

INVESTIGATING THE PERCEPTIONS OF LEARNERS, TEACHERS AND
PROGRAMME IMPLEMENTERS REGARDING THE VALUE OF NON-
FORMAL SEXUALITY EDUCATION PROGRAMMES IN RUNDU CIRCUIT,
KAVANGO EAST REGION

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ABSTRACT

The prevalence of learner pregnancy amongst school girls in most African countries is a profound concern (Grant & Hallmark, 2006), and Namibia is heavily impacted by this scourge, particularly the Kavango East Education Region. Despite access to information and skills presented by non-formal sexuality education programmes like My Future is My Choice [MFMC] and Kavango Girls Education Project [KGEP] on developing healthy relationships and responsible decision-making about sexual activities, especially during adolescence, many female learners in the Kavango East Educational Region do not complete school as they drop-out prematurely due to early pregnancy. Therefore, the purpose of this study was to investigate the perceptions of learners, teachers and programme implementers regarding the value of non-formal sexuality education programmes in mitigating learner pregnancy at schools where these programmes are offered.

This study is a depiction and portrayal of the views of the learners, teachers and programme implementers on the value of non-formal sexuality education programmes in mitigating learner pregnancy in schools in the Rundu Circuit in the Kavango East Educational Region, Namibia. The research was done in an attempt to understand how useful non-formal sexuality education programme is as far as justifying learner pregnancy awareness is concerned.

The study employed a qualitative phenomenological research design, due to the contextual nature of the observable fact under investigation. Qualitative data was collected by means of document analysis and face-to-face interviews with three Life

Skills teachers, two programme implementers and fourteen female learners (eight non-learner mothers and six learner mothers) from four public schools in the Rundu Circuit. A purposive sampling technique in line with the qualitative orientation was used to select information-rich respondents who were considered to possess experience and knowledge to provide reliable data (Cohen, Manion & Morrison, 2007). The data were analysed by using content oriented analysis.

The study found that non-formal sexuality education programmes are relevant in mitigating the rate at which learners fall pregnancy whilst in schools. The research respondents mentioned the following as the benefits of lessons learned from non-formal sexuality education and these includes; pregnancy prevention through abstinence, condom use and contraceptive use, delaying sexual activities, changing of attitudes in making responsible decisions about sexual activities. The study further revealed that learner pregnancy is not simply the result of a girl's failure to obtain and use contraception, but is instead inexorably linked to many social, cultural, educational, and economic factors influencing adolescent risk-taking behaviours. These factors are; peer pressure, poverty, low self-esteem, imitation, fear of losing a boyfriend, and ignorance.

The negative social, cultural, economic and educational consequences of teenage pregnancy are considerable, and in order for these programmes [KGEP and MFMC] to reduce the incidence and ramifications of learner pregnancy they must be multidimensional in their approach to learner pregnancy prevention. Through a multidimensional approach, teenagers may develop the knowledge, behaviours, and

self-esteem that will allow them to be motivated to prevent pregnancy through abstinence or responsible sexual behaviour.

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DECLARATION

I, Lydia Ngonde Furayi, declare that this study is a true reflection of my own research, and that this work, or part thereof has not been submitted for a degree at any other institution of higher education.

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Date.....

Lydia Ngonde Furayi

LIST OF ABBREVIATIONS/ACRONYMS

AGEI	African Girls' Education Initiative
AIDS	Acquired Immunodeficiency Syndrome
CSE	Comprehensive Sexuality Education
DOI	Diffusion of Innovation
EFA	Education For All
EMIS	Education Management Information System
ESA	Eastern and South African
FAWENA	Forum for African Women Educationalist in Namibia
FoSE	Future of Sex Education Initiative
HPSI	Health Promoting School Initiative
IIEP	International Institute for Educational Planning
IRINNEWS	Integrated Regional Information Network News
KAYEC	Katutura Youth Enterprise Centre
KGEP	Kavango Girls Education Project
MFMC	My Future is My Choice
MDGs	Millennium Development Goals
MoEAC	Ministry of Education, Arts and Culture
MOE	Ministry of Education
MoHSS	Ministry of Health and Social Services
NDP	National Development Plan
NPC	National Planning Commission
SDGs	Sustainable Development Goals

SHE	Sex Health Education
SIECCAN	Sex Information and Educational Council of Canada
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
UNAIDS	United Nations Programme on HIV and AIDS
UNECA	United Nations Economic for Africa
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organisation

CHAPTER ONE: INTRODUCTION

1.1 Introduction

This introductory chapter presents an orientation of the study, statement of the problem, objectives of the study, the rationale and limitations of the study, as well as the summary.

This study investigated the perceptions of learners, teachers and programme implementers regarding the value of non-formal sexuality education programmes namely: “My Future is My Choice” programme [MFMC] and Kavango Girls Education Project [KGEP] (the latter programme is supported by the Forum for African Women Educationalist in Namibia) [FAWENA] in the Rundu Circuit, Kavango East Educational Region. The study focused on the perceptions of learners, Life Skills teachers and programme implementers on how they perceive the two non-formal sexuality education programmes regarding their value in reducing learner pregnancy at schools in the Rundu Circuit. These non-formal sexuality education programmes are Life Skills programmes implemented in some combined and secondary schools of Namibia and Kavango East Educational Region.

1.2 Research Site

Namibia is a semi-arid country covering an area of 824 116 square kilometers in Southern Africa (Namibia Statistic Agency, 2010). It is bordered by Angola in the north, Zambia in the north-east, Botswana to the east and South Africa in the south. The Kavango River divides Namibia and Angola, the Zambezi River divides Namibia and Zambia, while the Orange River divides Namibia and South Africa.

According to the Education Management Information System [EMIS] for Kavango East Education Region: 15th School Day Statistics (2014), there are 55 069 learners (27 417 females and 27 652 males) and 1 723 teachers in the Kavango East Education Region.

1.3 Orientation of the study

Kavango, reportedly, has the highest school drop-out rate in Namibia due to the occurrence of learner pregnancy (Education Management Information System [EMIS], 2013 & 2014). The school drop-out rate among girls due to learner pregnancies has been identified by the education authorities as a serious concern among the communities of the region. For the purposes of this study, school drop-out refers to the learners who leave school prematurely without completing a grade in any academic year, even if there is a provision to re-admit them into school the following academic year.

Apart from the EMIS report on the high rate of learner pregnancy in the former Kavango Region, there have been other studies (Nielsen & Mbukusa, 2011; USAID, 2011) that have been carried out in the then Kavango Region regarding the issue of learner pregnancy. For instance, a study conducted by Nielsen and Mbukusa (2011) found that 83% of young female learners dropped out of school due to pregnancy. Similarly, the United States Agency for International Development [USAID], under the Kavango Regional Task Force on teenage pregnancy, also conducted a study on teenage pregnancy in 2011 and the findings were similar to those of Nielsen and Mbukusa (2011) study.

Learner pregnancy in schools in Namibia and the Kavango East Region in particular is a hindrance to the development of Namibia. The impact is felt in the Namibian society and the Southern African community at large. As a result, the Government of the Republic of Namibia has given top priority to the education of a girl-child and women empowerment in all its developmental undertakings (Ministry of Education, 2012). The government has implemented Life Skills programmes at schools that call for learner pregnancy prevention. Many schools in the Rundu Circuit of the Kavango East Region in Namibia are experiencing high cases of learner pregnancy annually.

According to Kirby (2007), in many countries around the world today, young female learners are encouraged to remain longer in school than ever before in history. The purpose is not only to get more education, but also to seek employment before marrying, and enter into marriage at later ages than in the past. However, Kirby and Lepore (2007) argue that more young female learners are involved in sexual relationships and have several partners before marriage. As a result, these young female learners are at a high risk of experiencing premarital pregnancies and both young women and men are at a high risk of contracting sexually transmitted infections [STIs], including the Human Immunodeficiency Virus [HIV]. This could imply that the introduction of sexuality education in schools as part of extra-curriculum is not playing a significant role in minimising cases of learner pregnancies in schools (ibid). A research study by Macleod (1999) affirms that at least 50% of learners are sexually active with more than one sexual partner and they indulge in unprotected sexual intercourse in more than 50% of the cases.

While acknowledging that female learners in other parts of the world remain longer in school to complete their education now than ever before (ibid), this has generally not been the case in the Kavango East Educational Region in Namibia. Despite the efforts exerted through 'My Future is my Choice' programme [MFMC] and Kavango Girls Education Project [KGEP], the Rundu Circuit of the Kavango East Education Region records high drop-outs of female learners due to learner pregnancies. These two sexuality education programmes [MFMC and KGEP] were designed to increase learner awareness regarding sexual responsibility and sexual health to help prevent and slow down learner pregnancies in schools.

There has been a high pregnancy rate amongst learners in this circuit despite the Government's efforts and policies such as the *Prevention and Management of Learner Pregnancy Policy* (2012) and *the Teenage Pregnancy Policy* (2008) which have the ultimate goal of improving the prevention and management of learner pregnancy in Namibia. In addition, the policies are aimed at decreasing the number of learner pregnancies and increasing the number of learner-mothers to complete their education. The policy on Prevention and Management of Learner Pregnancy (2012) provides guidelines for both the prevention and the management of learner pregnancy. It points out that, the prevention of learner pregnancies should start at home. Nevertheless, it must be acknowledged again that not all learners are living with their parents or guardians, as some are orphans heading houses without anyone to guide them when they make wrong decisions regarding sexual activities.

Although there are some learners who are living with their parents or guardians who can talk to them about the consequences of early pregnancy, it is envisioned that schools can assist in the prevention of learner pregnancy through the provision of reproductive and sexual health education. This can be attained by creating an atmosphere in which learners are protected from exploitation and taught that all relationships must be based on mutual respect for the dignity of the individual. Kirby (2002) reaffirms that schools in developing countries are regarded as appropriate settings in which to educate young people about sexuality and relationships, as school is a captive setting to reach a large audience of young people, often before they initiate sexual activity.

In order to better respond to the needs of young people for information and training in life skills, a growing concern of the Ministry of Education has led to the development of non-formal sexuality education programmes like MFMC and KGEP to provide both adolescent girls and boys, whether in or out of school, with accurate and appropriate information to enable them to maintain their sexual and reproductive health. Also, to help young female learners improve their performance and their retention in schools (Ministry of Education, 2008). These sexuality education programmes provide information on social skills, such as those that allow individual learners to relate, socialise, and communicate with others all their social problems, to assist them to live their lives fully in the community and the society at large. In addition, they were established to respond to the impact of learner pregnancy and HIV/AIDS in the education sector.

The MFMC as an extra-curricular programme provides sessions on HIV, STIs and early pregnancy prevention and life skills training programme for young people from 15 to 25 years of age (Ministry of Education, 2006). This programme was initiated by the Ministry of Education and the United Nations Children's Fund [UNICEF] to promote responsible behaviours. According to Ministry of Education (2008), its main objectives are: to provide young people who are not yet involved into sexual relationships with the skills to delay sexual intercourse; to prevent young people from becoming infected with HIV, to provide young people with facts about sexual health and behaviour, pregnancy and HIV/AIDS; to improve the communication and decision-making skills of young people; to better respond to many other challenges faced by Namibian learners both male and female, such as learner pregnancy, coping with emotions, stress, alcohol and drug abuse.

In addition, UNICEF introduced the African Girls' Education Initiative [AGEI] in response to the unequal number of girls excluded from education systems, as a means towards Education for All [EFA]. The Kavango Girls' Education Project [KGEP] started with a lengthy project preparation phase consisting of stakeholder workshops, data analysis by the Rundu Regional Education Directorate culminated in the development of a work plan to address the low retention of girls, at senior secondary level (Ministry of Education, 2003). However, it was not enough to give academic support while ignoring the social context that makes many young women more vulnerable to learner pregnancy, domestic violence and HIV/AIDS. Sessions on sexuality education were sought necessary to be included on the implementation of KGEP because the region has high cases of learner pregnancy (Ministry of

Education, 2004). The Kavango Girls Education Project was supported by UNICEF from April 2001 and ended in April 2004 and the Forum for African Women Educationalist in Namibia [FAWENA] took over the project in 2004 from UNICEF, to continue supporting the initiatives aimed to help girl-child education. The support of FAWENA to KGEP focuses on HIV/AIDS, learner pregnancies, career mentoring and support for girls from marginalized communities as well as girls' clubs (Ministry of Education, 2004).

The Forum for African Women Educationalist in Namibia [FAWENA] opened its office in 1999 with the support of the Ministry of Education to help address the educational challenges girls face in Namibia (www.fawena.org/resources.php). The ultimate goal of this programme is to increase, improve retention and enhance the quality of education for girls and women in Namibia. FAWENA as an programme supports the activities for Kavango Girls Education projects [KGEP] in the Rundu Circuit, through mobilising the youth to work together as partners to organise and participate in activities, learn about and facilitate the spread of knowledge concerning HIV/AIDS awareness, abstinence and safe sex practices, peer pressure role modelling, tertiary institutions and career opportunities (www.fawena.org/resources.php).

Though FAWENA has proudly supported the activities for KGEP in the Kavango East Educational Region, cases of learner pregnancy in this particular region still remain high. Since learners spend more hours at school than anywhere else, access to sexuality education information through these programmes is very crucial on

educating them holistically; this includes educating them about reproductive and health education. Mueller, Gavin and Kulkarni (2008) maintain that of equal importance, however, is considering how to continue preserving the information provided during school hours and after school hours when many learners are left unsupervised because most of them are orphans and live in child-headed houses and are vulnerable to risky behaviours.

Kirby (2007) further maintains that young people all over the world are asking for credible information about sexual issues, and wish to have their questions and concerns about sexuality addressed. They need information not only about physiology and a better understanding of the norms that society has set for sexual behaviour, but they also need to acquire the skills necessary to develop healthy relationships and engage in responsible decision-making about sexual activities, especially during adolescence when their emotional development increases.

In addition, Lloyd (2005) further elaborates that since adolescence is the time of physical, emotional and psychological development when decisions about relationship formation and sexual debut occur; it is viewed as a particularly salient period in which to address issues of sexuality. As such, a school setting in this regard is viewed to be the appropriate environment where many learners can access information on sexuality education.

It is therefore, in the same vein that female learners in the Rundu Circuit are also provided with lessons on sexuality education through non-formal sexuality education

programmes to enable them to cope with challenges associated with adolescence. The implementation of measures to prevent and reduce the number of learner pregnancy is a critical component of the Ministry of Education policy on Prevention and Management of Learner Pregnancy (2012). Schools are therefore mandated to provide education on sexual and reproductive health, as well as holistic life skills programmes. These are because they [schools] are the proper institutions where learners can be provided with valuable information on sexuality education as many young female learners are in schools and they would have access to this information. Kirby, Laris, & Rolleri (2007), also suggest that educational achievement and regular school attendance may be protective against risky behaviours. It is also essential to engage support for preventative measures from families, the community and non-governmental organisations such as churches and other voluntary groups, as learner pregnancy affects the entire community and cannot be successfully managed by the school alone.

The United Nations Economic Commission for Africa [UNECA] (2008) indicates that gender inequalities, socio-cultural norms and inadequate access to information are some of the reasons why young people are at greater risk of early pregnancy. The above challenges are further compounded by some traditional beliefs which regard the discussion of sex between a parent and a child as a taboo. As a result, there is a need for adequate opportunities for learners, especially those living in developing countries such as Namibia, and Kavango East Educational Region in particular, to be provided with programmes aimed to develop skills to address learner pregnancy, as well as HIV/AIDS in their communities. The higher cases of learner pregnancy

might lead to higher cases of HIV/AIDS infections. Therefore, it is important that intervention programmes focus on the issues that hinder young people from making decisions to protect themselves against infection and early pregnancies.

1.4 Statement of the Problem

“Learner pregnancy is noted in most African countries as a major concern” (Grant & Hallmark, 2006, p.3), and Namibia is no exception, particularly the Kavango Education Region. According to the Education Management Information System [EMIS], (2012) the Kavango Educational Region (now divided into West and East) topped the list with 333 cases of learner pregnancy in 2011, followed by Ohangwena Region with 261, Omusati Region with 178 and Oshikoto Region with 173 cases. In 2012, the Kavango Education Region again recorded the highest number of learner pregnancy with a total of 318 cases, followed by Ohangwena Region with 256, Khomas Region with 72 and Zambezi Region with 50 cases. Out of the cases for Kavango Educational Region, Rundu Circuit alone recorded 174 (52%) learner pregnancies in 2011 and 126 (40%) cases in 2012 (Kavango Educational Region, 15th day school statistics, 2012). In 2013, schools in the Rundu Circuit continued to record 168 (54%) cases of learner pregnancy out of the 310 cases for the region, and in 2014 they recorded 141 (47%) cases out of the 298 cases of learner pregnancy for the region (Kavango Educational Region, 15th day school statistics, 2013 & 2014).

The focus of this study was on two non-formal sexuality education programmes that are currently implemented in the selected schools of the Rundu Circuit, namely: My Future is My Choice [MFMC] and Kavango Girls Education Project [KGEP]. These

non-formal sexuality education programmes aim at empowering adolescents, both girls and boys, with the knowledge to delay sexual activities in order to avoid early pregnancy (Ministry of Education, 2008). Despite access to information and skills presented by MFMC and KGEP on developing healthy relationships and responsible decision-making about sexual activities, especially during adolescence, many female learners in the Kavango East Educational Region do not complete school as they drop-out prematurely due to early pregnancy. This is evident in the national statistics of 2011 and 2012 where 651 of school going female learners were recorded to have fallen pregnant in Kavango Region (EMIS, 2011 & 2012). Out of the above figures; the Rundu Circuit alone recorded 300 learner pregnancies combined for 2011 and 2012, and continued to record 309 learner pregnancies combined for 2013 and 2014.

The prevailing cases of learner pregnancy at schools in the Kavango East Educational Region are on the rise every year as indicated on the statistics given above, despite the implementation of sexuality education programmes at schools. It is against this background that the study investigated the perceptions of learners, teachers and programme implementers regarding the value of non-formal sexuality education programmes in mitigating learner pregnancy in schools of the Rundu Circuit in the Kavango East Educational Region. This study then seeks to understand why there are many cases of learner pregnancy at schools, despite the fact that these two sexuality education programmes has been implemented at schools and learners are provided with relevant information on sexual health and reproductive.

1.5 Objectives of the study

The aim of the study is to investigate the perceptions of learners, teachers and programme implementers regarding the value of non-formal sexuality education programs in mitigating learner pregnancy at schools. The study is guided by the following two main objectives:

1. To investigate the perceptions of learners, teachers and programme implementers regarding the value of the two selected non-formal sexuality education programmes.
2. To draw lessons from the perceptions of learners, teachers and programme implementers for strengthening the success of the two non-formal sexuality education programmes in reducing learner pregnancy in schools in the Rundu Circuit, Kavango East Educational Region.

1.6 Significance of the study

The MFMC programme has been implemented in some schools in Namibia since 2006. The programme was piloted in 1996 and augmented in 1998. In 2003, it became an official extra-curricular life skills programme of the Ministry of Education in secondary and combined schools (Ministry of Education, 2008). The MFMC programme has empowered young people with skills to think for themselves and to be accountable for their destinies (Ministry of Education, 2008). Yet concerns about the perceptions on the value of non-formal sexuality education programmes in learners' pregnancy reduction remains a challenge as the region's statistics on learner pregnancy remain high, compared to other regions in the country, as indicated in EMIS reports for 2011 and 2012 as well as for 2013 and 2014.

Therefore, this study is significant in that its findings may improve the programmes content and strengthen the value of selected non-formal sex education programmes as strategies for reducing learner pregnancy. The findings may further highlight the challenges that the implementers of these programmes face. In addition, the study will generate data that may be useful to school communities and other stakeholders. This study may thus contribute to new insights and knowledge on strategies for reducing learner pregnancy.

1.7 Limitations of the study

Some of the limitations which are associated with this study are as follows:

Firstly, lack of access to right people - It is an uphill task for the researcher to locate prospective interviewees in the schools catchment areas for the learners who graduated from MFMC programme and KGEP have since dispersed in search of jobs, other schools and colleges where they may repeat or further their studies. The challenges in locating target group members is mainly because at the completion of grade 10 or grade 12 they do not leave forwarding addresses. Nonetheless, the Life Skills teachers assured the researcher that some learners have not yet graduated from these programmes and that some graduated but have not yet completed Grade 12 and have not dropped out of Grade 10. Both categories were equally rich in much needed information on the programmes.

Secondly, fear of expression - Some of the learner-mothers are not free to express their experiences though they agree to participate in the study as by falling pregnant while in school, they feel guilty or sorry for themselves. However, in order to mitigate this limitation, the researcher builds confidence and trust with the participants by explaining the purpose of the research and by pointing out how the study could benefit them and other learners who happen to get pregnant unintentionally.

Thirdly, change of teachers - The changing of Life Skills teachers in some schools created a big challenge to the researcher. Some of the teachers who offered the Life Skills subject in 2014 were removed from the subject and replaced by new teachers. Since some of these teachers are new in the programme and do not fully understand these programmes, they fail to provide the required information. Consequently, the researcher reverted to the former life skills teachers who provide the much needed information more accurately.

1.8 Clarifications of concepts

It is imperative to firstly clarify some concepts that are basic to this study before exploring the perceptions of learners, teachers and programme implementers regarding the value of non-formal sexuality education programmes in mitigating learner pregnancy in schools.

1.8.1 Sexuality

In the context of this study sexuality as described by United Nations Educational Scientific and Cultural Organisation [UNESCO] (2009), sexuality encompasses the sexual knowledge, beliefs, attitudes, values, and behaviours of individuals. It is an important part of who a person is and what she or he will become. It includes all the feelings, thoughts and behaviours being a male or a female, being attractive and being in love, as well as being in a relationship that include sexual intimacy and physical sexual activity. The expression of sexuality is influenced by ethical, spiritual, cultural, and moral concerns.

1.8.2 Sexuality Education

In the context of this study, sexuality education as described by (UNESCO, 2009) is a lifelong process of acquiring information and forming attitudes, beliefs and values about identity, relationships and intimacy. UNESCO (2009) further explained that sexuality education encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles. Sexuality education in the context of this study addresses the biological, socio-cultural, psychological and spiritual dimensions of sexuality from the cognitive, the affective and the behavioural domain, including the skills to communicate effectively and make responsible decisions.

1.8.3 Non-formal education

In this study, non-formal education refers to learning that takes place outside the school curriculum and the syllabus of the subject, and it is conducted after school in

the afternoon, or even during weekends. The education provided is aimed at equipping learners with information that would help them to make informed decisions on social problems which they may encounter in their daily lives.

1.8.4 Learner

The concept learner in this study refers to young persons who are currently in the school. In this study, there are two categories, the first category is for the learner-mothers, who are learners who have children of their own but they are still attending school, and the non-learner mothers are learners who do not have children.

1.8.5 Adolescence

In the context of this study, adolescence is described by Hines (2003), that it is a period characterised by rapid changes and the need to achieve many significant developmental tasks. It is that time when young people develop the knowledge, attitudes, and skills that become the foundation for psychologically healthy adulthood.

1.8.6 Teenage pregnancy

The term “teenage pregnancy” in this study means learner pregnancy.

1.8.7 Value

The concept “value” is used in this study to refer to the “importance” of non-formal sexuality education in mitigating learner pregnancy.

1.9 Division of the chapters

Chapter one provides a brief background to the problem of the former Kavango Education Region, now divided into Kavango West and Kavango East, on the highest school drop-out rate in Namibia due to the occurrence of learner pregnancy. The statistics is provided by Education Management Information System [EMIS] reports for, 2012, 2013, 2014 and 2015. Chapter one also outlines the main objectives of the study, significance of the study, limitations and delimitations of the study and the clarification of the concepts in the study.

Chapter two focuses on the relevant literature reviewed for the study and the theoretical framework that underpins the study. The Chapter gives a general discussion on the importance of sexuality education to the learners. It also looks at the perceptions of learners, teachers and programme implementers on non-formal sexuality education. The study further looks at the impact of learner pregnancy on the holistic well being in terms of how it affects the lives of the learners when they fall pregnant while in school.

Chapter three introduces a qualitative research design that is applied to carry out the study, namely phenomenological research design. Furthermore, discussions in this chapter focus on data collection procedures, methods and data analysis. Ethical considerations as adopted by the researcher during and after the study, as well as the consent form that is presented to the research participants are also discussed in this chapter.

Chapter four offers data presentations of the study from the participant narratives. Data that emerging from narratives included; learners' perceptions about the value of non-formal sexuality education programmes; teachers' perceptions about the relevance of non-formal sexuality education programmes; aims / purposes of the non-formal sexuality education programmes at schools; lessons learned, learners' challenges in implementing lessons learned from non-formal sexuality education programme sessions (peer pressure, saying "No" to sex, fear of using injection, fear of losing a boyfriend, ignorance); learners with no challenges in implementing lessons learned from non-formal sexuality education; factors that hinders learners to implement what they learned from sexuality education programmes these includes poverty; low self-esteem; peer pressure and imitation; school management support to sexuality education programmes; parents and teachers involvement; programme implementers' challenges; improving sexuality education programmes; and reducing learner pregnancies at schools. It further analyses and interprets the study's aims and objectives as well as discussing and interpreting the findings of the study. It presents the brief summaries and conclusions of the findings in respect to the perceptions of the learners, teachers and programme implementers on the value of non-formal sexuality education programmes in terms of mitigating learners' pregnancies at schools. The Chapter also highlights discussions that support or does not support the literature reviewed in Chapter two concerning the value of sexuality education as well as how it is perceived by other stakeholders in terms of mitigating learner pregnancies at schools. It further looks in details into the perceptions of teachers, learners and programme implementers regarding value of non-formal sexuality education programmes, the session's content, the time the sessions are offered, and

the challenges involved in extending the programmes to many schools and reach many learners of the Kavango East region in Namibia through data analysis.

1.10 Summary

This chapter provided an understanding on the statistics of learner pregnancy in the area of the study, the types of non-formal sexuality education programmes that are in place to address the issue of learner pregnancy in the schools. It also explained the initiatives introduced and implemented by the Ministry of Education to try to address the problem of learner pregnancy in the schools and the overall objectives of those non-formal sexuality education programmes, which are to educate learners on sexual relationships and sexuality health education. The next chapter presents literature review and theoretical framework relevant to this study.

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter presents a review of related literature on non-formal sexuality education and learner pregnancy in Namibia and globally. More specifically, the chapter highlights key dimensions and aspects of the research topic, namely: the importance of sexuality education in schools, the perceptions on the value of sexuality education and, lastly, the impact of learner pregnancy among young female learners towards their education. The chapter also explores a theoretical framework in order to provide the study with concepts, insights and perspectives for understanding the phenomenon under investigation.

2.2 The importance of sexuality education

Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships and intimacy. The term encompasses sexual development, sexual and reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles (UNESCO, 2009). UNESCO further alludes to the fact that the primary goal of sexuality education is to give young people the opportunity to receive information, examine their values and learn relationship skills that will equip them to resist becoming sexually active before they are ready, to prevent unprotected sexual activity and to help them become responsible sexually healthy adults (2009).

This is because the world in which young people grow up today is different from that of their parents or grandparents. Young people today seem to have more opportunities and challenges compared to the youth of past generations. They are more likely to have more independence from their parents and spend more time in school than at home (Boonstra, 2011). That is why sexuality education programmes offered in school are essential as learners gain access to sex education information. United Nations Population Fund [UNFPA] (2007) points out that much effort on sexuality health knowledge dissemination has created consciousness among adolescents about sexuality and its risks, thus succeeding in increasing knowledge about pregnancy prevention, HIV/AIDS and safe sex. Contrary, Gillitis, (1998), argues that many programmes “have provided little evidence of reduced sexual activity, diminished teenage pregnancy rates, or increased effective contraceptive use” (p. 240). Thus, with My Future is My Choice programme and Kavango Girls Education project in the Rundu Circuit, one would argue also that these programmes have made little impact on the behavior change of learners since every year the statistics on learner pregnancies keeps on escalating as indicated in chapter one of this study.

The implication of the above statement is that non-formal sexuality programmes have thus far proved not to be sufficient to address the occurrence of learner pregnancies as many learners seem to be more sexually active judged by the increase in learner pregnancy. Hence, indicating absence of contraceptive use. Correspondingly, Kirby (2002) claims that as adolescents are influenced by many sources outside the school environment such as peers, parents, media, and their own

emotional, social and sexual needs, making it more difficult to make changes in attitude and behaviour. As a result of the above assertion, one may say that this could be the situation in the Rundu Circuit. Minimising the occurrence of learner pregnancy might be a difficult task to achieve.

Contrary to the above claim, Kohler, Manhart & Lafferty (2007) report that sexuality education programmes provide benefits to adolescents, especially when it focuses on specific behaviours like pregnancy prevention, abstinence, values and attitudes, given before sexual activity have started. A research study by Halstead (2003), has revealed that by the age of nine or ten, children begin to pick up a range of sexual values from the family, the media, the hidden curriculum and peers, but they all too often have no one but equally inexperienced peers with whom to discuss them. Other than the sexuality education that is taught in schools, programmes like child-line lifeline, Katutura Youth Enterprise Centre [KAYEC], Project Hope and Nawa-life have been introduced in the Kavango East Region to help increase awareness in young people about the risks of irresponsible sexual behaviours.

According to Moore & Rosenthal (2006), in spite of high levels of knowledge, young people do not appear to be applying that knowledge to their sexual behaviour. The alarming rate of teenage pregnancy, STD infections and HIV infections are debilitating factors to the growth of the community, the young people and to their future. Several large international organisations, such as the World Health Organisation [WHO] and the United Nations Educational, Scientific and Cultural Organisation [UNESCO] strongly advocate for sexuality education conversations

within schools, homes and in community settings. Hence, the call for regular provision of sexuality education and sexual reproductive health information to the young people, because it might be a way in which Namibia can combat HIV/AIDS and unwanted pregnancies among learners. There is a serious need for learners to be provided with more information about sex and sexuality in order to provide accurate information or correct their misconceptions about sexuality health.

Ignorance in relation to sexuality, safe sex and responsible sexual behaviour has been identified as a major factor contributing to learner pregnancies and HIV/AIDS infections in young people. In a South African study, Macleod (1999) found that both males and females demonstrated a significant increase in their level of sexual knowledge after being exposed to sexuality education programmes. However, their attitudes towards contraception and sex did not change; nor did their sexual behaviour. A similar research by Selikow, Amed, Flisher, Matthews & Mukoma (2009) on knowledge, attitudes, and sexual behaviour related to AIDS showed that while knowledge of Human Immuno-deficiency Virus [HIV] and Acquired Immuno Deficiency Syndrome [AIDS] among adolescents is generally good, many still engage in high-risk sexual behaviours. Such behaviours also seem to be common among learners.

Sexuality education programmes are designed to contribute to the overall well-being and resilience of young people to be a fundamental public health measure that is consistent with the 2005 Millennium Development Goals [MDGs] (WHO, 2008). It is imperative that relevant and timely learning opportunities reach young people,

within a safe cultural and social context to assist them in healthy and informed decision making (Parker, Wellings & Lazarus, 2009).

Formby, Hirst, Owen, Hayter & Stapleton, (2010) suggest that it is unethical and futile to dictate sexual decisions to young people, but instead, sexuality education should be taught within a holistic health framework that aims to empower and inform decision-making skills to the young person. Learners should be educated and informed about how to avoid risky sexual behaviours and the reproductive health as a holistic concept. They also need basic information about how to protect themselves and to develop skills in communication and sexual decision making so that sex does not just "happen" because of peer pressure and fashion. Schools as institutions that are entrusted with shaping the lives of learners should ensure that learners are made aware of the consequences of having a child at a young age. Sexuality education programmes implemented at schools where learner pregnancy is happening are mandated with that responsibility of ensuring that learners are equipped with relevant information regarding sexuality education.

A number of studies and reviews (Maticka-Tyndale, Wildish, & Gichuru, 2007; Gordon, 2007; Kirby, Laris, &Rolleri, 2005; Kirby, Obasi, & Laris, 2006; Kirby, 2009) provide evidence of the impact and potential of sexuality education. Overall, findings show that effective sexuality education programmes can reduce misinformation; increase correct knowledge; clarify and strengthen positive values and attitudes; increase skills to make informed decisions and act upon them; improve perceptions about peer groups and social norms; and increase communication with

parents and other trusted adults (United Nations Educational, Scientific and Cultural Organisation [UNESCO], 2010). Finger (2000), point out that “provision of sexuality education can result in learners delaying first intercourse or if they are already sexually active” (p. 256).

According to the report for the UNAIDS (2008), 60% of young people between the age of 15 and 24 years are unable to correctly identify ways of preventing early pregnancies and HIV transmission. Thus sexuality education has the potential to contribute significantly to improving young people’s knowledge base, in preventing early pregnancies and HIV prevention efforts.

By investigating learners, teachers and programme implementers’ perceptions on these two programmes, one can build an understanding on how these non-formal sexuality education programmes are impacting the attitudes of learners to postpone sexual activities, reduce the incidence of learner pregnancy and the transmission of sexually transmitted diseases [STDs], including the Human Immunodeficiency Virus [HIV].

Though educators providing sexuality education have attitudes and beliefs of their own about sexuality, it is important not to let these influence negatively the sexuality education that they provide. For example, even if a person believes that young people should not have sex until they are married, this does not justify withholding important information about safer sex and contraception (Mueller, Gavin & Kulkarni, 2008). According to Kaiser family foundation (2004), attempts to impose

narrow moralistic views about sexuality on learners through sexuality education have failed. Rather than trying to deter or frighten young people away from having sex, learners should be provided with information that will enable them to choose whether or not to have a sexual relationship, taking into account the potential risks of any sexual activity (Kaiser family foundation, 2004).

2.3 Perceptions on sexuality education

A study by Stanton, Kahihuata, Fitzgerald, Neumbo, Kanduuombe, Ricardo, Galbraith, Terreri and Guevara (1998) found that sexuality education programmes led to abstinence and safer sexual practice among some female Namibian students who delayed sexual activity. However, this was not the case with some participants in their study. In a similar study by Smith, Kippax, Aggleton & Tyrer, 2003, as cited in Mufune (2008, p.145), few people object to use sexuality education as a means to tackle sexual reproductive health problems, but many object to use it to guide adolescents in decision making and in challenging discrimination based on sexual life style.

The findings of a study by Mufune (2008) indicates that in Namibia there is a broad support of sexual education among stakeholders though Namibian teachers have very little training on sexual reproductive health. Since learners are not graded on sexuality education, the study findings further revealed that they do not value it more compared to promotional subjects such as Biology and Life Science, therefore, there is a need for the learners to be graded in sexuality education for them to take it seriously (Mufune, 2008).

Similarly, a report by UNESCO (2010) indicates that generally, there are conflicting interests among teachers, parents and learners regarding sexuality education at schools. For example, teachers in Nepal, for example, often deliver biological information, as opposed to parents who are more interested in moral education. But the learners are looking to acquire more insights into life skill-based sexuality education. Thus, there is a need to consider these conflicting interests and develop teacher training which moves away from superficial biological coverage towards a more inclusive programmes. As a result, such type of knowledge gap between parents and teachers about sexuality education at schools may create a difficult situation in reducing unwanted pregnancies which results in school drop-out among female learners and new cases of HIV/AIDS infections.

A study by Fentie (2008) on the perceptions of teachers, students and parents towards sexuality in schools in Ethiopia indicates that 96.8% of the learners and 98.9% of the teachers appeared to have a positive attitude towards the importance of school sexuality education. The parents indicated that sexuality education is the backbone of preventing and controlling different diseases and problems like “HIV/AIDS, unwanted pregnancies, sexual abuse, abortion, sexual harassment, love related problem/conflict management and family planning problem (Fentie, 2008, p.11)”. The parents further concluded that the importance of school sexuality education is an unquestionable idea.

In addition, parents, teachers and high school students in Canada agreed that learners should be educated about a wide range of sexual topics while they are in higher

schools (Byers, Sears, Voyer, Thurlow, Cohen, & Weaver, 2003). This is because most young people in Canada and the United Kingdom cite schools as a primary, useful and preferred source of providing sexuality information (Selwyn & Powell, 2006). This also applies to the Namibian situation as many learners spend most of their time at school than at home where they have the opportunity to be provided with life skills information and education. According to programme implementers in Canada, sexual health education [SHE] at schools needs to include a broad-based curriculum that covers a wide range of biological and non-biological topics that meet young peoples' developmental needs; it also needs to be taught by individuals who are comfortable discussing sexuality, use multiple teaching strategies and encourage young people to ask questions (Future of Sex Education Initiative [FoSE], 2012; Kirby, 2002; SIECCAN, 2009).

However, the United Nations Children's Fund report for [UNICEF] (2011) indicates that despite the growing body of evidence in support of sexuality education, it is still not being provided to young people in a majority of countries. Resistance to implementing sexuality education stems primarily from a range of mistaken concerns and beliefs that sexuality education leads to early sexual debut, that it is against the culture or religion, or simply fear on the part of lawmakers and education professionals that parents will object to it being taught in schools.

Although the statement above on the report for UNICEF (2011) point out that majority of countries does not provide sexuality education to young people, this is not the case with Namibia. This is evident with the recent agreement signed between

the Ministry of Education, Arts & Culture and the Ministry of Health and Social Services to offer comprehensive sexuality education at schools through School Health Programme (Ministry of Education, Arts & Culture, 2013). The School Health Programme [SHP] is a joint collaborative programme between the Ministry of Health and Social Services [MoHSS] and the Ministry of Education, Arts and Culture [MoEAC]. Namibia adopted the World Health Organization's Health Promoting School Initiative [HPSI] as a key strategy to deliver on the Vision 2030 goal of ensuring equity and access to quality education for all Namibians, especially young people. Namibia's School Health Programme furthermore complements the Eastern and Southern African [ESA] Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health and Rights.

Young people in some parts of Namibia lack access to comprehensive sexuality education [CSE], which includes information on methods to prevent the transmission of the human immunodeficiency virus [HIV] and other sexually transmitted infections [STIs], and unintended pregnancy. They need to be equipped with the necessary skills to explore their own lifestyles, values, goals and options. It has also been noted by the government of Namibia that, there are insufficient youth-friendly sexual and reproductive health services that are standardised, of a high quality, widely available, affordable and convenient. This brought the Ministry of Education, Arts & Culture and the Ministry of Health and Social Services (2013) to sign an agreement of implementing School health programme. This agreement is aimed to strengthen the implementation of sexuality education programmes at Namibian schools. This initiative further, strives for improved access to quality sexuality

education and reproductive health services for all young people. In addition, it reviews young peoples' education and sexual and reproductive health needs and concerns (Ministry of Education, Arts & Culture, 2013).

2.4 The impact of learner pregnancy among learners towards their education

The literature points out that there are numerous negative impacts of learner pregnancy among school going female learners on their education and well-being as young mothers, and how it affects the community and society at large in the long run. These negative impacts of learner pregnancy are discussed in the subsequent sections.

2.4.1 Social problems

Learner pregnancy is one of the most difficult experiences a young person might ever face as it interrupts school and other plans. This has significant implications for various countries including Namibia, and Kavango East Region in particular, especially in terms of their ability to reach the Sustainable Development Goals [SDGs] of no poverty and improving the well-being of their citizens (World Health Organisation [WHO], 2014).

The phenomenon of learner pregnancies is linked to several other social problems which affect the family, the school and the community such as alcohol and drug abuse used by teenage mothers to hide their situation (UNESCO, 2010). Research on learner pregnancy in South Africa has followed the international trend of conceptualising learner pregnancy as a social problem associated with negative

consequences (Panday, Makiwane, Ranchod, & Letsoalo, 2009). The UNESCO (2010) report emphasised that teenage child-bearing is associated with social outcomes for teenage mothers and their children, although these outcomes often reflect pre-existing social imbalances.

2.4.2 Health problems

Another issue that has been identified is that learner pregnancy can pose a health risk to the learner and her baby (Panday et al. 2009). For example, infants born to young mothers are more likely to be born prematurely and are most likely to the infant mortality rate. These children tend to do less well on indicators of health and social wellbeing than do children of older mothers. According to the report made by USAID (2011), it is stated that learner pregnancy raises the risk of pregnancy-related mortality for the mother and the baby alike. Babies born to learner mothers have poor health outcomes reflected in lower birth weight. Past research notes that these health challenges in early life have long-term effects on health and economic outcomes in later life. In these circumstances, a poor health start compromises the life chances of babies born to (teenagers) learner mothers.

UNFPA (2007) states that health problems during pregnancy occur more often for girls under fifteen years than for women aged twenty to twenty four. The strain of pregnancy often leads to increased high blood pressure. Early pregnancies mostly impact learner mothers and their babies, but it also carries broader community implications, including sexually transmitted infections, where on the other hand, learners may contract HIV/AIDS and other sexually transmitted infections (Ministry

of Education, 1998). Learner pregnancy is a marker of unprotected sex and therefore high rates of learner pregnancy serves as an alert to the high-risk nature of many sexual encounters among teenage girls.

2.4.3 Economic problems

Beyond the learner mother and her baby, there are consequences for the family and society at large. For the learner's parents, an early grandchild raises worries about economic security. At the societal level, early pregnancies exacerbate gender and socioeconomic inequality (USAID, 2011). Early pregnancies may not necessarily lead to poverty, but it certainly can worsen the economic situation of young women (Kalmuss, Davidson, Cohall, Laraque, & Cassell, 2003). As early pregnancies mostly disrupt the schooling of girls, they promote gender inequality in educational attainment and they fuel economic inequality in the next generation.

Research indicates that babies born to teenage mothers are expected to have lower endowment and educational aspirations because their mothers are often poor and unmarried. In turn, these lower resource endowments imply less human capital and economic mobility. In so far as poverty increases the risk of early and high fertility, a vicious cycle of poverty and early fertility is created, reproducing inequality across generations (UNESCO, 2010). In addition, Hubbard (2008) found that pregnant schoolgirls are at great risk of leaving school and therefore, missing out on job opportunities. If they get employment, they earn low incomes because they occupy underpaid and undervalued work positions. The economic problems on teenage mothers are similar worldwide, especially when the teenager is unable to provide for

her child and herself. This scenario can be applicable to learner mothers of Rundu Circuit in the Kavango East Region.

Research conducted in the United States indicates that more than a quarter of teenage mothers live in poverty well into their twenties compared to seven percent of their peers who delayed childbearing (Darroch & Singh, 1999). This finding shows that if statistics on learner pregnancy in the Kavango East Education Region, and Rundu circuit in particular continues to increase, it will compromise the economy of the region and Namibia as a country at large. Non-formal sexuality education programmes can reverse this situation through its effective implementation in terms of increasing knowledge and providing some interventions such as the free lessons given to learners on sexuality education that will be able to reduce risk behaviours associated with sexual activity.

2.4.4 Educational problems

The view expressed by the Robin Hood Foundation (1996) was that learner pregnancy is virtually a guarantee of poverty. Findings in Namibia explain that learner pregnancy remains a major concern because pregnancy amongst learners is one of the problems which prevent girls from continuing with their education (United States Agency for International Development [USAID], 2011). The study conducted on teenage pregnancy in Central and Southern Namibia revealed that girls who dropped out of school due to pregnancy rarely return to complete their education and their opportunities for socio-economic advancement in later life are considerably reduced (Integrated Regional Information Network News [IRINNEWS], 2005).

In a knowledge-based economy, education is essential to secure future employment. Learner pregnancy can have a profound impact on young mothers and their children by placing limits on their educational achievement and economic stability and predisposing them to single parenthood and marital instability in the future (Ashcraft & Lang, 2006; National Campaign to Prevent Teen Pregnancy, 2002). “The price of adolescent pregnancy is lost potential” (UNFPA, 2007, p.86) because learners become mothers without the necessary knowledge, skills, resources and networks to cope with the demands of parenthood. The impact of early pregnancies on educational achievement and economic progress later in life remains negative and insignificant even after controlling other social factors such as coming from a disadvantaged background (Klepinger, Lundberg & Plotnick, 1995).

Fergusson, Woodward and Horwood (2000) indicate that the impact of teenage pregnancy on young women’s educational achievement is driven by the timing of the pregnancy and the manner in which the young woman and her family respond to the pregnancy. Panday, Makiwane, Ranchod and Letsoalo (2009) also note that learner pregnancy undermines the efforts of any programme aimed at ensuring that girl children remain in school, in order to contribute towards a quality life for all, free of poverty. Thus, the career prospects are severely restricted, potentially limiting the girl-child to lower socio-economic status.

The literature to date demonstrates overwhelming public support for teaching sexuality education that includes content related to abstinence as well as contraceptive use. Thus, it is important to investigate learners, teachers and

programme implementers' perceptions on the value of these non-formal sexuality education programmes at schools for the Kavango East Education Region, in the Rundu Circuit in particular. Information about the links between learners' experience of their sexuality education and their perceptions on its value is needed to ensure that the content and delivery of sexuality education programmes, be it formal or non-formal, and have a maximum impact on students (Byers, Sears, Voyer, Thurlow, Cohen & Weaver (2013). In support of these assertions Byers, et al. (2013) argue that it is important to explore the perceptions of the research participants and try to come up with possible solutions to make the programmes relevant to the needs of its target groups.

2.5 The implementation of non-formal sexuality education programmes at schools

Non formal sexuality education programmes have been used as a health promotion strategy in public health for many years and have been implemented in a variety of settings such as schools, universities, workplaces, churches, street settings, and community halls to promote positive health sexual behaviours (Mead, 2000). My Future is my Choice programme and Kavango Girls Education Project education use community workers [officials from the organisations] with the assistance of Life Skills teachers to offer sessions on sexuality education to learners after school to effect change of sexual behaviours among the learners. Aspects of sexuality education sessions covered are in particular; social relationships and values; interpersonal relationships; moral character and life; moral character and society and civics education. Mead (2010) alluded that sessions offered to learners after school

on sexuality education often results in the change of knowledge, attitudes, beliefs, or behaviours at the individual level. It can also lead to changes in groups or a society through changing norms and encouraging the kind of action that facilitates changing programmes (UNESCO, 2009).

Non-formal sexuality education programmes is implemented effectively through as outlined below by UNESCO (2009):

- uses behavioural goals, teaching methods, and resources that are age-appropriate, developmentally appropriate, and culturally competent
- is based on theoretical approaches that have been proven to be effective
- takes place over sufficient time to cover necessary topics and skills
- employs a variety of andragogy teaching methodologies that present the content in ways that make it relevant to the learners
- provides basic, accurate information about the risks of unprotected sexual intercourse and how to avoid unprotected sexual intercourse
- includes activities that address peer pressure and cultural pressure
- practices decision making, communication, negotiation, and refusal skill
- they can utilise teachers who are well-trained, comfortable, and believe in the programme..

2.6 Theoretical framework of the study

According to Gay, Mills and Airasian (2009), a theory is an organised body of concepts, generalisations, and principles that can be investigated. In support of Gay et al (2009), Tuner (2007) further explains that a theory is a set of interrelated

concepts, definitions and propositions that explains or predicts events or situations by specifying relations among variables. The notion of generality, or broad application, is important. Thus, theories are by their nature abstract and not content- or topic-specific. Even though various theoretical models of health behaviour may reflect the same general ideas, each theory employs a unique vocabulary to articulate the specific factors considered to be important (Turner, 2007).

Theories vary in the extent to which they have been conceptually developed and empirically tested; however, “testability” is an important feature of a theory. As Turner has noted in his chapter on “Theory Development,” social science theories are better understood as models that work in a limited range of settings, rather than laws of science which hold and apply universally (Turner, 2007). Whether a researcher is investigating a qualitative or a quantitative study, it is important to look for the framework, which is guiding the study.

The theoretical framework of this study is positioned within the lenses of Roger’s (2003) theory of Diffusion of Innovation [DOI]. In particular, it draws on Roger’s four main elements that contribute to behaviour change, namely: innovation, communication channels, time and social system. This explains how over time, an idea or product gains momentum and diffuses (or spreads) through a specific population or social when certain principles are applied. These principles are similarity, continuation, closure and proximity. This theory emphasises that results from knowledge (information) process depend in many respects not only on the individual, but also on the environment which surrounds him/her. The end result of

this diffusion is that people, as part of a social system, adopt a new idea, behaviour or product. The key to adoption is that the person must perceive the idea, behaviour or new information and act upon it.

According to DOI theory, behaviour will change more rapidly if innovations are perceived as being better than previous options (relative advantage) and consistent with the existing values, experiences and needs of potential adopters (compatibility), if they are easy to understand (complexity), testable via limited trials (trial-ability) and their results are visible (observability) (Rogers, 2003). It further highlights the different roles of 'mass media' and 'interpersonal' channels, with the former, especially useful for creating awareness amongst potential adopters and the latter being more effective in terms of persuading actual adoption.

This theory in the context of this study highlights that the different roles played by the family, society, environment and the peer group in which an individual is interacting and can influence the attitude of an individual person (learners) towards risky sexual behaviours as well as their resultant behaviour. These happen through different information exchange relationships (communications channels) that have specific impacts in terms of diffusion of innovation. It is through this that the diffusion is possible (Rogers, 2003).

MFMC and KGEP sexuality education programmes were established with the purpose of providing the young people with information, skills and knowledge about making informed decisions on sexual relationships. Individual learners are expected

to take the information provided to them and use it on their daily lives to assist them, so that they can complete their education without being interrupted by pregnancy.

This theory is thus useful for the study in that it provides concepts for understanding how new lessons and ideas learnt from non-formal sexuality education programmes are taken up among learners and that will determine how the programmes are perceived by the target group.

In addition, for any information to diffuse in a person and change his /her attitudes, certain things in the life of that person must be satisfied. This is what social theorist term as Maslow hierarchy of needs. According to Maslow (2014) he believed that human motivation rests on a hierarchy of five innate needs known as deficiency needs. Maslow (2014) defined deficiency needs as needs that must be gratified largely before an individual can progress toward self-actualisation. This scholar support Maslow's view that the deficiency needs must be satisfied before higher needs can be felt and fulfilled, in order of significance. The deficiency needs include physiological needs, safety and security, belongingness and love, self-esteem and self-actualisation.

2.7 Summary

This chapter discussed appropriate literature and the theoretical framework that influenced the study. It discussed how sexuality education programmes are perceived in general by other stakeholders. Chapter 3 will focus on the methodology used during this study.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

While the previous chapter reviewed related literature and shared the theoretical framework for the study, the present chapter shares the research methodology that was followed for the study. The chapter discusses several aspects of the research process such as the research design, the population of the study, the sample and sampling procedure, the research instruments, data collection procedures followed during the study, data analysis and the ethical issues which the researcher observed throughout the study. A discussion on the research design follows:

3.2 Research Design

Research design is defined as a plan on how one intends to conduct the research, the structure and procedure followed to answer research questions (Hamunyela, 2008). A qualitative-phenomenological research design was adopted for this study to enable the researcher to explore learners, Life Skills teachers and programme implementers' perceptions and generate theories (Coles & McGrath, 2010).

The phenomenological design was adopted as it was deemed effective at bringing to the fore the experiences and perceptions of individuals from their own perspectives, (Groenewald, 2004). In phenomenological approach, the researcher investigates various reactions to, or perceptions of, a particular phenomenon. The researcher hopes to gain some insights into the world of his or her participants and to describe their perceptions and reactions (Fraenkel, Wallen & Hyun, 2012). The researcher

then attempts to identify and describe aspects of each individual's perceptions and reactions to his or her experience in some detail.

In addition, Lester (1999) also elaborates that, the purpose of the phenomenological approach is to illuminate a specific problem under study, to identify phenomena on how they are perceived by the actors in a situation. In the human sphere, this normally translates into gathering 'deep' information and perceptions through inductive, qualitative methods such as interviews, discussions and participant observation, and representing it from the perspective of the research participants.

Phenomenological approach is therefore, concerned with 'bracketing' taken-for-granted assumptions and usual ways of perceiving phenomenon. This approach is based on a paradigm of personal knowledge and subjectivity, and emphasises the importance of personal perspective and interpretation. As such, it is powerful for understanding the subjective experience, gaining insights into people's motivations and actions, and cutting through the clutter of taken-for-granted assumptions and conventional wisdom (Lester, 1999).

This approach was deemed suitable because it attempted to investigate the phenomenon in its natural setting. It also focused on understanding the social phenomenon holistically as well as discovering ideas and insights for the phenomenon being investigated (Cohen, Manion & Morrison, 2007). The advantage of conducting this study within the phenomenological design is to allow the researcher to understand and make sense of the views of the participants from an

individual perspective and to understand that different people can perceive the same programme differently.

Thus, the importance of the approach for the study was its ability to reflect the reality as perceived by individuals through their own experience and interpretation (International Institute for Educational Planning [IIEP], (2003). Since the purpose of the study was to investigate the perception of learners, teachers and programme implementers regarding the value of non-formal sexuality education programmes in mitigating learner pregnancy in schools, the phenomenological design allowed the researcher to explore and get a deeper understanding from the research participants' views and opinions in relation to their perceptions regarding the value of non-formal sexuality education programmes in mitigating learner pregnancy in schools of the Kavango East Educational Region.

The relevance of the phenomenological design to this study is confirmed by Fraenkel et al. (2012) in his elaboration that phenomenologist generally assume that there is some commonality to how human beings perceive and interpret similar experiences; they seek to identify, understand and describe these commonalities. "They do so by studying multiple perceptions on the phenomenon as experienced by different people, and by then trying to determine what is common to these perceptions and reactions" (Fraenkel et al. 2012, p. 432). Additional affirmation was stated by Cohen et al. (2007), that the phenomenological approach allows the researcher to understand the situation of the phenomena being studied and to interpret meanings within the "social or cultural context" of the participants.

3.3 Population

The population refers to the participants of the study with whom the research problem is concerned (Fraenkel et al, 2012). The targeted population for this study consisted of beneficiaries of “My Future is My Choice” [MFMC] and the “Kavango Girls Education Project” [KGEP], in the Rundu Circuit, Kavango East Educational Region. The research participants include learners’ aged 13 to 21, Life Skills teachers, and programme implementers in the selected schools. The target population possessed a considerable amount of experience and is quite familiar with the MFMC and KGEP programme. It was important to investigate the views of this population as part of the school community in order to provide an adequate context for exploring these particular programmes.

The target population of female learners was only those who participated in the non-formal sexuality education programmes that are aiming at mitigating the high rate of learner pregnancies. In order to provide adequate context for exploring these particular programmes, it was important to examine the views of learners, teachers and programme implementers of these programmes in the participating school communities.

3.4 Sample and Sampling Procedure

A sample in a research study is the group from which information is obtained (Fraenkel, et al, 2012). Sampling procedure in this study refers to the process followed in selecting individuals who participated in the study.

In this study purposive sampling procedure, [purposive sampling is when a researcher chooses specific people within the population to use for a particular study] in line with the qualitative orientation (Cohen, Manion & Morrison, 2007), was used to identify learners who participated in non-formal sexuality education programmes as well as a Life Skills teachers and programme implementers. However, “the purpose of the purposive sampling is not to represent a population as it would be its purpose in quantitative research” (Cohen, Manion & Morrison, 2011, p.161)”. That is to say, the information gathered from this study will not be generalised.

The sample for this study was drawn from the population of learners, Life Skills teachers and programme implementers. In total, 14 female learners from four schools in the Rundu Circuit of the Kavango East Educational Region, three (3) Life Skills teachers from the sampled schools and 2 programme implementers from the Education Regional Office were chosen to take part in the study. In total, 19 participants participated in this study. Patton (1990), as cited in Best & Kahn (2014), argued that sample size depends on what a researcher wants to know, the purpose of the inquiry, what is at stake, what will be useful, what will have credibility and what can be done with available time and resources.

A total of seventeen (17) females and two (2) males participated in the one-on-one in-depth interviews. Out of the fourteen (14) female learners who participated in this study, six (6) were learner mothers and eight (8) were non-learner mothers. The age group of learners who participated in this study ranged between 16-22 years old. The number of respondents who participated in the study was determined by the

following criteria: Availability of the learners, teachers and the programme implementers at the time the interviews were being conducted; and the willingness of the respondents to participate in the study.

Mertens (1998) as cited in Best and Kahn (2014, p.254) state that qualitative research typically uses small, information-rich samples selected purposefully to allow the researchers to focus in depth on issues important to the study. Four learners per school from grades 8 to 12 were initially planned to be included in the study. However, at some schools only three or four learners among those ones who were sampled were willing to participate in the study.

In addition, one Life-Skills teacher per school was sampled for the study but only three Life Skills teachers participated out of the four schools and two programme implementers who were also part of the study as respondents. Learners were selected only from those schools with five (5) or more cases of reported or known learner pregnancy per term. These participants were invited to provide their views based on their perception regarding the value of the two non-formal sexuality education programmes in mitigating the high rate of learner pregnancies in schools. In order to identify learner participants, the researcher worked closely with Life Skills teachers to select four learners per school (two learner-mothers and two non-learner mothers). All learner participants were from the list of those who completed and graduated from MFMC and KGEP programmes at each school.

The purpose of selecting female learners that had completed and graduated from the MFMC and KGEP programme to take part in the study was two-fold; they were information-rich with respect to the purpose of the study and helped to increase the usefulness of the findings. Hence, female learners with MFMC and KGEP experience were selected for the interview. This is supported by Best & Kahn (2014) as “these groups of participants seem to be rich with information. In other words, these participants were chosen because they are likely to be knowledgeable and informative about the phenomena the researcher is investigating” (as cited in Salom, 2011).

3.5 Research Instruments

The study used two instruments to collect data, namely an interview guide with open-ended questions for one-on-one in-depth interviews and document analysis. The researcher sought the permission of participants to use a voice recorder to record the interviews in order to capture every word.

3.5.1 Interview guide with open-ended questions

The interview guides were used for all the different groups of participants during face-to-face in-depth interview sessions. An interview is a discussion with someone in which you try to get information from them: “the information may be facts or opinions or attitudes, or any combination of these” (Thomas, 2009, p. 160). One-to-face in-depth interviews were the most appropriate data collection techniques for this study as they could ensure that misunderstandings are corrected during interview sessions. These interview guides with open-ended questions

provided the researcher with the opportunity to probe the interviewees and dig deeper on the responses (Cohen, Manion & Morrison, 2007).

Based on that idea, the researcher employed the individual face-to-face in-depth interview technique to get a “thick description” of the phenomena under study. As Patton (2008) in Fraenkel et al (2012, p.451 page) remarked, “we interview people to find out from them those things we cannot directly observe”. The issue is not whether observational data is more desirable, valid, or meaningful than self-report data. The fact of the matter is that we cannot observe everything. We cannot observe feelings, thoughts, and intentions. We can neither observe how people have organized the world and the meanings they attach to what goes on in the world, therefore, we have to ask people questions about those things which we want to uncover in our research” (p.451).

Based on the above mentioned arguments, the researcher collected data through individual face-to-face in-depth interviews. This method was therefore the most appropriate in order to allow the participants to describe and explain what was meaningful or important to them in their own words, rather than being restricted to predetermined categories. Participants thus could feel more relaxed and speak more openly. Having individual interviews with participants was manageable as this allowed them to speak freely, more especially on sensitive issues. In addition, the researcher had flexibility to use her knowledge, expertise, and interpersonal skills to explore interesting or unexpected ideas or themes raised by the participants.

3.5.2 Document analysis

The second method used to collect data for this study was document analysis of the course materials. McGinty and Mundy (2009, p.143) refer to information about a course coming through published documentation with the “focus being on the content of the course materials, pedagogical implementation, student involvement and interaction”. Hence, an analysis of relevant documents was conducted. The researcher undertook a critical review of studies, consulted a number of documents on various impact and assessment studies and publications on MFMC and KGEP programme. The researcher made use of document analysis of the evaluation of MFMC peer education skills programme in Namibia for 2008, the revised MFMC facilitator’s guide and the participant’s guide for 2012, as well as other documents, which added value to the research work.

On KGEP, the researcher analysed the regional reports and the programme outline content on the activities provided by KGEP in the Kavango East Educational Region. Documents such as programme content outline, learning materials, reports as well as relevant studies that were carried out prior to this study of the two programmes were analysed to compliment the interview data. According to Thomas (2009), gathering data from documents represents an entirely different proposition from gathering data from people.

3.6 Data Collection Procedure

According to McGint and Mundy (2009, p.143) using different methodologies for data collection such as individual or focus group interviews and document studies

allows the broadening of understanding of the subject at hand. Based on the above-mentioned arguments, the researcher used the document analysis and individual one-on-one in-depth interviews as the main methods of data collection. Upon arrival at the school, the researcher introduced herself and explained the purpose of her visit and why the school was sampled for the study. Appointment dates for the actual interviews were set up with life skills teachers. The Life Skills teachers were asked to provide names of participants who participated and graduated from MFMC and KGEP programmes at their respective schools.

Face-to-face in-depth interviews is the most appropriate data collection technique as supported by Oppenheimer (1996) that they have a high response rate and can ensure that misunderstandings are corrected during interview sessions. The researcher collected the data using face-to-face in-depth interviews to ask questions that initiated a dialogue between participants and interviewers. This enabled the participants to express their perceptions about the non-formal sexuality education programmes. This method therefore was chosen to allow the participants to describe and explain what was meaningful or important to them in their own words, rather than being restricted to predetermined categories. Participants thus could feel more relaxed and speak more openly.

Each individual interview took 20 to 45 minutes. During the interview, each participant was questioned about their knowledge, attitudes and perceptions regarding the value of the sexuality education provided by MFMC and KGEP programmes at their respective schools. The questions were open-ended in format in

order to elicit responses on specific topics while allowing flexibility of the content under discussion. The interviews were tape recorded and field notes were taken during the interviews. Taking field notes was important while tape recording, in case that the recording equipment failed, then the information would be recorded in the notes, and it is also a way of capturing non-verbal cues or signs which cannot be captured during the tape recording.

In addition, document studies were also used to generate more information and to compliment the data collected during the process. Both primary and secondary document sources were analysed. The study guide for the participants and facilitators guide for MFMC and KGEP sexuality education programmes as primary source were also analysed. Hence, an examination of relevant documents was conducted. The researcher made use of document analysis of the various documents and available statistical data to collect the information used to arrive at conclusions, which added value to the research work.

3.7 Data Analysis

Thorne (2000) defines data analysis as an explicit step in theoretically interpreting data collected by using specific strategies to transform the raw data into a processed form of data. Data analysis means making sense of the data in terms of the participants' definitions of the situation, noting patterns, themes, categories and regularities. Cohen et al. (2011) further elaborates that content-oriented data analysis involves working with data, organising it, breaking it down, synthesizing it, searching for patterns, discovering what is important and what is to be learned and

deciding what a researcher will tell others” (2011,p. 537). In a qualitative study, content-oriented data analysis is done inductively by organising the data into categories and identifying patterns among the categories. Furthermore, the categories and patterns emerge from the data rather than being imposed on the data prior to data collection (Cohen et al. 2011). The collected data is then presented in a more understandable and meaningful way by reducing the accumulated data into manageable size, developing summaries, and looking for patterns (Cohen et al.).

This study used qualitative content oriented analysis to analyse the collected data. The analysis facilitated extracting objective content from texts to examine meanings, themes and patterns that may be latent or manifested in a particular text. The data collected through interviews were transcribed verbatim into coherent development accounts by organising the responses into categories, as supported by (Gay et al, 2009). These categories were further broken down into identifiable patterns and emerging themes. The findings were then synthesised with the aim to determine the interpretation, the meaning and the importance of learning outcomes from the data collected (Cohen et al. 2011). This helped the researcher to examine the interview transcripts and documentary notes before identifying the patterns and organising the data into categories. In short, the findings of the research participants were compared and interpreted according to perceptions, opinions and experiences in order to make data meaningful. This analysis was the most appropriate, because it allowed the researcher to understand social reality in a subjective but scientific manner. This is because content oriented analysis goes beyond merely counting words or extracting

objective content from texts to examine meanings, themes and patterns that may be manifested or latent in a particular text.

3.8 Ethical Considerations

In general, research ethics deal with beliefs about what is right or wrong, proper or improper, good or bad (McMillan & Schumacher, 2006). Prior to the actual data collection process the researcher sought University of Namibia (UNAM) ethical clearance that was granted. When this was secured, permission was then sought from the Ministry of Education and the school authorities to access the research settings; the selected schools. After permission to access the selected schools had been granted, the researcher made appointments with the participants to explain the purpose of the study, to administer the informed consent form and to schedule interviews with the different groups of participants.

The content of the informed consent form was explained to all participants so that they could make informed decisions regarding their participation in the study. In addition, assurance was given that participants' identities would be concealed by using pseudonyms. They were also informed that they could withdraw from the study at any time if they so wished. The informed consent form was then completed by obtaining signatures from the participants. In the case of learners who are minors, their parents or guardians were asked to sign the consent forms on their behalf. All necessary steps were taken to avoid any harm, physically or emotionally to participants.

3.9 Summary

This chapter described the methodology used to collect data for this study. The researcher began by presenting the research design, followed by a description of the sample and sampling procedure, and the research instruments. This was followed by a discussion of data collection procedures, data analysis and the ethical considerations. The next chapter looks look at data presentation, analysis and interpretation.

CHAPTER FOUR: DESCRIPTION, ANALYSIS AND INTERPRETATION OF DATA

4.1 Introduction

This chapter presents the data collected through interviews, with a view to understanding the perceptions of learners, teachers and programme implementers regarding the value of non-formal sexuality education in mitigating learner pregnancy at schools in the Rundu Circuit, Kavango East Region. This Chapter further interprets and discusses the result of the study. The discussions are also based on the theoretical framework discussed in Chapter Two. It should be noted that discussions in this chapter are based on the data that emerged from this study which only includes interviewed learners, Life Skills teachers and programme implementers in Rundu Circuit of the Kavango East Region. The collected data, data analysis, and interpretation are presented according to the research aims and objectives that guided the study. The data were analysed and interpreted in the context of the study's aims and objectives.

4.2 Perceptions about the value of non-formal sexuality education programmes.

The study revealed a mixture of perceptions regarding the value of non-formal sexuality education programmes “My Future is My Choice (MFMC) and Kavango Girls Education Project (KGEP)” in reducing learner pregnancy cases at schools in the Rundu Circuit, Kavango East Region. Some respondents argued that these programmes can reduce learner pregnancy cases at schools while other respondents were of the view that these programmes cannot reduce learner pregnancy cases. These findings are elaborated in the next paragraphs.

4.2.1 Learners' perceptions about the value of non-formal sexuality education programmes.

When asked to explain the value of non-formal sexuality education programmes at their school in relation to learner pregnancy, twelve out of fourteen learners who participated in the study were of the view that non-formal sexuality education programmes can mitigate learner pregnancies in schools. The twelve research respondents argued that learners who participate in the non-formal sexuality education programmes are being taught how they can prevent themselves from falling pregnant and focus on their education. Two respondents out of the fourteen respondents who participated in the study however held different opinions about these programmes as they felt that the programmes do not mitigate learner pregnancies because, although the programmes are offering sexuality schools, female learners have continued to fall pregnant. The following narratives illustrate the divergent views held by the fourteen learners who participated in the study:

Learner #1 (learner-mother, 17 years). *“These programmes encourage girls not to fall pregnant while in school because they talk about the disadvantage of getting pregnant while at school and how it will affect your life as a young person and a learner at the same time.”*

Learner # 3 (non-learner mother, 17 years) *“The sexuality education which is provided by MFMC and KGEP helps to reduce learner pregnancies in school, where learners are educated face-to-face in*

the afternoon where they advise and encourage us on how to protect ourselves from falling pregnant; where they explain to us the importance of education. Teachers and the facilitators from these non-formal sexuality education programmes who teach girls about teenage pregnancy, they always say “you have to abstain from sex” and most of the girls are not yet pregnant because they are following what they are being taught.”

Learner # 6 (learner-mother, 18 years) *“The value of these programmes is that they teach the learners about the danger of getting pregnant and how to prevent teenage pregnancy. Their aim is they want to reduce teenage pregnancy in schools and encourage girls to be serious with their education.”*

Learner # 10 and Learner # 7 however held divergent views:

Learner # 10 (non-learner mother, 16 years) *“These sexuality education programmes in some case it does mitigate learner pregnancy, but on other hand it cannot mitigate learner pregnancy, because despite of people coming to our school and talk to learners, they are still some learners who are getting pregnant.”*

Learner # 7 (learner mother, 22 years) *“It is really not relevant because they are not coming to our school regularly; they only came twice last year 2014.*

Though the programme is there, the implementers of these programmes are not putting more pressure on learners. Information on sexuality education is not presented at the school regularly, that is why some girls are not taking the programme and the information provided seriously”.

The findings from the respondents brought to the fore two camps with divergent schools of thought. The findings from one camp revealed that the programmes can mitigate learner pregnancy at school. Some respondents felt that these programmes cannot mitigate learner pregnancy because, even though sessions are being offered at schools, learners are still getting pregnant. It is likely that their sessions might not be taken seriously by learners due to the fact that sessions are not conducted regularly at schools and learners are not provided with regular information.

The respondents further based their arguments on the fact that these sexuality education programmes can only make a meaningful contribution on the lives of learners once they become active and effective, because as of now, they are not consistent with their lessons because, they offer their lessons irregularly. The fact that the least number of learners do not think that these non-formal sexuality education programmes can mitigate learner pregnancy at schools and sees it to be useless, shows that the sexuality education provided by these programmes are not taken seriously by few individual learners, who in turn might jeopardize their future with their own ignorance. This has often led to some individual learners overlooking the potential of these programmes in addressing the issue of learner pregnancy at schools.

The other camp argued that although sessions from these programmes were not conducted regularly, the fact that they have attended their sessions twice or three times in a year, these learners maintained that they have learned some relevant information. If learners who attended the sessions were provided with relevant information and could share the information with others, and try to implement what they were taught, then pregnancy cases can be reduced at schools. This is very important, considering that each learner has an equal role to play in planning his or her own future to become a productive citizen.

Generally, this study revealed that respondents had varied perceptions about the relevance of non-formal sexuality education programmes. Twelve out of the fourteen learners who participated in the study expressed that these programmes can mitigate learner pregnancy at schools because, those who attend the sessions for sexuality education programmes are provided with valuable information about sexuality and pregnancy prevention. This is supported by Donovan (1998, p.188) stating that these programmes give young people the opportunity to receive information, examine their values, and learners are equipped with relationship skills that enable them to resist becoming sexually active before they are ready to prevent unprotected intercourse and to help them behave responsibly.

4.2.2 Teachers' perceptions about the relevance of non-formal sexuality education programmes.

Teachers' perceptions were sought regarding the relevance of non-formal sexuality education programmes in mitigating learner pregnancy, particularly the MFMC and KGEP. Their views were expressed as follows:

Teacher #1 (female teacher) *"It is not 100% because they do not do it every time, but here and there when they are here, learners learn something from them, but the problem is they take too long to come back to school and conduct their lessons. They do not come to school regularly; in the process learners are forgetting again, what they have learned"*.

Teacher #3 (male teacher) *"Even though we have these programmes in our schools, it is like going and coming out of the church, whereby, when you go out of the church the other world takes over, unless you have a strong supporting system or you as an individual are strong otherwise the other world outside the church will take over. Education should strengthen the support system for a girl child's education if we are to talk that these programmes can mitigate learner pregnancy in schools; otherwise, there are just programmes there with a name but no positive impacts on the lives of learners. Learners are too much into social life. It is not that they don't have the information; they know but may be they lack the know-how of using it. There is moral decay among learners because of the removal of some cultural practices, which were there in the past to teach children. Culture is*

the backbone, and if you remove it, everything collapse. We need to see how we can strengthen our culture because everything has to do with culture. If you do not have a backup system, it's very difficult for you to survive, and how else can we differentiate the discrepancy of learners' pregnancy with other regions' cultures where their pregnancy rate is low. We have tradition by name, but we are not practicing it, because girls are no longer going through initiation ceremonies. If we are talking about culture that is the thing we are discouraging which is supposed to be in place. ”

Although some teachers argued that these programmes cannot mitigate learner pregnancies, teacher #2 however held a divergent view that these programmes are relevant in minimising cases of learner pregnancies at schools, as alluded below:

Teacher #2 (female teacher) *“In some case it is relevant, like at our school, they have established a health club, with a group of about 30 learners, where they meet once per month. When officials for KGEP and MFMC visit our school, these are the groups which they target and talk to, after that, the school will then organise the group, so that they can share the information with rest of the learners at the school. This is how it helps them to learn from each others' experiences. Last year the learner pregnancy rate at our school reduced compared to the previous years. Their effort was very helpful, even other teachers at the school they are also assisting me, as a life skills teacher to talk to the learners on sex education”.*

While the teachers argued that the sexuality education that is offered by MFMC and KGEP programmes are relevant in terms of providing learners with information that is needed to help them make informed decisions about their sexuality, a few of them were not convinced that these programmes can reduce learner pregnancy given the lack of consistency in which the programmes are delivered at schools. Teachers argued that though the programmes are being implemented at some schools, their lessons are not offered regularly.

In addition, there are some teachers who felt that, although these learners are attending sessions for these programmes, there is a need to come up with an education system that should be strengthened to instil morals and values on sexuality education among learners. This can become part of the sexuality education programmes that need to be offered regularly at schools. These could improve the perception of some learners towards sexuality education programmes who think that these programmes are not relevant. Such information can prove to be very effective, especially taking into account the fact that the society is drastically changing and such changes can influence values, morals and decision-making for teenagers. This could be a major step towards changing attitudes and especially, behaviour of learners regarding sexual relationships.

Apart from learners and teachers, the views of programme implementers were also sought. In particular, programme implementers were asked what they thought were the perceptions of teachers and learners regarding the value of the sexuality education which is offered to the learners. To this effect, one programme

implementer observed that there are some teachers who regard these programmes to be very relevant, because they have reduced cases of learner pregnancies at schools compared to the years when the programmes were not at their school.

Programme implementer #2 (female) *“There are teachers who say that these programmes play a very important role in the life of the learners, and some are taking them seriously because they are educational programmes. During our visit to schools, they say that these programmes are helping learners to make informed decisions and it is reducing teenage pregnancies among learners and it might lead to the reduction of the spread of HIV/AIDS”.*

Overall, the data shows that these sexuality education programmes can help to reduce learner pregnancies; strengthen positive values and attitudes; increase skills to make informed decisions and act upon them. A report by UNESCO (2010) supports these findings that sexuality programmes can also help young people to abstain from or delay the debut of sexual relations; reduce the frequency of unprotected sexual activity; reduce the number of sexual partners; and increase the use of protection against unintended pregnancy and sexually transmitted infections. It is of utmost importance that sessions for these programmes should be extended to all the schools and be conducted regularly so that more learners can be reached, and in so doing cases of learner pregnancy might be reduced at some schools.

Another programme implementer was of the view that there are some teachers who think that these sexuality education programmes are encouraging female learners to fall pregnant repetitively because they know that they will be taken back to school after giving birth. This was reflected in the implementer's response as follows:

Programme implementer # 1 (male) *“There are some of the teachers who are of the opinion that these programmes are promoting learner pregnancies in schools, especially with the programme of returning learner mothers to school. This is where some of the teachers think that we are encouraging female learners to get pregnant because they think that they can do it again and they will still be taken back to school. But other teachers see that the programme is a good programme”.*

Regarding what they thought were the perceptions of learners towards the non-formal sexuality education programmes, one programme implementer was of the view that learners regard the programmes to be of utmost importance in their lives because they equip them with information that is needed to make right decisions for their future life.

Programme implementer #1 (male) *“Learners are enjoying these sessions and for them it is like guidance in their life. It helps them to make informed decisions. They value it as it guides them on how to plan their future”.*

Programme implementer # 2 (female) *“With learners one would not really say whether they take the sexuality education provided to them seriously or not because some of them they were not reached with these programmes. To those who were reached there are some who regard it to be important but others do not take it seriously. It could be that even if they want to take it seriously of the social challenges such as poverty and child headed households, make them to do things the other way to have something to eat.”*

On the contrary, another programme implementer expressed doubt as he was not sure whether learners really value the sexuality education provided to them. This respondent was of the opinion that other social challenges such as poverty and child headed households may force learners to ignore the lessons learnt from these programmes and choose instead to do things the other way in order to meet their survival needs.

Teacher # 3 (male) *“You will find that some learners that get support from parents at home take it seriously, but the majority of learners seem not to take it seriously. Ignorance from learners, perhaps what I term as the power of knowing, when they know about sex they are tempted to do it, when they do not know, they will not mind to try it and that is my perception as an individual. I am trying to look into it from cultural perspectives, comparing from the then and the now, learners are exposed to sex from young and with this decay of morals, really one will not believe it, some will explicitly tell you that “I enjoy sex and I cannot stay a weekend without it.” I used to have*

condoms in my office, and they also have preferences, this smile product they say it is not nice and they prefer to use Cool Ryder. Whether they use them correctly or not I do not know. Poverty is also a contributing factor to learner pregnancies. We have learners here, if they tell you about their stories you will hardly believe and if you believe you would want to cry. There are learners who don't have parents, their parents are no more, and they tell you, I have nothing to eat and if don't get someone who can support me or give money I don't know how I will survive. They are those learners who are forced into this act because of the circumstances, but they are those who want material things, by simply following what others are doing. One male learner last year related his story, you know for a girl she can ask for food from the neighbours, as you know this cultural belief. For this boy he forced to look for a girlfriend, and this girlfriend has to take food from their house to cook for the boyfriend, as he had nothing to eat. The question was for how long will that sustain him? The best was for them to formalize the relationship. There are female learners who are going out with older men and the majority are taxi drivers because they have money every day. There are also those who are influenced by alcohol which is very common. Social issues they need everybody's involvement''.

Research previously done by Macleod (1999) indicated that one's socio-economic status influences sexual behaviour and risk taking behaviour. Most participants believed that female learners engage in risky behaviour, which leads to pregnancy because, they need money to buy food and clothes as they want to look nice at

school. Some female learners have no one to take care of them and they get involved into risky sexual behaviour for financial support.

The Ministry of Gender Equality through their social grants to Orphans and Vulnerable Children (OVC) may play an important part in the reduction of such behavior, by visiting schools with help of life skills teachers to identify those learners in those circumstances, since many learners in the region are orphans and vulnerable children from poor background who might need assistance of such social grants. If poverty is the biggest contributor to such behaviour, more work needs to be done by government through the Ministry of Gender Equality and Child Welfare to support OVC financially, so they will not have the need to be involved into sexual relationships with older men for financial support.

4.3 Aims/purposes of the non-formal sexuality education programmes

Participants were asked to share the aims/purposes of the two non-formal sexuality education programmes, namely: MFMC and KGEP. Two programme implementers indicated that MFMC and KGEP programmes sessions are aimed at cultivating the skills among learners in decision-making on sexual relationships for the betterment of their future. These two respondents expressed that non-formal sexuality education programmes serve as a basis for acquiring knowledge that provides useful information on which the start of sexual relationships can be based.

Two teachers indicated that information provided during activities for sexuality education provides solutions to learner pregnancy problems at schools. One teacher

believed that activities for these programmes brings the learners together, learn from their peers' experiences and in the process it helps them to preserve their culture and tradition that makes them unique. These views were expressed as follows:

Programme implementer # 1 (male) *“The aims of these programmes are to educate learners on how to protect and prevent themselves from contracting HIV/AIDS, STIs and other health related problems which might destroy their future”*.

Programme implementer #2 (female) *“We are targeting girls' education, where we want to help girls to achieve something in life, because in most cases girls drop out of school because of poverty and pregnancy, that is why KGEP, came up with those activities. The targets are girls in Kavango Regions and we want to assist them to achieve something in life and to be successful”*.

Teacher #1 (female) *“The purpose of the programmes is to educate girls on how they can protect themselves so that they do not get pregnant while in school. These programmes provide information even to those learners who are pregnant, so that they should know what to do, with their future, because most of them are not aware of what they are doing. The learners who pay attention to what they are being taught, it helps them and for those who cannot hear it is just their problem”*.

Teacher # 2 (female) *“Their purpose is to reduce the number of learner pregnancy at schools, as now people are talking that the Kavango Regions are topping the list with teenage pregnancy. They talk to girls, encourage them about education, advice on how to live and tell them about the consequences of teenage pregnancy for them to make their own decisions and learn from each other’s experiences. In so doing learners are also encouraged to keep the values of culture and tradition, where they are encouraged that they should not get involved into sexual relationships before marriage”*.

Teacher # 3 (male) *“These programmes are very helpful in disseminating information to learners; perhaps they just need to increase on the number of schools which they are reaching as they did not reach other schools. These might improve the rate of learner pregnancy as they would cover many schools and many learners with information”*.

It is evident from the data that the provision of sexuality education programmes at schools is one way to get learners to realise the responsibility that comes with becoming sexually active and to get them thinking about choosing to abstain from sex. The more the information is given to learners on the subject of pregnancy and sexually transmitted infections [STIs], the higher the chances that they will make informed decisions by acting responsibly in their relationships. For this reason, it is important that learners be taught the health benefits of choosing to remain abstinent, in order to prevent pregnancy. In addition, learners need to have a comprehensive

understanding of abstinence, contraceptive techniques and consequences of pregnancy. These findings were supported Donovan (1998), who states that these programmes give young people the opportunity to receive information, examine their values and are equipped with relationship skills that will enable them to resist becoming sexually active before they are ready, to prevent unprotected intercourse and to help them behave responsibly.

This is supported by UNICEF (2011) who explains the aims and objectives of My Future Is My Choice as outlined in the programme curriculum, as a ten session programme which aims to give young people the information and life skills they need to make decisions about their future. One of the greatest threats to Namibia's future is the HIV virus that causes AIDS. The focus of My Future Is My Choice is to protect young people from getting infected with HIV and STDs. Young people need to be able to think for themselves and take responsibility for their future. They need to be responsible for their own development. Young people have the courage and confidence, and with the skills and a supportive environment, they will be able to protect their future.

MFMC and KGEP programmes seek to promote the following skills among young people at schools; life skills; strengthen problem solving skills and build young peoples' self esteem, promote positive behaviour change and social skills empowerment; encourage avoidance and protection from HIV/AIDS, STDs and unwanted pregnancy; give information about moral values; provide young people with the skills they need to be able to say no to unsafe and/or unwanted sexual

relationships; give information about how to avoid substance abuse (drugs and alcohol); give information about relationships and gender issues. The programmes has varied and interesting topics, such as: information on “how does my body work” and skills for “planning for my future” (UNICEF, 2011).

4.4 Lessons from non- formal sexuality education programmes

When asked what new information they have learned from these programmes, six (6) learners indicated that they have learned about the use of contraceptives to prevent themselves from pregnancy. One respondent indicated that she learned that there are some learners who were tested HIV positive, and this scared her. Another respondent indicated that she learned about the danger of using alcohol and drug abuse. One more respondent indicated that she learned on how to concentrate on her books. Only one respondent indicated that she did not learn anything new from these programmes. Two indicated that they learned about abstinence from sex while they are in school. The other two responded that they learned about the consequences of pregnancy.

These lessons are consistent with the aims of MFMC programmes as outlined on the course outline of the programme. The MFMC programme is broadly perceived by users, implementers, and stakeholders in a positive light and as beneficial for MFMC participants as well as participating schools. Although there is room for improvement, the content and curriculum is considered useful and relevant to the lives of young people and the issues that they face. Therefore, there is a uniform call

from MFMC participants, MFMC facilitators, and stakeholders alike to expand the programme to reach more young people.

The learners shared their lessons from the programmes as follows:

Learner # 12 (learner-mother, 19 years) *“The use of contraceptives and I now know the consequences of getting pregnant and how it will affect your life. I also learned how to avoid peer pressure, and be myself because at first I didn’t know the consequences of having a boyfriend”.*

Learner # 2 (non-learner mother, 16 years) *“The use of contraception, different types of contraceptives, especially the injection which is better than the pill to prevent getting pregnant”.*

Learner # 10 (non-learner mother, 16 years) *“I have learned about the use of contraceptives and condoms if one cannot abstain from sex to prevent pregnancy and sexually transmitted infections”.*

Learner # 9 (non-learner mother, 17 years) *“I learned how to take care of myself so that I do not fall pregnant while young, because there are consequences which I will face if I do so, like dropping-out of school and thinking about the child while in the class. This will affect my performance at school”.*

Learner # 11 (non-learner mother, 17 years) *“I have learned about the consequences of falling pregnant while you are in school and young, as well as the problems associated with it and how it will affect your studies”*

Learner # 13 (learner mother, 19 years) *“Not to get pregnant while in school and how to control ourselves while in school”.*

Learner # 5 (non-learner mother, 17 years) *“I learned how to say no to sex and how to protect myself from getting pregnant, because people are getting infected with sexually transmitted infections (STIs) and HIV/AIDS. How to get HIV, I never knew how it is transmitted and I only use to hear rumours, but now it’s clear to me, and I now understand it. Not to get involved with older man”.*

Learner # 8 (leaner mother, 17 years) *“I learned about teenage mothers who have been tested positive in the region. I also learned that one can easily get infected if you have sex without protection and at the same time get pregnant”.*

One respondent indicated that she learned about the danger of using alcohol and drug abuse.

Learner # 14 (non-learner mother, 18 years) *“I have learned about the danger of using alcohol, because if I am drunk, I will end up sleeping with*

boys/men and get pregnant and get infected with HIV/AIDS or I can be raped because I am drunk, and have an unwanted pregnancy”.

Another learner indicated that she learned how to concentrate on her books.

Learner #7 (learner-mother, 22 years)*“I learned how to keep myself busy with other things apart from being involved into sexual relationships, like reading my books and stay in a home to spend some time with the family, rather than going to bars or parties. Instead of me going to parties I am only concentrating on that”.*

Only one respondent indicated that she did not learn anything new from these programmes, as all the information she learned are known to her.

Learner #1 (learner mother, 17 years) *“There is no new information learned, because all the information given to us during sessions, I know it already. Apart from teenage pregnancy, I learned about abortion, sexually transmitted infections and the effects on abortion on a girl.*

Table 1
MFMC Course: Overview of Sessions and Topics

Session	Content
Session 1: Getting Started	<ul style="list-style-type: none"> • Introduction to MFMC • Group rules • Everybody has rights • Is this really love
Session 2: Love, Sex, and Drinking in Real life	<ul style="list-style-type: none"> • Portrait of a typical teenager • Relationship and sex

	<ul style="list-style-type: none"> • The danger of drinking alcohol • Managing peer pressure
Session 3: HIV/AIDS & Risky behaviour	<ul style="list-style-type: none"> • HIV/AIDS & Sexually transmitted infections [STIs] • Caught in the web • What's the risk • Sexual and Reproductive Systems
Session 4: Teenage pregnancy & Decision-making	<ul style="list-style-type: none"> • How you get pregnant • The truth about pregnancy • How could this happen • Policy on the Prevention & Management of Learner Pregnancy • Child maintenance • Decision-Making
Session 5: Living positively	<ul style="list-style-type: none"> • Know your HIV status • Positive alive • Walk a mile in these shoes • Messages from HIV positive youth
Session 6: Prevention and Risk Reduction	<ul style="list-style-type: none"> • Three in one prevention • Condomise • Reducing the risk
Session 7: Protecting Yourself	<ul style="list-style-type: none"> • Sexy, smart and safe • Protecting yourself • Prevention Action Plan
Session 8: Implementing Prevention Part 1	<ul style="list-style-type: none"> • Communication with a partner • Managing problems with protection • Condomise, take 2
Session 9: Implementing Prevention Part 2	<ul style="list-style-type: none"> • Managing partner pressure • Relationships • Equality and Control in relationships
Session 10: My Future is My Choice	<ul style="list-style-type: none"> • Stand up for your rights • Commitment to Safety

Source: MFMC Programme Participant's Guide, 2012

Table 2**FEWENA Sexuality Education Programmes overview**

Programmes	Activities
Education & Psycho-Social Support Programme	Bursary scheme for girls and boys to encourage them to complete their education
Re-entry Programme	<ul style="list-style-type: none"> • Learner mothers to return to school and complete their education. • Awareness workshops using role models and focal teachers training workshops on the Ministry of Education's Learner Pregnancy Policy.
Tuseme Clubs (Let's speak out)	<ul style="list-style-type: none"> • Boys' and girls' clubs • Use Theatre for Development (TFD) approach which enables girls and boys to understand the problems that hinder their social and academic development articulate these problems and seek possible solutions.
Youth Mentoring and Leadership Programme	<ul style="list-style-type: none"> • Boys and girls work together as

	<p>partners to organise and participate in activities.</p> <ul style="list-style-type: none"> • Learn about and facilitate the spread of knowledge concerning HIV/AIDS, abstinence and safe sex practices, peer pressure, counseling, role modeling, community service, income generating activities, tertiary institutions and career opportunities.
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Source: FAWENA Programme Guide 2012

It is clear from the data that non-formal sexuality education is needed at schools to assist female learners with information in various aspects of life e.g. decision making, communication, problem solving and acquire useful information that will enable them to make informed decisions on their sexual behaviour so that they can complete their education, without being interrupted by pregnancy. Although there are some learners who indicated that they did not learn anything new from these programmes, the majority of the respondents viewed these programmes as essentials in schools. Thus sexuality education is providing them with knowledge and skills about their sexual behaviour, moral values and informed decision making before getting into sexual relationships. This finding is supported by Formby, Hirst, Owen, Hayter and Stapleton, (2010), who states that the desired outcome of sexuality

education is an increase in future knowledge about bodily functions and in sexually responsible behaviour or even abstinence.

In addition, the information in the programme documents and that of the respondents show that sessions of non-formal sexuality education programmes provides learners with new information and lessons which can help them to address their youthful challenges. It is of importance that learners should attend these sessions so that they can be provided with information which they might not have known before. This is due to the fact that pregnancy does not discriminate learners on the level of knowledge about sexuality and academic performance. There were learners who got pregnant even though they were exposed to information on the consequences of early pregnancy. There were also some very young and high performing learners who fell pregnant.

A major challenge for the school community is to realise that all learners need support to the successful transition to adulthood and to forthrightly address the reality that, by the age of 18, most teenagers have begun to have sex. As such, these learners need to be provided with relevant sexuality education at school and at home. Unfortunately, government sexuality education activities initiatives spearheaded by schools and officials do not cover all the children in schools and also not all schools are covered as alluded by one teacher respondent in the preceding paragraph.

Additionally, Sex Information and Education Council of Canada [SIECCAN] report (2009) notes that access to sexual health education information is an important

contributing factor to the well-being of the youth. This is due to the fact that sexuality education sessions emphasise the importance of teaching about positive aspects of sexuality (non-exploitive sexual behaviour, healthy relationships, and communication with sexual partners) in sexual education, and not just teaching about potential negative outcomes of sexual activity (STIs, early and/or unintended pregnancy). Thirteen learners mentioned that they learned new information on areas such as, preventing STIs, avoiding peer pressure, how to get tested and treatment for STIs, different types of contraceptives, consequences of pregnancy, parenting skills, building and maintaining good/healthy relationships, making healthy decisions about sexuality and relationships, negotiating sex, and talking with partners about sex. As such sessions of this nature should be appreciated by every learner and taken seriously to assist the region in reducing cases of pregnancy at schools.

4.5 Learners' challenges in implementing lessons learned from non-formal sexuality education programme sessions.

All the fourteen (14) learners answered the question on the challenges which they face in implementing what they have learned from MFMC and KGEP sessions. Six respondents mentioned that they do not have any challenges in implementing what they learned from KGEP and MFMC sessions. Three respondents indicated that, it is not easy to say "No" to a man so that they can implement what they are being taught on those sessions. Three respondents indicated that the pressure which they get from their friends and boyfriends makes it difficult for them to follow and implement what they learn from these two programme sessions. One respondent mentioned that she fears the pain of an injection and that is why she is not using this type of

contraception and that is why she has opted to use pills. Another respondent further indicated that she fears losing her partner and friends if she implements what she has learned from KGEP and MFMC sessions. These views were expressed as follows

4.5.1 Learners with no challenges:

Learner #2 (non-learner mother, 16 years) *“There are no challenges, because I’ am doing what I learned from the sessions which I attend”.*

Learner #10 (non-learner mother, 16 years) *“I have no challenges, because I have received this sex education from home as well. I think what my parents have told me at home is the same like what they are teaching us in those programmes”.*

There seems to be a correlation between what is learned at home and from the non-formal sexuality education programmes at schools. These shows how important parental involvement in talking to their children about sexuality, as it will change their sexual behaviours and learner pregnancy cases might be reduced.

4.5.2 Learners with challenges:

There are many contributory factors that hinder learners to fully implement what they have learned from these non-formal sexuality education programmes as alluded to by the respondents.

4.5.2.1 Peer pressure:

Learner #1 (learner mother, 17 years) *“There are no challenges experienced on applying the information. It is just the influence of bad friends and peer pressure that I sometimes not follow what I have learned”.*

Learner #6 (learner mother, 18 years) *“Personally I do not have any challenges in implementing what I have learned. The challenges I have are my friends who tease me when I do not do what they are doing, like having a boyfriend. When you tell them about what you learned, they will just say that you are lying to yourself, because those people for MFMC are also having girlfriends and boyfriends, but some they will listen to you”.*

Learner #9 (non-learner mother, 17 years) *“Peer pressure is my biggest challenge, for example; you are told not to have a boyfriend, while still in school, but, when you see your friends with their boyfriend, you also start admiring them. If you do not do what your friends are doing, you end up losing friends because they will not want you in their groups”.*

Learner #3 (non-learner mother, 17 years); *“Although I chose to abstain and wait for the right time, I have feelings for the boyfriend but I try to control them, but sometimes when you see your friends with their boyfriend, you start to have the feeling of wanting to be closer to your boyfriend as well, peer pressure. Since my boyfriend is not at the same school with me I am*

trying to control myself. Even if we meet we don't do anything, we just hang around and I go back to the house".

Learner # 14 (non- learner mother, 18 years) *"I have friends who are smoking and drinking, and when I don't go out with them to bars, they always tell me that I am more of myself and I always think that I know things. Peer pressure is a challenge for me because what my friends do I may end up doing it just to keep our friendship, but I have told them that I will not do what they are doing".*

The results from this study indicate that both learner mothers and non-learner mothers demonstrate a significant level of knowledge about sexuality and sexuality education; however some of the beneficiaries' sexual behaviour has not changed despite of them attending sessions of these programmes, because of other factors mentioned such as peer pressure. It was noted that the lack of a clear life purpose is another factor that lead learners to engage in risky behaviours. Peer pressure and the need to belong may lead the adolescents to engage in risky behaviours. From the learners' account, these non-formal sexuality education programmes have not succeeded much in addressing learners on how to cope with peer pressure.

Since in many situations teenagers learn or gain initial information about sexuality and related issues from their friends or peers, the possibility of them imitating what their friends are doing is high. This is supported by Donovan (1998), who states that most adolescents do not receive direct formal lessons or talks about sexuality and sex

education from their parents or teachers, but rather from their peers and media. This can be interpreted that some female learners are into sexual relationships because of their friends or peers.

Non-formal sexuality education programmes should then emphasis more on how learners can avoid peer pressure and build their confidence by strengthening the aspect of teaching them about moral values, as they are at the core to guide and provide the purpose for one's behaviours. Enactment of actions without grounding in values would lead to inconsistency in purpose and actions one take in life. Social and emotional competencies should be taught to learners to ensure that they acquire the skills, knowledge and dispositions that will help them cope with peer pressure.

Pearson and Michell (2000) indicated that, in order to address the learner pregnancy and HIV/AIDS among young people, prevention programmes should use members of a given group to effect changes among the members of the same group. The authors found that evidence indicates that a peer group is a primary influence in the lives of young people, such that both risk-taking and non-risk-taking behaviours are learned through peer relationships. They stressed that sexuality education programmes should recognise the important role played by peers in influencing other young people's behaviour and use peer education approach to address the aspect of peer pressure. They support the premise that young people are more apt to alter their behaviour if peers that they trust and like advocate the change.

Teaching of social and emotional skills to learners can be explicit, through infusion or through teachable moments. Young people equipped with social and emotional skills, anchored on sound values, will be able to demonstrate good character and citizenship (Kaiser Family Foundation, 2000b). In addition, skills on self awareness; social awareness; self management; relationship management and responsible decision making among learners will be strengthened. These key domains of social and emotional skills are outlined as follow:

Table 3: Key domain of social emotional skills

Self-Awareness	<ul style="list-style-type: none"> - Identifying and recognising emotions - Accurate self-perception - Recognising strengths, needs and values - Self-efficacy
Social-Awareness	<ul style="list-style-type: none"> - Respect for others -Appreciating diversity - Empathy
Self-Management	<ul style="list-style-type: none"> - Impulse control and stress management - Self-motivation and discipline - Goal setting and organisational skills
Relationship-Management	<ul style="list-style-type: none"> - Communication, social engagement and building relationships - Working cooperatively - Negotiation, refusal and conflict management

	- Seeking and providing help
Responsible Decision-Making	- Problem identification and situation analysis - Problem solving - Evaluation and reflection - Personal, moral and ethical responsibility

Source: <https://www.moe.gov.sg/education/programmes/social-and-emotional-learning#sthash.N2fuXkRa.dpuf>

Panday et al. (2009) state that peer pressure is another driving force to teenage pregnancy seeing that some of the teenagers are forced to engage in unprotected sex in fear of being rejected by their group members. They also added that despite having knowledge of the consequences that they are exposing themselves to, they might still take a risk in order to maintain the group membership. Rogers (1983) as cited in Mead (2010), the Diffusion of Innovation Theory stated that in any given society, there are opinion leaders who act as agents of behavioural change by disseminating information and influencing group norms in their community.

The Rogers theory (2003) further argues that the behaviour of an individual always occurs within a particular environment. Teenagers today are faced with many challenges that might be overwhelming and their limited coping skills may prevent them from dealing with difficult situations effectively. These teenagers might end up engaging in risky sexual behaviour in order to get something in return to support themselves. This may imply that the circumstances under which teenagers find themselves are forced to take actions that may affect them and the society (environment)

they live. This means that teenage pregnancies have far reaching consequences to an individual person and the society at large. The learners should also to refrain from alcohol if we are to deal effectively with the problem of learner pregnancies in our region as it has been identified by some participants as having a negative contribution to teenagers' lives.

However, if peer pressure is more dominant over an individual and they are unable to resist it, this might also affect their social life. The diffusion of innovation requires time for the information learned to effect changes in the social lives of the learners. This theory describes an innovation-diffusion process which holds significant similarities to stage models of behaviour change such as the 'stages of change' (transtheoretical). The process begins with the recognition of a problem or need (and is thus problem-orientated) and individual adopters progress through five steps: knowledge-persuasion-decision -implementation -confirmation. Through these sexuality education programmes learners acquire skills, knowledge and dispositions to manage self and relationships effectively and make responsible decisions essential for personal and social well-being. The study shows that there is a strong link between the environment and learners outcomes in the areas of mental well-being, character development and the choice of one's life in terms of relationships.

4.5.2.2 Saying NO to sex

It is not easy to say "No" to sex.

Learner #7 (learner mother, 22 years) *Life is tough. There are times you want to keep yourself busy and want to spend time with your family, but once the boyfriend calls, and since he is the father of the baby, you just can't resist, and you end up doing something which you were not supposed to do and you end up regretting again. To say "No" to a man or boy that "No" to sex is a big problem, because three of my friends are pregnant. It's like they don't tell their boyfriends the word "No" I don't want or let's wait for the right time. There is too much ignorance on girls.*

Learner # 8 (learner mother, 17 years) *"It is not easy to say "no" but I have learned how I can control myself from this temptation".*

4.5.2.3 Fear of using injection:

One participant indicated that although the MFMC and KGEP are providing them with relevant information that will result into reduced cases of learner pregnancy at schools. She, however, decided not to implement what she has learned from these programmes because she fears of becoming barren if using "injection" and it seems that she does not show interest in trying other forms of contraception to prevent herself from falling pregnant. This is alluded below:

Leaner #4 (non-learner mother, 17 years) *"Fear of using injection because I think it is painful. Parents are sometimes not allowing us to go to the hospital for injection, because they say that if you use injection you will become barren, and then you also fear to use it".*

4.5.2.4 Fear of losing a boyfriend:

Some participants indicated that they have problems in implementing what they have learned in the programmes of sexuality education fearing losing their boyfriends.

This analysis is narrated below:

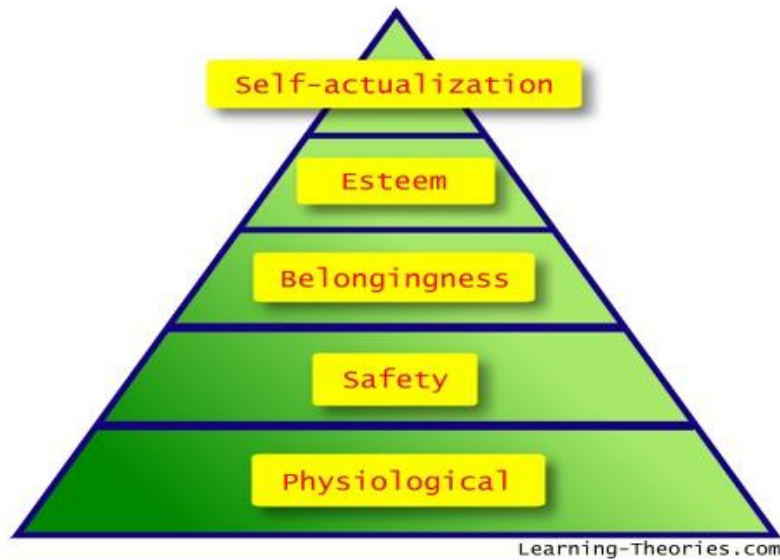
Learner #13 (learner mother, 17 years) *“The challenge is when I ask my boyfriend to use a condom, at times he refuses to use it and say that if I don’t want he can leave me and get another girlfriend. The fear of losing him makes it difficult for me to follow what I learned from KGEP and MFMC”.*

The data shows that factors that may contribute to the number of learners who fall pregnant are gender power imbalances and lack of bargaining power about the use of contraceptives. There is also lack of assertiveness as well as poor self-esteem on the side of young girls. The study further added that although most of these young people had some knowledge of birth control, most of them never took any precautions to prevent pregnancy. The girls relied entirely on boys to use contraceptives and because of this, 50% of these sexually active teenagers were at high risk to fall pregnant.

Some girls deliberately fall pregnant, using pregnancy as a tool to keep their boyfriends and many young people are negative or lack a vision about their future and then they might become increasingly susceptible to early teenage pregnancies. This supported by Kalmuss, Davidson, Cohall, Laraque and Cassel (2003), who states that female teenagers are intimidated into sexual relationship to ensure

continuity of a relationship. These could be attributed to the challenges revealed by the study that many learners are orphans heading houses without parents and guardians to show them love. Some learners would want to keep bad relationships even though they know that their future life is at risk of falling pregnant and terminate their education prematurely. In any persons' life there are levels that need to be satisfied and for these levels to be satisfied action must be taken. For example, some learners mentioned that they fear to lose their friends or either their boyfriends, as a result to maintain those relationships which are needs in their lives, action must be taken. This is where love and belongingness are the needs of person that needs satisfaction as outlined out by Maslow. The levels are outlined below by Maslow (2014):

- Self-actualization – includes morality, creativity, problem solving, etc.
- Esteem – includes confidence, self-esteem, achievement, respect, etc.
- Belongingness – includes love, friendship, intimacy, family, etc.
- Safety – includes security of environment, employment, resources, health, property, etc.
- Physiological – includes air, food, water, sex, sleep, other factors towards homeostasis, etc

Diagram 1: Maslow's Hierarchy of Needs

Source: Maslow hierarchy of needs.

Maslow believed that human motivation rests on a hierarchy of five innate needs known as deficiency needs. Maslow called the bottom four levels of the pyramid 'deficiency needs' because a person does not feel anything if they are met, but becomes anxious if they are not. Thus, physiological needs such as eating, drinking, and sleeping are deficiency needs, as are safety needs, social needs such as friendship and sexual intimacy, and ego needs such as self-esteem and recognition. In contrast, Maslow called the fifth level of the pyramid a 'growth need' because it enables a person to 'self-actualise' or reach his fullest potential as a human being. Once a person has met his deficiency needs, he can turn his attention to self-actualisation; however, only a small minority of people is able to self-actualise because self-actualisation requires uncommon qualities such as honesty, independence, awareness, objectivity, creativity, and originality (Maslow, 2014).

The research data further indicates that each learner has a unique challenging situation in implementing the lessons learned from MFMC and KGEP programme sessions. The assumptions based on the responses can be interpreted as meaning that learners' various social challenges which they experience in their daily lives could be attributed to a failure in implementing what they have learned in those sessions. This is support of Maslow (2014) emphasis that human actions are directed toward goal attainment. Any given behaviour could satisfy several functions at the same time; for instance, going to a bar could satisfy one's needs for self-esteem and for social interaction.

Since a handful number of learners (8) indicated peer pressure and lack of confidence in saying "NO" to a man, perhaps peer education with the supporting system might be more effective for these learners to build their self-confidence. It is crucial to note that engaging in peer discussions on issues relating to health and sexuality may lead to exposure, which may result in individual capacity enhancement in order to respond to sexual demands and challenges.

The overall intention of engaging in peer discussions can be a strong motivation for start-up and maintenance of a positive sexual behaviour. While a strong motivation alone is not enough, it is important to note that should learners have strong and clear intentions, which in turn builds a strong motivation, the purpose of building a strong self-confidence among female learners is likely to be realised. These is because young people feel more comfortable receiving information from peers and often deem information from someone like them who has recently experienced the issues

discussed as more credible than when it is delivered by facilitators who are from the other sector of the society (Kirby, Obasi & Laris 2006).

4.6 Learners observation on peers' challenges

Participants were asked to share to their observation with other learners who have undergone the two non-formal sexuality education programmes sessions that may not relate to their personal experience. The purpose of this question was to get more information about the learners' attitudes towards the lessons and the programmes of MFMC and KGEP which they might have not disclosed themselves to the researcher. More learners mentioned the aspect of ignorance among female learners in implementing what they learn from lessons of KGEP and MFMC programmes.

Nine (9) learners mentioned that most girls are ignoring the information provided to them during sessions of MFCM and KGEP, which can be interpreted as the sexuality education provided by these programmes are not taken seriously by some learners and these have caused the region to have high cases of learner pregnancy yearly. This finding is reflected in the responses below:

4.6.1 Ignorance:

Some learners mentioned the aspects of ignorance in implementing what they have learned. This is reflected in the narratives below:

Learner #6 (18 years, learner-mother) *“Some learners are not listening to what they are being told, even if you try to advise them, especially those who*

are not having children. They will also say you were seen at the bar what you are telling us. The big challenge is to abstain, because many of them have boyfriends and you will see that the same learners who were taught are the ones who are again falling pregnant. It's like they are not taking what they teach them seriously”.

Learner #8 (learner-mother, 17 years) *“Acting as if they do not care, ignorant in implementing what they have learned. This is because of fashion and when they see how others are looking nice and boast about their boyfriends, they just ignore what they have learned and start having boyfriends so that they can also look nice like their friends”.*

Learner #14 (non-learner mother, 18 years) *“They are ignoring the information given to them because some they go to clubs and drink, so it's a challenge for them to implement what they are taught”.*

Ignorance in applying the information received in the sessions of these sexuality education programmes have been identified as a major factor contributing to higher cases learner pregnancy in the Rundu Circuit. This high degree of ignorance contributes to the failure in the prevention of learner pregnancy at schools. This should be seen in the context of teenagers seeking to meet their sexual needs not understanding or being mindful about the consequences of their sexual activities. As such, learners need constant reminders about the holistic concept of sexuality education to keep the issues associated with early pregnancies alive in their minds.

4.6.2 Non-adherence to lessons

Three (3) respondents identified poverty, social class and material things as the major cause of learners not adhering to lesson they learn. Learners are challenged by the circumstances they find them-selves to adhere and implement what they have learned from sessions of MFMC and KGEP programmes. With the challenges mentioned above as the alluded in the data, mitigation of learner pregnancy at schools will always remain a challenge to be achieved. This is supported by Panday et al. (2009) that early pregnancy is profound in poverty stricken communities. The respondents affirmed this finding by stating that:

Learner #10 (16 years, non-learner mother) *“Girls are stubborn, early marriages, abuse of alcohol. It seems to some do not take sex education seriously and they are ignorant to follow what they learned. Social situation especially with the OVC and poverty is also contributing to some learners falling pregnant as they have no one to take care of them at home. Some girls do not have support while others are into some sexual relationships just for status, like some have working boyfriends to give them money and buy clothes so that they can be seen by others”.*

Leaner #11, (17 years, non-learner mother) *“They don’t listen to others when advised and they think that one is jealous of them when you talk to them of what they learned. Fashion makes them to be in relationships, so that they can get money to buy cell phones and clothes”.*

The responses of the learners can be interpreted that one's socio economic status influences sexual behaviour risk taking behaviour. Poverty is seen to be one of the major problems leading to risky sexual behaviour. In studies that were conducted by Shaffer (2002) (as cited in (Myeza, 2008), it was highlighted that there is a strong correlation between being hungry and unhealthy sexual behaviour.

Panday et al. (2009) asserts that the social and economic consequences of early child birth are profound as young mothers become highly traumatized by the early pregnancy and as a result they begin a journey of poverty for themselves and their children at very early age. Poverty is one of the worst enemies for these teenage mothers as it severely limits their right to choices. Therefore, teenagers engage in sexual activities for survival. Shaffer (2002) (as cited in Myeza (2008), describes that communities that are poverty stricken are more likely to have a high number of pregnant teenagers due to limited desirable choices available in the communities. It is also evident that adolescents from lower income groups are more likely to become learner mothers as compared to those from higher income groups. The findings for this study do not support this statement, because the study findings revealed that both learners from lower income group and higher income group become learner mothers.

On the aspect of poverty as the contributing factor to learner pregnancies, teachers and programme implementers also noted such a challenge as seen from the narratives below:

Teacher #3 (male) *“Poverty is seen as a contributing factor that makes learners not to adhere to the lessons of MFMC and KGEP programmes. We*

have learners here, if they tell you about their stories you will hardly believe and if you believe you would want to cry. There are learners who don't have parents, their parents are no more, and they tell you: "I have nothing to eat and if don't get someone who can support me or give money I don't know how I can survive". They are those learners who are forced into this act because of the circumstances, but they are those who want material things, by simply following what others are doing. One male learner, last year related his story, how he was forced into early marriage because of his situation. This learner was forced to look for a girlfriend and this girl has to sneak food from the house to cook for this boy, as he had nothing to eat. The question was for how long will that sustain him? The best was for them to formalize the relationship and get married traditionally. The other issue is that there are some female learners who have sexual relationships with men who are working. The majority of them are taxi drivers because they have money every day".

Programme implementer #2 (female) *"Poverty and [child-headed household], distance from the school where a learner will have to travel 5km to school, and a taxi driver propose her, she will end up falling for him, so that she can be given a ride every day. Some learners are from poor background and some are orphans who do not have parents to take care of them. These learners have challenges and these make them to do things the other way to have something to eat".*

Poverty and child headed households are identified as the major contributors that hinder learners from not adhering to the lessons learned from MFMC and KGEP programmes. As a result of poor or no parental guidance and control, children engage in sexual activities at a very young age. This is confirmed by Shaffer (2002) (as cited in Myeza, 2008), that learner pregnancy is high among child headed households. The learners in those households often engage in sexual activities in exchange for money to buy food and other basic needs. There is a definite link between non-adherence to the lessons learned from sexuality education programmes and poverty. Poverty forces some learners from poor backgrounds to get involved into risky sexual activities, as a means of meeting their basic needs in the end learners compromise the information learned from sexuality education sessions. These teenagers would then engage in risky sexual activities in exchange for money to survive and ignore the possible risks involved.

Reference to the aspect of the theory of diffusion of innovation, the data presented and analysed in this section indicates that, a person is inseparable from his or her environment. That is why the environment has some influences on the way the person reacts and responds to the information received, pertaining to the change of his or her social behavior (Shearfor & Horesji, 2008).

4.6.3 Low self-esteem

Three (3) learners expressed that girls have low self-esteem and they are unable to stand for themselves and refuse to be involved in sexual relationships. They are easily convinced by men, and as a result they end up doing things which they regret

later. On the question of what are the challenges which their peers are experiencing in implementing what they have learned from MFMC and KGEP programme. Some learners had this to say as presented in the narratives below:

Learner #5 (18 years, non-learner mother) *“It is girls themselves, some girls are shy to tell their boyfriends to use condoms. They do not tell them to use condoms and they fall pregnant. Some are shy to go for family planning because they think people will talk about them that they are sexually active, that is why they are not visiting clinics for contraception”.*

Learner #3 (17 years, non-learner mother) *“They struggle to implement what they have learned because their boyfriends are around, and they put pressure on them. Even if you try to advise them, they will say they know themselves and they know what they are doing!”*

Learner #12 (19 years, learner mother) *“Girls are giving in to boys easily, because of the feeling they have for boys. It is not easy to say no to a boy, even if you refuse boys will keep on proposing and some just want to challenge you and see whether you say “No or Yes”. Boys are proposing too much and they don’t give you a rest, in the end you end up saying yes and you give in to their lies”.*

The data clearly shows that, there are some female learners who feel that, some of their peers lack the ability to negotiate with their partners/ boyfriends about sex and

take a decision to abstain. Burton (2012) states that the appreciation for the self must start early in life and be developed further each year if children are to feel comfortable with their sexuality and make good sexual decisions through pre-adolescence to adult years.

Sexuality education programmes were designed to equip learners with knowledge and skills to make informed decisions in relationships and be able to communicate with others about their feelings. Although, the learners' responses indicate that they understand what they learn, the few who are unable to implement what they learn from MFMC and KGEP programmes may jeopardise the effort of the Ministry of Education, Arts and Culture to mitigate learner pregnancy at schools. It is clear that sexual activities among the learners is seen as common by themselves and it is likely that with such permissive attitudes towards sexual behaviour a high proportion of young people are sexually active and therefore at risk of unwanted pregnancy and HIV.AIDS.

The girl child finds it difficult to negotiate about condom use in fear of being abandoned by her boyfriend. Although a girl often wants to use a condom and the boy refuses, she ends up agreeing in order to appease the wishes of her boyfriend. The low status assigned to girls, culturally affects their relationships and often hinders them from voicing their concerns as far as sex is concerned. Boys are seen as the ones who have a right to initiate sex and dictate how it should be done and girls are expected to satisfy their male partners, and should be voiceless as far as sex is concerned. This makes girls more vulnerable to sexual manipulation and

dramatically increases the risk to become pregnant and get infected with HIV/AIDS and other STIs.

Another interpretation from the words for the respondents could be that, girls seems to be obliged by culture to please men at their own expense; these is because there are some girls who fear that if they do not give in to the boyfriend's demand they fear losing the relationship. To avoid being disappointing a boyfriend, a girl would then give in to those demand and fail to implement what was learned in KGEP and MFMC.

4.6.4 Imitation

Some of the girls are getting into sexual relationships simply because; their friends are in a relationship as well.

Learner #13 (17 years, learner-mother) *“Girls like to influence each other. If the other one has a boyfriend others will also want to have boyfriends. The other one is the use of contraceptives, because you see girls continue getting pregnant even when the information is provided, maybe they are not using it”.*

What is evident from these study findings is that these non-formal sexuality education programmes cannot be regarded as the magic bullet for mitigating learner pregnancy, given the multiple levels of influence on learners' sexual behaviour. Single intervention strategies by single sectors of society will not solve learner

pregnancy. Rather, what is required is a comprehensive approach within the home, the school and the community at large as noted by Panday et al. (2009). In addition, while each sector should act within its strength and foster linkages with other sectors, an integrated strategy is required to ensure that all sectors act towards achieving a common goal of minimising cases of learner pregnancy at schools and in the region at large. This in turn will change the attitudes of some learners towards these programmes and take their lessons seriously, because such programmes led to abstinence and safe sex practices among learners who delayed sexual activities. The MFMC and KGEP programmes need to be strengthened to enable learners to benefit from their lessons.

Since these programmes have the value of preparing learners to cope with physical and emotional challenges of growing up and give them an elementary understanding of human reproduction; learners are therefore, encouraged to have due regard to moral considerations and the value of their future life (Byers, Sears, Voyer, Thurlow, Choen and Weaver, 2013). It is commendable to know how learners are empowered with the knowledge to make sensible and informed decisions on sexuality and prevent early pregnancies. However, the main concerns remain how well young people are protecting themselves against unwanted pregnancy and STIs.

4.7 School management support to sexuality education programmes

All two (2) programme implementers responded to the question on whether or not the school management and teachers do support non-formal sexuality education programmes sessions. This was important as it is vital to establish the kind of support

that non-formal sexuality education programmes are receiving from the school community, and how connected the respondents are to the environment in which their activities are taking place. This is reflected in the respondents' responses below:

Programme implementer #1 *“They provide technical support, where they discuss it in their management meetings and they encourage us to continue visiting the schools. For us we monitor the programme at school, where we make an arrangement with a life skill teacher to see how they are conducting their sessions. This academic year we managed to monitor 15 schools and we have seen that the school managements are supporting the programme.”*

Programme Implementer #2 *“Every time we want to visit the school, we first communicate with them and then, they will avail the information to learners and teachers. When we arrive at the school they will be there waiting for us. When we hold workshops for teachers, the management will release the teachers to attend the workshop on a voluntary basis, although we do not pay for attending those workshops.”*

All three (3) teachers were also asked to shed more light on the same question, and the following were their responses:-

Teacher #1 *“The school management is supporting these programmes, whenever these officials are coming to school, the management organises for them to use the non-promotional subjects, but it's only that they are not doing*

it regularly. Apart from the officials coming to our school, there are no other activities given to the learners, but the management always encourages teachers to sensitize learners in the class on learner pregnancy prevention, instead of waiting for the Life Skills teacher. The school is only depending on outsiders to initiate such ideas as boys and girls clubs, as there was a group from Child-line lifeline who came to our school last year and initiated the idea and the school is still waiting for them to come and establish those classes, because from our side as teachers we have a lot of teaching responsibilities and we do not have enough time to come in the afternoons and see to it that clubs are established.

Teacher #3 *“School management is supporting these programmes, especially for the child-line lifeline programme which visited the school last year, the management supported them by organising learners for them and the venue where they had their meeting with learners. The only problem is that, these programmes are there at the offices and they have not reached out to many schools where this important information needs to be given to learners.”*

The support the school management renders to MFMC and KGEP programmes is critical to ascertain the necessary support of non-formal sexuality education programmes at schools. It is crucial to note that mutual support and acceptance of any programme established at the school can lead to its success and sustainability which may result in learners’ capacity enhancement in order to respond to the

demands and challenges of teenage life. It is also important to note that when school management and teachers have strong social support to these programmes, which in turn builds a strong self-motivation to learners, non-formal sexuality education programmes' sessions are likely to be effective.

4.8 Parents and teachers involvement

The two (2) programme implementers who participated in this study see limited or no parental involvement, guidance and poor parent-child communication as contributing factors to learner pregnancy. Parental involvement is very important, as talking to their children would make a big difference. This analysis is reflected in the respondents' responses below:

Programme implementer #1 *“Parents should value the programme get involved by talking to their children openly about sex and relationships instead of regarding the topic as a taboo due to some cultural beliefs. Teachers as well parents should talk to learners openly and educate them about the danger of getting pregnant while in school. Some school principals inform us during our visit to their school that, said some parents don't talk to their children about sex, because they regard it as a taboo. Some parents are also encouraging early marriages for their children while still at school. Everyone should be involved, starting from parents at home, education management staff, police and traditional leaders and we work more on behaviour change, because people have different traditional, cultural beliefs and attitudes and in this way we might be able to curb learner pregnancy”.*

Programme implementer # 2 *“Teachers and parents should open up to talk about sex with their children to tell them how they can protect themselves from falling pregnant. They should not always blame them (children) if they make a mistake, but rather they should direct them to the right direction, talk to them and hear why they in some sexual relationships. Some parents are encouraging their children to be in relationships because the men that are proposing to them are working. The parents should be educated policy on [Education sector policy for prevention and management of learner pregnancy, 2012] to know the rights of the learner when a teacher impregnate a learner, so that they cannot be fooled by teachers with temporary gifts and disappear later”.*

Teacher # 3 *“Parental involvement is needed to address the issue of learner pregnancy in our society, as there is ignorance from learners. This is perhaps what I term as the power of knowing, when they know about sex they are tempted to do it, when they do not know, they will not mind to try it and that is my perception as an individual. I am trying to look into it from cultural perspectives, comparing from the then and the now, learners are exposed to sex from young age. A person will not believe it, some learners will explicitly tell you that “I enjoy sex” and I cannot stay a weekend without it. There is moral decay among our learners because of the removal of some cultural practices, which were there in the past to teach children about moral values. Culture is the backbone, and if you remove it, everything collapse. We need to see how we can strengthen our culture because everything has to do with*

culture, if you do not have a backup system, it's very difficult for you to survive, and how else can we differentiate the statistic discrepancy of learner pregnancy with other regions cultures where their pregnancy rate is low. We have tradition by name, but we are not practicing it. Girls are no longer going through initiation ceremonies. If we talk about culture, then the thing which we are discouraging, those are the things which are supposed to be in place and this is where parents should come and assist the Ministry's effort".

From the responses above, it is clear that there is lack of parental involvement in talking to their children about sex education, and this is a concern among the programme implementers and some teachers. Given the escalating figures of learner pregnancy in the region, parental involvement in providing sexuality education to their children is paramount. This is because parents are recognised as the most influential in affecting a given child's behaviour including sexual identity. Teachers and programme implementers believe that parental sensitisation on sex education should also be strengthened. It is understood that once parents are sensitised on sex education, they will be empowered to talk freely and confidently with their children about abstinence from sexual activities, the use of condoms and other contraceptives, as well as on how to delay sex until they complete their tertiary education.

In relation to the diffusion of innovation theory of Rogers (2003) that guide this study as indicated in Chapter two, the aspect of the social system highlights the different roles played by the family, society, environment, and the peer group in which an individual is interacting and how these will influence the attitude of an

individual over a certain problem as well as their resultant behaviour. These different information exchange relationships (communications channels) have specific impacts in terms of how the information learned will diffuse among the learners who attended sessions of non-formal sexuality education for behavioural change. It is through this that one's behaviour can change for the better. Therefore, parental involvement in talking to their children about the consequences of early engagement in sexual activities can help teenagers to change their sexual behaviour.

Nambambi & Mufune (2011) support that, psychological theories (e.g. learning theory, social learning theory, psychoanalytic theory and cognitive development) as well as sociological approaches all emphasise family as the most important factor in sexual identity and behaviour. They further argued that one of the most important determinants of adolescent sexual health (particularly safe sex) is social support. The absence of the link between social support (especially family support) and safe sex largely explains why socially isolated young people have poor sexual health. Therefore, engaging parents in sexuality education matters has a definite impact of the sexual health of the young person.

Parental avoidance of having open talks about sex education with their children may be related to factors such as embarrassment, shame, not feeling comfortable talking to a child about sex education and taboo. This is largely because of the cultural construction of sexuality as an adult affair and as belonging to the realm of the private. In many parts of the world "sex" is also culturally framed as a taboo. Many parents did not have sex education when they were young and this contributes to

their lack of confidence on the subject (Nambambi & Mufune, 2011). Generally, this is not only in Kavango East region where parent-child communication about sex is considered as a taboo, but this is also in other parts of the country as well as other African Countries.

Macleod (1999) also supports the findings, noting that it is a taboo to talk about sex with your child particularly in black African cultures. Therefore, the more the parents do not talk about sex with their children, the more children would want to experiment with sex trying to find out exactly what their parent are hiding from them. He highlighted that misinformation and lack of knowledge about sexual activities can cause many young people to experiment and engage in unprotected sex which is likely to lead to unplanned pregnancies.

Promoting parent-child communication about sex in the domestic context has been identified as an important measure to prevent early pregnancy and HIV/AIDS among boys and girls in Namibia. There are many reasons why parents are considered as key people in sexuality education. Nambambi and Mufune (2011) support this statement by stating that, the fact that parents are seen as individuals that “are able not just to educate their children about sexual subjects, but to complement and maintain the cultural values present within the family. Parents are therefore important because they support the emotional and physical development of children and greater parent-child communication can delay sexual initiation and reduces the number of cases for learner pregnancies at schools. The rationale behind this is that, if parents and their children discuss openly about sexual related matters, this will be

an effective way of preventing the high rate of learner pregnancies at schools and the region at large. In so doing the battle for mitigating learner pregnancies in the Rundu circuit will be accomplished.

If parents do not talk to their children about sexuality, it becomes a challenge for the children to find out the right information. However, we should not just talk about sexuality for the sake of talking, but rather it should be an educative purpose in which young people's eyes are opened to the reality of the world. Kaiser Family Foundation (2000b) note that, as for parents, the idea of sexuality education is not to glorify sex, but to equip the young person to be ready for future decisions that they will have to make one day. Sometimes it seems like such a crime for young people to be aware of the fact that sex exists to such an extent that children are even told to cover their eyes when a sex scene comes on television (ibid). With the little information young people know about sex, many teenagers will naturally explore their sexuality which often leads to them becoming victims of learner pregnancy. Whether we admit it or not, the reality is that young girls at the age 16 years to 19 years are becoming mothers at a young age (Kaiser Family Foundation, 200b).

While sexuality is a part of each person's identity, learning about our sexuality and maintaining sexual health are lifelong processes that begin at birth and continue throughout life (UNESCO, 2015). If young people rarely have access to information with regards to sexuality education with their parents they thus end up falling victims to the consequences of engaging in sexual behaviour. It is important that young

people are educated in areas relating to human sexuality, sexual reproduction and health rights, reproductive health, abstinence and birth control (UNESCO, 2010).

Some may argue that giving sex education to the youth will encourage them to become sexually active or that only abstinence until marriage works. The reality is that in today's world children as young as 13 are curious to find out about sexual activities or are already involved in sexual activities (Nambambi & Mufune, 2011). That is why it is important that parents should have open talks with their children and provide them with information about sexuality education. This is because through sexuality education, young people can get to know their bodies, know about STDs, contraceptives and sexual behaviour (Nambambi & Mufune, 2011). They can also learn necessary communication skills when it comes to sexual relationships.

However, as there are some changes in today's society, for example, the advent of the television, social media, face-book, etc. all these are slowly replacing the role of the parents. They all provide information on sexuality and they have replaced parental roles. This is due to the fact that many parents spend most of their time at work and children are often left without supervision during the day, and / or after school. The lack of proper parental supervision also creates an opportunity for the learners to get involved in sexual activities.

Traditionally, several African cultures, including the Kavango people had what they called initiation ceremonies where the girl would, for instance, be told everything about taking care of oneself and avoiding unnecessary pregnancy. The Kavango

people had the initiation ceremony for girls that marked as a passage ceremony celebration that was conducted as a puberty rite for girls after their seclusion when reached their puberty stage, it consists of a long and rather elaborate succession of ritual acts which includes miming, singing, dancing and the handling of sacred emblems (Kampungu, 1966).

The ceremony was intended to help girls to make the transition from childhood to woman-hood and prepare them for either marriage or if not it is for their recognition as a matured woman. It was during these initiation ceremonies where parents could talk freely about sex education to a girl-child. As one teacher mentioned in the interview that, in the past girls initiation ceremonies were used as platform for parents to talk openly to their children about sexuality education, young people had moral values and sex before marriage were discouraged and regarded as a taboo. Perhaps the practices of these ceremonies should be advocated for so that they can be brought back into our society, so that young people will be educated about the consequences of early pregnancies and early initiation of sexual relationships as well the risks involved.

4.9 Programme Implementers' challenges

All two (2) programme implementers who participated in this study answered the question which asked them to explain the challenges they experienced in implementing non-formal sexuality education programmes at schools. Their responses were reflected as: lack of enough funding; lack of availability of resources to implement the activities of these programmes at many schools if not to all; the

diverse cultural backgrounds of learners; a challenge in ensuring that sexuality education is discussed openly between parents and learners (children) and the practical implementation of these programmes may not be the same at schools. This analysis is reflected in the respondents' responses below:

Programme implementer #1 *“Cultural beliefs, as when you try to ask the principals as what is going on, the principal, said some parents they don't talk to their children about sex, because they regard it as a taboo. Some parents are also encouraging early marriages for their children while still at school”.*

Programme implementer #2 *“The challenge we have lack of enough is funds to implement the lessons for the programme at school and to get teachers who are willing to teach sessions for our programme voluntary. It's like this, we can go to one school and talk about sex education, then it ends there, who will take it from there “no one” and this is another problem. At one school a Life Skills teacher was asked to give the challenges faced by girls at that particular school. The information that was given was not correct, compared to what the other teacher gave at the same school. Getting information from schools is also a challenge and the working relationship between offices in coordinating outreach activities is also a challenge, because those sections that have enough funds and transport to reach schools are not willing to assist us to operate on their expenses”.*

The data shows that, challenges such as lack of transport to visit schools and inadequate funding is hampering the successful implementation of non-formal sexuality education programmes at schools. This has made the programme not to reach many schools in the region, and many learners have not been reached with this valuable information; therefore it will be very difficult to mitigate learner pregnancy cases at schools, since not all the learners have access to the information that can help them to make informed decisions concerning sexual relationships.

4.10 Improving sexuality education programmes

When learners were asked to explain how sexuality education programmes could be improved at their school to minimise cases of learner pregnancy, they had this to say: All the respondents indicated that sessions for these programmes should be provided regularly at schools and be extended to many schools so that many learners can be reached with this relevant information. Their views were expressed as follow:

Learner # 1 (17 years, learner mother) *“Facilitators of My Future is my Choice programme and Kavango Girls Education Project on sexuality education need to go out and visit schools regularly and talk to learners, especially girls. The programmes should be made compulsory at every school and the principals must come up with strategies to establish girls clubs at schools, where girls can come together and encourage one another. This will reduce the issue of peer pressure among our-selves as learners”.*

Learner # 2 (16 years, non-learner mother) *“We need to have dramas at school where both boys and girls will have to participate; to have at least three groups instead of one group; where information and advice will be shared when playing these dramas”.*

Learner # 4 (17 years, non-learner mother) *“KGEP programme should do more by visiting school regularly since they have a bigger group than MFMC and they must talk to both boys and girls, not only to girls because boys are the cause of it. KGEP must come up with something to talk to boys when they talk about learner pregnancy not only to girls. MFMC should also do the same as they only talk to girls”.*

Teacher # 1 (female): *“They need to come to school at least three times in a term, so that learners can get information regularly and make them aware of the dangers of learner pregnancy, and in this way it will get into their minds, because if they only hear, the information once in a term, they don’t take it seriously”.*

Teacher # 2 (female): *“Teaching materials on sexuality education should be provided at schools; they have imparted us with skills during the training, we are willing to assist in their [programme implementers] absences. Even though they are saying that the school should only teach the topics for MFMC for only 3 days we can do more than that because we know that learners really need this information regularly. They need to take these*

programmes to every school, and take it seriously. We really need the programmes to start at the school for this year.”

Non-formal sexuality education programmes should come up with new strategies that will ensure that their programmes cover many schools and many learners would have access to information on sexuality. This is reference to the theory of the study where individuals will be able to access the information and adopt it through the five steps: knowledge-persuasion-decision -implementation –confirmation (Rogers, 2003). If many learners can be reached with information on sexuality education, they will be equipped with skills and knowledge on how to protect themselves from early pregnancies.

Teachers, school managers and programme implementers should devise their strategies and so that girls’ and boys’ clubs can be established at schools, where girls and boys can come together and share ideas on how they can face the social challenges which they are encountering in their lives on a daily basis and motivate each other. Although government programmes such as MFMC and KGEP exist, they are not being implemented in all schools due to financial constraints. Hence, the call for the implementation in all schools so that learners can have access to information. These programmes need to be expanded to many schools and sessions should be offered regularly to ensure the sustainability of the information among the learners.

Most of the respondents, if not all, mentioned that sexuality education should be made more practical in order to make it interesting for teenagers. This is because

sexuality education can range from direct teaching about biological matters through to decision-making and value oriented approaches. It should be part of the lives of the learners to help them in making informed decisions about sexual relationships using the information and knowledge gained from these sexuality education programmes. Also the involvement of younger people who have the experience, (those who have been pregnant at an earlier age); in the teaching process would make teenagers more aware of the risks brought about when getting involved into early sexual relationships.

Since there are some of the learners who indicated that there are orphans and vulnerable children who are heading household and they do not have parents who can talk to them about sexual risk behaviours, non-formal sexuality education programmes should be provided regularly at schools. Through these sexuality education programmes, learners have the opportunity to be educated in schools about the consequences of early pregnancies. The school as an institution of learning has been identified as attractive and effective location where they [learners] can receive sexuality education information. If non-formal sexuality education is provided at schools regularly where learners are also attending, it will increase their knowledge and improve their skills in decision making about sexuality.

4.11 Reducing learner pregnancies at school

Respondents' views were sought in regard to how learner pregnancies can be reduced at schools. Their views and opinions were as follows:

Learner #2 (16 years, non-learner mother): *“Learners must use contraceptive, because even if you tell them to abstain, to them it doesn’t make sense because, it’s better to use contraceptive as it will help, and they will not fall pregnant. Schools should allow the use of contraceptive where nurses must be allowed to come and inject girls at school. Contraceptive should be brought to school and boys must also be involved, because if you say girls must go to hospitals or clinics for contraceptive they always make an excuse that they are busy and that’s why they did not get time to go to the clinic. If they bring it to school, it will be closer, they will feel free and not to feel shame, they must bring injections not pills.”*

Learner #4 (17 years, non-learner mother): *“Contraception should be brought to school, because even though they tell us to abstain, or visit the hospital, we do not listen. It is better they bring it to school. When they bring to school, they must look at the age from 11 years old and upwards, and then no one will say that they are going for injection or family planning as they will also benefit, in this way we will reduce teenage pregnancy.”*

Learner #6 (18 years, learner mother): *“Work hard, tell girls and boys at school that if you fall pregnant you will go home and will not come back to school for some few years, if they tell them like that it will make them scared, because currently, some learners are saying that, even if you fall pregnant, you can still come to school, it is like they are not feeling anything that makes them scared. Some of them are even having more than one child, it’s like they*

get pregnant give birth and come back to school and get pregnant again. There is a perception in some female learners that if you do not have a child, you might die without a child. It's like they are testing themselves to see whether they are barren or not. If they bring back the policy of saying that if anyone falls pregnant in school they must go back home and sit for the whole year, this will minimize cases of learner pregnancy in schools”.

Learner #9 (17 years, non learner mother) *“Boys should be involved, and for those who are impregnating girls, they must be suspended from school. Learners who fall pregnant must be suspended as well from school, so that others can learn from them this will discourage others from falling pregnant.”*

Some learners in this study do not show appreciation for the current policy [Education Sector Policy on the Prevention and Management of Learner Pregnancy, 2012] which allows pregnant learners to continue their education and / or learner-parent to return to school after giving birth. It seems as some learners do not understand that the policy with this provision guarantees the constitutional right to education. The implementation of the provision of the Policy which allows pregnant learners to remain in school is an adherence of the Government of the Republic of Namibia to the international conventions which guarantee the right to education to close the gender gap in education by the year 2015. However, some learners feel that, this policy need to be re-visited, because since its inception, they have observed that

cases of learner pregnancy keep on increasing annually at their respective schools than before the introduction of this policy.

Learners in this study, therefore, strongly suggested that the Ministry of Basic Education, Arts and Culture, should re-look into the policy and allow a learner to return to school after one year if she becomes pregnant while in school. This might serve as a punishment or a deterrent for the pregnant learners, in so doing they will prevent themselves from getting pregnant. The responses from some learners revealed how the presence of pregnant learners at schools seems to be regarded by some as an encouragement to other schoolgirls to follow suit, as some learners may want to experience how it feels to have a child of their own.

Some respondents in this study felt that cases of learner pregnancy can be minimised at schools, once the policy on the Prevention and Management of Learner Pregnancy that allows learner-mothers to come back to school within a reasonable time after delivery is re-visited. It is suggested that the policy should only allow learner-mothers to come back to school after staying at home with the baby for a period of a year, so that they can endure the frustration of being at home for the whole year, then those who are not yet learner-mothers can learn from others the pain they have to go through.

Some learners expressed that MFMC and KGEP should advocates for them, to have contraception made accessible by taking the service to schools so that learners can receive the service there, this is how learner pregnancy can be mitigated. The inclusion of boys in sessions for non-formal sexuality education programmes will

ensure that boys are also empowered with information and they will also be sensitised with the consequences of being a learner-parent.

There is clear evidence from the research findings that MFMC and KGEP as sexuality education programmes can help young people to delay sexual activity and improve their contraceptive use when they begin to have sex. The data further revealed that, MFMC and KGEP programmes go beyond reducing the risks of sexual activity—namely, unintended pregnancy and sexually transmitted infections (STIs)—to instead address young people’s sexual health and well-being more holistically. The approach should not focusing on changing the behaviour of girls and boys, but develop some supporting system to address the underlying factors such as their socio-economic circumstances, ignorance, peer pressure and low self-esteem that hinders learners from adhering to the lessons learned from these non-formal sexuality programmes. Non-formal sexuality education programmes have the value to mitigate learner pregnancies at schools, because they provide comprehensive sexuality education to all the young people.

4.12 Summary of the Chapter

This chapter presented a descriptive summary on the collected data and its analysis, according to the research aims and objectives that guided the study. The chapter further interpreted the data and discussed the findings in view of the existing literature. Therefore, the results obtained reflected the participants’ perceptions, knowledge, personal experiences as well as beliefs in accordance with the research aims and objectives of the study. In some instances there were similarities as well as

differences in the information provided by the participants. It can be concluded that participants' perceptions varied, as some perceive that non-formal sexuality education programmes are relevant and it can mitigate learner pregnancies at schools, while others argued that these programmes are not relevant as these programmes have not managed to reduce cases of learner pregnancy at schools. Participants were also conscious of the possible causes and consequences of teenage pregnancy. In the next and final chapter the researcher makes a summary of the study, recommendations and drew conclusions based on data and the literature review.

CHAPTER FIVE: SUMMARY OF THE STUDY, RECOMMENDATIONS AND CONCLUSION

5.1 Introduction

This chapter discusses findings of the study, presents what the study contributes to the literature and suggests recommendations for possible improvements. The chapter also justifies how the study addressed the research aim, objectives and questions and demonstrates how the findings are linked to existing theory. It should be noted that conclusions and recommendations provided in this study were based on the findings of the study.

5.2 Summary of the key findings

The purpose of this study was to establish how the learners, teachers and programme implementers perceive the value of non-formal sexuality education programmes in mitigating learner pregnancies at schools in Rundu Circuit.

The findings of the study has led to the acknowledgement that sexual behaviour is influenced by combination of many factors such as poverty, lack of parental guidance/ poor parent-child communication, ignorance, peer pressure, cultural believes and child-headed house alcohol influence learners to get involved in risk sexual behaviour. A closer look at these factors and their solution would be beneficial in making the programmes more effective in mitigating learner pregnancies because sexuality education is one of the many initiatives working towards reducing learner pregnancies at schools.

In addition, it was also found from the study that persons are inseparable from their environment and the environment can explain their behaviour. It was found that the socioeconomic circumstances of some learners, especially those who are orphans and vulnerable, had negative impacts and influence in their lives and sexual behaviour, which lead to lack of love and support.

The study findings revealed that some learners are not getting relevant information on sexuality education and the risks involved in early pregnancies from their parents or guardians. This is because of the cultural beliefs that regard the discussion between a parent and child as a taboo.

The study findings revealed that, MFMC and KGEP programmes have the value to mitigate learner pregnancies at schools if learners can take their lessons seriously and the programmes to be expanded to many schools so that they can reach many learners.

5.3 Recommendations

Based on findings of this study, the following are the recommendations:

- School managers should come up with strategies for mobilising funds to support the establishments of girls' clubs to be able to expand the activities of these clubs not only in schools but to be extended to the communities as well for parental involvement. The school management can organise training for both learner-mothers and non-learner mothers participating in girls' club

activities so that they can be equipped with all the relevant knowledge and skills to be able to sustain those clubs.

- Parents/guardians should feel free to discuss with their children about sexuality education. There is a need for sexuality education to be strengthened from home so that teenagers can feel free to express their feelings on sexual matters to their parents.
- Orphans and vulnerable learners with learner-mothers at schools need to be provided with social support and counselling, so that they can be assisted in their destitute situation and be empowered so that they can know how to deal with their situation positively without being exploited for money in exchange for sexual pleasure, because of their socio-economic circumstances.
- MFMC and KGEP as sexuality education programmes to mitigate learner pregnancy at schools will require multi approaches to address the problem. The Ministry of Basic Education, Arts & Culture and other line ministries concerned with girl child education should support non-formal sexuality education programmes with enough financial resources to carry out their activities. It is a matter of fact that, addressing learner pregnancy is not a challenge facing only the Ministry of Basic Education, Arts & Culture, but a battle that requires the active involvement of all stakeholders, if it is to be won. These stakeholders include other government departments, key organisations in the non-governmental sector; the research community, the

religious sector, community leaders and more importantly, parent/guardians and the learners themselves.

- Members of school boards to be trained to promote parental involvement in sexuality education programmes.
- Parental and community involvement needs to be encouraged so that dialogues between parent/guardians and their children around sexuality education will be created and strengthen the communication between parents and their children.
- The duration of sessions for sexuality education programmes should be expanded from the current three (3) days in term one to a full session of 45 minutes twice a week.
- MFMC and KGEP programmes need to be expanded to more schools so that many learners will be reached with information on sexual education, for the sustainability of these programmes a recommendation is made to the Ministry of Basic Education, Arts and Culture to allocate enough funds to these programmes so that they can execute their activities as mandated.
- The study's findings clearly showed that parental involvement in these sexuality education programmes should be part of the sexuality education that is to be integrated into life skills curricula. The integration of non-formal sexuality education programmes into already existing content of the school

curricula should be done through research and awareness campaigns where parents can be sensitised about the importance of these sessions and the purpose of making them compulsory to all learners aged from 9 years and above.

- MFMC and KGEP as sexuality education should include boys in the sessions so that they can also receive the information just as girls are empowered with information, since boys are the ones in charge of relationships.

5.4 Future Research

Further research could be conducted to establish strategies to employ in order to ensure the effective implementation of non-formal sexuality education programmes at schools.

Since this study was limited to only one education circuit in Kavango East Region, a further study would be necessary to cover other regions where cases of learner pregnancies are low to establish a holistic trend regarding the perceptions of the learners and parents of the effectiveness of non-formal sexuality education.

Further research could be conducted to investigate how the government of Namibia is funding activities of non-formal sexuality education programmes.

5.5 Conclusions

This qualitative study sought to describe the perceptions of the learners, life skills teachers and programme implementers regarding the value of non-formal sexuality education in mitigating learner pregnancy at schools in the Rundu Circuit, Kavango East Region of Namibia. It was further guided by the following two main objectives: (1) to investigate the perceptions of learners, teachers and programme implementers regarding the value of the two selected non-formal sexuality education programmes. (2). to draw lessons from the perceptions of learners, teachers and programme implementers for strengthening the success of the two non-formal sexuality education programmes in reducing learner pregnancy in schools in the Rundu Circuit, Kavango East Educational Region. To see to it that the research main objectives were addressed by this study:

The study concludes that there are numerous constraints that interfere with learners' effective implementation of what they learn from MFMC and KGEP programmes. These constraints include peer pressure, low self esteem and a lack of parental support, involvement in talking to their children about sex education.

This study further concludes that there are some learners who are heading households because, their parents are no more and they have no one to take care of them. This situation makes them vulnerable and led them to be involved into risky sexual behaviours, resulting in early pregnancy. The implementation of sexuality education programme through strengthening girls' clubs at schools will ensure that

learners get relevant information that would assist them to cope with their circumstances without compromising their future

Some learners are from poor backgrounds where their needs as teenagers cannot be afforded by their parents. They end up indulging in risky sexual behaviour (like getting involved into sexual relationships) with elderly men so that they can be given money to buy clothes and cell phones. This is because of their vulnerable situation and many socio- economic challenges which they face in their daily lives; they end up into risky sexual behaviour and fall pregnant at a very young age.

It was also concluded in the study that there is lack of parental involvement in talking to their children about sexual education to prepare them with the challenges of teenage life and the transition from youth into teenage life, so that they can be made aware of the risks of early pregnancies and the responsibilities that comes with being a young parent.

The results of the present study provide evidence that information learned from non-formal sexuality education programmes plays an important role in changing the sexual behaviour of teenagers in a positive way regarding their involvement in risky sexual behaviour. These positive changes result in reduced cases of learner pregnancies at schools of the Kavango East Region and Rundu Circuit in particular. Generally, participants of this study demonstrated a strong belief in the effectiveness and success of non-formal sexuality education programmes in mitigating cases of learners pregnancies at schools. Thus one can conclude that non-formal sexuality

education programmes have value and it can help the Ministry of Basic Education, Arts and Culture to curb cases of learner pregnancies at schools to achieve the realisation of strengthening the aspect of a girl child education in Namibia.

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APPENDICES

Appendix 1: Permission letter to the parent/guardian



**REPUBLIC OF NAMIBIA
MINISTRY OF EDUCATION
KUNENE REGION**



**Telephone : (067) 335000
Fax: (067) 332225/6**

**Private Bag 2007
Khorixas**

**Enquiries: Ms. L.N Furayi
To: Parent/ Guardian**

Date: 07 January 2015

Subject: Request for permission to involve your daughter and yourself in my research

Dear Parent/ Guardian

I am Lydia Ngonde Furayi- Kawana, an employee in the Ministry of Education, Kunene Region, currently enrolled for a Masters Degree in Adult Education with the University of Namibia.

I would like to start with the second part of my study requirements, which is research thesis. The purpose of my research is to investigate the perceptions of learners, teachers and programme implementers regarding the value of non-formal sexuality education programmes in the Rundu Circuit, Kavango East Region. Then, with your permission I want to involve your daughter in this study.

Your cooperation is highly appreciated.

Thank you so much for considering my request.

Approved / Disapproved

.....
Signature

.....
Date

Appendix 2: Interview schedule for learners

Introduction

The researcher is a master student currently conducting a research to investigate the perception of learners, teachers and programme implementers regarding the value of non-formal sexuality education programmes in mitigating learner pregnancy at schools. You are kindly requested to honestly respond to the questions contained herein. The information collected is part of a Master's Degree research and the information you give will be kept strictly confidential.

Date of the interview:..... **Age:**.....

Grade:.....

1. What do you think is the aim of non-formal sexuality education programmes at your school?

.....

2. What do you think is the value of these non-formal sexuality education programmes at your school?

.....

3. How relevant is this non-formal sexuality education to the reduction of learner pregnancy prevention?

.....

4. What new information did you learn from these non-formal sexuality education programmes, in terms of learner pregnancy prevention?

5. How have you applied the information you gained from these programmes in your daily life as a young female learner?

.....

6. What challenges are you experiencing in implementing what you have learned?

.....

7. What challenges did you observe with others that have undergone these programmes that may not relate to your personal experience?

.....

8. What do you think need to be done, so that non-formal sexuality education provided can minimize the cases of learner pregnancy in school?

.....

10. What other suggestion do you have to improve the programmes?

.....

11. What general suggestions do you have to reduce the learner pregnancy in schools?

.....

Appendix 3: Interview schedule for life skills teachers

Introduction

The researcher is a master student currently conducting a research to investigate the perception of learners, teachers and programme implementers regarding the value of non-formal sexuality education programmes in mitigating learner pregnancy at schools. You are kindly requested to honestly respond to the questions contained herein. The information collected is part of a Master’s Degree research and the information you give will be kept strictly confidential.

Date of the interview:.....

1. What do you think is the purpose of these non-formal sexuality education programmes?

.....

2. How relevant do you think these programme are, to the reduction of learner pregnancies?

.....

3. How often are the lessons of non-formal sexuality education presented at your school?

.....

4. What is your observation about the reaction of learners towards non-formal sexuality education programmes?

.....

5. What are your responsibilities as teachers in ensuring that school girls implement what they have learned from the programmes to mitigate learner pregnancies at the school?

.....

6. What role does the school community play to encourage every learner at the school aged 13 to 21 years old to attend non-formal sexuality education programmes?

.....

7. Do you think that the school and its management are doing enough to support these programmes, if YES or NO, support YOUR ANSWER?

.....

8. What are your observations on the existing non-formal education programmes in mitigating learner pregnancies at schools?

.....

9. What are your suggestions for the non-formal sexuality education programmes in mitigating learner pregnancies at schools?

.....

10. What do you think should be done to improve on the delivery of these non-formal sexuality education programmes?

.....

11. What are you generally suggesting so that learner pregnancies are mitigated at schools?

.....

Appendix 4: Interview schedule for programme implementers

Introduction

The researcher is a master student currently conducting a research to investigate the perception of learners, teachers and programme implementers regarding the value of non-formal sexuality education programmes in mitigating learner pregnancy at schools. You are kindly requested to honestly respond to the questions contained herein. The information collected is part of a Master’s Degree research and the information you give will be kept strictly confidential.

Date of the interview:.....

1. What are the activities in schools that you do in your non-formal sexuality education programmes sessions?

.....

2. What are the aims of the programme?

.....

3. How do learners perceive the value of non-formal sexuality education programmes sessions which your organisation provide to them in your own opinion?

.....

4. How do teachers perceive the value the sexuality education which your programme offers to the learners?

.....

5. How does the school management supports non-formal sexuality education programme sessions?

.....

6. From your own point of view, how are sessions for non-formal sexuality education programmes assisting to mitigate learner pregnancies at schools?

.....

7. What challenges do you experience in implementing non-formal sexuality education programmes at schools?

.....

8. What do you think should be done, to improve the delivery of these non-formal sexuality education programme sessions so that cases of learner pregnancy can be minimized at schools?

.....

9. What roles do you think parents and teachers should play so that the non-formal sexuality education programmes sessions achieve its intended goals?

.....

10. What are you generally suggesting that could help to reduce the learner pregnancies in the Kavango East Region?

.....

Appendix 6: Permission letter to the Kavango East Regional Council



REPUBLIC OF NAMIBIA
KUNENE REGIONAL COUNCIL
DIRECTORATE: EDUCATION
SUB-SECTION: ADULT EDUCATION



Tel: +264 67 335 000
Fax: +264 67 332 225/6

Private Bag 2007
Khorixas

Enquiries: L.N Furayi-Kawana

Date: 02/12/2014

To: **Mr. M. Nauyuma**
The Director of Education
Kavango Regional Council
Directorate of Education
Kavango East Region

Subject: Request for permission to conduct educational research at the four senior Secondary Schools.

Dear Sir,

My name is Lydia, Ngonde, Furayi-Kawana, an employee in the Ministry of Education in Kunene Region, as a Senior Education Officer for Adult Education. I am currently enrolled for a Masters degree in Lifelong Learning and Community Development with the University of Namibia.

I would like to start with the second part of the degree requirements, which is research thesis. The investigation will start from January 2015 to April 2015. The purpose of my research is to investigate the perception of learners, teachers and programme implementers regarding the value of non-formal sexuality education programmes in mitigating learner pregnancy in Rundu Circuit, Kavango East Region.


I intend to interview four female learners per school and two programme implementers at the Regional level as well as four teachers for the four selected secondary schools. I'm therefore, requesting permission to involve the four selected schools: Kandondi and Matere combine

school as well as Kuvura and Lironga Senior Secondary Schools (not real names) in my research project. The schools will be informed in writing upon receiving your response.

The findings of this study can be used by the Kavango East Directorate of Education in contributing to new insights and knowledge on strategies for mitigating learner pregnancy in schools.

Your cooperation is highly appreciated.

Yours in Education


.....

Mrs. L. N. Furayi-Kawana
Senior Education Officer (Adult Education)

02.12.2014

Date



Appendix 7: University of Namibia Permission letter



UNIVERSITY OF NAMIBIA

Private Bag 13301, 340 Mandume Ndemufayo Avenue, Pioneerspark, Windhoek, Namibia

RESEARCH PERMISSION LETTER

Date: 17 OCTOBER 2014


TO WHOM IT MAY CONCERN

1. This letter serves to inform that student: **LYDIA NGONDE FURAYI (20042674)** is a registered student in the Department of Lifelong Learning Education at the University of Namibia. Her research proposal was reviewed and the University of Namibia requirements.
2. The purpose of this letter is to kindly notify you that the student has been granted to carry out postgraduate studies research. The School of Post-graduate Studies research to be carried out by the student for purposes of fulfilling the requirements being pursued.
3. The proposal adheres to ethical principles.


Thank you so much in advance and many regards.

Yours truly,

DR. R.K. SHALYEFU

Signed: -----
Main Supervisor:


Dr. C. N.S. Shaimemanya

Signed: -----
Director: School of Postgraduate Studies

Tel: 2063523

E-mail: cshaimemanya@unam.na

Appendix 8: Ethical Clearance Certificate



UNIVERSITY OF NAMIBIA
Inspiring minds & shaping the future

ETHICAL CLEARANCE CERTIFICATE

Ethical Clearance Reference Number: SEC/FOE/69/2014 **Date: 27 October, 2014**

This Ethical Clearance Certificate is issued by the University of Namibia Research Ethics Committee (UREC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the Faculty/Centre/Campus Research & Publications Committee sitting with the Postgraduate Studies Committee.

Title of Project: INVESTIGATING THE PERCEPTIONS OF LEARNERS, TEACHERS AND PROGRAMME IMPLEMENTERS REGARDING THE VALUE OF NON-FORMAL SEXUALITY EDUCATION IN RUNDU CIRCUIT, KAVANGO EAST REGION .

Nature/Level of Project: MASTERS

Principal Researcher: LYDIA NGONDE FURAYI (Student No: 200142674)

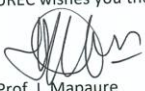
Host Department & Faculty: Department Adult Education, Education

Supervisors : Dr R.K. Shalyefu (Main) (Co) Dr K.J. Nyambe

Take note of the following:

- (a) Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the UREC. An application to make amendments may be necessary.
- (b) Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the UREC.
- (c) The Principal Researcher must report issues of ethical compliance to the UREC (through the Chairperson of the Faculty/Centre/Campus Research & Publications Committee) at the end of the Project or as may be requested by UREC.
- (d) The UREC retains the right to:
 - (i). withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,
 - (ii). request for an ethical compliance report at any point during the course of the research.

UREC wishes you the best in your research.



Prof. I. Mapaure
UNAM Research Coordinator
ON BEHALF OF UREC