



# Bridging the Policy-Practice Gap: An Evaluation of Comprehensive Sexuality Education Implementation in Selected Schools of Mpongwe District, Zambia

Andrew Chikonde, Evelyn Bwalya & Muma Mulenga  
The Copperbelt University, Zambia

ORCID: <https://orcid.org/0009-0006-5248-3317>

Email: [chikonde.andrew@cbu.ac.zm](mailto:chikonde.andrew@cbu.ac.zm)/[evelynbwalya06@gmail.com](mailto:evelynbwalya06@gmail.com)/[muma.mulenga@cbu.ac.zm](mailto:muma.mulenga@cbu.ac.zm)

**Abstract:** *This study assessed the implementation and perceived effectiveness of Comprehensive Sexuality Education (CSE) in secondary schools within Mpongwe District, Zambia. Employing a qualitative descriptive survey design, data were collected through questionnaires and semi-structured interviews from a purposive sample of 10 respondents, comprising biology teachers and headteachers across three schools. The findings reveal a significant gap between national policy and local practice. While educators expressed overwhelmingly favourable perceptions towards CSE and endorsed a comprehensive curriculum, its implementation was found to be inconsistent, under-resourced, and marginalised within the existing syllabus. Key barriers identified include a critical lack of specialized teacher training, a scarcity of instructional materials, and educators' personal discomfort in delivering sensitive content. The study concludes that the primary obstacle to effective CSE is not educator opposition but a systemic failure in capacity building and support. It recommends a fundamental curriculum reform to establish CSE as a standalone, timetabled subject; the urgent scaling-up of continuous, practical teacher training; and the development of a reinforced national policy supported by community engagement to ensure standardised, effective, and culturally responsive implementation.*

**Keywords:** *Comprehensive Sexuality Education (CSE), Zambia, Secondary Education, Teacher Perceptions, Curriculum Implementation, Teacher Training.*

## How to cite this work (APA):

Chikonde, A., Bwalya, E. & Mulenga, M. (2026). Bridging the Policy-Practice Gap: An Evaluation of Comprehensive Sexuality Education Implementation in Selected Schools of Mpongwe District, Zambia. *Journal of Research Innovation and Implications in Education*, 10(1), 374 – 383. <https://doi.org/10.59765/hy74g>.

## 1. Introduction

Comprehensive Sexuality Education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality (UNESCO, 2018). Its goal is to equip children and young people with knowledge, skills, attitudes, and values that empower them to realise their health, well-being, and dignity; develop respectful social and sexual relationships; understand and protect their rights; and

consider how their choices affect their own and others' welfare (UNFPA, 2014).

In Zambia, the CSE framework, developed by the Ministry of General Education in 2013, integrates key topics such as puberty, abstinence, prevention of sexually transmitted infections (STIs) including HIV, gender equality, sexual and reproductive health, relationships, and human rights (MoGE, 2014). For CSE to be considered comprehensive, it should holistically cover five core areas: (1) sexual and reproductive physiology;

(2) contraception and prevention of unintended pregnancy; (3) HIV and STI prevention; (4) gender, and sexual and reproductive rights; and (5) values, skills, and relationships (Stillman et al., 2021; UNESCO, 2018).

The impetus for CSE in Zambia stems from persistent public health and social challenges, including high rates of school dropouts due to teenage pregnancy, increasing STI prevalence, and incidents of sexual abuse among the 10-24 age group (CSO, 2018). Evidence globally and regionally shows that well-implemented CSE can increase knowledge, improve attitudes, reduce sexual risk-taking behaviours, delay sexual debut, and decrease rates of STIs and unintended pregnancies (UNESCO, 2016; Haberland & Rogow, 2015).

While the family is the primary agent of socialization, it often fails to provide accurate sexuality education due to cultural and religious taboos, leaving adolescents to seek information from peers, the internet, or media, which can be misleading or harmful (Adekunle et al., 2021; Udenze, 2011). Schools, therefore, become a critical venue for delivering scientifically accurate and age-appropriate CSE. However, implementation in Zambia faces significant barriers, including socio-cultural norms, religious objections, inadequate teacher training, and personal discomfort among educators, leading to low fidelity in programme delivery (Rijsdijk et al., 2011; Zulu et al., 2021). This study seeks to investigate these dynamics within the specific context of Mpongwe District.

### 1.1. Purpose of the study

This study aimed to ascertain the effectiveness and quality of Comprehensive Sexuality Education implementation in secondary schools in Mpongwe District.

### 1.2. Problem statement

Sexuality and reproductive health remain difficult topics to discuss openly in Zambia due to cultural, religious, and traditional taboos. Consequently, many adolescents lack access to scientifically accurate information on issues like menstruation, contraception, and bodily autonomy. Stigma, discrimination, and the vulnerability of the girl child further hinder effective sexuality education. The alarming rates of teenage pregnancies, STIs among youth, and cases of sexual violence in Mpongwe District and Zambia at large underscore a critical gap in knowledge and skills. Despite a national policy framework, the effective delivery of CSE is hampered by deep-seated socio-cultural barriers and inadequate pedagogical preparedness of teachers, resulting in inconsistent and often ineffective programme implementation (Rijsdijk et al., 2011). This study investigates the specific manifestations of these challenges in Mpongwe District.

### 1.3 Research objectives

1. To examine the quality and comprehensiveness of CSE delivery in selected schools of Mpongwe District.
2. To assess teachers' perceptions regarding the coverage and content of the CSE curriculum.

### 1.4 Research questions

1. What is the perceived quality and effectiveness of current CSE delivery in schools?
2. What are the perceived benefits of CSE according to educators?
3. What are the perceptions of teachers towards teaching CSE?
4. What are the principal challenges hindering the effective implementation of CSE in Mpongwe District?

## 2. Literature Review

This section reviews the conceptual and empirical literature on Comprehensive Sexuality Education (CSE), focusing on its definitions, benefits, the critical barriers to its implementation, and the context of perceptions that shape its delivery, particularly in sub-Saharan Africa and Zambia.

### 2.1 Conceptualising Comprehensive Sexuality Education

Comprehensive Sexuality Education (CSE) is defined as a curriculum-based, rights-based, and gender-focused process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality (UNESCO, 2018). Its objective is to equip young people with the knowledge, skills, attitudes, and values necessary to make informed choices, develop respectful social and sexual relationships, and protect their health, well-being, and dignity (UNFPA, 2022). Crucially, CSE is incremental and age-appropriate, building knowledge from an early age in line with learners' evolving capacities.

Effective CSE moves beyond a biomedical focus to encompass five core, interrelated areas: (1) sexual and reproductive anatomy and physiology; (2) contraception and prevention of unintended pregnancy; (3) HIV and STI prevention; (4) gender, sexual rights, and gender-based violence; and (5) values, interpersonal skills, and relationships (Stillman et al., 2021; UNESCO, 2018). This comprehensive approach is transformative, aiming to promote critical thinking, gender equality, and respect for human rights.

## 2.2 Documented Benefits and Efficacy of CSE

A robust body of global evidence demonstrates that well-implemented CSE programmes yield significant positive outcomes. Meta-analyses show they do not hasten sexual debut but do contribute to: increased accurate knowledge; improved attitudes related to sexual health; the development of critical life-skills (e.g., communication, negotiation); and delayed sexual initiation (UNESCO, 2016; Haberland & Rogow, 2015). Furthermore, CSE is associated with reduced frequency of sex and number of sexual partners, increased condom and contraceptive use, and consequently, lower rates of STIs and unintended pregnancies (Goldfarb & Lieberman, 2021). These behavioural changes contribute to broader social benefits, such as reduced school dropout due to pregnancy and the promotion of gender-equitable norms (Haberland, 2015).

## 2.3 Barriers to Effective CSE Implementation in Context

Despite its proven benefits, the implementation of CSE faces profound challenges, particularly in conservative socio-cultural contexts like Zambia.

- **Socio-Cultural and Religious Resistance:** Deep-seated taboos surrounding sexuality, often reinforced by cultural and religious norms, present a primary barrier. A prevalent misconception is that CSE encourages early sexual activity, a claim robustly refuted by evidence (Kirby et al., 2007). Parental and community opposition, rooted in the desire to preserve childhood "innocence," can pressure educators and constrain curriculum delivery (Bhana, 2016; E.g., Khau, 2012).
- **Teacher-Related Challenges:** Teachers are pivotal but often ill-prepared. Inadequate pre-service and in-service training leaves them lacking in knowledge, pedagogical skills, and comfort to teach sensitive topics effectively (Zulu et al., 2021; UNESCO, 2018). Personal discomfort, conflicting cultural beliefs, and fear of community backlash further impede faithful programme implementation (Rijsdijk et al., 2011).
- **Systemic and Resource Constraints:** Effective CSE requires political will, sustainable funding, and appropriate teaching materials, which are often scarce. Overcrowded curricula, inadequate monitoring, and a lack of dedicated time for CSE compromise its delivery (Sidze et al., 2017). Furthermore, reaching marginalised groups,

including out-of-school youth, remains a significant challenge.

## 2.4 The Zambian Context and the Role of Stakeholders

Zambia has demonstrated policy commitment to CSE through its National CSE Framework (MoGE, 2014) and integration into the school curriculum from Grade 5. However, as in many countries, a gap exists between policy and practice. The country's high rates of adolescent pregnancy, HIV prevalence among youth, and gender-based violence underscore the urgent need for effective CSE (CSO & MoH, 2018).

In this landscape, non-governmental organisations (NGOs) play a critical bridging role. They often supplement government efforts by providing teacher training, developing context-specific resources, delivering community-based programmes for out-of-school youth, and advocating for policy strengthening (Tucker et al., 2016). Partnerships between the Ministry of Education, NGOs, and development partners are essential for scaling up quality, sustainable CSE.

## 2.5 Summary and Research Gap

The literature confirms CSE as an effective public health and rights-based intervention. It also consistently identifies a constellation of barriers—cultural, pedagogical, and systemic—that hinder its full implementation, especially in sub-Saharan Africa. While Zambia has established a policy framework, research indicates persistent implementation challenges. However, there is a paucity of localized, district-level studies examining the on-the-ground realities of CSE delivery, particularly regarding teacher perceptions and the practical challenges they face in classrooms. This study seeks to address this gap by investigating the effectiveness, perceptions, and barriers of CSE specifically within the secondary schools of Mpongwe District.

## 3. Methodology

This section outlines the methodological framework employed to investigate the effectiveness of Comprehensive Sexuality Education (CSE) in Mpongwe District. It details the research design, study area, target population, sampling procedures, data collection instruments, and data analysis techniques, ensuring the study's replicability and validity.

### 3.1 Research Design

This study adopted a qualitative descriptive survey design. A research design serves as the strategic blueprint for the entire investigation, guiding the methods for data collection and analysis (Kothari, 2004). The qualitative

descriptive approach was deemed most appropriate as it aims to provide a rich, straight description of participants' experiences, perceptions, and attitudes regarding a specific phenomenon—in this case, the implementation of CSE (Sandelowski, 2000). This design facilitated the collection of in-depth data on the feelings, habits, and lived realities of educators, offering nuanced insights into the operational challenges and successes of CSE programmes in the local context.

### 3.2 Description of the Study Area

The study was conducted in **Mpongwe District**, a rural township within Zambia's Copperbelt Province. Data were collected from **three (3) purposively selected public secondary schools** in the district. All selected schools are co-educational (mixed-gender) institutions. The choice of Mpongwe District provides a critical rural perspective on CSE implementation, an area often underrepresented in national-level evaluations yet facing unique socio-cultural and resource challenges.

### 3.3 Target Population and Sampling

The target population comprised all Biology teachers and school headteachers in public secondary schools within Mpongwe District. Biology teachers were targeted as they are typically the primary deliverers of CSE content within the Zambian integrated science curriculum. Headteachers were included for their administrative and oversight perspective on CSE implementation.

Given logistical constraints and the need for in-depth, information-rich data, a purposive sampling strategy was employed. A final **sample of ten (10) respondents** was drawn from the three schools, consisting of:

- Seven (7) Biology teachers (3 from Mpongwe Day secondary school, 3 from Mpongwe Boarding Secondary School, 1 from D-D private School).
- Three (3) Headteachers (one from each participating school).

**Purposive sampling** was selected to ensure participants possessed direct experience and knowledge relevant to the research objectives (Achola & Bless, 1988; Manion & Morrison, 2007). This non-probability technique allows researchers to handpick cases that are most informative regarding the phenomenon under study.

### 3.4 Data Collection Instruments and Procedures

Data were collected over a five-week period using a multi-method approach (triangulation) to enhance the credibility and trustworthiness of the findings (Kane, 1995; Shumba, 2011).

1. **Semi-Structured Questionnaires:** These were administered to the seven (7) Biology teachers. The questionnaire contained a mix of closed-ended (structured) and open-ended (unstructured) items. This format allowed for the efficient collection of comparable data while providing respondents the space to elaborate on their experiences, perceptions, and suggestions in their own words (Brown, 2001).
2. **Semi-Structured Interviews:** In-depth interviews were conducted with the three (3) Headteachers. The interview guide allowed for flexible probing, enabling the researcher to explore emerging themes and gather detailed, contextual insights into institutional policies, resource availability, and overarching challenges in CSE delivery (Kombo & Tromp, 2006).

### 3.5 Data Analysis

Data from the questionnaires and interview transcripts were subjected to **thematic analysis**. This involved a systematic process of:

1. **Familiarisation:** Repeated reading of the textual data.
2. **Coding:** Generating initial codes to identify interesting features.
3. **Theme Search:** Collating codes into potential themes.
4. **Theme Review:** Refining themes to ensure they accurately represent the data set.
5. **Defining and Naming Themes:** Developing clear definitions and names for each theme.
6. **Reporting:** Weaving the thematic analysis into a coherent narrative, supported by direct verbatim extracts from participants to illustrate key findings (Braun & Clarke, 2006).

This analytical approach was suitable for identifying, analysing, and reporting patterns (themes) within the qualitative data, directly addressing the study's objectives concerning perceptions, implementation quality, and challenges.

### 3.6 Ethical Considerations

This research on comprehensive sexuality education was conducted in an unbiased, transparent, and ethical manner. Prior to commencement, formal permission was obtained from the school head teacher and the head of the biology department to whom the study's objectives and procedures were fully explained.

All participants were thoroughly informed about the research purpose, its benefits, and the value of their contribution. The data collection methods—including questionnaires, interviews, observations, and the potential use of audio-visual recording—were disclosed, and informed consent was obtained for each. Participants were assured that the study would take place outside normal school hours to avoid disruption. The privacy and safety of participants were paramount. They were protected from any form of harm, and all personal data were handled with strict confidentiality. Individual responses were aggregated and reported as group averages to ensure anonymity.

While no monetary or material rewards were provided for participation, the findings are expected to benefit both the student participants and the wider educational community. The results may also inform the Ministry of Education, offering insights into effective teaching methodologies for sexuality education nationwide.

## 4. Results and Discussion

### 4.1 Introduction

This chapter presents the analysis and interpretation of data collected to assess the implementation of Comprehensive Sexuality Education (CSE) in secondary schools within Mpongwe District. The findings are organized thematically to address the study's core objectives: evaluating the effectiveness of CSE delivery, understanding teacher perceptions, identifying benefits, and documenting the challenges encountered. Data from questionnaires administered to seven (7) Biology teachers and in-depth interviews with three (3) headteachers are synthesised to provide a holistic view of the on-the-ground realities.

### 4.2 Demographic Profile of Teacher Respondents

All seven participating Biology teachers provided demographic data. The cohort consisted of five males (71.4%) and two females (28.6%). The majority (57.1%) fell within the 31-36 age bracket, with others aged 36-40 (14.3%) and 41+ (28.6%). This profile indicates that the primary CSE implementers in these schools are predominantly male and mid-career professionals.

### 4.3 Status and Quality of CSE Implementation

A critical finding was the discrepancy between policy and practice. When asked if CSE was effectively implemented in their schools, a majority of teachers (60%, n=7) responded negatively. Only 40% acknowledged its presence, suggesting fragmented and inconsistent delivery. This was corroborated by headteachers, who unanimously reported that CSE had

"not been fully implemented." They described reliance on optional extra-curricular clubs (e.g., reproductive health, life skills) and guidance counselling sessions, which were deemed insufficient to address the comprehensive needs of adolescents.

Analysis of the national Biology syllabus for Grades 11 and 12 revealed a narrow curricular focus. CSE content was largely confined to HIV/AIDS (Grade 11) and basic reproductive physiology and contraception (Grade 12), taught infrequently—often only once per year. This confirms a significant gap in providing the continuous, age-appropriate, and multi-dimensional education prescribed by the Zambian CSE framework.

### 4.4 Perceptions of CSE Importance and Content Appropriateness

Despite implementation weaknesses, there was strong consensus on the **value** of CSE. All teacher respondents (100%) affirmed its importance in schools. A significant majority (71.4%) also believed the intended content was appropriate for learners, though 28.6% expressed uncertainty, hinting at potential discomfort or gaps in their own understanding.

Teachers' views on critical content areas were clear: 85.7% (n=6) selected "All of the above," indicating that they valued a comprehensive curriculum encompassing consent, pregnancy, STIs, contraception, and sexual abuse. This aligns with global CSE standards. Furthermore, they robustly rejected the misconception that CSE encourages early sexual activity; 71.4% disagreed and 28.6% were neutral with this claim. Notably, 85.7% disagreed that sexuality education should be left solely to parents, affirming the school's vital role.

### 4.5 Logistical and Pedagogical Challenges

All teachers (100%) reported facing challenges in implementing CSE. Thematic analysis of their responses identified three major barriers:

1. **Inadequate Teacher Training and Expertise:** Cited as the foremost challenge, with responses including "Lack of proper CSE training," "Lack of qualified personnel," and "Lack of specialized individuals." This deficit directly impacts pedagogical confidence and effectiveness.
2. **Scarcity of Teaching and Learning Materials:** Over half (57.1%) of teachers stated their schools lacked CSE materials. This scarcity limits interactive and effective lesson delivery.

- 3. Personal Discomfort and Ethical Concerns:** Some teachers candidly noted "I am quite shy" and "Ethical considerations" as impediments, reflecting the influence of socio-cultural taboos on classroom practice.

Head teachers echoed these systemic issues, emphasizing the lack of training and materials. They added that the current integration model marginalizes CSE, suggesting a **stand-alone, examinable subject** would ensure comprehensive coverage and priority.

## 4.6. Discussion

### Summary of Findings in Relation to Objectives

This study aimed to: (i) ascertain the effectiveness of CSE implementation; (ii) investigate teacher perceptions of CSE; and (iii) identify the challenges to implementing CSE in Mpongwe District's secondary schools. The findings reveal a critical paradox: while educators possess overwhelmingly positive attitudes towards CSE and recognize its vital importance, systemic and pedagogical barriers severely undermine its effective delivery, rendering implementation largely ineffective.

#### 1. The Implementation-Effectiveness Gap

Consistent with studies highlighting the policy-practice gap in sub-Saharan Africa (Sidze et al., 2017; Zulu et al., 2021), this research found CSE implementation in Mpongwe District to be fragmented and inconsistent. The majority of teachers reported it was not being fully taught, a view strongly corroborated by headteachers who cited the lack of a dedicated timetable as a primary cause. The analysis of the Biology syllabus confirmed that CSE content is minimal, sporadic, and fails to cover the comprehensive scope advocated by UNESCO (2018).

This gap between endorsement and execution underscores a significant shortfall in operationalising the national CSE framework. The reliance on optional extra-curricular clubs and guidance sessions, as noted by headteachers, is an inadequate substitute for structured, curriculum-mandated teaching. Consequently, the study strongly echoes practitioners' calls for CSE to be reconfigured as a **compulsory, examinable, and time-tabled subject** to ensure it receives the institutional priority required for fidelity and impact.

#### 2. Teacher Perceptions: A Foundation for Success

A central and encouraging finding is the resoundingly **positive perception** of CSE among educators. All respondents affirmed its importance and appropriateness, with a strong majority (85.7%) advocating for a curriculum covering the full spectrum of topics, including consent, STIs, and sexual abuse. Crucially, they robustly rejected the common misconception that CSE promotes early sexual activity

(Kirby et al., 2007), and most disagreed that it should be the sole responsibility of parents.

This positive disposition, also noted in other Zambian contexts (Zulu et al., 2021), provides a fertile foundation for policy advancement. Educators' consensus that instruction should begin early (from age 10) aligns with global evidence that early, age-appropriate education is most effective in shaping healthy attitudes before sexual debut (UNESCO, 2018; Haberland & Rogow, 2015). The overwhelming support for comprehensive content and an inclusive classroom environment (mixed-gender teaching) further indicates that teachers' views are aligned with international best practices, not local taboos.

### 3. Systemic Challenges: Training, Resources, and Discomfort

Despite positive perceptions, formidable challenges persist, directly mirroring barriers identified in the regional literature (Rijsdijk et al., 2011; UNESCO, 2018).

**Inadequate Teacher Training and Preparedness:** The most frequently cited challenge was a profound **lack of training**. Teachers felt unqualified and unspecialized, a sentiment that erodes pedagogical confidence and leads to the avoidance of sensitive topics like condom use. This finding is consistent with studies that identify insufficient training as the foremost barrier to effective CSE delivery (Asekun-Olarinmoye et al., 2007; UNESCO, 2009). Without targeted, ongoing in-service training that addresses both content knowledge and pedagogical skills for sensitive topics, teachers remain ill-equipped to implement the curriculum faithfully.

**Scarcity of Teaching and Learning Materials:** Over half of the teachers reported a lack of instructional materials. This resource deficit forces educators to rely on improvisation, compromising the quality, consistency, and scientific accuracy of lessons—a key determinant of programme effectiveness (UNESCO, 2018).

**Personal Discomfort and Socio-Cultural Tensions:** Some teachers admitted to personal shyness and ethical considerations, reflecting the potent influence of socio-cultural norms. As UNESCO (2010) notes, teachers are not insulated from the communities they serve; their discomfort often stems from unaddressed cultural beliefs or fear of community backlash. This highlights the need for training that includes values clarification and strategies for navigating community sensitivities.

These interconnected challenges—untrained teachers, lacking resources, and personal discomfort—create a cycle of poor implementation. As Mellanby et al. (1996) observed, anxiety and lack of training remain major concerns that, if unaddressed, will continue to stifle the potential of CSE to improve adolescent sexual health outcomes in Mpongwe District.

## 4.7 Implications of the Findings

The findings from this study reveal a critical gap between the national policy on Comprehensive Sexuality Education (CSE) and its practical implementation in schools. The implications extend beyond Mpongwe District, offering actionable insights for stakeholders at multiple levels.

### Implications for Educational Policy and Curriculum Design

1. **Urgent Need for Curriculum Reform and Mandate:** The finding that CSE is inconsistently taught and not timetabled necessitates a **policy shift from integration to mandation**. The implication is that the Ministry of Education should consider redesigning CSE as a **stand-alone, compulsory, and examinable subject** within the national curriculum. This would ensure dedicated instructional time, formal assessment, and institutional accountability, moving it from an optional add-on to a core educational priority.
2. **Development of a Standardized, Contextualized Framework:** While teachers supported comprehensive content, the narrow focus of the current Biology syllabus is a major limitation. Policy must support the development of a **detailed, age-appropriate, and culturally contextualized CSE curriculum framework** for all grades (5-12), explicitly covering the five core areas outlined by UNESCO. This framework should provide clear learning objectives and scope, moving beyond just HIV and reproduction to include gender, rights, consent, and healthy relationships.

### Implications for Teacher Training and Professional Development

1. **Systemic Investment in Pre-Service and In-Service Training:** The universal identification of inadequate training as the primary barrier has a direct implication: **substantial, ongoing investment in teacher capacity building is non-negotiable**. This requires integrating robust CSE modules into all teacher training colleges and designing mandatory, recurrent in-service training for current teachers that combines accurate content knowledge

with pedagogical skills for sensitive topics. Training must include role-playing, values clarification exercises, and strategies for managing classroom discussions on taboo subjects.

2. **Addressing Discomfort and Building Confidence:** Since teacher shyness and ethical concerns hinder delivery, training programs must explicitly address **psycho-social and cultural barriers**. This implies incorporating components on teacher self-efficacy, navigating community and parental objections, and aligning professional practice with evidence-based approaches rather than personal discomfort.

### Implications for Resource Allocation and Monitoring

1. **Prioritized Funding for Teaching/Learning Materials:** The scarcity of materials implies that curriculum roll-out must be paired with budgeted provision of standardized, high-quality teaching aids, lesson plans, and learner resources. This is essential for ensuring accurate and engaging instruction across all schools, especially in rural districts like Mpongwe.
2. **Strengthened Monitoring and Evaluation (M&E):** The inconsistency in implementation points to weak M&E systems. The implication is that the Ministry of Education, with its provincial and district officers, needs to **establish and enforce clear monitoring mechanisms**. This includes regular school inspections to check CSE timetabling, observation of teaching quality, and audits of material availability, ensuring policy translates into practice.

### Implications for Community Engagement and Advocacy

1. **Proactive Engagement with Parents and Community Leaders:** The strong teacher support for CSE, coupled with the known potential for community resistance, implies that successful implementation requires a parallel community sensitization campaign. Policymakers and school administrators must proactively engage parents, religious, and traditional leaders to demystify CSE, dispel myths (e.g., that it encourages early sex), and build a coalition of support, as recommended by UNESCO.
2. **Leveraging Teacher Advocacy:** The overwhelmingly positive perception among teachers is a powerful, underutilized asset. These teachers can serve as credible advocates and champions for CSE within their schools and

communities. Supporting teacher-led advocacy can help shift social norms and create a more enabling environment.

## Implications for Future Research

1. **Need for Longitudinal and Outcome-Focused Studies:** This study documented implementation challenges and perceptions. The implication for researchers is to conduct longitudinal studies that link specific CSE implementation models (e.g., stand-alone vs. integrated) to tangible outcomes among youth, such as changes in knowledge, attitudes, sexual debut, and rates of pregnancy and STIs in districts like Mpongwe.
2. **Exploring Learner and Parent Perspectives:** To gain a holistic view, future research should directly explore the perceptions and experiences of learners and their parents. Understanding their needs, concerns, and preferred delivery methods is crucial for designing truly effective and accepted programmes.

## 5. Conclusion and Recommendations

### 5.1 Conclusion

This study set out to examine the effectiveness of Comprehensive Sexuality Education (CSE) in the secondary schools of Mpongwe District. The findings reveal a significant and instructive paradox: while educators overwhelmingly support the principle of CSE and recognize its critical importance for adolescent health, its practical implementation is largely ineffective.

Teachers and headteachers demonstrated a favourable perception towards CSE, endorsing a curriculum that covers essential topics beyond basic biology, including HIV/AIDS, relationships, consent, and contraception. They robustly rejected the notion that CSE encourages early sexual activity and affirmed the school's vital role alongside the family. However, this strong conceptual support stands in stark contrast to the reality on the ground. CSE delivery is inconsistent, under-resourced, and constrained by a lack of dedicated curriculum time, with content often reduced to sparse modules within the Biology syllabus.

The primary impediments are systemic: a profound lack of specialized teacher training, a scarcity of teaching materials, and the personal discomfort of educators unprepared to handle sensitive topics. These challenges create a cycle where positive attitudes cannot translate into effective classroom practice. Therefore, the central conclusion is that the barrier to effective CSE in Mpongwe District is not one of will but of capacity and systemic support. Without addressing these foundational

gaps, the potential of CSE to achieve its intended health and social outcomes will remain unrealized for the district's youth.

## 5.2 Recommendations

To bridge the gap between policy endorsement and effective practice, the following targeted recommendations are proposed:

### 1. For the Ministry of Education and Curriculum Developers:

**Curriculum Reform:** Redesign CSE from an integrated topic to a **stand-alone, compulsory, and examinable subject** with dedicated time in the school timetable for all grades (5-12), ensuring comprehensive and age-appropriate coverage.

**Teacher Training Overhaul:** Revise pre-service teacher education curricula to include mandatory CSE pedagogy. Simultaneously, implement **large-scale, recurrent in-service training programs** focused on content mastery, participatory teaching methods, and skills for managing sensitive discussions.

### 2. For School Administration and District Education Offices: Resource Provision and Monitoring:

Ensure the consistent provision of standardized CSE teaching and learning materials to all schools. Strengthen monitoring and evaluation to assess the fidelity of CSE implementation, moving beyond policy existence to classroom practice.

**Professional Learning Communities:** Foster the creation of teacher support networks or communities of practice within and across schools where educators can share experiences, resources, and strategies for effective CSE delivery.

### 3. For Policymakers and Government: Policy Strengthening and Advocacy:

Formulate and disseminate a clear, explicit national CSE policy that mandates its teaching. Support community sensitization campaigns in partnership with traditional and religious leaders to build public understanding and dispel myths about CSE, thereby creating a more enabling environment for teachers.

### 4. For Future Research: Further Investigative Studies:

Conduct longitudinal research to measure the impact of structured CSE on adolescent behavioural and health outcomes in rural districts. Further studies should also explore the specific perspectives and needs of learners and parents to inform more responsive programming.

## References

- Achola, P. P. W., & Bless, C. (1988). *Research methods in education: An introduction*. Longhorn Kenya.
- Adekunle, A. O., Adeyemi, O. E., & Akinyemi, O. I. (2021). Sources of sexuality information and its influence on sexual behavior among in-school adolescents in Ibadan, Nigeria. *African Journal of Reproductive Health, 25*(1), 107–117.
- Asekun-Olarinmoye, E. O. (2007). Knowledge, attitudes, and perceptions of HIV/AIDS among secondary school teachers in Osun State, Nigeria. *Nigerian School Health Journal, 19*(1–2), 33–42.
- Bhana, D. (2016). *Childhood sexuality and AIDS education: The price of innocence*. Routledge.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Brown, J. D. (2001). *Using surveys in language programs*. Cambridge University Press.
- Central Statistical Office (CSO) [Zambia], & Ministry of Health (MoH) [Zambia]. (2018). *Zambia demographic and health survey 2018*. CSO & MoH.
- Goldfarb, E. S., & Lieberman, L. D. (2021). Three decades of research: The case for comprehensive sex education. *Journal of Adolescent Health, 68*(1), 13–27. <https://doi.org/10.1016/j.jadohealth.2020.07.036>
- Haberland, N. (2015). The case for addressing gender and power in sexuality and HIV education: A comprehensive review of evaluation studies. *International Perspectives on Sexual and Reproductive Health, 41*(1), 31–42. <https://doi.org/10.1363/4103115>
- Haberland, N., & Rogow, D. (2015). Sexuality education: Emerging trends in evidence and practice. *Journal of Adolescent Health, 56*(1), S15–S21. <https://doi.org/10.1016/j.jadohealth.2014.08.013>
- Kane, E. (1995). *Seeing for yourself: Research handbook for girls' education in Africa*. World Bank.
- Kirby, D. B., Laris, B. A., & Rolleri, L. A. (2007). Sex and HIV education programs: Their impact on sexual behaviors of young people throughout the world. *Journal of Adolescent Health, 40*(3), 206–217. <https://doi.org/10.1016/j.jadohealth.2006.11.143>
- Kombo, D. K., & Tromp, D. L. A. (2006). *Proposal and thesis writing: An introduction*. Paulines Publications Africa.
- Kothari, C. R. (2004). *Research methodology: Methods and techniques* (2nd ed.). New Age International.
- Manion, L., & Morrison, K. (2007). *Research methods in education* (6th ed.). Routledge.
- Mellanby, A., Phelps, F., Crichton, N., & Tripp, J. (1996). School sex education: An experimental programme with educational and medical benefit. *BMJ, 312*(7047), 1623–1624. <https://doi.org/10.1136/bmj.312.7047.1623>
- Ministry of General Education (MoGE) [Zambia]. (2014). *Comprehensive sexuality education framework*. Government of the Republic of Zambia.
- Rijsdijk, L. E., Bos, A. E. R., Lie, R., Ruiters, R. A. C., Leerlooijer, J. N., & Kok, G. (2011). The world starts with me: A multilevel evaluation of a comprehensive sex education programme targeting adolescents in Uganda. *BMC Public Health, 11*, Article 334. <https://doi.org/10.1186/1471-2458-11-334>
- Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health, 23*(4), 334–340. [https://doi.org/10.1002/1098-240X\(200008\)23:4<334::AID-NUR9>3.0.CO;2-G](https://doi.org/10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G)
- Shumba, J. (2011). *Research methods for social sciences*. Oxford University Press.
- Sidze, E. M., Stillman, M., Keogh, S., Mulupi, S., Egesa, C. P., Leong, E., & Mutua, M. (2017). *From paper to practice: Sexuality education policies and their implementation in Kenya*. Guttmacher Institute.
- Stillman, M., Ritter, D., Keogh, S., & Mulupi, S. (2021). *Comprehensive sexuality education: A primer for policymakers*. Guttmacher Institute.

- Tucker, A., George, G., Reardon, C., & Panday, S. (2016). "We are being left behind": The challenges facing civil society organisations in accessing comprehensive sexuality education information in South Africa. *Sex Education, 16*(6), 619–632. <https://doi.org/10.1080/14681811.2016.1169398>
- Udenze, C. (2011). Sources of sexuality information among adolescents: Implications for counseling and sex education. *Journal of the Nigerian Society for Educational Psychologists, 10*(1), 160–168.
- United Nations Educational, Scientific and Cultural Organization. (2009). *International technical guidance on sexuality education: An evidence-informed approach for schools, teachers and health educators*. UNESCO.
- United Nations Educational, Scientific and Cultural Organization. (2010). *Sexuality education in Asia: Are we delivering? An assessment from a rights-based perspective*. UNESCO.
- United Nations Educational, Scientific and Cultural Organization. (2016). *Review of the evidence on sexuality education*. UNESCO. <https://doi.org/10.18356/b429113a-en>
- United Nations Educational, Scientific and Cultural Organization. (2018). *International technical guidance on sexuality education: An evidence-informed approach* (Rev. ed.). UNESCO.
- United Nations Population Fund. (2014). *UNFPA operational guidance for comprehensive sexuality education: A focus on human rights and gender*. UNFPA.
- United Nations Population Fund. (2022). *State of world population 2022: Seeing the unseen*. UNFPA.
- Zulu, J. M., Silumbwe, A., Halwindi, H., & Mwanza, J. C. (2021). Implementation of comprehensive sexuality education in Zambia: A review of experiences and challenges. *Reproductive Health, 18*, Article 163. <https://doi.org/10.1186/s12978-021-01213-9>