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Sexual And Reproductive Health Experience, Knowledge and Problems Among Technical and Vocational Teachers' College Students in Zambia

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Abstract

The study highlights critical issues surrounding sexual and reproductive health (SRH) among students at Technical and Vocational Teachers' College (TVTC) in Zambia. Utilizing a mixed-methods approach, it reveals substantial gaps in SRH knowledge, inconsistent condom use, and significant barriers to accessing SRH services. The findings of the study emphasize the urgent need for comprehensive SRH education and improved service accessibility for adolescents.

Globally, in 2015, an estimated 36.7 million people were living with HIV; including 3.2 million, children under 15 and 4 million young individuals aged 15–24. In Zambia, around 13.3% of the population aged 15–49 is affected by HIV/AIDS, with adolescents particularly vulnerable; by the end of 2015, approximately 68,000 adolescents aged 10–19 were living with HIV. The transition through adolescence is marked by physiological and emotional development, yet adolescents living with HIV (ALHIV) face unique challenges such as managing their health status, stigma, and the complexities of disclosing their condition.

Despite these challenges, ALHIV are exploring their sexuality and forming relationships. A study from 2013 indicated that 21% of adolescents aged 15–19 living with HIV had engaged in sexual activity, with a troubling prevalence of forced sex reported among them. The legal age of consent in Zambia is 16, yet many adolescents experience sexual debut before this age. Unprotected sexual activity poses risks such as unintended pregnancies and increased susceptibility to sexually transmitted infections (STIs), often exacerbated by their compromised immune systems. This study aimed at investigating the SRH needs of this vulnerable group in Zambia, highlighting the necessity for targeted interventions to support their health and well-being.

Keywords: Adolescents, Condoms, Contraceptive methods, Copperbelt Province, Cultural norms, Emergency contraception, HIV/AIDS, SRH services, Sexual education, STIs, Students, Technical and Vocational Teachers' Colleges (TVTCs), Unintended pregnancies, Zambia

Introduction

Sexual and reproductive health (SRH) is a fundamental aspect of well-being, particularly for young people in higher education institutions, who often face unique challenges such as limited access to services, inadequate knowledge, and societal stigma. These factors increase their vulnerability to

unintended pregnancies, sexually transmitted infections (STIs), and other SRH-related issues. This study focuses on exploring the SRH awareness, behaviors, and challenges among students at Technical and Vocational Teachers' College (TVTC) in Zambia. The right to access essential health services without discrimination, as enshrined in the Human Rights Act (2019:4), underscores the importance of equitable and comprehensive SRH services in higher learning institutions.

Evidence from the Department for International Development (DFID, 2004) highlights that young people in developing countries, particularly women and men from impoverished backgrounds are disproportionately denied their SRH rights. Creating supportive campus environments, eliminating barriers to service uptake, and leveraging peer educators are critical strategies for improving access to SRH services (Delacy, 2019). Access to SRH services enables young people to lead responsible and safe sexual lives, free from coercion, discrimination, disease, and violence, while providing them with the knowledge and tools needed to make informed decisions.

Unintended pregnancies remain a pressing public health issue, with around 44% of pregnancies globally being unplanned (Seldu et al., 2022), and in Zambia, 38% of pregnancies are mistimed or unwanted (ZDHS, 2018). Students at tertiary institutions face similar challenges, with barriers such as the location of service centers, lack of awareness campaigns, and limited service offerings exacerbating their struggles. Research by Namukonda et al. (2020) indicates that HIV prevalence among Zambian adolescents aged 15–19 is alarmingly high, with young women aged 20–24 experiencing rates four times higher than their male counterparts. This highlights the urgent need for targeted SRH interventions in higher education settings.

This study, guided by the humanistic theory, recognizes students as autonomous individuals with unique perspectives on their SRH needs and rights. Humanistic psychology emphasizes care, respect, and individuality in fostering a supportive environment (Bland & DeRoberts, 2019; Purswell, 2019). By documenting students' views on SRH access and rights, this research seeks to inform student-driven, inclusive approaches to improving service delivery and creating youth-friendly environments that support optimal health outcomes.

Statement of the problem

Despite the prevalence of sexual education among students at Technical and Vocational Teachers' Colleges (TVTCs) in Zambia, significant gaps exist in their knowledge and practices regarding sexual and reproductive health (SRH). Specifically, there is a lack of comprehensive understanding of STIs, limited awareness of diverse contraceptive methods beyond condoms, and inconsistent condom usage. These knowledge gaps, coupled with barriers to accessing SRH services such as lack of awareness and fear of judgment, contribute to high rates of unintended pregnancies and risky sexual behaviors among students. Furthermore, cultural and social norms in Zambia influence sexual behaviors, creating additional challenges to promoting safe and informed SRH practices. Therefore, there is a need to investigate and address the specific SRH needs of TVTC students in Zambia to develop targeted interventions that enhance their knowledge, improve service accessibility, and promote responsible sexual behavior.

Objectives of the study

- To assess the sexual and reproductive health (SRH) knowledge, attitudes, and behaviors of students at Technical and Vocational Teachers' Colleges (TVTCs) in Zambia.

- To identify the gaps in SRH knowledge among TVTC students, particularly regarding STIs, contraceptive methods, and emergency contraception.
- To examine the barriers that students face in accessing and utilizing SRH services on campus and in the community.
- To explore the influence of cultural and social norms on the sexual behaviors and SRH practices of TVTC students.
- To provide recommendations for developing and implementing targeted SRH interventions that address the identified needs and challenges of TVTC students in Zambia.

Theoretical Framework

Humanistic psychology, emerging as a "third force" in psychology, stands in contrast to the deterministic perspectives of behaviorism and psychoanalysis. It champions the inherent goodness and potential of individuals, emphasizing conscious experience, free will, and the pursuit of self-actualization (Maslow, 1943). Unlike perspectives that predominantly focus on pathology or external stimuli, humanistic psychology highlights the individual's capacity for growth, creativity, and self-direction. This perspective is particularly relevant to the study of sexual and reproductive health (SRH) among students at Technical and Vocational Teachers' Colleges (TVTCs) in Zambia, as it underscores the importance of recognizing students as autonomous individuals.

At the core of humanistic theory lies the emphasis on the individual, viewing each person as unique with subjective experiences and interpretations of the world (Rogers, 1951). This principle directly aligns with the study's aim to document "students' views on SRH access and rights," acknowledging that each student possesses a distinct perspective on their SRH needs. Furthermore, humanistic theory asserts the presence of free will and self-determination, recognizing the individual's capacity to make choices and shape their own lives (Frankl, 1959). In the context of SRH, this translates to acknowledging students as active agents in their health decisions, rather than passive recipients of information or services.

Humanists believe in the inherent goodness of individuals and their natural drive toward self-actualization, the process of realizing one's full potential (Maslow, 1968). The study's objective to "inform student-driven, inclusive approaches to improving service delivery" reflects this belief in students' capacity for positive growth and development. Moreover, the focus on conscious experience, as emphasized by humanistic psychology, is evident in the study's use of qualitative interviews to gain "deeper insights into the complexities of student experiences" related to SRH. A holistic perspective, another cornerstone of humanistic theory, views individuals as whole beings, considering their physical, emotional, social, and spiritual dimensions. This is mirrored in the study's focus on the "holistic development of young people" and the "overall well-being" of students.

The emphasis on care, respect, and individuality in fostering a supportive environment, a central tenet of humanistic psychology, is demonstrated in the research through its attempt to create youth-friendly environments for students (Rogers, 1961). In the context of SRH, this necessitates a student-centered approach, designing programs and services tailored to their specific needs and preferences. By documenting students' perspectives, the study provides valuable insights into how to create such student-centered SRH programs. Additionally, humanistic theory underscores the importance of empowering students to take control of their SRH, providing them with accurate information, access to services, and the skills to make informed decisions.

While humanistic psychology emphasizes individual agency, it also acknowledges the influence of cultural and social factors on individual behavior (May, 1953). The study's exploration of "cultural and social influences" on students' SRH practices demonstrates this awareness of the broader context. Ultimately, the goal of humanistic SRH interventions is to assist students in achieving their full potential in all aspects of their lives. By addressing their SRH needs, the study contributes to the overall well-being and self-actualization of TVTC students, reinforcing the theory's foundational belief in the inherent potential of every individual.

Literature Review

Sexual and reproductive health (SRH) stands as a cornerstone of overall well-being, particularly for young individuals navigating the complexities of higher education (World Health Organization [WHO], 2018). The transition to tertiary education often coincides with increased autonomy and exploration of sexuality, presenting both opportunities and challenges. Students in these settings frequently encounter unique obstacles, including limited access to comprehensive SRH services, inadequate knowledge about SRH issues, and the pervasive influence of societal stigma (UNESCO, 2018). These factors cumulatively heighten their vulnerability to adverse outcomes, such as unintended pregnancies, sexually transmitted infections (STIs), and other SRH-related complications (Bearinger et al., 2007).

Globally, the issue of SRH among young people is particularly acute in developing countries, where systemic inequalities compound the challenges faced by students. Evidence from the Department for International Development (DFID, 2004) underscores the disproportionate denial of SRH rights experienced by young individuals, especially women and men from impoverished backgrounds. This denial not only undermines their health and well-being but also perpetuates cycles of poverty and inequality. Therefore, ensuring equitable and comprehensive SRH services within higher learning institutions is not merely a matter of health but also a fundamental human right (United Nations Population Fund [UNFPA], 2014).

Strategies and Interventions for Enhancing SRH Access and Outcomes

Creating supportive campus environments and eliminating barriers to service uptake are pivotal strategies for enhancing SRH access and outcomes among students. Delacy (2019) highlights the critical role of peer educators in bridging the gap between students and formal SRH services. Peer-led initiatives can foster a more open and comfortable environment for discussing sensitive SRH issues, thereby increasing service utilization. Access to comprehensive SRH services empowers young people to lead responsible and safe sexual lives, free from coercion, discrimination, disease, and violence (WHO, 2017). These services provide them with the essential knowledge and tools to make informed decisions about their sexual and reproductive health.

However, despite the availability of SRH services, unintended pregnancies remain a pressing public health issue. Seldu et al. (2022) report that approximately 44% of pregnancies globally are unplanned, indicating a significant gap between awareness and practice. In Zambia, the situation is particularly concerning, with 38% of pregnancies being mistimed or unwanted (Zambia Demographic and Health Survey [ZDHS], 2018). This underscores the need for targeted interventions that address the specific needs and challenges faced by students in tertiary institutions.

Students in higher education settings face a multitude of barriers that hinder their access to SRH services. These include the geographical location of service centers, which may be inconvenient or inaccessible, a lack of awareness campaigns to promote available services, and limited service offerings that do not adequately address their needs. Furthermore, the stigma associated with seeking SRH services, particularly among young people, can deter students from seeking help (Greene & Bearinger, 2010).

The Zambian Context: Unique Challenges and Opportunities

In Zambia, the landscape of SRH among students is further complicated by cultural and social factors. Research by Namukonda et al. (2020) reveals alarmingly high HIV prevalence rates among Zambian adolescents aged 15–19, with young women aged 20–24 experiencing rates four times higher than their male counterparts. This highlights the urgent need for targeted SRH interventions that address the specific vulnerabilities of young women in Zambia. Cultural norms and beliefs often influence sexual behaviors and attitudes, creating additional barriers to promoting safe and responsible SRH practices (Coast et al., 2018). Therefore, interventions must be culturally sensitive and tailored to the specific context of Zambian students.

The humanistic theory, which emphasizes the autonomy, potential, and subjective experiences of individuals, provides a valuable framework for understanding and addressing the SRH needs of students in Zambia (Rogers, 1961). By recognizing students as active agents in their own health decisions and creating supportive environments that promote their well-being, interventions can be more effective and sustainable.

In conclusion, the literature underscores the critical importance of addressing SRH among students in higher education, particularly in developing countries like Zambia. Comprehensive and contextually relevant interventions that address the unique needs and challenges faced by students are essential for promoting their well-being and empowering them to make informed decisions about their sexual and reproductive health.

Knowledge Gaps

The results of this study suggest that while there is a high prevalence of sexual education among students (94.6%), the quality and depth of this education remain questionable. Although many students identified sexually transmitted infections (STIs) like Syphilis, Gonorrhea, and HIV/AIDS, their understanding of these conditions was often incomplete. This finding aligns with previous studies that suggest young people may be exposed to information about sexual health but still struggle with a comprehensive understanding of STI prevention, risks, and contraceptive options. The gap in knowledge is particularly evident when students were asked about other forms of contraception apart from condoms, with recognition of methods like oral contraceptives, injectable, and intrauterine devices being notably limited. These knowledge gaps, coupled with inconsistent condom use (reported by only 32.4% of students), underscore the need for comprehensive sexual health education that covers not only prevention but also the broader spectrum of sexual and reproductive health issues

Methodology

This study employed a mixed-methods research design to comprehensively investigate the Sexual and Reproductive Health (SRH) knowledge, attitudes, and behaviors of students at a prominent Technical

and Vocational Teachers' College (TVTC) in the Copperbelt Province of Zambia. Recognizing the critical role of SRH in the holistic development of young people, the study aimed to gain a nuanced understanding of their experiences, knowledge gaps, and the challenges they face in accessing and utilizing essential SRH services.

The research design incorporated both quantitative and qualitative data collection methods. Quantitative data was gathered through a structured survey administered to a representative sample of 74 students. The sample size was determined using a finite population formula, ensuring a 95% confidence level and a 5% margin of error, thereby providing a statistically sound representation of the student population at the TVTC.

To gain deeper insights into the complexities of student experiences, 10 students were purposefully selected for in-depth interviews. These interviews employed a semi-structured approach, allowing for flexible exploration of individual perspectives and experiences related to SRH knowledge, attitudes, behaviors, and challenges.

Prior to data collection, rigorous ethical considerations were addressed. Ethical approval was obtained from the Institutional Research Ethics Committee of the TVTC, ensuring adherence to ethical guidelines for research involving human subjects. Informed consent was obtained from all participants, emphasizing their right to withdraw from the study at any time without penalty. Data collection and analysis were conducted in accordance with ethical principles outlined in the 1964 Helsinki Declaration and its subsequent amendments.

This comprehensive approach, combining both quantitative and qualitative data, provided a robust understanding of the multifaceted nature of SRH among TVTC students, enabling the identification of key areas for improvement and the development of targeted interventions to enhance their overall well-being

Findings and discussions

1. Demographic Characteristics

Age: A majority (64.9%) of the participants were aged between 21 and 25 years. This group represents the typical age range of students in tertiary education institutions. A smaller percentage was in other age groups, indicating that the sample predominantly consisted of young adults in their early twenties.

Gender: The gender distribution revealed that 62.2% of the participants were male, while 37.8% were female. This disparity in gender distribution is reflective of the gender balance in many institutions of higher learning in Zambia.

Relationship Status: A significant proportion (89.2%) of participants were single, suggesting that most students were not yet in committed relationships during the study period while 11% were……

Residence: The study found that the majority of the students with a representation of 78.4% resided in rural areas while 22% where from urban areas. As presented by the statistics it was clear to conclude that the sample was largely composed of students from rural backgrounds, which was significant given the disparities in access to healthcare between urban and rural areas. However, the findings of the study by objectives was as follows:

Objective 1: To assess the sexual and reproductive health (SRH) knowledge, attitudes, and behaviors of students at Technical and Vocational Teachers' Colleges (TVTCs) in Zambia.

The study revealed a high level of engagement with sexual activity among TVTC students, with 91.9% reporting sexual intercourse and initiation ages ranging from 15 to 24. While 94.6% of students reported

receiving sexual education, indicating widespread exposure to SRH information, behavioral practices revealed inconsistencies. Condom usage, despite being the most recognized contraceptive method (78.4%), was low at 32.4%, and 32.4% of students reported unintended pregnancies. Students perceived a high risk of STIs (75.7%), yet this perception did not translate into consistent safe sex practices. The primary motivations for sexual activity were love and physical pleasure, each cited by 37.8% of participants. When it came to accessing SRH services, students reported mixed experiences, with 57.9% reporting positive experiences.

Objective 2: To identify the gaps in SRH knowledge among TVTC students, particularly regarding STIs, contraceptive methods, and emergency contraception.

While students demonstrated awareness of common STIs, their understanding of these conditions, especially concerning definitions and preventive measures, was incomplete. Knowledge of contraceptive methods beyond condoms was notably limited. Furthermore, awareness of emergency contraception was low, at 37.8%, with usage even lower, at 8.1%. A significant portion of students were also uncertain about the availability of SRH services on campus, highlighting a gap in knowledge regarding available resources.

Objective 3: To examine the barriers that students face in accessing and utilizing SRH services on campus and in the community.

A considerable 29.7% of students expressed uncertainty about the availability of SRH services on campus, indicating a lack of clear communication and awareness. Barriers to accessing these services included a lack of awareness (27%) and fear of judgment (18.9%). Cultural norms were also identified as a significant barrier, and the stigma associated with SRH issues deterred students from seeking help, further hindering service utilization.

Objective 4: To explore the influence of cultural and social norms on the sexual behaviors and SRH practices of TVTC students.

Cultural and social norms significantly influenced the sexual behaviors and SRH practices of TVTC students. A substantial 24.3% of students acknowledged the influence of cultural norms on their sexual behaviors, while 56.8% expressed uncertainty, suggesting either a significant influence or a lack of awareness of its impact. Peer pressure was identified as a contributing factor to risky sexual behaviors, cited by 29.7% of students. Traditional gender roles, as emphasized by cultural norms in Zambia, were seen to shape sexual behaviors. Additionally, financial constraints were identified as an influencing factor.

Objective 5: To provide recommendations for developing and implementing targeted SRH interventions that address the identified needs and challenges of TVTC students in Zambia.

Based on the study findings, several recommendations were proposed. These included enhancing sexual education programs to be more comprehensive and practical, improving access to youth-friendly SRH services on campus and through mobile clinics, promoting condom use and contraceptive awareness through increased accessibility and education, addressing cultural and social norms through culturally sensitive education and community involvement, strengthening policy and institutional support for SRH initiatives, increasing the use of peer educators, and improving clear communication about SRH services. These recommendations aimed to address the identified gaps in knowledge, service accessibility, and behavioral practices, ultimately promoting responsible SRH among TVTC students.

2. Sexual Education and Knowledge

Sexual Education: A high percentage (94.6%) of students reported having received sexual education. Th

e primary sources of sexual education were schools (43.2%) and parents/guardians (27%), indicating that educational institutions and family play a crucial role in providing sexual health information.

Knowledge of STIs: Most students were aware of common sexually transmitted infections (STIs), such as Syphilis, Gonorrhea, and HIV/AIDS. However, the study found that many students lacked comprehensive knowledge about these infections, especially regarding their definitions and preventive measures.

3. Attitudes and Behaviors

Contraceptive Awareness: Condoms emerged as the most widely recognized contraceptive method, with 78.4% of participants acknowledging them. Awareness of other contraceptive methods was relatively limited, suggesting a gap in knowledge regarding the full range of available contraception options.

Service Access and Use: Nearly 29.7% of students expressed uncertainty about the availability of SRH services on campus, indicating a gap in awareness about available health resources. However, among those who accessed SRH services, 57.9% reported positive experiences.

Sexual History and Behavior: A vast majority (91.9%) of students reported having engaged in sexual intercourse. The age of sexual initiation ranged between 15 and 24 years. The primary reasons for engaging in sexual activity were love and physical pleasure, each cited by 37.8% of participants. Despite this, consistent condom use was reported by only 32.4% of students. Additionally, 32.4% of students had experienced unintended pregnancies, with 24.3% opting for abortion as the primary response. Awareness of emergency contraception was reported by 37.8%, but usage was considerably lower at only 8.1%.

4. Risk Perception and Barriers

Risk Perception: A substantial 75.7% of students perceived a high risk of STIs among their peers, reflecting a widespread awareness of the potential risks associated with sexual activity. Despite this, many students did not consistently practice safe sex, as evidenced by the low rates of condom use.

Barriers to Service Access: The study identified several barriers that hindered students from accessing SRH services. These included a lack of awareness (27%) about available services and fear of judgment (18.9%), which prevented students from seeking help. Additionally, cultural norms were seen as a barrier, with 24.3% of students believing that cultural beliefs influenced sexual behaviors, and 56.8% were unsure.

The results of this study highlight several critical findings regarding the sexual and reproductive health of students in Zambia. Although sexual education is widespread, there are significant gaps in knowledge regarding STIs, contraceptive methods, and emergency contraception. The inconsistent use of condoms and the high rate of unintended pregnancies point to behavioral risks that need to be addressed through targeted interventions. Furthermore, while many students have access to SRH services, a considerable portion of the population remains unaware of these services, and stigma continues to serve as a barrier to seeking help.

Cultural and social factors, such as peer pressure and financial constraints, were found to influence sexual behaviors and contribute to the risk of STIs. To improve SRH outcomes among students, there is a need for comprehensive education on various contraceptive methods, the importance of consistent condom use, and the availability of emergency contraception. Additionally, addressing cultural norms and increasing awareness of SRH services are critical steps in improving the overall sexual and reproductive health environment for students in Zambia.

5. Behavioral Risks

The sexual behavior of students, as indicated by the 91.9% who reported having engaged in sexual intercourse, points to a high level of sexual activity among the young population, with ages of initiation ranging from 15 to 24 years. The fact that love and physical pleasure were the primary reasons for engaging in sexual activity for 37.8% of students reflects the normative aspects of sexual exploration in this age group. However, the relatively low rates of consistent condom use (32.4%) combined with high incidences of unintended pregnancies (32.4%) highlight significant behavioral risks. This finding is particularly concerning given that unintended pregnancies were most often addressed through abortion (24.3%), indicating a critical need for better contraception education and access to emergency contraception. The fact that only 37.8% of students were aware of emergency contraception, and only 8.1% had used it, underscores a major gap in practical knowledge and access to essential reproductive health resources. These findings indicate that there is not only a need for further education on contraception and pregnancy prevention but also for creating an environment where students feel empowered and supported in making informed sexual health decisions.

6. Service Accessibility

Access to SRH services is another key area where barriers persist. Despite the availability of services on campus, 29.7% of students were uncertain about the services available to them. Among those who accessed services, 57.9% reported positive experiences, suggesting that the services provided are effective but may not be widely known or easily accessible to all students. The barriers to accessing these services were found to be multi-faceted, with significant numbers of students reporting lack of awareness (27%) and fear of judgment (18.9%) as major obstacles. This suggests that while services may be available, the stigma and social norms surrounding sexual health may discourage students from seeking the help they need. It also highlights the importance of not only promoting awareness of available services but also ensuring that these services are accessible in a youth-friendly, non-judgmental manner.

7. Cultural and Social Influences

The cultural context in Zambia plays a significant role in shaping students' attitudes and sexual behaviors. A considerable portion of respondents (24.3%) acknowledged that cultural norms influenced their sexual behaviors, while a larger group (56.8%) remained uncertain. Cultural norms in Zambia often emphasize traditional gender roles and may exert pressure on students to conform to specific expectations related to relationships, marriage, and sexual conduct. Additionally, peer pressure was identified by 29.7% of students as a contributing factor to risky sexual behaviors, such as engaging in unprotected sex or early sexual initiation. These social pressures further complicate the landscape of SRH among students, making it crucial for SRH education and services to address not just the individual, but also the wider social and cultural factors influencing sexual behavior.

Based on the findings, several key recommendations emerge. First, it is essential to improve the sexual health education provided to students, ensuring that it is not only comprehensive but also practical. This should include not just knowledge about STIs and contraception but also strategies for dealing with peer pressure, negotiating safe sex, and addressing the cultural factors influencing sexual behavior. Second, universities and other higher learning institutions should consider expanding and promoting SRH services on campus, ensuring that students are fully aware of these services and feel confident and comfortable using them. This could include increasing the availability of peer educators, as their presence could help bridge the gap between students and formal SRH services, creating a more inclusive

and approachable atmosphere for students. Third, efforts should be made to reduce the stigma surrounding SRH issues by implementing awareness campaigns and promoting open dialogues within campus communities. These efforts can help ensure that students feel empowered to make informed decisions about their sexual health without fear of judgment or discrimination.

In conclusion, while there are positive aspects regarding SRH awareness among TVTC students, significant gaps in knowledge, service accessibility, and cultural influences remain. The study highlights the urgent need for more inclusive, comprehensive, and youth-friendly SRH programs within higher education institutions. Addressing these gaps will not only improve students' health outcomes but also contribute to the overall well-being of young people in Zambia.

Conclusion

This study provides an in-depth analysis of the sexual and reproductive health (SRH) awareness, attitudes, behaviors, and challenges faced by students at Technical and Vocational Teachers' Colleges (TVTCs) in Zambia. The results indicate that while a large number of students have received some form of sexual education, significant gaps remain in their knowledge and understanding of SRH issues, particularly in areas such as contraceptive methods, consistent condom use, and emergency contraception. Furthermore, while many students have access to SRH services, barriers such as lack of awareness, fear of judgment, and cultural influences continue to hinder their ability to fully benefit from these services.

Recommendations

Based on the findings of this study, several key recommendations are proposed to enhance sexual and reproductive health (SRH) awareness, services, and behaviors among students at Technical and Vocational Teachers' Colleges (TVTCs) in Zambia. These recommendations aim to address the gaps identified in sexual education, service access, and risk prevention, as well as to create a more supportive and informed environment for students to make healthy decisions regarding their sexual and reproductive health.

1. Enhance Sexual Education Programs

A comprehensive and multifaceted approach to sexual education is essential to address the current knowledge gaps and ensure that students are well-equipped to make informed decisions regarding their sexual health. Key strategies include:

Curriculum Expansion: Sexual education programs should be expanded to cover a broad range of topics, including the full spectrum of contraceptive methods, STI prevention, emergency contraception, sexual rights, consent, and healthy relationships. This curriculum should be implemented at the onset of students' academic programs and continue throughout their studies.

Peer Education: Peer educators, trained to deliver accurate and engaging sexual health information, should be integrated into the educational process. Peer-led initiatives can help foster a more open, comfortable environment for discussing SRH topics and ensure that the information resonates with students on a personal level.

Interactive Workshops and Campaigns: Interactive workshops and public awareness campaigns should be organized regularly to reinforce key SRH messages. These could include discussions on safe sexual practices, consent, and the importance of regular STI testing.

Sexual Education for All: Ensure that sexual education is inclusive of both genders, with particular attention to issues affecting female students, such as menstrual health, reproductive rights, and gender-based violence.

2. Improve Access to SRH Services

While many students reported having access to SRH services, barriers such as lack of awareness, fear of judgment, and limited understanding of available services continue to impede their use. To address these barriers, the following recommendations are made:

Increase Availability of Youth-Friendly SRH Services: SRH services should be designed to be more accessible, confidential, and youth-friendly. This could involve setting up dedicated services on campus that cater specifically to students, ensuring that students feel comfortable and confident in seeking help without fear of stigmatization.

Mobile Health Clinics and Outreach: For students living in rural or remote areas, mobile health clinics or outreach programs should be introduced. These services can visit TVTC campuses regularly to provide services such as STI screening, contraceptive distribution, HIV testing, and counseling. This will ensure that all students, regardless of their location, have access to the health resources they need.

Confidential Counseling Services: Implement confidential counseling services for students who need support with sexual health issues, including STI concerns, relationship problems, and unintended pregnancies. These services should be staffed by trained professionals who can provide both emotional and clinical support in a safe environment.

Clear Communication of Available Services: A clear communication strategy should be implemented to raise awareness about the available SRH services on campus. This could involve creating posters, flyers, and social media posts that outline where and how to access services, as well as providing students with direct contact information for SRH-related concerns.

3. Promote Condom Use and Contraceptive Awareness

Despite the high recognition of condoms as a contraceptive method, consistent condom use remains low. To increase condom use and awareness of other contraceptive options, the following actions are recommended:

Condom Accessibility and Distribution: Increase the availability of condoms on campus, especially in places where students frequent, such as dormitories, common areas, and the TVTC clinic. Condoms should be provided at no cost to students to encourage consistent use, and discreet distribution points should be established to reduce embarrassment.

Comprehensive Contraceptive Education: Educate students about the full range of contraceptive options, including oral contraceptives, intrauterine devices (IUDs), and emergency contraception. This should be done through workshops, counseling sessions, and informational materials.

Sexual Health Campaigns: Launch sexual health campaigns that emphasize the importance of consistent condom use not only to prevent STIs but also to avoid unintended pregnancies. These campaigns can feature testimonials, facts, and the benefits of safe sex, appealing to students' values and concerns.

Incorporate Condom Negotiation Skills: It is essential that students learn how to negotiate condom use with partners. Peer education programs should include training in assertiveness and effective communication skills to help students confidently address sexual health issues in their relationships.

4. Address Cultural and Social Norms

Cultural and social norms continue to influence sexual behavior and decision-making, especially in rural areas. To address these influences, the following recommendations are proposed:

Culturally Sensitive Sexual Health Education: Sexual education programs must be designed with cultural sensitivity in mind. It is crucial to acknowledge local beliefs and practices while addressing misconceptions and promoting safe sexual health practices. Involving community leaders and religious figures in educational programs could help to break down barriers and increase acceptance.

Community Involvement: Involve parents, community leaders, and religious leaders in the promotion of SRH education. This could help reduce stigma and foster a more supportive environment for young people to discuss sexual health issues. Community workshops that promote open conversations about sexuality and reproductive health can help shift perceptions and improve attitudes toward these topics.

Challenge Gender Norms: It is essential to challenge traditional gender norms that may contribute to risky sexual behaviors. Gender-sensitive education should be provided to both male and female students, focusing on healthy relationships, respect, consent, and mutual responsibility for sexual health.

5. Strengthen Policy and Institutional Support

Finally, institutional support and policy development play a critical role in improving SRH outcomes among TVTC students. Key recommendations in this area include:

Integrating SRH into the Curriculum: Sexual and reproductive health should be formally integrated into the broader educational curriculum, ensuring that students receive consistent and relevant SRH education throughout their academic journey.

Policies to Support SRH Services:TVTC should adopt and enforce policies that prioritize the provision of SRH services for students. These policies should focus on ensuring access to services, reducing barriers to care, and safeguarding student privacy and confidentiality.

Monitoring and Evaluation: A robust monitoring and evaluation system should be put in place to assess the effectiveness of SRH programs and services. Regular surveys and feedback mechanisms should be used to identify gaps in service provision and to track the progress of implemented interventions.

Conclusion

The recommendations outlined in this chapter aim to address the pressing sexual and reproductive health challenges faced by TVTC students. By enhancing sexual education programs, improving access to SRH services, promoting condom use, addressing cultural norms, and strengthening institutional support, it is possible to create a more informed, supportive, and healthy environment for students. Implementing these recommendations will not only contribute to improved sexual health outcomes for TVTC students but also promote the well-being and future success of young people in Zambia.

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