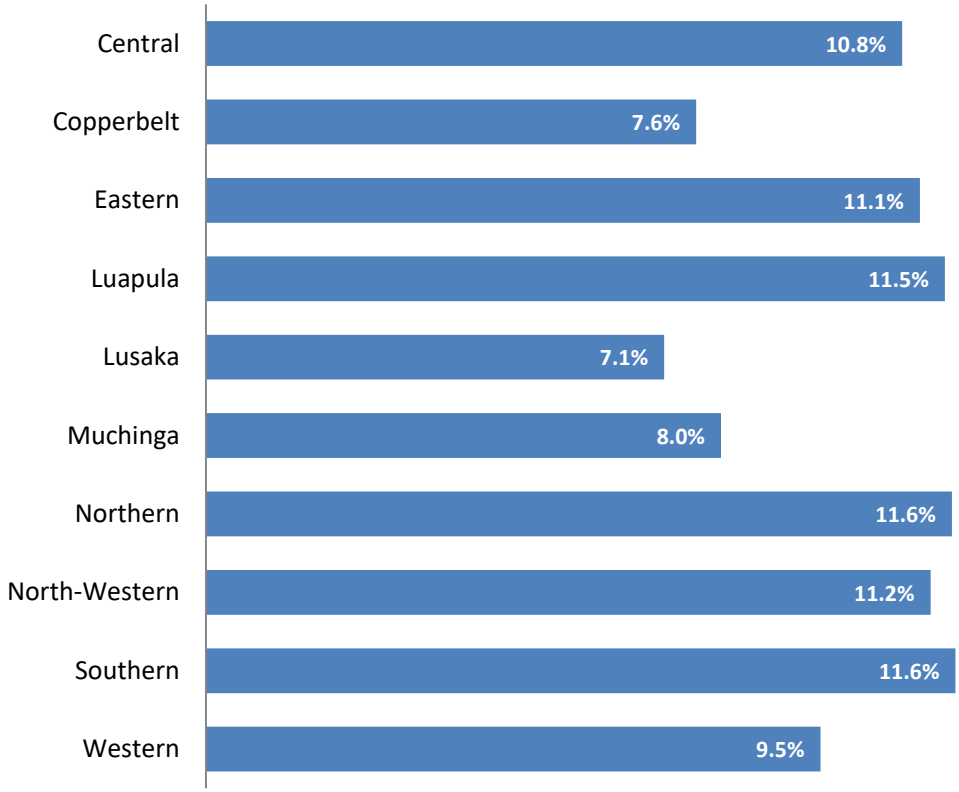
PROVINCE	4th	5th	6th	7th	8th	9th	10th	11th	12th	TTI	TOTAL
Central	21	32	11	21	11	22	14	13	12	39	**196**
Copperbelt	12	12	21	20	8	10	4	8	25	18	**138**
Eastern	14	16	17	31	20	27	11	14	10	41	**201**
Luapula	32	28	24	27	8	9	13	14	11	42	**208**
Lusaka	17	15	19	32	12	9	7	5	7	6	**129**
Muchinga	15	19	24	20	20	14	12	9	12	0	**145**
Northern	20	22	26	25	11	20	16	12	13	45	**210**
North-Western	22	24	24	27	16	16	10	10	16	39	**204**
Southern	22	24	29	18	17	15	14	14	16	42	**211**
Western	24	16	12	10	21	14	11	13	13	39	**173**
TOTAL	**199**	**208**	**207**	**231**	**144**	**156**	**112**	**112**	**135**	**311**	**1815**

Due to oversampling of some grades, post-stratification weights were computed to ensure that each grade had an identical representation in the analysis. The post-stratification weights were applied to all analyses of learner-level data except ones disaggregated by grade.

Provincial Representation. The baseline survey was conducted in all 10 provinces of Zambia. The final number of learner participants were relatively even in seven out of ten provinces. The number of sampled learners from Copperbelt, Lusaka, Muchinga and Western was a little lower than in the other provinces. Design weights were applied to compensate for this difference and ensure an appropriate representation of all provinces in the sample.

Secondary school students in North-Western province

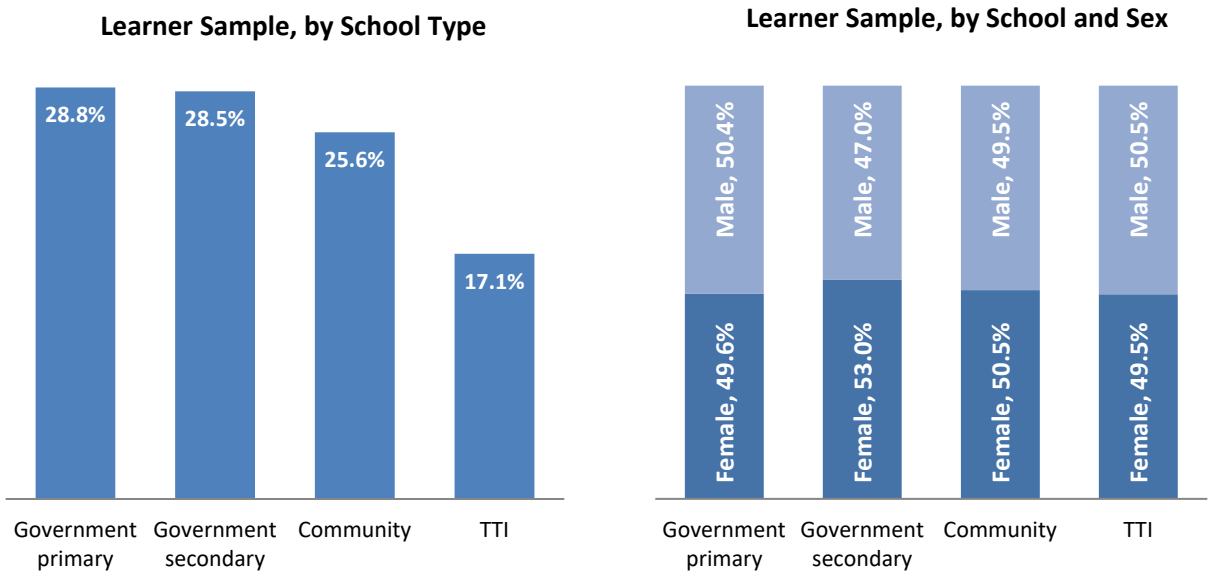
Figure 1. Learner sample, by province (n = 1,815)



The study achieved a good balance of representation of learner participants from different types of schools. As Figure 2 demonstrates, the proportion of learners from government primary, government secondary, and community schools was almost the same.

The sampling plan was designed to select an identical number of boys and girls in each school. Of the total respondents, males and females were nearly equal, with 50.8% girls and young women and 49.5% boys and young men. The gender balance was preserved in all school categories covered by the study.

Figure 2. Learner sample, by school type and sex (n = 1,815)

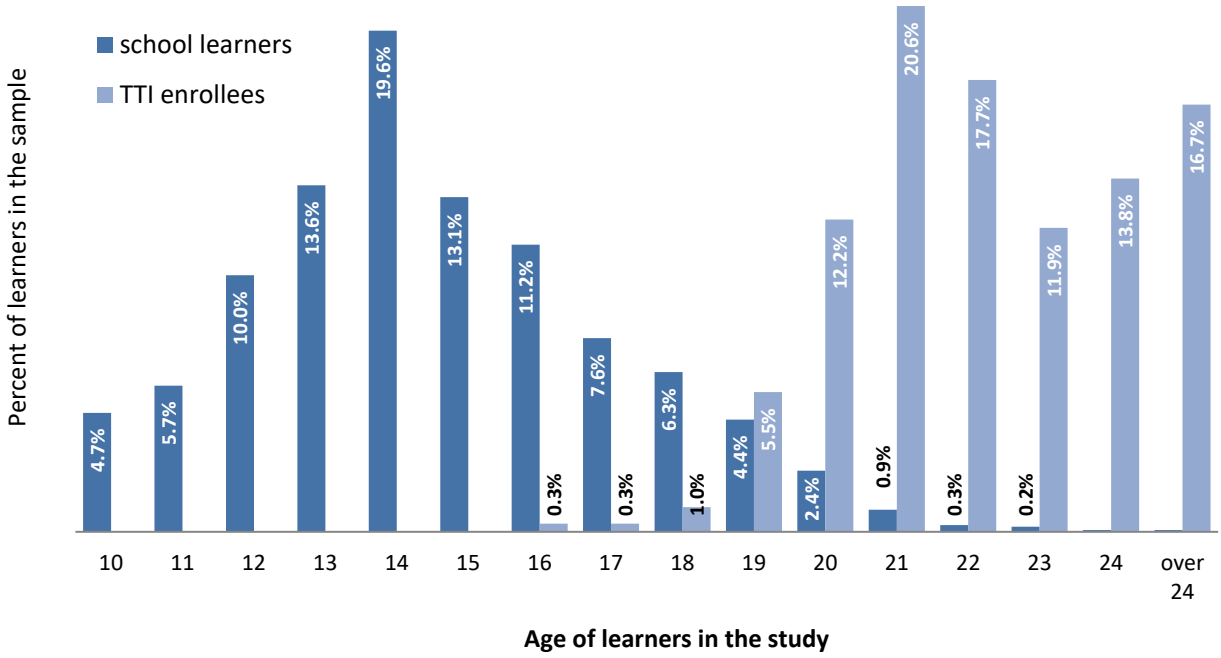


Age of Sampled Learners. Sampled learners were supposed to be between 10 (4th grade) and 24 (TTI) years old, but the actual age of learners in the sample ranged from 8 to 36 years old. Since the study's objective was to assess learners between 10 and 24 years old, learners below and above this age range were not included in the analysis. In primary schools, learners in the final sample ranged in age from 10 to 22, with a median age of 14 years old. In secondary schools, learners ranged in age from 12 to 25, with a median age of 17 years old. In community schools, sampled learners ranged in age from 10 to 19, with the median age of 13 years old. Finally, sampled teacher trainees in TTI ranged from age 16 to age 24, with a median age of 22. Age distributions were similar between females and males, and across provinces.

Secondary school students in North-western province

Since TTI learners are different from regular school learners in many ways and many of the TTI questionnaire items were tailored to glean information about the teaching of future teachers rather than the content to which current learners are exposed to, much of the TTI questionnaire analysis was done separately from the rest of the learners. Hence, the decision was made to maintain older TTI learners in the sample in order to increase its explanatory power, except those analyses that indicate the ages between 10 and 24. Figure 3 shows the distribution of all sampled learners by age for both school and TTI subsamples.

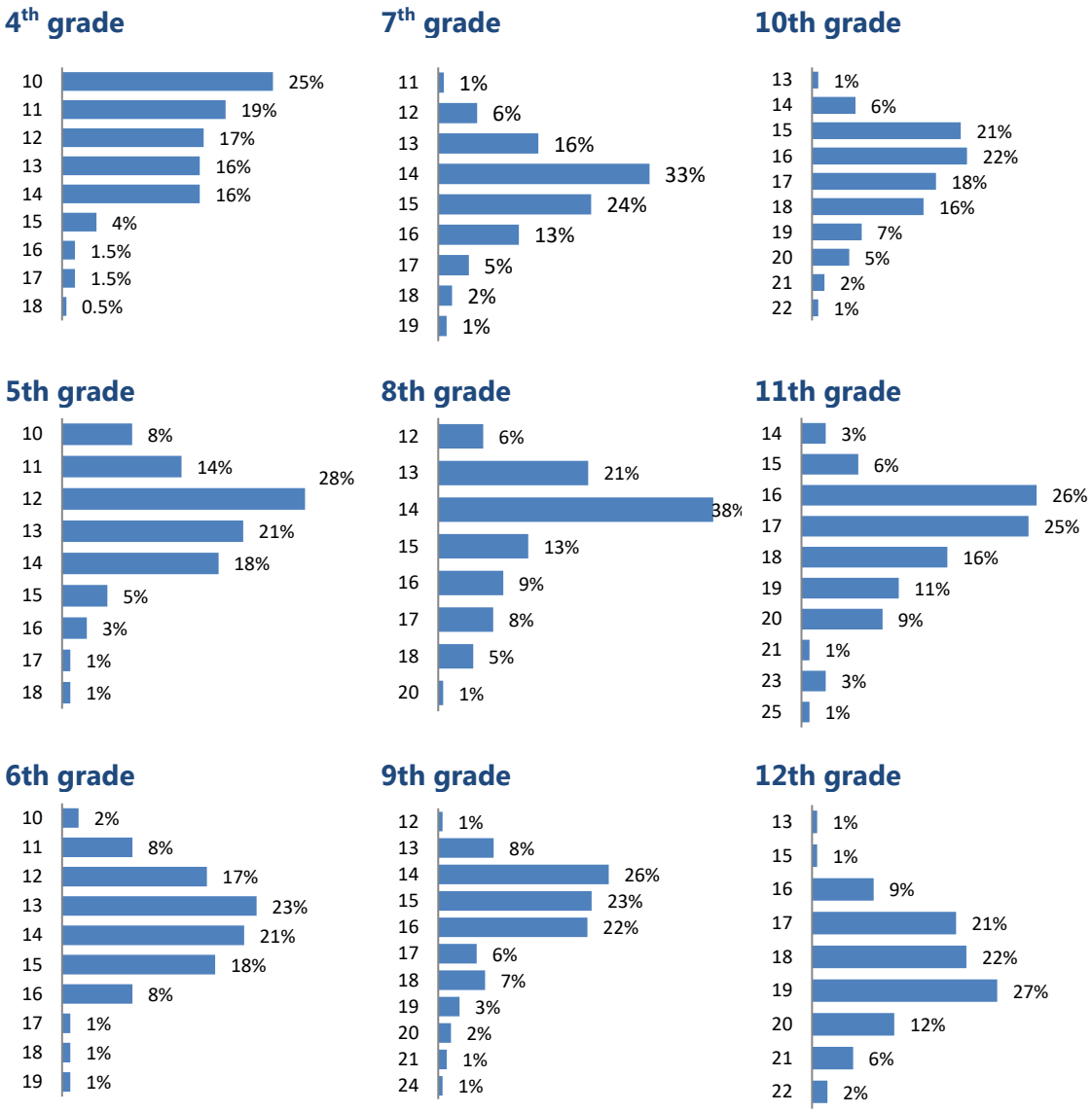
Figure 3. Age of learners in the sample (n = 1,815)



The objective of the study was to provide accurate national estimates for all ages between 10 and 24. However, an analysis of learner data by age and grade revealed a great variation in ages in Zambian classrooms. All schools in the study had multiple ages represented in the grades included in the study (4th through 12th). Particularly of notice, most grades did not have a single dominant age group. For example, in grade 4 the study found a similar proportion of 11, 12, 13 and 14 year old represented. In the sixth grade, 12, 13, 14 and 15 year olds were frequently found. In the ninth grade, the proportion of 14 year olds, 15 year olds, and 16 year olds was nearly identical. Overall, ages ranged from 10 to 19 in grades 4 through 6, from 11 to 24 in grades 7 through 9, and from 13 to 25 in grades 10 through 12.

TTIs also had different ages represented. The following figure shows a range of ages in study grades.

Figure 4. Distribution of ages within study grades (n = 1,815)



Based on the age distribution within grades, the study research team developed grade-level post-stratification weights to be applied to all analyses of learner data, in addition to design weights. Post-stratification weights balance out the sample to avoid a bias that results from an uneven representation of different grades in the sample. Post-stratification weights are not applied in the analysis by grade, and post-design weights were not appliced in the analysis by province.

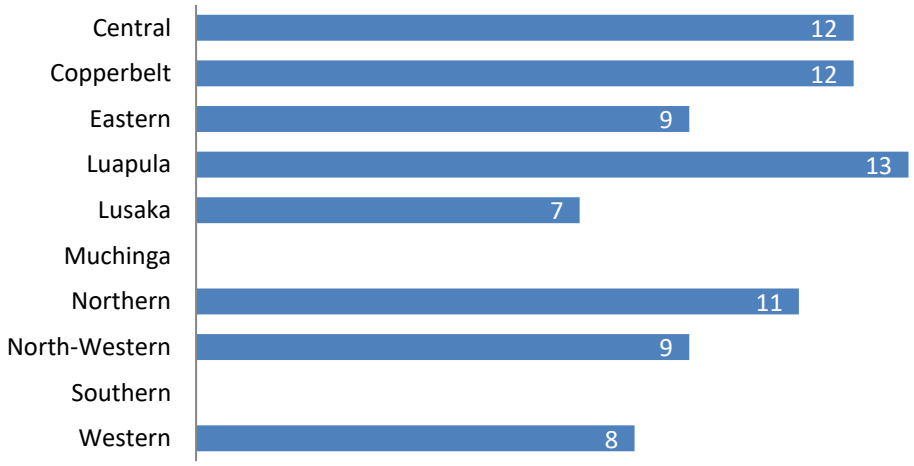
Family Characteristics of Sampled Learners. Given that marital status is an important factor in the sexual and reproductive health of young people, sampled learners were asked their marital status: single, married/in-union, divorced/separated, or widowed. Nearly all sampled learners classified themselves as single, while only 2.4% classified themselves as married and living with a spouse, and all but two of them were learners in TTIs and ranged in age from 15 to 33. Only two learners classified themselves as divorced/separated.

Community school learners in Luapula province

TEACHER DEMOGRAPHICS

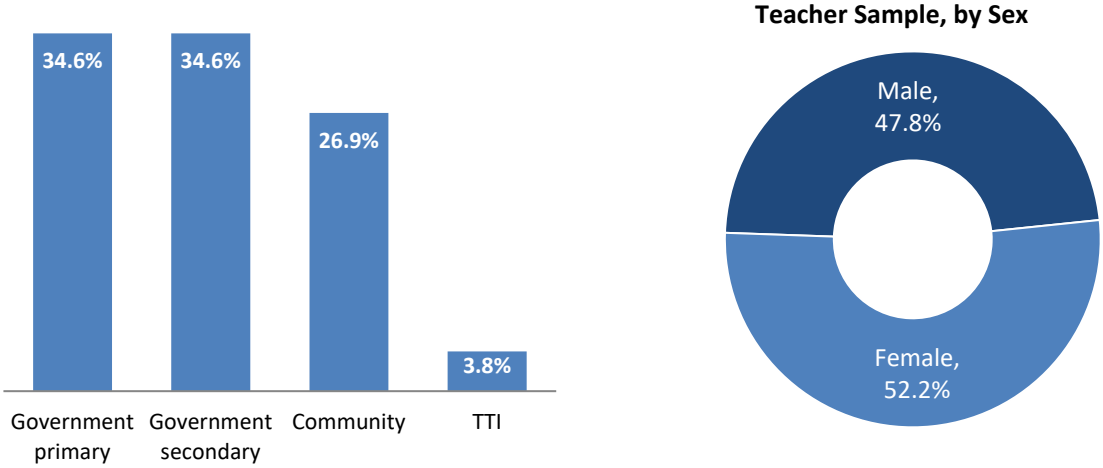
Teacher focus group discussions (FGDs) were held at 81 sampled schools in 8 of the 10 provinces (focus group data was not collected in Muchinga or Southern provinces). The number of FGDs was largely consistent across provinces; ranging from 7 to 13 FGDs at sampled schools in each province. FGDs were held in order to assess the capacity of teachers in teaching CSE, as well as to obtain their opinions on CSE instruction and its availability and quality in schools. Overall, more than 390 teachers were included in the FGDs.

Figure 5. Number of teacher FGDs held, by province



A good balance of teachers from different types of schools – primary government, primary secondary, community primary and TTI – was achieved in the baseline study as seen in Figure 6. Additionally, the sample was fairly equally comprised of male and female teachers, in that 48% of teachers who participated in focus group discussions (FGDs) were male, while 52% were female.

Figure 6. Teacher Focus Group Sample, by school type and sex



FINDINGS

To obtain an accurate picture of the current situation of HIV education and SRH education in school settings, the baseline study collected data on the knowledge, behavior and attitudes of young people in regard to sexual and reproductive health; the availability and quality of CSE in school settings; and safety, discrimination and harassment both in and out of school settings. The report presents findings for each of these focal areas in separate chapters. Findings from the learner survey are supplemented with the aggregated information from the school form.

All study findings are reported using weighted data. As discussed in the Methodology section (*Appendix B*), the weighting strategy includes two weights: design weights and post-stratification weights. Design weights are applied to compensate for over-and under-sampling of schools in provinces. Post stratification weights are used to ensure even representation of girls and boys of different grades in the data analysis. Both weights have been applied to overall findings, however, design weights were not used in the analyses by province. Post-stratification weights were used for all analyses except those by grade. Consequently, the sample size (*n*) is only reported in the section describing study participants, but the Findings section shows the weighted results.

HIV/AIDS ESSENTIAL KNOWLEDGE AND ATTITUDES OF YOUNG PEOPLE

As part of the baseline study, a learner questionnaire was administered to all participating learners to measure their knowledge and attitudes relating to HIV/AIDS. The study interview protocol included a series of questions on the following topics:

- Knowledge of essential HIV/AIDS facts (20 questions)
- Attitudes to persons living with HIV/AIDS (7 questions)

The survey was administered orally to maximize the response rate.

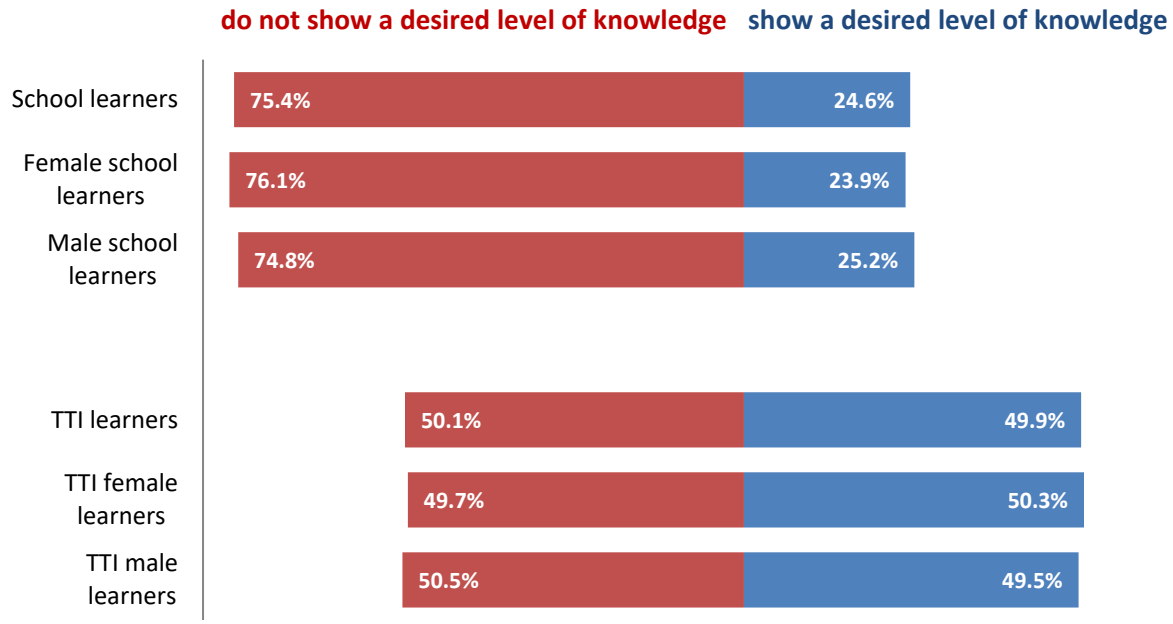
KNOWLEDGE OF ESSENTIAL HIV/AIDS FACTS

Summary of HIV/AIDS Knowledge Test Results. Young people in Zambia between the ages of 10-24 years are highly vulnerable to risks associated with early sexual debut, such as, sexually transmitted infections (STIs), including HIV. Given that young people are strikingly vulnerable to HIV, primarily through sexual transmission, it important that young people have accurate knowledge of how HIV is transmitted and how it can be prevented. Learners were asked a series of 20 questions to assess their knowledge of situations leading to risk and vulnerability to HIV/AIDS, modes of transmission, knowledge of how to avoid infection,

and knowledge of HIV management. The UN Guidelines for the construction and use of core indicators[11] define knowledge about HIV and AIDS among young people as "to demonstrate a desirable level of knowledge and to reject major misconceptions about HIV and AIDS" if they answer at least 19 out of 20 questions correctly. Nearly a quarter (24.6%) of Zambian school learners in grades 4 through 12, and about half (49.9%) of TTI enrollees are estimated to have a desirable level of knowledge and to reject major misconceptions about HIV and AIDS, following this definition.

There was no statistically significant difference in the proportion of males and females who demonstrated a desired level of knowledge of HIV facts, both in schools and in TTIs (Figure 7).

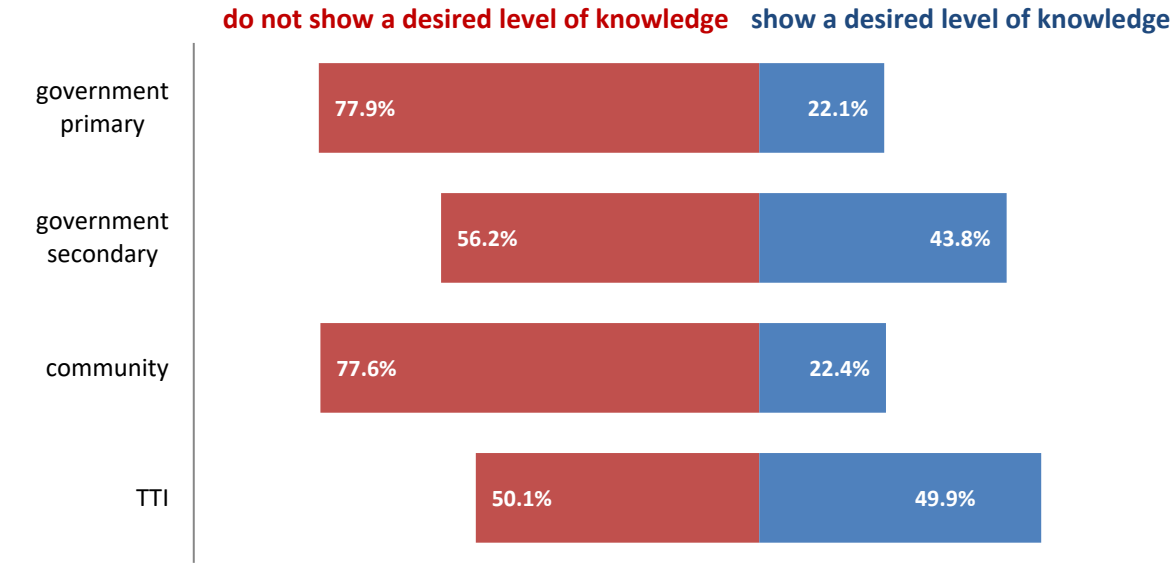
Figure 7. Level of required knowledge of HIV facts, by among all learners and by sex



Comparisons across different school types showed that learners in government secondary schools and in TTIs have higher knowledge of essential HIV/AIDS facts compared to their peers in government primary and in community schools, which is likely due to the fact that the life-skills framework does not introduce information sexuality, relationships and the consequences of early sexual behavior until secondary school.

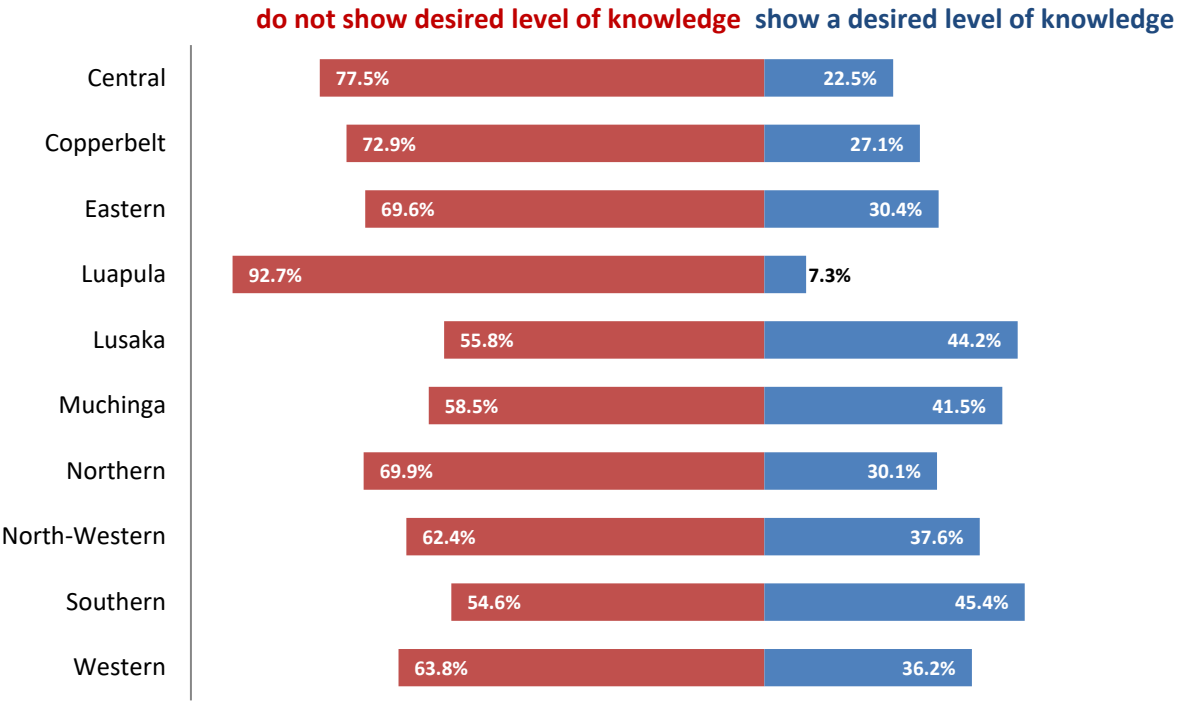
[11] *Measuring the education sector response to HIV and AIDS. Guidelines for the construction and use of core indicators*. United Nations Educational, Scientific and Cultural Organization, 2013.

Figure 8. Level of required knowledge of HIV facts, by school type



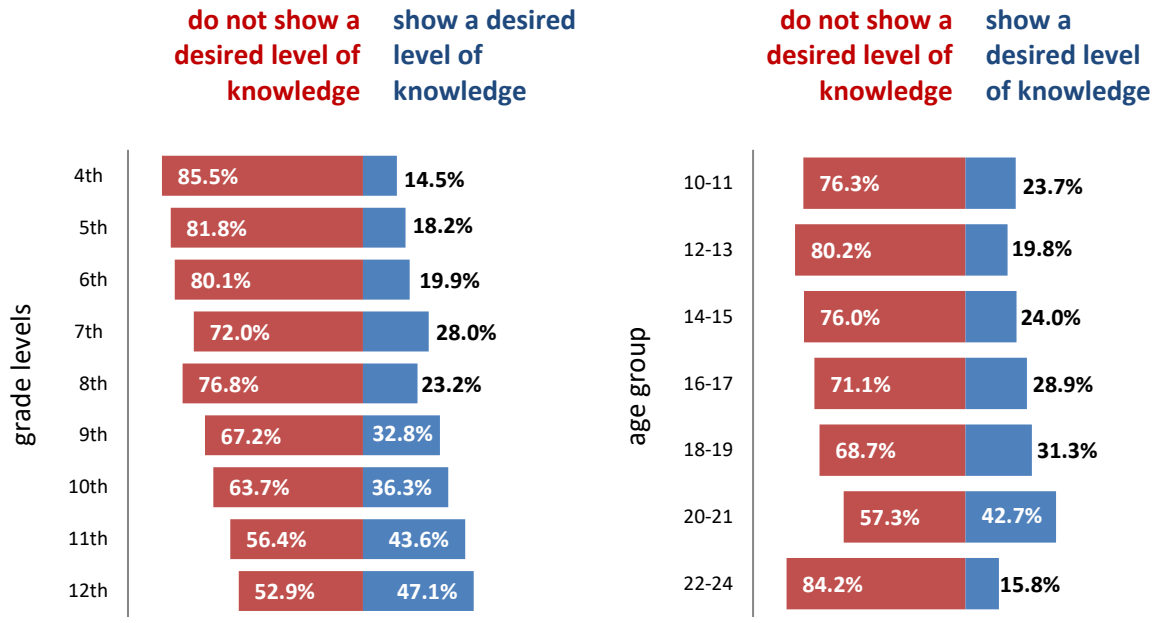
Study estimates suggest that the proportion of school learners demonstrating the required knowledge of HIV/AIDS facts varies from province to province, with the lowest proportion of learners reaching the desirable level of knowledge of HIV facts found in Luapula.

Figure 9. Level of required knowledge of HIV facts, by province



Comparisons by grade show that school learners in higher grades score higher on the HIV/AIDS knowledge test than learners in lower grades. The correlation between the percent of correct answers and the grade level of the school learner is moderately high, with Pearson's r=.330. Age was also found to be correlated with the HIV test results: Pearson's r=.215. Both correlations were found to be statistically significant at p<.001. Figure 10 shows the average percent of correct answers, by grade and age.

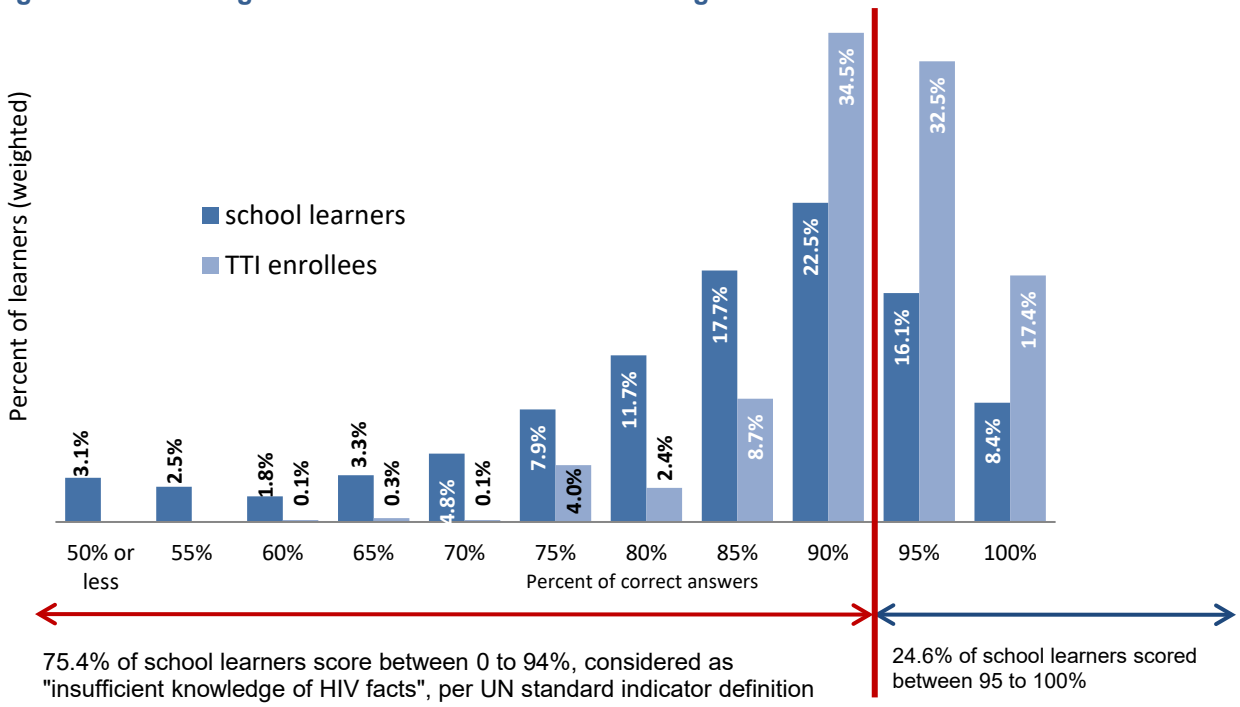
Figure 10. Level of required knowledge of HIV facts, by grade and age



To better understand where the learners are in their knowledge of HIV facts, the learner responses were grouped by percentage of correct answers, in increments of 10%. The results of this analysis show that a large proportion of learners (22.5% of school learners and 34.5% of TTI learners) missed the "desired level of knowledge" by just one question.

Figure 11 shows the weighted distribution of the percent of correct answers among school learners and TTI enrollees.

Figure 11. Knowledge of essential HIV/AIDS facts among learners



The average percent of correct answers on the HIV knowledge test was 83.8% among school learners, and 92% among TTI enrollees. Female school learners show a slightly higher average percent of correct answers (84.3%), compared to male learners (83.3%), but the difference is not statistically significant. However, the percent of female school learners who show "a desirable level of knowledge of HIV/AIDS" per UN indicator definition is slightly lower than the percent of male school learners. Figure 12 shows the distribution of the percent of correct answers by sex.

Figure 12. Knowledge of essential HIV/AIDS facts among school learners, by sex

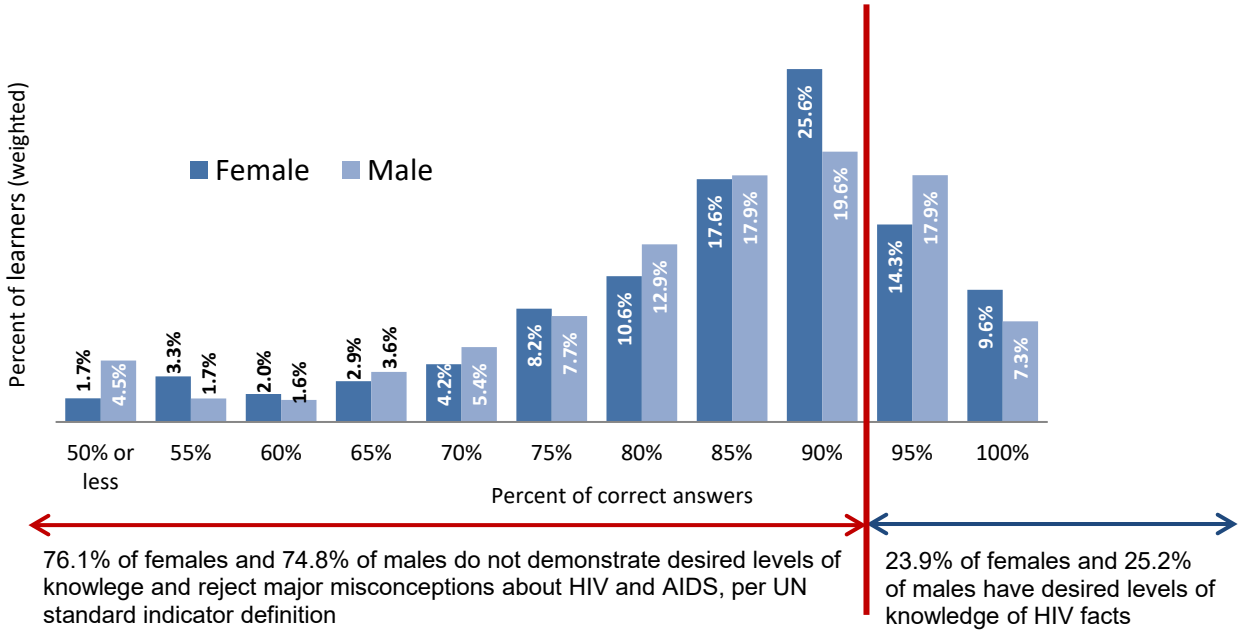
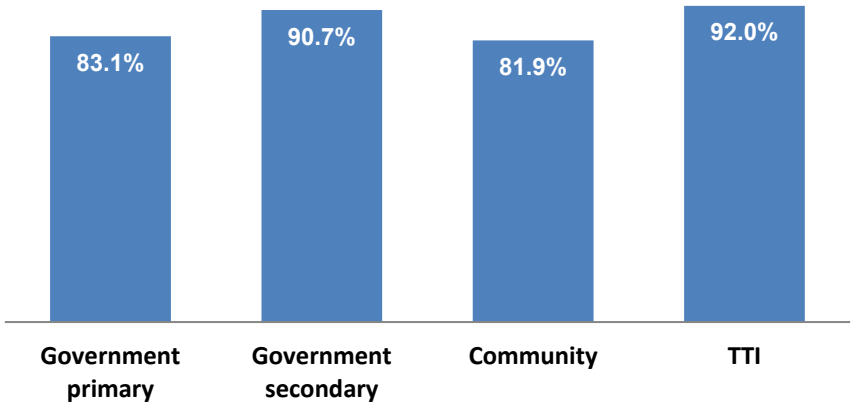


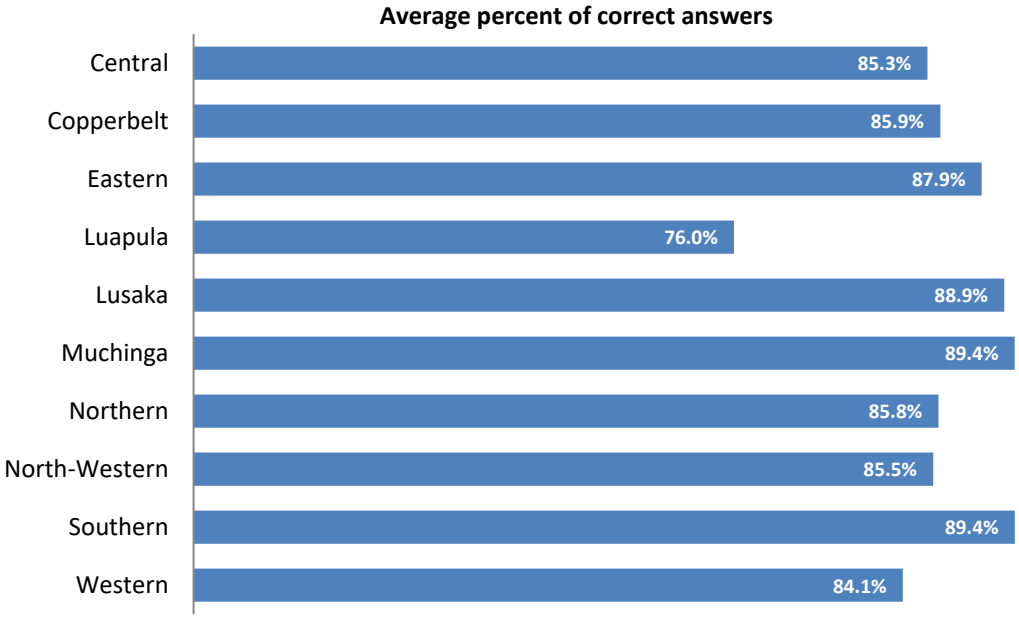
Figure 14 shows the average percent of correct answers among learners in different types of schools.

Figure 13. Knowledge of essential HIV/AIDS facts among learners, by school type



Descriptive statistical analysis showed that on average, learners in all provinces except Luapula scored higher than 80% correct on the test. Figure 13 shows the average percent of correct answers by province.

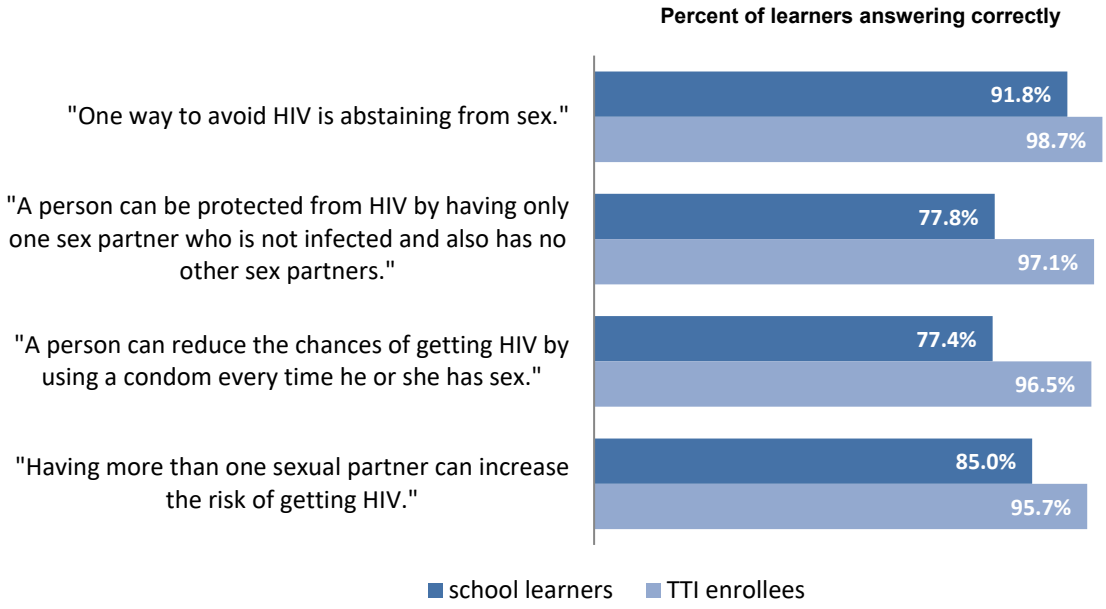
Figure 14. Knowledge of essential HIV/AIDS facts among school learners, by province



Prevention of HIV/AIDS Knowledge Test Results. A key component of HIV/AIDS knowledge is about how HIV can be prevented and avoided. Learners were asked to identify if statements about abstinence, being faithful and using condoms were methods of HIV prevention. Over 90% of the school learners and TTI enrollees knew that abstinence protects

against HIV/AIDS. About 77% of school learners and over 95% of TTI enrollees identified the other two statements as correct, as well; 85% of school learners and over 95% of TTI enrollees knew that having multiple sexual partners increases the risk getting HIV.

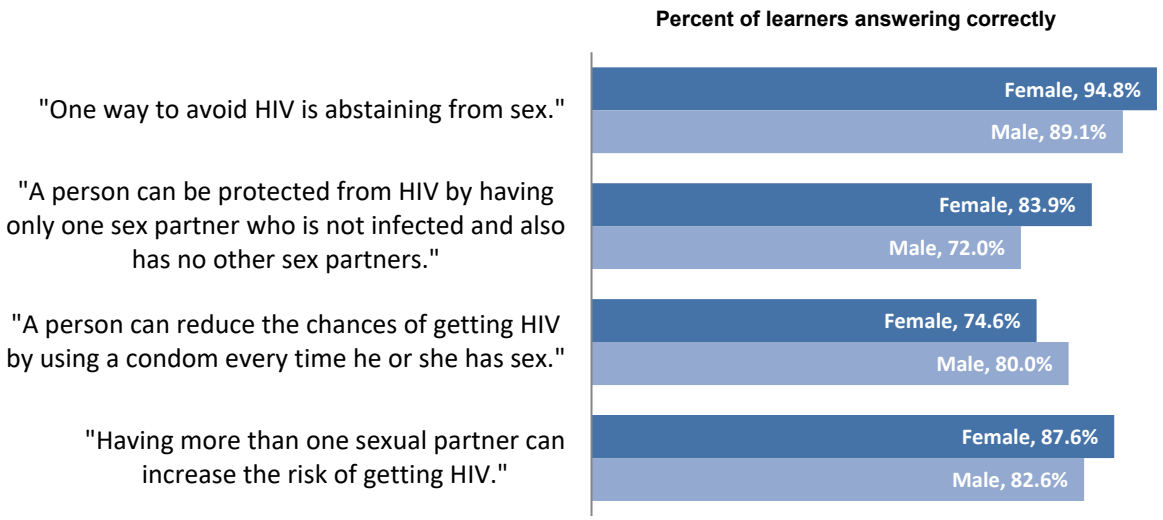
Figure 15. Knowledge of HIV prevention



Disaggregated by school type, the data showed that over 90% of surveyed secondary school learners and respondents from TTIs identified these three statements as correct.

Comparisons by sex showed that female learners more frequently identified statements correctly, on average. The one statement that was identified as correct by male learners more frequently was about the use of condoms to protect against HIV. The difference between males and females was statistically significant for all questions.

Figure 16. Knowledge of HIV prevention among school learners, by sex

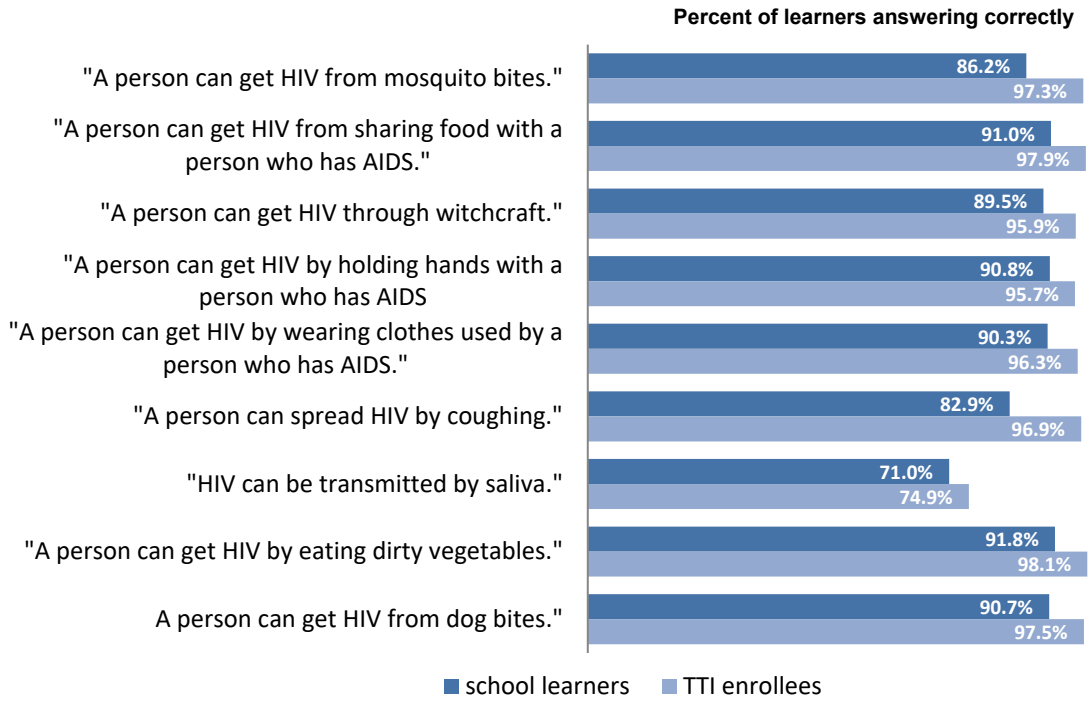


Transmission of HIV/AIDS Knowledge Test Results. There are many misconceptions about how HIV is transmitted. Previous studies found that a common belief is that HIV is transmitted by mosquito bites, sharing a meal with an HIV-infected person or by witchcraft.[12] To assess whether young people had these misconceptions about HIV transmission, learners were to identify whether nine statements about HIV transmission were correct. Correct knowledge of HIV transmission was measured by whether respondents answered "no" to common misconceptions.

Primary school in North-Western province

The study found that the majority of learners reject common HIV transmission misconceptions. Over 80% of learners said "No" to eight out of nine common misconceptions. Two statements with the lowest proportion of learners responding correctly were about bodily fluids (saliva, cough) as HIV carriers. Two-thirds of learners said correctly that HIV cannot be transmitted by saliva, and 80% correctly identified that HIV cannot be transmitted by cough.

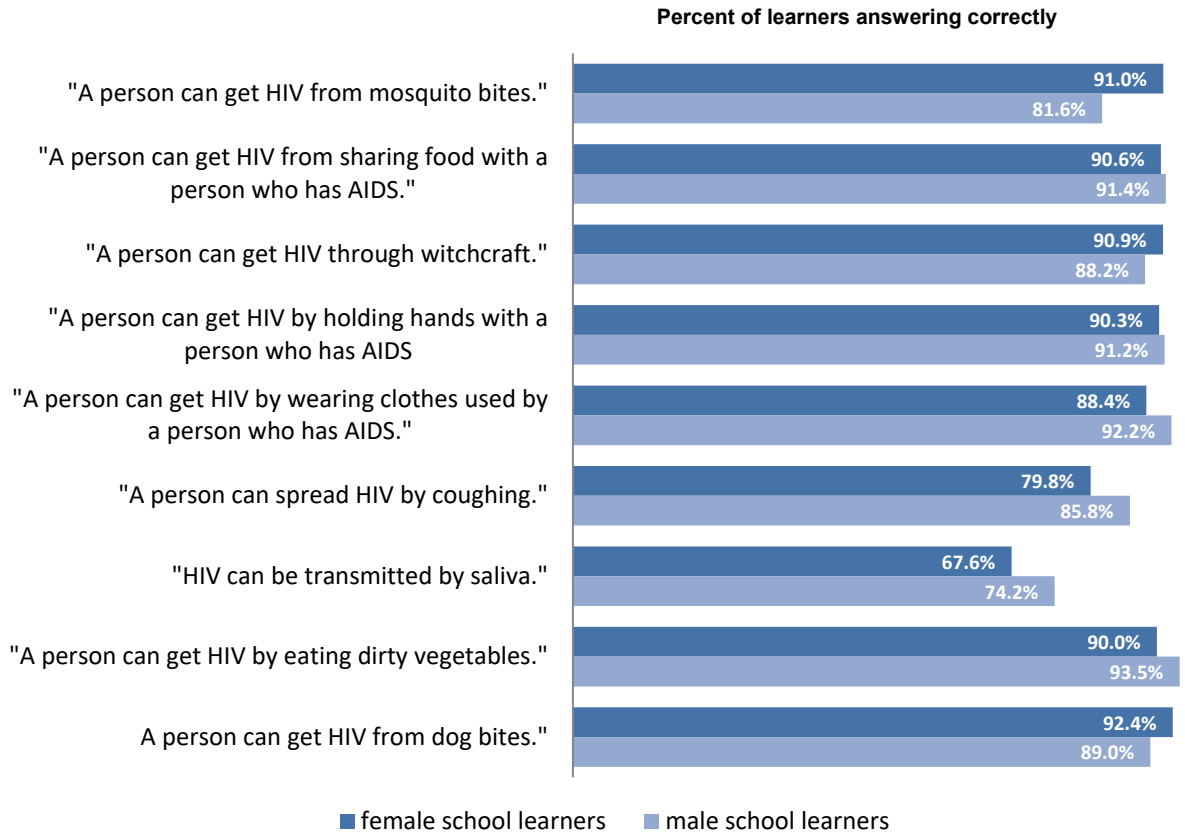
Figure 17. Knowledge of common HIV misconceptions



[12] Zambia Sexual Behaviour Survey 2009, pg 59.

Comparisons of school learner data by sex showed that more females than males know that a person cannot gat HIV from mosquito bites, but more males than females know that HIV does not spread by coughing or saliva.

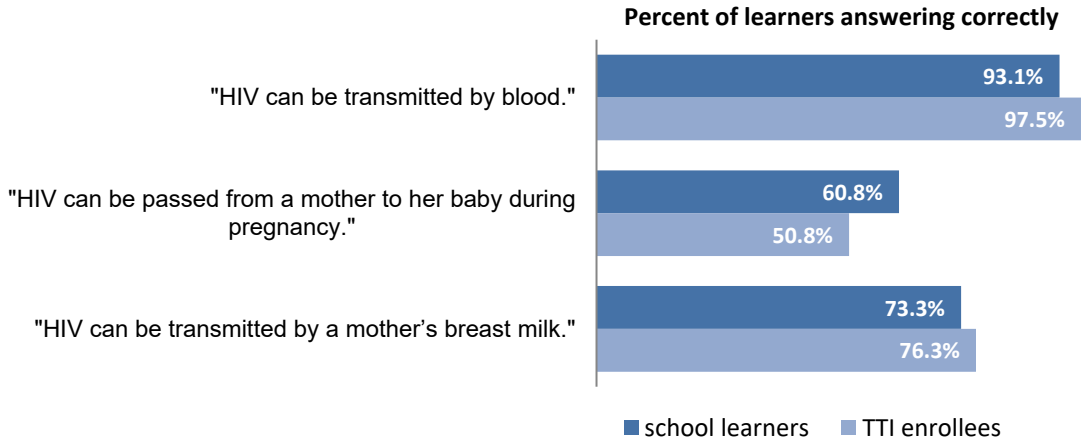
Figure 18. Knowledge of common HIV misconceptions among school learners, by sex



The study also measured if young people are aware of facts about HIV transmission. Learners in Zambian schools were found to be aware that HIV can be transmitted by blood: 93% of school learners and over 97% of TTI enrollees identified this statement as correct. However, their awareness of mother-to-child transmission of HIV was lower: only 61% of school learners and 51% of TTI enrollees knew that HIV can be passed from a mother to her baby during pregnancy; 73% of school learners and 76% of TTI enrollees agreed that HIV can be transmitted through a mother's breast milk.

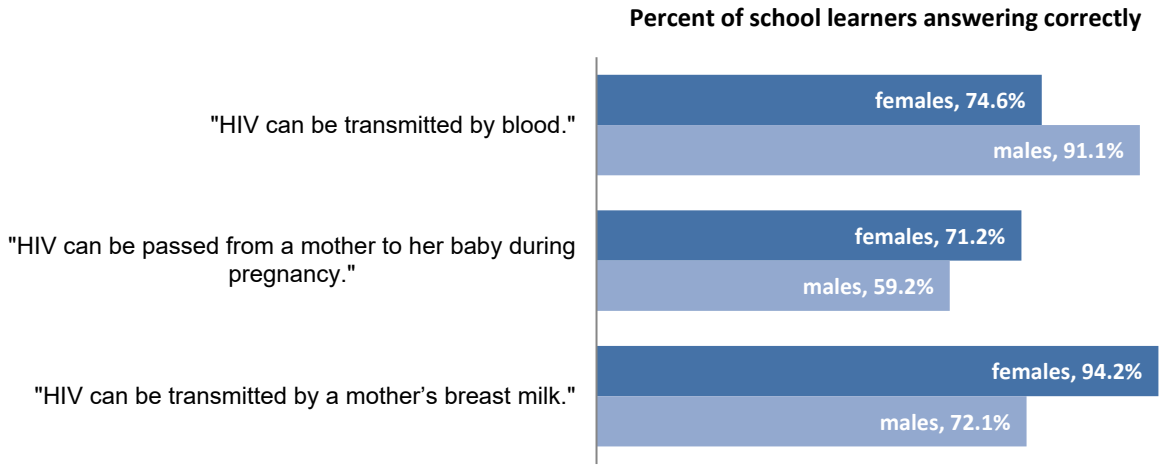
Figure 19 shows the distribution of average correct answers to these three statements among Zambian learners.

Figure 19. Knowledge of HIV transmission



Comparisons by sex found statistically significant differences in knowledge about HIV transmission between girls and boys. Over 90% of boys, compared to 75% of girls, know that HIV can be transmitted by blood. On the other hand, more girls are aware of HIV transmission from mother to baby during pregnancy and through milk.

Figure 20. Knowledge HIV transmission among school learners, by sex

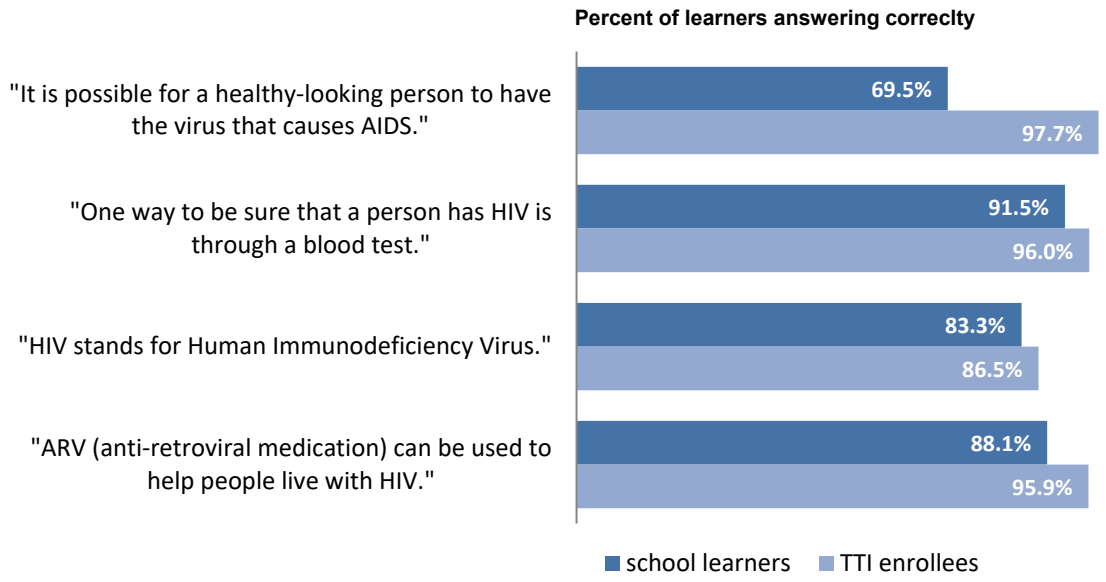


A disaggregation by school type found that learners from the government and community schools as well as TTIs were equally aware of HIV transmission by blood. However, the statements about mother-to-child transmission of HIV had more variability in answers among learners from various types of schools. While on average two-thirds of learners from government and community schools knew that HIV can be passed from a mother to her baby, only 49% of teacher trainees appear to be aware of this fact.

Just over 70% of community school learners and TTI enrollees correctly identified that HIV can be transmitted with a mother's breast milk. The proportion of learners who responded correctly to this question was lower among primary school learners (69%) and higher among secondary school learners (82%).

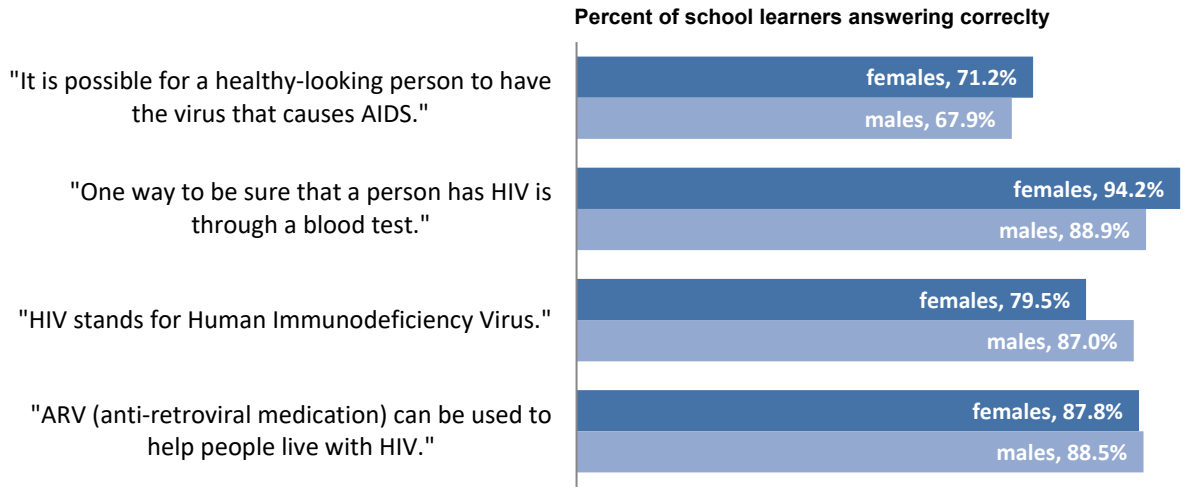
Knowledge Test Results of Identification and Treatment of HIV/AIDS. Knowledge of how to identify HIV and how it can be treated are of crucial importance. The study asked learners to identify if four statements about HIV identification and treatment were correct. Over 90% of learners knew that HIV can be diagnosed through a blood test and that anti-retroviral (ARV) medication can be used to treat it; 80% of learners knew what HIV stands for. Over two-thirds of school learners and nearly all TTI enrollees knew that it is possible to carry a virus and look healthy.

Figure 21. Knowledge of Identification and Treatment of HIV



Comparisons school learner data by sex found little difference in the knowledge of HIV identification and treatment between female and male school learners.

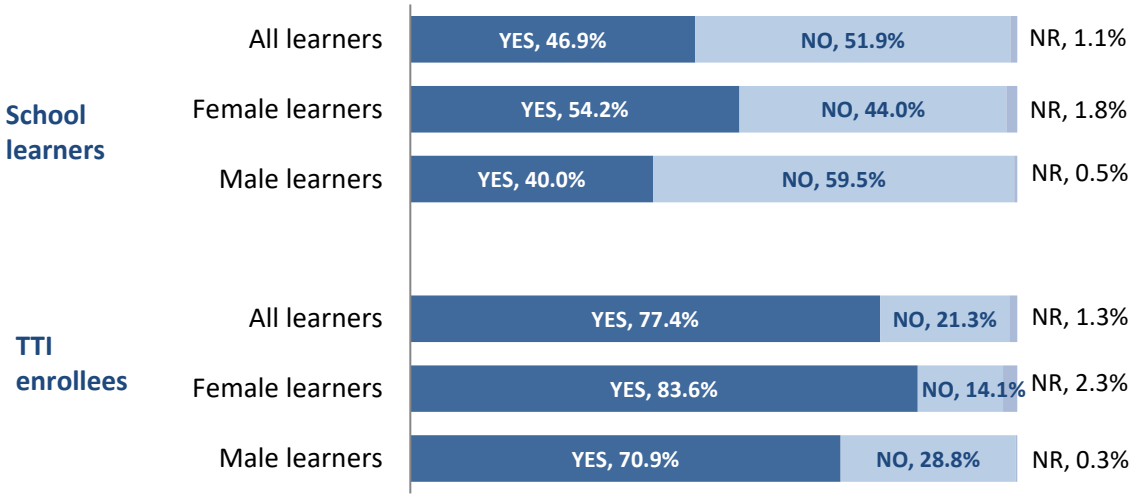
Figure 22. Knowledge of Identification and Treatment of HIV among school learners, by sex



ATTITUDES TOWARD PERSONS LIVING WITH HIV/AIDS

The study sought to gauge attitudes toward people living with HIV/AIDS through a series of questions. The study found that nearly a half of young people (45%) personally know someone who is living with HIV/AIDS. There was a significant difference between the proportion of girls and boys who said they know someone living with HIV/AIDS (55% and 38%, respectively). Further studies are needed to better understand the differences between males and females in on this question.

Figure 23. Do you personally know anyone who has HIV/AIDS? (by sex)

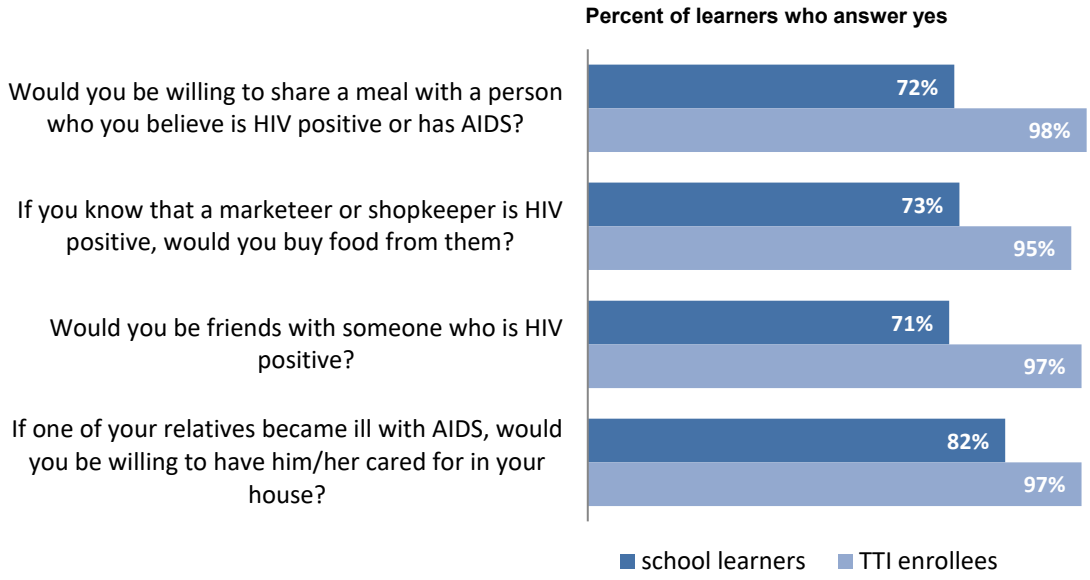


NR = no response

Reports of personal acquaintance of someone living with AIDS increased with age, in which young people aged 21 and older reported knowing more people with AIDS, in which over three-quarters of young people reported that they knew someone living with AIDS. Differences among females and males in reporting knowing someone with HIV/AIDS persisted. In fact, regression analysis found that both sex and age are statistically significant predictors of whether a young person would say they know someone with HIV/AIDS.

Learners were asked about their attitudes toward people in their community living with HIV/AIDS, specifically if they would interact casually with people living with HIV/AIDS. Over two-thirds of learners were found to have accepting attitudes towards people with HIV/AIDS, and would share a meal, buy food from a HIV-positive shopkeeper and would be friends with a person living with HIV/AIDS. Significantly more learners (81%) they would be willing to have HIV-positive relative cared for in their house.

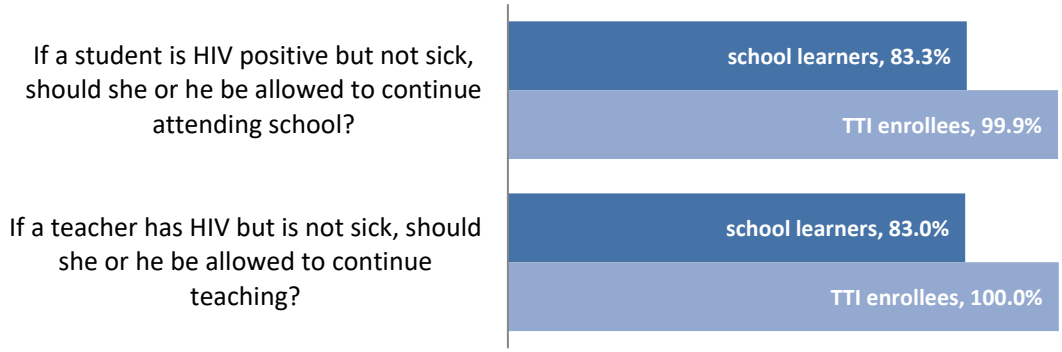
Figure 24. Accepting attitudes toward persons living with HIV/AIDS



Female school learners were found to have a slightly higher level of acceptance of HIV-positive people in their community: 75% of female learners would be willing to share a meal with an HIV-positive person, compared with 70% of male learners. Likewise, females were more open toward being friends with someone who is HIV-positive: 75% of females said yes to this question versus 68% of males. There was almost no difference between male and female school learners in the other two questions. Both male and female TTI enrollees showed very accepting attitudes toward HIV-positive persons.

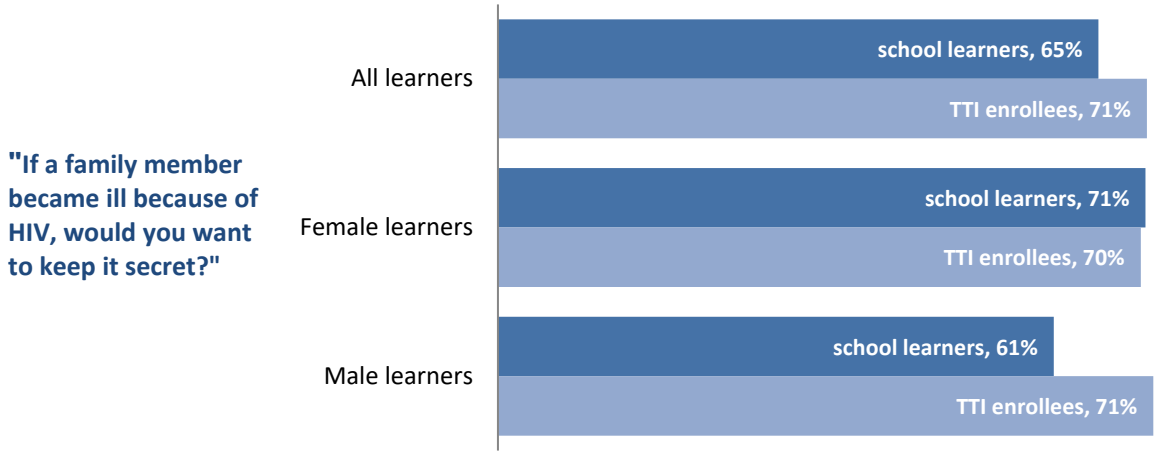
In the school environment, learners also showed accepting attitudes towards learners and teachers who were HIV positive, indicating that they felt that learners and teachers should be allowed to attend/teach at schools if they are HIV positive. Nearly 100% of TTI enrollees displayed positive attitudes toward learners and teachers who are HIV-positive. Slightly more female school learners demonstrated positive attitudes toward HIV-positive persons, compared with male school learners. There was no difference among TTI enrollees of two sexes.

Figure 25. Accepting attitudes of HIV positive learners and teachers



Study results show that stigma association with HIV/AIDS remains strong. Despite largely accepting attitudes towards persons living with HIV/AIDS identified above, two-thirds of all learners said they would want to keep it a secret if a family member became ill with HIV. Female school learners in particular would want to keep it a secret. Both female and male enrollees of TTIs said they would rather keep it a secret.

Figure 26. Perceptions of stigma towards persons with HIV/AIDS



SEXUAL BEHAVIORS AND EXPERIENCE OF YOUNG PEOPLE

Young people in Zambia are highly vulnerable to risks associated with early sexual debut such as unplanned pregnancy, sexual abuse, early marriage, sexually transmitted infections (STIs) and HIV. Data from the 2009 Zambia Sexual Behavior Survey (ZSBS) show that a significant proportion of the young people engage in sexual activity. Given that sexual activity can be a primary mode of HIV transmission, the baseline study included a series of questions on learners' sexual behaviors and experience in order to better understand their knowledge, attitudes and behaviors in regards to sexual and reproductive health.

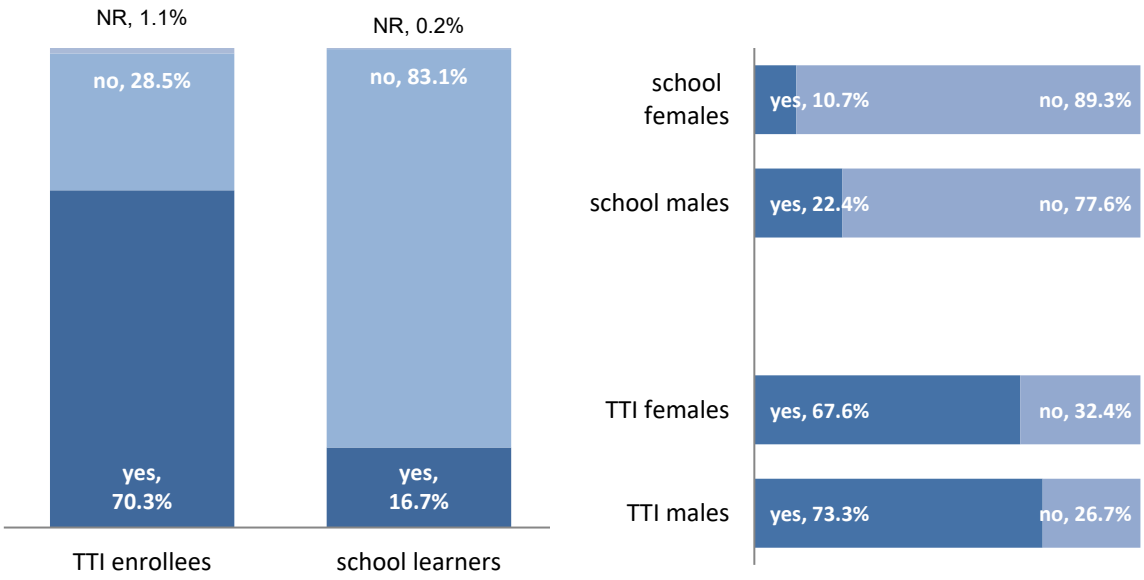
Since the study was supposed to describe sexual behaviors and experiences of young people age 10 to 24, older TTI enrollees were excluded from the analyses presented in this section.

SEXUAL ACTIVITY OF YOUNG PEOPLE

A substantial proportion of in-school young people - 16.7% - are estimated having had sexual intercourse. The vast majority of teacher trainees under 25 in TTIs also said they have had sex. Of the young people who said they have had sexual intercourse in their lifetime,

there were more than twice as many young men as young women. Figure 27 shows the distribution of young people who have had sexual intercourse, by sex.

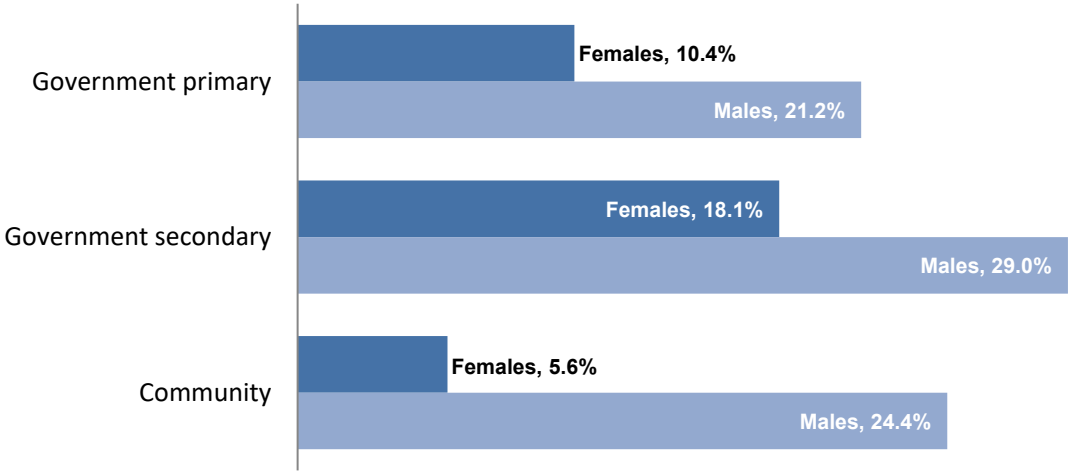
Figure 27. Young people 10 to 24 who have had sexual intercourse, by sex



Significantly more boys than girls in all types of schools in the study said they had had sex. In government and community schools, over 20% of boys said they had had sex. The proportion of females who said they have had sex was smaller: 10 and 6% in primary and community schools, respectively, and 18% in secondary schools. Two-thirds (68%) of female TTI enrollees and 73% of male TTI enrollees said they have had sex in the past.

Figure 28 shows the distribution of boys and girls in schools of different type who said they have had sex.

Figure 28. Young people who have had sexual intercourse, by sex and school type



Analyses by age and grade presented in Figures 29 and 30 show a steady increase in the proportion of learners who said they had had sex, as their age and grade level increase. By the age of 16, 17% of girls and 33% of boys report having had sex. Since according to Zambian laws sex prior to age of 16 is considered unlawful, many of these young people can be viewed as victims of sexual abuse.

Figure 29. School learners who have had sexual intercourse, by age[13]

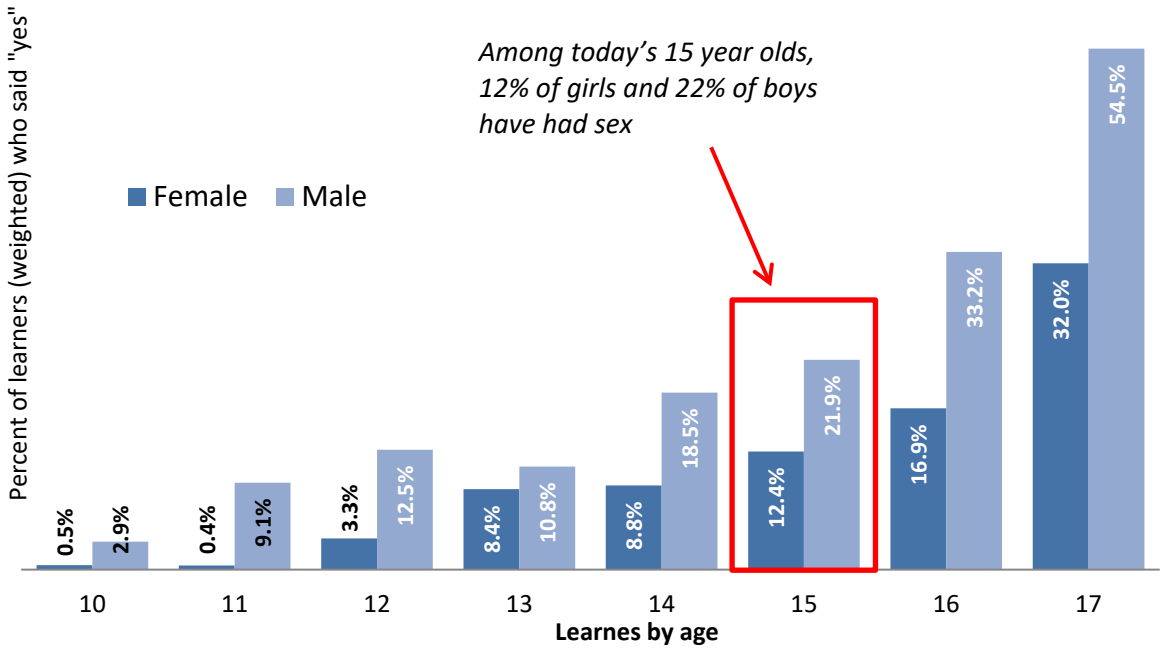
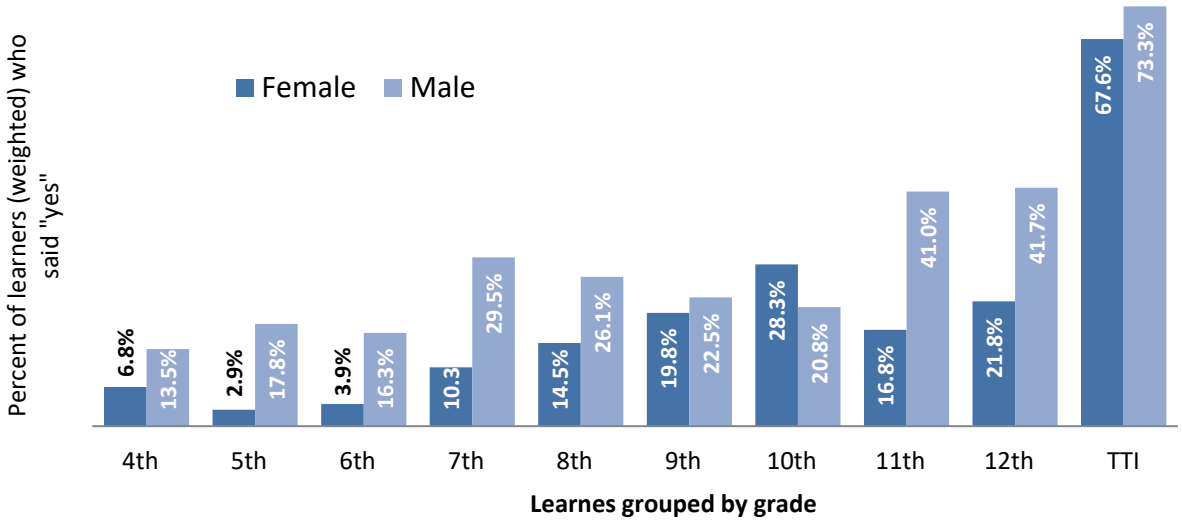


Figure 30. School learners who have had sexual intercourse, by grade

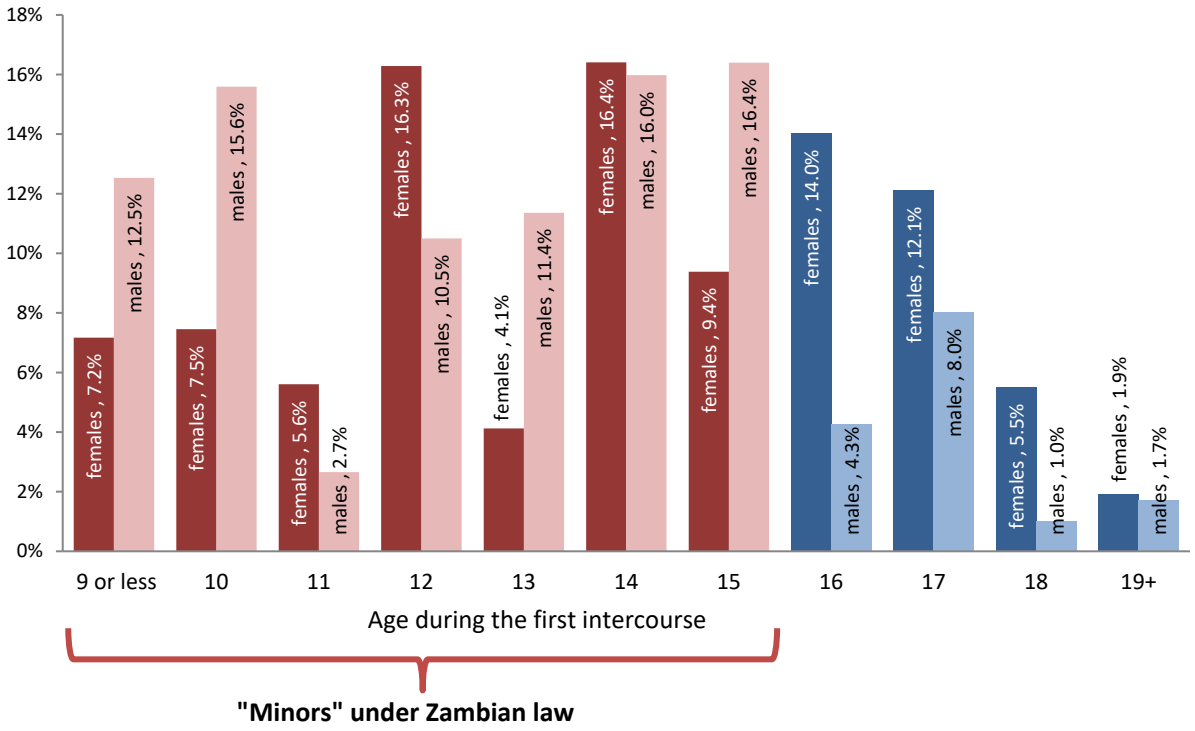


[13] The analysis of school learners by age was conducted only for 10 to 17 year olds since the number of in-school learners over 17 was insufficient to make reliable statistical estimates.

Age and consent at first intercourse. Among those young people who reported they had had sex in the past, the median age of the first sexual intercourse was 14 for girls and 15 for boys. Figure 31 shows an estimated proportion of young people in the 10 to 19 age cohort attending school by the age when they had their first intercourse. These estimates must be interpreted with caution since the sample size of those young people who have had sex was too small to make reliable statistical estimates about the entire population of in-school young people.

For those who had their first intercourse before the age of 16 the graph is marked red, since 16 is considered to be the youngest possible age for consensual sexual activity[14] under Zambian legal code.

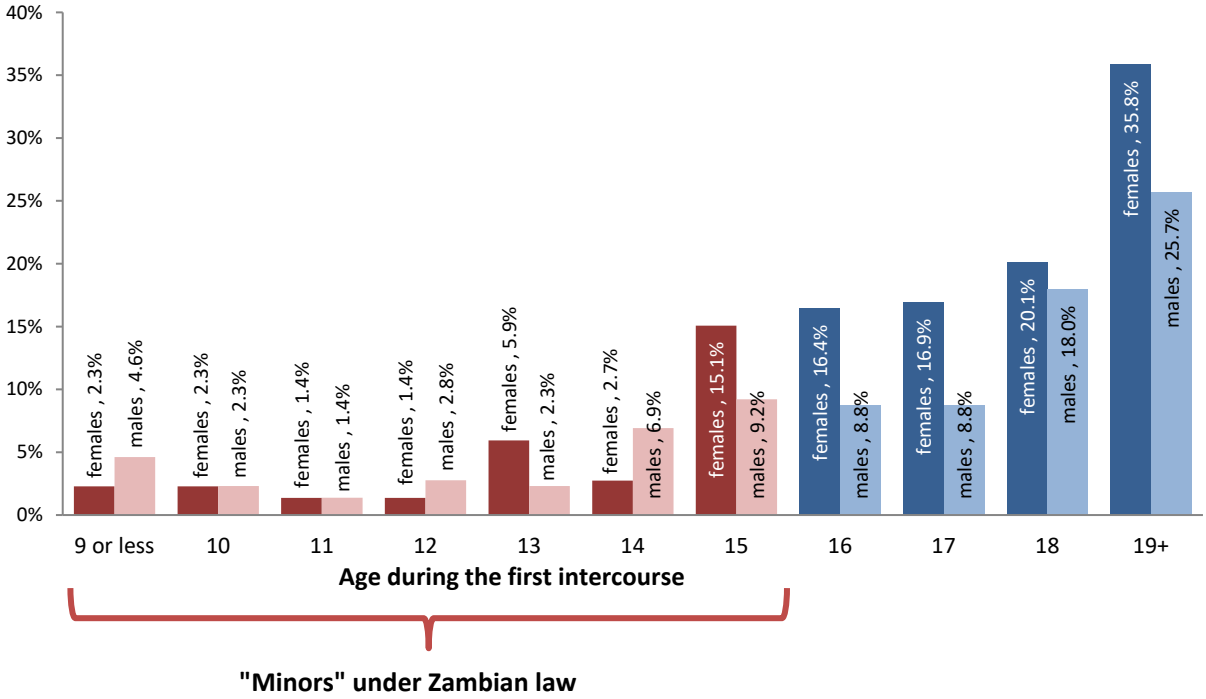
Figure 31. Age at the first sexual intercourse of in-school young people



With regard to sexual experiences, TTI enrollees appear to be different from the general population of young Zambians. As Figure 32 shows, they report a much later age of the first sexual intercourse. This difference is statistically significant at $p<.001$ level.

[14] According to the Zambian Penal Code (amendment) Act 2003, article 140(a) – (d), it is illegal to have sexual relations with a child under 16 years of age.

Figure 32. Age at the first sexual intercourse of 16 to 24 year old TTI enrollees



Statistical estimates show that 13.8% of all Zambian in-school young people had their first sexual intercourse under the age of 15: 7.4% of girls and 18.4% of boys. However, among the cohort of present 15 year olds, 17.2% of all Zambian in-school young people had their first sexual intercourse under the age of 15: 12.4% of girls and 21.9% of boys. This difference suggests that younger generation enters sexual life in earlier age.

Statistical estimates show that 13.8% of all Zambian in-school young people had their first sexual intercourse under the age of 15.

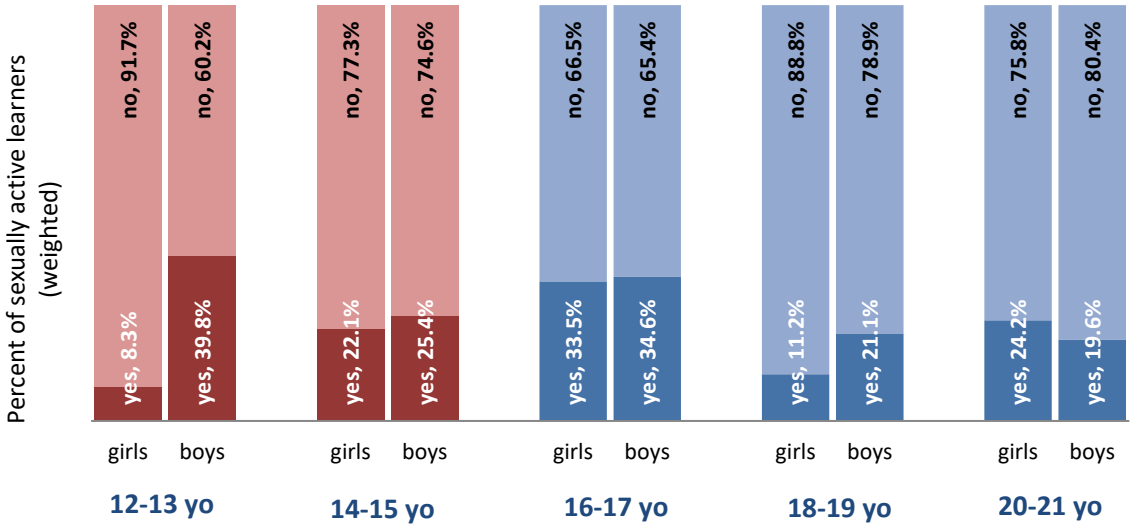
Among young women and men who had their first sexual encounter after they turned 16, some also reported that they were forced. The study found that of those young women who started their sexual activity after they turned 16, about 22.8% said they were coerced.

Comparisons by sex show that significantly more boys start sexual activity when they are minors (under 16), and significantly more young women are victims of sexual abuse.

Of the in-school young people that have had a sexual experience, about 27% indicated that they were currently sexually active (22% of young women and 29% of young men). TTI enrollees were not included in this analysis since their characteristics reported above are very different from the overall in-school learner population.

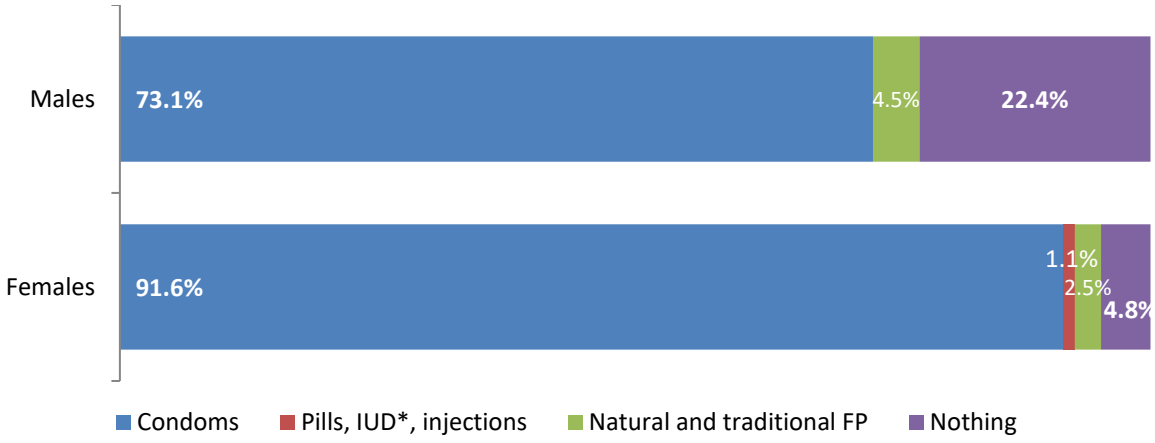
For those under the age of 16 the graph is marked red, since 16 is considered to be the youngest possible age for consensual sexual activity under Zambian legal code.

Figure 33. In-school learners who are sexually active, by age group



Sexually active learners were also asked what methods of protection they used against pregnancy and STIs, including HIV. The most common method of protection reported is condoms, with 92% of sexually active females and 73% of sexually active males using them. A significant proportion of males (22%) and nearly 5% of females did not use any protection against pregnancy, STIs and/or HIV. Given that consistent condom use is a way that young people can reduce their chances of becoming infected with HIV, this is an important finding.

Figure 34. Methods of protection against pregnancy and STIs used by sexually active in-school learners



Among young people who did not do anything to protect themselves against pregnancy and STIs, there was a higher proportion of learners from community schools than in general population of learners, and a higher proportion of learners from Western province

Pregnancy among Non-TTI Learners. Young people attending a school who reported that they have had sexual intercourse were also asked whether they had ever given birth or

fathered a child. Of the respondents, 9% reported that they had given birth or fathered a child. Of all in-school girls who have had sex, 12.8% said they had given birth. Of all young men, less than 1% admitted to having fathered a child.

Nearly all young women who said they had given birth were in school when they were pregnant. Only 1.8% of women indicated that they were expelled or forced to leave school due to pregnancy. In all instances, they were re-admitted to school. However, these results do not present a complete picture since those who dropped out due to pregnancy and did not return to school were not included in the survey since the sample was school-based.

Secondary school students in Southern province

ACCESS TO AND USE OF SEXUAL AND REPRODUCTIVE HEALTH (SRH) SERVICES BY YOUNG PEOPLE

Access to and utilization of SRH services plays a significant role in the sexual practices and SRH of young people. SRH services include counseling on sex, sexuality and reproductive issues, treatment for sexually transmitted diseases (STDs), contraceptives, abortion and post-abortion care, as well as HIV/AIDS counseling and testing. Increasing access to SRH services has become one key strategy in HIV/AIDS prevention, treatment and care.

ACCESS TO HEALTH SERVICES THROUGH SCHOOL REFERRALS

To assess whether schools provided or improved learners' access to health services, both students and head masters/mistresses were asked whether schools provided students with referrals to nearby health facilities. In each province except Luapula and Northern, more than half of the head masters/mistresses indicated that they provided such referrals to students. In Southern province, over 90% of head masters responded that their schools referred students to health facilities.

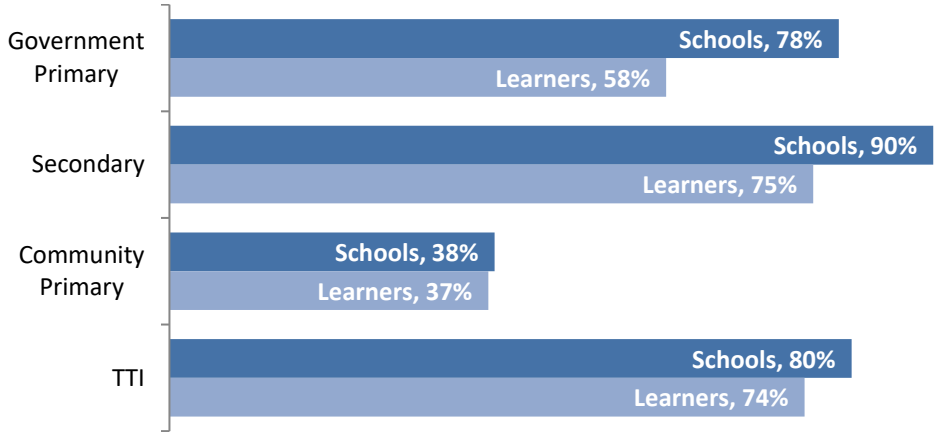
Learners in all provinces except Muchinga and Northern reported less access to referrals to health facilities by schools than head teachers. Learners in Muchinga and Northern reported more access to referrals than their schools reported (Table 4).

Table 4. Access to referrals to health facilities in schools

	Percent of school learners reporting having access to referrals to health facilities at school	Percent of schools (non-TTI) reporting providing access to referrals to health facilities to learners
Central	48.2%	61.9%
Copperbelt	56.6%	67.9%
Eastern	65.6%	74.1%
Luapula	32.9%	48.5%
Lusaka	32.8%	65.2%
Muchinga	84.8%	72.0%
Northern	84.4%	49.4%
North-Western	54.3%	59.8%
Southern	88.0%	95.6%
Western	55.5%	82.7%

When analyzed by school type, the majority of secondary schools (90% head teachers and 75% of learners) and TTIs (80% of head teachers and 74% of TTI enrollees) had links with local health facilities and, as such, could make referrals based on learners needs. Similarly, 78% of government primary schools and 58% of learners reported that they were able to provide referrals for learners to health facilities. Roughly a third of community primary schools (38% of head teachers and 37% of enrolled school learners) reported that their school had the ability to make referrals to health facilities.

Figure 35. Access to local health facilities, school and learner perspectives

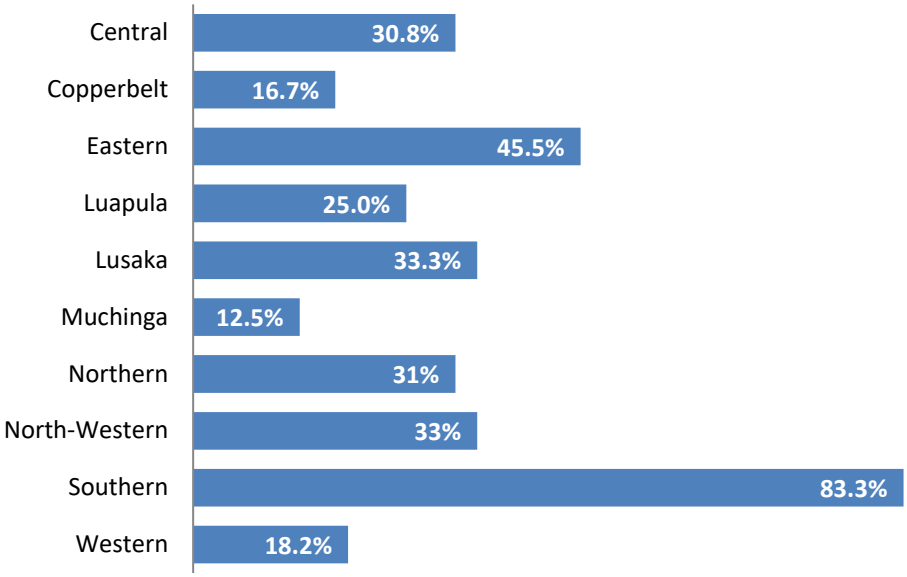


ACCESS TO SHR SERVICES THROUGH SCHOOL REFERRALS

Head masters/mistresses in each school in the sample were also asked about access to SRH services for learners. In all provinces, fewer schools reported referring learners for SRH services than to general medical facilities. In fact, only 36% of government and community schools reported that they refer learners for SRH services.

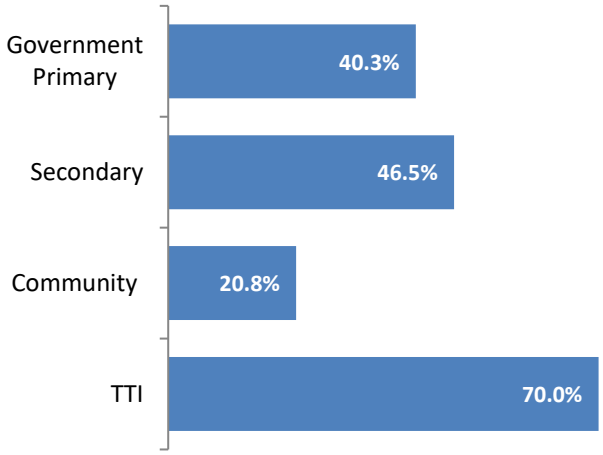
The number of schools that provide SRH referrals varied across provinces. Southern province had the largest proportion of schools providing SRH referrals, with 83.3% of schools providing referrals to SRH services. However, in the remaining provinces, less than 50% of schools in each province reported that they refer learners to SRH services. Figure 36 shows the proportion of government primary, secondary and community schools that provide SRH referrals, by province.

Figure 36. Percent of government and community schools that refer learners to SRH services



When analyzed by school type, large differences in SRH referrals were found. TTIs, likely due to the older age of the learners, provide the most referrals to SRH services: 70% of TTIs reported that they provide referrals to SRH services. Access to SRH services through secondary and primary schools in contrast is quite low with only 46.5% of secondary schools reporting that they provide

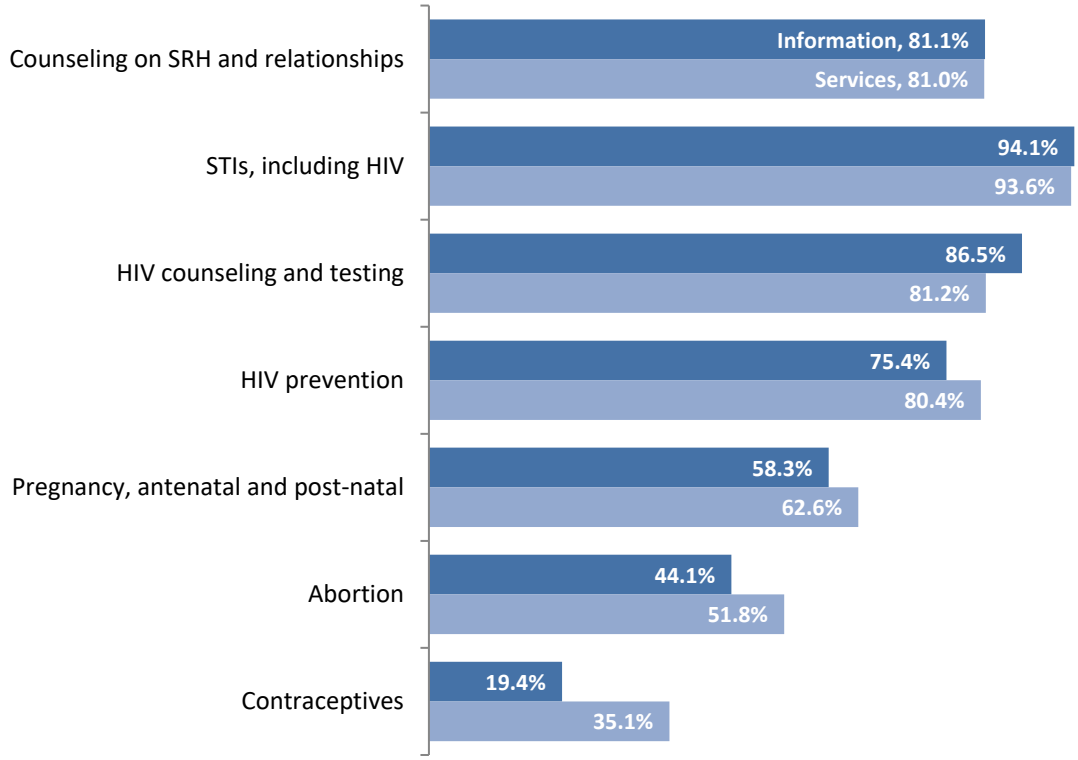
Figure 37. Percent of schools that refer learners for SRH services, by school type



referrals for SRH services, and 40.3% of government primary schools reporting that they provide such referrals. Community primary schools provide the fewest SRH referrals, with only 20.8% of schools reporting that they provide referrals. Overall, the results suggest that many learners in primary and secondary school do not have access to SRH services through school referrals.

Head teachers were also asked about the types of SRH information and services that are available to learners in their school. As can be seen in Figure 38 below, the types of SRH services and information provided by schools were very similar, with the exception of contraceptives and abortion, where more schools provide services in these areas than information. The most common types of SRH information and services provided by schools include, counseling on SRH and relationships; STIs (including HIV); and lastly, HIV prevention. Roughly 60% of schools provide information and services on pregnancy, antenatal and post-natal care. However, abortion and contraceptives appear to be areas where schools do not provide sufficient information and/or services; roughly 50% of schools provide information/services on abortion and less than one third of schools provide information/services for contraceptives.

Figure 38. Percent of schools that provide information/services on SRH



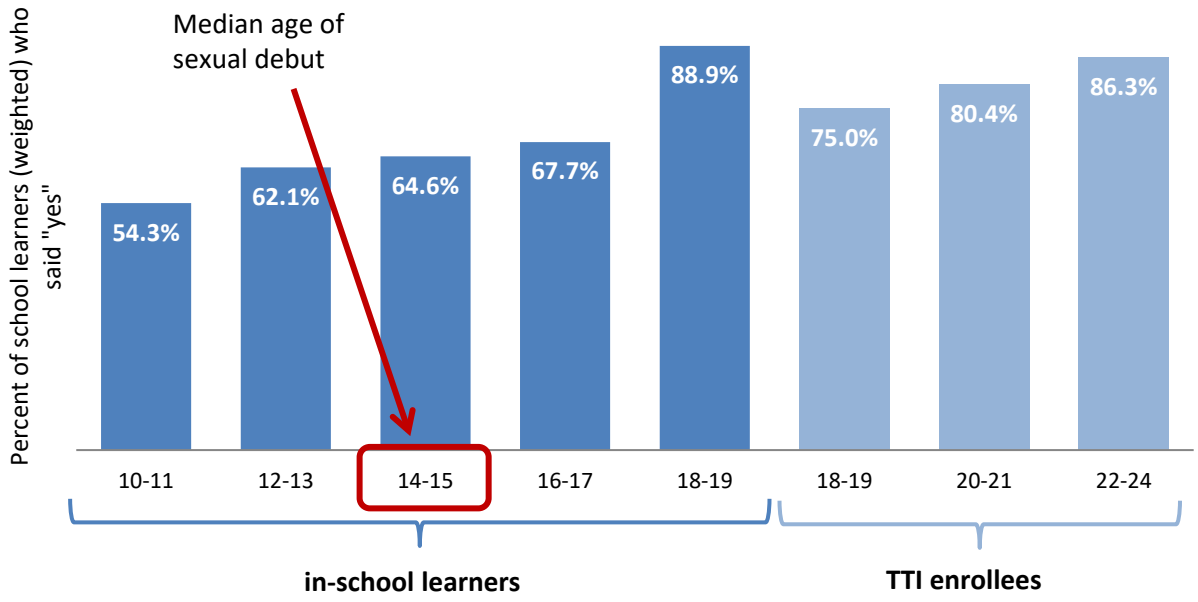
Teachers were also asked in focus groups what school-based SRH services were available to young people. Similar to survey data from principals/head teachers, teachers indicated that the most common SRH services young people had access to include: health talks by school

nurses or counselors; referrals to local health facilities; HIV/AIDS counseling and testing; and STI information, counseling and testing. Similar to the findings of the principal's survey, teachers also reported the learners largely did not have access to contraceptives or condoms through schools.

YOUNG PEOPLE'S ATTITUDES TOWARD AND USE OF SRH SERVICES AND FACILITIES

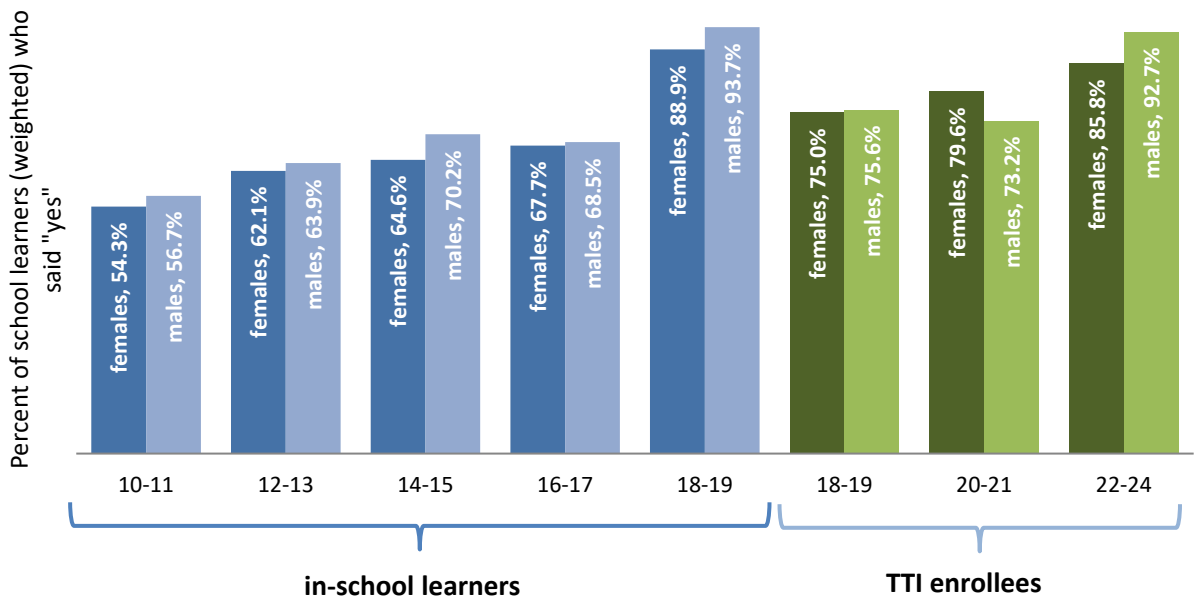
Learner Attitudes towards SRH Services and Facilities. School learners were asked whether they knew of a place nearby that was easily accessible to receive SRH information and services. Close to 90% of 18 to 19 year old learners knew a place to receive SRH information and services. About two-thirds of 14 to 17 year old learners knew where to receive SRH information and services, while about 50% of 10-11 year olds knew where to get SRH information and services nearby. 83.5% of TTI enrollees knew where to go for SRH information and services nearby.

Figure 39. Percent of school learners who know where to get SRH information/services, by age



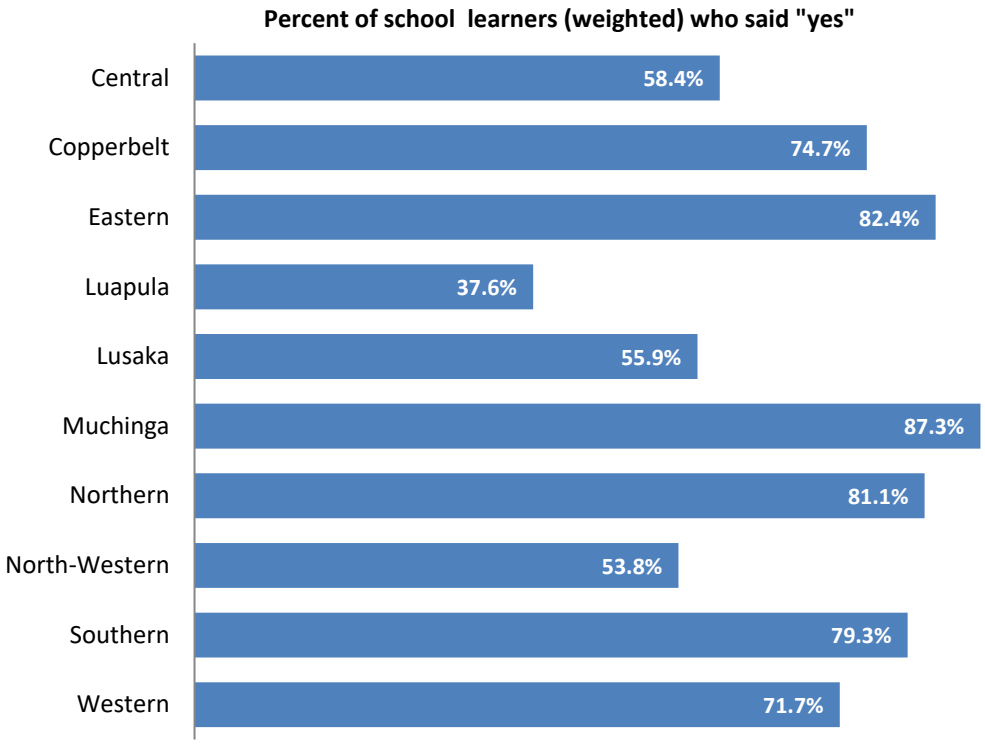
Analysis by sex shows that male school learners in nearly every age group are more aware of where to get SRH information/services than females. However, at the TTI level, females and males equally report knowing where to get SRH information/services.

Figure 40. Percent of school learners who know where to get SRH information/services, by age and sex



Analyses by province showed access to SRH information and services is uneven. While over 70% of learners in Copperbelt, Eastern, Muchinga, Northern, Southern, and Western provinces said they know where to find SRH information and services nearby, less than 40% of learners in Luapula province have such knowledge.

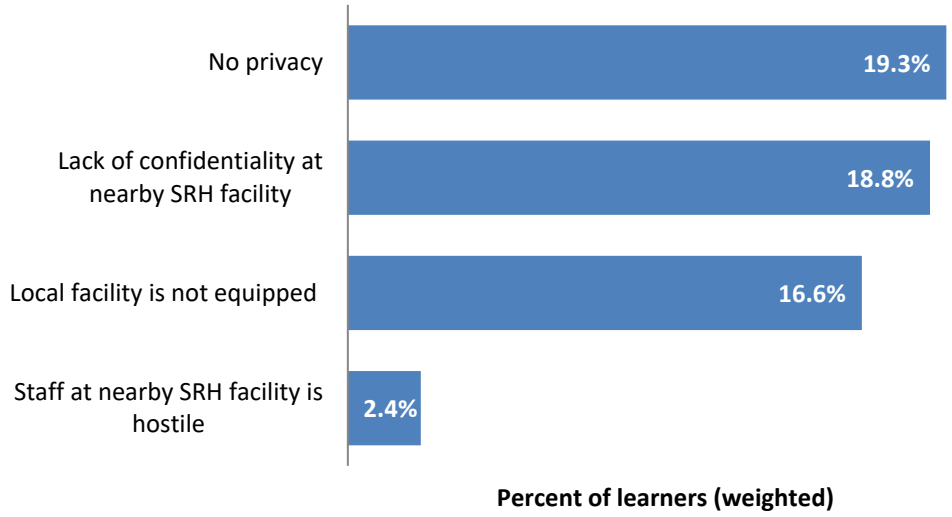
Figure 41. Is there a place to receive SRH information and services nearby that is easily accessible?



According to the findings from the learner survey, younger school learners prefer to use a SRH service facility nearby rather than one outside their community. While on average only about 12% of school learners ages 10 to 14 would prefer to use SRH services outside their community, 29% of 17 to 18 year old learners prefer to use facilities outside of the community.

Although the majority (58.4%) of TTI enrollees prefer SRH facilities nearby, a large percentage (20.1%) prefer to use SRH facilities outside of their community. The main reasons why young people would prefer to use SRH facilities outside of their community are privacy, confidentiality, and the quality of facilities, including equipment and friendly staff.

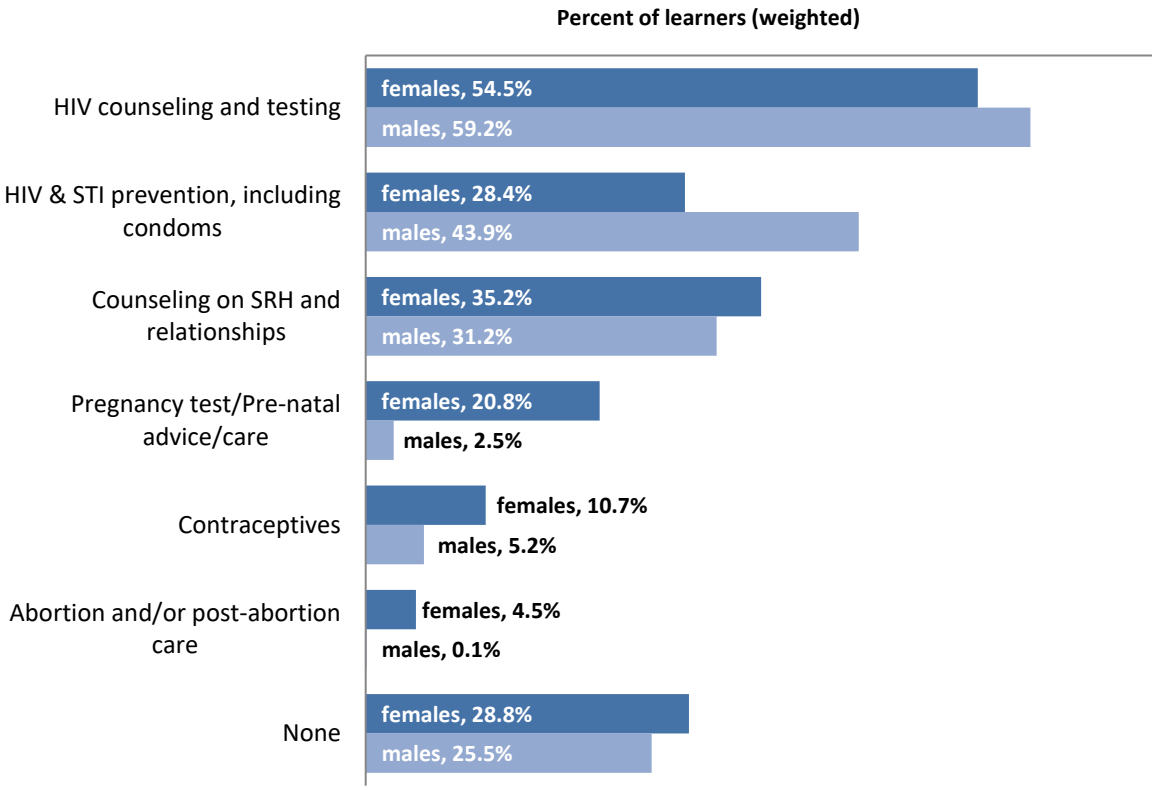
Figure 42. Reasons for wanting to use SRH facilities outside of one's community



Community school learners in Western province

Use of SRH Services. School learners were also asked what types of SRH services they personally have used in the past or would like to use. The majority of learners reported HIV counseling and testing is the SRH service they have used or would like to use. Additionally, learners reported that HIV and STI prevention services as well as counseling on SRH and relationships are services they have or would like to use. Results were similar for TTI enrollees.

Figure 43. SRH services that school learners have used or would like to use*



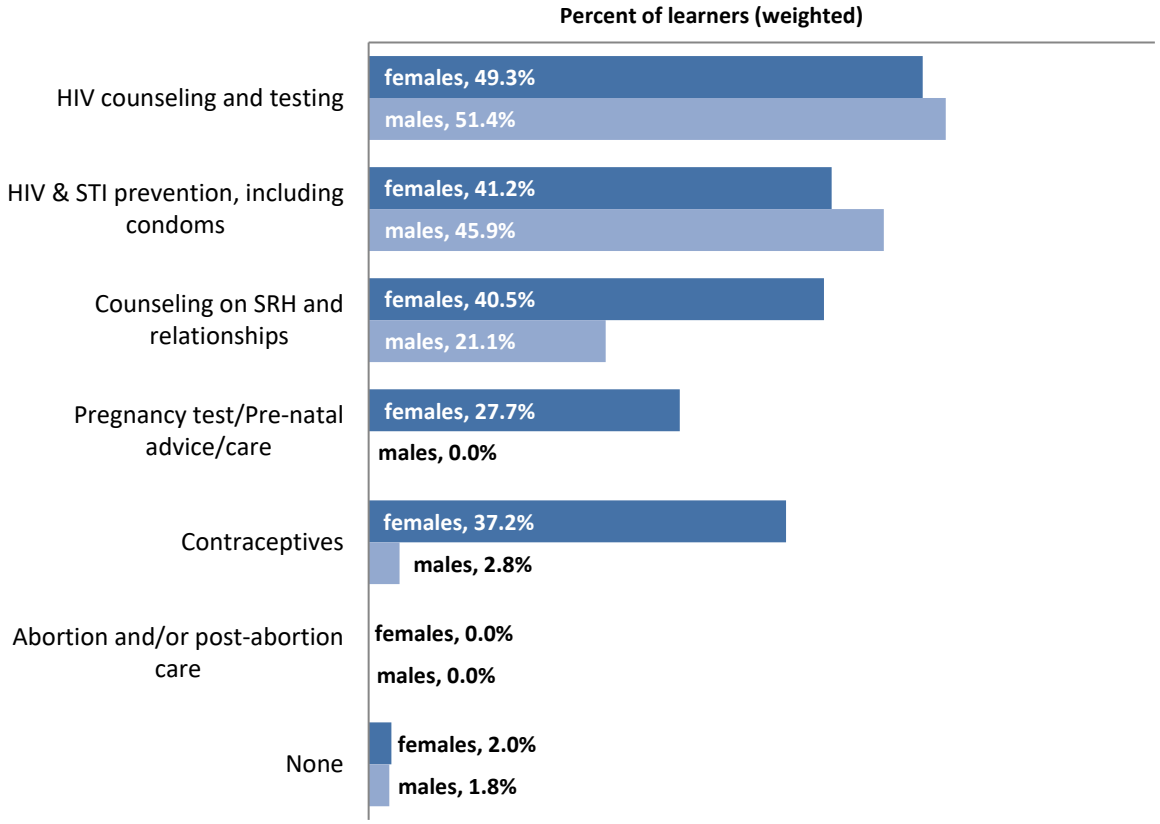
**Respondents were allowed to select multiple responses.*

When analyzed by sex, very few males reported that the have used or would like to use contraceptive services. Only a few males reported that they have used or would like to use pregnancy test/pre-natal services or abortion/post-abortion care, likely due to the fact that these services are more relevant to females. Just over 20% of females reported that they have used or would like to use pregnancy/pre-natal care services. Very few females reported that contraceptive or abortion/post-abortion care services (10.7% and 4.5% respectively) were services that they have used or would like to use. A large proportion of learners (29% of females and 26% of males) said they never used SRH services.

SRH services are particularly relevant for those young people who are sexually active. Among those learners, about half either used, or would like to use SRH services for HIV counseling and testing, and for HIV and STI prevention, including condoms. Additionally, a large

proportion of females (37.2%) who are sexually active reported that contraceptives were an important service to them. The proportion of sexually active school learners who said they never used SRH services is much smaller than the general population of in-school learners: 2% among in-school girls and boys.

Figure 44. SRH services sexually active school learners have used or would like to use, by sex*



**Respondents were allowed to select multiple responses.*

LIFE SKILLS-BASED HIV AND SEXUALITY EDUCATION IN SCHOOLS

The education sector has a critical role in preparing children and young people for their adult roles and responsibilities, including preparing them for their social and sexual lives. The baseline study report aimed to assess the current situation in Zambian schools in regards to life skills-based HIV/Sexuality education. Learners and school principals were surveyed to assess the current state of HIV/Sexuality education in schools.

DO ZAMBIAN SCHOOLS IMPLEMENT LIFE SKILLS-BASED HIV AND SEXUALITY EDUCATION?

Life skills-based HIV and sexuality education uses a participatory approach to teach behaviors to young people, particularly helping them to identify and assess the individual, social and environmental factors that may raise and lower the risk of HIV transmission. Comprehensive life skills-based HIV and sexuality education should cover the following topics: generic life skills (e.g. decision-making/communications/refusal skills); SRH and sexuality education (e.g. human growth and development, family life, reproductive health, sexual abuse and the transmission of STIs); and HIV transmission and prevention. Effective life skills-based HIV and sexuality education can have positive effects on young people's behavior, including delaying sexual debut and reducing the number of sexual partners.

To assess progress towards implementation of life skills-based HIV and sexuality education in all schools, school learners were asked whether in the past year they received life skills education (for learners in grade 4 and 5) or life skills and sexuality education (grades 6 through 12) in school either through the formal curriculum or as part of extra-curricular activities. Respondents were asked to answer "yes" or "no." Head teachers were asked the same question.

Data analysis found consistency in school and learner responses for most provinces. The largest discrepancy was found in Copperbelt where a large percentage (79%) of school learners reported being offered life skills and sexuality education, while only half of visited

Community school students in Western province

schools (50%) said they offer those curricula. Further study is needed to investigate the sources of the discrepancy in reports. Both TTI enrollees and headmasters largely reported that most schools provide life skills and sexuality education. In fact, on average 90% of TTI enrollees reported receiving life skills and sexuality education, which is consistent with the data from headmasters in which 80% of headmasters from TTIs reported providing this education.

Table 5. Self-reported access to various elements of life skills and sexuality education in schools

	Percent of school learners reporting having life skills and sexuality education at school	Percent of schools (non-TTI) reporting offering life skills and sexuality education
Central	64.0%	53.8%
Copperbelt	78.8%	50.0%
Eastern	71.3%	81.8%
Luapula	39.3%	41.7%
Lusaka	82.3%	88.9%
Muchinga	86.0%	80.0%
Northern	97.5%	86.7%
North-Western	65.8%	75.0%
Southern	95.0%	83.3%
Western	85.0%	90.9%

For a school to be categorized as providing comprehensive HIV and sexuality education, a school had to teach all 16 essential topics in Life skills, SRH/Sexuality and HIV/AIDS and at least 6 of the selected desirable topics specified in the UNESCO Measuring the education sector response to HIV and AIDS guidelines. The 16 essential topics are presented in Table 6.

Table 6. Topics required for life skills-based HIV and sexuality education[15]

	Essential Topics	Desirable
Generic Life Skills	• Decision-making/Assertiveness • Communication/Negotiation/ • Refusal • Human rights empowerment	• Acceptance, tolerance, empathy and non-discrimination • Other generic life skills
Sexual and	• Human growth and development	• Pregnancy and childbirth

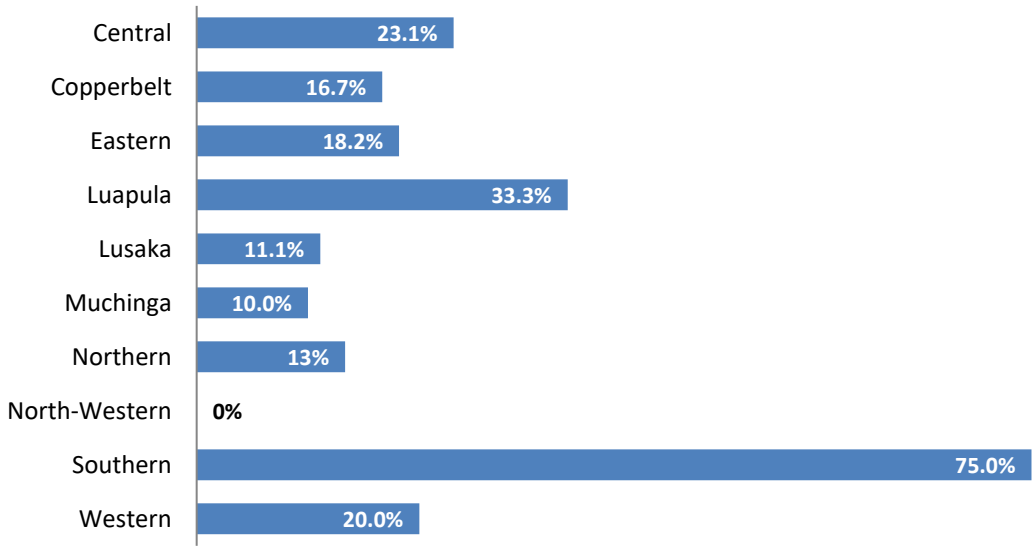
[15] For a school to be categorized as providing comprehensive HIV and sexuality education, a school had to teach all 16 essential topics in Life skills, SRH/Sexuality and HIV/AIDS and at least 6 of the selected desirable topics.

Reproductive Health (SRH)/ Sexuality Education (SE)	• Sexual anatomy and physiology • Family life, marriage, long-term commitment and interpersonal relationships • Society, culture and sexuality: values, attitudes, social norms and the media in relation to sexuality • Reproduction • Gender equality and gender roles • Sexual abuse/resisting unwanted or coerced sex • Condoms • Sexual behavior (sexual practices, pleasure and feelings) • Transmission and prevention of sexually transmitted infections (STIs)	• Contraception other than condoms • Gender-based violence and harmful practices/rejecting violence • Sexual diversity • Sources for SRH services/seeking services • Other content related to SRH/SE
HIV/AIDS-related contents	• Transmission of HIV • Prevention of HIV: practicing safer sex including condom use • Treatment of HIV	• HIV-related stigma and discrimination • Sources of counselling and testing services/seeking services for counselling, treatment, care and support • Other HIV/AIDS content

*Source: UNESCO. 2013. Measuring the education sector response to HIV and AIDS: Guidelines for the construction and use of core indicators. Paris: UNESCO. Pg. 48.

Although many schools self-reported that they provided CSE, when analyzed using the definition of comprehensive life skills-based HIV and sexuality education as defined in UNESCO's guidelines, the majority of schools (77.0%) *did not* provide comprehensive life skills-based HIV and sexuality education. Results varied greatly across provinces. In Eastern, Lusaka, Muchinga, North-Western and Western very few schools reported providing CSE. Southern province was the only province where more than 75% of schools provide CSE.

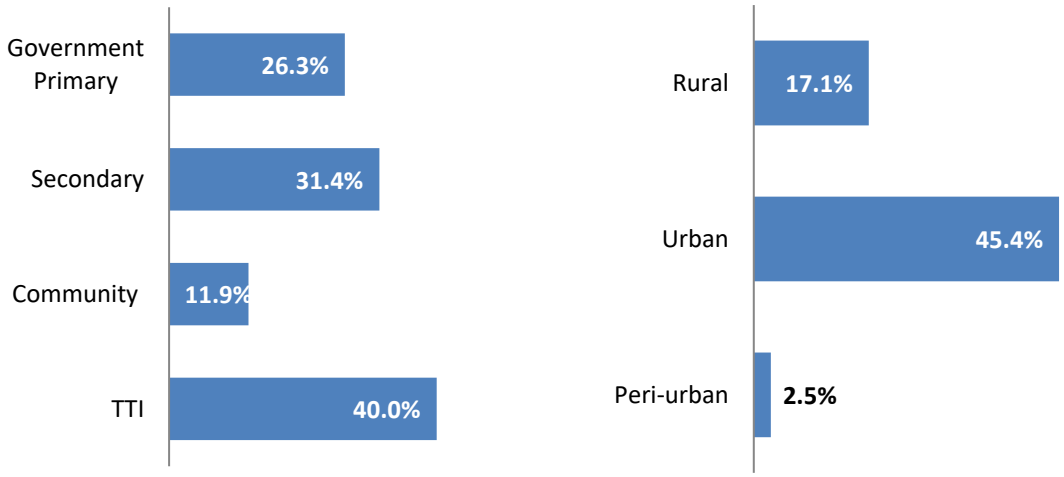
Figure 45. Government and community schools that offer comprehensive life-skills based HIV and sexuality education, by province



Further analysis showed that the provision of comprehensive life skills-based HIV and sexuality education varies by school type. Figure 46 shows that secondary schools are more likely to provide CSE, in that 31.4% of surveyed schools reported that they provide CSE. Similarly, 40% of TTIs reported that CSE was provided. Younger learners in government primary schools are less likely to receive CSE in schools. However, learners in community schools are the least likely to receive CSE, with only 11.9% of community schools are estimated to provide CSE to their learners.

When analyzed by geographical location (urban, rural and peri-urban), analysis showed that more schools in urban areas provide comprehensive life skills-based HIV and sexuality education. In fact, 45% of schools surveyed in urban areas provide CSE, while only 17% of rural schools and 2.5% of peri-urban schools do.

Figure 46. Percent of schools that offer comprehensive life skills-based HIV and sexuality education, by school type and geographic location



Although many schools do not meet the criteria to be categorized as offering comprehensive HIV and sexuality education as defined in Table 6, many schools are teaching learners topics in HIV and sexuality. However, the curriculum is not uniform across schools in Zambia nor in many cases is it comprehensive.

Figure 47 shows the percent of schools providing each of the 16 essential topics that are required for a curriculum to be considered life skills-based HIV and sexuality. Although many schools are incorporating several of the topics, some essential topics continue to not be included either in formal curricula or extra-curricular activities. Topics such as family life, marriage, and relationships; condoms; reproduction; gender equality and gender roles; and transmission and prevention of HIV are topics that are covered by the majority of schools. However, topics such as decision-making/assertiveness, communication/negotiation/refusal; sexual anatomy; sexual abuse/resisting unwanted sex; sexual behavior; and treatment of HIV appear to be topics that are commonly not included in HIV and sexuality education in schools.

Figure 47. Essential life skills-based HIV and sexuality education topics covered by schools

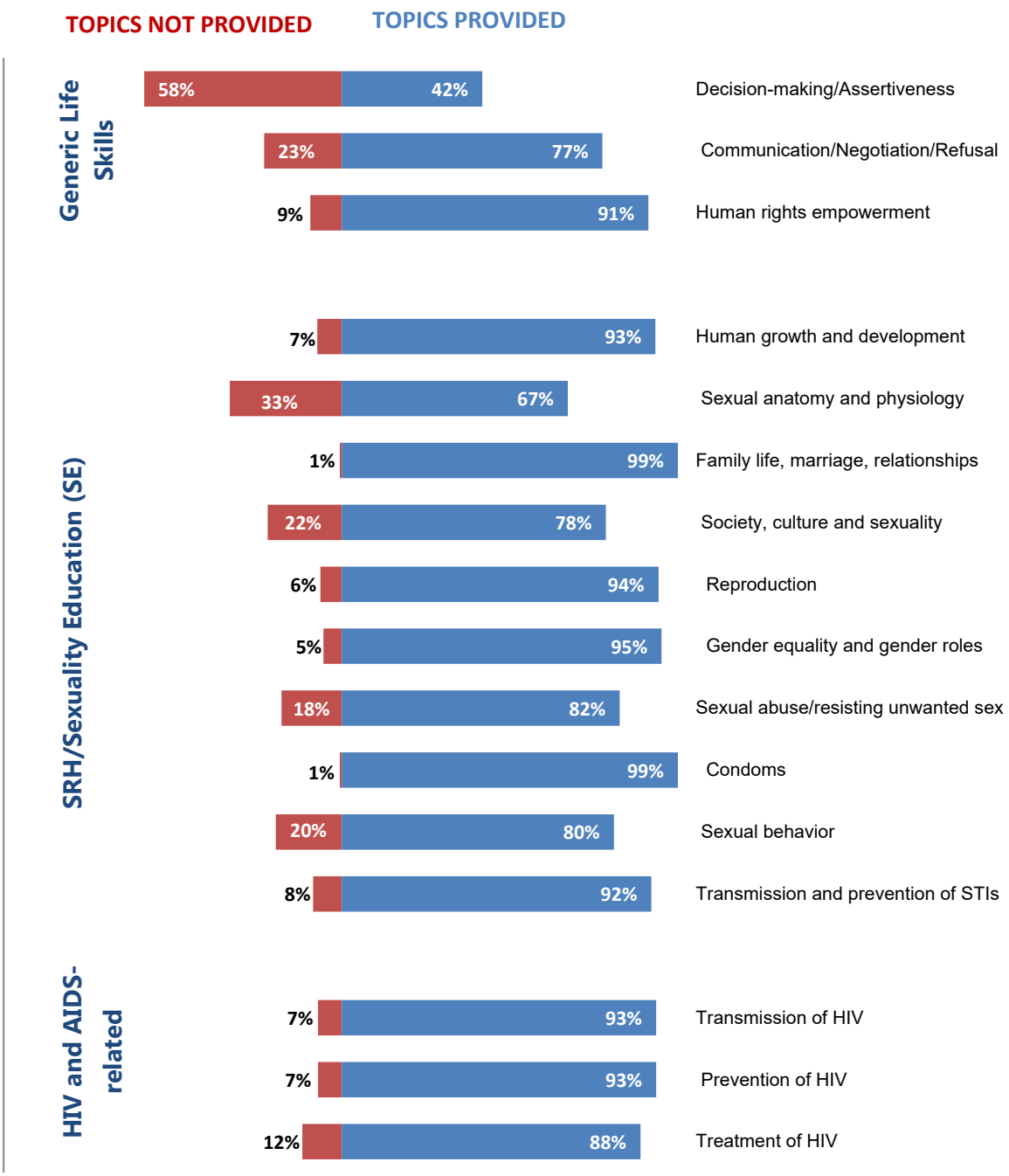


Table 7 below shows the breakdown of the CSE topics that young people reported they were taught by grade. As evident in the table, CSE instruction is tailored to each respective grade. For instance, although sexuality is discussed in grades 6 and 7, sexual and reproductive health topics like pregnancy prevention and STIs are not introduced until grade 8.

Teachers were also asked how they make CSE age appropriate in their classrooms. Teachers largely indicated that the formal curriculum is already age appropriate and as such, is already tailored to the grade/age of their learners. In cases of multi-grade teachers, they reported that they divide learners into groups according to their age in order to ensure that the CSE content is age appropriate. However, given that grades typically have a great mix of ages,

Table 7. Percent of young people that received life Skills/ Sexuality Education by topic and grade

	Grade 4-5	Grade 6-7	Grade 8-9	Grade 10-12	TTI
LIFE SKILLS					
Respect for others & their opinions	69.1%	66.4%	88.6%	---	---
Human rights/ child abuse	82.0%	93.8%	98.5%	96.6%	96.6%
Communication	---	69.7%	74.1%	---	96.6%
Generic Life Skills	---	---	---	---	96.6%
SEXUAL REPRODUCTIVE HEALTH					
Family Life	68.6%	75.1%	77.2%	77.0%	91.3%
Friendship/Love	67.9%	76.8%	---	85.4%	---
Human development	84.8%	85.4%	89.7%	---	91.3%
Gender	72.0%	70.9%	88.3%	91.3%	---
Sexuality and sexual Information	---	64.1%	---	---	91.3%
SRH	---	---	87.5%	74.9%	---
Factors that influence sexual behavior	---	---	---	82.3%	91.3%
HIV/AIDS					
HIV/AIDS	92.4%	88.0%	88.4%	95.4%	93.2%

--- indicates that data on these areas were not applicable to, and thus not collected for, the particular grade

Head masters were asked how HIV/AIDS and sexuality curriculum were taught in each grade in their school. Table 7 shows the percentage of schools that integrated sexuality education into their formal curriculum or through extra-curricular activities. For all grade levels, HIV/AIDS and sexuality curriculum is taught through a mix of formal curriculum activities and extra-curricular activities. At the primary level (grades 4 to 6), schools tend to integrate HIV/AIDS and sexuality education into the formal curriculum, utilizing extra-curricular activities to a lesser extent. For secondary school and TTIs, schools reported more of an even mix of HIV/AIDS and sexuality education being integrated into both the formal curriculum, as well as through extra-curricular activities.

Table 8. Method of Instruction of HIV and Sexuality education-related topics, by grade

	Integrated into the formal curriculum	Integrated into extra-curricular activities
4th grade	61%	38%
5th grade	73%	58%
6th grade	82%	65%
7th grade	78%	58%
8th grade	77%	76%
9th grade	68%	75%
10th grade	73%	88%
11th grade	24%	37%
12th grade	54%	84%
TTIs	67%	67%

*Respondents were allowed to select that CSE was integrated into both formal curriculum and extra-curricular activities.

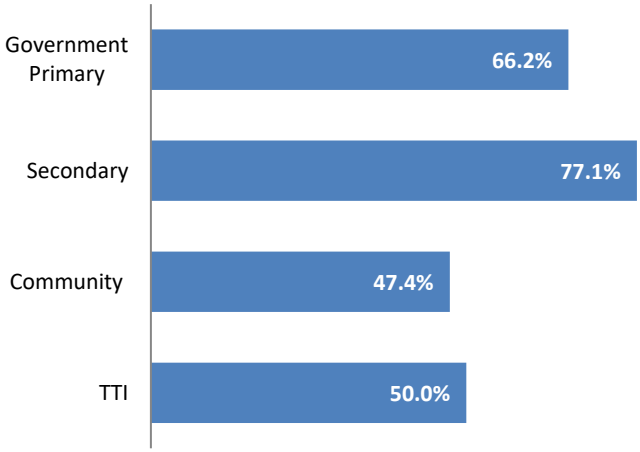
TEACHER TRAINING IN LIFE SKILLS-BASED HIV AND SEXUALITY EDUCATION

Given that life skills-based HIV and sexuality education uses participatory exercises to teach young people, it is important that teachers who teach the subject are trained in appropriate methodologies and the content that is covered. Head masters/mistresses were asked whether teachers in their schools were trained in life skills-based HIV and sexuality education and whether these teachers who had received training taught lessons in HIV and sexuality education in the past year. Training referred to pre-service and/or in-service training.

Across all school types and provinces, 62.1% of schools reported having at least one teacher trained in teaching life-skills and sexuality education. When analyzed by school type, it can be seen that the percent of schools with trained teachers teaching HIV/AIDS and sexuality education varies across school type. Secondary schools and government primary schools have the largest percentage of trained teachers teaching HIV/AIDS and sexuality education, with 77.1% of secondary schools and 66.2% of government primary schools with at least one

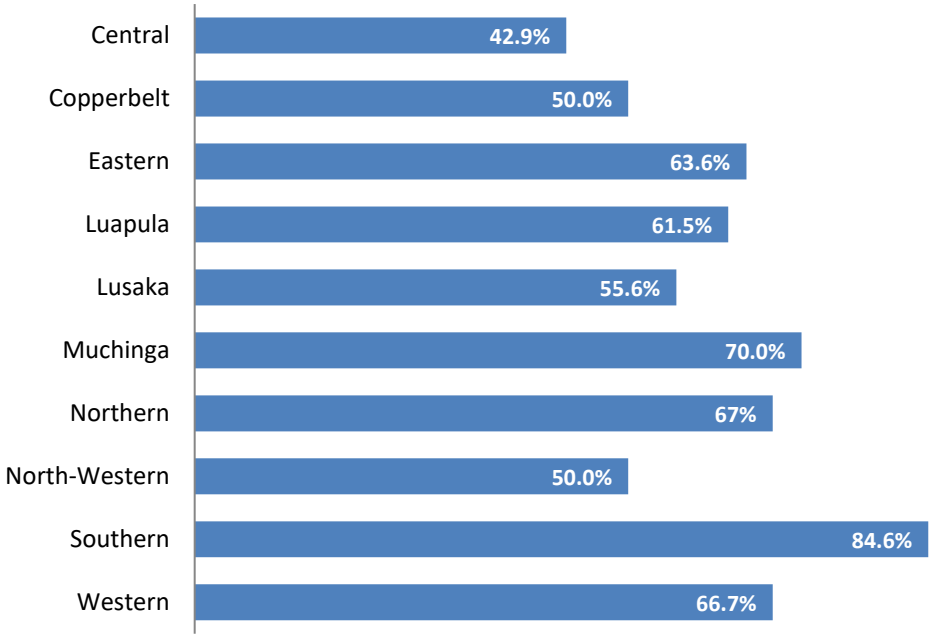
trained teacher teaching the subject areas. On the other hand, only half of community primary schools and TTIs reported having trained teachers teaching HIV/AIDS and sexuality education in school.

Figure 48. Percent of schools with at least one trained teacher teaching HIV/AIDS and sexuality education, by school type



The percent of schools with trained teachers teaching HIV and sexuality education varied across provinces, which suggests that the content and quality of life skills education for youth is not uniform. Southern province reported that over three-quarters of schools had trained teachers teaching HIV and sexuality education. Central, Copperbelt, and North-Western had 50% or fewer schools reporting having trained teachers in HIV and sexuality education teaching these subjects in the previous year.

Figure 49. Percent of schools that have trained teachers teaching HIV and sexuality education, by province



The number of trained teachers reported by principals/head teachers suggests that a teacher's sex is not significant in whether they receive training in life skills-based HIV and sexuality education; schools reported that 51.6% of trained teachers are female and 48.3% are male. This data is consistent with the results from focus group discussions with teachers

that found that female teachers were only slightly more likely than male teachers to have received both life skills training and life skills-based HIV and sexuality education. Additionally, FGD results showed that teachers who are trained in life skills based HIV and sexuality education were also more likely to have been trained in gender, GBV and children's rights.

The variability in teacher's knowledge and competency in teaching life-skills and sexuality education affects the quality of instruction of HIV/Sexuality education, as well as learners' mastery of the subject. In fact, FGDs with teachers from sampled schools showed that the knowledge of teachers ranged substantially. Nearly all teachers identified that abstinence and condom use were methods for avoiding unwanted pregnancy and STIs (including HIV), however, many teachers did not identify being faithful to one's sexual partner nor male circumcision as a way to protect against STIs (including HIV). This further suggests that the information students receive through CSE instruction and its quality is not uniform across schools in Zambia.

Most teacher trainees (81%) presently enrolled in TTIs report being instructed in pedagogical methods for teaching HIV and sexuality education.

Figure 50. Teacher trainees who have been taught about pedagogy in teaching HIV and sexuality education

PARENTAL/GUARDIAN INVOLVEMENT

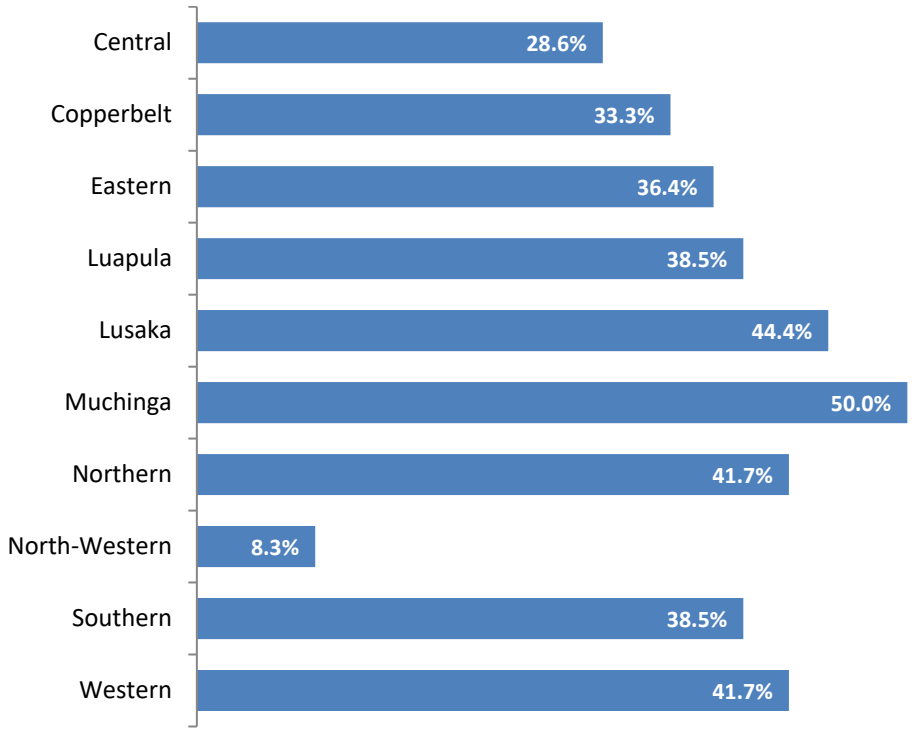
The engagement of parents and is an important aspect of a CSE program. Parents and guardians play a significant role in the gender and sexual socialization process of their children, and as such, it is important to engage parents in CSE. In order to ensure acceptance of life skills-based HIV and sexuality education into the curriculum in many contexts, parents/guardians need to be consulted and involved. Additionally, it is important to establish a link between parents/guardians and schools in order to reinforce learning (life skills-based sexuality education) and behavior (HIV/STI prevention and treatment), as well as to garner support for reinforcement by parents/guardian and community of what has been learned.

Through the baseline study, head masters/mistresses were asked whether in the past year their school organized orientation session(s) for parents or guardians to improve their

understanding of life skills-based HIV and sexuality education programs provided by the school. Orientation sessions can take the form of general meetings, notices or newsletters in which parents are made aware of proposed content of the curriculum, key messages and the methodology of delivery of CSE.

Overall, many schools did not provide orientation sessions for parents/guardians, with an average of only 34% of schools providing orientations. When analyzed by province, all provinces had only 50% or less of schools in their respective provinces engaging parents/guardians through orientation sessions.

Figure 51. Percent of schools that provided orientation session(s) to parents/guardians, by province



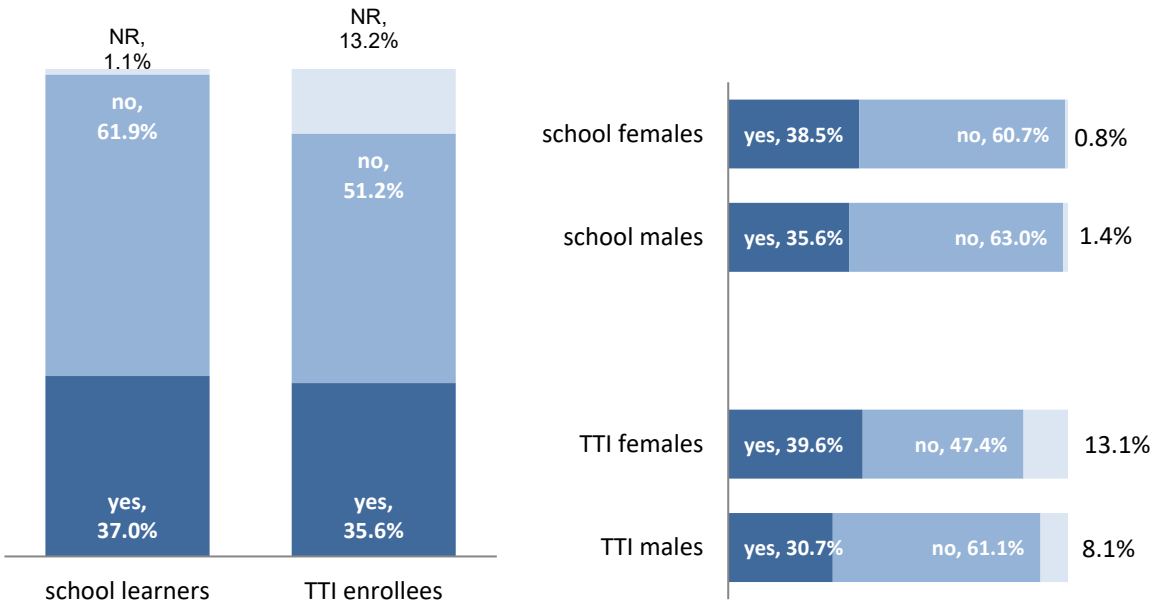
Analysis by school type showed that a third (33%) of primary schools (government and community) provided orientation sessions for parents/guardians. Among secondary schools and TTIs, more schools provided orientations to parents/guardians (41.1% and 40%, respectively).

YOUNG PEOPLE'S EXPERIENCES OF VIOLENCE

YOUNG PEOPLE'S EXPERIENCES OF ABUSE, HARASSMENT AND ASSAULT

Young people (10-24) participating in the study were asked whether someone has ever physically hurt them or done anything to make them feel uncomfortable, such as slap, push, shove, verbally insult or touch them in an inappropriate way without their permission. Over a third of in-school learners (36%) reported that they have experienced violence or abuse in the past. Figure 52 shows the breakdown by sex as well as general national estimates of young people's experience with violence and abuse. Of all in-school learners between 10 and 24 years old, about 39% of girls and 36% of boys report having been abused or harassed. The findings for TTI are a similar, suggesting that violence against children and young people is widespread.

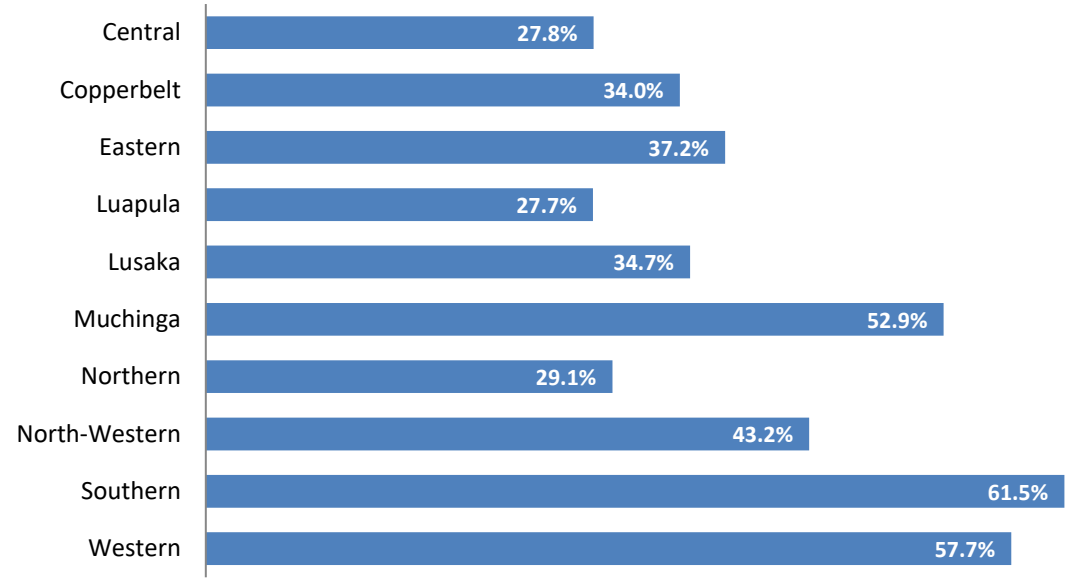
Figure 52. Young people's experience of violence and abuse



NR = No response

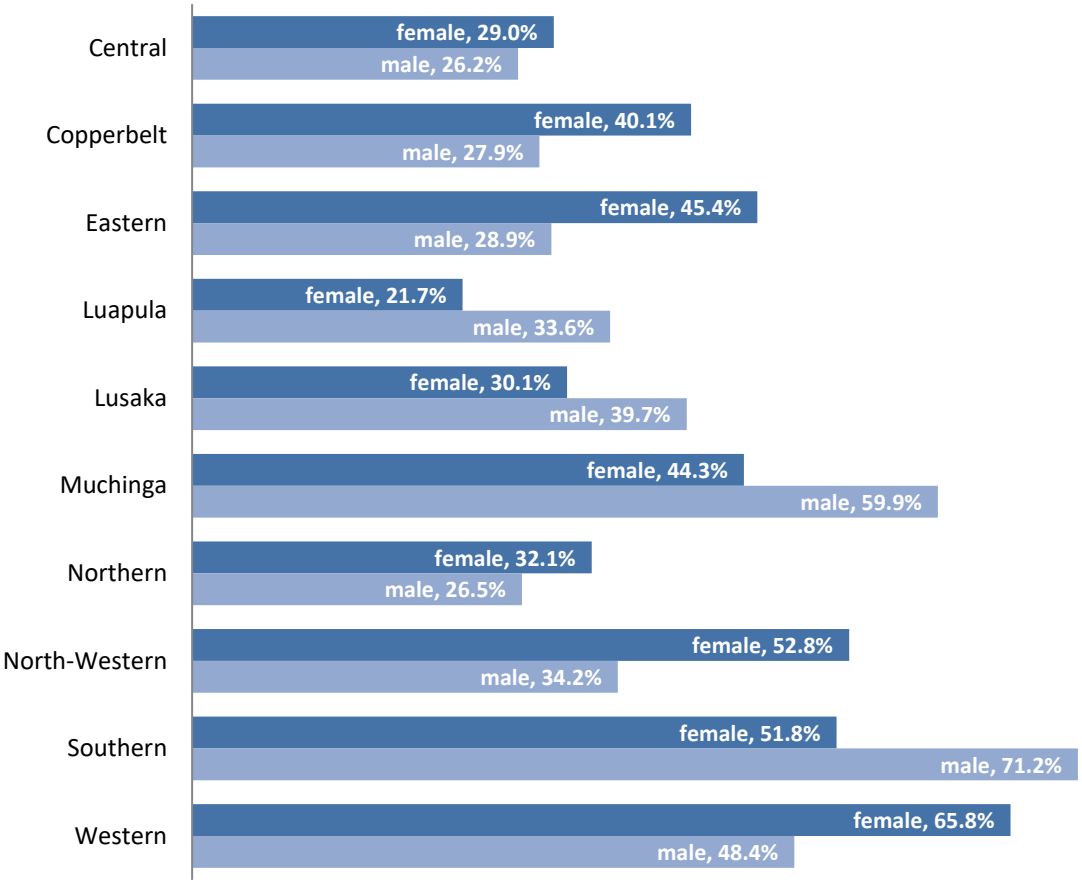
Comparisons by province show higher proportions of learners reporting being victims of harassment or abuse in Muchinga, Southern, North-Western and Western provinces, compared to other provinces. Figure 53 shows young people's experiences of violence, by province.

Figure 53. Young people's experience of violence and abuse, by province



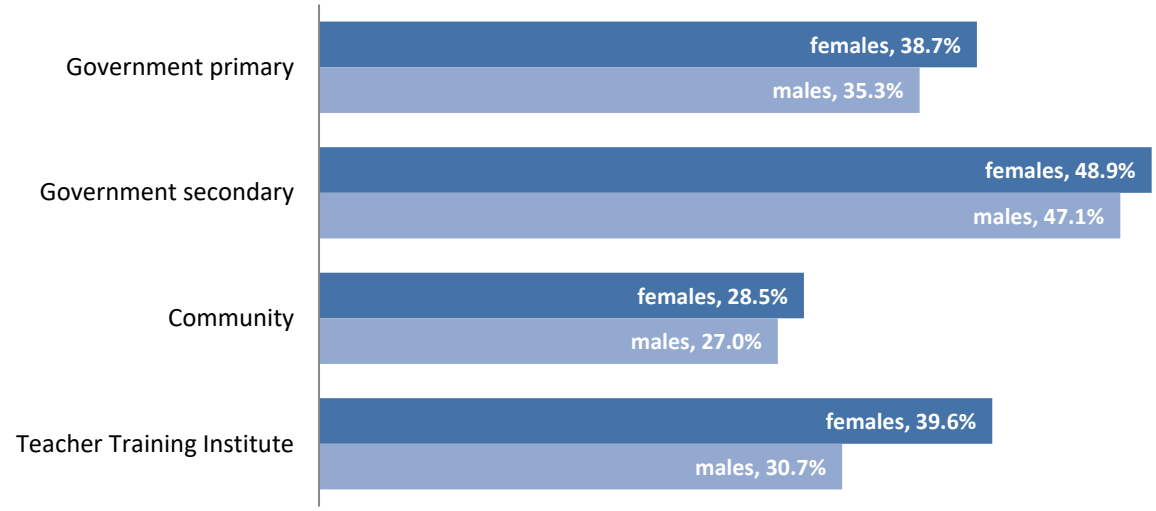
When analyzed by sex, in six out of the ten provinces a higher proportion of females reported experiencing violence compared to males with the exception of Luapula, Lusaka, Muchinga, and Southern provinces.

Figure 54. Young people's experience of violence, by province and sex



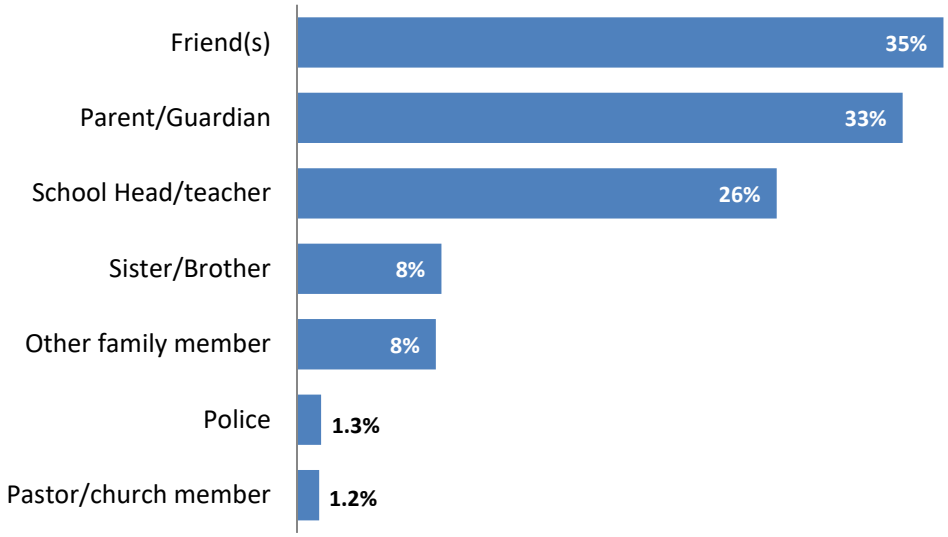
Comparisons by school type and sex found that older female learners are more likely to report being victims of violence and abuse than males or younger learners.

Figure 55. Young people's experience of violence and abuse, by school type



Young people were also asked whether they told anyone that they were abused, harassed or assaulted. More than a half (63%) of young people responded that they did tell someone. This was consistent across age group and sex. The most commonly mentioned confidant to whom young people told about the abuse was friend(s) (35%), followed by their parent/guardian (35%) and school head/teacher (26%). Only 1% reported incidents of abuse, harassment or assault to the police. It is probable that most young people were chiefly considering altercations or instances of abuse or harassment that happened in school.

Figure 56. To whom young people told about abuse, harassment and assault



Learners who said they complained were also asked about what happened as a result of reporting the offense. About one third (34%) said that nothing happened. About 35% said

that their attacker/abuser was punished or cautioned. A smaller proportion of learners said that the attacker apologized. Some learners said they were told that nothing can be done and they have to take care of themselves: "[I was told] it's part of life, get used to it", "[I was] advised to give that person space", "[I was] advised to avoid the abuser."

Community school learners in Western province

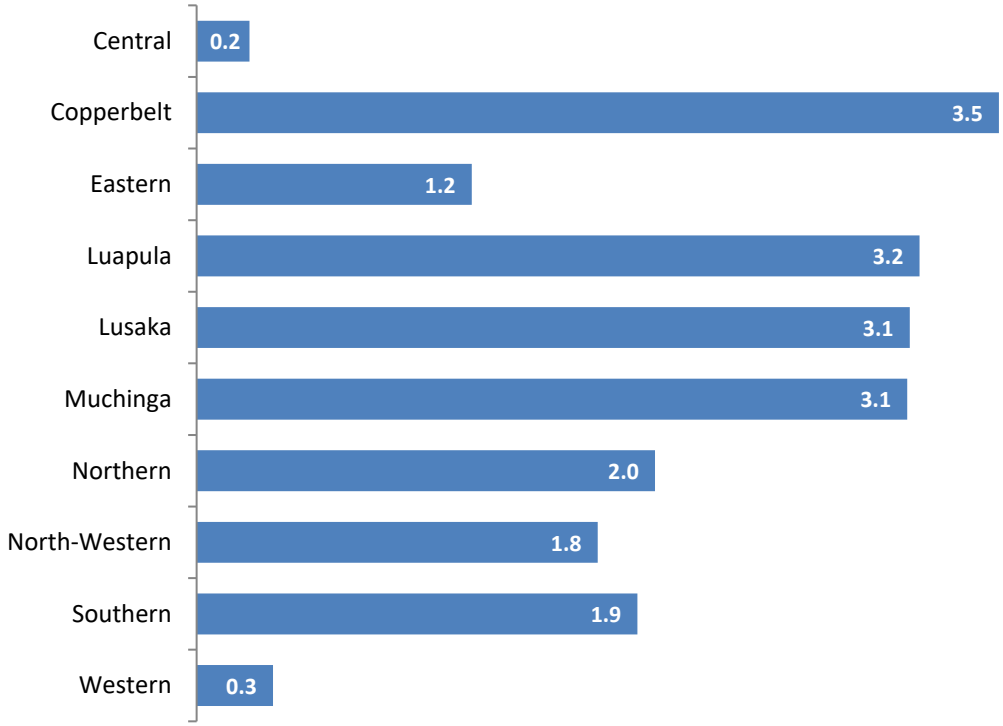
GENDER-BASED VIOLENCE IN SCHOOLS

Gender-based violence (GBV) may consist of verbal, physical, psychological and/or social abuse of a person because of their sexual classification, characteristics and/or identity. To assess the magnitude of school-related gender-based violence (SRGBV) in Zambia, head masters/mistresses were asked how many cases of GBV and/or harassment were reported during the previous year, and who reported them.

Given the absence of a standardized/institutionalized procedure for documenting, measuring and reporting cases of GBV, the baseline study relied on self-reported data from school heads who completed the school survey. In the baseline study, school heads were asked how many cases of GBV were reported during the previous year by students. On average, schools self-reported that on average two cases of SRGBV that were reported to the school by students in the previous year. Secondary schools reported slightly more cases reported by learners, with an average of three cases of SRGBV in the previous year. Figure 57 shows the breakdown of cases of GBV in schools by province. Only Central and Western provinces reported less than one case of SRGBV reported on average reported by learners in schools. The majority of provinces reported between one and three cases of SRGBV reported in the

previous year. The highest numbers of cases of SRGBV cases were reported in the previous year in Copperbelt (average of 3.5), Luapula (an average of 3.2), Lusaka and Muchinga (an average of 3.1 in both). In the context of statistics of learners' experiences with violence, bullying and harassment presented in this report, it is likely that schools in other provinces do not have adequate reporting systems in place to capture all violations.

Figure 57. Average Number of SRGBV cases reported in school, by province



Teachers were also asked whether GBV cases and/or harassment cases happened in their school the previous year. Although many teachers reported that they were not aware of cases of GBV, those teachers who were aware of GBV in schools indicated that cases were reported to the school administration. However, focus groups with teachers found that many school administrations as well as some teachers do not consider GBV as a serious matter and do not encourage reporting. In one focus group, teachers described retaliation from the school administration against teachers who reported a case of GBV.

Focus groups with teachers found that many school administrations as well as some teachers do not consider GBV as a serious matter and do not encourage reporting.

To understand the types of SRGBV being reported in schools, head masters/ mistresses were asked to report the number of cases of GBV and/or harassment reported by students during the previous year by type (bullying, sexual harassment, rape/defilement and other GBV

cases). At the primary level, the majority of cases (67%) of SRGBV were cases of bullying; the remainder of cases was a mix of sexual harassment (10%), rape/defilement (12%) and other types of GBV (11%). Similarly, at the secondary level the majority of SRGBV cases reported were bullying cases. However, unlike in primary where the remaining cases were a mix of SRGBV, at the secondary level sexual harassment was the second most common type of GBV reported, with nearly a third of cases reported falling into this category.

Figure 58. Types of cases SRGBV reported, by school level

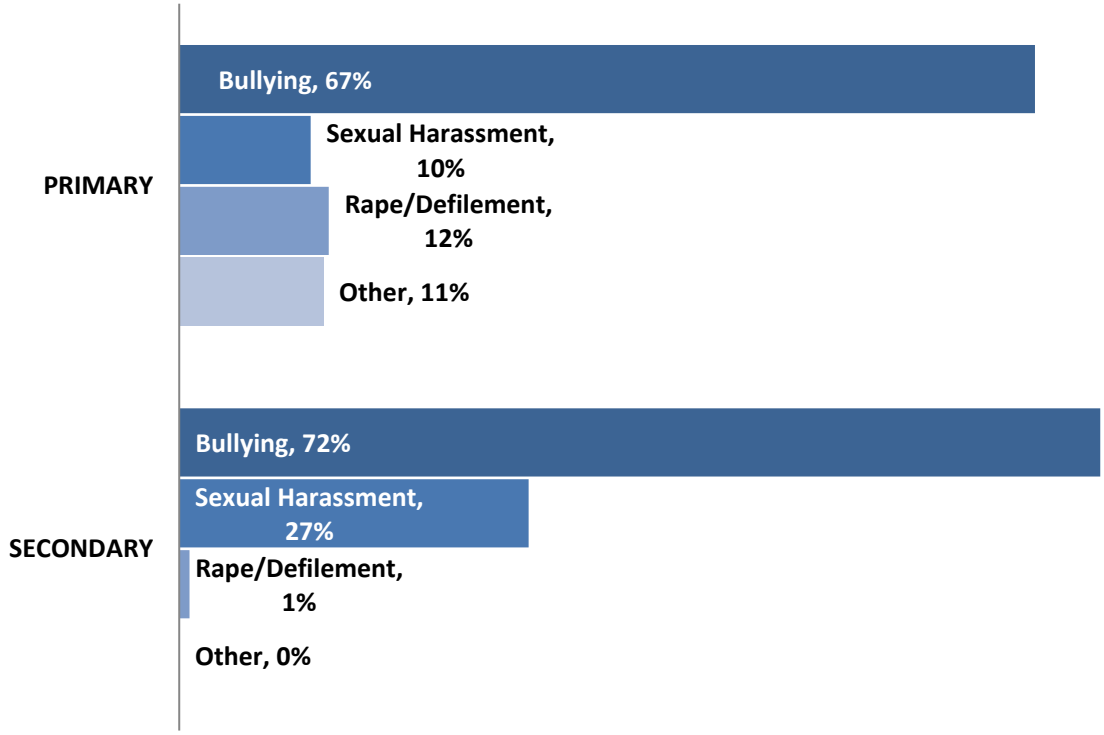
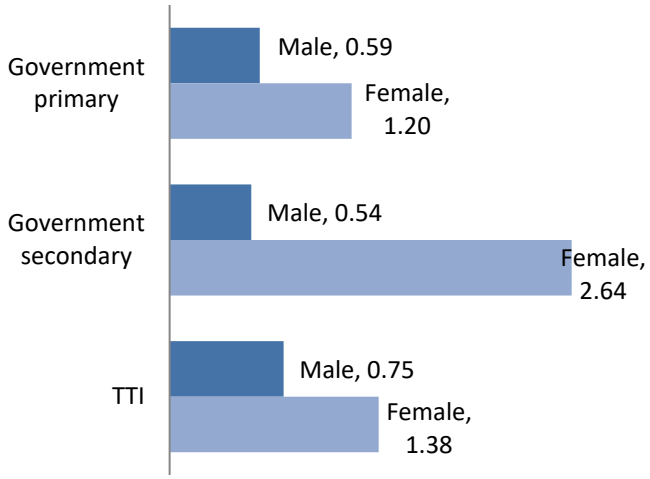


Figure 59 shows an average number of SRGBV cases reported by learners, according to data from schools. When analyzed by sex, females reported more cases of school-related violence and harassment than males. At the primary level the difference in cases reported by females, although larger, was similar to that of males. However, by secondary school, the difference in the number of cases of violence and harassment in school becomes more pronounced with on average of 2.6 cases reported by females and only 0.5 cases reported by

Figure 59. Average number of SRGBV cases reported, by sex of victims

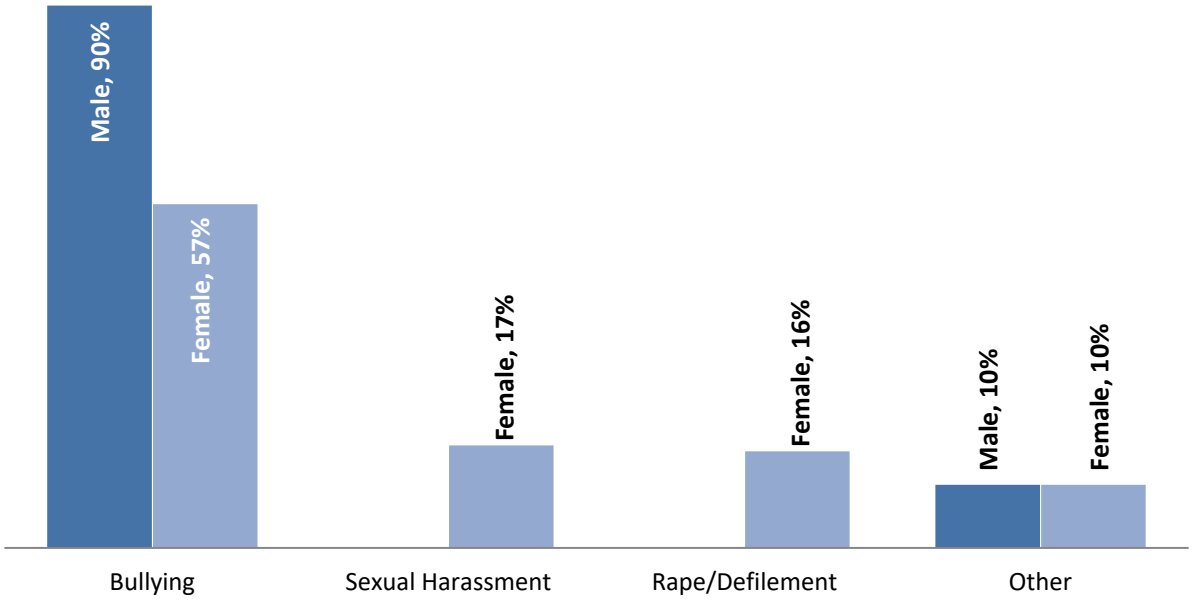


males.

Teachers from sampled schools agreed that female learners are overwhelmingly the victims of sexual harassment and/or GBV. Teachers also reported that female teachers were also more vulnerable to harassment and/or GBV, although not as vulnerable as female learners.

The most common type of SRGBV reported by both males and females learners was bullying within school; 90% and 57% respectively of all cases reported by learners were related to bullying. Females also reported incidents of sexual harassment and rape, which were not reported by males.

Figure 60. Types of cases of SRGBV reported, by sex of victims



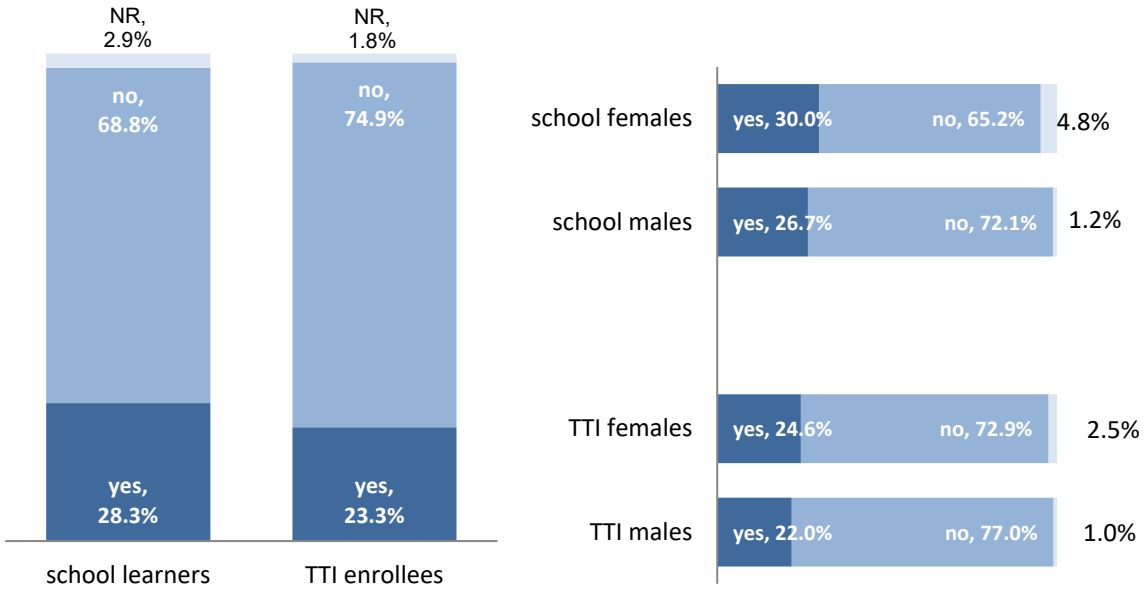
The following two sections explore bullying and harassment in schools as reported by learners, and schools' response to it.

BULLYING AND HARASSMENT IN SCHOOLS

Bullying in school settings can often lead to anxiety, depression and poorer academic performance for victims.[16] In order to understand the prevalence of bullying in schools in Zambia, 10 to 24 year old in-school learners and TTI enrollees were asked a series of questions on bullying and harassment in their respective schools.

About quarter of all learners report that bullying takes place in their school. Figure 61 shows distribution among all learners as well as by sex.

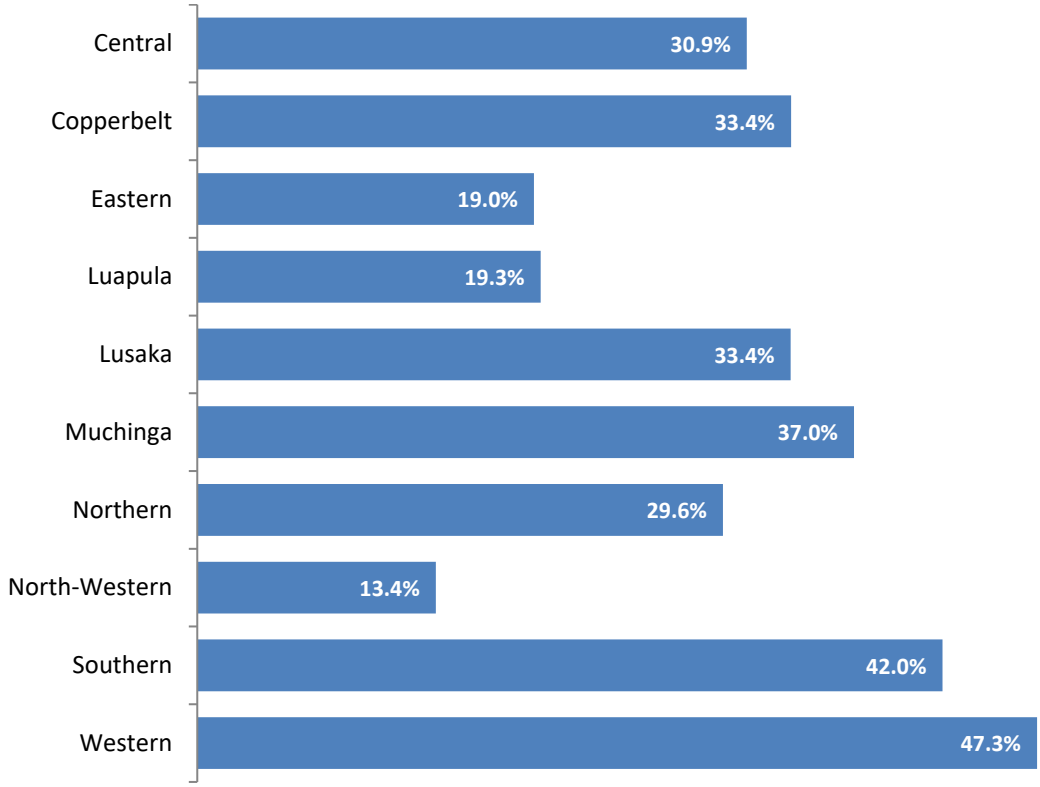
Figure 61. Bullying in schools and TTIs



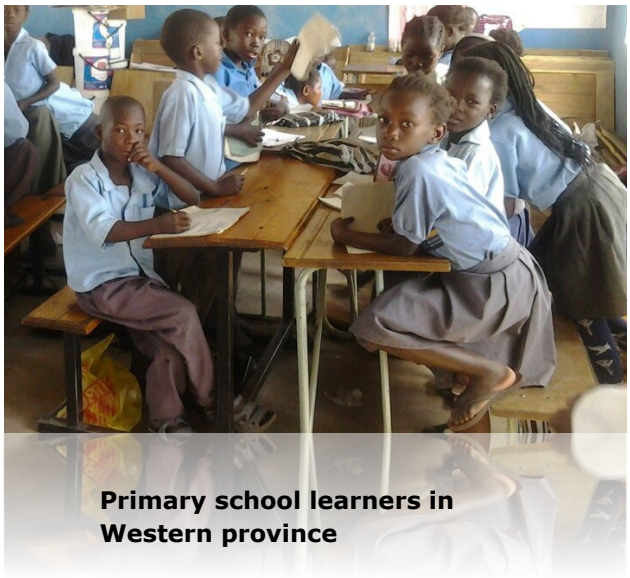
Analysis of survey results by province shows that between 13 and 50 percent of learners in each province report bullying in their school.

[16] Seter Siziya, Emmanuel Rudatsikira, Adamson S. Muula. "Victimization from bullying among school-attending adolescents in grades 7 to 10 in Zambia." J Inj Violence Res. 2012 January; 4(1): 30–35. doi: 10.5249/jivr.v4i1.84.

Figure 62. Bullying in schools and TTIs, by province



Comparisons by school type and sex found that higher rates of bullying are reported by government secondary school learners, followed by government primary learners. Additionally, in all school types, except community, female learners reported more prevalence of bullying in schools.



Primary school learners in Western province

Figure 63. Bullying in schools, by school type and sex

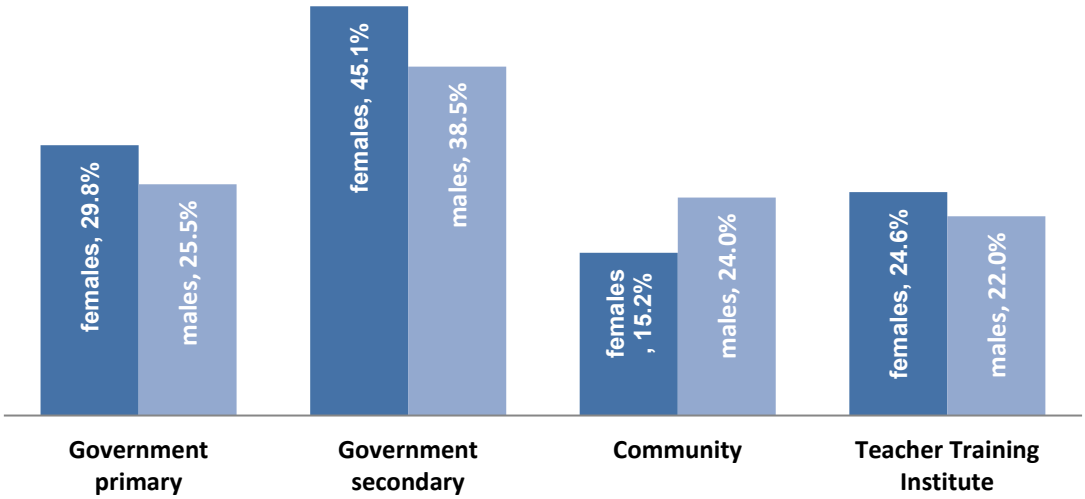
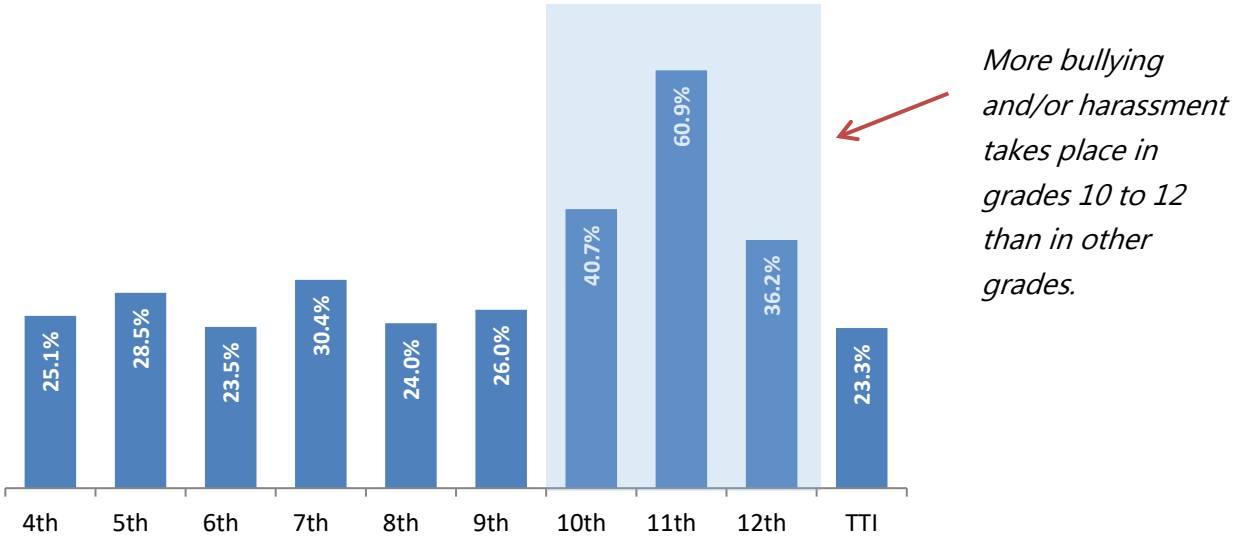
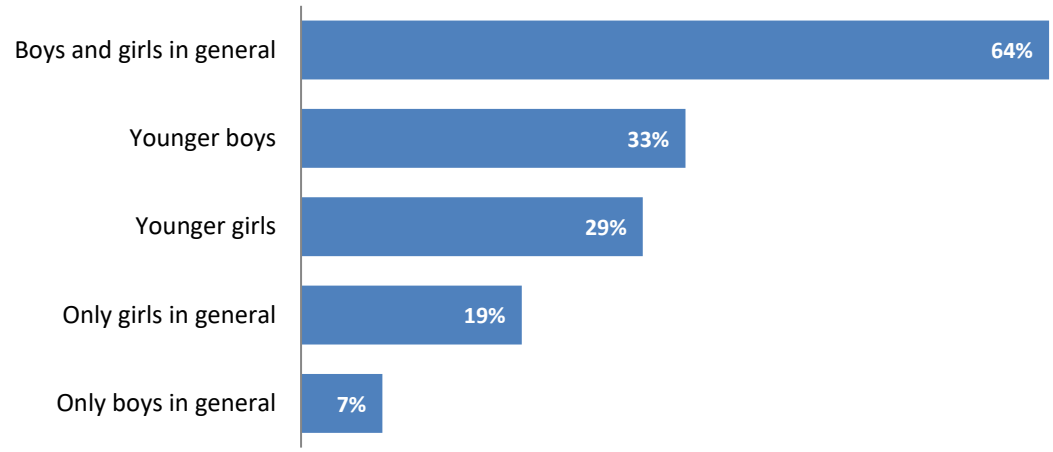


Figure 64. Bullying in school, by grade



Learners reported that both boys and girls were bullied and mocked; however, younger learners were more likely to be bullied than older learners, particularly younger boys.

Figure 65. School learners' perspective on which young people are bullied

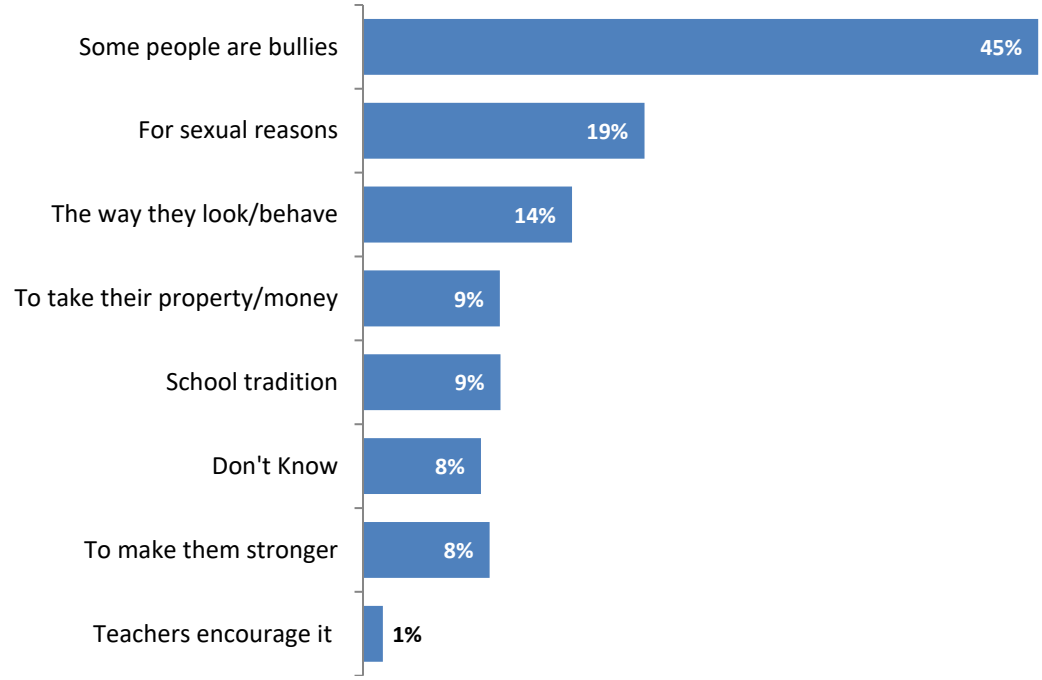


**Respondents were allowed to select more than one response.*

Similarly, TTI learners were asked about why their fellow learners were bullied or mocked. Similar to students in primary and secondary schools, TTI learners responded that the majority of bullying is directed at younger learners, both male and female, particularly younger female learners. Also, 12.5% of TTI enrollees reported that males who acted effeminate were bullied.

School learners were also asked why they thought some learners were bullied. The most frequent response of young people (45%) was that bullying occurred because "some people are bullies." Other young people reported that learners were bullied for sexual reasons.

Figure 66. School learner perspective on why young people are bullied

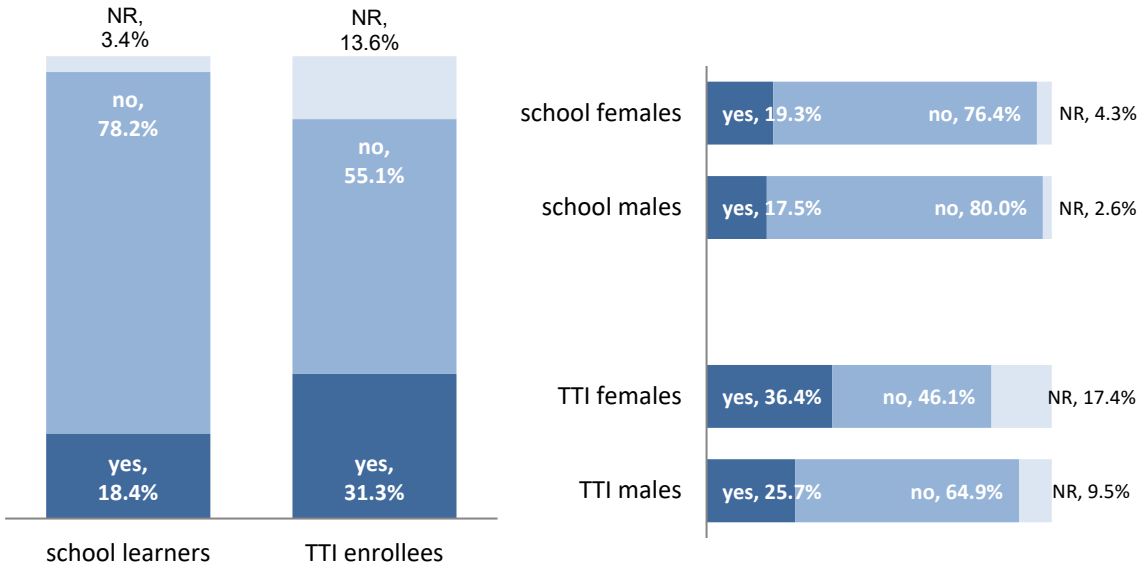


**Respondents were allowed to select more than one response.*

SEXUAL HARASSMENT IN SCHOOLS

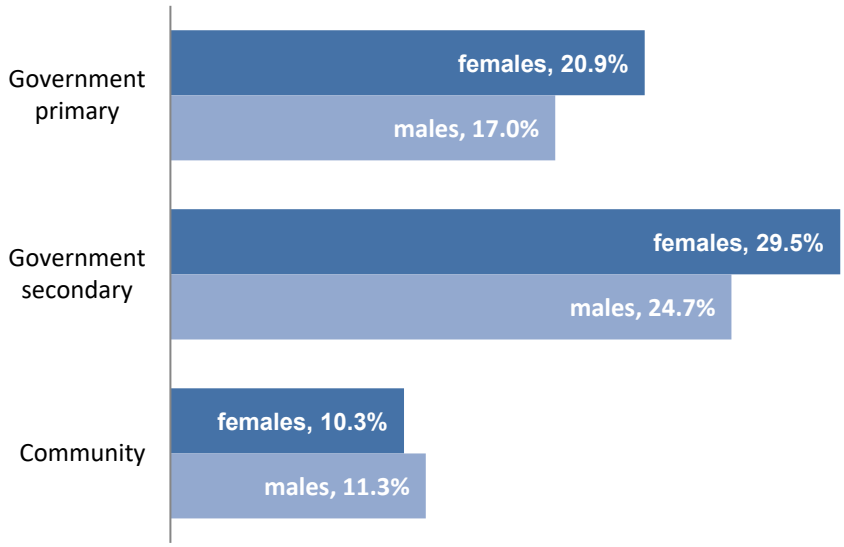
Learners were asked whether sexual harassment occurred in their schools. Nearly 20% of school learners and over 30% of TTI enrollees reported that sexual harassment takes place in school/TTI. Female learners in TTIs were more likely to report that sexual harassment takes place in their school than male learners.

Figure 67. Sexual harassment in schools and TTIs



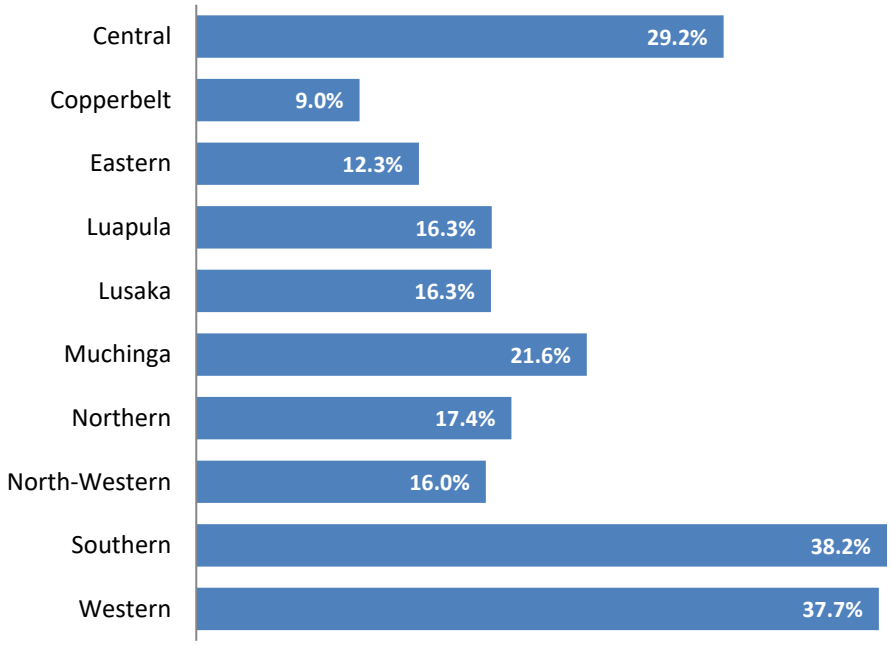
Young women attending government schools and TTIs are more likely to agree that sexual harassment occurs in their school than young men from the same schools. Significantly fewer community school learners reported that sexual harassment takes place in their school.

Figure 68. Reported sexual harassment in schools, by school type



Provincial comparisons show uneven results reported across provinces. While typically the rates of harassment can be expected to be similar across locales, the data shows rather uneven patterns. In provinces such as the Central, Southern and Western, over 25% of learners reported that sexual harassment took place in school. Conversely, in Copperbelt, approximately only 9% of young people reported sexual harassment taking place in school.

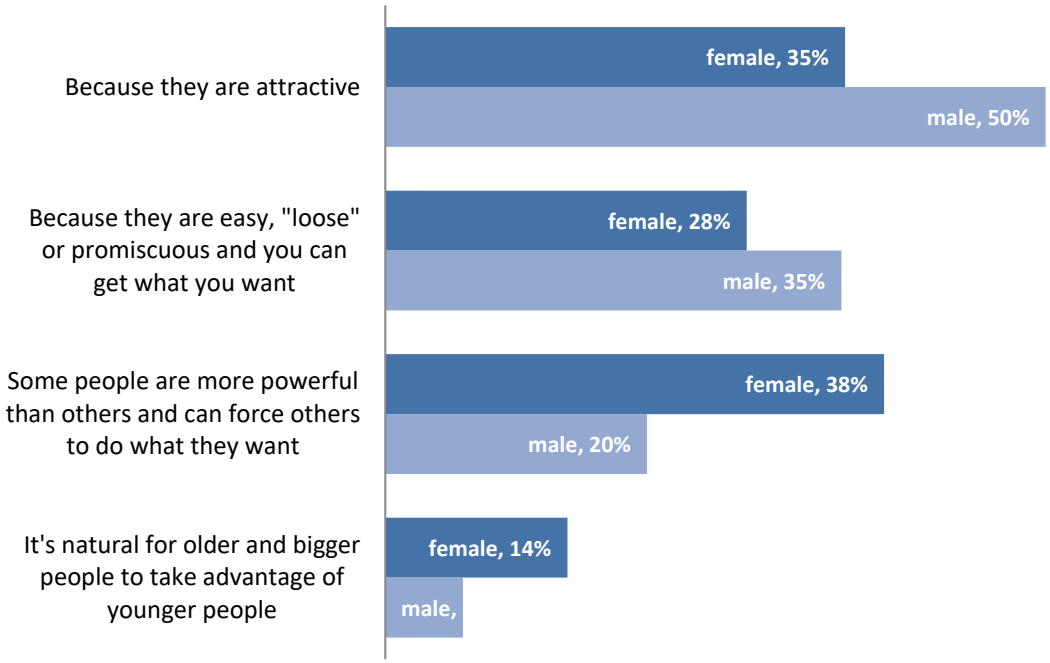
Figure 69. Percent of learners who responded that sexual harassment occurs in their school, by province



Although learners reported that both males and females are sexually harassed, it was reported that females tended to be more vulnerable to harassment. In fact, 38.7% of learners answered that only girls were the victims of sexual harassment, in comparison to a mere 0.1% of young people that reported that only boys were the victims.

Learners were asked why they thought young people were sexually harassed. "Because they are attractive" was the most frequently selected response, indicating a pattern of normalization of harassment as an action that can be interpreted as flattering to the victim. Reflecting the expected power dynamic, girls were more likely to select the answer "some people are more powerful than others and can force others to do what they want," while boys were more likely to select the answer "because they are 'loose', or promiscuous and you can get what you want."

Figure 70. Learner perspective on why young people are sexually harassed, by sex



RESPONSE TO VIOLENCE AND HARASSMENT IN SCHOOLS

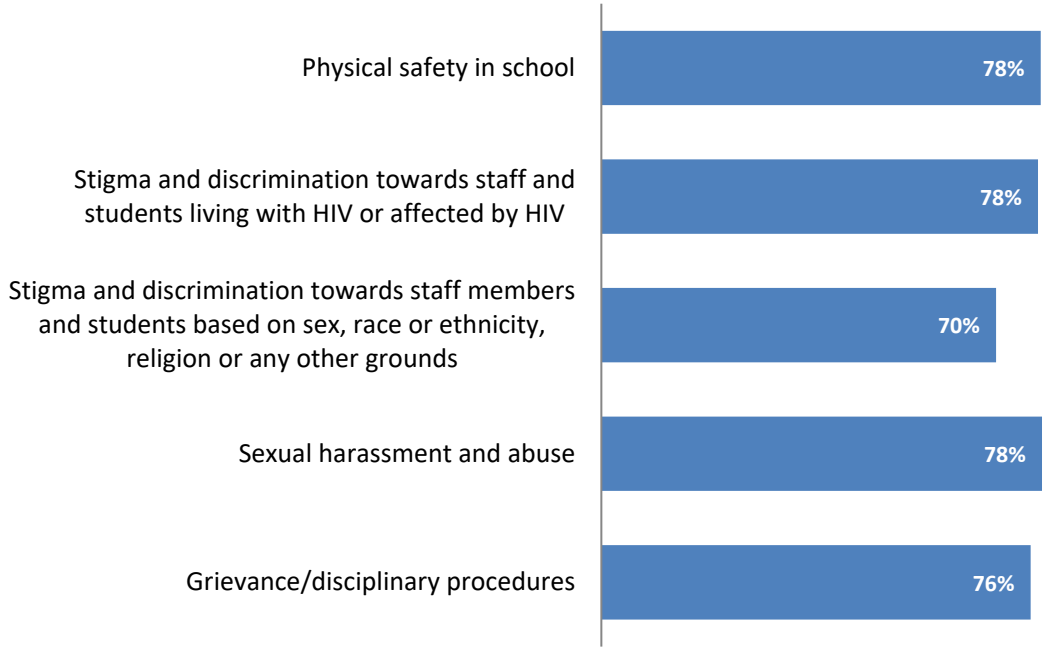
Given that in Zambia, GBV is widely thought to be a domestic problem (e.g. occurring in one's home or private sphere of life rather than in a school context), there is often reluctance on the part of students to report safety issues, discrimination or sexual harassment, as well as reluctance on the part of a school authority figure to respond. In order to understand how students and schools respond to cases of violence and GBV in schools, students and head masters/mistresses were asked how they react to and/or address cases of violence/harassment in school.

Students were asked whether they complain to teachers or school heads when there is bullying/harassment. On average, 64% of learners reported that they complain to teachers or school heads when there is bullying or harassment in school. When asked what happens when a learner complains, 71% of respondents said that harassment stops, and 8% said that nothing happens. An additional 6% said that the harasser is transferred to another school. The remaining students could not answer what happen.

School Response. School codes of conduct can be used to reduce sexual harassment, stigma and discrimination, and violence in schools. In this regard, school principals were asked whether their school had adopted a code of conduct with specified rules and guidelines for staff and learners related to physical safety, stigma and discrimination, sexual harassment and abuse and grievance/ disciplinary procedures. Nearly 80% of schools reported having rules and guidelines for physical safety, stigma and discrimination towards

learners /teachers living with HIV, sexual harassment and abuse and grievance/disciplinary procedures. Slightly fewer (70%) schools reported having codes of conduct relating to stigma and discrimination towards staff and learners based on sex, race, ethnicity, religion, etc.

Figure 71. Percent of schools that adopted rules and guidelines



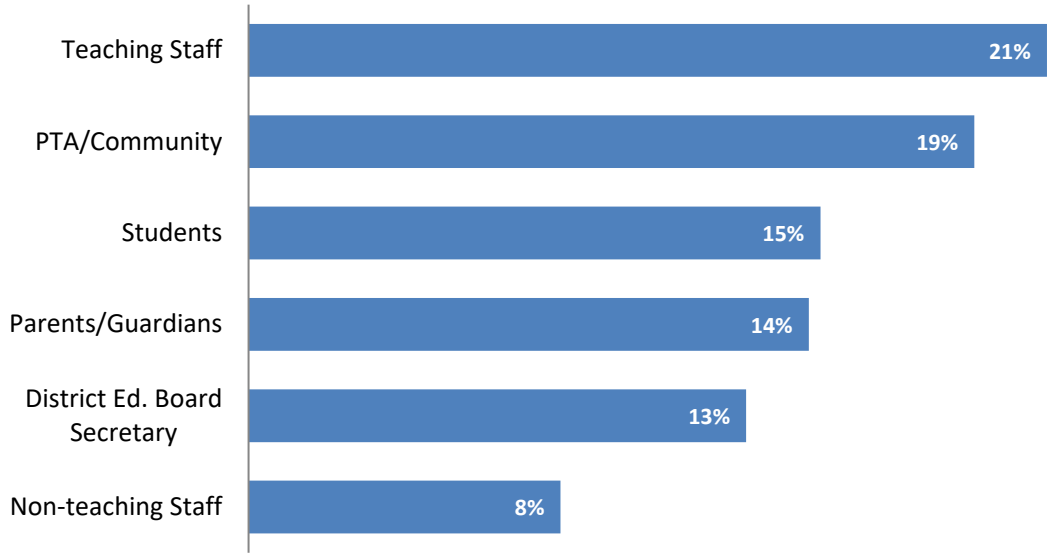
Although many school indicated adopting rules and guidelines as seen in Figure 71, only 63.5% of schools indicated that they had all 5 guidelines; 13% reported not having any rules or guidelines.

Only 1.9% of schools communicated rules and guidelines to teaching staff, non-teaching staff, PTA/Community, and learners. More than 75% of schools did not communicate rules and guidelines to anyone. parents/guardians.

Despite the large percentage of schools that have adopted codes of conduct, the majority of these schools have not communicated these rules and guidelines to key stakeholders, including their teaching staff or learners. In fact, only 1.9% of schools communicated rules and guidelines to all key stakeholders: teaching staff, non-teaching staff, PTA/Community, parents/guardians and learners. More than 75% of schools did not communicate rules and guidelines to anyone.

Figure 72 shows to whom schools communicate their codes of conduct. On average, only 20.6% and 14.8% of schools communicated codes of conduct to teachers and learners, respectively.

Figure 72. Percent of schools that communicated the school rules and guidelines to key stakeholders

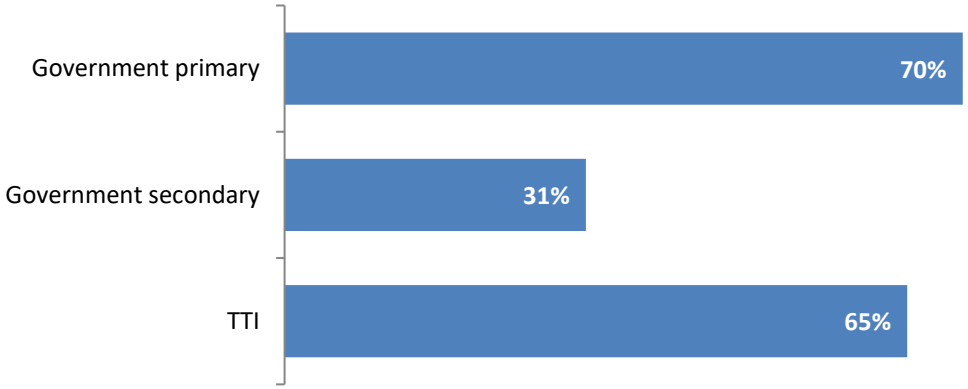


Similarly, even though 80% of schools reported having rules and guidelines on sexual harassment and abuse, physical safety in school and grievance and disciplinary procedures, not all cases of SRGBV were addressed according to existing school regulations and guidelines. Figure 73 shows that the primary schools that had rules and guidelines do use them to address SRGBV cases.

Middle school learners in Luapula province

TTIs also largely use existing school regulations and guidelines to address SRGBV cases. Of interest is the low percentage of secondary schools (31%) that use existing regulations and guidelines to address SRGBV.

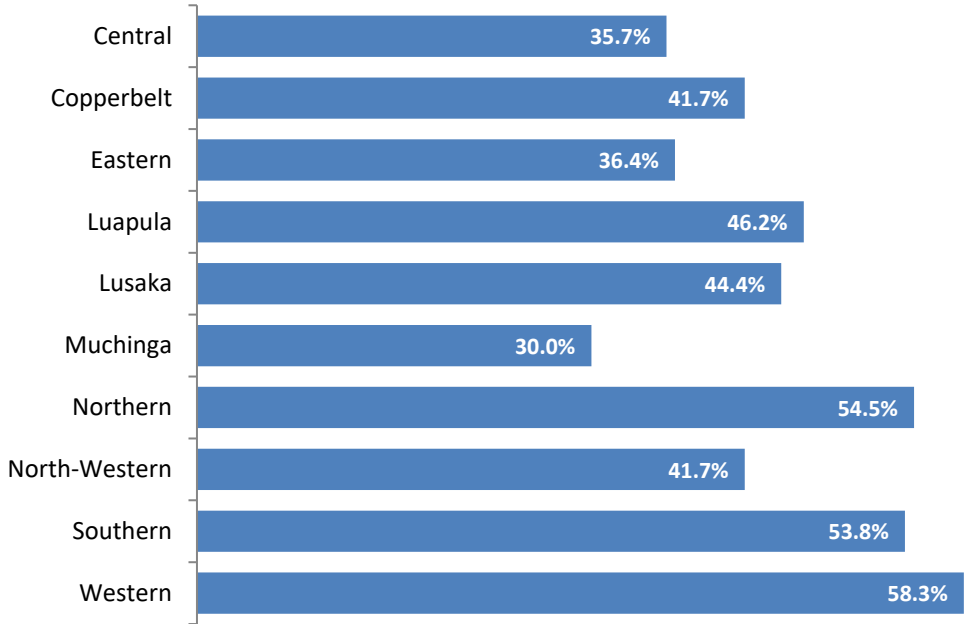
Figure 73. Percent of SRGBV cases that were addressed according to existing school regulations/guidelines



TEACHER TRAINING IN GENDER-BASED VIOLENCE

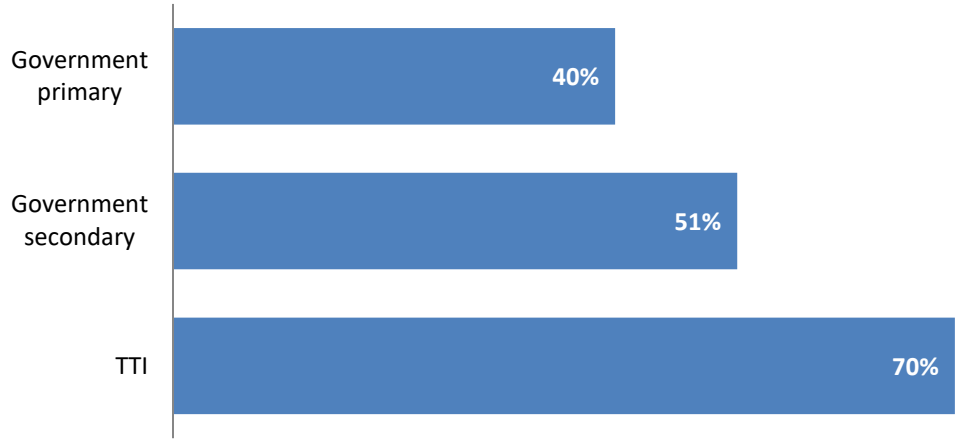
Principals were asked whether their school had conducted skill sessions on how to deal with GBV. On average, only 40% of schools reported that they have conducted skill sessions on dealing with GBV in school settings. As can be seen in Figure 74, the percent of schools that have conducted GBV skill sessions varies across provinces. In seven out of ten provinces less than 50% of schools have conducted skill sessions.

Figure 74. Percent of schools that conducted skill sessions on GBV, by province



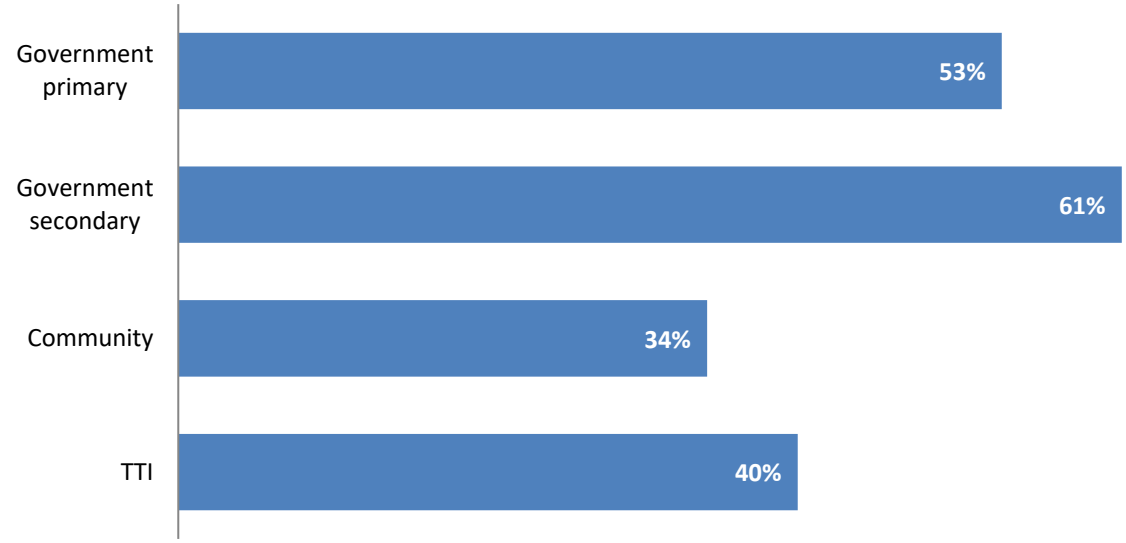
When analyzed by school type, approximately 40% of both government and community primary schools have conducted GBV skill sessions. Similarly, only 50% of government secondary schools have conducted sessions. In contrast, nearly three-quarters of TTIs reported conducting GBV skill sessions.

Figure 75. Percent of schools that conducted skill sessions on GBV, by school type



Head masters/mistresses were also asked whether teachers in their school were trained in gender and GBV prevention. On average, less than half of schools (48.9%) have teachers who have been trained in Gender and GBV prevention. When analyzed by school type, approximately half of government primary (53%) and 61% of secondary schools have at least one teacher trained in gender and GBV. Only one third of community schools, on the other hand, reported that having at least one trained teacher. About 40% of TTIs had at least one trained teacher in gender and GBV.

Figure 76. Schools with at least one teacher trained in gender and GBV, by school type



The last section of the report presents detailed learner-level and school-level indicator results, disaggregated by sex and province.

BASELINE INDICATOR RESULTS

INDICATOR		BASELINE RESULTS
#1	Percentage of school dropouts due to pregnancy[17]	2.0%
#2	Percentage of students, aged 10-24 years who demonstrate desired level of knowledge & reject major misconceptions about HIV & AIDS[18]	24.6%
#3	Percentage of young people, aged 15-24, who have had sexual intercourse before the age of 15[19]	13.8%
#4	Percentage of schools that provided life skills-based HIV & sexuality education in the previous academic year	23.0%
#5	Number and percentage of learners reached by high-quality education[20] curricula that is evidence-based & age appropriate	935,371 (25.8%)
#6	Percentage of schools with teachers who have received training and taught lessons in life skills-based HIV and sexuality education in the previous academic year	61.2%
#7	Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders[21]	1.9%
#9	Number of young people[22] referred to SRH services from schools	152,371
#10	Number of cases of gender-based violence and harassment cases responded to and addressed according to guidelines[23]	19,347

[17] Indicator refers to the percent of students who left school because of becoming pregnant or impregnating a girl as reported by schools. This indicator was computed based on the school self-report. It is not known how accurate this statistic is. Schools may not be informed about the reasons behind student drop out. The indicator is a measure of the number of students who left school because of becoming pregnant or impregnating a girl divided by the total number of students. Indicator results do not include responses from TTIs.

[18] Indicator 2: Desired level of knowledge = scoring 95% on HIV Knowledge Test, per UNESCO methodology.

[19] This indicator was computed by calculating the frequency of non-TTI school learners age 15 to 24 who said they had first sexual intercourse before age 15.

[20] Since curricular materials were not available for the study, the percentage of schools that provide life skills-based HIV & sexuality education (indicator 4) was used to estimate the number of learners. The percentage (indicator 4) of primary, community and secondary schools that provide life skills-based HIV and sexuality education was applied to the entire Zambian student population. Data does not include TTI enrollees.

[21] This number only reflects schools that fit the following criteria: (I) have guidelines for (a) physical safety in school, (b) sexual harassment and abuse, (c) stigma/discrimination toward staff/students living with HIV, (d) stigma/discrimination on basis of sex, race, or ethnicity, religion, and (e) grievance/disciplinary procedures AND (II) communicated guidelines to all 6 stakeholders. For schools that just have rules and guidelines for all categories, regardless of whether they are communicated, the value is 63.5%.

[22] The study collected data on the number of referrals, not individual young people. To estimate number of referrals, the average number of referrals by province was calculated and then was multiplied by the number of schools in each province.

[23] Indicator 10 is an estimate and is calculated by finding the average number of cases by province and school type and multiplying this average by the total number of schools for each school type in each province. Finally, they are summed to estimate the total number of cases of GBV and harassment responded to and addressed according to guidelines. Qualitative data suggest that many GBV cases remain unreported.

#11	Number of learners trained in children rights, sexuality, gender and HIV[24]	2,233,708 (61.7%)
#12	Number of teachers trained on gender-based violence against children and young people[25]	25,858
#13	Percentage of educational institutions that have delivered life skills sessions addressing GBV[26]	40.0%
#15	Percentage of schools that provided an orientation for parents /guardians of students regarding life skills-based HIV and sexuality education programs in schools in the previous academic year	33.7 %

DETAILED STUDENT-LEVEL INDICATOR RESULTS

STUDENT INDICATOR RESULTS BY SEX			
INDICATOR		**MALE**	**FEMALE**
#2	Percentage of students, aged 10-24 years who demonstrate desired level of knowledge & reject major misconceptions about HIV & AIDS[27]	24.6%	23.0%
#3	Percentage of young people, aged 15-24 years who have had sexual intercourse before the age of 15	19.0%	7.6%
#5	Number and percentage of learners reached by high-quality education curricula that is evidence-based & age appropriate[28]	467,686 (25.8%)	467,686 (25.8%)
#11	Number of learners trained in children rights, sexuality, gender and HIV[29]	979,344	1,153,012

STUDENT INDICATOR RESULTS BY SCHOOL TYPE					
INDICATOR		**GOVERNMENT**		**COMMUNITY**	**TTI**
		Primary	**Secondary**		
#2	Percentage of students, aged 10-24 years who demonstrate desired level of knowledge & reject major misconceptions about HIV & AIDS	23.1%	44.8%	19.6%	49.3%
#3	Percentage of young people, aged 15-24 years who have had sexual intercourse before the	16.2%	7.6%	15.6%	9.4%

[24] The total number of young people that have received training in all 4 subjects (children's rights, gender, sexuality and HIV). Does not include TTI students. Data from learner questionnaire was used.

[25] Calculated by taking the weighted percent of teachers in the sample who have received training and multiplied it by the total number of teachers in Zambia (from the sample frame). Does not include teachers from TTCs.

[26] Schools self-reported whether they conducted skill sessions on how to deal with gender-based violence. Does not include results from TTCs.

[27] Includes young people (10-24) in primary, secondary, community and TTI schools.

[28] Assumes that total population of students (3,619,308) is evenly divided by sex (1,809,654 male and female students respectively). Estimated number of students is calculated by taking the total number of students estimated to have been reached by life skills based HIV and sexuality education and assuming an even number of males and females.

[29] Assumes that total population of students (3,619,308) is evenly divided by sex (1,809,654 male and female students respectively). Estimated number of students is calculated by taking the weighted percent of males and females who reported that they received training and multiplying that percentage by the number of male/female students in the total population. Student questionnaire data found that higher percentages of females reported receiving training (64.5% versus 54.3% for males).

	age of 15				
#5	Number and percentage of learners reached by high-quality education curricula that is evidence-based & age appropriate[30]	781,362 (27.5%)	93,037 (32.9%)	60,973 (12.4%)	---
#11	Number of learners trained in children rights, sexuality, gender and HIV[31]	1,780,083	202,112	251,513	---

[30] Number of students for TTIs could not be calculated given that data wasn't available for the total number of students in TTIs in Zambia. The percentage provided is a weighted percent from the sample included in this study.

[31] Number of students for TTIs could not be calculated given that data wasn't available for the total number of students in TTIs in Zambia.

STUDENT INDICATOR RESULTS BY AGE																
INDICATOR		**AGE**[32]														
		10	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**
#2	Percentage of students, aged 10-24 years who demonstrate desired level of knowledge & reject major misconceptions about HIV & AIDS	15.4%	30.2%	9.3%	27.9%	19.0%	31.3%	31.8%	22.9%	23.5%	61.0%	47.8%	56.0%	46.1%	37.5%	47.6%
#3	Percentage of young people, aged 15-24 years who have had sexual intercourse before the age of 15	NA	NA	NA	NA	NA	12.4%	16.8%	17.6%	14.9%	4.9%	7.1%	12.5%	10.3%	13.0%	7.3%
#5	Number and percentage of learners reached by high-quality education curricula that is evidence-based & age appropriate[33]	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
#11	Number of learners trained in children rights, sexuality, gender and HIV [34]	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---

NA – not applicable.

--- signifies no data is available

[32] Data for students ages 10 to 18 represent data for students in primary or secondary education. Data for students ages 19 to 24 represents data for only TTI students and as such may not be representative of the entire population of 19 to 24 year olds.

[33] Estimates on the number of learners reached by high quality education curricula was not calculated due to lack of information on the breakdown of learners by age in Zambian schools.

[34] This indicator (number of learners trained in children's rights, sexuality, gender and HIV) was not reported given that a breakdown for learners by age in schools was not available.

DETAILED SCHOOL-LEVEL INDICATOR RESULTS

SCHOOL INDICATOR RESULTS BY SCHOOL TYPE					
INDICATOR		GOVERNMENT		COMMUNITY	TTI
		Primary	Secondary		
#1	Percentage of school dropouts due to pregnancy	2.3%	2.0%	1.1%	0.9%
#4	Percentage of schools that provided life skills-based HIV & sexuality education in the previous academic year	26.3%	31.4%	11.9%	40.0%
#6	Percentage of schools with teachers who have received training and taught lessons in life skills-based HIV and sexuality education in the previous academic year	66.2%	77.1%	47.4%	50.0%
#7	Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders[35]	2.4%	2.1%	0.0%	0.0%
#9	Number of young people referred to SRH services from schools	128,532	8,521	24,059	297
#10	Number of cases of gender-based violence and harassment cases responded to and addressed according to guidelines	18,182	359	809	37
#12	Number of teachers trained on gender-based violence against children and young people	17,246	1,061	7,550	---
#13	Percentage of educational institutions that have delivered life skills sessions addressing GBV	40.9%	49.5%	35.4%	70.0%
#15	Percentage of schools that provided an orientation process for parents or guardians of students regarding life skills-based HIV and sexuality education programmes in schools in the previous academic year	33.3%	41.1%	33.4%	40.0%

--- signifies no data is available

[35] Schools that have guidelines: PRIMARY= 69.8%; SECONDARY=74.8%; COMMUNITY=42.9%; and TTI=70.0%

SCHOOL INDICATOR RESULTS BY PROVINCE			
	INDICATOR		BASELINE RESULTS
CENTRAL	#1	Percentage of school dropouts due to pregnancy	2.5%
	#4	Percentage of schools that provided life skills-based HIV & sexuality education in the previous academic year	23.1%
	#6	Percentage of schools with teachers who have received training and taught lessons in life skills-based HIV and sexuality education in the previous academic year	46.2%
	#7	Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders	0.0%
	#9	Number of young people referred to SRH services from schools	47,810
	#10	Number of cases of gender-based violence and harassment cases responded to and addressed according to guidelines	134
	#12	Number of teachers trained on gender-based violence against children and young people	1,625
	#13	Percentage of educational institutions that have delivered life skills sessions addressing GBV	30.8%
	#15	Percentage of schools that provided an orientation process for parents or guardians of students regarding life skills-based HIV and sexuality education programmes in schools in the previous academic year	30.8%
COPPERBELT	#1	Percentage of reduction in school dropouts due to pregnancy	0.4%
	#4	Percentage of schools that provided life skills-based HIV & sexuality education in the previous academic year	16.7%
	#6	Percentage of schools with teachers who have received training and taught lessons in life skills-based HIV and sexuality education in the previous academic year	50.0%
	#7	Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders	0.0%
	#9	Number of young people referred to SRH services from schools	4,521
	#10	Number of cases of gender-based violence and harassment cases responded to and addressed according to guidelines	0
	#12	Number of teachers trained on gender-based violence against children and young people	2,553
	#13	Percentage of educational institutions that have delivered life skills sessions addressing GBV	41.7%
	#15	Percentage of schools that provided an orientation process for parents or guardians of students regarding life skills-based HIV and sexuality education programmes in schools in the previous academic year	33.3%

EASTERN	#1	Percentage of reduction in school dropouts due to pregnancy	5.5%
	#4	Percentage of schools that provided life skills-based HIV & sexuality education in the previous academic year	18.2%
	#6	Percentage of schools with teachers who have received training and taught lessons in life skills-based HIV and sexuality education in the previous academic year	63.6%
	#7	Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders	0.0%
	#9	Number of young people referred to SRH services from schools	12,000
	#10	Number of cases of gender-based violence and harassment cases responded to and addressed according to guidelines	1,679
	#12	Number of teachers trained on gender-based violence against children and young people	521
	#13	Percentage of educational institutions that have delivered life skills sessions addressing GBV	36.4%
	#15	Percentage of schools that provided an orientation process for parents or guardians of students regarding life skills-based HIV and sexuality education programmes in schools in the previous academic year	36.4%
LUAPULA	#1.	Percentage of reduction in school dropouts due to pregnancy	1.1%
	#4	Percentage of schools that provided life skills-based HIV & sexuality education in the previous academic year	33.3%
	#6	Percentage of schools with teachers who have received training and taught lessons in life skills-based HIV and sexuality education in the previous academic year	58.3%
	#7	Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders	0.0%
	#9	Number of young people referred to SRH services from schools	15,515
	#10	Number of cases of gender-based violence and harassment cases responded to and addressed according to guidelines	1,056
	#12	Number of teachers trained on gender-based violence against children and young people	6,112
	#13	Percentage of educational institutions that have delivered life skills sessions addressing GBV	50.0%
	#15	Percentage of schools that provided an orientation process for parents or guardians of students regarding life skills-based HIV and sexuality education programmes in schools in the previous academic year	41.7%

LUSAKA	#1.	Percentage of reduction in school dropouts due to pregnancy	0.6%
	#4	Percentage of schools that provided life skills-based HIV & sexuality education in the previous academic year	11.1%
	#6	Percentage of schools with teachers who have received training and taught lessons in life skills-based HIV and sexuality education in the previous academic year	55.6%
	#7	Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders	---
	#9	Number of young people referred to SRH services from schools	7,912
	#10	Number of cases of gender-based violence and harassment cases responded to and addressed according to guidelines	2,368
	#12	Number of teachers trained on gender-based violence against children and young people	1,759
	#13	Percentage of educational institutions that have delivered life skills sessions addressing GBV	44.4%
	#15	Percentage of schools that provided an orientation process for parents or guardians of students regarding life skills-based HIV and sexuality education programmes in schools in the previous academic year	44.4%
MUCHINGA	#1.	Percentage of reduction in school dropouts due to pregnancy	1.6%
	#4	Percentage of schools that provided life skills-based HIV & sexuality education in the previous academic year	10.0%
	#6	Percentage of schools with teachers who have received training and taught lessons in life skills-based HIV and sexuality education in the previous academic year	70.0%
	#7	Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders	0.0%
	#9	Number of young people referred to SRH services from schools	1,292
	#10	Number of cases of gender-based violence and harassment cases responded to and addressed according to guidelines	1,518
	#12	Number of teachers trained on gender-based violence against children and young people	1,605
	#13	Percentage of educational institutions that have delivered life skills sessions addressing GBV	30.0%
	#15	Percentage of schools that provided an orientation process for parents or guardians of students regarding life skills-based HIV and sexuality education programmes in schools in the previous academic year	50.0%

NORTHERN	#1.	Percentage of reduction in school dropouts due to pregnancy	2.4%
	#4	Percentage of schools that provided life skills-based HIV & sexuality education in the previous academic year	13.3%
	#6	Percentage of schools with teachers who have received training and taught lessons in life skills-based HIV and sexuality education in the previous academic year	71.4%
	#7	Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders	16.7%
	#9	Number of young people referred to SRH services from schools	48,374
	#10	Number of cases of gender-based violence and harassment cases responded to and addressed according to guidelines	9,389
	#12	Number of teachers trained on gender-based violence against children and young people	1,214
	#13	Percentage of educational institutions that have delivered life skills sessions addressing GBV	60.0%
	#15	Percentage of schools that provided an orientation process for parents or guardians of students regarding life skills-based HIV and sexuality education programmes in schools in the previous academic year	45.5%
NORTHWESTERN	#1.	Percentage of reduction in school dropouts due to pregnancy	2.2%
	#4	Percentage of schools that provided life skills-based HIV & sexuality education in the previous academic year	0.0%
	#6	Percentage of schools with teachers who have received training and taught lessons in life skills-based HIV and sexuality education in the previous academic year	50.0%
	#7	Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders	0.0%
	#9	Number of young people referred to SRH services from schools	2,971
	#10	Number of cases of gender-based violence and harassment cases responded to and addressed according to guidelines	851
	#12	Number of teachers trained on gender-based violence against children and young people	---
	#13	Percentage of educational institutions that have delivered life skills sessions addressing GBV	41.7%
	#15	Percentage of schools that provided an orientation process for parents or guardians of students regarding life skills-based HIV and sexuality education programmes in schools in the previous academic year	8.3%

SOUTHERN	#1.	Percentage of reduction in school dropouts due to pregnancy	1.4%
	#4	Percentage of schools that provided life skills-based HIV & sexuality education in the previous academic year	75.0%
	#6	Percentage of schools with teachers who have received training and taught lessons in life skills-based HIV and sexuality education in the previous academic year	83.3%
	#7	Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders	0.0%
	#9	Number of young people referred to SRH services from schools	19,118
	#10	Number of cases of gender-based violence and harassment cases responded to and addressed according to guidelines	2,229
	#12	Number of teachers trained on gender-based violence against children and young people	8,593
	#13	Percentage of educational institutions that have delivered life skills sessions addressing GBV	50.0%
	#15	Percentage of schools that provided an orientation process for parents or guardians of students regarding life skills-based HIV and sexuality education programmes in schools in the previous academic year	33.3%
WESTERN	#1.	Percentage of reduction in school dropouts due to pregnancy	1.0%
	#4	Percentage of schools that provided life skills-based HIV & sexuality education in the previous academic year	20.0%
	#6	Percentage of schools with teachers who have received training and taught lessons in life skills-based HIV and sexuality education in the previous academic year	63.6%
	#7	Percentage of educational institutions that have rules and guidelines for staff and students related to physical safety, stigma and discrimination and sexual harassment and abuse that have been communicated to relevant stakeholders	0.0%
	#9	Number of young people referred to SRH services from schools	1,598
	#10	Number of cases of gender-based violence and harassment cases responded to and addressed according to guidelines	122
	#12	Number of teachers trained on gender-based violence against children and young people	1,875
	#13	Percentage of educational institutions that have delivered life skills sessions addressing GBV	54.5%
	#15	Percentage of schools that provided an orientation process for parents or guardians of students regarding life skills-based HIV and sexuality education programmes in schools in the previous academic year	36.4%

APPENDICES