

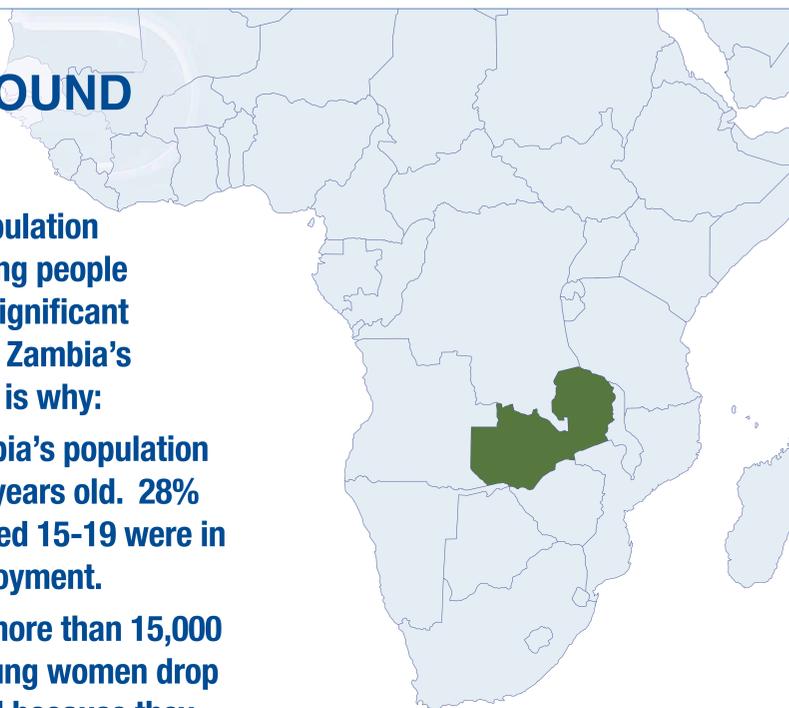
BOOSTING ZAMBIA'S EFFORTS TOWARD COMPREHENSIVE SEXUALITY EDUCATION AND UPTAKE OF HEALTH SERVICES AMONG YOUNG PEOPLE



BACKGROUND

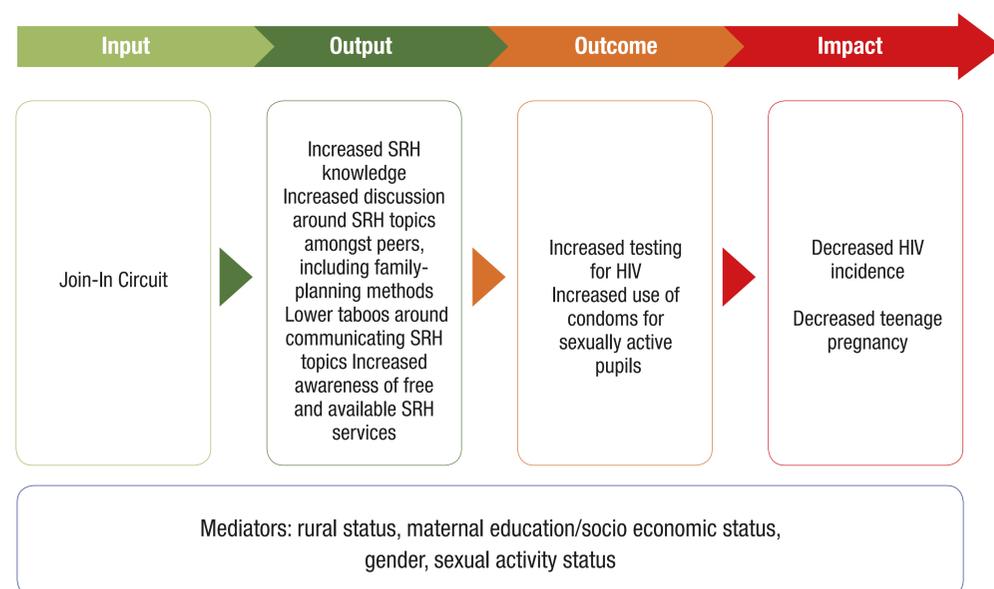
In terms of population dynamics, young people are already a significant determinant of Zambia's economy. Here is why:

1. 15% of Zambia's population is below 15 years old. 28% of people aged 15-19 were in formal employment.
2. Every year, more than 15,000 girls and young women drop out of school because they become pregnant during their school years.
3. Almost one in five adolescent girls are already married; 60% of girls aged 19 have already started child bearing.
4. Zambia has one of the highest HIV rates in the world, with 13% of the workforce infected with HIV.
5. Only 40% of people aged 15-19 possess correct and comprehensive knowledge about HIV/AIDS. Only 40% of young Zambians report regular condom use. Overall use of contraception by women is 35%.



APPROACH

- A behaviour change tool called the Join-In-Circuit (JIC), which aims to improve SRH knowledge to enable participants to make better-informed choices, was used. Thereby, six issues were explored: ways of transmission; sexually transmitted infections; body language; positive living; love, sexuality, and protection from HIV; and contraceptives. Facilitators led the participants through an interactive scenario to help students learn, promote comprehension, and stimulate discussion.
- The following figure depicts our conceptual framework.



PROBLEM



Zambia's economy and population dynamics face a major challenge; all available evidence indicates that there is a significant lack of comprehensive knowledge on HIV prevention and reproductive health among young people and insufficient availability of adolescent responsive health services to cater for a growing demand from young peoples' sexual health needs.



Current approaches to programming and implementation has been fragmented, leading to inefficient use of available resources.

LESSONS LEARNED



The good momentum that has been generated by building on cooperation between health and education sectors needs to move away from the boardrooms towards where it matters most: the young person (i.e. implementation and scaling of existing solutions (such as the JIC) aimed at improving health conditions of the individual young person).



Changing behaviour on sexual and reproductive health is extremely difficult but not impossible – the right mix of Government support, NGO implementation capacity and technical know-how can make it possible.

RESULTS

- This very short, single-dose innovative approach had a major positive impact on behaviour change: It disrupted the status quo. The JIC-tool increased HIV testing rates; the likelihood that students visited a health facility for family planning advice; and whether students were aware of any family planning methods.
- More impact among girls: HIV testing levels increased by 12%; visits to a health facility for family planning advice by 10%; awareness of family planning methods by 6%.
- The JIC-tool improved the knowledge of the younger cohort (average age 12) and the behaviour of the older cohort (average age 17).
- Both students and teachers appreciated that external facilitators led the program, with whom students felt more comfortable asking questions.

