

Combating Adolescent Girls Pregnancies and Dropouts through Contraceptive Knowledge, Use and Civic Engagement in Zambia

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Abstract Zambia's Education system keeps recording high dropout rates among adolescent girls in secondary school due to unintended pregnancy. Teenage pregnancies reported among girls in grades 1-12 at both primary and secondary level from the years of 2010 to 2017, show that, at primary level they have been a total of 100,664 pregnancy cases recorded and a total of 20,771 pregnancy cases at secondary school level. The implications of these high dropout rates among girls are low female participation and representation in governance, parochial citizens, lack of employment and poverty among others. This study therefore aimed at finding out how engaged various stakeholders were in teaching contraceptive knowledge and usage of contraceptives in school adolescent girls as a mitigation strategy to pregnancy and dropout. This study was located in the social constructivism paradigm in which a qualitative approach was used and the case study design was employed. A total sample size of 30 participants in which a sampling technique of: Typical Purposeful sampling was used on all the participants. Data was analyzed thematically. The findings seem to suggest that there was acceptability and civic engagement in teaching contraceptive knowledge by teachers and NGOs because they believed it would give the girls better education outcomes and reduced dropout rates. Parents were still resistance to usage of contraceptive because they thought it would lead to moral decay and promiscuity. The study among others recommends that society start opening up in talking about finding lasting solutions to the current problem of adolescent pregnancy in secondary schools in Zambia, by breaking cultural misconceptions.

Keywords: education, dropout, pregnancy, contraceptives, knowledge, use, challenges, Zambia

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1. Introduction

Adolescent School girl pregnancy and its connection to school drop-outs is a major concern to developing countries like those in sub-Saharan Africa [1,2,3,4] with other implications such as early marriage and social scorn [5]. Further, the children of these teenage mothers were more likely to have lower school achievement and to drop out of high school, give birth as a teenager, and faced unemployment as a young adult [2,6]. Zambia has in the recent past recorded a number of girls failing to complete their secondary school education mostly due to unintended pregnancy. The findings of the 2018 ZDHS also showed that, Teenage mothers were more likely to experience adverse pregnancy outcomes and were more constraint in their ability to pursue educational opportunities than young women who delay child bearing [7]. One approach that has been shown to work, especially in developed countries such as the USA, in reducing these unintended adolescent pregnancies among school girls is provision of SRH

services such as contraceptive knowledge and making contraceptives available to the adolescents [2].

Currently, the Zambian government, has two (2) interventions to ensure that adolescent girls complete their secondary school education. One of these is the re-entry policy, launched on 13 October 1997 with the main aim of providing socio-economic and educational opportunities to adolescent girls, who dropped out of school due to pregnancy, to return to school after delivery [8, 9]. However, from 2010 to 2017 the policy has only managed 44% (53,814/121,435) re-admission rate at both primary and secondary levels and girls who became pregnant at primary school level had a higher risk of dropping out of school forever [10]. The other intervention is the Comprehensive Sexuality Education (CSE) which was rolled out to all schools in Zambia in 2014 targeting children aged 10-24 in grades 5-12 [11] and promotes abstinence and education on adolescent rights to sexual reproductive health (SRH) including contraceptive knowledge and use. While one of the stated outcomes of CSE is preventing teenage pregnancy for better educational outcomes, CSE activities for achieving this

outcome among adolescent girls in secondary schools have avoided discussions on the actual use of contraceptives to meet this goal, instead CSE focuses on abstinence and delaying sexual debut [12]. The failure of the re-entry policy and the CSE, made adolescent pregnancy a significant societal problem contributing to high school dropouts among girls. This study therefore, aimed to understand the engagement of key stakeholders in teaching contraceptive knowledge and use to girls in secondary school with the aims of ensuring that they complete their high school education without dropping out of school due to pregnancy.

2. Theoretical Underpinnings and Selected Literature

This study was guided by the theoretical framework governing the social influence theory by Herbert Kelman and further developed by other scholars who proposed that an individual's attitudes, beliefs and subsequent actions or behaviors were influenced by referent others [13]. We therefore, hypothesized that the civic engagement of authority figures such as parents, NGOs and school authorities in teaching contraceptive knowledge and use to adolescent girls in secondary school would influence a positive change in the beliefs, attitudes and behavior of the in-school adolescent girls towards contraceptive knowledge and use. This would result in increased contraceptive knowledge and use which in turn would reduce teenage pregnancies and school dropout rates leading to better educational outcomes for these girls.

Civic engagement entails any individual or group or community working together in both political and non-political actions to address societal problems [14]. In this study, civic engagement referred to a process in which stakeholders such as parents and teachers individually or collectively participated in a non-political action to address adolescence pregnancy as an issue of public concern. [15] found that adolescent girls dropped out of school to be married as teenagers mainly because of pregnancy which was associated to inadequacies of the methods in which contraceptive knowledge was being given to these young girls, who was giving this information and how often it was given [15].

Another study in Nigeria, found that out of 35 respondent adolescent 25 respondents got their information on contraceptives from the media, 8 from hospital, 6 respondents from friends, 4 from school, none of the adolescents received contraceptive knowledge from their parents while three respondents had never heard about contraceptives [16]. The findings seem to suggest that key influencers such as parents and teachers are not adequately engaged in educating the adolescent girls on contraceptive use to prevent pregnancy and keep these girls in school. Most parents think that young people should follow traditional sexual norms even if they lived in a modern and globalized world. Therefore, they were opposed to directly engaging in providing knowledge on contraceptive use as they thought it would encourage increased sexual activity among the adolescent girls and thus put them at risk of contracting STIs such as

HIV/AIDS and suffer later side effects of contraceptives such as infertility when they get married [17,18].

It was further established that some parents felt that they had insufficient knowledge to teach their daughters on contraceptive use and hence avoided talks on sex and contraceptives deliberately while others felt they were the primary influencers of their daughters when it came to sexuality issues and thus encouraged engaging in the teaching of contraceptive use even though they could not encourage their own daughters to use them [18]. Even though some parents blamed teachers and health care providers for teaching contraceptive use to their young adolescents, teachers and some community leaders were of the view that parents needed to speak more to their children on sexual matters including contraceptive use in order to reduce the teenage pregnancies and the consequences associated with it [19]. Due to religious, cultural and social reasons sexual intercourse and contraceptive use was seen as a preserve for only married adults. Therefore, issues regarding contraception may not to be discussed at home, particularly among parents and young in-school adolescent girls [20].

As a result of lack of engagement of influential stakeholders, the in-school adolescents were faced with various difficulties in their bid to access SRH services such as access to contraceptives, including social stigma, negative attitude of service providers, fear of teachers and the anticipated negative response of parents [21]. This lack of engagement affects the acceptability of the contraceptives which leads to adolescents' attitudes of shame towards contraceptive use, fear of parental disapproval in addition to distrust in the efficacy of contraceptives which pose as barriers to adolescents' utilization of contraceptives to prevent the high dropout rates due to unplanned pregnancy [22]. We could perhaps assume that social stigma, poor attitudes of service providers, fear of teachers and the anticipated negative response of parents were also expected as possible findings in our Zambian culture which is highly conservative.

Problems and Questions Guiding the Research Paper

Ideally no young girl should be out of school due to pregnancy, but the reality is that adolescent unintended pregnancy is one of the leading causes of high dropouts among adolescent girls in Zambia. The re-entry policy and the CSE have not addressed this problem as they wait for girls to fall pregnant and focus only on abstinence respectively [11]. The implications of girls dropping out of school young is having parochial or object citizens, lack of female representation in high positions of politic influence, poverty and early motherhood. Early motherhood tends to impede the pursuit of lifelong options such as formal schooling and career development. Investing in contraception, therefore, is more cost effective than managing unplanned pregnancy and caring for more children [2]. While much has been said about contraceptive use among adolescents in university [23] and preventing teenage pregnancy to address child marriages among married young adolescents [15], this study explores the civic engagement of stakeholders in teaching contraceptive knowledge and use among adolescents girls in secondary school to prevent school drop outs due to pregnancy.

The research paper specifically attempted to answer the following questions:

1. How engaged were stakeholders in teaching of contraceptive knowledge to adolescent girls in secondary school as mitigation to pregnancies?
2. What were the views of stakeholders on teaching contraceptive use to adolescent girls in secondary school as mitigation to pregnancy?
3. What were some of the challenges that adolescent girls faced in accessing contraceptive knowledge and use as mitigation adolescence pregnancy?

3. Methodology and Design Employed

In the methodological aspect, the participants came from three (3) urban selected secondary schools and their surrounding communities in Kabwe district of Zambia. These were all government secondary schools. A qualitative approach was used and more specifically a narrative design was employed. The participant's status varied to include a number of stakeholders; With a total sample size of 30 participants: in which semi-structured in-depth and key informant face to face interviews were used to collect data with open ended questions with seven different participant groups: adolescent girls aged seventeen years to twenty three years of age, affected adolescent girls (AAG- those who have been pregnant before (n = 3), parents (n = 4), guidance & counseling teachers (n = 3), FGDs of 15 unaffected adolescent girls (UAG n = 3 FGDs), Civic Education teachers (n = 3), school administrator (n = 1), NGO facilitators (n = 1). The study used Purposeful sampling technique: specifically, Typical Purposeful sampling was used on all the participants. Data was analyzed thematically and comparative analysis. Ethics were adhered to through the provision of the participant information sheet and the signed informed consent forms, also signed consent was also sought from the parents and guardians of all the adolescent girls who took part in this study before engaging them.

4. Results of the Research

Stakeholder engagement and views on adolescent contraceptive knowledge and use

This study established that all 30 participants highly supported the fact that all parents, were highly engaged in advocating and teaching only on abstinence as the only best form of contraception and the best option for girls completing their secondary school education. However, this teaching on abstinence was done in an indirect, threatening or up hazard manner due to the taboos that surround topics of adolescent sexuality. Moreover, when parents were faced with issues to do with sex and contraceptives, they referred the adolescent girls to other relatives such as aunties, uncles and grandparents; a trend referred to as the "Zambian culture". A girl in a FGD stated that, "They (parents) talk about abstinence, but they don't talk directly. You reach home late... Then they will start raising issues...." (Girl15 FGD1, March 2020). A parent also said, "... It is just our culture as Zambians.

Talk about contraceptives with my daughter! No! We leave it to the grandmother..." (Parent 2, February 2020).

All 4 parents in this study did not engage in teaching their adolescent girls contraceptive knowledge even though they agreed that the girls had the right to contraceptive knowledge. 25 out of 30 participants interviewed in this study echoed the fact that teaching about contraceptives knowledge to girls in secondary school would be in essence promoting promiscuity and prostitution among the girls. They thought sex and contraceptive use was a preserve meant to be taught to married people who could use the information for planning child spacing and not for young unmarried adolescents still in secondary school. A parent stated,

The use of these contraceptives means that there must be a couple which wants to plan how many children they want to have. But for a girl child who is still in school, what is that planning for? Because their main goal is to focus on education, not indulge themselves in active sex, no! (Parent 1, March 2020).

However, 28 out of 30 participants thought that society had changed and that most adolescent girls were already sexually active and were accessing and using contraceptives secretly without parental consent even though they were not yet married. Therefore, parents needed not to bury their heads in the sand like ostriches but had to face the problem at hand by teaching the children contraceptive use. A girl confirmed using contraceptives saying that,

Yes, we do (have sex) ...practice makes perfect...that's what they say. They are those girls who are addicted to sex. Myself I use (contraceptives) because I have a boyfriend. (Girl 5, FGD 3, February, 2020).

It was also mentioned that,

...we shouldn't bury our heads in the sand... the ostrich fashion and say everything is ok..., things are changing, our societies are changing so they just have to learn about that (contraceptives)... (CVE teacher1, February, 2020).

Even though 29 out of 30 participants were of the view that knowledge on contraceptive use if well taught, would help reduce the numbers of girls who fail to complete secondary school education due to teenage pregnancies, 4 out of 30 participants were against the teaching of contraceptive use among adolescent girls in secondary school as they thought that the girls would start engaging in sexual activities rather than focusing on their education. 26 out 30 participants, however, disagreed and were of the view that, contraceptive use would actually give the girls a fighting chance at completing their secondary and tertiary education because they would not get pregnant and be divided between performing their role as mothers and being pupils at the same time. A girl stated that, "After I had my baby my academic performance went down..." (Affected girl 3, March 2020). A guidance teacher noted that,

If effectively administered or used, the contraceptives among our teenagers in schools can really help to reduce the levels of teenage pregnancies and drop outs... (Guidance teacher1, February, 2020).

However, a parent stated that,

For me it's a no [to contraceptive use among school girls]! The reason is simple, in the sense that somebody

who is still in school, their focus, their goal or their aim is education (Parent 3, March 2020).

However, some girls who had just come back from maternity leave at the time of the research confirmed that their parents especially mothers, advised and encouraged them to choose and use a contraceptive method that would help them prevent subsequent pregnancies even though they were against it before the girl became pregnant. A girl confirmed that,

...after I had the baby...we sat down, then she told me...you should go to the clinic, you have one of them [contraceptives]. If you want you can be drinking [taking pills] or for 3 month [injectable] or for 5 years [Jadelle] I will be reminding you, (affected girl 2, February 2020).

On the other hand, it was discovered that teachers and NGOs were more engaged in teaching both about abstinence and adolescents' Rights to SRH issues relating to all forms of contraceptives knowledge. This was because they thought that information on abstinence seemed to have been falling on deaf ears as the adolescent girls were already very sexually active as evidenced by the high numbers of teenage pregnancies and school drop outs. By teachers engaging in teaching contraceptive knowledge to adolescent girls in secondary school, they hoped that the knowledge could be translated into usage and the making of responsible informed decisions by the girls for better educational outcomes and reduced dropout rates due to pregnancy. They also spent personal time in advising and counselling girls who had been re-admitted after pregnancy to consider using long term contraceptives in order to prevent subsequent pregnancy. A guidance teacher stated that,

...we have been trying and trying to teach girls on abstinence, but when you look at these girls, that information on abstinence just lands on deaf ears. Most of our children in secondary school are sexually active. We have the evidence, the number of pregnancies and drop outs that we see am sure maybe contraceptives can work [in keeping girls in school]. (Guidance Teacher 2, March 2020).

Despite this involvement, it was found that teachers felt that they were limited in what they could teach on contraceptives as a result of unclear policies and the fact that the comprehensive sexuality education curriculum was segmented into different subjects most of which emphasize contraceptives for married people. And that they lacked the knowhow of teaching SRH issues since they had not undergone any training in such. A guidance teacher lamented that,

There is a limitation on teachers. The fact that there is no direct policy that allows the teachers to stand and talk about issues of contraceptives. (Guidance teacher 1, March 2020).

In schools, the NGOs capacity building program went even further by teaching all the methods of contraception in detail including where and how the adolescents could access these contraceptives. In order to empower the adolescent girls to be independent, confident and have sex negotiation power, the NGOs also taught skills of empowerment, leadership, financial literacy, and civic participation to adolescents both in schools and in the wider community as a means of helping the girl child to

stay in school to complete their education by preventing early pregnancy. The NGOs were engaged in this way because they believed that adolescents did not use contraceptives because they got ineffective information from their peers and social media while parents were reluctant to communicate with them fully due to cultural reasons. An NGO facilitator stated that,

We go around the schools and the community to teach CSE education...Targeting grades 5 to grade 12s. We teach them abstinence, condom use, the oral pill, the injectable and the emergency pill. From my experience, I think children get this information from the teachers and mostly from their peers, colleagues...social media which could not be effectively communicated and not from their parents due to cultural reasons (NGO facilitator 1, February 2020).

Further, 26 out of 30 participants mentioned that NGOs participated in advocacy and activism by forming clubs in and out of schools as a platform for pupils to voice out on sexuality. They also engaged parents and other stakeholders by initiating dialogues which explored the teaching of contraceptive knowledge to all adolescents including those in secondary schools through community meetings, radios and TV programs. The NGOs also collaborated with the Ministry of Health (MoH) in establishing youth friendly spaces in health facilities where they taught youths on contraceptives and other SRH issues. Further the ministry of health provided nurses who were trained in adolescent SRH to teach evidence based knowledge on contraceptives to all adolescents both in and out of school. An NGO facilitator noted that,

As NGOs we are actively trying to dialogue with the community of Kabwe, last year we had a dialogue meeting where we invited, stake holders, to discuss different issues including contraceptive issues. At least people have started embracing it because of radio programs even the TV programs that teach on those issues. I also believe that the Ministry of health has trained adolescent focal point persons and that's the best facility to deal with young people when they come and say I want condoms ... (NGO facilitator1, March 2020).

4.1. Implications of Stakeholder Engagement Levels

Lack of proper knowledge.

It was established that 29 out of the 30 participants in this study were of the view that one of the biggest challenges girls faced in accessing contraceptive knowledge and use was that they lacked proper information about issues of sex or contraceptives because most parents did not talk about such topics. An adolescent girl lamented that,

"...No information...We are not given enough information, we are blank. 'tulasambila kuno kusukulu' 'We learn here from school.'" (girl15 FGD1, February 2020).

This lack of engagement by the parents in giving proper information coupled with exposure to a lot of sexual content on the phones and various social media platforms, makes the adolescents to engage in experimental sex which results in school drop outs due to pregnancy. It was

also mentioned that this lack of information by the girls was bound to make them make mistakes. A participant noted that, "... Today children are exposed to many things, if you look at phones the easiest thing to access today its pornography" (CVE teacher1, February 2020). A parent said that, "... when you look at teenagers, we call teenagers an experimenting stage, they want to experiment everything, what they see ... (parent 2, March 2020).

Another participant stated that,

...someone who is ignorant or ... not enlightened about something is bound to make a lot of mistakes. These are the pregnancies...we are seeing. ...These are the negatives... of not teaching our children. (Guidance teacher 3, February 2020)

Information on contraceptives from parents, even for the few times that were engaged, was found to be negative and threatening in nature. This discouraged the adolescent girls from using the contraceptives to prevent pregnancy even if they were engaging in sexual activities. A girl in the study complained that,

"...uku tutinya, tamwaka fyale, 'they scare us, you won't have children, you will be barren.' Your husband will chase you. (Girl 5, FGD1 February 2020).

Stigmatization

The view of most people in society that contraceptives were meant for married adults only created a lot of stigma attached to young adolescent girls in secondary school using contraceptives. Consequently, any adolescents seeking access to information or use of contraceptives was labelled to be promiscuous which deterred the girls from seeking contraceptive knowledge and services. Further, even those that have courage to seek the services were turned down by health personnel. A guidance teacher stated that,

There is this stigma to say this child will be taken to be a problem, because it is preconceived in our mind that sex is meant for adults but it is no longer the case. Now any child who wants to find out more, that child will be labeled. (Guidance teacher 1, February 2020)

A girl in a FGD lamented that,

...I wanted to get the contraceptives...Now the nurse was kind of rude, saying you are a school girl ... why do you want contraceptives? Then she walked out... upset. So sometimes even health workers are causers of early teenage pregnancies. They refuse saying you are young (girl5, FGD1, February 2020).

However, it was found that the collaborative civic engagement to bring awareness on adolescents rights and needs to contraceptive information initiated by school administrators by engaging parents, NGOs, health personal, community leaders and other stake holders during various meetings could reduce the stigma by increasing acceptability of the adolescent contraceptive issues. An NGO Facilitator noted that,

Even the schools...during PTA meetings, teachers tell parents about it [contraceptives] and at least they are embracing it slowly. (NGO facilitator1, March 2020)

Reduction in school drop outs due to pregnancy

It was also found that from the time NGOs started visiting schools and engaging in the teaching of information on contraceptives knowledge to adolescents, the school authorities and NGOs had seen evidence of

reduced school drop outs due to pregnancy among the girls. A guidance teacher stated,

When you look at these organizations... we have noticed that surely there is a high reduction of girls getting pregnant. So, if again more emphasis is given, more knowledge is given am sure we can even reach a stage where we have zero (pregnancies) (Guidance Teacher 3, February 2020).

5. Discussion

This section aimed to discuss the levels of engagement of stakeholders on teaching contraceptive knowledge and use to adolescent girls in secondary school, what influences these levels of engagement and how this engagement impacts on the ability of girls completing their secondary school education without getting pregnant. The finding that parents built capacities in their girls only by highly advocating abstinence as the best form of contraception because they thought that teaching the girls on contraceptive knowledge and use would promote promiscuity and prostitution was consistent with other studies [1,5,24,25]. However, consistent with other studies, this teaching on abstinence was found to be done in an up hazard and threatening manner and most adolescent sexual issues were referred to other relatives even if the parents seemed to be aware that many adolescent girls were sexually active [26,27]. Further, parents were found to be less engaged as they thought that it was a taboo and against culture to talk about sexual issues with their young children [21,28,29,30,31,32,33].

However, because of these taboos and cultural beliefs, we have so many teenage pregnancies among young ignorant girls in secondary schools who live with irreversible mistakes for the rest of their lives while research has shown that parent-adolescent communication about sexual risk is associated with increased adolescent regular use of contraceptives and that adolescents girls who communicated with their mothers about contraception before onset of sexual activity were more likely to use them if they started to engage in sexual activities [34,35,36,37,38]. While we acknowledge that preserving our cultural heritage is cardinal for the future generations, the future generations are these same young girls who need guidance on modern ways of handling issues of sexuality. It would therefore, be recommended that parents throw away these unproductive "taboos" and start talking about sex to their children openly. The finding that the adolescent girls are already sexually active means that this up hazard, threatening and negative kind of engagement by the parents who are key influencers of the adolescent girls would led to poor attitudes towards the use of contraceptives by the girls to prevent pregnancy. This scenario would perpetrate school dropouts due to pregnancy which might reinforce the abstinence message from the parents thus forming a vicious cycle denying the girls to complete their education.

In agreement with other studies, teachers were found to be more engaged in teaching on both abstinence and other forms of contraceptives to the girls in secondary schools [39] even out of the normal classroom learning

environment [40] than the parents despite their limitation due to unclear policies and lack of training in SRH issues. They were more engaged because they believed that abstinence alone was failing as most of the girls were already sexually active and dropping out of school due to pregnancy echoing the findings of [41] that programs promoting abstinence-only until heterosexual marriage occurs are ineffective [41]. The teachers also thought that the knowledge and use of contraceptives would prevent academic disturbances due to pregnancy and thus improve the academic performance, educational and economic outcomes for the girls in line with other studies [42,43]. It could be argued, therefore, that SRH topics be incorporated in the training of teachers in colleges and university so that they feel confident to give SRH information to learners as they are in an influential position to impact on the beliefs, attitudes and behavior of girls towards contraceptives to prevent school drop outs due to pregnancy.

It was also found that the collaborative engagement of NGOs and school authorities in giving awareness on sexual reproductive health rights and contraceptives as part of the school based intervention had resulted in a reduction in the number of adolescent pregnancies. The reduction in number of pregnancies suggest that the knowledge on contraceptives had translated into use to prevent school drop outs although Agyemang et al and Heisler argue that having this knowledge on contraceptives does not translate into its use among adolescent girls [44,45]. The fact that a significant reduction was seen after the NGOs were allowed to operate within the school system would seem to imply that collaborative action on SRH issues for adolescent girls among stakeholders had more impact on retaining more girls in school.

Further the NGOs were engaged through advocacy and activism by forming youth clubs in schools, communities and health centers and by organizing stakeholders' dialogue meetings in the community on adolescent sexuality. This engagement increased the acceptability of contraceptive knowledge and use in the society for in-school adolescent girls and thus reduced social stigma which was found to be a major hindrance to adolescents accessing both contraceptive knowledge and actual contraceptives [21,46,47]. As a result of social stigma, adolescents would rather access contraceptives from private places or not access them at all as they would rather engage in unsafe, unprotected sex than deal with the judgment they got when it came to accessing contraceptives for usage, be it at a health facility or buying at a pharmacy [48]. The stigmatization was further compounded by the negative attitudes of the service providers in the health facilities where the adolescents were supposed to freely access the contraceptives [5]. If these adolescents who are sexually active cannot freely access contraceptives to prevent school drop outs due pregnancy then society, indirectly through stigmatization, has condemned them to illiteracy and the poverty cycle. While we commend government's efforts to create youth friendly spaces and training nurses on how to handle and provide SRH services for adolescents in health facilities, and rolling out the CSE in schools, much needs to be done in sensitizing and educating the society at large in order to

end this stigmatization and foster SRH rights of adolescents.

6. Conclusion

In conclusion, the paper has established that adolescent girls would be able to complete their secondary school in Zambia if they had access to contraceptive knowledge and use as this would prevent that first instance of pregnancy. However, this would only be possible if relevant stakeholders engaged in teaching the correct SRH education which includes contraceptive knowledge and use to the girls in order to prevent the high drops due to pregnancy. Further, collaborative civic engagement among stakeholders enhanced acceptability of contraceptive knowledge and use by adolescent school girls and showed greatest impact in reducing school drop outs due to pregnancy. The lack of engagement by parents due to socio-cultural beliefs contributed to challenges including lack of proper knowledge, fear of side effects, stigmatization, religious and social-cultural barriers.

7. Recommendations

1. It is recommended that Parents need to start opening up and engaging in having parent to child conversation about SRH issues with their children in order to give the girls the correct SRH knowledge and career advice.
2. Secondly, it be recommended that parents be consulted and included in Policy formulations on SRH issues for all adolescents in secondary school in order to get their views on matters that affect their children.
3. Thirdly, There is need for increased Collaborative Civic Engagement of stakeholders to create and intensify awareness on in-school adolescent rights' to contraceptives knowledge and use in order to break social, cultural and religious barriers.
4. This research paper recommends that society start opening up in talking about finding lasting solutions to the current problem of high school dropout rates due to adolescent pregnancy in Zambia by breaking cultural barriers.

Limitations

The major limitation of this study is that the onset of the Covid-19 pandemic instilled fear in some participants who declined having interviews with the researcher in fear of the pandemic. The second limitation was that, the findings of this study were only from three selected secondary schools in Zambia, as such these possibly should be generalized with caution especially to all other parts of the country.

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