

Stakeholders 'Perspectives on Condom Promotion in Schools in Zambia: a Thematic Analysis of Four Selected Schools in Lusaka District

Nathan Kamanga^{1,2}, Joseph M Zulu³ and Oliver Mweemba¹

¹Department of Public Health, University of Zambia, Zambia.

²Ministry of Education, Lusaka District Education Board, Lusaka, Zambia

³Departments of Public Health, University of Zambia, Lusaka, Zambia

Article Information

Received date: Nov 05, 2018

Accepted date: Nov 19, 2018

Published date: Nov 21, 2018

*Corresponding author

Nathan Kamanga, Department of Public Health, School of Medicine, University of Zambia, P.O. Box 50110, Lusaka, Zambia,

Email: nathan.kamanga@gmail.com

Distributed under Creative Commons CC-BY 4.0

Keywords Stakeholders Perspectives; Condom Promotion; Zambia

Abstract

Background: Although condoms present an effective way of reducing HIV and STIs among adolescents, consensus regarding promotion of condoms in schools and a theoretical framework for understanding these perspectives is lacking. The study explored stakeholders' perspectives on condom promotion in selected schools in Lusaka, Zambia.

Methods: A qualitative study driven by a case study design. Data collected through In-Depth Interviews (IDIs) with 12 different stakeholder's and 5 Key Informant Interviews (KIIs) as well as 7 Focus Group Discussions (FGDs) with pupils were analyzed using thematic analysis.

Results: Two broader themes identified during the study; in support of condom promotion and against condom promotion in schools. Stakeholders (parents, teachers, pupils, civil society organizations, government officials, the church and human rights and gender activists) in support of condom promotion supported the idea basing their arguments on 'health related benefits', educational and empowerment reasons', and 'social and economic reasons. On the other hand, stakeholders against condom promotion felt that condom promotion is 'against their culture and sex norms,' 'promote immoral sexual behavior among pupils, and against Christian teachings.

Mixed opinions were obtained from IDIs and FGDs on the issue of condom promotion in schools. However, an interesting finding of the study is that all the participants in FGDs, KIIs and IDIs seemed to agree that young people already know what sex is and therefore, like adults pupils must be given the information and knowledge in order to protect themselves from HIV/AIDS and unplanned pregnancies. Stakeholders were also in agreement that in schools some pupils are sexually active while others are young and may not be sexually active.

Conclusion: Decisions regarding promotion of condoms in schools revolve around health related benefits, educational and empowerment reasons, social and economic dynamics, moral and religious values as well as issues of culture and traditions.

Background

According to UNAIDS, sub Saharan Africa still has the highest burden of HIV and AIDS. Reduction in new HIV infections in most of the countries in sub Saharan Africa has been recorded although the total number of people living with HIV is still high. Among young people aged between 15-24 years, knowledge of the epidemic and prevention measures of HIV has increased. However, young people still lack the information and more importantly, often lack the necessary tools they need to practice HIV risk-reduction strategies and safer sex [1]. According to the world AIDS report, across sub-Saharan Africa, different countries have made notable reductions in HIV prevalence among young people (15-24 years). In sub-Saharan Africa, HIV prevalence among young adults reduced by 42% from 2001 to 2012 although HIV prevalence among young females remain more than double compared to young males throughout sub-Saharan Africa [2-5].

Evidence from different countries recorded that adolescents became sexually active at an early age. In Uganda for example, almost 50% of male and about 40% of female adolescents reported having sex by the age of fifteen years. In addition, 60% of fourteen year old boys and 35% of girls reported that they were sexually active [6,7].

Data from the Zambian Demographic Health Survey (ZDHS) Central Statistics Office showed that the age for sexual debut was around 17 years for both girls and boys and that approximately 18% of girls and 27% of boys aged 15-19 years have had sex before the age of 15 [8]. Therefore, the Government health policy in Zambia was prompted to state that, all sexually active men and women should have access to reproductive health care and information, but in practice, young

people have limited access to such services [9]. The Zambia education policy of 1996, "Educating our Future" mandated schools to have a curriculum that addressed sexuality and personal relationships as well as messages about HIV [10]. However, this had uneven effects. Condom promotion in schools in this study means the provision of information and messages about condoms to the pupils and the actual provision of the product.

The latest statistics indicate that, 13 percent of adults aged 15-49 years are infected with HIV in Zambia representing (15 percent women and 11 percent men) according to ZDHS. A comparison of the HIV prevalence estimates from the 2001-02, 2007, and 2013-14 (ZDHS) indicates that HIV prevalence among the adult population in Zambia has decreased over time from 16 percent in 2001-02 to 13 percent in 2013-14 [8]. Adolescents (15-19 years) have not been spared by the HIV epidemic. The ZDHS estimates the HIV prevalence among female adolescents (15-19 years) at 5.7% compared to their male counterparts whose prevalence is at 3.6% [11].

Many studies done [12-15] have concentrated on condom use among the general population and no studies done to focus on a wide range of stakeholders (parents, teachers, pupils, civil society organizations, government officials and the church) perspectives on condom promotion in schools in Zambia. However, a study done in Tanzania on condom promotion for AIDS infection prevention on perceptions, experiences and attitudes [16] found that a few religious leaders and majority of non-Catholic parents partly supported the existing condom promotion strategies, contrary to Catholic and Islamic faith leaders who strongly opposed. A study done in Zambia has shown that some stakeholders had positive attitude towards inclusion of sexuality education in the school curriculum, teaching of sex education as well as on the role of sexuality education on adolescent issues [7].

The major concern in education by pupils themselves, teachers, parents, Ministry of education officials, the church and other stakeholders is to find a lasting and effective solution to control school dropout of female pupils due to pregnancies while at the same time preventing the spread of HIV/AIDS pandemic [17]. The central issue of debate is the issue of condom promotion in schools especially in secondary schools where youths are more sexually active compared to primary schools where the age group is much younger [18]. While some stakeholders deride condom promotion a major driver of promiscuity and declining moral values, other stakeholders are encouraging condom promotion in schools as a way of reducing school dropouts and halting the spread of STIs [1,19-21].

Although condoms are important in reducing HIV and STIs among adolescents, disagreements among stakeholders regarding whether or not to promote condoms in schools exist and a theoretical framework for understanding these perspectives is lacking. The Ministry of education has no clear policy on condom promotion in schools in Zambia hence the study to understand different stakeholders' views on condom promotion in Schools. This study therefore, aimed to contribute towards this knowledge gap by exploring various stakeholders' perspectives on condom promotion in schools in Lusaka district, Zambia.

Methods

Study design

A qualitative case study methodology was used to explore stakeholders' views on condom promotion in school in Zambia. Qualitative research employs an interpretive and naturalistic approach, which emphasizes the understanding of the meanings people attach to the phenomena under study. The case study methodology is defined as an empirical approach that investigates contemporary phenomena within a real-life context, where the boundaries between phenomena and context are not clearly evident and in which multiple sources of evidence are used [22-24]. The case study approach was considered suitable for this study because stakeholders come from different backgrounds, with different social interactions. The use of case study allows one to examine the knowledge utilization process, and ultimately to recommend and design appropriate policy interventions [23,25,26]. Using a case study enabled the researchers to capture the social and cultural realities of the context which shape the views and perspectives of stakeholders on condom promotion in schools.

Sampling procedure and sample size

Four secondary schools were purposefully sampled due to their location, in this case low density area, middle and high density areas and whether co-education or single sex and also whether boarding or day schools. The schools are David Kaunda, Matero boys, Kamala and Kamulanga secondary schools. Seventy pupils boys and girls (about 20 per secondary school except for Matero boys secondary school which had 10boys because it is a single sex school) were purposively recruited using a maximum-variation sampling criteria from the four selected schools. Maximum variation sampling involves selection of study participants to reflect the diverse characteristics of the study participants, in this case the age of the pupils, gender and grade. Pupils were purposefully sampled from grades ten to twelve which is the target group of 15-18 years. Sampling of pupils was done with the help of school management through guidance and counseling office. In addition three girls whose-enrolled in school on government re-entry policy of allowing girls back in school after falling pregnant were purposefully sampled through guidance and counseling office because of previous experience of getting pregnant and returning to school after giving birth. Pupils were purposefully selected for the study because they represent largest group of stakeholders in education. Four parents (one from each selected school) were purposively sampled through respective Parents and Teachers Associations (PTAs) with the help of school administration.

Four teachers for guidance and counseling (one from each of the selected schools) were purposefully sampled because of their role as counselors in schools and their daily interaction with pupils on issues of Sexual and Reproductive Health (SRH) in Schools. In the Ministry of education, the District Education Board Secretary (DEBS) was selected because he is the custodian of the schools and in charge of policy implementation at district level while gender focal person from Ministry of gender and development was selected because condom promotion is a gender issue hence the need to get insights from Ministry in-charge of gender.

Three representatives from each of the three mother church bodies; Zambia Episcopal Conference (ZEC), Council of Churches in Zambia (CCZ) and Evangelical Fellowship of Zambia (EFZ) were purposefully sampled because of their influence as spiritual leaders. In addition, one representative from Forum for African Women Educationists of Zambia (FAWEZA) which deals with issues of girl child and support girls' education in schools was purposefully sampled because of its role in ensuring that girls stay in school and complete their education. One human rights activist was purposefully sampled because of her role and contribution in promoting the rights of women and girls in society as well as her gender activism activities in the country.

Data collection procedures

In- depth interviews: In-Depth Interviews (IDIs) were conducted by the first author to collect detailed information on stakeholders' perspectives on condom promotion. Twelve IDIs were conducted; three PTA members one from each school leaving one school which did not have PTA representation, four guidance and counseling teachers one from each school, three girls from each of the co-education schools who were on re-entry policy, one human rights activist and one NGO representative. Questions were asked about condom promotion and what influence participants to either support or not to support condom promotion in schools. The detailed information gathered during the IDIs informed the FGDs with the pupils in successive stages at the school level. Interviews were conducted in English and local language (Nyanja) using an interview guide designed for this purpose. This allowed participants to express themselves freely in the language of their choice.

Focus group discussions: Focus group discussions were used because they have a way of revealing social processes and the ways in which these processes are collectively shaped [27]. The participants in the FGDs were pupils (boys and girls) who were in the target group of 15- 18 years old. Seven FGDs were held, two from each of the three sampled core education schools, Kamwala, Kamulanga and David Kaunda Technical School and one FGD was done at Matero boys secondary school. Pupils in core education schools had separate discussions because of the sensitive nature of the topic regarding sexuality so that pupils can express themselves freely without feeling shy due to the presence of the opposite sex.

Each FGD had 10 participants. The FGDs were conducted by the first author as a moderator assisted by a research assistant. The FGDs were audio recorded using a recorder after obtaining assent from participants to record the discussions. The moderator led the discussion and ensured that all the topics were covered in the interview guide. The research assistant helped to take notes during discussions to ensure that information which is not captured by the audio recorder is not lost. The notes were important to help in determining emerging themes during data analysis. FGDs lasted between 60 to 90 minutes and ended once the moderator is satisfied that all areas on the guide have been covered

Key informant interviews: Five Key Informant Interviews (KIIs) were conducted with policymakers from the ministry of Education, Gender and child development and three mother church bodies (ZEC, EFZ and CCZ). The interviews were done in English language because respondents were conversant with the language. The interviews

aimed at triangulating the issues raised by other stakeholders during IDIs and FGDs. The KIIs were different from IDIs because they are technocrats on the subject matter and they had different questions to that of the IDIs. In all these methods, different semi-structured questions guide with mostly open-ended questions were used to collect data. Data collection and preliminary data analysis was a cyclical process; data collected from interviews informed FGDs which later informed the data from key informants. This process was important in ensuring that all necessary data collection was concluded and no new information and insights were emerging from the data, a stage called theoretical saturation [28]. During this stage no new insights and themes were obtained and no new issues regarding categories of data were obtained from the interviews. The research tools used in the study include; interview guides, field notes and audio recorder.

Data Management and Analysis

Data preparation and organization were done immediately after each interview and FGD. This involved ensuring that interviews, FGDs, notes and participants were properly labeled for easy management of the collected data. Labeling involved using codes to prevent the revelation of participants' identity. Verbatim transcription was done on the collected data. After familiarization with the data, came the generation of codes.

All interviews were recorded digitally and later transcribed verbatim by the first author and reviewed by all authors. The transcripts were stored in a secure password-protected computer with access only restricted to the first author. The interview transcripts were organized using Vivo software. Thematic analysis was used to analyze and interpret the data. This analysis processes first involved reading the data several times to create an understanding of the whole data set [29]. The interview transcripts were then coded, and the codes were compared for similarities and differences by conducting within- and across-case analysis [30]. Similar codes were then grouped to form categories and finally themes were developed by interpreting the categories for their underlying meaning. The codes, categories and themes were separately reviewed by the authors in order to enhance validity of the study outcomes.

During first stage of coding, the data was put into categories of information about stakeholders' perspectives by looking through the phrases or sentences that represented aspects of data or captured the data. This process involved matching the codes with segments of text or participant statements selected as representative of the codes. The themes which came out during open coding in support of condom promotion were;

1. Health benefits
2. Educational and empowerment reasons
3. Social and economic reasons

On the other hand themes which came out against condom promotion were;

1. Against cultural and sex norms
2. Against Christian teachings
3. Promoting immoral sexual behavior

During open coding process, attention was placed on retaining the original meaning of what was communicated by the participant. The data at the end of open coding were put into segments of themes of information.

The next stage involved placing the data into two major categories of stakeholders in support of condom promotion and against condom promotion. The two major categories were further put into themes which came out from two perspectives of stakeholders and finally placed into sub themes.

Ethical consideration

The study received ethical approval from the University of Zambia Biological Research and Ethics Committee (UNZABREC) reference number is 007-07-15. Permission was obtained from Ministry of Education District Education Office and school authorities from selected secondary schools in Lusaka district. In addition, informed consent and assent from participants were also obtained. Whilst doing this we maintained privacy and confidentiality in line with existing local ethical guidelines.

Results

During data analysis, two major categories came out as follows;

1. In support of condom promotion in schools and
2. Against condom promotion in schools

The following major themes came out from stakeholders in support of condom promotion in schools; health benefits, educational and empowerment reasons and social economic reasons. Under stakeholders against condom promotion in schools the following themes emerged during data analysis; against culture and sexual norms, against Christian teachings and promote immoral sexual behavior. Participants were aware of the complex surrounding the issues of sexuality among the youths. Stakeholders seemed to have a consensus on the fact that secondary schools are institutions with large numbers of youths some of whom are sexually active while others are not sexually active. This calls for multifaceted approach in dealing with condom promotion in schools.

From the two major categories; in support of condom promotion and against condom promotion in schools, the most frequency occurring themes were health benefit reasons on the one hand and promote immoral sexual behavior on the other hand.

This means that most stakeholders were in support of condom promotion in schools because of health related reasons which came out 11 times out of 24 which was followed by education and empowerment reasons 7 out of 24 and finally social and economic

considerations which came out 6 out of the possible 24 as shown in Table 1, meaning health reasons weigh more than other themes for the stakeholders in support of condom promotion. With regard to stakeholders against condom promotion, issues of morality had the highest frequency of 10 out of 24 followed by against Christian teaching 8 times and against culture and sex norms which had a frequency of 6 as shown in Table 2.

In Support of Condom Promotion in Schools

During data analysis three themes came out as broader categories why stakeholders were in support of condom promotion in schools; health benefits, education and empowerment reasons and social and economic reasons.

Health benefits

Stakeholders in support of condom promotion in schools largely argued on the bases of health benefits condom offer to the users and youths in particular. Stakeholders indicated that condom promotion should be encouraged in schools due to the high HIV infections among young people and high school dropouts among school girls. Most of the stakeholders in support of condom promotion in schools said condom contribute to the reduction of HIV infections and promoting condoms will not only protect the youths from STIs but it will also help to reduce unwanted pregnancies among school going children. It is important to acknowledge here that almost all the stakeholders including teachers and parents said condoms have health benefits to the pupils if the use them correctly. However, there was strong opposition from the three church mother bodies who maintained that young people should abstain from sexual activities which is the only safer way of protecting themselves from unwanted pregnancies and STIs.

If condoms are provided and they should be for both males and females and information given on how correctly to use these products we shall see the drop in STIs and pregnancy rate among pupils in school (52- year old female human rights and gender activist).

Similar sentiments were echoed by some pupils during FGDs who felt that pupils like many youths are sexually active hence preventing pregnancies has proved difficult looking at high rates of school dropouts due to pregnancy related reasons and the best is to educate young people about the use of condoms to prevent unwanted pregnancies and STIs among pupils. Some pupils mostly boys indicated in the discussion that sexual feeling are very strong at their age as a result many of them fail to deal with sexual feelings which result in unwanted pregnancies and STIs. During the FGDs, more than half of the girls compared to boys supported the view of condom promotion on health grounds saying that early pregnancies result in complications which can endanger the lives of young girls.

Table 1: Relative frequency of the themes.

Methods	In support of condom promotion			Against condom promotion		
	Health benefit reasons	Educational & empowerment	Social & Economic reasons	Against Christian teachings	Promote immorality sexual behavior	Against culture and sex norms
KIIs (5)	3	1	1	3	1	1
IDIs (12)	5	4	3	3	6	3
FGDs (7)	3	2	2	2	3	2
Total (24)	11	7	6	8	10	6

Table 2: Selected major categories, themes and sub-themes.

Major categories	Axial coding	Open coding
In support of condom promotion	Health benefits	-prevention of HIV
		-Promote safer sex
		-preventing pregnancy complications
	Education and empowerment	-Empower pupils to make decisions
		-pupils easy to reach through schools
		-sexually active pupils should be given a choice
		-SRHRs of pupils
	Social and economic related reasons	-pupils not economically and socially ready for the baby
		-cheaper to prevent pregnancies among pupils
-pupils are still dependants		
Against condom promotion	Against cultural and sexual norms	-sex is for married people
		-pupils should wait for the right time
		-Culturally not acceptable for pupils to be having sex
	Against Christian teachings	-Zambia is a Christian nation
		-sex before married is sin
		-against the teachings in the bible
	Promoting immoral sexual behaviour	-multiple sexual relationships
		-pupils will not be abstaining from casual sex
		-morally wrong for people who are not married
	Affecting pupils performance	-Shift pupils concentration from school work to sexual matters
		-pupils will be psychologically affected.

I feel that you cannot stop pregnancies but to prevent them and I believe one of the ways which we can use to prevent pregnancies and STIs is by using a condom (16 year old boy, FDG 1).

One of the key informants from Ministry of Gender said schools have pupils coming from different back ground where some are sexually active while others are not sexually active. There is need to help retain pupils in school by ensuring that those who are sexually active do not drop out of school on account of pregnancy and this calls for concerted efforts among all the stakeholders to ensure that a girl child is not disadvantage by getting pregnant and stopping school. Almost all the stakeholders seemed to agree on the fact that in schools they are pupils who may be sexually active while others may not hence there is need to for multifaceted approach on the issue of condom promotion in schools. All the key informants from government ministries supported the need to give pupils information on condoms so that they decide for themselves.

... Condoms should be allowed in schools because in school that is where we find the youths, and to assist them into preventing those pregnancies and STIs, they should be given that chance to have condoms in schools. I think there is no problem with that as long as they go with responsibility. They should explain to them what those condoms are really meant for... (Key informant 2, ministry of Gender).

Education and empowerment reasons

Some key informants who supported condom promotion in schools based their support on education related reasons arguing that

there is need for stakeholders to support girls especially to remain in school by not falling pregnant. Most of them were of the view that girls are disadvantaged when they get pregnant because they have to leave school while their male counterparts still continue attending school. There is need to encourage especially the girl child to be able to protect themselves from unwanted pregnancies by using condoms because they are cheap and readily available. Pupils mostly girls and some parents were also in agreement with this idea saying girls experience a double loss when they are sent out of school because of pregnancy. Church representatives especially from Catholic Church however, maintained that pupils who want to remain in school must abstain from sex as this is a morally right thing to do.

The rate of school dropout due to pregnancies in the district is quiet alarming for instance in 2014 we had about 400 plus just for Lusaka province, out of those the number of pupils who came back to school due to the introduction of the re-entry policy by the government was very small (Key informant 1, ministry of Education).

The majority of parents also said schools are the best place to teach pupils on issues of sexuality and SRHRs so that they understand biologically how their body's work and protect themselves against pregnancies and STIs. Some of the parents especially male parents were for the view that condom promotion be incorporated in the school curriculum and be taught as part of SRH as opposed to condom promotion alone because pupils can misunderstand it and abuse the program. This position was shared by teachers and church representatives who felt that condom promotion should not be done as a standalone program in schools.

Condom promotion can be done by revising the education curriculum not necessarily promoting the physical products in schools. Incorporating information about condoms in the curriculum especially in the science curriculum so that if they find themselves in such situations they can make informed decisions (46 year old male parent, school PTA member).

Social and economic reasons

With regard to social economic reasons for supporting condom promotion, some participants felt that school girls and boys are not socially and economically ready to handle consequences of unprotected sex such as pregnancy and later on a baby. Parents, teachers and ministry officials said pupils are not economically and socially empowered to provide for the child hence it is important to encourage them to abstain or use condoms to avoid getting unwanted pregnancies because they still depend on their parents. Most of the stakeholders including the pupils themselves agreed that they are not able to support a child and it is not right to have one even though they may be sexually active. One teacher said;

...looking at what is happening especially to the girls who will be lumbered with children at an early age when they are economically and socially not ready, to handle the consequences of unprotected sex condom use has to be encouraged... (48-year old female guidance and counseling teacher)

Views against Condom Promotion in Schools

Regarding stakeholders perspectives against condom promotion in schools the following themes came out during data analysis; against cultural and sexual norms, against Christian teachings and promoting immoral sexual behavior.

Against culture and sexual norms

Some parents and teachers talked to were of the view that in African culture people are generally not comfortable to talk about the issues of sex in public or with their children. This has made issues of sexuality and condom promotion to be treated like secret and a preserve for the married people making those who openly want to discuss issues of sexuality to be looked at as deviants in society. This was echoed by all the three church mother bodies who insisted that culturally and morally pupils have no right to sex because societal norms do not allow such behavior. However, this view was not supported by the human rights activist who felt that culture which does not protect individual rights and liberties should be discouraged because it is a danger to society. Participant in FGDs also echoed the same sentiments with other stakeholders that traditionally they are taught sex is for married people and not for the young people who are not married because society does not approve such behavior. Most girls compared to boys supported this view in FGDs.

You cannot just come out in the open to talk about sexuality any how because issues of sex may be uncomfortable to talk about and it is not appropriate in the Zambia culture for people to be talking about sex in public because our culture is against that kind of behavior especially in public (50- year old male parent, School PTA member).

Against Christian teachings

Findings from the study revealed that most of the people in the Zambian society profess faith in one way or another and they are

reluctant to do something they think will be against their Christian beliefs. The findings show that religion has a big influence on people's responses to condom promotion because most of the participants were of the view that condom promotion is in conflict with their Christian beliefs hence they felt supporting condom promotion will be committing sin. All the three church mother representatives and some parents especially catholic Faithfull's strongly opposed condom promotion in schools maintaining that it is committing sin and against Christian teachings. This view is however not shared with civil society representative and human rights and gender activist who were of the view that religion is for the good of humanity and should contribute to the well-being of humanity

I think that condom promotion in schools is not a good idea because it will encourage people to involve themselves in bad activities. They will think it is normal and this will affect our culture as Zambians because as per our culture it is not good for pupils to engage in sex at that early stage and Zambia is a Christian nation so this is against the Christian principles and teachings (Key informant 4, church mother body representative).

Some pupils also supported this position during FGDs. One of the pupils said that the body is a temple of God according to the bible therefore; promoting condoms will cause someone to defile the body. It must not be entertained because according to the bible the body belongs to Christ.

I believe when we talk of morality we also talk of a Christian aspect and the bible is very clear that your body is the temple of the Lord now if you are given condoms you go around sleeping with girls what kind of temple of the lord are you giving so it does affect the moral and Christian aspect (18 year old boy, FGD 3).

Promoting immoral sexual behavior

Most of the pupils indicated that condom promotion in schools will affect the morality of pupils by making them to indulge in sexual activities because they will think that they are protected hence they can have sex and they will not fall pregnant and this can result in moral degradation among the young people. During the FGDs some pupils mostly girls said they have nothing to do with condoms because they should focus on their education and not thinking about things which will disturb their academic program.

What is the motive of condom promotion among the pupils? What we know is abstinence condom promotion will encourage pupils to have sex because condoms are only found with those people who usually have sex. If I do not involve myself in sexual activities what is the use of a condom and where am I going to take it? (17 year old girl, FGD 4).

Findings have also revealed that some teachers argued that promoting condoms in school will result in multiple sexual partnerships among the learners because according to them, pupils will be thinking that they are protected from pregnancy and STIs and they have blessings from the school authorities.

...condom promotion will not be received responsibly by the pupils, they will take it as a challenge to others to see who uses more condoms than others within a given period of time, and they will take it as a game they will not take it responsibly for the intended purpose (42 year old female guidance and counseling teacher).

Teachers and parents were divided on the issue of condom promotion and morality with some church representatives saying condom promotion in schools will be counterproductive to the messages currently being disseminated in schools about the need for the pupils to stay away from sexual relationships. They argued that abstinence should be the key message to the pupils in schools. Despite the evidence that many pupils are not abstaining from sexual activities most stakeholders still felt that abstinence is the best way to go for the pupils. However some participants who include human rights activist, some parents and teachers opposed this view saying abstinence has failed to work as can be seen by high number of school girls who have dropped out of school on account of pregnancy.

Most pupils (boys and girls) across all 7FGDs supported abstinence and indicated that the best method for them was abstinence and not condom promotion in schools. The views were based on the argument, it is morally wrong to be involved in sexual relationships as pupils because society does not approve of the behavior. More girls than boys supported the idea of abstinence in all the FGDs.

Condom promotion will make pupils to be having sex and not abstaining because they know that they are going to be protected from STIs and pregnancy, so I feel that abstinence is the best for us because our parents will not allow us to be involved in immorality (18 year old girl, FGD 7).

Some stakeholders justified their views against condom promotion saying if condoms are promoted in schools; it will be contradicting what the pupils are taught by their parents not to engage in sexual relationships by staying away from casual sex. One parent said this will be undermining parents' rights to teach and discipline the children in the way they feel is right and acceptable in society.

... Parents have a responsibility and rights to discipline their children in a way they see it fit. Pupils are more influenced by what they learn in schools hence this will make it difficult for parents to teach their children good morals and values acceptable in society... (47 year old Male parent, PTA member).

Discussion of findings

This study has demonstrated that there are factors which shape stakeholders support for condom promotion and against condom promotion in schools. These factors included 'health benefits', education and empowerment reasons', 'social and economic reasons' on the one hand and 'against culture and sexual norms', 'against Christian teachings', promote immoral sexual behavior' on the other hand.

The findings also suggest that condom promotion in schools is a complex and not a straight forward process shaped by different social contexts at both individual and society level. Condom promotion is influenced by fears of backlash from pupils, fears of exposing pupils to undesirable social norms of not having sex outside marriage coupled with Christian teachings which look at condom promotion as encouraging immorality among young people. However these fears were allayed by stakeholders who felt that condom promotion in schools could be the answer to unwanted pregnancies among school going girls and halt the spread of STIs including the deadly HIV among adolescents.

The decision to support condom promotion in schools by some stakeholders was largely influenced by health benefits the condom offers to the users in general and pupils in particular. Condom provides an efficient and sure way of protecting oneself from STIs including HIV and this brings health benefits. These findings are consistent with many studies which have shown that when condom is used correctly and consistently, it can offer almost 100% Protection against STIs and can protect one from unwanted pregnancies which is a health benefit to the pupils or any other user [16,17,31-35]. Despite the health benefits which all the stakeholders acknowledged in the study, religious and moral considerations have continued to override decision making on condom promotion, these findings are in line with other studies which have shown that religious leaders declined to encourage condom promotion and have continued to oppose any efforts in this direction despite the health benefits condom offers to young people [7,16,36].

With regard to education and empowerment, some stakeholders argued that pupils can only be in school if they are not pregnant in case of girls because once they are pregnant they will be sent home until they give birth and are ready to return to school. During IDIs more female parents than male parents were of the view that condom promotion should be encouraged in schools if sexually active school girls are to remain in school without dropping out due to pregnancy just like their male counterparts. This idea was also supported by more girls compared to boys during FGDs arguing that in relationship involving both pupils, girls are sent home when they are pregnant while boys are left in school learning. Our study findings are consistent with the study done [37] in Delaware which found that the majority of participants 82% agreed that to prevent teenage pregnancy and ensure girls are in school, adolescents should have access to information regarding sex and access to contraception and condoms. Our findings have reviewed that stakeholders seemed to agree that pupils need information and knowledge on how to protect themselves from HIV/AIDS. This is an opportunity for the government and policy makers to engage the stakeholders to come up with decisions to benefit the pupils in schools.

The study findings further suggest that some stakeholders where in support of condom promotion in schools based on social economic reasons. The stakeholders were of the view that pupils were dependents and not economically ready to support the child hence allowing them to have children when they are also children is not good even if they may be sexually active because parents are not ready for learner mothers and fathers. It is interesting here to note that all the stakeholders including pupils themselves agreed that pupils should not get pregnant because they are not ready, they should protect themselves from unplanned pregnancies. However, church representatives and some parents insisted that pupils must abstain from sex to avoid getting pregnant even if they may be sexually active as the only safer way of protecting themselves. The study findings resonate with the study done in Namibia where stakeholders strongly felt that learners are not ready psychologically and economically to handle the consequences of sexual activities and they should be encouraged to protect themselves from unintended pregnancies until such a time when they are ready [19].

Some stakeholders' against condom promotion sighted religion saying it is against Christian teachings to promote condoms among

pupils who are not married because sex according to them is only allowed in a marriage set up. Religion in particular Christianity has a huge impact on the acceptability of condom promotion in schools as most of the parents and all church mother body representatives indicated during the study that it is against Christian teaching first of all to promote condoms among pupils who are not married and secondly some stakeholders felt strongly that sex before married is sin according to the Bible. Religion also came out strong in all the FGDs with pupils. We also noted during the FGDs that more boys came out to support Christian values against condom promotion compared to the girls FGDs. Our findings are consistent with different studies done [16,38-40] who found that religion (Christianity) is a major barrier that condom promotion and use face especially in sub-Saharan Africa where Christianity has huge influence. Reports from other countries also show the conservative religious organizations pushing against condom promotion creating ideological conflict between government and agencies dealing with condom promotion on the other hand [41]. The study findings also resonate with the fact that Zambia has been declared a Christian nation which has even made people more religious and not able to accept anything they perceive to be against Christian teachings.

The findings of our study also indicate that Stakeholders culture has an influence on their decision against condom promotion in schools. The findings suggest that stakeholders are not likely to support the implementation of this program if it is to be implemented in schools in the district because they felt that the program is at variance with their cultural beliefs in society hence supporting condom promotion will mean going against societal norms. Most parents indicated during IDIs that condom promotion is against their traditional norms which do not allow young people to be having sex before marriage and that sex is for married people. This was however no so with teachers most of whom favored other reasons and were not influenced by traditions and culture considerations. The Findings are consistent with studies [17,38,40,42,43] which noted that a lot of traditions and unfounded myths and beliefs are attached to condoms resulting in negative attitudes towards condom promotion and eventual use. In view of these findings it is clear that condom promotion programs are bound to fail if policy makers overlook the influence of religion and these calls for consensus among stakeholders including the church.

Additionally, our findings suggest that condom promotion in schools will have a negative effect on pupils' sexual behavior and morality. Some stakeholders felt that pupils in schools are not matured yet to resist something which excites them and to handle negative effects of sexuality. Therefore, some stakeholders were of the view that condom promotion in schools will cause sexual immorality among young people and this can lead to moral degradation which is unacceptable in society. Our study findings correlate with studies [19,44,45]. However, contrary to our study findings some studies done in America and other places suggest that making condoms available in high schools does not increase teenage rates of sexual activity, but does result in higher rates of condom use among sexually active students. Brown also found that most parents and teachers felt that condom promotion did not increase sexual activities among adolescents and pupils in particular and this was evidence in other studies [17,46-49]. The difference in terms of the study findings could be due to the facts that in countries like the United States of America where some of these studies were done, SRHRs education has been incorporated

in the school curriculum for a long time making pupils and parents understand issues of sexuality in details compared to countries like Zambia and many sub-Saharan African countries where SRH has not been fully implemented in schools. Our findings also seem to suggest that the differences in study findings could be attributed to different cultures and traditional beliefs of people in different societies. We can also speculate from our findings that the issue of morality and religion especially Christianity are complex particularly in countries like Zambia where the country has been declared as a Christian nation and religious leaders have huge influence in society.

Limitations and Strengths

This study was conducted in one setting with a small sample of participants drawn from four schools in Lusaka district. The findings may therefore not be representative of other settings given the design chosen. Similar studies are therefore warranted in other settings for comparability of findings. Another limitation relates to the choosing of participants (stakeholders) because stakeholders were many there was a possibility of leaving out some of the critical stakeholders in the study. The other limitation relates to the fact that some stakeholders may be over represented compared to others, pupils may have been over represented with 7 FGDs in addition to 3 IDIs with pupils on re-entry policy compared to 4 IDIs with parents who participated in the study. The views expressed by the participants are somewhat subjective in nature and can be challenged by other stakeholders which can result in different interpretation of the findings.

Notwithstanding the limitations through purposive sampling of participants, the strength of this study is the diversity of the stakeholders to include the young people who are often missed in many studies and the use of triangulation of methods as well as gender representation of participants. Therefore, the findings probably provide analytical generalizations that can apply to other similar settings. The other strength is validation of some of the experiences reported by the parents in IDIs by the pupils in FGDs which was a good learning experience to us. Lastly but not the least, this is the first kind of a qualitative research which has been done on the subject of stakeholders perspectives on condom promotion in schools in Zambia with the widest range of stakeholders.

Conclusion and Recommendations

The study explored stakeholders' perspectives regarding views in support of condom promotion and against condom promotion in schools. Under stakeholders in support of condom promotion, the following themes emerged; health benefits, educational and empowerment reasons and social and economic reasons. Under stakeholders perspectives against condom promotion in schools the following themes influenced stakeholders' perspectives; against culture and sexual norms, against Christian teachings and promote immoral sexual behavior among pupils.

The study showed the need for continuous dialogue among different stakeholders on condom promotion in schools as can be seen from mixed opinions from participants. The study further reviewed that all participants seemed to appreciate that young people (pupils) were already aware of what sex is and therefore, like adults have a right to information on how to protect themselves from HIV and unwanted pregnancies.

In view of the results from this study coupled with observations at data collection we recommend 'selective condom promotion in schools by targeting sexually active pupils in schools as opposed to making it open for all the pupils. This is due to the fact that schools have pupils from different age groups and the fact that some pupils are sexually active while others are not, calls for targeting of pupils who need the service and not those who are younger and may not be sexually active. This method is appropriate and feasible because all the stakeholders are agreeable that pupils know about sex already and they need information to protect themselves from HIV and unwanted pregnancies. This can be a starting point to target pupils who are sexually active through guidance and counseling department.

We also recommend an explanatory/ quantitative research on the themes which have been identified to access the prevalence of these themes in a large population to consolidate policy formulation in the Zambian schools. We further recommend consensus building meetings among stakeholders who are deeply divided on the issue of condom promotion in schools to seek common understanding which will be beneficial to the young people. Finally, we recommend capacity building in schools in terms of human resources by engaging full time guidance and counseling teachers as opposed to part time as the case is in all the four school visited and infrastructure to equip the counseling and guidance department which are currently too school and not conducive to conduct proper counseling and guidance on SRHRs and other issues pupils need.

Declarations

Ethical approval and consent to participants

The study received ethical approval from the University of Zambia Biological Research and Ethics Committee (UNZABREC) reference number 007-07-15. Permission was obtained from Ministry of Education District Education Board Office and school authorities, besides informed consent and assent from participants. All co-authors gave consent to the publication of the manuscript.

Written human subject informed consent and assent were obtained from all the participants in this study. There was no physical harm to the participants as the study did not involve administration of invasive medical instruments. However, the study may have posed minimal psychological harm as it relates to sexuality which is considered private. In order to ensure participants' confidentiality, no names or personal identifiers were included in the transcripts. All the respondents were assigned numerical codes.

Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Acknowledgements

We are indebted to the Ministry of Education and the District Education office, Lusaka district, for authorizing the study. Our gratitude also goes to the management of the four secondary schools; David Kaunda, Matero boy, Kamwala and Kamulanga secondary schools for allowing us to use their facilities to conduct this study. We also want to acknowledge all the stakeholders including pupils of selected schools in Lusaka District for participating in the study.

References

- UNAIDS W, UNICEF. UNAIDS report on the global AIDS epidemic. UNAIDS Geneva. 2012.
- WHO. The global health sector strategy. Geneva: WHO. 2014.
- Organization, WH. and Unice F. Towards universal access: scaling up priority HI. 2010.
- UNICEF. Towards universal access: scaling up priority HIV/AIDS interventions in the health sector. Progress Report 2009, in Towards universal access: scaling up priority HIV/AIDS interventions in the health sector. Progress report 2009.
- Idele P, Gillespie A, Porth T, Suzuki C, Mahy M, Kasedde S, et al. Epidemiology of HIV and AIDS among adolescents: current status, inequities, and data gaps. *JAIDS Journal of Acquired Immune Deficiency Syndromes*. 2014; 66: 144-153.
- Mkumbo K, FD Tungaraza. Parents' views and attitudes towards school-based sex and relationships education in rural and urban Tanzania. *Papers in Education and Development*. 2007; 171-188.
- Adebayo AS, CC Exilder. ATTITUDES OF STAKEHOLDERS TOWARD THE INCLUSION AND TEACHING OF SEXUALITY EDUCATION IN NDOLA URBAN SECONDARY SCHOOLS OF COPPERBELT PROVINCE, ZAMBIA. *European Scientific Journal, ESJ*. 2014; 10.
- Central Statistical Office (CSO) [Zambia], M.o.H.M.Z., and ICF International., Zambia Demographic and Health Survey 2013-14. Rockville, Maryland, USA: Central Statistical Office, Ministry of Health, and ICF International. 2014.
- Koster-Oyekan W. Why resort to illegal abortions in Zambia? Findings from a community based study in Western Province. *Social Science and Medicine*. 2010; 46.
- Policy ZNE, Educating Our Future. 1996.
- Central Statistical Office (CSO) [Zambia], M.o.H.M.Z., and ICF International., Zambia Demographic Health survey(ZDHS). Calverton, Maryland, USA. 2010.
- Agha S. Sexual activity and condom use in Lusaka, Zambia. *International Family Planning Perspectives*. 1998; 32-37.
- Agha S, Thankian Kusanthan, Kim Longfield, Megan Klein, John Berman S. Reasons for non-use of condoms in eight countries in sub-Saharan Africa. Washington, DC: Population Services International. 2002.
- Sandøy IF, Blystad A, Shayo EH, Makundi E, Michelo C, Zulu J, et al. Condom availability in high risk places and condom use: a study at district level in Kenya, Tanzania and Zambia. *BMC public health*. 2012. 12: 1.
- MacPhail C, C Campbell. 'I think condoms are good but, aai, I hate those things': condom use among adolescents and young people in a Southern African township. *Social science & medicine*. 2001; 52: 1613-1627.
- Mubyazi G, Amon Exavery, Hamisi M Malebo, Emmanuel A Makundi, Sia E Malekia, Victor Wiketye, et al. Experiences, Perceptions and Attitudes of Religious Leaders and Parents Regarding Condom Promotion for HIV Infection Prevention: A Qualitative Study from Tanzania. *SM J Public Health Epidemiol*. 2016; 2: 1024.
- WHO and UNICEF. Global report: UNAIDS report on the global AIDS epidemic 2013; Geneva: UNAIDS. 2013.
- Hearst N, S Chen. Condom promotion for AIDS prevention in the developing world: is it working? *Studies in family planning*. 2004; 35: 39-47.
- Kapolo E. PERCEPTIONS OF STAKEHOLDERS IN EDUCATION ON THE DISTRIBUTION OF CONDOMS TO SECONDARY SCHOOLS LEARNERS IN THE OSHANA REGION.4; Stellenbosch University. 2014.
- Peltzer K. Knowledge and practice of condom use in an urban adult community sample of the northern province, South Africa: research. *Health SA Gesondheid*. 2000; 5: 38-44.

21. Organization. W.H. UNAIDS: Global Report: UNAIDS report on the global AIDS epidemic. Geneva: WHO. 2010.
22. Aberdeen T, Yin RK (2009). Case study research: Design and methods . Thousand Oaks, CA: Sage. The Canadian Journal of Action Research. 2013; 14: 69-71.
23. Yin RK. The case study method as a tool for doing evaluation. Current sociology. 1992; 40: 121-137.
24. Yin RK. Case study research: Design and methods. Sage publications. 2013.
25. Yin RK. Applied social research methods series Case study research: Design and methods. 1984.
26. Yin RK. Case study research: Design and methods . Thousands Oaks. Sage. Young, LC and Wilkinson, IR (1989). The role of trust and co-operation in marketing channels: a preliminary study. European Journal of Marketing. 2003; 23: 109-122.
27. Denzin NK, Lincoln YS. The landscape of Qualitative inquiry. Sage. 1998; 3.
28. Cochran, M., Quinn, PM, A Guide to Using Qualitative Research Methodology. MEDICIN SANS FRONTIERES 2002.
29. Graneheim UH, B Lundman. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse education today. 2004; 24: 105-112.
30. Ayres L, K Kavanaugh, KA Knaf. Within-case and across-case approaches to qualitative data analysis. Qualitative health research. 2003; 13: 871-883.
31. Gupta N, M Mahy. Sexual initiation among adolescent girls and boys: trends and differentials in sub-Saharan Africa. Archives of sexual behavior. 2003; 32: 41-53.
32. Peltzer K. Factors affecting condom use among senior secondary school pupils in South Africa. The Central African journal of medicine. 2000; 46: 302-308.
33. Shakil, HIV/AIDS: How subsaharan Africa can win the battle. 2011.
34. Ghys PD, Diallo MO, Etiègne-Traoré V, Kalé K, Tawil O, Caraël M, et al. Increase in condom use and decline in HIV and sexually transmitted diseases among female sex workers in Abidjan, Cote d'Ivoire, 1991-1998. Aids, 2002; 16: 251-258.
35. Aransiola JO, Asa S, Obinjuwa P, Olarewaju O, Ojo OO, Fatusi AO. Teachers' Perspectives on Sexual and Reproductive Health Interventions for In-school Adolescents in Nigeria. African journal of reproductive health. 2013; 17.
36. Feldman DA, Peggy O'Hara, KS Baboo, N-i W.Chitalu, YingLu. HIV prevention among Zambian adolescents: developing a value utilization/norm change model. Social Science & Medicine. 1997; 44: 455-468.
37. Herrman J. The provision of reproductive health services by school-based health centers: Policy Implications in 42nd Biennial Convention (16 November-20 November 2013). 2013.
38. Baxen J, A Breidlid. HIV in sub saharan Africa: cape town: Juta. 2009.
39. Ferreira CJ. Churches as providers of HIV/AIDS care: a normative and empirical study. Stellenbosch: Stellenbosch University. 2012.
40. Mash R, R Mash. Faith-based organisations and HIV prevention in Africa: A review. African Journal of Primary Health Care and Family Medicine. 2013; 5: 1-6.
41. Agadjanian V, C Menjivar. Fighting down the scourge, building up the church: Organisational constraints in religious involvement with HIV/AIDS in Mozambique. Global public health. 2011; 6: 148-162.
42. Green EC, AH Ruark. AIDS, behavior, and culture: understanding evidence-based prevention. Left Coast Press, Inc. 2011.
43. Agweda T. The Relationship between Theory and Research. Iroro: A Journal of the Faculty of Arts and Social Sciences, Bendel State University, Ekpoma. 2001; 8: 205.
44. Iyaniwura c, A Salako. Sexual activity and condom use by in school youths in Sagamu, Ogun State. 2005; 48: 103.
45. Kasonde M. Perception of teachers to sexuality education in secondary schools in Gaborone, Botswana. Stellenbosch: Stellenbosch University. 2013.
46. Brown NL, MT Pennylegion, P Hillard. A process evaluation of condom availability in the Seattle, Washington public schools. Journal of school health. 1997; 67: 336-340.
47. Guttmacher S, L Lieberman, D Ward, N Freudenberg, A Radosh, D Des Jarlais. Condom availability in NYC public schools: Relationship to condom use and sexual behavior. American Journal of Public Health. 1997; 87: 1427-1433.
48. Fanburg JT, DW Kaplan, KE Naylor. Students' opinions of condom distribution at a Denver, Colorado high school. Journal of School Health. 1995; 65.
49. Blake SM, Ledsy R, Goodenow C, Sawyer R, Lohrmann D, Windsor R., et al. Condom availability programs in Massachusetts high schools: relationships with condom use and sexual behavior. American Journal of Public Health. 2003; 93: 955-962.