

# Teaching Comprehensive Sexuality Education at Secondary School: Towards Promoting Healthy Sexual Decisions among Pupils, Luapula Province, Zambia

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DOI: <https://doi.org/10.51244/IJRSI.2023.10420>

Received: 27 March 2023; Accepted: 14 April 2023; Published: 27 May 2023

**Abstract:** The study is an investigation into positive impacts of teaching Comprehensive Sexuality Education (CSE) on pupils' healthy sexual decisions. This study was purely a qualitative one employing a case study design. A total of 5 schools in Luapula Province were sampled, comprising 10 teachers and 40 pupils who were purposively and randomly selected. Data was collected using questionnaires and semi-structured interview guides while analysis of data was done using SPSS and themes. The study revealed that CSE has many positive impacts on pupils' healthy sexual decisions, choices and behavior change in general; and also established misconceptions about CSE. The study recommends that CSE must be a compulsory, age-appropriate, co-curricular subject to all pupils in secondary schools and that teachers must endeavor to explain its importance and/or positive impact to pupils. This study concludes that pupils are able to make healthy sexual decisions if exposed to CSE more often.

**Keywords:** Positive impacts, teaching, comprehensive sexuality education, pupils, healthy sexual decisions.

## I. Introduction

Sexuality education is one of the many cross cutting themes in the Zambia Education Curriculum Framework of 2013. The Ministry of General Education (MoGE) – now the Ministry of Education (MoE), has confidence that the integration of Comprehensive Sexuality Education (CSE) in the school curriculum will contribute to the reduction of the various education challenges that come by due to limited information on sexuality education among youths (Curriculum Development Centre, 2013). Additionally, UNSAID (2006) indicates that properly designed and well implemented sexuality education can play a significant role in reducing the risk of Sexually Transmitted Infections (STIs) including HIV transmission, unintended pregnancies, coercive or abusive sexual activity and exploitation.

Similarly, MoGE (2013) indicates that CSE provides structured opportunities for young people to gain knowledge, skills and positive attitudes and values which will help them apply life skills in addressing challenges with regards to their sexuality. Painstakingly, CSE can provide young people with age appropriate culturally relevant and scientifically accurate information (CDC, 2013).

In Zambia, prior to the development of the CSE Framework (2013) sexuality education was offered to pupils through what was generally known as the Reproductive Health and Sexuality Education (RHSE). It is important to note that RHSE features as a cross cutting theme in the Zambia Education Curriculum Framework. However, according to Moyo (2022) the CSE Framework is more detailed and designed to address the knowledge gaps in RHSE. Like RHSE, CSE is not a standalone subject, but its content features in some stand alone and examinable subjects (CDC, 2013).

The Comprehensive Sexuality Education Framework (2013) outlines topics anchoring on all aspects of human sexuality under the following themes: *Human development; Relationships; Values, attitudes and skills; Culture, society and human right; Sexual behavior; and Sexual and reproductive health.*

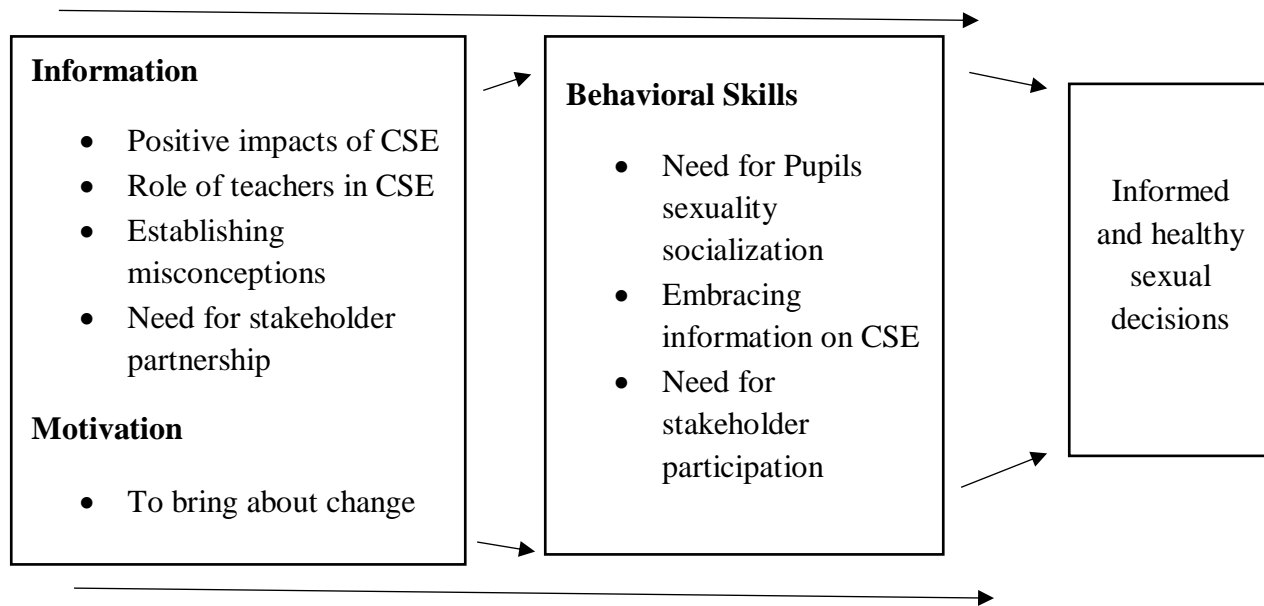
Similar to Sexual Reproductive Health Education, CSE is an important tool in helping pupils in secondary schools to make sound and healthy decisions. For instance, pupils are empowered to understand all aspects of human sexuality such as human development, relationships, sexual behavior and sexual reproductive health etc. This ultimately enables them to make sound and healthy sexual

decisions. However, limited information on sexuality education among pupils has led to them in secondary schools to make unhealthy sexual decisions and choices such as early sex debut, failure to abstain from sex, failure to use protection during sex, unwanted early pregnancies, contraction of sexually transmitted infections (STIs) and so on. This has, according to MoE (2013) and USAID (2016), in turn led to unforeseen consequences and/or adverse negative impacts on pupils in all their aspects of life; psychological, emotional, physical and social. Due to the above identified gap, this study therefore, investigates positive impacts of teaching CSE on pupils’ healthy sexual decisions. This study had two objectives:

1. To investigate positive impacts of teaching Comprehensive Sexuality Education (CSE) on pupils’ healthy sexual decisions.
2. To establish misconceptions about comprehensive sexuality education

**Conceptual Framework**

The study is guided by the Information Motivation Behavior skills (IMB) model. This illustrates how information and motivation backed by behavioral skills can bring about change and the desired results of pupils making informed and healthy sexual decisions.



**II. Review of Literature**

Comprehensive Sexuality Education and/or School-based Sexuality Education in general are not new subjects or themes in education. In fact, sexuality education as a school curriculum subject has a history of more than half a century. Sexuality education was first introduced in ‘Western’ school curricula in the late 1950s, often as part of biology lessons (Carlson, 2012). It was also largely aimed at discouraging people from having sex outside of marriage (Marques and Ressa, 2013). School-based sexuality education subjects have become increasingly widespread since the sexual revolution in the 1970s and the rise of the HIV epidemic in the 1980s. The 1994 International Conference on Population and Development (ICPD) provided a vital impetus for states and non-governmental organizations (NGOs) around the world to meet young people’s needs for sexuality education (Vanwesenbeeck, 2020). As regards the integration of CSE in formal school settings, the World Health Organization (WHO & BZgA, 2017) notes remarkable progress in developing and integrating CSE in formal school settings. For instance, UNESCO’s worldwide review of the status of CSE in 48 countries (UNESCO, 2015) demonstrates that a majority of those countries are embracing the concept of CSE and are engaged in strengthening its implementation at a national level.

In many low and middle income countries, sexuality education is increasingly seen as being important for young people to gain better knowledge of both the physical and emotional aspects of sex and reproduction. To date, sexuality education is still largely delivered in schools by teachers, sometimes in collaboration with health workers (Carlson, 2012).

However, according to Ministry of General Education (2014), Zambia has had sexuality education in form of reproductive health education since the 1990s, but its original content was limited in that it did not cover central Sexual Reproductive Health themes such as gender relations, sexual behavior, information on contraceptive methods as well as values, attitudes, and self-realization life skills which have now been included in the new CSE framework. It should be noted though that a key feature of the revised

framework is that it is not supposed to be offered as a standalone subject, but is to be integrated in carrier subjects such as science and social studies.

Various definitions of CSE have been given by various scholars and experts in various fields, however, according to (Vanwesenbeeck, 2020; UNESCO, 2018: 16):

*Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.*

On the other hand, the World Health Organization (2006) explains that sexual health refers to a state of physical, emotional, mental and social well-being in relation to sexuality. It (Sexual health) requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

### **Impacts of Comprehensive Sexuality Education**

The past decade has seen exponential growth in research examples examining the impact of CSE as discipline as well as CSE programmes. Debate on this topic has always been heated. This is due to the fact that people from different cultures and walks of life have various beliefs, norms and misconceptions on issues of CSE and its education. Nevertheless, Zulu, Blystad, Haaland, Michelo, Haukanes and Moland (2019) indicate that CSE has many positive impacts on pupils' healthy sexual decisions. For instance, it can improve Sexual Reproductive Health (SRH) knowledge and behavioral intentions among young people such as secondary school pupils. This knowledge is important especially when given before most secondary pupils have started engaging in sexual activity. This would enable them to make informed decisions in the future. Moreover, Zulu et al (2019) further illustrate that studies in Botswana, Nigeria and South Africa have shown that sexuality education and CSE have positively impacted learners' healthy sexual decisions. The scholars are also confident that sexuality education in general may contribute to overcoming the adolescents SRH challenges that Zambia and other countries face.

In addition, CSE has an enormous potential to enable young people to develop accurate and age-appropriate sexual knowledge, attitudes, skills, intentions, and behaviors that contribute to safe, healthy, positive, and gender-equitable relationships. Furthermore, CSE is also increasingly being accepted as the most preferred way of structurally enhancing young peoples' sexual and reproductive well-being (Vanwesenbeeck, 2020).

The Ministry of Education (2013: 2) indicates that "the Comprehensive Sexuality Education opens doors to knowledge about other health services such as those for contraception, Voluntary Counselling and Testing (VCT) and other reproductive health provided by clinics." This is very important to pupils as they learn about these important issues in a school where they spend most of their time. Further, Boyce, Lee, Jenkins, Mohamed, Paiva, Reid, Tan and Aggleton (2007) argue that CSE is critical for successful HIV and STI prevention initiatives.

Comprehensive Sexuality Education also has a positive impact on increasing pupils' self-esteem and knowledge levels, building self-efficacy, and challenging discriminatory attitudes, gender and social norms (UNESCO, 2009). Meanwhile, the IPPF (2010, 2011) explains that CSE extends beyond the prevention of negative health outcomes or unintended pregnancy, to embracing sexuality as a positive aspect of life.

Positive impacts of scientific studies on the impact of sexuality education have also been recorded. For instance, in a comprehensive review of 83 studies carried out in 2007 by (Kirby et al, 2007) on the impact of sexuality education, the results strongly indicate that the programs were far more likely to have a positive impact on behavior than a negative impact. Two-thirds of the studies found a significant positive impact on one or more of these sexual behaviors or outcomes, while only 7 % found a significant negative impact.

Comprehensive Sexuality Education can also counteract myths and false perceptions about sexuality. This is so because CSE comprises a rights-based approach that includes prevention of sexual harassment, gender-based violence and discrimination with regard to people living with HIV and AIDS (Berglas, et al., 2014).

### **Pupils' views and/or understanding of comprehensive sexuality education**

The reality can prove the fact that pupils and young people in general have knowledge of SRH education. Although, the knowledge may not be sufficient, the literature reveals its existence (Kapinga and Hyera, 2015).

Pupils learn about many things from different sources for instance, from parents, teachers, peers, the media, magazines, textbooks and through experience. Therefore, they are not very naïve with regards to the issues of sex and CSE. In light of the above, Boyce et al (2007: 9) indicate that “young people are the experts on their experiences of CSE.” This shows that they are not blank on this subject.

In addition, pupils have their own views about what CSE is. They have constructed their own definitions, perceptions, views, understandings, controversies and imaginations. Further, they also share similar misconceptions with any other adult of the community where they live. It is generally considered a taboo to talk about sexual matters and romantic relations between a boy and a girl before marriage in conservative societies with a religious background such as Zambia, hence the sexual approach is emphasis on abstinence-only-until-marriage. Sathe (1992) observed that, parents were uncomfortable about imparting sex education to their daughters.

Sexuality education is still controversial in many places (Carlson, 2012). For instance, some parents believe that *the world's views on sexuality have changed and switched to a “comprehensive sexuality education” (CSE) idea; the idea that teaches children how to have sexual pleasures, whether they implement the pleasure to themselves or with a partners* (Bowles, 2021: 1).

Concerns that CSE is incompatible with the religious and cultural norms have been reported to affect acceptability in Zambia (Zulu, et al, 2019). This incompatibility is commonly expressed as a conflict between CSE and a tradition of grandparents providing sexuality education in line with cultural norms that condemn discussions about sexuality between the sexes except for in grandparents-grandchild relations. There is a general concern that providing sexuality information to young adolescents could trigger sexual promiscuity (Rasing, 2003). Similar difficulties in teaching sexuality education have been reported in other countries such as South Africa, Botswana, Kenya and Zimbabwe (Maharaj & Cleland, 2005; Svanemyr, et al, 2015). Conflicting inter-generational discourses on sexuality between teachers and community members as well as taboos associated with discussion of sexuality (Allen, 2005, 2007; Mpolomoka, Banda & Dube, 2017; Mainde, Mtonga, Sakala, Chola, Magasu, Kandondo & Mpolomoka, 2022), and gender-related challenges (Francis and DePalma, 2015), have been reported to affect the acceptability of sexuality education in studies from South Africa and Botswana.

Nonetheless, according to Bowles (2021) other misconceptions of CSE include but not limited to the following: CSE encourages acceptance and exploration of diverse sexual orientations and gender identities; CSE promotes high risk sexual behaviors (including anal and oral sex) and teaches they are safe; CSE promotes sexual pleasure and promiscuity as a right for children; CSE promotes abortion as safe and without consequences; CSE encourages children to experiment sexually with individuals of their own sex or the opposite sex; CSE claims access to “comprehensive sexuality education” is a human right; CSE teaches children and youth they are sexual from birth; CSE promotes condoms to children without informing them of their failure rates; CSE promotes disrespect for parents and religious and cultural values; CSE promotes sexual counseling, information or services to minors without parental consent (Bowles, 2021; Chikopela, Mandyata, Ndhlovu & Mpolomoka, 2019; Banda & Mpolomoka, 2018).

Contrary to these misconceptions, UNSAID (2006) in Ministry of General Education (2013) indicate that CSE can provide young people with age appropriate culturally relevant and scientifically accurate information. It includes structured opportunities for young people to gain knowledge, skills and positive attitudes and values which will help them apply life skills in addressing challenges with regards to their sexuality. Properly designed and implemented sexuality education can play a significant role in reducing the risk of STI including HIV transmission, unintended pregnancies, cohesive or abusive sexual activity and exploitation. Effective sexuality is a vital part of HIV prevention and is also critical to achieving universal access targets for reproductive health and HIV prevention, treatment care and support. Such form of education corroborates with what Banda, et al. (2018) posit.

### III. Methodology

This study was purely qualitative, employing a case study design. This design enabled the researchers gather rich data on teaching comprehensive sexuality in secondary schools. The researchers were further guided by insight from the study by Banda, Mpolomoka, Mbono, and Sampa (2017) on how set research questions in qualitative research. The case study method in research seeks to describe a unit in detail, in context and holistically (Kombo and Tromp, 2006; Holstein & Gubrium, 2011; Creswell, & Plano Clark, 2011; Banda, et al., 2017).

The study consisted of teachers and learners in selected secondary schools in Luapula Province in 5 districts namely, Samfya Mansa, Mwansabombwe, Nchelenge and Chielngi coded as DT1, DT2, DT3, DT4, and DT5. A total sample of 50 participants selected (10 teachers and 40 learners) using the purposive and simple random sampling techniques.

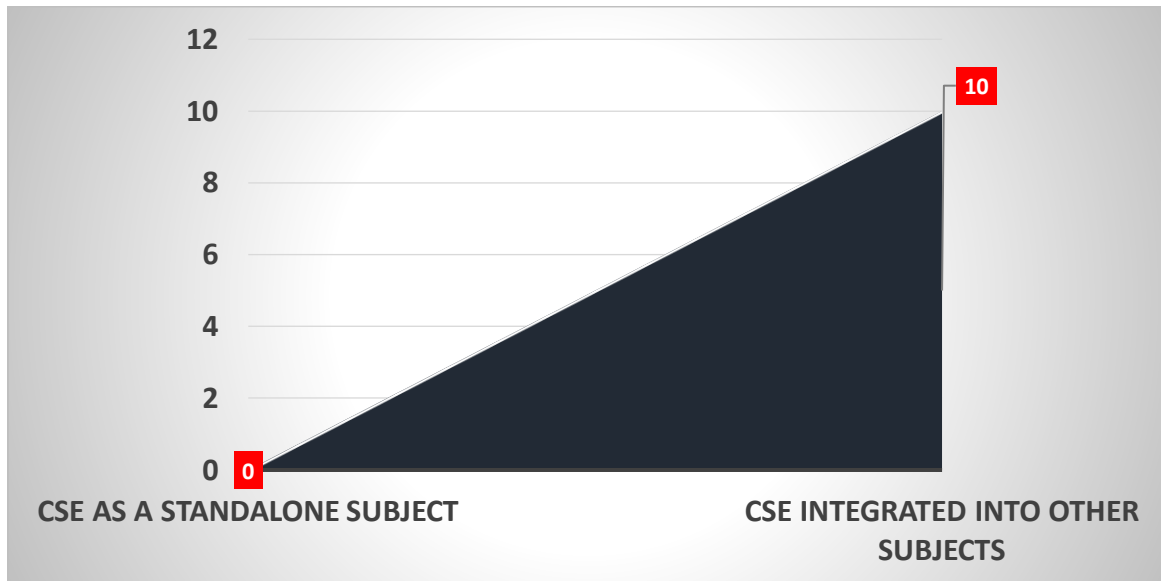
Focus group discussions and interview guide were used as tools to collect the data. An open-ended interview guide helped to collect data from pupils and teachers. The tool helped the researchers obtain data with a sense of objectivity, validity and reliability, on one hand, and on the other, it helped the researchers to collect in-depth data (Creswell, & Plano Clark, 2011; Banda, et al. (2018).

The qualitative method of data analysis was used, in particular, thematic analysis. Major themes drawn from the interview guides and open-ended questionnaires were coded.

#### IV. Findings

The findings are presented below and later discussed accordingly. Note that the letter ‘T’ will represent the Teacher while the letter ‘P’ will represent the Pupil. The letters are accompanied by digits representing the number of teacher and the pupil accordingly.

Figure 1: Whether teachers teach CSE as a standalone or integrated into other subjects



All the 10 participants teach CSE as an integrated subject (i.e. into other subjects)

#### Positive impacts of teaching Comprehensive Sexuality Education (CSE) on pupils’ healthy sexual decisions according to the Teachers:

*T1 noted that CSE is very vital and I gladly agree with the age-appropriate content in the Comprehensive Sexuality Education Framework (Zambia). Issues of sexuality must be taught to adolescents especially the girl child because some girls become of age as early as at 9 or 10 years. Many girls at this age have reached the puberty stage. Hence they must understand what really happens to their bod. This helps them in many ways.*

*T8 indicated that the teaching of CSE will enable our pupils to abstain from sex. This will also enable pupils to understand the consequences of engaging in sexual activities at a tender age.*

T5 indicated that:

*I am a guidance teacher. I have been handling learners at the secondary section for more than 10 years. I have noticed through the years that the CSE framework has really helped me and my colleagues to teach sexuality education and reproductive health related material to learners with ease. The framework runs from Grade 5 to 12. I must indicate with honest that the framework is culturally and age appropriate for all the levels. In addition, it is very helpful in addressing challenges with regards to learners’ sexuality. If all guidance teachers can embrace this material, there can massive reduction of transmission of STIs, HIV/AIDS. Early sex debut and unintended pregnancies among school children can reduce.*

T6 stated that:

*As a result of CSE cases of early marriages and teen pregnancies will be reduced among school goers.*

T2 stated:

*I teach Grade 5 classes. I can honestly state that CSE is very good. For example, it teaches learners on sexuality. The content is modest, it teaches about puberty and the developmental changes that take place in adolescents. CSE is very appropriate because the age range of all my pupils is between 10 to 12 years.*

All the teachers involved in the study had similar views that CSE has/ can have positive impacts on learners' healthy sexual decisions.

T7 indicated that 'CSE has negative impacts on learners because it encourages them to engage in sexual activities.'

T7 added that *in fact, teaching CSE uncovers sexual issues that are hidden to pupils and this has potential of enticing learning to try or experiment sexual activities.*

#### **Teachers were asked how CSE can help pupils make informed and healthy sexual decisions.**

T1 stated that:

*knowledge is power they say. A well informed person makes well informed decisions because such a one has the ability to know right from wrong.*

T2 stated that:

*Comprehensive Sexuality Education can help and enable pupils and young people in general to acquire information about sexuality and reproductive health matters.*

T10 indicated that:

*CSE enables young people to protect their health wellbeing and dignity. And because these programs are based on human rights, they advance gender equality and the rights empowerment of young people.*

Teachers were asked to state the misconceptions that surround CSE in Zambian schools and communities where they serve.

T4 stated that:

*CSE should not have been approved, it promotes moral degradation.*

T3 stated that:

*Honestly this whole concept of CSE and education of children about sexual stuff makes me very uncomfortable for my son's knowledge. Why teach children such explicit things? This is too much information for our children.*

T6 indicates that:

*CSE books are misleading and destroying young one's minds and harmfully shaping their behavior. Children love to experiment things they learn. My prayer is that sexual content should be removed from the curriculum.*

T9 explained that:

*The locals misunderstand that we (teachers) are inculcating taboo-related information hence spoiling the young minds.*

T10 stated that:

*School goes (boys and girls) can get married without facing many challenges. In addition, a school girl can get pregnant without her education being disturbed as she may go back to school after she had given birth.*

#### **Pupils were asked the positive impacts of teaching CSE on their healthy sexual decisions**

P3 indicated that:

*It can help learners to have knowledge on sex*

P40 indicated that:

*Learners will be able to protect themselves from sex which will prevent them from being infected from STIs*

P31 indicated that:

*Learners will have knowledge on transmission of STIs such as syphilis, gonorrhoea and HIV/AIDS*

#### **Learners were asked how Comprehensive Sexuality Education (CSE) can help them (pupils) make informed and healthy sexual decisions**

The following were the common answers that were obtained from the learners:

1. *By saying no to sex*

2. *By maintaining our virginity*
3. *By abstaining from sex*
4. *By talking to guidance and counselling teachers or other teachers as well as grandmas about sexual issues to be sure*
5. *By equipping children and young people with knowledge, skill, attitudes and values.*

Parents were asked to state the misconceptions that surround CSE in Zambian schools and/or communities

P1 stated that:

*CSE promotes homosexuality and teaches our children how to practice sex.*

P2 stated that:

*CSE is not appropriate for our children because our innocent children are being taught very sensitive topics on sex at a very tender age. This enables them to experiment what they learning, and as a result this has contributed in teenage pregnancies and early marriages.*

P9 indicated that:

*CSE is misleading and bad for the young generation because it is causing more harm than good to our children. Knowledge concerning sex is not supposed to be shared plainly to children. If it is shared like that it means that we are arming them for the worst. The results are damaging not only to the child but to the society at large.*

**Learners were asked to state the misconceptions that surround CSE in Zambian schools and/or communities.**

Only three answers out of 40 were given on this question. The responses are as follows:

L10 indicated that:

*If learners were taught topics about sex their parents may complain if they hear about it believing that their children are being spoiled.*

L33 indicated that

*It is not right to teach little boys' and girls' things to do with sex.*

L19 stated that

*It is one way of telling us to try.*

## **V. Discussions**

### **Whether teachers teach CSE as a standalone or integrated into other subjects**

Comprehensive Sexuality Education is not an independent subject just as the finding of the study that *all the participants teach CSE as an integrated subject (i.e. into other subjects)*. This is in line with the Ministry of General Education (2013: vi) which indicates that *RHSE is not a standalone subject, but its content features in some stand alone and examinable subjects*. The carrier subjects include Integrated Science, Home Economics, Social Studies, Religious Education and Civic Education (Ministry of Education, 2023). Therefore, there is no syllabus per se for CSE but a Framework Document that can be used by teachers in order to teachers to effectively integrate the CSE content into other subject areas (Mpolomoka, Kanduza, Sampa, Sichali & Hamweete, 2016; Mpolomoka, Mushibwe, Dube, Musonda, Sumbwa, Mabenga & Kanduza, 2019).

### **Positive impacts of teaching Comprehensive Sexuality Education (CSE) on pupils' healthy sexual decisions according to the Teachers:**

Ministry of Education (2023) indicates that learners indicated that CSE was useful in their lives as it enabled them to make informed decisions and protect themselves from STIs and early pregnancies. Similarly, Tanton, Jones, Macdowell and Clifton (2015) state that sexuality education delivered within a safe and enabling learning environment and alongside access to health services has a positive and life-long effect on the health and well-being of young people. Additionally, the introduction of long-term national sexuality education programmes in schools has led to a reduction in teenage pregnancies and abortions and a decline in rates of sexually transmitted infections (STI) and HIV infection among young people aged 15–24 years. Beyond that, by increasing confidence and strengthening skills to deal with different challenges, sexuality education can empower young people to develop stronger and more meaningful relationships (Sondashi, Chikopela, Mandayata, Ndhlovu & Mpolomoka, 2021; Mushibwe, Mpolomoka, Botha & Machaka, 2020).

### **Teachers were asked how CSE can help pupils make informed and healthy sexual decisions.**

The views of the teachers were in line with Ministry of General Education's CSE framework (2013: vi.) indicate that CSE can provide young people with age appropriate culturally relevant and scientifically accurate information. It includes the structured opportunities for young people to gain knowledge, skills and positive attitudes and values which will help them apply life skills in addressing challenges with regards to their sexuality. Properly designed and implemented sexuality education can play a significant role in reducing the risk of STI including HIV transmission, unintended pregnancies, cohesive or abusive sexual activity and exploitation. Effective sexuality is a vital part of HIV prevention and is also critical to achieving universal access targets for reproductive health and HIV prevention, treatment care and support.

### **Learners and Parents were asked to state the misconceptions that surround CSE in Zambian schools and/or communities.**

Learners have various views on misconceptions that surround CSE and sexuality or any subject on sex. Similarly, parents are watchful about sex, sexuality, sexual orientations and discussions on sex in general that there are exposed to in different settings more especially in school. Many misconceptions that surround CSE are as a result of different cultural norms and belief. The misconceptions stated by learners and parents are in line with Bowles (2021) who indicates that CSE is dangerous as it promotes high risk sexual behaviors (including anal and oral sex) and teaches they are safe; it promotes sexual pleasure and promiscuity as a right for children; it also promotes abortion as safe and without consequences, and encourages children to experiment sexually with individuals of their own sex or the opposite sex; it further promotes disrespect for parents and religious and cultural values as well as forces teachers to give information on sex and sexuality to minors without parental consent. These misconceptions are also in line with Rasing (2003) who contends that sexuality education trigger sexual promiscuity. However, contrary to the above views, UNESCO (2009) indicates that 'sexuality education is not damaging to children or adolescents because it encompasses a range of topics that are tailored to the age and developmental level of the child. This is what is called age-appropriateness. A child aged four to six years learns for example about topics such as friendships, emotions and different parts of the body. These topics are also relevant for older children and adolescents but are then taught at a different level. Gradually, other topics such as puberty, family planning and contraception are introduced. For most young adults, sexual relationships are built on principles similar to those of the social relationships learnt in early life. Children are aware of and recognize these relationships long before they act on their sexuality and therefore need the skills to understand their bodies, relationships and feelings from an early age.' Literature shows that teachers and school counselling officers have had a huge mantle of counselling learners on many topical issues, among them sexuality (Mpolomoka, Chulu, Mwandila, Muvombo, Simwinda, Kabungo, & Sampa, 2023; Sondashi, et al., 2021; Mushibwe, et al., 2020; Chikopela, et al., 2019; Mpolomoka, et al., 2017; Svanemyr, et al, 2015; Rasing, 2003). Introducing such a component as a teaching line dedicated to help both feminine and masculine learners is progressive.

### **VI. Conclusion**

The study concludes that CSE is not a standalone subject in Zambia but integrated in other carrier subjects such as Integrated Science, Home Economics, Social Studies, Religious Education and Civic Education. Meanwhile, there are a lot of misconceptions that surround what CSE is; as well as the concept of teaching CSE in secondary schools. Despite these misconceptions; the positive impacts of CSE on pupils' ability to make informed healthy sexual decisions are well-noted.

### **VII. Recommendations**

1. CSE should be a compulsory, age-appropriate, co-curricular subject to all pupils in secondary schools;
2. Teachers should endeavor to explain its importance and/or positive impact to pupils.
3. Schools should promote effective pedagogy and building teachers' capacities through CPDs and/or sensitization meetings.
4. Schools should engage various stakeholders from various and different walks of life such as traditional leaders, the clergy and parents in implementation of CSE programmes.

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