

UNIVERSITY
OF
LUSAKA

School of Postgraduate Studies

**EFFECTIVENESS OF SEXUAL REPRODUCTIVE HEALTH AND RIGHTS
(SRHR) PROGRAMS ON THE PREVENTION OF PREGNANCIES AMONG
ADOLESCENT GIRLS IN KALEYA AREA, MAZABUKA DISTRICT, ZAMBIA**

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AWARD OF THE MASTER OF SCIENCE IN PROJECT MANAGEMENT

Master of Science in Project Management

BY

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DECLARATION STATEMENT

I, Elina Bwalya, affirm that this research report is solely my own creation, with the exception of any information referenced or acknowledged. This document is being presented as a partial fulfilment of the requirements for the MSc Project Management degree at the University of Lusaka. This work has not been previously submitted for any academic degree at this university or any other institution.

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DEDICATIONS

I would want to express my deepest gratitude to my family, who have always been there for me and provided the motivation I needed to complete this research project. Their unwavering encouragement has been a source of strength and hope for me whenever I've felt like giving up on my ambition. They gave me an overwhelming feeling of happiness and an ironclad determination to keep going with this. Without their love and encouragement, this study would not have been possible. My deepest gratitude goes out to my husband, Chewe Shinina, and our cherished son, Mwelwa Shinina.

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ACRONYMS

ANC	Antenetal Care
CIHEB	Center International for Health Education and Biosecurity
DAPP	Development of Aid from People to People
DREAMS	Determined Resiliet Empowered Aids-free Mentored, Safe
ECR	Expanded Church Response
FP	Family Planning
MOH	Ministry of Health
NGO	Non Governmental Organisation
PCZ	Project Concern Zambia
RHR	Reproductive Health Rights
SRHR	Sexual Reproductive Health and Rights
WHO	Word Health Organisation

Abstract

Zambia has always had issues with Sexual and Reproductive Health and Rights Services. Registration figures show that 10% of pregnant women at Mazabuka's Kaleya facility ANC facility are under 20. This study intended to assess the effectiveness of the Sexual Reproductive Health and Rights services implemented in Kaleya area.

The study utilized a Sequential Explanatory Design, which is a research approach that integrates qualitative and quantitative approaches in two distinct periods. The study employed a mixed technique approach. The data collection was undertaken using a cross-sectional approach. The non-experimental, non-intervention study did not seek to change participants' conduct.

In view of this, a strong link exists between SRHR empowerment programme enrolment and pregnancy prevention ($P < 0.01$). The likelihood of falling pregnant when enrolled in an SRHR programme is 0. The p-value for received sexuality education empowerment and received skills empowerment was the same, showing a substantial connection with pregnancy prevention. The study did not examine autocorrelation.

The report advises increasing adolescent girl enrolment in SRHR empowerment programmes and providing a comprehensive SRHR package. Additionally, Adolescent Reproductive Health Packages should include essential messages and services, such as abortion services and lastly policy should address updating the age range that should be considered as the right age for all sexual and reproductive health information and packages, including family planning, and it should also ensure that family planning is accessible at all levels.

Given the limited scope of the study, the report recommend a longitudinal observational control for future studies which would be an ideal to observe actual behaviour of adolescents regarding pregnancy prevention and how they respond to information regarding pregnancy prevention. Such a study will be beneficial to understand the behaviour of adolescents and the contextual differences leading to the portrayal of certain behaviours such as behaviour when in the presence of peers and when in the presence of adults.

Keywords: *Sexual Reproductive Health Rights, Adolescent, Pregnancy, intercourse*

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1 Introduction

An adolescent is a person who is considered neither a child nor an adult but falls in between the two age groups (WHO, 2023). This age group is considered under the vulnerable age group due to various reasons such as the lack of independence, dilemmas, worries, fears and peer pressure coupled with the societal pressure on their wellbeing (Kasozi et al., 2019). Female teenagers face more challenges and vulnerabilities as they get to be approached by men with generational differences intending to engage with them in sexual intercourse. The vulnerability is made worse with the socioeconomic status of the family, disabilities, among other factors. Teenage pregnancy is one variable that has manifested as a worse challenge and threat to the female adolescent (WHO, 2018). Adolescent programs have been developed and continue to be developed and implemented to prevent the occurrence of pregnancy and early marriages in adolescents. This chapter discuss the background to teenage pregnancy in the context of Kaleya, present the statement of the problem, objectives of the study, and justification of the study.

1.2 Background of the Study

Promoting sexual and reproductive health and rights is of the utmost importance in resolving numerous major health problems and reaching critical goals (WHO, 2023). Among other things, key indicators include ending maternal mortality, ending unsafe abortions, reducing HIV transmission, and preventing unwanted pregnancies (MOH, 2020). Globally, teenage pregnancy in the year 2019 was at 22million for girls aged between 15-19 years with 50% of those pregnancies being unintended pregnancies (WHO, 2023). Of the total pregnancies, recorded in 2019, 55% of the unintended pregnancies are reported to end in abortion. Emerging data for adolescent aged 10-14 years indicate that in the year 2022, the birth rated for the age group was 1.5 per 1000 women (WHO, 2023).

In Africa, the rate of teenage pregnancy stood at 4.6 per 1000 women (WHO, 2023). Efforts have been made to guarantee that people all over the world have access to

sexual and reproductive health services and rights. A few examples include making spaces that are welcoming to young people, holding conferences to discuss the challenges that teens encounter when trying to exercise their reproductive rights, providing education to peer educators, and spreading the word through various media outlets about services such as abortion, family planning, and abstinence (Kasozi, Kasozi, Kiyingi, & Musoke, 2019).

Providing services related to sexual and reproductive health and rights is not without its difficulties in Zambia. The adolescent pregnancy rate in Zambia was 29.2% in 2018. In terms of teen pregnancies, Zambia is ranked among the top Southern African countries, according to the Zambia Statistics Agency (2018). Mazabuka's Kaleya Clinic, almost 10% of pregnant women who visit the ANC clinic are under the age of 20. A 10% rate seems excessive considering the size of the area in question and the fact that it is where the "DREAMS project" is going to be implemented. One of the many ways this initiative helps young people is by promoting their access to services and rights pertaining to reproductive and sexual health. A number of organisations support Kaleya's work in human rights advocacy and sexual and reproductive health care, including Project Concern Zambia (PCZ) and Expanded Church Response (ECR).

Among other things, NGOs in Mazabuka have launched a number of programs to improve access to sexual and reproductive health care. Along with the government's initiatives, these programs will help ensure that young adults have access to sexual and reproductive health care (The World Bank, 2015). The DREAMS project is now underway at the University of Maryland. Its goal is to provide young people and adolescents with the knowledge and tools they need to make informed decisions about their sexual and reproductive health (Rosen, et al., 2022). Concurrently implementing services focusing on adolescent sexual and reproductive health and rights, Expanded Church Response (ECR) also provided help to the district. The main goal of these programs was to offer testing and prevent the transmission of HIV. A number of renowned organizations have launched various programs since 2017 to provide sexual and reproductive health and rights services; Some of these organisations include Grass Root Soccer, Project Concern Zambia Catholic Relief Service, and Development Aid from People to People (TCE project) (Brindis et al., 2020).

These groups' primary goals included promoting reproductive health and rights, educating the public, and offering family planning services, such as the distribution of condoms. While the availability of abortion services differed per organization, they did provide information on preventing early pregnancies, promoted abstinence, and supplied advice on how to avoid unwanted pregnancies (Aninanya, Debpuur, Awine, Williams, Hodgson, & Howard, 2015). An evaluation of the Kaleya region's sexual and reproductive health and rights services was the primary goal of this research (Chung, Kim, & Lee, 2018).

1.3 Statement of the Problem

Teenage pregnancy remains a major global health problem around the world. Despite reporting tremendous progress in policy and programs aimed at reducing teenage pregnancy, it is reported that 13% of teenagers were pregnant as in 2022 before the age of 18 (UNICEF, 2024). Among the major goals on the sustainable development goals agenda, the universal health access, and promoting equality are among the goals to attempt making health accessible to all population especially the marginalised and vulnerable groups (WHO, 2023). Adolescent reproductive health programs provide the necessary services to adolescents to prevent early pregnancies and early marriages. Under-utilisation of adolescent services has been reported in several instances (WHO, 2018).

The implementation of adolescent reproductive health services has scaled up and various NGOs use prevention of pregnancy as one of the key indicators. The cases of adolescents getting Pregnant has persisted in various areas despite the project and program implementation by the various organisations. The impact of these organisations on the reduction of teenage pregnancies is not well documented (Nkhoma, et al., 2020). It is unclear on which aspect of the project have the impacts on the reduction of pregnancies among teenagers. The Kaleya area in Mazabuka district is well-known for its diverse range of businesses, with Kachasu Brewing being a key source of livelihood in the region (Kayombo, 2023). The youth and adolescents in the shanty compound in the Peri-urban area exhibit elevated rates of alcohol and drug abuse because of the prevailing poverty. The region also shown a substantial incidence of adolescent pregnancies, with a noteworthy proportion seeking medical attention at the prenatal clinic (Mazabuka DHO, 2022).

Despite the efforts of multiple groups, including as the Maryland Dreams project, ECR, CRS, PCZ, and DAPP, to provide interventions for reproductive health and rights services, the Kaleya area continues to have a high rate of pregnancies among the teens. Precisely, a total of 10% of the persons who were registered in the Antenatal Care (ANC) program at the health institution were impacted. The researchers in this study set out to determine whether or not programmes promoting sexual and reproductive health were successful in lowering the number of teen pregnancies in the Kaleya area in Mazabuka district.

1.4 Objectives of the Study

1.4.1 General objective

To evaluate the effectiveness of sexual reproductive health and rights (SRHR) programs on prevention of pregnancies among adolescent girls in Kaleya area of Mazabuka District, Southern Province, Zambia.

1.4.2 Specific Objectives.

1. To evaluate the effectiveness of the adolescent pregnancy sensitization campaign packages on Prevention of Pregnancies among Adolescent Girls in Kaleya Area of Mazabuka District, Southern Province, Zambia.
2. To assess the influence of family planning services on the Prevention of Pregnancies among Adolescent Girls in Kaleya Area of Mazabuka District, Southern Province, Zambia.
3. To examine the effectiveness of Sexual reproductive health and rights empowerment programs on the Prevention of Pregnancies among Adolescent Girls in Kaleya Area of Mazabuka District, Southern Province, Zambia

1.5 Research Questions

1. How effective are the adolescent pregnancy sensitization campaign packages on prevention of pregnancies among adolescent girls in Kaleya area of Mazabuka District, Southern Province, Zambia?

2. What is the influence of family planning services on the prevention of pregnancies among adolescent girls in Kaleya area of Mazabuka District, Southern Province, Zambia?
3. How effective is Sexual reproductive health and rights empowerment programs on the Prevention of Pregnancies among Adolescent Girls in Kaleya Area of Mazabuka District, Southern Province, Zambia?

1.6 Significance of the study

The study's findings can help address any deficiencies and improve the delivery and execution of reproductive health and rights initiatives in the Kaleya area, which are contributing to the ongoing issue of adolescent pregnancies. The findings hold significant importance for the district and the country in their efforts to decrease the rate of teenage pregnancies. They provide valuable insights for developing appropriate interventions. Moreover, these findings hold significant importance for the current corpus of information pertaining to sexual reproductive health and rights, specifically in relation to their efficacy in preventing pregnancies.

1.7 Scope of the study

The study exclusively focused on Kaleya area in Mazabuka district. The study was an observational study without any experimental or intervention components. The study entailed gathering primary data from interested volunteers and utilizing secondary data from health facility records. Furthermore, the study encompassed not only the teenagers themselves, but also the caretakers and other individuals responsible for overseeing their well-being. The study covered the organization implementing reproductive health programs including ECR, DAPP, University of Maryland, CIHEB-Zambia, and PCZ.

1.8 Definition of key terms

Adolescent; a person is considered an adolescent if their age is between 10 and 19 years. According to the World Health Organization (2023), this is the time when a person's development goes from that of a kid to that of an adult.

Sexual reproductive health and rights; Sexual and reproductive health and rights encompass the entitlement to bodily autonomy, well-being, education, and medical care. This category encompasses decisions regarding the timing and partners for engaging in sexual activities, strategies for preventing sexually transmitted diseases and unintended pregnancies, the choice of whether or not to conceive a child, and methods for safeguarding oneself against sexual assault. (Abdurahman, et al., 2022).

Sexual intercourse; this is the act of engaging in genital contact between two or more people, usually accompanied by climax, (Hatfield & Narine, 2021).

Pregnancy; The time it takes for an egg to be fertilized by sperm and then for the baby to be born is called pregnancy. Here, the fertilized egg grows either within or outside the uterus, and at the end of this stage; the baby is either delivered vaginally or via caesarean section. It is possible for the baby to be born alive or dead. (Edwards and Connerton, 2012; Potter and colleagues, 2013).

1.9 Chapter Summary

This chapter presented an overview of Teenage Pregnancy, Globally, regionally and in the Zambian context it also highlights the objectives, research questions, significance of the study, the scope of work of the research, and the statement of the problem which is the heart of this research. Additionally, this chapter gave the definition of key terms.

CHAPTER TWO:

LITERATURE REVIEW

2.1 Introduction

This chapter provided an overview of the relevant literature pertaining to the published problem. This chapter included the theoretical framework which reviewed relevant theories and their importance to this study. Further, the chapter presented the conceptual framework and presented several literatures from publications on a similar subject of reproductive health and prevention of teenage pregnancy.

2.2 Theoretical framework

This study utilised the behavioural theory as the major theory to guide this study. This theory is explained in the subsequent section. However, the study used two more theories to support the behavioural theory in this study which is social cognitive theory and Roy adaptation theory.

2.2.1 Behavioural theory (theory of reasoned action/ theory of planned behaviour)

According to Etheridge et al. (2023), the theory distinguishes between people's beliefs and other factors that impact their desire to act in a specific manner. Normative beliefs, control beliefs, and behavioural beliefs are the three categories of behaviour discussed in the chapter. According to Etheridge et al. (2023), one's attitudes toward behaviour are shaped by their ideas about that behaviour. Etheridge et al. (2023) found that people's normative ideas are shaped by their perceptions of their peers' attitudes and the behaviours of those they respect. The degree to which someone can or cannot mimic these behaviours is directly related to the amount of respect they hold for the person displaying them.

This theory of behaviour change integrates two schools of thought in the field of health psychology (Mimiaga et al., 2009). Optimism and lack of subjectivity, in which an individual acts in a certain way because she believes other people want her to, are the sources of behaviour, according to the ideas. These factors contribute to a

tendency to depict actions in a way that is consistent with the attitude and subjectivity that motivate them.

According to another scholar, one way to look at the idea of planned behaviour is as an explanation for why people act the way they do: with full awareness, logic, and purpose (Brookes, 2023). Put simply, no action is ever taken by accident; rather, it is always recognized, both consciously and unconsciously, by the actor.

Conditioning one's behaviour in response to external cues can be unlearned (Ng'andu, et al., 2013). Learning from their surroundings allows humans to adapt to new conditions. Adolescents' capacity to learn from their surroundings, including their parents, peers, and conditions like peer sexual initiation and parental aggression, will be evaluated using this theory (McGaghie & Harris, 2018; Maisto, et al., 1999). Conditioning and other forms of behavioural correction can alter teenage conduct (Walker, 1984).

Adolescents adapt to their environments based on the stimuli they are exposed to, and this is the case in this case. The assumption is that adolescents adapt to harmful behaviour because they are more exposed to it and because their peers engage in it as well (Abdurahman et al., 2022). But as Jennings pointed out, an individual's adaptability is very level dependant, hence he contends that it is not a constant that everybody would adapt similarly to stimuli. Following some brief contemplation, the individual responds to their experiences in a premeditated manner.

2.2.2 Roy adaptation theory

The research was conducted with the intention of including not only the behavioural theory but also the adaptability notion that was proposed by Roy. According to Roy et al. (2009), the best way to determine an individual's bio-psychosocial constitution is to observe how they respond to the stimuli and changes that occur in their environment. According to their adaption model, this is the situation. There are three separate sorts of stimuli, according to the research that Roy et al. (2009) conducted: focused, contextual, and residual sources of stimulation. By employing this theory, one is able to acquire a more profound comprehension of the actions and responses of adolescents in response to programmes that are concerned with reproductive health and rights. The concept that Roy has proposed incorporates a variety of

distinct aspects, such as coping mechanisms, environmental cues, and adaptation strategies.

In order to have an effect on adolescents, it is necessary to implement programmes that promote reproductive health and rights. On the other hand, adolescents are more likely to be a part of contexts that do not place an emphasis on reproductive health and rights (Jennings, 2017). This is a significant disadvantage. It is possible for adolescents to adjust to their environment as a result of the stimuli that they are exposed to, and this is the predicament that we are currently experiencing. In accordance with the findings of Abdurahman et al. (2022), the hypothesis states that adolescents are more likely to engage in hazardous activities due to the fact that they are more likely to be exposed to those behaviours and because their peers also engage in those behaviours. However, Jennings made the observation that the adaptability of a person is largely reliant on the level of the individual; hence, he argues that it is not a constant that everyone would adapt in the same way to stimuli. Jennings's observation was made in light of the fact that the level of an individual is significant.

Almasloukh and Fahs (2020) examined quality of life via the lens of the Roy adaptation model. They found that adaptation to one's environment has an influence on quality of life, which in turn has an effect on one's behaviour and decision-making. This was observed when they looked at quality of life through the lens of the Roy adaptation model. The idea that people are rational actors who behave in a way that they believe will bring them the greatest amount of enjoyment or advantage is one of the ideas that is held by the biggest number of people throughout the world.

It is a widely held belief that teenagers behave in a self-centred manner because they are under the assumption that their actions would more directly advance their own interests than they will serve the interests of others. This is the reason why some people believe that adolescents behave in this manner. The motivational behaviours of adolescents that are pertinent to the prevention of pregnancy will be explored in light of this notion, which will serve as the driving force behind the work that will be done. Alterations to the way in which information is communicated to adolescents have an impact on the manner in which they respond to the plethora of things that they are exposed to in their surroundings. It is not difficult to absorb and

take in information when it is presented in a manner that is effective. It is pretty difficult to analyse the manner in which the message was provided because every recipient will have their own opinions based on their own capacity for comprehension and preferred mode of information distribution. This makes it quite difficult to evaluate the manner in which the message was being presented.

2.2.3 Social cognitive theory

In order to complete the puzzle of the relationships between the variables, we utilized a few principles from social cognition theory. This theory is a subfield of learning theory, and it occupies a special place in the history of behavioural research. According to the social cognitive theory (Schunk, 2012), a significant portion of an individual's knowledge is acquired from the observation of other individuals through their participation in social interactions. This is the point at which adolescents become susceptible to the influence of their peers. According to Maisto et al. (1999), if reproductive health and rights activities are having a beneficial influence, then it is likely that adolescents will imitate the behaviours of their relationships with more successful people in their social circles.

When it comes to learning about subjects that cannot be taught in a classroom setting, one of the most effective ways to acquire knowledge is by observing and engaging in one's natural surroundings. Behaviour is anything that may be taught or unlearned by an individual. Mimiaga et al. (2009) found that the hopes that a person has for the outcomes of a certain action are the source of the motivation that drives them to act in a particular manner. It is common for adolescents to make their first sexual encounters at a young age for a variety of reasons, one of which being the expectation of a particular outcome. When it comes to intergenerational and transactional sexual relationships, the expected outcomes carry a greater weight. Teens pick up the conduct from their surroundings when a peer engages in it and is viewed as monetarily gaining from it. This is because teens are influenced by their surroundings.

One of the most important aspects of the process of learning through modelling is introducing the subject to the environment in which it will be learning. The subject is said to be "modelled" when the same acts are repeated in response to a signal or exposure. At the core of social cognitive theory is an understanding of the processes

of modelling and learning, as well as the factors that motivate and influence these processes.

Within the framework of Bandura's social cognitive theory, "personal, behavioural, and social/environmental factors interact reciprocally," as it was stated by Chunk and DiBenedetto (2023). A person's capacity to learn and unlearn is influenced by their exposure to new knowledge and their interactions with their environment during the regulatory process. This involves the process of learning and unlearning. The implication of this is that individuals do not necessarily take in everything that they come into touch with; rather, they may acquire knowledge and then choose to forget it if they do not consider it to be significant or advantageous.

According to Johnson and Johnson (2015), adolescents have the ability to either adopt the behaviours of others or to discontinue those behaviours if they come to the realization that those behaviours are not beneficial to them. Teenagers are exposed to a diverse array of social activities and behaviours, representing a vast variety of possibilities. There is a substantial influence that these actions have on adolescents, and if they lack the ability to regulate or control themselves, they may continue to engage in these behaviours regardless of the impact that they have.

It is the learners' incentive to learn (or not learn) that influences the frequency with which they put what they have learned into practice. According to Johnson and Johnson (2015), the adolescent has the choice to either enrol in the peer group in which they are gaining knowledge from the individuals and working together, or they can elect to compete with the individuals in the group. Teens join clubs in order to achieve the objectives that have been established by their contemporaries and to take advantage of the collective power of the group. It is unfortunate that the majority of peer groups are not making an effort to assist one another in a constructive manner; rather, they are only interested in getting along with the older people and providing financial assistance to older people.

2.3 Empirical Literature

2.3.1 Effectiveness of the adolescent pregnancy sensitization campaign packages

This comprehensive package for the prevention of pregnancy in adolescents covers a lot of area in order to guarantee that everything is taken care of. Because teenagers' behaviours are always shifting, as well as because of the specific cultural and environmental situations in which they find themselves, it is necessary to take a flexible approach rather than a rigid set of rules.

There are a number of factors that contribute to the higher death and morbidity rates that are observed in adolescent pregnancies. These factors include the biological make-up of the pregnant woman as well as her growth and maturity level physically. In the years preceding up to the pandemic, several services and programs that promote sexual and reproductive health (SRHR) stepped up their efforts to reduce the rates of maternal mortality that are related with pregnancies. In order to ensure that all adolescents are reached, it was communicated to all parents and guardians that they should support their children in making use of the reproductive health and rights services that were made available to them (Okeke, et al., 2022). To ensure that the adolescents were cooperating with one another and gaining knowledge from one another, a number of events were planned and executed well. One of these activities was an indaba for adolescents that took place in Zambia. Because of the focus on COVID-19, there has been an increase in the number of teen pregnancies and sexually transmitted infections (STIs). This is due to the neglect of reproductive health and rights. The bulk of venues that were welcoming to young people were shut down, while other activities that were geared toward teenagers were rendered unworkable.

The authors Kasozi et al. (2019) proposed a controlled intervention that would make use of a cohort method in order to ensure that the group would experience behavioural change and maintain consistent knowledge regarding reproductive health and rights. This idea originated from a school health intervention that was successful in lowering birth rates by employing cohort approaches (Kasozi, et al., 2019). The intervention was carried out by giving sexual and reproductive health information to a certain demographic. According to Kasozi et al.'s 2019 research, as compared to the control group, the individuals who received treatments

demonstrated a greater number of behavioural changes and a higher utilization of sexual and reproductive health services. Because they are based on the behaviours and hazards that have been seen among the participants, interventions that are carried out in cohort groups have a greater likelihood of being successful. However, the cohort is determined by the type of information and action that is utilized. One of the most difficult things to quantify is a change in behaviour because the underlying cause of such a change is frequently unknown. Consider a participant whose parents were both alive when the study began, but who, by the time it was over, may have passed away, be in a very serious condition, or have experienced the loss of a relative in a situation that is comparable to the one that is being investigated, among other conceivable outcomes. When conducting research on behavioural change, it is necessary to exercise a great deal of control before reaching the conclusion that the message alone is the sole factor responsible for shaping behaviour, and no other factors such as age. There are certain individuals whose personalities change on their own as they become older.

Pepito et al. (2022) showed that adolescent moms who were exposed to family planning messages in newspapers and online were less likely to become pregnant at a young age. The data for this study came from the national demographic and health survey that was conducted in the Philippines in 2017. In accordance with the findings of Abdulrahman et al. (2022), those who make regular use of the internet and newspapers are more likely to possess information that is both more comprehensive and up to date regarding the current state of affairs in the world. This demographic is also inclined to believe what they read when it comes to information sources such as newspapers that are owned by the public and websites that are maintained by recognized organizations such as the World Health Organization and Marie Stopes websites.

According to the findings of Pepito et al. (2022), the probabilities of adolescent pregnancies were higher among individuals who were exposed to family planning messages through various mediums such as radio, television, and brief messages. These findings brought to light the significant part that various modes of communication play in spreading information on reproductive health and rights. In this scenario, the stimuli function as a source of information that may be exploited to imitate the behaviour of the adolescents who are listening to or receiving the information. This is consistent with certain theories of learning and stimuli.

In contrast to the findings of Pepito et al. (2022) and another study on the effectiveness of a community-based intervention to delay early marriage and early pregnancy and improve school retention among Indian adolescents, Mehra et al. (2018) discovered that adolescent access to mass media was associated with a decrease in teen pregnancies and retention in school. This finding contradicts the findings of Pepito et al. A significant and strategic role is played by youth centres in the process of lowering the number of pregnancies among adolescents.

Implementing a school health intervention is one technique that can be utilized in order to target significant populations that are located in concentrated settings, such as schools. According to Kasozi et al. (2019), a strategy that hires teachers to offer health talks, including information on sexual and reproductive health, to a particular demographic demonstrated a drop in the number of pregnancies occurring among the population. In addition, the intervention group demonstrated a change in behaviour as well as an increase in the utilization of sexual and reproductive health services (Kasozi et al., 2019).

Educating adolescents in Zambia about sexual and reproductive health can be accomplished in a number of different ways, one of which is to include the subject matter within the first five to ten minutes of each lesson (Zulu et al., 2022). This method has not been evaluated based on how effectively it motivates the people who are supposed to utilize it to change their behaviours that are relevant to their health. Furthermore, it is not evident whether the teachers are using the appropriate method when they are conveying their lessons to the students.

Teenagers are susceptible to being influenced by those around them and are vulnerable to having their actions moulded by those around them. According to the Zambia Statistics Agency (2018), the provinces of Petauke, Chadiza, and Katete reported disproportionately high rates of teen marriages and pregnancies. It was determined by Menon et al. (2018) that getting married was the only way to guarantee that the father would be held accountable for his actions during the pregnancy.

The lack of services connected to reproductive health and rights in rural regions such as Chadiza, Katete, and Petauke, amongst many others, causes adolescents to make decisions without receiving proper knowledge on these subjects (Menon, et al., 2018). This results in those adolescents making decisions that are not in their best interests.

Abstinence, often known as the refusal to engage in sexual activity, is one of the most effective and well-established methods for preventing pregnancies among adolescents. IEC, which stands for information, education, and communication, is a tried-and-true strategy that has been shown to be one of the most prevalent ways to influence people's activities, as stated by Jyoti et al. (2023). A better understanding of family planning and methods for avoiding unintended births was achieved by the participants through the implementation of individualized education and counselling (IEC).

The problem of teen pregnancy being made easier by early marriages is still a problem that has to be addressed. As a result of their lack of awareness regarding the potential consequences, a number of young women give their consent to marry at a young age and even elope in order to be with their spouses (The World Bank, 2015). By utilizing information and education campaigns (IEC), which have been demonstrated to be the most effective method for reducing the incidence of teen pregnancies and marriages (Sanz-Martos et al., 2013), it is possible to alter the attitudes and behaviours of adolescents with regard to early marriage and contraception.

Despite the fact that the primary focus is on the fact that adolescent females are more likely to engage in sexual activity with adult men, it is essential to address the problem of teen pregnancy among adolescent boys as well. Providing adolescents with particular, age-appropriate messages on how to avoid becoming pregnant is essential in order to intervene in the crisis of teen pregnancy prevention and ensure that teenage boys have access to the information they require (Lohan et al., 2013). This will allow for the opportunity to guarantee that adolescents have access to the information they require.

According to Nabugoomu et al. (2020), providing educators with training in reproductive health is one method that may be utilized to guarantee that adolescents receive accurate information regarding the prevention of teen pregnancies through the medium of schools. Using this method, the material may be disseminated to the pupils in a manner that is both more organized and trustworthy. In light of the gravity of the situation, the educational system maintains a record of the number of pregnant adolescents and children of school age that are now in existence. In order to increase the number of children who are engaging in the learning process and to lower the possibility of pregnancy, which would otherwise disrupt the learning

process, it is essential to provide knowledge about pregnancy and how to prevent pregnancy. Knowledge about pregnancy and how to prevent pregnancy is also important.

As a result of the fact that the vast majority of adolescents and teenagers are still enrolled in school, this study comes to the conclusion that schools are the appropriate places to target this group. When compared to paying someone just for the goal of disseminating information, employing teachers is a more cost-effective choice. Teens who are also students have already reached a level of trust and rapport with their instructors, which makes it simpler for them to bring up the delicate subject of sexuality.

The primary objective is to educate individuals about the importance of preventing teen pregnancies and to promote awareness about the need to do so. Educating the general public about teen pregnancies, according to guidelines published by the World Health Organization (2011), increases the number of people who use contraception and reduces the number of people who engage in sexual interactions that are made against their will (WHO, 2011).

It is recommended that the groups that are the focus of this initiative be given additional information on how to prevent becoming pregnant at a young age in order to bring about a reduction in the number of pregnancies that occur among adolescents. A further finding that emerged from the research conducted by Brindis et al. in 2020 was that adolescents do not have access to vital information regarding their sexual health. The provision of a program and a platform via which adolescents can obtain information regarding reproductive health is one approach that can be taken to reduce the number of pregnancies that occur among adolescents.

2.3.2 Influence of family planning services

Prevention of sexual assault and other forms of violence against girls, as well as safe abortion services, comprehensive education on sexuality, counselling and availability of contraception, and elimination of harmful traditional behaviours are all priorities for the World Health Organization (WHO, 2018).

Adolescents' access to family planning services has been the subject of heated debate. Cultural norms surrounding childbearing at a young age, marriage at a young age, and not finishing high school can be better addressed through

community conversation, according to one study (Zulu, et al., 2022). Teens and adolescents were not effectively reached with messages on reproductive health and rights due to personal beliefs regarding other reproductive health and rights packages, such as contraception and condoms (Zulu, et al., 2022).

Adolescent girls in Malawi's Phalombe district were reluctant to use and access contraception, according to research by Chimatiro et al. (2022) that used descriptive statistics to examine their preferences and perspectives on family planning services. In addition, the teens expressed shame and stigma associated with utilizing family planning. A number of the girls surveyed expressed concerns about the perceived difficulty of family planning, a lack of understanding about modern methods, and the distance to health care centres as obstacles to using family planning services (Chimatiro, et al., 2022).

A number of factors, including participants' lack of knowledge about modern family planning, their fear of medical problems, the distance participants had to travel to reach the service centre, and their fear of shame and embarrassment, made it difficult for them to acquire and utilize contraceptives (Chimatiro, et al., 2022). But research by Brittain et al. (2013) shows that teen pregnancies can be reduced and family planning services can be better understood when young people have access to youth-friendly programs.

One factor that increases the likelihood of teen pregnancies is the fact that many young people do not have much experience with or access to family planning services. Teen pregnancy rates are higher in areas where sex education is scarce, where peer pressure is high, and where health care is underdeveloped (Chung et al., 2018). Teenage pregnancies can be reduced by more communication between youth, parents, schools, and the community, as well as government policy, according to Chung et al.

If adequately funded, family planning programs have the potential to significantly lower the frequency of teen pregnancies. Funding family planning programs in low-income and rural areas makes it easier for teens who have trouble getting other health services, like information about their rights and reproductive health options, to get the family planning services they need (Ranji et al., 2017).

Several parts of the adolescent reproductive health bundle are essential for teenagers to be healthy, productive adults. An essential component of the adolescent package for preventing teen pregnancies is access to contraception.

According to Todd & Black (2020), there are different types of contraception methods, including short-, medium-, and long-term options, and teens can benefit from all of them. On the other hand, they failed to specify which age groups are suitable for the generalized method of contraception. Furthermore, Todd and Black noted that the dual method—a combination of methods—is advised for successfully preventing teen pregnancies, and they went on to say that the approach offers both contraceptive and non-contraceptive benefits, which address other concerns among teens.

Teens and their parents hold a range of opinions on the topic of teen contraception, with some divisions and factions strongly opposing the practice. Given this situation, it would be crucial to implement an intervention that promotes more positive attitudes and behaviours towards contraception (Muanda et al., 2018). In order to reduce teen pregnancies and improve attitudes and behaviours towards contraception, it is necessary to eliminate barriers to contraception at health facilities and pharmacies, such as shame, discrimination, and stigma (Muanda et al., 2018).

Adolescents are more likely to refrain from becoming pregnant before they reach the age of twenty if they are empowered via education. This can be accomplished by re-entering the formal education system through the back-to-school program. "Policies such as contraceptive availability or compulsory school helped reduce pregnancies" (Nkhoma et al., 2020) are further examples of policies that empowered women. Except in cases of medical necessity or unavailability of the preferred method of birth control, no adolescent should be denied access to the method of birth control that best suits their needs and preferences.

2.3.3 Effectiveness of reproductive health and rights empowerment programs

The majority of nations say they provide adolescent reproductive health and rights programs. No evidence of the effectiveness of reproductive health and rights services has been found, despite the concerning increase in cases involving adolescents and reproductive health and rights, including teen pregnancies, teen

marriages, and gender-based violence (Salam, et al., 2016). Improving teenage access to reproductive health and rights services may require more stringent interventions supported by evidence, according to one study (Salam, at al., 2016; Denno, et al., 2015). There was a lack of emphasis on the strict reproductive health and rights programs that were recommended.

If teenage services are to be effective, they must inspire teens to seek them out. Some believe that providing services related to reproductive health and rights to adolescents can help lower rates of negative behaviours like substance misuse (Denno, et al., 2015). Denno et al. (2015) found little indication that the treatments are accommodating or create demand among adolescents. There is no indication that reproductive health and rights programs reduced the number of pregnancies among teenagers, but there is evidence that these programs improved the likelihood of prenatal, perinatal, and STI service usage (Aninanya, et al., 2015).

The provision of contraception and condoms in the event that abstinence is unsuccessful, as well as increased adolescent abstinence even when exposed, are all necessary services for the prevention of pregnancy. Teen pregnancy rates are reduced when schools teach students about sexuality. This has the greatest impact on at-risk and underrepresented youth. Teen pregnancy rates drop dramatically when high school dropouts return to school to finish their degrees, according to research by Stone et al. (2019). Returning students to the classroom gives them a great opportunity to learn about reproductive health from teachers and classmates, and it also improves their reading and comprehension skills (Stone et al., 2019).

Several of the negative vices identified by Mathewos and Mekuria (2018) as contributing to teen pregnancies—including drug use and an ignorance of when to take emergency contraceptives after an unprotected sexual encounter—are addressed in the adolescent package. According to Brindis et al. (2020), enhancing reproductive health services and educating teenagers better about reproductive health are two ways to increase their access to knowledge about reproductive health. Teens should start changing their habits after using the reproductive health and rights programs.

Services and programs to empower adolescents in areas of reproductive health and rights are provided at multiple community and societal levels. Reproductive services might be provided in an official or informal setting. Schools, youth friendly corners, and other official health service delivery places are examples of IEC channels that formally deliver reproductive health and rights services (MOH, 2020). The informal process refers to the delivery of reproductive services in settings such as traditional meeting places like "Mphala, Gobel, etc." and peer-to-peer information exchange without the guidance of a trained professional.

Adolescent reproductive health and rights services can also be provided through community-based intervention. Studying the efficacy of a community-based intervention to reduce teen pregnancies, marriages, and dropout rates in India, Mehra et al. (2018) used a cross-sectional design. According to Mehra et al. (2018), the target group experienced a decrease in the frequency of early marriages when the youth information centre (YIC) was implemented as a strategy for providing community-based adolescent services. The intervention also boosted the percentage of students who stayed in school and decreased the number of pregnancies that occurred at a young age. The argument went on to say that the average age of first pregnancy was much higher (Mehra et al., 2018).

In their study on the topic of empowerment and its relationship to pregnancy prevention, Nkhoma et al. (2020) identified three forms of empowerment: educational, economic, and policy. There was a marked decline in teen pregnancies once the empowerment programs were implemented. Economic empowerment came in the form of cash and indirectly through the benefits of economic growth, community empowerment was through interaction with the environment, and using the formal education system by integrating the adolescents back into it were all examples of empowerments that made use of already established systems. "Policies such as contraceptive availability or compulsory school helped reduce pregnancies" (Nkhoma et al., 2020) was another means of empowering women.

Several facets of the adolescent were positively affected by the Adolescent Girls Empowerment Program (AGEP), according to a cluster randomized trial that examined its effects on economic, social, educational, and reproductive outcomes in Zambia (Austrian et al., 2020). After two to four years of participation, the program

improved teenage saving behaviour, financial literacy, and self-efficacy in relation to reduced transactional sex (Austrian et al., 2020). Adolescent pregnancy was found to decrease as a result of behavioural changes brought about by this program.

There are a number of factors that contribute to teen pregnancies, according to a study on the topic conducted by Malunga et al. (2023) in Zambia. Early marriages expose youngsters to ongoing unprotected sexual intercourse, which in turn increases the likelihood of early pregnancy, according to the study (Malunga et al., 2023). Among the obstacles listed are the availability of services to help people avoid getting pregnant and the ease with which they can have access to media that provide information on how to do so. Teen pregnancy is already a problem, but there are a lot of issues, such low education levels, that make it even worse for people to have access to or understand the information that is broadcasted on media. Key components in the prevention of teen pregnancies also include individuals' understanding and usage of contraception and reproductive health (Malunga et al., 2023).

The provision of services pertaining to sexual and reproductive health and rights is an ongoing issue in Zambia. At 29.2% in 2018, Zambia was one of the top countries in Southern Africa for teen pregnancies, and the rate is still rather high (Zambia Statistics Agency, 2018). The Mazabuka health facility records show that 10% of the pregnant women attending the ANC clinic are less than 20 years old on average.

According to WHO (2023), Malunga et al. also identified socio-cultural and socio-economic factors as determinants of adolescent pregnancy. In order to effectively combat teen pregnancies, it is crucial to formulate policies that encourage the avoidance of pregnancy. The program's stated goal is the reduction of child marriage as well as the advancement of policies and programs that expand women's access to birth control. Teenage pregnancies can be reduced by more communication between youth, parents, schools, and the community, as well as government policy, according to Chung et al.

While certain cultural groups and religious traditions, like Catholicism, believe that all teenagers, regardless of age, should have access to contraceptives, others do not. Also, adolescent females are still reluctant to use contraception, according to

research by Chimatiro et al. (2022), even when given the information and resources to do so. In addition, the teens expressed shame and stigma associated with utilizing family planning. A number of the girls surveyed expressed concerns about the perceived difficulty of family planning, a lack of understanding about modern methods, and the distance to health care centres as obstacles to using family planning services (Chimatiro, et al., 2022).

Other studies have shown that adolescents are less likely to voluntarily use the provided contraceptive services. Teens give reasons like feeling ashamed or stigmatized, the services being provided in an inconvenient location far from their homes, a lack of privacy, and the higher risk of complications related to the use of contraceptives (Chimatiro, et al., 2022). But research by Brittain et al. (2013) shows that teen pregnancies can be reduced and family planning services can be better understood when young people have access to youth-friendly programs.

One factor that increases the likelihood of teen pregnancies is the fact that many young people do not have much experience with or access to family planning services. Teen pregnancy rates are higher in areas where sex education is scarce, where peer pressure is high, and where health care is underdeveloped (Chung et al., 2018).

Some cultural and traditional factors still impede effective pregnancy prevention efforts no matter how many safeguards are put in place. The flip side is that some cultures actually help with prevention. In order to avoid becoming pregnant, certain cultural groups place a high priority on maintaining a person's pride (Maness et al., 2023). The Ng'oni and Tonga are two examples of societies that place a premium on virginity. Furthermore, some cultures discourage adolescent pregnancies by drawing on past tragedies to illustrate the dangers of having a child so young (Maness et al., 2023)

Reproductive health and rights services are often disregarded in other cultures because to negative cultural norms and beliefs that view pregnancy as a sign of success and a pathway to marriage (Ahinkorah et al., 2019). There are religious and cultural beliefs that make it difficult for some people to gain access to information on pregnancy and how to prevent unwanted pregnancies (Roets & Clemence, 2022).

2.4 Summary

There was a significant amount of research conducted on the topic of preventing pregnancy in many regions of the world. There have been a great number of authors who have written about the subject of pregnancy prevention policies, both on a national and worldwide scale, as well as the contextual adoption and implementation of these policies. In the realm of pregnancy prevention, programmes that are considered to be successful facilitators include those that are well-designed and performed, as well as those that provide information that is accurate and up to date. When developing treatments to lower the possibility of individuals becoming pregnant, it is essential to take into consideration the cultural norms and religious beliefs of the target population. This is due to the fact that not all traditional cultural norms and religious beliefs are compatible with the solutions that are currently under consideration. It is imperative that the adolescent be at the heart of all activities that are planned, with equal focus placed on honouring the adolescent's culture, traditions, and religion. The body of research suggests that in order for adolescents to make decisions that are well-informed across all areas, they require a substantial amount of data.

In this particular instance, the literature on empowerment programmes proved to be really useful; we need to ensure that the adolescent is equipped with the appropriate information to enable them to make an informed decision regarding the prevention of pregnancy and the modification of their behaviour. In order to ensure that the interventions are appropriate for the environment and place in which they are being implemented, there are a variety of methods that can be utilised to accomplish this goal. Having a comprehensive involvement of stakeholders is the most effective technique for ensuring that all aspects of the programme are comprehended prior to the beginning of the project or programme. For the purpose of addressing potential dangers during the planning process for programmes and efforts aimed at preventing pregnancy among adolescents, this will be valuable.

2.5 Conceptual framework

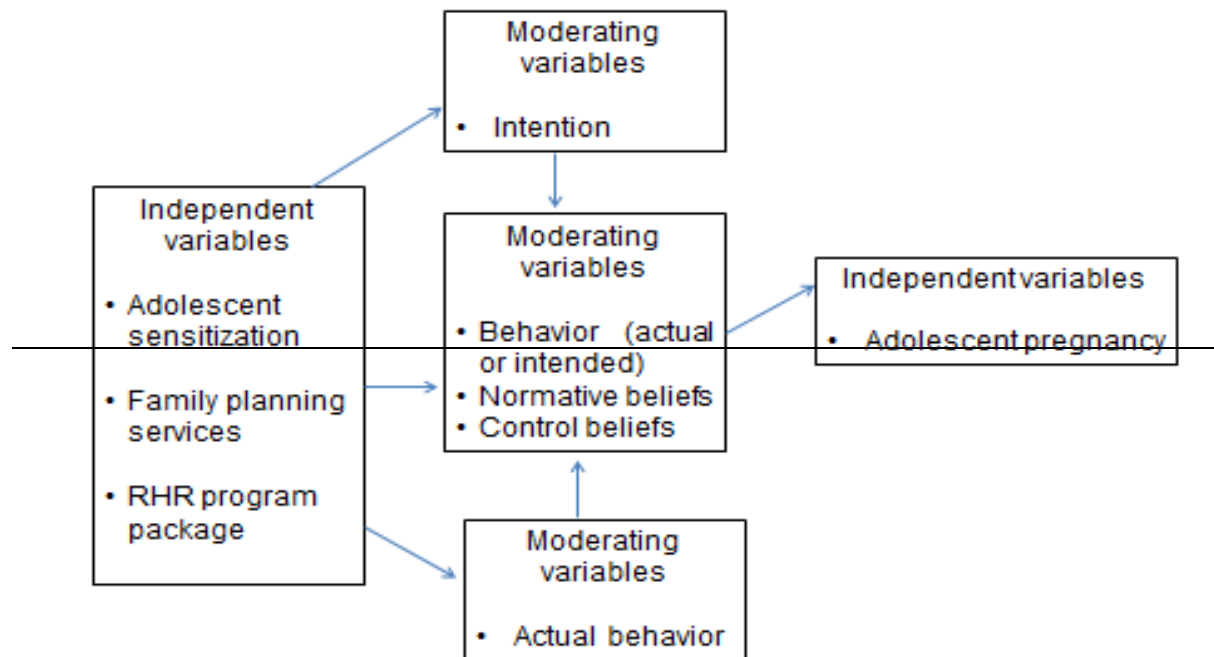


Figure 2.1: Conceptual framework

Source: Hall, 2012

- SRHR program packages offer adolescent with sensitization packages, family planning options and reproductive health rights packages which include empowerment
- This manifest or is expected to manifest in actual or intended behavioural change
- The result is prevention of pregnancy

The behavioural theories, upon which the conceptual framework rests, contend that an individual's actions reveal their attitudes, which may or may not be visible to others (personalities). Attitudes become observable behaviour, which in turn becomes observable personality, therefore the connection is two-way. Such actions could be prompted by or result from preconceived notions. For instance, according to Mehra et al. (2018), if adolescent girls consistently gain favours from their teachers

when they wear provocative clothing, they can start to assume that this is the only way to get favours from other people.

An adolescent's ability to control their behaviour determines whether they will have a pregnancy or not (preventing pregnancy). Adolescents should adopt behaviours including abstinence, condom use, and other forms of family planning in order to achieve pregnancy prevention through a behavioural model (Mehra et al., 2018).

Reproductive health care and pregnancy prevention are the end goals of the intervention, and the framework demonstrates how the variables and domains interact with one another to achieve this goal. The sensitization package, which includes information, education, and communication, is part of the reproductive health package. Included in this bundle is information on safe abortion procedures as well as details on how to terminate a pregnancy if you have been unable to prevent becoming pregnant. Having said that, the package does not revolve around it. As the main and safest way to avoid becoming pregnant, the package primarily focuses on messaging about not having sexual relations. Additionally, the box discusses barrier strategies, specifically the use of condoms, and how they might be helpful, specifically through consistent and proper usage of the device. The best course of action is to abstain, since teenagers have a hard time convincing adults to use condoms. The bundle on adolescent sensitization also includes the controversial but important advice of using systemic contraception.

Adolescent family planning is the other bundle. According to the research, all methods of family planning are completely safe for adolescents, and they are also eligible for all forms of contraception. Teens will have access to methods of family planning that are suitable for the short, medium, and long term. It is unclear, however, whether or not adolescents, even those of consent age, can be administered permanent methods of family planning. Teens can choose from a variety of methods of birth control, including oral pills, condoms, injectable long-term methods, IUDs, and the Jadel technique.

The second option is a set of resources designed to empower teenagers in areas such as reproductive health. One of the proven packages for preventing pregnancy is education empowerment. Economic empowerment and the dissemination of

knowledge about methods for preventing unwanted pregnancies are two other forms of empowerment programs.

The idea connects these programs to the specific teenager and their current situation. Adolescents are exposed to the programs or packages as stimuli. They strive to alter the ways in which teenagers think about and engage in sexual behaviours that might lead to unwanted pregnancies. Adolescents' normative ideas, control beliefs, and behavioural beliefs all play a role in whether or not they embrace these packages.

Goal to avoid pregnancy (or no goal to avoid pregnancy at all; staying the same) or motivation to become pregnant (or neither) is the end consequence. The aim to avoid becoming pregnant can either be followed by actions that help achieve that goal or it can be just that—an intention—with no follow-through. In the end, it all comes down to whether the teen becomes pregnant or not. If the teen doesn't get pregnant, then the prevention of conception was successful.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Research approach

To achieve the study's goals, the researcher plans the data collecting, analysis, and interpretation processes by choosing a research technique (Creswell, 2009). The research used a combination of quantitative and qualitative techniques to gather information from the participants. The method's strength is in the quantitative investigation of variables like SRHR availability and pregnancy frequency, as well as the qualitative examination of behavioural traits. We used qualitative data to evaluate the Reproductive Health and Rights delivery, and quantitative data to measure the program outcomes.

The organizations which the study included to be interviewed include Development Aid from People to People (DAPP), Project Concern Zambia (PCZ), Mary Land (DREAMS project, Kaleya DREAMS house) and Expanded Church Response (ECR).

3.2 Research design

Strategic frameworks describing research methodologies and procedures are part of the study design. In order to help people comprehend the research procedures in their entirety, it contains assumptions about data collection, processing, presentation, and interpretation (Creswell, 2009).

This study made use of a Sequential Explanatory methodology, a two-stage process for integrating qualitative and quantitative techniques. First quantitative design guided the data collection and analysis, and a subsequent qualitative phase built upon the results of the previous quantitative phase. A cross-sectional technique was used for the data collecting. It was not the goal of the study to influence the participants' actions in any way because it was a non-interventional and non-experimental research.

3.3 Research content /Research Site

According to Creswell (2009), the study's research site provided a concise summary of the area and its features. The Kaleya area, located around 15 km outside of the Mazabuka CBD, was the site of the research. The 175-kilometer-long Mazabuka district is located to the southern part of the country. Kaleya is a dangerous urban settlement surrounded by sugar-cane, Kaleya small holdings and Musikili School. The route connecting Lusaka and Livingstone passed through that township. River sand, a prominent export from the region, has a long history of use in making Kachasu.

3.4 Study population

A researcher's population consists of all people who share some trait, whether it's age, geography, race, employment status, or economic level (Creswell, 2009). The main participants in this study were around 1,320 male and female adolescents from the Kaleya area, ranging in age from 10-19. The youngest recorded pregnancy age was 14, and the youngest boy to have gotten a girl pregnant was 16. That's why this group was chosen. Caregivers of the adolescents, as well as other stakeholders like community chairpersons, church leaders, school administrators, and health care providers, made up the secondary study population.

3.5 Sample size

The sample is a representative subset of a population, picked from a broader group of individuals with similar characteristics, and is designed to accurately reflect the unstudied population (Francis, 2004; Black, 2010). The estimation of the sample size for the adolescent population was conducted in the following manner.

$$n_0 = \frac{Z^2 pq}{e^2}$$

Where:

- e is the level of significance
- p is the probability of occurrence from the population to be studied

- q is 1-p
- n is sample size
- Z is the value from the Z tables.

The hypothesis was tested at 95% confidence interval setting the significance level at 5% ($\alpha=0.05$). The sample size is therefore calculated as follows:

$$n_0 = \frac{(1.96)^2 \times 0.1 \times (1 - 0.1)}{0.05^2}$$

$$n_0 = 138.2976$$

$$\underline{\underline{n_0 = 138}}$$

A single focused group discussion was conducted with a cohort of 8 caregivers. In addition, two Church leaders from separate Churches were chosen, along with one Community leader, two Teachers, and one Healthcare worker.

3.6 Sampling Techniques

Stratified sampling was employed to select groups of respondents for the purpose of participant grouping. Religious leaders, Health care workers, and Teachers from the Kaleya area in Mazabuka district were selected as key informants from the study area by purposive sampling. These methods are suitable since they take into account the study's categorizations, for which a single sampling strategy would not work.

3.7 Data collection and instruments

Adolescents who participated in the study were asked to fill out semi-structured questionnaires. Additionally, one focused group discussion was held with adolescents. The carers also participated in a focus group, and both they and the key informants used the interview guides during the sessions. Since no self-administered surveys were employed, the data would be gathered through in-person interviews. The four parts of the instrument are as follows: demographic data, a sensitization package, family planning services, and activities that enable people to take charge of their reproductive health and rights.

3.7.1 Secondary Data

Secondary data, which includes information culled from books, articles, and other published works, was used in the study. This data is available in a variety of formats, including books, journals, newspapers, online, etc. According to Tuncalp et al. (2012), secondary data is both easily accessible and reasonably priced.

3.7.2 Primary Data

Tuncalpet al., (2012) New and unpublished data is known as primary data. Questionnaires and guided interviews served as the main data collection methods for the study. The interview was guided by the questionnaires, which were physically delivered.

3.8 Data Collection procedures

Approval was sought and granted by the relevant study ethics committee and the Mazabuka District Health office before data collection could begin. As a prerequisite to having them sign an informed consent form, participants will receive a study information booklet. Participants under the age of 18 were required to get a parent or guardian's signature on an assent form. Participants were given semi-structured questionnaires, and interview guidelines were used to conduct in-depth interviews with key informants and focus groups. The focused group included parents to the adolescents living in Kaleya compound. While the interview guide was printed out in paper copy form, the questionnaires were programmed using Kobo-Collect. The data was exported from Excel to SPSS version 20 for additional analysis.

3.9 Data analysis

Descriptive data analysis, which made use of frequency tables to determine individual characteristics, was applied to the data. Afterwards, the correlation between the quantitative data's independent and dependent variables was established using cross tabulation analysis. In order to understand the participants' subject expertise, we used grounded theory to evaluate the qualitative data and extract themes from their answers. Utilizing SPSS version 20, the data was examined.

3.10 Validity

Validity is a measure that is used to assess how best a research instrument correctly measures an idea or phenomenon (Creswell, 2009). The higher the validity, the better the results and findings arising from the data collected by a given research method and instrument.

3.11 Reliability

According to (Kumar, 2010) reliability considers the accuracy of the research instruments in measuring what it claims to measure. It is concerned with the surety that if the instruments used were used in similar circumstances to similar populations, it will consistently produce the same results (Rackwitz, 2001). The instruments used in the study were used in similar studies and yielded consistent results.

3.12 Ethical consideration

According to Creswell (2009), all of the individuals who were involved in the research did so in a manner that was consistent with the generally accepted standards of research ethics. This includes the research subjects, participants, employers, sponsors, other researchers, assistants, and students. Every individual who took part in the research was given a participant information sheet that detailed the objectives and procedures of the investigations. Following that, an informed consent form was requested to be signed by each and every individual who expressed interest in taking part in the research project. Participants were informed that the information collected would be used solely for academic reasons and kept entirely confidential. For the purpose of storing the data, a computer that demanded a password and was kept in complete secrecy was utilised. Participants were notified that the data collected was only used for the purpose of this research during the course of the study. It was possible to maintain the participants' anonymity by not using any identifiers in the research. Participants were notified that their participation is entirely voluntary and will in no way, shape, or form influence their access to healthcare in any manner, shape, or form.

Both the research ethics committee and the health office of the Mazabuka District gave their approval for the implementation of the project. Participant withdrawal was an option that may be exercised at any time during the experiment. No one was forced to take part in the study by the researchers; they did not resort to any form of coercion.

3.13 Chapter Summary

In summary, this chapter presented the suitable research approach and research design used to implement the study. Further, it defined the population of the study and the appropriate sampling techniques utilized in the study. The chapter then presented the specific sample size of the research which was computed using Cochran's formula. Finally, the ethical considerations that were adhered to in the study were also presented.

CHAPTER FOUR

DATA PRESENTATION AND FINDINGS

4.1 Introduction

This chapter presented the finding of the study from the analysis that was done using the data collected. The data was presented in graphs and tables. The findings of the study are presented in four categories which is the characteristics of respondents, effectiveness of adolescent pregnancy sensitization campaign packages, influence of family planning services and effectiveness of reproductive health and rights empowerment programs on the prevention of adolescent pregnancies

4.2 Characteristics of respondents

Table 4.1: Demographic data

Age	Frequency	Percent
10-14	53	38.4
15-19	85	61.6
Schooling status		
In school	109	79
Out of school	29	21
Highest level of education attained		
Non	4	2.9
Primary	45	32.6
Secondary	82	59.4
Tertiary	7	5.1
Orphan status		
Both parents died	30	21.7
Only one surviving parent	28	20.3
Both surviving parents	80	58

Source: Researcher, 2023

A total of 142 individuals were approached to be enrolled for the study to get the 138 participants actually took part and completed the study giving a response rate of

97.2%. The age distribution of the participants was as follows, 53 (38.4%) participants were in the range of 10-14 years and 85 (61.6%) of the participants were between 15-19 years of age. For the status of schooling, 109 were actively in school while 29 were out of school of which 4 had never attended school. The highest frequency (59.4%) of the participant was in secondary school and the lowest (2.9%) was in those who never attended school. A majority of participants (58%) had both parents surviving, followed by 21.7% who were double orphans and 20.3% had only one surviving parent.

Table 4. 2: Relationship of Demographics with sensitization

Variable		Received sensitization on pregnancy prevention	
		NO	YES
Schooling status	In school	31	78
	Out of school	7	22
Orphan status	Both parents died	8	22
	Only one surviving parent	11	17
	Both surviving parents	19	61
Age	10-14,	15	38
	15-19	23	62

Source: Field Data, 2023

The findings show that the 78 participants who indicated that they were in school received sensitization messages of pregnancy prevention and 31 participants indicated that they did not receive the pregnancy prevention information. Nevertheless, a high number of participants that were in school received the pregnancy prevention sensitization messages.

It was also found that 22 of 29 participants who were out of school received pregnancy prevention information. The highest proportion of those adolescents receiving pregnancy prevention information was among those who had both parents alive, followed by those who had both parents' dead and last those with only one surviving parent. The participants between the ages of 15-19 had a high frequency of receiving the pregnancy prevention information compared to the age group between 10-14 years.

4.3 Effectiveness of adolescent pregnancy sensitization campaign packages

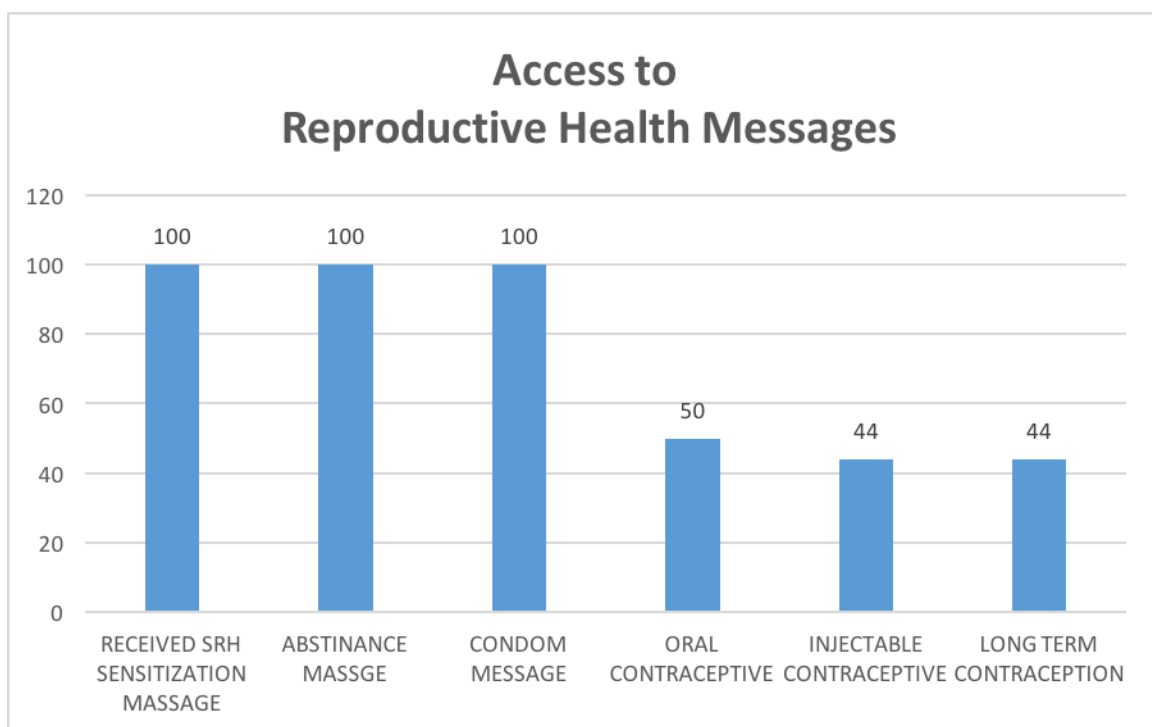


Figure 4.2: types of Reproductive Health Messages Received

Source: Researcher, 2023

The data showed that a total of 100 participants received messages on RHR. All the 100 indicated to have received information regarding abstinence and condom use. However, there was segregation in dissemination of information regarding other methods of family planning indicated by the numbers where only 50 received messages on oral contraceptive, 44 on injectable contraceptives and 44 on long term contraceptives.

4.4 Influence of family planning services

Table 4. 3: Relationship between if FP helped Prevent Pregnancy and the type of FP demanded and received by client

Family Planning received	Helped prevent pregnancy	
	No	Yes
Condom	29	0
Injectable	3	6
Oral contraceptive	14	4

Source: Researcher, 2023

The findings show that out of 56 participants who accessed family planning, 10 participants indicated that they the family planning they received helped them prevent pregnancy. However, these are subjective responses and not proof as in experimental was available to assess the use of the said family planning and how it was used.

4.5 Effectiveness of reproductive health and rights empowerment programs

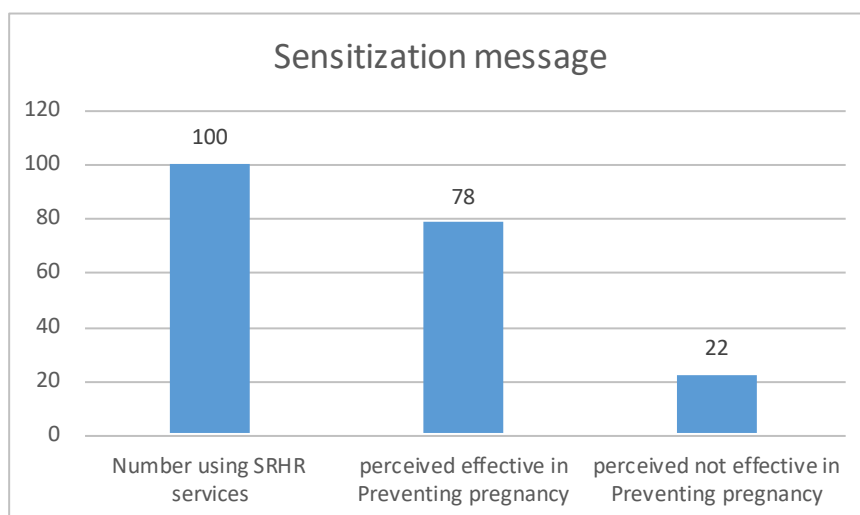


Figure 4.3 Distribution of Perceived Effectiveness of Reproductive Health Rights

Source: Author, 2023

It was found that out of the number (100) of individuals who indicated that they accessed reproductive health services sensitization, 78 indicated that the messages were effective in preventing pregnancy while 22 indicated that the messages were not effective in preventing pregnancy.

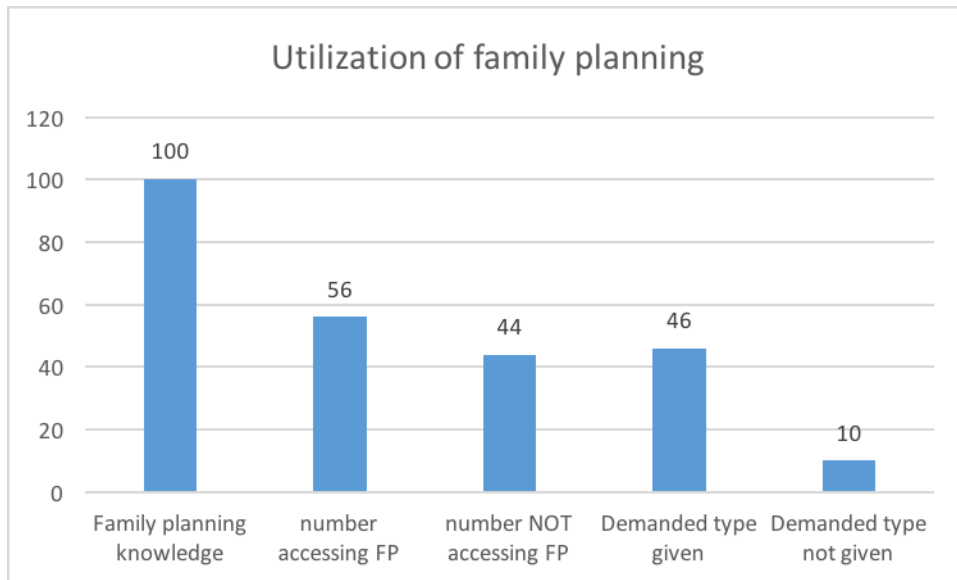


Figure 4.4: Utilisation of information from sensitisation

Source: Author, 2023

The respondents who revealed that they had knowledge on family planning were 100 in total which was gained from sensitizations. Out of the total who had the knowledge, 56 (56%) accessed family planning while 44 (44%) did not access family planning. Participants who received the type they demanded were 46 while 10 indicated that they did not receive the family planning type that they demanded.

Table 4.4: Relationship between pregnancy prevention and knowledge about organisation

Variable		Helped prevent pregnancy		P. value
		NO	YES	
Knowledge about: DAPP	NO	13	0	0.584
	YES	67	58	
Knowledge about dreams	NO	15	0	0.237
	YES	69	54	
Knowledge about PCZ	NO	9	6	0.642
	YES	66	57	
Knowledge about ECR	NO	28	28	0.397
	YES	47	35	

Source: Field data, 2023

Knowing about the organizations offering reproductive health services and preventing pregnancy was analysed. It was found that 58 indicated that knowing about DAPP services and its services helped in preventing pregnancy. The variable was however not significant with $P = .584$ and was validated by the likelihood indicating that 58.2% likelihood of a person who knows about DAPP services becoming pregnant. DAPP carries out various activities for adolescents in the area of sexual reproductive health that could be helpful in preventing pregnancy.

Participants also found that out of 123 who knew about dreams, 43.9% indicated that knowing about dreams services helped them to prevent pregnancy. However, this variable was not significant with $P=.237$ and 23.8% likelihood of a person who knows about dreams services getting pregnant. Knowing PCZ has a $P=0.642$ which was insignificant with a 64% likelihood of a person who knows about PCZ services falling pregnant. Knowing about ECR services was found to have had a p-value of 0.397 and the likelihood of 39.7% for the person who knows about ECR services getting pregnant.

Table 4. 5: Relationship between Pregnancy Prevention and Reproductive Health Empowerment Program

		NO	YES	P. value
Enrolled in any RHR program	NO	75	0	0.00
	YES	0	63	
Received skills empowerment	NO	75	0	0.00
	YES	0	63	
Sexuality education empowerment	NO	75	0	0.00
	YES	0	63	

Source: Field data, 2023

Preventing pregnancy was found to have had a significant relationship with being enrolled in a SRH program. It was found that the $P < 0.01$ for preventing pregnancy among those enrolled in a SRH program and the likelihood of one getting pregnant while enrolled in a SRH program was 0. The p-value for variable received sexuality education empowerment and received skills empowerment gave the exact same result as the variable enrolled in SRH program because the individuals who were enrolled in SRH program received the services. However, the study did not do any autocorrelation tests.

4.6 THEMATIC ANALYSIS: IN-DEPTH INTERVIEW

4.6.1 Sensitization

The participants who had a favourable impression of sensitization messages aimed at preventing pregnancy among teens stated that they believed the messages were suitable for the target audience. The participants held the belief that the messages are highly beneficial in terms of pregnancy prevention and serve as a warning to adolescents about the risks of pregnancy. The sensitization messages were thought to have the ability to broaden the minds of children and discourage them from engaging in immoral behaviours.

Conversely, participants who viewed sensitization communications as unsuitable and unfiltered expressed that the messages are not suitable for children and should be tailored to their needs. Other participants noted that youngsters may be inclined to

emulate the content of the sensitization messages, leading them to participate in sexual activity and explore strategies of preventing pregnancy.

4.6.2 Family planning

The topic of family planning and its utilisation among adolescents led to the identification of multiple codes and outcomes. The participants expressed their approval of utilising family planning methods when the advantages outweigh the potential hazards associated with pregnancy. The participants held the belief that adolescents have the entitlement to engage in family planning, which is highly beneficial in averting teenage pregnancy and early marriages arising from pregnancy. Furthermore, family planning facilitates the educational advancement of adolescents. In addition, the participants held the belief that family planning is beneficial in preventing deaths and illnesses that arise from early pregnancy.

The opposing viewpoint is that delivering family planning to adolescents is unsafe and not advisable, as excessive use may lead to future fertility issues. In addition, they contended that family planning encourages sexual promiscuity among youths and that it deviates from biblical principles.

4.6.3 Reproductive health empowerment

It was noted by a few of the participants that the adolescents were given the opportunity to participate in empowerment activities at the DREAMS venues. Participants who were confirmed to have participated reported watching skills training for adolescents. As an illustration, one of the participants mentioned that their daughter had undergone training in tailoring before. Teenagers were reportedly given more control over their educational experiences and were given school materials like backpacks, shoes, and books, according to the reports of other participants.

On the other hand, a few of the participants stated that they were not aware with the idea of empowering adolescents and that they had not seen any teenagers who experienced empowerment.

4.7 Chapter Summary

This chapter provides the presentation and analysis of findings obtained from the questionnaires and interviews conducted based on the three research objectives. The presentation of findings was done in tables including frequency tables and cross tabulation tables with Chi-square P-values. The tables presented the aside the frequency, the relationship between the independent and dependent variables and the significance of the relationship.

The graphs were also used to present the findings of the study. The tables performed the role of assisting to visualise the findings of the analysis. Furthermore, the chapter presented the findings from the qualitative data analysis which made use of a thematic analysis. The analysis gave explanations resulting from the information that was gotten using the interview guide concerning the view of the key informants and guardians to the adolescents and the other stakeholders that participated in the study such as church leader and other gate keepers.

CHAPTER FIVE

DATA DISCUSSION AND ANALYSIS

5.1 Introduction

This chapter discussed the findings of the study for the data presented in chapter four. The discussion will follow the three specific objectives presented in the first chapter. This will therefore be discussed under the headings of the effectiveness of adolescent sensitization campaign on pregnancy prevention, influence of family planning of prevention of pregnancy and effectiveness of family planning services on prevention of pregnancy.

5.2 Discussion

5.2.1 Characteristics of respondents and sensitization

Commencing the discourse, the demographic characteristics of the participants are examined. The present study exhibited a greater prevalence of older adolescents in comparison to younger adolescents. Most of the participants (79%) were enrolled in educational institutions. The teenagers who were attending school had a greater incidence of getting sensitization messages on pregnancy prevention, when considering the actual figures. These data support Stone's arguments that implementing sexuality education in schools serves as a preventive measure against teen pregnancies. Stone et al. (2019) discovered that returning teenagers to school offers them a significant opportunity to access reproductive health information that is shared within the school environment.

Additionally, it enables teenagers to effectively read and comprehend the information displayed and published in school (Stone et al., 2019). It might be contended that adolescents who are enrolled in school are more prone to receiving health education and information regarding reproductive health. This aligns with the assertion that schools serve as a structured hub for reaching adolescents and effectively disseminating reproductive health information (MOH, 2020). This was further demonstrated by the results of the survey, which revealed that out of the 109 participants, 78 of them, who stated that they were currently enrolled in school, reported receiving informative messages regarding pregnancy prevention.

Additional strategies for spreading reproductive health information are employed within communities to target those who are not attending school due to their heightened vulnerability to early marriages and pregnancy. According to this study, 75.9% of the 29 individuals who were not attending school were successfully exposed to messages aimed at preventing pregnancy. Nevertheless, there are still obstacles to overcome when it comes to the acceptance and execution of the messaging.

When teenagers are exposed to messages, these messages serve as stimuli because their purpose is to provoke some kind of change in the adolescents. The behavioural theory is relevant. The chapter discusses three categories of behaviour: behavioural beliefs, normative views, and control beliefs. The behavioural beliefs indicate that these beliefs lead to attitudes towards the behaviour (Etheridge et al., 2023). The normative views align with the perceived attitudes of peers and the behaviours of respected individuals, which may or may not be imitated depending on the level of respect that individual holds for the person exhibiting the behaviour (Etheridge et al., 2023).

The idea of planned behaviour integrates two psychological theories related to changing health behaviours (Mimiaga et al., 2009). These ideas propose that behaviour is influenced by positive attitudes and subjective perceptions, wherein individuals act in a certain manner because they believe it aligns with others' expectations. These factors lead to the inclination to exhibit behaviour influenced by both attitude and subjectivity. The results of the present study suggest that adolescents make a conscious decision to either accept or reject the information they receive regarding pregnancy prevention, which is a behavioural characteristic.

Another scholar expressed that the notion of planned behaviour suggests that humans engage in conscious, rational, and deliberate actions (Brookes, 2023). Put simply, unintentional or mistaken behaviour does not exist. Instead, individuals typically exhibit behaviour that they are aware of consciously or unconsciously. Adolescents tend to act in accordance with the knowledge they get about pregnancy prevention. However, individuals who did not get the information may be described as engaging in unskilled actions.

According to Ng'andu et al. (2013), conditioned behaviour can completely eradicate human activity. The stimuli in the present study encompass the information pertaining to pregnancy prevention, as well as the accessibility and provision of contraceptive choices. Individuals acclimate to their surroundings by acquiring knowledge and insights from them. This theory aims to evaluate the adolescent's capacity to acquire knowledge from different surroundings, companions, guardians, and circumstances, such as parental aggression, introduction into sexual activities by peers, and other behaviours (McGaghie & Harris, 2018; Maisto, et al., 1999). Adolescent behaviour can be altered by the implementation of corrective techniques and conditioning, as stated by Walker (1984).

Adolescents are very susceptible to negative influences and peer pressure, which is believed to be the primary factor contributing to their adoption of such behaviours (Abdurahman et al., 2022). Upon exposure to information, adolescents may exhibit behaviour that aligns with the majority group. If the majority group obtains condoms, for example, adolescents may be inclined to do the same. However, it ultimately depends on each individual adolescent to actually utilize the condoms. However, Jennings noted that an individual's ability to adapt is greatly influenced by their level of adaptation. Therefore, he claims that this component is not consistent, and not every person would respond to stimuli in the same or similar manner. The resulting behaviour is deliberate, as the individual reacts to what they have experienced after a brief period of contemplation.

The promotion of targeted information and health delivery is encouraged, with the argument that providing age-appropriate information is more efficacious (MOH, 2020). The study revealed that participants aged 15-19 received pregnancy prevention material more frequently than those aged 10-14. Brindis et al., (2020) proposed implementing strategies to enhance the availability of reproductive health information, such as increasing reproductive health services and enhancing reproductive health education for adolescents. Adolescents should be able to undergo reproductive health and rights treatments that can effectively induce behavioural modification. The results of the present study indicate that there is a lack of consistency in the distribution of information on pregnancy prevention, with a greater emphasis on educating older teenagers compared to younger ones.

However, it is important to disseminate this information to all adolescents, regardless of their age groupings, in order to effectively equip them with the essential knowledge.

Taking into account the World Health Organization's (WHO) 2018) recommendations for safe abortion services, thorough sexuality education, counselling and supply of contraception, prevention of violence against girls (including sexual assault), and detrimental traditional practices. The current study found that a majority of adolescents received messages on Reproductive Health Rights (RHR) . All 100 individuals reported receiving information on both abstinence and condom use. Nevertheless, there was a clear segregation in the distribution of knowledge concerning other approaches to family planning, as evidenced by the figures. Specifically, only 50 individuals were informed about oral contraceptives, while 44 were educated about injectable contraceptives and long-term contraceptives. Furthermore, the campaigns did not provide any information regarding the techniques of abortion.

5.2.2 Family Planning

This is supported by the research conducted by Todd & Black, (2020), which demonstrates that adolescents are appropriate candidates for contraception methods that fall into different categories, including short-term, medium-term, and long-term contraception. Todd & Black emphasized that employing a combination of contraceptives, known as the dual method, is highly advised for effectively preventing births in adolescents. They also highlighted that this kind of contraception offers both contraceptive and non-contraceptive advantages, which address various concerns among adolescents.

Parents and guardians are the main ones who can assist teenagers in accessing and utilizing reproductive health and rights services, according to Okeke et al. (2022). Adolescents place complete confidence in the individuals who provide for and support them in their daily lives, making information from these sources more influential. The study additionally discovered that parental advice and control significantly contribute to the prevention of pregnancy. Children who are orphaned are commonly thought to have a deficiency in parental care and direction, as the level of care provided by extended family members or foster homes is typically not

equivalent to that provided by biological parents (Okeke, et al., 2022). The study findings indicated consistent patterns, showing that individuals with both parents alive had the highest proportion of receiving pregnancy prevention advice, followed by those with both parents deceased, and lastly, individuals with only one surviving parent. Nevertheless, the results are in conflict with Mudenda et al., who identified diverse opinions among adolescents and parents towards adolescent contraception usage. They found that certain categories and groups were opposed to the use of contraception in adolescents (Muanda et al., 2018).

Todd & Black (2020) proposed that adolescents are appropriate candidates for contraception methods that fall into three distinct categories: short-term, medium-term, and long-term contraception. Todd & Black emphasized that employing the dual method, a combination of contraceptives, is highly recommended for effectively preventing pregnancies in adolescents. They also highlighted that this method offers both contraceptive and non-contraceptive benefits, which can address various concerns among adolescents. The results of the present study contradict the conclusions of Todd & Black, as they imply that not all age groups of adolescents are included, as previously suggested by Todd and Black. However, Jennings noted that an individual's ability to adapt is strongly influenced by their levels of adaptation. Therefore, he contends that it is not a consistent factor that every person would respond to stimuli in the same or similar manner.

To prevent pregnancy, it is necessary to utilize measures such as avoiding contact, promoting adolescent abstinence even in situations of exposure, and offering contraception and condoms as a backup if abstinence is not maintained. Implementing comprehensive sexuality education in schools effectively reduces the incidence of adolescent pregnancies. In order to accomplish this, providing funding for family planning programs in rural and low-income countries enhances the availability of family planning services for teenagers who face difficulties in accessing such services, as well as other health services including reproductive health information and rights (Ranji et al., 2017). The present investigation revealed a significantly poor efficacy rate of family planning among adolescents. According to the results, among the 56 individuals that utilized family planning, only 10

participants reported that the family planning they received effectively assisted them in avoiding pregnancy.

5.2.3 Reproductive health empowerment programmes

The study findings indicate that youngsters whose parents encourage obedience and provide guidance are more likely to have access to RHR. Roy's adaptation model considers an individual as a bio-psychosocial entity that engages with their dynamic environment and the different stimuli it presents (Roy, et al., 2009). In this scenario, individuals lacking parental figures experience feelings of abandonment and neglect, leading them to adjust to an environment where they do not actively seek care.

The stimuli are classified as focused, contextual, and residual stimuli (Roy, et al., 2009). The Roy's adaptation model analyses the impact of environmental stimuli on an individual's coping mechanisms and adaptation modes. Reproductive health and rights programs should change teenagers. Adolescents allocate a greater amount of time to non-reproductive health and rights settings compared to reproductive health and rights settings (Jennings, 2017). Adolescents are exposed to various stimuli, and they often adapt to their highly exposed surroundings. For example, if they experience being an orphan, their vision of the environment may alter, and they may become less concerned about what happens to them.

An educational program implemented in schools, which focused on providing sexual and reproductive health information and attempted to modify behaviour, successfully decreased the rate of teenage pregnancy within the targeted group (Kasozi, et al., 2019). In order to encourage behavioural change and supply consistent information about reproductive health and rights, the study by Kasozi et al. highlighted the significance of executing a controlled intervention utilising a cohort approach. This approach was found to be effective in reducing pregnancy rates among the targeted group, as demonstrated in a school health intervention (Kasozi, et al., 2019). The adolescents were also seen to have behavioural modifications among them. Cohort groups are beneficial due to the customized interventions that target the discernible behaviour and risks observed within a collective of persons (Kasozi, et al., 2019). These data suggest that the trend in the spread of RHR found in this study may be attributed to the fact that the biggest number of individuals who got RHR information were those who were in school, as opposed to those who were not in school.

Implementing this would facilitate the assessment of the influence of the intervention's result.

The acquisition and origin of knowledge regarding the Reproductive Health Rights have a significant role in the prevention of pregnancy. According to a study conducted by Pepito et al. (2022), Mehra et al. (2018), Kasozi et al. (2019), and Menon et al. (2018), individuals who obtained information about reproductive health from the internet and newspapers had a lower likelihood of experiencing teenage pregnancy compared to those who received family planning messages through radio, television, and short messages. These findings suggest that the method of spreading information plays a crucial role in successfully attaining the desired goals of reproductive health and rights messages. The predominant method of disseminating information about Reproductive Health Right involved conducting verbal campaigns in schools and the community. A study revealed that 78% of the adolescent population who heard messages regarding pregnancy prevention reported that the material had a significant impact. Youth centres serve a crucial and strategic role in reducing teenage pregnancies.

In contrast to the current study's focus on physical methods of information transmission, Pepito et al. (2022) found that exposure to family planning messages through the internet and newspapers was associated with reduced likelihood of teenage pregnancy. Individuals who utilize the internet and peruse newspapers are more inclined to possess more comprehensive and up-to-date knowledge regarding current events (Abdurahman et al., 2022). This demographic is prone to placing trust in information from credible sources, such as reputable websites like WHO and Marie Stopes, as well as publicly owned publications. These discrepancies demonstrate the contextual disparities arising from the geographical viewpoints and socio-economic backgrounds of the countries under consideration.

The Roy adaptation model suggests that the way information about pregnancy prevention is presented to adolescents can affect their ability to adapt to their environment, which in turn affects their quality of life and decision-making process. If the adolescent has the belief that avoiding pregnancy will enhance their current or future quality of life, the probability of them implementing effective behavioural actions to prevent pregnancy is high. It is commonly assumed that individuals act in

a reasonable manner, making choices that they believe would optimize their own rewards or satisfaction.

Adolescents are thought to engage in behaviour based on their perception of personal gain rather than considering the well-being of others. This theory will direct the study by evaluating the motivation behind adolescents' behaviours in relation to pregnancy prevention.

Similar to the findings of Chimatiro et al. (2022) and Zulu et al. (2022), this study reveals that adolescent girls exhibit reluctance in accessing and utilizing contraception. This hesitancy stems from their fear of being stigmatized, feeling embarrassed, and perceiving family planning as complicated. Furthermore, the study indicates that only 56% of adolescents with knowledge about family planning actually accessed it. Nevertheless, certain adolescents expressed that they did not obtain the specific family planning services they requested. This exemplifies the stark contrast between persons who lack any privileges and access to reproductive health information, and those who possess complete privileges and access. In order for the approach of using Information, Education, and Communication (IEC) to effectively prevent early marriages and teenage pregnancy, it is necessary for all adolescents to have complete access to information, education, and communication. This approach, as mentioned by Sanz-Martos et al. (2013), is considered the most effective method for increasing knowledge levels on teenage pregnancy and influencing the behaviour of adolescents in relation to early marriage and contraception.

The social cognitive theory posits that individuals acquire knowledge by observing others in the context of social interactions, which constitutes a substantial part of their overall knowledge (Schunk, 2012). This marks the beginning of peer pressure among adolescents. According to Maisto et al. (1999), when reproductive health and rights initiatives are effective, it is probable that other teenagers would observe and acquire positive behaviour from their peer group. If individuals receive information from their peers about experiencing side effects or observing others experiencing side effects from contraception, such as prolonged menses, their attitudes and actions towards using contraception as a method of preventing conception would decrease dramatically.

Acquiring knowledge from the surroundings is widely recognized as one of the most effective methods to gain insights that cannot be acquired through conventional classroom instruction. While it may be considered superior, there is a significant probability of acquiring inaccurate knowledge or beliefs depending on the credibility of the source. Similar to how oral history undergoes continual modification and dilution due to the personal beliefs and viewpoints of the storyteller, informal learning experiences also undergo similar changes. Behaviours can be acquired or eradicated. An individual's motivation to behave in a given way is influenced by their anticipation or anticipated outcome of that behaviour (Mimiaga et al., 2009). Adolescents initiate sexual activity at an early age due to a variety of causes, such as acquiring knowledge from their peers in an informal setting. Intergenerational and transactional sex exhibit a greater inclination towards the anticipated result. Adolescents acquire behaviour patterns mostly through environmental influence, particularly when they observe peers engaging in such behaviour and perceive it as yielding substantial revenue.

The technique of learning by modelling focuses on exposing the subject to the environment from which it needs to learn. The topic is modelled by repeating the actions through a signal or exposure. The social cognitive theory aims to understand the motivation and self-regulation behind the processes of modelling and learning.

Adolescents have the option to acquire the behaviour of others or to discard them if they perceive the behaviour as not advantageous (Johnson & Johnson, 2015). Adolescents encounter a wide range of activities and behaviours within society. These behaviours have a significant impact on teenagers, and if their capacity to control or regulate their behaviour is inadequate, they may choose to engage in either positive or negative behaviours.

Chung et al. (2018) discovered that the factors that increase the likelihood of adolescent pregnancy include the teenagers' limited knowledge and experience with family planning, primarily due to a lack of access to it. Moreover, the restricted availability of comprehensive sexual education, escalation in peer influence, and limited accessibility to healthcare facilities augment the likelihood of adolescent pregnancies. Based on these discoveries, Chung et al proposed that enhancing communication with adolescents, as well as other influential individuals and groups

such as parents, schools, and the community, including government policy, might effectively decrease the occurrence of teenage pregnancies in communities. Consistent with the research conducted by Chung et al, this study discovered that parents, guardians, stakeholders, and gatekeepers held varied opinions regarding family planning and sexual and reproductive health packages for children. The findings revealed that the thoughts encompassed the belief that these programs would lead to heightened promiscuity among teens, concerns about the safety of family planning methods for this age group, and the opinion that such programs are not in accordance with biblical teachings. Some individuals held the belief that teenagers have a legitimate entitlement to obtain sexual and reproductive health packages. They argued that such packages aid in preventing pregnancy, hence facilitating adolescents in successfully pursuing their education.

The present study yielded comparable results to a cluster randomized trial carried out in Zambia, which examined the effects of the Adolescent Girls Empowerment Program (AGEP) on various outcomes such as social, economic, educational, and fertility aspects. (Austrian, K. et al., 2020). The trial revealed that the program led to an increase in savings behaviour among adolescents within a span of two to four years. Additionally, it enhanced financial literacy during the same timeframe and reduced transactional sex by boosting self-efficacy within the two to four-year period (Austrian /et al., 2020). The present study discovered that participation in reproductive health and rights programs, along with receiving empowerment in reproductive health and rights and acquiring skills, had a notable impact on pregnancy prevention. Furthermore, a significant correlation was observed between enrolment in a reproductive health and rights program and the aforementioned factors.

5.3 Chapter Summary

The finding of the study which was analysed and resented in chapter 4 was discussed in this chapter. This chapter discussed the findings of the study with other literature or in comparison to other findings by other scholars which were presented in the literature review of this study. The findings of this study were either in conformity or contradicted the findings of other scholars

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter presents the conclusion obtained from the analysis and discussion of the research findings and brings forth recommendations that are intended to resolve the research problem. It further strives to meet the research objectives by interrogating the research questions. The chapter also brings out the research's contribution to the body of knowledge and the limitations of the study.

6.2 Conclusion of the Research Findings

Various approaches to preventing pregnancy are available in the world which have been tried and tested in different contexts and proved to be effective. The organisations and departments work around the clock to meet the goals and objectives to ensuring that the adolescents do not get pregnant in the adolescence age because that changes the course of their life significantly. It has been noted in this study that the most effective and influential approach is the use of NGO empowerment programs by enrolling the adolescents in the reproductive health and rights programs. Adolescents enrolled in NGO empowerment programs agreed that they received various packages which they affirmed as being effective methods of preventing pregnancy.

The key findings of this study are that empowerment programs have a great influence on the prevention of pregnancy among the adolescents. Simply knowing the organizations that offer the reproductive health and rights services and empowerment programs is not enough. Knowing the organizations offering empowerment programs, and subsequently being enrolled in the programs are related to pregnancy prevention. In addition, receiving the skills and receiving the empowerment in sexuality education help in the prevention of pregnancy among adolescents.

It is noted that contraception is a right for the adolescent who wish to have or access contraception hence should not be denied. If the adolescent is denied contraception, that would be violating their rights to health access. If the adolescent is denied

contraception and becomes pregnant, the blame goes straight to the person who denied the adolescent contraception. This has been observed from various studies including the current one the contraception is key game changer in the fight against early pregnancy among teenagers. For an adolescent package to be deemed complete or full package, contraception need to be an integral indicator to determine the completeness of the adolescent reproductive health package.

6.3 Recommendation

The following recommendations have been made.

1. The projects should increase the enrolment of adolescent girls in sexual and reproductive health empowerment programmes because it has proven effective in reducing the likelihood of an adolescent getting pregnant.
2. The adolescent reproductive health package should include essential messages and services, such as abortion services, as well as thorough information on all methods of family planning, regardless of age because the current one was perceived by adolescents as having inefficiencies in preventing pregnancies
3. The policy should address the update of the age range that should be considered as the right age for all sexual and reproductive health information and packages, including family planning, and it should also ensure that family planning is accessible at all levels.

6.4 Suggestions for future research.

Given the limited scope of our study, we recommend a longitudinal observational control study would be an ideal to observe actual behaviour of adolescents regarding pregnancy prevention and how they respond to information regarding pregnancy prevention. This will be able to assess the differences between the trained groups (those exposed to pregnancy prevention information) and the untrained group (those not exposed to pregnancy prevention) of adolescents. Such a study will be beneficial to understand the behaviour of adolescents and the

contextual differences leading to the portrayal of certain behaviours such as behaviour when in the presence of peers and when in the presence of adults.

6.5 Limitation of the Study

The study was confined to Kaleya area in Mazabuka District as a geographical location that the study was designed to be conducted from considering that it an area where the problem was identified in

The study did not control for external influencers such as family influence, and religion on prevention of pregnancy. In addition, the study was limited to observation and subjective interviews of participants and not experimental in nature.

6.6 Contribution to the Body of Knowledge

The findings of the study have provided the empirical evidence on relationship of pregnancy prevention with RHR, skills empowerment and education empowerment. The study has further presented the adolescent pregnancy prevention approaches and framework that are effective which could be used in various contexts to actualise the projects or programs. Furthermore, the study has provided the contextual understanding of RHR projects and approaches to pregnancy prevention.

6.7 Chapter Summary

The chapter presented the conclusion to the study and conclusion to the findings, discussion of the study that were presented earlier. The chapter also presented the recommendations that arose from the study and the limitations as well as the contributions that the study has made to the body of knowledge.

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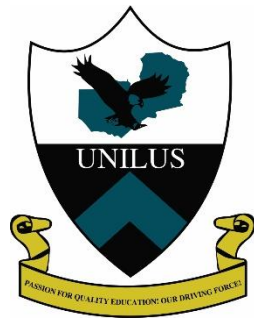
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Appendices

Appendix I: Gantt chart

Task Performance	Mar 23	Sept 23	Sept 23	Sept 23	Oct 23
Topic					
Background, Introduction					
Literature review					
Methodology					
Finalizing Research Proposal					
Clearance from ethical committee					
Pilot study					
data collection					
Data entry, analysis, interpretation and report writing					
Submission of draft report department of research					
Finalizing report					
Submission of final report to research Department					
Dissemination of findings					

Appendix II: Interview Guide



UNIVERSITY
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RESEARCH PROPOSAL

EFFECTIVENESS OF SEXUAL REPRODUCTIVE HEALTH AND RIGHTS (SRHR)
PROGRAMS ON THE PREVENTION OF PREGNANCIES AMONG ADOLESCENT
GIRLS IN KALEYA MAZABUKA DISTRICT, ZAMBIA

Master of Science in Project Management

BY

ELINA BWALYA

MSCPM22114559

INTERVIEW GUIDE

My name is Elina Bwalya, currently working towards a Master of Science degree in Project Management at the University of Lusaka. As part of the requirements for this degree, I am now researching the effectiveness of SRHR programmes in preventing teen pregnancies in the Kaleya Mazabuka District of Zambia.

There will be no personal data collected, so you can be confident that all information will remain confidential and anonymous. All information gathered will be used only for scholarly research to support my pursuit of a master's degree. We inspire you to openly and honestly communicate your ideas. You are under no obligation to continue participating and may withdraw at any time. We appreciate you taking part. Feel free to call me at 0978359139 if you have any questions.

Instructions: Please answer the following questions to the best of your knowledge and experience

a) What is the effectiveness of the adolescent pregnancy sensitization campaign packages on Prevention of Pregnancies among Adolescent Girls in Kaleya Area of Mazabuka District, Southern Province, Zambia.....

.....

4. How do you perceive the sensitization message for the adolescents on prevention of pregnancy?

.....
.....

5. How are the messages for the people of the adolescence age group?

.....
.....

6. How best would you want the sensitizations to be carried out?

.....
...

7. How do you feel the sensitization campaigns have affected adolescent's behaviour that exposes them to getting pregnancy?

.....

To assess the influence of family planning services on the Prevention of Pregnancies among Adolescent Girls in Kaleya Area of Mazabuka District, Southern Province, Zambia

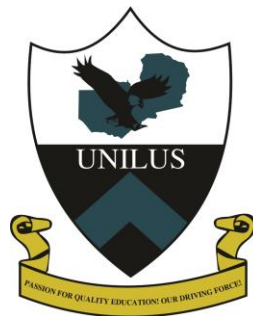
1. What is your position regarding family planning services to adolescents?
.....
2. How are family planning services for adolescents planned and implemented in your area?
.....
3. How would you want the adolescent family planning services to be delivered
.....
4. What is your take regarding the impact of family planning services in adolescents on preventing pregnancy in adolescents
.....

To examine the effectiveness of Sexual reproductive health and rights empowerment programs on the Prevention of Pregnancies among Adolescent Girls in Kaleya Area of Mazabuka District, Southern Province, Zambia

1. How are the empowerment programs for the adolescents in your area?
.....
2. Would you change anything to the empowerment packages currently being offered to the adolescent girls?
.....
3. What is the impact of the empowerment programs on the prevention of pregnancy in adolescents?
.....

Thank you was having come to the end of our discussion. Are there any additions to this topic?

Appendix III: Questionnaire



**UNIVERSITY
OF
LUSAKA**

School of Postgraduate Studies

**EFFECTIVENESS OF SEXUAL REPRODUCTIVE HEALTH AND RIGHTS (SRHR)
PROGRAMS ON THE PREVENTION OF PREGNANCIES AMONG ADOLESCENT GIRLS IN
KALEYA MAZABUKA DISTRICT, ZAMBIA**

Master of Science in Project Management

BY

ELINA BWALYA

MSCPM22114559

QUESTIONNAIRE

Instructions: Please answer the following questions to the best of your knowledge and experience

Demographic information

1. Age
 - a) 10 to 14 years b) 15-19 years
2. Schooling status
 - a. In school b. out of school
3. Level of education
Non Primary Secondary Tertiary
4. Are your parents still alive?
No, both are dead Yes only one is alive Yes, both are alive
5. Is there a relative, in your household or a friend who got pregnant before marriage after your turned 10 years old?
Yes No
6. If yes, in 6 above, how close are you with that person?
Very close close not close

Adolescent sensitization campaign

1. Have you ever received a sensitization message about prevention of pregnancy?
Yes No
2. What were the key points in the message that you learnt? Tick all that apply
Abstinence
Condom use
Using pills (oral contraceptives)
Using injectable contraception Long term family planning services
Consequences of early pregnancy
3. Was the message relevant to you? Yes No
4. What was the language used for publicity?
5. Were you familiar with the language used? Yes No
6. Were you able to ask questions when you needed clarity? Yes No
7. If yes above, was the feedback given? Yes No
8. Was the feedback appropriate? Yes No

9. Did the message change your understanding about early pregnancy?

Yes No

10. What family planning products were included in the campaign?

Condom Oral contraceptive (pills) injectable

11. Long term family planning services (1-5 years)

Family planning messages

12. Did the message give you the ability to prevent early pregnancy?

Yes No

Family planning services

1. Do you know where you can access family planning services?

Yes No

2. Are you comfortable accessing family planning services from the service points you mentioned?

Yes No

3. Have ever accessed any family planning following the sensitization?

Yes No

4. If yes, what family planning did you want?

Oral contraceptives Condoms

Long term family planning (1-5 years)

5. If yes, what family planning were you offered?

Oral contraceptives Condoms

Long term family planning (1-5 years)

6. If no why did you not access the service?

Turned back by service provider I was told I am too young

I have not yet started engaging in sexual intercourse

Feared to be laughed at other

7. Did family planning help you prevent pregnancy?

Yes No

REPRODUCTIVE HEALTH AND RIGHTS empowerment programs

1. Are you aware of any of the following adolescent REPRODUCTIVE HEALTH AND RIGHTS empowerment program in your area?

a. Dreams project Yes No

b. PCZ OVC project Yes No

c. DAPP TCE adolescent project Yes No

- d. ECR adolescent project Yes No
2. Have you ever been enrolled in REPRODUCTIVE HEALTH AND RIGHTS empowerment programs listed above?
Yes No
3. Which of the following were the empowerment activities that you received from the projects?
 Skills training Small business fund school sponsorship
 Sexuality education
4. Did they help you prevent early pregnancy or do you feel they can help prevent early pregnancy?
 Yes No

Appendix IV: Submission form



SCHOOL OF POSTGRADUATE STUDIES

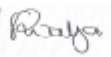
SUBMISSION OF DISSERTATION FOR EXAMINATION

Name of student:.....Elina Bwalya

Student number:.....MSCPM22114559.....

Programme of study:.....Master of science in Project Management.....

Dissertation title:..... EFFECTIVENESS OF SEXUAL REPRODUCTIVE HEALTH AND RIGHTS (SRHR) PROGRAMS ON PREVENTION OF PREGNANCIES AMONG ADOLESCENT GIRLS IN KALEYA AREA OF MAZABUKA DISTRICT, SOUTHERN PROVINCE, ZAMBIA

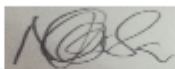
Signature of student: 

Date:5/01/2024.....

Supervisor's Comments:

I recommend this dissertation for submission for examination (If you do not recommend, kindly provide a written report and attach hereto).

Name of Supervisor:Dr Nkumbu Nalwimba

Signature of Supervisor: 

Date:14/01/2024.....

Appendix V: Ethical Clearance



SCHOOL OF POSTGRADUATE STUDIES

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UNILUS-RESEARCH ETHICS COMMITTEE

Ref no: FWA00033228-10512/23

Date: 28th December 2023

STUDENT NAME: ELINA BWALYA

EFFECTIVENESS OF SEXUAL REPRODUCTIVE HEALTH AND RIGHTS (SRHR) PROGRAMS ON PREVENTION OF PREGNANCIES AMONG ADOLESCENT GIRLS IN KALEYA AREA OF MAZABUKA DISTRICT, SOUTHERN PROVINCE, ZAMBIA

The above research was submitted to the research ethics committee for review. The study has no major ethical problems and is approved subject to the following:

1. The study cannot be changed without express permission of the UNILUS research ethics committee.
2. Approval from the necessary authority should be sought.

Congratulations and the committee wishes you success in your work.



Professor Kasonde Bowa
MSc(Glasgow),M.Med(UNZA),FRCS(Glasgow),FACS,FCS,DPH(LSTMH),MPH(UCL)
Chairman- UNILUS REC
Professor of Urology and Consultant Urologist
Deputy Vice-Chancellor – Research and Innovation
Executive Dean - School of Medicine and Health Sciences

Appendix VI: Similarity Report



Final Dissertation -
Similarity Report.pdf