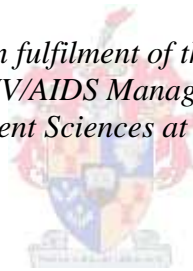


**PERCEPTIONS OF STAKEHOLDERS IN EDUCATION ON THE DISTRIBUTION OF  
CONDOMS TO SECONDARY SCHOOLS LEARNERS IN THE OSHANA REGION.**

by

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Master of Philosophy (HIV/AIDS Management) in the Faculty of Economic  
and Management Sciences at Stellenbosch University*



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## **DECLARATION**

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## **ABSTRACT**

HIV and AIDS is the most catastrophic epidemic affecting the entire world. Worldwide HIV and AIDS has become the single largest cause of death among populations. It has reached an acute stage and continues its deadly course. Despite the effort situation that people in different parts of the world and sectors have made and still making to better the condition, HIV and AIDS is still increasing on a daily basis particularly among the youth. Since its existence, the epidemic has claimed lives of many family members, learners, and colleagues regardless the age, gender and race. It has become the daily news in every media, affecting majorities in one way or another. The fight against HIV and AIDS demands huge collective responses from individuals, communities and governments at large and continuous education has a major role to play in this fight.

The study investigated the perception of stakeholders in education mainly the teachers and learners on the issue of condoms distribution to secondary school learners in the Oshana Region as a preventative method. The study was stimulated by a higher number of learners' drop-outs due to teenage pregnancies in most secondary schools in the Oshana Region.

The study confirmed that condoms are needed to prevent unwanted pregnancies and reducing HIV transmission among learners. Most learners are not yet sexually, emotionally and physically-matured to make comprehensive decision on sex practices. Some teachers felt that the availability and accessibility of condoms in schools might increase promiscuity among learners. Therefore before condoms' availability and accessibility, there is a need of massive awareness on sex education in order to save our learners. Interestingly, learners who participated in the study were happy if condoms could be made available and accessible in their schools. Furthermore they felt that the sexual active learners would be able to complete their secondary education free from unwanted pregnancies and HIV transmission.

From the research findings, recommendations are made to the education policy makers to provide guidelines to the stakeholders on whether the condoms availability and accessibility was necessary in the secondary schools. The research had shown that the use of condoms was safe with no hormonal or medical side effects. Therefore strategies on how to make them accessible and available to our learners should be treated as a matter of urgency. Finally, "prevention is better than cure".

## OPSOMMING

MIV/Vigs is die mees katastrofiese epidemie wat 'n invloed het op die hele wêreld vandag. MIV/Vigs is die grootste enkele oorsaak van dood onder bevolkings wêreldwyd.

Ondanks die beste pogings om die pandemie te bekamp verprei dit nog steeds op 'n daaglikse basis en is dit veral onstellend om te sien in watter mate dit onder die jeug versprei.

Sedert sy ontstaan het die epidemie lewens van talle familieledes, leerders en kollegas geneem ongeag hulle ouderdom, geslag en ras. Dit verskyn in die daaglikse nuus in elke media, wat die meerderheid op een of ander manier beïnvloed. Die stryd teen MIV/Vigs eis groot kollektiewe antwoorde van individue, gemeenskappe en regerings op groot en voortgesette skaal en opleiding het 'n belangrike rol om te speel in hierdie stryd.

Die studie ondersoek die waarneming van belanghebbendes in die onderwys, hoofsaaklik die onderwysers en leerders, oor die kwessie van die verspreiding van kondome verspreiding aan sekondêre skool leerders in die Oshana-streek as 'n voorkomende metode. Die studie is gestimuleer deur 'n groot aantal skoolverlaters weens tienerwangerskappe in die meeste sekondêre skole in die Oshana

Die studie het bevestig dat kondome nodig is om ongewenste swangerskappe en die vermindering van MIV-oordrag onder leerders te voorkom. Die meeste leerders is nog nie seksueel, emosioneel en fisies volwasse om omvattende besluite oor seks te neem nie. Sommige onderwysers het gevoel dat die beskikbaarheid en toeganklikheid van kondome in skole losbandigheid onder leerders kan verhoog. Daar is dus 'n behoefte vir massiewe bewusmakendheid oor seksopvoeding voordat kondome beskikbaar gemaak word ten einde ons leerders te red. Interessant genoeg, die leerders wat deelgeneem het aan die studie was tevrede as kondome beskikbaar en toeganklik in hul skole sou gemaak word. Verder het hulle gevoel dat die seksuele aktiewe leerders instaat sal wees om hul sekondêre opvoeding vry van ongewenste swangerskappe en MIV-oordrag te voltooi. Aanbevelings word aan onderwys beleidmakers gemaak, om riglyne aan die belanghebbendes te verskaf op die vraag of die kondome beskikbaarheid en toeganklikheid nodig was in sekondêre skole, na aanleiding van die studie se bevindinge. Navorsing het getoon dat die gebruik van kondome veilig is met geen hormonale of mediese newe-effekte. Strategieë oor hoe om dit toeganklik en beskikbaar vir leerders moet daarom as 'n saak van dringendheid beskou word. Ten slotte, "voorkoming is beter as genesing".

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## TABLE OF CONTENTS

|                        |      |
|------------------------|------|
| DECLARATION.....       | i    |
| ABSTRACT.....          | ii   |
| OPSOMING.....          | iii  |
| ACKNOWLEDGMENTS.....   | iv   |
| TABLE OF CONTENTS..... | v-vi |
| LIST OF TABLES.....    | vii  |
| LIST OF FIGURES.....   | vii  |

### CHAPTER ONE: INTRODUCTION

|                                    |     |
|------------------------------------|-----|
| 1.1. Introduction.....             | 1   |
| 1.2. Background of the study.....  | 1-2 |
| 1.3. Problem statement.....        | 2   |
| 1.4. Research question.....        | 3   |
| 1.5. Aim of the study.....         | 3   |
| 1.6. Objectives of the study.....  | 3   |
| 1.7. Significant of the study..... | 3   |
| 1.8. Outline of chapters.....      | 3-4 |
| 1.9. Conclusion.....               | 4   |

### CHAPTER TWO: LITERATURE REVIEW

|  |       |
|--|-------|
| 2.1. Introduction.....   | 5     |
| 2.2. Youth development behaviour.....  | 5-6   |
| 2.3. Condoms.....  | 6-7   |
| 2.4. The need for condoms.....   | 7-8   |
| 2.5. Negative attitudes to condom use.....   | 8-11  |
| 2.6. Empirical Studies on condom use.....  | 11-12 |
| 2.7. Alternative approaches of reducing HIV virus and pregnancy among school learners..... | 12    |
| 2.7.1. The Health Belief Model (HBM).....  | 12-13 |
| 2.7.2. AIDS Risk Reduction Model (ARRM).....   | 13    |
| 2.8. The Namibian situation.....   | 13-14 |
| 2.9. Conclusion.....   | 14-15 |

**CHAPTER THREE: RESEARCH METHODOLOGY**

3.1. Introduction.....16

3.2. Research problem statement.....16-17

3.3. Research objectives.....17-18

3.4. Research design.....18

3.4.1. Quantitative research.....18-19

3.4.2. Qualitative Research.....19-20

3.5. Sampling.....20-21

3.5.1. Sampling criteria for teachers.....21

3.5.2. Sampling criteria for learners.....21

3.6. Research ethics.....21

3.7. Conclusion.....22

**CHAPTER FOUR: RESULTS ANALYS**

4.1. Introduction.....23

4.2. Data analysis from teachers interview.....23-26

4.3. Data analysis from learners questionnaires.....26-37

4.2. Conclusion.....37-38

**CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS**

5.1. Introduction.....39

5.2. Conclusion.....39-40

5.3. Recommendations.....40

**REFERENCES.....41-43**

**ADDENDA**

Addendum A: Research interview questions.....44

Addendum B: Research questionnaire.....45-47

Addendum C: Permission to conduct a research from the Ethics Committee.....48

Addendum D: Permission to conduct a research from the Permanent Secretary.....49

Addendum C: Permission to conduct a research to the Regional Director.....50

**LIST OF TABLES**

Table 3.1 Statistics of learners pregnancies.....17

**LIST OF FIGURES**

Figure 4.1 Gender of respondents.....26

Figure 4.2 Residence of respondents.....27

Figure 4.3 Age groups of learners.....27

Figure 4.4 Educational background of learners.....28

Figure 4.5 Percentages of learners who had sexual intercourse.....28

Figure 4.6 Different types of contraceptive used by learners.....29

Figure 4.7 Frequency on condoms use by learners.....30

Figure 4.8 Percentages on non-use of contraceptive methods.....30

Figure 4.9 Accessibility of condoms to learners.....31

Figure 4. 10 Percentages of learners and the use of condoms.....32

Figure 4. 11 Accessibility of learners to contraceptives.....33

Figure 4. 12 Places where contraceptives can be available.....33

Figure 4. 13 Percentages of learners who would like to access condoms at school.....34

Figure 4. 14 Location of condoms at school.....34

Figure 4. 15 Percentages of learners who would like condoms to be distributed at school.....35

Figure 4. 16 Condoms protection against HIV transmission and teenage pregnancies.....35

Figure 4. 17 HIV and AIDS programmes at school.....36

Figure 4. 18 Effectives of HIV and AIDS programmes at school.....36

Figure 4. 19 Programmes in schools that can help in the prevention of HIV  
Transmission and teenager pregnancies.....37



## CHAPTER ONE

### INTRODUCTION

#### 1.1. Introduction

The study investigated the perception of teachers and learners on the distribution of condoms to secondary school learners in the Oshana Region. In this region, school going learners are confronted with the risk of contracting the deadly HIV virus as well as unwanted pregnancies. A high rate of learner's pregnancy and HIV infections among school going children bears enough evidence that the Ministry of Education should revisit its position on the HIV prevention among school children to avoid the situation getting out of hand. Therefore, the purpose of this study is to find proper ways which can effectively reduce HIV transmission and unwanted pregnancy among secondary school learners.

#### 1.2. Background of the study

Acquired Immunodeficiency Syndrome (AIDS) is an epidemiological disease, preventable, incurable, caused by the Human Immunodeficiency Virus (HIV). In Namibia HIV and AIDS epidemic has reached an acute stage which has seen the government and stakeholders aggressively arresting the situation which has impact socially, economically and politically. Against the backdrop that there is no cure for HIV and AIDS concerted efforts aimed at prevention is seemingly the only solution which can still hold on. In the absence of cure, a lot still need to be done to reduce the infection rate and to help the infected people to learn to cope with the virus. Much need to be done again to those that are not infected to maintain their status and continue to avoid infection at all costs.

Oshana Region is one of the fourteen Regions in Namibia situated in the North-Central part of the country and has a population of 174.900 with a population density of 20 per square kilometre. As a densely populated region it is served by 137 schools, 14 of which are secondary schools. Evidence from reports sent from the schools to the regional office of education shows a clear rise of school girl pregnancies especially from grade 8 -12. School girl pregnancies are an indicator that school learners are engaging in unprotected sex either among themselves, their male teachers or from the community members. The trend is increasing among those who are in the 15 - 25 age categories. Statistics from the national strategic framework for HIV and AIDS response in the 2010/11 - 2015/16 show that the prevalence of HIV and AIDS in the age ranges of 15 - 30 is on the increase, thus causing justification for well thought action plans to prevent further infection. Most of these infections are a result of transactional sex in which young girls engage in early sex with adult men for material favours, in addition there is a problem of early sexual debut, multiple concurrent partnership and low condom use, poverty to name but a few. Oshana Region is dominated by three major commercial centres in the North Central namely: Ondangwa, Ongwediva and Oshakati towns. The modern urban scourges of poverty and diseases

are evident in these towns especially by the growth of shanty towns and the large numbers of sick people in the major referral hospitals of Onandjokwe in Ondangwa town, and Oshakati state hospital in Oshakati town.

The major debate dilemma facing learners, teachers, parents and various other stakeholders in education is to find a lasting and effective intervention to curb pregnancies among learners while at the same time preventing the spread of the HIV and AIDS pandemic. At the centre of the debate is the issue of condom distribution. While the traditionalist and other conformists deride condom distribution as a major driver of promiscuity and decline of moral values, those who consider themselves more enlightened are encouraging condom distribution in schools. The National Policy on HIV and AIDS for education sector in Namibia (2003) states "Each learner, student and education sector employee has the responsibility to protect himself or herself against HIV and AIDS infection or re-infection as the case may be, the policy was subsequently supported by the implementation of life skills, sexual health and HIV and AIDS education programs and the provision of condoms in education institutions and hostel." Regardless of the ease access to condoms in the schools in spread of HIV and AIDS and the increase in school girl pregnancies continues to rise. There is therefore a need to carry out an investigation on the spread of HIV and AIDS and the distribution of condoms to learners in secondary schools in the Oshana Region.

### **1.3. Problem Statement**

There is a rise in school girl pregnancies in the Oshana region; a sign that school learners are having unprotected sex which can subsequently expose them to HIV infection. It goes without saying that unprotected sex is high risk which can potentially result in an individual and learners in this case being infected by HIV should that person be infected. There is also evidence from the National Statistics on HIV and AIDS that the age range which are mostly treated for HIV and AIDS infections are in the 15 -30 range. In an effort to protect the learners from HIV and AIDS infections and to mitigate the incidence of school girl pregnancies, the Government through the primary health-care program has made access to condoms convenient to school going children. The convenience for easy access to condoms has received criticism from certain quarters of society for among others leading to erosion of cultural norms. This blind and fierce criticism of the distribution of condom and the withholding therefore is partly attributed to the increase in the prevalence of HIV infections as well as teenage pregnancies among school girls. The question that stands is whether condom distribution in schools is going to be an effective tool in the prevention of HIV transmission while curbing schoolgirl pregnancies.

#### **1.4. Research question**

What are the perceptions of stakeholders in education on condoms distribution as a prevention tool for HIV and AIDS infection as well as teenage pregnancy among secondary school learners in the Oshana Region?

#### **1.5. Aim of the study**

The main aim of the study is to explore the perception of stakeholders regarding the easy access to condoms by secondary school learners so as to inform the education managers, policy makers and decision makers to plan effectively for the prevention of the spread of HIV and AIDS and eventually averting school girl pregnancies.

#### **1.6. Objectives of the study**

The research objectives for this study are as follows:

- To identify learner's needs for condom.
- To identify teachers perceptions to condom distribution.
- To evaluate educator's perception of condom distribution.
- To provide insights on ways how to reduce HIV and AIDS cases and teenage pregnancy other than the distribution of condoms.

#### **1.7. Significance of the study**

The study shall investigate the magnitude of the problem of the distribution of condoms to secondary schools learners in the Oshana region. The study shall then be carried out to gauge the perception of the wide range of stakeholders about the distribution of condoms as a means of preventing the spread of HIV and mitigating the rise of school girl pregnancies. The results of the study are expected to inform the education planners, education managers, teachers, learners, education policy makers and health officials to make reasonable and realistic decision about the issue of easy access of condoms to secondary school learners. As an academic study it is also expected to contribute to the existing body of knowledge about the effective means of controlling the spread of HIV while curbing the rise of school girl pregnancies.

#### **1.8. Outline of chapters**

This research study is outlined as follows:

##### **Chapter One: Introduction**

This chapter introduces the research study, highlights the background of the research study, and specifies the problem statement, research aim and objectives, research question and significance of the study.

## **Chapter Two: Literature review**

This chapter looks at the theoretical framework supporting the study, developed through a review of literature related to the concepts under study. It provides an overview and a critical evaluation of a body of literature relating to a research topic or a research problem. This chapter forms part of a larger research study.

## **Chapter Three: Research Methodology**

This chapter presents the methodological structure of the research study. It outlines the research methods and research sampling criteria for teachers and learners used to participant in the research study.

## **Chapter Four: Result analysis**

This chapter presents the results as well as the discussion and interpretation of key findings of the study. The result analysis from the interview are analysed first followed by those emerged from the questionnaires.

## **Chapter Five: Conclusions and recommendations**

This chapter provides a summary of the main findings of the research study. It also gives conclusion and appropriate recommendations for best strategies on the availability and accessibility of condoms to secondary school learners.

### **1.9. Conclusion**

HIV continues to spread throughout the world. Interventions are needed to save our learners from HIV transmission and teenager pregnancies. The following chapter on literature review will further segment the seriousness of HIV and AIDS and provides an overview and critical evaluation relating to a research topic.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1. Introduction

Condom availability to the youth in general and school children is a challenge since it carries some social stigma associated with promiscuity and prostitution. Despite the huge impact of HIV and AIDS policy has been silent on the prevention of HIV and AIDS among the youth; this comes against a background that the youth constitute 50% of the Namibian population. The use of condoms is associated with being sexually active as well as promiscuity, often creating barriers for the youths and sexually active learners to access them. However condoms remain one of the most effective tools of preventing HIV transmission and unwanted pregnancy among the sex active youths who the majorities are found in schools. The literature review explores and discusses how condoms work and then proceeds to look at the theoretical frame work of teenage behaviour. The next part discusses both positive and negative issues surrounding the distribution of condoms to school learners. The last part briefly presents the Namibian scenario in terms of preventing HIV among youths and teenage pregnancy.

#### 2.2. Youth development behavior

According to Piaget's theory of cognitive development the adolescence are in the formal operational thinking stage (Van Dyk, 2008). The learners during this stage can think abstractly and can foresee possibilities. Hypothetical thinking enables adolescents to plan ahead and identify the possible future consequences of present action. These assumptions enables adolescents to think further than here and now (Van Dyk, 2008). The implications of these development characteristics is that health messages should focus on possible future benefits with connections between wrong choice and risky behaviour and eventual manifestation of negative and undesirable consequences. (Van Dyk, 2008).

While adolescents should at this stage think scientifically, eliminate stereotypes and myths and based on sound evidence change their beliefs they possess some unique form of egocentricity (Singer, 2010). They are so self-conscious that they believe that they are the focus of everyone else attention. They believe that they are unique and that their personal experience bears no resemblance to the personal experience of others. The first egocentric behaviour makes an adolescent not do something because of everyone will notice while the second behaviour makes adolescents refuse to use condoms because they believe that other people get HIV and AIDS not them (Agweda, Dibua and Eromonsele, 2010). Sharing similar observations, Green and Ruark, (2011) contend that such egocentric thinking acts as barrier to self-protection against HIV. Thus young people tend to consider, themselves invulnerable to risk. They regard

themselves a special group despite engaging in transactional sexual activities. Misinformation about condoms is widely spread resulting in negative attitudes for example that condoms reduce pleasure and that condoms are laced with pathogens (Green and Ruark, 2010).

Accelerated physical development during puberty make adolescents increasingly aware of their sexuality and this plays an important role in their relationships. They discover their sexual orientation. Although adolescents may have many unanswered questions about sex they are not willing to ask because they do not wish to be shamed. In view of these development behaviours, Van Dyk (2008) suggests that it is the best time for conveying information about sex, for instilling values and developing critical thinking. Agweda et al. (2010) pointed out that the youth developmental characteristics during the adolescence stage offer adults the chance to come up with relevant strategies to help the youths behave accordingly. Knowing about how youths behave during a particular period helps adults to react in a way which will not cause conflict.

### **2.3. Condoms**

The only 100% effective way to prevent oneself from HIV virus is abstinence. In some situations abstinence may not be realistic (Van Dyk, 2008). Failure to abstain requires the use of preventive measures and the condom has been found to be a reliable method of preventing HIV and pregnancy. While Green and Ruark (2010) contend that the condom is the most effective tool of preventing HIV, it is effective if used correctly and consistently.

The male condom is described by Van Dyk (2008) as a barrier method of contraception that is placed over the glans and shaft of the penis. Male condoms are available in latex and polyurethane. The consistent and correct use of condoms is one of the most effective ways of combating the spread of HIV. Laboratory tests have shown that virus cannot pass through latex condoms. Various studies have confirmed a significantly lower incident of HIV and other sexually transmitted infections among people who insist on using condoms. Van Dyk (2008) and Green and Ruark (2010) warn that condoms are never 100% safe because they can tear easily if not used correctly.

The female condom is also called the femidom. It is a strong soft sheath made up of polyurethane plastic or nitrile that is inserted into the vagina before sexual intercourse. A femidom can be inserted a few hours before sex. The tool prevents the transmission of HIV virus by covering both the entrance to the vagina and the base of the penis, both of which are areas where STI sores make it easy for HIV to enter. The current recommendation by the world organization is that female condoms should be used once and discarded (Van Dyk, 2008). Female condoms are more expensive than male condoms and they are not as

acceptable and easily accessible (Van Dyk, 2008). This could be the reason why male condoms are more popular and available than female condoms.

Describing the effectiveness of condoms UNAIDS (2011) notes that Public Health experts around the globe have made tests and arrived at an agreement that condoms block bodily fluids that can carry the HIV virus and that they have nearly 100 per cent effectiveness when used correctly and consistently. According to multiple studies, male condoms reduce the risk of contracting HIV as much as 10 000 fold. Tests and trials have been made to ensure that condoms meet World Health Organization Standards. Cases of breakage and slippage are mostly a result of improper use. The Center for Disease Control and Prevention (CDC) defines consistent use of condoms as using a condom at every act of sexual intercourse. Correct use means using undamaged, unexpired condoms, using only water-based lubricants, careful opening of the package, correct placement and use throughout intercourse, and correct removal of the condom after ejaculation (UNAIDS, 2011).

#### **2.4. The need for condoms**

It is certainly not a secret that many high school students are sexually active today. While some are very conscious and practice safe sex, many do not. Many teenagers deny that they can be victims of sexually transmitted diseases. They think that they are invulnerable. Condom availability in the schools, when combined with a comprehensive programme of sex education, would help teenagers become more sexually responsible. This would lead to fewer teenage pregnancies and fewer sexually transmitted diseases (Green and Ruark, 2010).

A milestone policy which recommended distribution of condoms in high schools was passed in Boston in 1994 (Schuster, Bell, (Berry and Kanouse, 2010). The move marked a dramatic shift in philosophy for the city's public school system, where only a limited number of high schools that have health centers handed out condoms. Under the proposed policy, students would be able to receive condoms at any of the approximately three dozen high schools either from a community health service partner, the Boston Public Health Commission, or from appropriate school staff. The condoms would come with a caveat: Students received counseling about safe sex practices before receiving the contraceptives, a stipulation in place at high schools that currently dispensed them. There was significant success in the provision and accessibility of condoms to the youth. The education support attached to distribution of condoms was quite useful because it made the students make informed decisions. Giving out condoms only without support information had negative results in Kenya. Agweda et al. (2010) noted that though the youths displayed knowledge about HIV, they did not use condoms. The youths did not have adequate back up

information about condoms. The implication to these results is that condoms need to be distributed with information of when, how and why use them.

Defending the policy of distributing condoms to learners, Liddel, Giles and Rae (2011) note that many students are uncomfortable with going to a store and purchasing condoms and would prefer getting them free from school. The condoms become more accessible and even the shy students can get them. Condoms as argued by Liddel et al. (2011) empower the students and develop responsible sexual behaviour. Sexual responsibility today often means using a condom as a form of birth control and to prevent pregnancy and the spread of sexually transmitted diseases like AIDS. Sex education teachers, guidance counselors, and trained peer educators should be available for counseling and to distribute condoms. Teenagers who are sexually active need to be able to get them without feeling awkward. Pregnancy and disease, not abstinence, are the consequences of such embarrassment (Liddel et al. 2011).

## **2.5. Negative attitudes to condom use**

A number of institutions and individuals are against distribution of condoms in schools Population International Action, (2002). Distribution of condoms in schools is no solution to the prevention of HIV among learners. Overall prevention success is dependent on strong focused political leadership appropriate funding, supportive policies and well planned and coordinated programmes that work to influence attitudes and behaviour change. The government in collaboration with the civil society that is well attuned to the community's cultural nuances need to create and nurture an HIV and AIDS free environment. By involving all sectors of the society and jointly addressing policies, cultural practices and economic conditions that increase people vulnerability to HIV infection, change will be high. Changing attitudes and behaviour is the heart of HIV prevention (Cullinan, 2009).

Contrary to findings endorsed by the World Health Organization, many teachers also worry that introducing condoms in schools will lead to earlier and increased sexual activity. Providing condoms to learners encourages early sexual activities. If young people believe that they will be safe when using condoms it is unliking that they will abstain. Higher rate of sexual intercourse might off set positive effects of condom use in preventing pregnancies and others. Condoms for students can offend people from different religion school are not places for condoms machines, neither are they places for cigarette machines (Green and Ruark, 2010).

Green and Ruark (2010) further note that some opponents of sex education and condom availability programmes argue that these programmes violate the right of parents to educate their children about moral behaviour and religious values. Some parents, politicians, and educators have questioned whether



making condoms available should be the job of the school. They argue that school should be a place for learning mathematics and reading and science, not how to put on a condom. But public high schools are the best place to provide sex education and make condoms available to teenagers that's where the teenagers are, and that's where there are adults who are trained and willing to counsel them (Liddel et al. 2011). Thus if teenagers openly received condoms in school instead of in bathrooms or from friends who have had them in their pockets for months, they would be more willing to use them.

In Malawi UNAIDS (2011) notes how the community treats distributing condoms in schools as encouraging risky behavior. When condoms are available for students, they are going to be tempted to use them because they are just handed to them saying that sex is basically okay at their age, which it shouldn't be. Schools are trying to prevent teen pregnancy, but teens are always going to be getting pregnant anyways. Even with a condom, you can still get pregnant and/or transfer diseases if it breaks. There's not guarantee. Plus, a teenager that gets pregnant deserves to be pregnant because they put their self in that situation. A lot of teenagers are having sex, so when you pass out condoms, they are going to be having even more sex, and those who have never done it before will end up doing it. However UNAIDS (2011) supported by Shakil (2011) point out that the ever increasing number of students contracting HIV and schools girls falling pregnant has necessitated authorities to introduce further ways of tackling these challenges. For these reasons, Shakil (2011) argues that the distribution of condoms in schools is a reasonable option which may save some students from HIV and unwanted pregnancy.

While schools are under pressure to distribute condoms at schools, Cullinan (2009) noted that not one of the 12 African countries represented at a high level meeting in Durban is doing so and most education officials felt this would be inappropriate. Officials were unanimous that sexual abstinence should be the key HIV message at schools, but a number felt that schools should nonetheless help sexually active secondary school students to get access to condoms. Education is about providing information.

A number of sentiments were echoed from this conference. The Zambian representative supported by a fellow teacher from the Western Cape education department indicated that it was not proper for teachers to distribute condoms but let the Ministry of Health carry out the responsibility. Echoing similar views, an official from KwaZulu-Natal reported that teachers who gave sex education lessons were branded as promiscuous while those that picked up condoms were branded as being unchristian. Phuti Chonco, from South Africa's national education department, said while she favoured providing condom education schools should not distribute them in any way. Botswana's Sally Nkoane, who co-ordinates HIV and AIDS for the country's education ministry, was also against condoms on school property. Uganda's Aggrey Kibenge was also adamant that condoms should not be distributed at schools. The teachers' duty was to develop positive moral values. Zimbabwe's Andrew Mavise stressed the delicacy of the issue,

saying that condom distribution could undermine the entire school HIV and AIDS programme if parents were opposed to it. He also cautioned that many condoms could be wasted at schools as students could use them for other things. Andrew cited an incident when a lot of condoms were distributed in one rural area that had a high rate of sexually transmitted infections. Although the condoms were disappearing, the STI rate remained high. Investigations discovered that the condoms were being used as fishing bait. One of the key trends to emerge from the conference was that countries had focused on addressing HIV and AIDS through life skills classes at schools and not distributing condoms to learners.

Viewing the challenge of distributing condoms in schools from a different angle, Vanzis (2008) acknowledges contributions of a school of thought which claims success is the ability of the girls to say no to sexual advances. The school of thought notes that girls are struggling to "say no" in today's society. If the girls lack guidance and support and source of love, many girls may agree to have sexual intercourse with their partners. The reason is not their "raging hormones," but their desire to hold onto what they see as the one source of love in their lives. For this reason, programmes that promote the teaching of concepts like self-esteem, self-assertiveness, and the need to protect girls from boys are more effective than condom distribution. Condom distribution is licensing a student to have sex. Thus schools send a nonsensical message when they teach kids not to have sex but then give them condom (Vanzis, 2008).

Also opposing the distribution of condoms in schools, Mulonyeni and Nkhoma (2011) feel that giving learners condoms to solve the issues of HIV and school pregnancy is addressing symptoms and not causes. Our search for the easy solution to teenage promiscuity is no different. It is so much less time-consuming, and less embarrassing to advocate safe sex through condom distribution than to step back and really examine why teenagers are having sex so early. The reasons for early sex go far beyond just hormones, but admitting the true causes requires one to take responsibility for a complicated solution, a solution that involves action, not only by teenagers, but also by parents and teachers (Mulonyeni and Nkhoma, 2011).

Supporting the need for continuous open communication and support between children and their parents, The Commission on HIV and AIDS Governance in Africa (2008) believe that when teenagers do not receive a clear message concerning the love and support of their parents, often, they seek that love and support in a romantic relationship. When the threat of losing that one source of love arises, teenage girls will do almost anything, even giving up their virginity, to preserve the relationship. For similar reasons, there is also need to target boys through sex education courses because in most cases the blame for pregnancy goes to the girl only.

According to Baxen and Breidlid (2009) a major barrier that condom distribution and usage faces is religious influence for example, the Vatican's negative stance on the condom has affected condom distribution and usage in sub-Saharan Africa, as Catholicism is a dominant religion in the region. When Pope Benedict XVI visited the region in March 2009, he promoted abstinence and marital fidelity as HIV solutions, and spoke out against condom distribution. According to BBC News, he said that HIV and AIDS was a tragedy that cannot be overcome through the distribution of condoms, which can even increase the problem. The Vatican believes that condoms promote sexual promiscuity, which contributes to spreading the disease (Baxen and Breidlid, 2009).

Green and Ruark (2011) note that in addition to religion traditional culture exerts much pressure on acceptance of condoms. A lot of unfounded myths and beliefs are attached to condoms resulting in negative attitudes towards their use. A belief of linking HIV to witchcraft results in less positive attitudes about condom use and less likely to believe in the effectiveness of condoms in preventing HIV. Baxen and Breidlid (2009) identify the following cultural beliefs as barriers to the use of condoms: the belief that the condom remains in the female reproductive organs, condoms lead to sterility, condoms blocks sexual enjoyment and are laced with pathogens. The beliefs as observed in a study by Agweda et al., (2010), creates negative attitudes towards the use and effectiveness of condoms. Even if given the condoms, they will not be used because of these cultural barriers.

## **2.6. Empirical Studies on condom use.**

Dodd (1998) compiled the following reports on studies carried out on the use and response to condoms:

- A survey in Uganda rural areas found out that man resisted condoms citing condom use as encouraging prostitution and multiple partners. Women also indicated that condoms interfered with unease with their enjoyment. Men also developed unease with female protective devices as they perceived it as denying them control over the sexual act. These attitudes and beliefs affected the use of condoms. In such a society, it would be difficult for adults to support distribution of condoms to schools because parents who are supposed to guide already have negative attitudes.
- A study by World Vision (2005) in Uganda found that Roman Catholics knew less about condoms. A Muslim focus group discussion revealed that condoms were considered to increase immoral sexual practices among people. A pastor of non-Muslim group also said that condoms only served to encourage people especially the young to behave in ways that do not lead to the fear of god. In this case the church acted as barrier to condom distribution.
- In Europe and Canada where comprehensive sexuality education and convenient, confidential access to condoms are more common, the rates of adolescent sexual intercourse are no higher than

in the United States. The results imply that the distribution of condoms may not result in increased sex.

- A 1996 survey conducted by high school peer educators examined the accessibility of family planning methods in drug and convenience stores in Washington, D.C. and found that adolescent females asking for help in locating and/or purchasing condoms encountered resistance or condemnation from clerks 27 percent of the time, compared to 10 percent for male teens. These results were evidence of gender bias and threats made to girls looking for contraceptives meant they were discouraged and free distribution would alleviate the young ladies' plight.
- A 1992 Gallup Poll found that 68 percent of adults surveyed thought condoms should be available in the schools, and a separate survey of high-school seniors showed 81 percent agreed. The results of the survey showed high positive response to condom distribution in schools.

## 2.7. Alternative approaches of reducing HIV and pregnancy among school learners.

### 2.7.1. The Health Belief Model (HBM)

This model postulates that individual behaviour is guided by the expectations of the consequences of adopting new practices through the four components of the model Agweda et al. (2010). The following make the four components:

- **Susceptibility** – This component asks the question of whether the youths believe that by engaging in unsafe sexual behaviours they are vulnerable to HIV for example by, do female learners believe that by falling in love with sugar daddies they are exposing themselves to HIV? This component of the HBM links with the egocentric characteristics of adolescents.
- **Severity** – By engaging in unsafe sexual encounters, are the youth aware of the severity of the consequences in terms of getting HIV, leaving school and losing future career prospects?
- **Benefit minus costs** – This component requires the youths to consider the positive and negative consequences of adopting a new way of behaving for example does the youth see better benefits in joining a Youth HIV/AIDS group than dating sugar daddies.
- **Health motive** – This component is about establishing whether the youth has concern of not contracting HIV?

If the responses or attitudes or beliefs on all the four components are positive, the youth will not engage in unsafe sexual behaviour. The youth will completely abstain from sexual activities because the concern of not getting the disease will influence the youth's behaviour. The model implies that adults can use the

components to help the youth realize the consequences of unsafe sexual behaviours. The model thus does not accommodate condoms among the learners but behaviour modeling (Agweda et al., 2010).

### 2.7.2. AIDS Risk Reduction Model (ARRM)

The model concerns changing youth beliefs and removing barriers which may contribute to engagement in behaviours which result in contracting HIV (Agweda et al. (2010). The model has the following three stages:

- **Labeling** – This stage involves recognition and articulating risk behaviours which may lead to contracting HIV for identifying unprotected sex, multi sex partners, transactional sex and drug injection as possible unsafe practices which may contribute to HIV.
- **Commitment** – the stage involves drawing up goals and other forms of commitments to be taken to avoid contracting the disease for example committing to abstinence, avoiding sugar daddies and not taking drugs. The commitments are described in detail to show the action which protects the youth from HIV.
- **Enactment** – Change in behaviour is shown and social barriers are removed. The stage involves doing the safe practices which will prevent one from getting the disease.

The model fits the type of Life Skills education taught in schools in Malawi. As described by Mulonyeni and Nkhoma (2011), the Life Skills education focuses on identification of risk sexual and other social ills and then proposes alternative life styles which protects youths from getting into problems such as HIV and unwanted pregnancy. Condoms are not at all distributed; they are regarded as a tool for increasing immorality. However despite the inclusion of the Life Skills Curriculum, Mulonyeni and Nkhoma (2011) note that the subject is meeting a lot of challenges for example absence of qualified teachers and little attention given to it. This gap leaves learners at the messy of inadequacy information and guidance resulting in vulnerability to HIV and unwanted pregnancy. The situation presents an incomplete picture of the ARRM leaving the subject partly done.

## 2. 8. The Namibian situation

The United Nations World Health Organization (WHO) representative in Namibia suggested that contraceptives be made available in schools. The Swapo Party of Namibia Youth League also suggested last year that condoms be distributed in schools (Akena, 2012). The request received mixed reaction among the civil society with more voices refuting the move to distribute condoms among the learners. However, WHO and other organizations argued that the high rate of teenage pregnancy and HIV infections among the youth was enough evidence that something should be immediately implemented.

Similarly in Zimbabwe there is controversy surrounding sex education and condom availability programmes for teenagers in public high schools and universities. Parents worry that sex education and condom availability encourage an increase in teenage sex, but studies across Zimbabwe and Africa as a whole repeatedly demonstrate that teenagers are already having sex at younger ages without any protection from pregnancy and disease. Counselors, peer educators and medical personnel have recommended the provision of contraceptives to both public and private institutions including schools and churches throughout the country as a measure to reduce HIV infections. Many parents have dismissed this as encouraging an evil (Majaka, 2013).

Those who oppose distribution of condoms in Namibia hail programmes being implemented jointly by the Ministries of education and health. Kamapoha (2012) identifies two programmes meant to promote responsibility and sexual health among the youth. The Window of Hope focuses on the self-esteem, knowledge and skills of these children, their needs to protect them against HIV and to be able to cope with communities that are affected by HIV. The overall focus of the Window of Hope programme is to empower the youths and enable them to make informed decisions. The sister programme, My Future is My choice supports the youth on HIV infection, prevention, providing facts on sexual health, STIs, HIV and AIDS. In addition the programme looks at the need to delay in engaging in sex, improve communication and decision making skills (Kamapoha, 2012).

Furthermore, HIV and AIDS education in secondary schools is delivered through science subjects such as Life Science and Biology. Despite this effort of educating students about safe sexual behaviour and the consequences of unwanted pregnancy, HIV and teenage pregnancy statistics are increasing at a rapid rate (Ndjoze-Otjo and Murangi- Itah, 2009). The failure and ineffectiveness of these programmes justifies the trial of alternatives such as introduction of condoms in schools. According to the results of a study carried out by Ndjoze-Otjo and Murangi- Itah (2009) on assessing the school based HIV and AIDS Programme in Namibia, progress on preventing HIV was not that significant and the study concluded by indicating a bleak picture for Namibia because of high HIV prevalence among the youths. The implication of the study's findings was for authorities to go back on the drawing board and redo the School HIV plans and programmes which will be effective.

## **2.9. Conclusion**

The chapter explored literature and studies on the distribution of condoms in schools for the purpose of reducing HIV infection and unwanted pregnancy among secondary school learners. First the chapter described the male and female condom and briefly explained how they are used, emphasizing their effectiveness. The next part discussed how condoms would reduce HIV infection and unwanted pregnancy among learners. This was followed by a discussion of ideas opposing the distribution of

condoms in schools. The central issue raised by those who opposed condom distribution in schools was that they promoted promiscuity among the learners. The following part presented two models on alternative ways of reducing HIV infection and unwanted pregnancy as opposed to distribution of condoms in schools. The last part discussed the Namibian scenario as far as HIV and teenage pregnancy is concerned and the strategies in place. This part indicated that strategies in place to reduce HIV and pregnancy among teenage girls were failing and this was the major motivation of the study. The next chapter focuses on research methodology.

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### 3.1. Introduction

We have everyday problems that stimulate our interest to investigate them and use scientific study methods to expand and generate knowledge in a particular field of study. This chapter describe the appropriate research design and methods used to collect required data to find a solid answer to a formulated research problem. The choice of the research design and data collection methods used was selected based on the research objectives. The study adopted qualitative and quantitative methods due to the nature of the research topic. The focus of this research study was to get the perceptions of stake holders in education mainly the teachers and learners on the distribution of condoms to secondary schools learners in the Oshana region. This was done through interviews with teachers and questionnaires were completed by learners from grade 8 - 12 in the four selected secondary schools in the Oshana Region.

#### 3.2. Research problem statement

An increase in reported sexually transmitted diseases (STDs) including HIV and AIDS is higher in the Sub-Sahara Africa including Namibia. Among HIV and AIDS positive people, the number of adolescents is affected too. Numerous prevention methods are in place that reduces the risks of getting HIV such as abstinence, get tested and know your partners HIV status, be faithful to one tested trusted partner and the use of condoms. One proven method is to provide comprehensive sexuality education in schools and to make condoms available and accessible to sexually active youth in schools. Producing and distributing literature helps people understand how HIV virus is transmitted and helping children to stay in schools but prevention is a major part of HIV virus transmission and AIDS links strategy.

There are a lot of misconceptions on condom usage and lack of skills and knowledge on how to use them. Some cultures and religions are strongly against the distribution of condoms to secondary schools learners due to cultural believes, morns and values. The question posted to the Namibian Minister of Health and Social Services Dr Richard Kamwi was, How did Namibia manage to reduce HIV infections by 68% as stated in the latest UNAIDS report. His answer was “There was a rapid scale-up of a combination of high impact prevention strategies since the late 1990’s. You will recall the slogan or the theme on condomise. We strictly said the ABC concept - abstinence, behaviour change, condom use and communication campaigns are intensified in the country. Unwanted pregnancies and HIV and Sexual Transmitted Infections (STIs) are a problem among young people who are sexually active. This means young people must have access to condoms in order to protect themselves.” The second question posted to the minister



was, in your view do you think condoms should be distributed to learners in schools? He answered by saying “As a minister and a professional, yes indeed condom use must be encouraged in schools, we are simply trying to make sure that girls complete their studies without pregnancies and above all it’s a policy of government to distribute condom.”

There is a rise in school girl pregnancies in the Oshana region. The rise in school girl pregnancies is an indicator that some learners are engaged in unprotected sexual activities. Unprotected sex may results in learners being infected by HIV and AIDS if he/ she have sex with an infected partner. There is also evidence from the National Statistics on HIV and AIDS that the age range which are mostly treated for HIV and AIDS infections are in the 15 -30. The table below shows the statistics of learners’ pregnancy in the Oshana region for the past four years.

**Table 3.1 Statistics of learner pregnancies in Oshana Region**

| Year | Numbers of school girls pregnancies recorded |
|------|--|
| 2010 | 183  |
| 2011 | 137  |
| 2012 | 140  |
| 2013 | 161  |

*Sourced from planning division, Ministry of Education, Oshana Region*

In an effort to protect learners from HIV and AIDS infections and to mitigate the incidence of school girl pregnancies, the government through the primary health-care program has made access to condoms very ease even to school going children. Easy access to condoms has been criticized from some sectors of society as leading to erosion of cultural norms. Within this fierce criticism from moral entrepreneurs condom distribution to school continues but the cases of HIV and AIDS infections and the rise of school girl pregnancies continues. The question that stands is whether condom distribution in schools is an effective tool for preventing HIV and AIDS infections and curbing school girl pregnancies. Therefore the research study question is: What are the perceptions of stakeholders in education on condoms distribution as a prevention tool for HIV and AIDS infection as well as teenage pregnancy among secondary school learners in the Oshana Region?

### **3.3. Research objectives**

The research objectives for this study are as follows:

- To identify learner’s needs for condom.
- To evaluate educator’s perception of condom distribution.

- To provide insights on ways how to reduce HIV and AIDS cases and teenage pregnancy other than the distribution of condoms.

The main aim of the study is to explore the perception of stakeholders regarding the easy access to condoms by secondary school learners so as to inform the education managers and decision makers to plan effectively for the prevention of the spread of HIV and AIDS and keeping school girl pregnancies to minimum level

### **3.4. Research design**

Christensen, et al. (2001) describe a research design as an outline, plan or strategy that specifies the procedure to be used in seeking an answer to the research question and ways of handling some problems encountered during the research process. The research design indicates the kind of research being conducted and how it is conducted. A combination of data that will most likely persuade Central Government and Local Authority, and data that will give a holistic picture about the condom distribution in the Oshana region and its effects on HIV and AIDS school girl pregnancies, is of paramount importance. Deductively, this study calls for the use of both quantitative and qualitative analysis to be used concurrently. Therefore, this research will follow a mixed research design, employing quantitative descriptive survey design, using a questionnaire and qualitative case study, using in-depth interviews. For each design data will be collected and analyzed separately. The results emanating from both the quantitative and qualitative data will be triangulated to find out as to what degree the two agree with each other (Maree, 2001).

A definition of the two methods of data collection needs to be made at this stage. Quantitative research has been identified as a process that is systematic and objective in its ways of using numerical data from only a selected universe or populations to generalize the findings to the universe that is being studied (Maree, 2001). The data from quantitative studies are often depicted as hard, rigorous and reliable (Bragman, 1988). Such data exhibit considerable precision and are more persuasive and hence more likely to gain the support of policymakers which is the major objective of this research. However, according to Cresswell Maree (2001) qualitative research also has great value in that it is an inquiry process of understanding, whereby a researcher develops a complex, holistic picture, analyses words, and reports detailed views of informants and conducts the study in a natural setting.

#### **3.4.1. Quantitative research**

Quantitative research is predominantly used a synonym for any data collection technique or data analysis that generates or uses numerical data (Saunders et al., 2007). Quantitative data can be collected by using research techniques such as survey, experimental, quasi experimental and correlation research methods.

Quantitative method is used to quantify attitudes, opinions on the distribution of condoms to secondary school learners in the Oshana Region.

### **Quantitative research has its advantages and disadvantages**

**Advantages:** Quantitative research design is an excellent way of finalizing results and proving or disproving hypotheses. After statistical analysis of the results, a comprehensive answer is reached, and the results can be legitimately discussed and published. Quantitative research are useful for testing the results gained by a series of quantitative research leading to a final answer, and the narrowing down of possible directions for follow up research activities.

**Disadvantages:** Quantitative research can be difficult, timely and expensive. Quantitative research must be carefully planned to ensure that there is complete randomization and correct designation of control groups. Quantitative studies usually require extensive statistical analyses, which can be difficult, due to the fact that most scientists are not necessary statisticians. The quantitative research design also tends to generate only proved or unproven results.

### **3.4.2. Qualitative Research**

Christensen et al. (2011) defines qualitative research as research relying primarily on collection of qualitative data. Qualitative research is primary exploratory research. It is used to gain an understanding of underlying reasons, opinions and motivation, no numerical data used to answer a research question. Chiromo (2009) describe qualitative research as that which produces findings not arrived at by means of statistical procedures or other means of qualification. In this research individual interview (face-to-face interview) where conducted to get the view of teachers on the distribution of condoms to secondary schools learners. Qualitative Research is predominantly used as a synonym for any data collection technique or data analysis procedure that generates and or uses-non- numerical data Saunders et al. (2007). Qualitative data can be collected by using research techniques such as interview, pictures and video clips. Qualitative research is reliable and objective, therefore, this research study wanted to find out if condoms are necessary to be given to learners as a prevention method.

### **Qualitative research has its advantages and disadvantages**

#### **Advantages**

- This method focuses on small groups to study the phenomenon in detailed to produce in depth comprehensive information.

- It stimulates the interactions of different variables in the context to get understanding of the whole condition.
- Saves time and it less expensive.
- It helps researchers to understand situations in their uniqueness as part of a particular context enhanced by the interactions.

### **Disadvantages**

- Data analysis may take more time.
- It may take more time to collect the data with individual interview compared to quantitative research.

As De Vos (2002) and Neunam, (2000) in Marce, (2007) observe, the researcher combines quantitative and qualitative methods in order to observe the phenomenon from several angles or to acquire multiple measures of the same phenomenon by applying different research measures. This process is the purpose of this study, the triangulation descriptive strategy has been chosen as it will enable the researcher to gain a clearer understanding and acquiring in – depth knowledge regarding the social issues under investigation.

In attempting to answer the research questions, the study will predominantly make use of numerical data to assess the level of school girl pregnancies and the rise of HIV and AIDS, assess the major causes of the problem and assess both the short term and long term effects on the secondary schools on the Oshana region. The policy responses from Ministry of Education and Culture, obtained through interviews shall qualify the numerical data responses. It is anticipated that the data obtained through these two data collection methods will be sufficient to address the primary objectives of the research.

Population in sampling is the entire group of people whom the researcher needs to obtain information. The population of Oshana Region of grade 8 to 12 in the selected schools was 1885 learners and 60 teachers. This target population was too large to conduct my research on. Therefore, only a sample of 20 learners and 10 teachers were selected to participate in the study. The random sampling strategy was used at the four selected secondary school.

### **3.5. Sampling**

Chromo (2009) define sampling a smaller group or subset of the population selected from the population while Christensen et al. (2011) define sampling as a process of drawing elements to obtain a sample. The research sample describes whom the data were collected from. Cohen (2002:392) argues that “the quality of the research findings does not only depend on the appropriateness of the methodology and

instrumentation but also on the suitability of the sampling strategy chosen.” Population in sampling is the entire group of people whom the researcher needs to obtain information. The population of Oshana Region of grade 8 to 12 in the selected schools was 1885 learners and 60 teachers. This target population was too large to conduct my research on. Therefore, only a sample of 20 learners and 10 teachers were selected to participate in the study. The random sampling strategy was used at the four selected secondary school. Sampling helps the researcher to collect the data faster and easier. Polit and Hungler (1999: 212) says that “the researcher should be specific about the criteria that define who are included in the population.” The selected criteria in this research study for two populations are as follows:

### **3.5.1. Sampling criteria for teachers**

The Life skills teachers were the most target at each school since they are the ones dealing with all special cases by providing psychological and emotional issues of learners, at schools. Life skills teachers provide learners with appropriate knowledge, skills, values and attitudes that will enable them to handle themselves and their environment successfully. These teachers are at a good position to give information on the research question as they deal with learners’ social cases on day to day as well as teenage pregnancies.

### **3.5.2. Sampling criteria for learners**

Learners were randomly selected from grade 8-12 in the four selected schools where the research was conducted. The research included both male and female learners at each school.

## **3.6. Research Ethics**

Anderson (1998:311) says that “all human behavior is subject to ethical principles and rules,” and with my research no exception. Cohen and Manion (2002:78) affirm that “one of the most important principles for ethical acceptability is that of informed consent.” Mouton, (2001:108) says “in studying other beings, research can only take place with their participation and any material and information are provided on the basis of trust.” In this study the subjects of the research have basic rights that shall be respected. To minimize interference with individual rights, crucial ethics shall be adhered to. Permission shall be sought from the regional education offices of the Ministry of Education as well as schools. The interviewers will be trained to conform and comply with research ethics. The respondents will be informed about the purpose of the research, the benefits that may accrue and who the beneficiaries will be. The respondents will be allowed to freely respond in a language of choice, with the promise of confidentiality at the end of the interviews. The interviewer will thank the respondents for their time and acceptance to take part in the interview. Participants will be informed of the findings of the study.

### **3.7. Conclusion**

This chapter discussed the research methodology relevant used by the researcher to collect data for this study. The research used both interview and questionnaires methods to collect data in order to answer the research topic and address all the research objectives. The next chapter focuses on reporting of results.

## CHAPTER 4

### RESULTS ANALYSIS

#### 4.1. Introduction

This chapter presents the findings as they emerged from teachers in-depth interview and learners questionnaires on the study of perceptions of learners and teachers on condom distribution to secondary school learners. What emerged from the data collected is a range of different opinions and feelings on the topic. The findings resulting from the interview are presented first followed by the finding resulting from the questionnaires. The findings outline several factors that should be considered before condoms are made available and accessible to learners in schools. There are genuine concerns from both teachers and learners on the issues of condoms in schools. Therefore HIV and AIDS awareness prevention programmes and interventions are needed to save learners to complete their secondary school education free from HIV and learners pregnancies. The research was carried out in four selected secondary schools in the Oshana Region, two located outside town Eheke SS and Onamutai SS, the other two located in towns Gabriel Taapopi SS and Okatana SS.

#### 4.2. Data analysis from teacher's interview.

- **In your view, what are your perceptions about condoms distribution to secondary school learners?**

About 90% of the respondents indicated that condoms should be distributed in secondary schools to avoid unwanted pregnancy, dropping of female learners from schools and transmission of sexual transmitted infections. Learners need to learn about condom use, meaning that condoms education, awareness and assertiveness skills, should be given to learners at an early stage. One respondent indicated that, learners need to learn about correct condom use and responsibilities about their sexual health. Condoms distribution in fact could start at primary level especially grade 6 and 7. Early education give confident and information about their future life. About 10% of respondents indicated that condoms distribution compromises the traditional believes and morals, but in actual sense learners are sexually active at secondary level, therefore condoms are needed to be accessible by to learners that are sexual active in all the schools. Some teachers shared their experiences of staying in the school premises as hostel supervisors and what learners sometimes are engaged into sexual relationships and sexual practices as horrible.

- **How do condoms distribution affect moral of learners in secondary schools?**

Fifty-five percent of the respondents indicated that condoms has a positive moral affect to learners as they learn the right moral and values from a tender age in their respective families. Availability of condoms in

schools is one of their values that has vast benefits on personal health and respect their dignities. Sexual responsibility is more important and condoms availability enhances that. It does not mean when condoms are available at school that learners believes, attitudes and values should be influence by that. Some respondents argue that availability of condoms violate the rights of parents to educate their children about moral behaviour and religious values. They further stated that schools are learning and teaching institutions of content subject that will help learners to pursuing their future careers, but not to teach learners how to wear on a condom. By doing that teachers are of the opinion that schools are contributing to moral decay of learners by giving them condoms. About 30% of the respondents are of the opinion that HIV and AIDS education and awareness should be strategically diffused to educate the communities and sensitize them on our traditional norms, values, morals, cultural beliefs, myths and religious perceptive on the availability or accessibility of condoms to learners in secondary schools. Distributing condoms does not replace moral values that are instilled in our learners. Some teachers stressed that education begins at home, once a child is educated that understanding guides, motivates and inspire children. At school education is a continuation of growth and development.

About 10% of the respondents are of the idea that, HIV and AIDS is a reality and some learners are living positively, some are not even aware of their HIV status and they might be dating either their fellow learners or teachers leading the transmission of HIV. To reduce HIV and AIDS transmission among them, availability and accessibility of condoms in schools serves as prevention methods. It will remain their outmost choice either to use them or not. About 5% of the respondents are of the idea that condoms distribution may affect morals and values of some learners since it is like a gate away to say go and practice sex. All in all it is not about the accessibility and availability of condom but, the moral education that an individual learner has decided whether to have sex or not. Anyway without condom available learners would have sex, but with condoms available, safety is guaranteed.

- **How does condoms distributions affects behaviours of learners at the secondary school level.**

About 80% of the respondents showed that availability of condoms in schools got nothing to do with learner's sexual behaviour. It is the moral values that instinct an individual to engage in sexual activities. The responded further said, the best thing about availability of condoms is when learners has access and know how to use condoms consistence and correctly for learner safety from unplanned or unwanted pregnancy and sexual transmitted infections. It is not about the availability of condoms, but the moral education that an individual learner has to decide whether to have sex or not. Twenty percent of the respondent feels that even without condom available, learners would have sex anyway, but with condom available, safety is guaranteed. Teachers feel that using condoms is a positive behaviour in a caring relationship. Learners need to understand that condoms do not promote sexual activities at all, but



learners need to learn the correct way to use condoms, they must understand the facts about condoms and have positive behaviour and skills to negotiate condom use with their partner.

- **Do you consider condoms distribution to have an effect on learner's performance?**

Some respondent stated that condom distribution will help and ensure learners to practice safe sex and reduces the rate of Sexually Transmitted Diseases (STDs) and unwanted pregnancy. Abstinence to sex among learners is hard to be achieved due to peer pressure, lack of sex education, strong support from family at an early stage from parents, friends and partners. There are several challenges and temptations that some learners cannot fend off especially those that are residing in the hostel. There are several challenges and temptations among learners in schools especially girls in schools are struggling to say no to sex in our society. Most girls in schools and in the society lack support and source of love, this may be rooting from learners heading families, learners orphaned by HIV and AIDS or very poor, this situations may lead them to have free sexual intercourse as a source of love, income and materials in their lives.

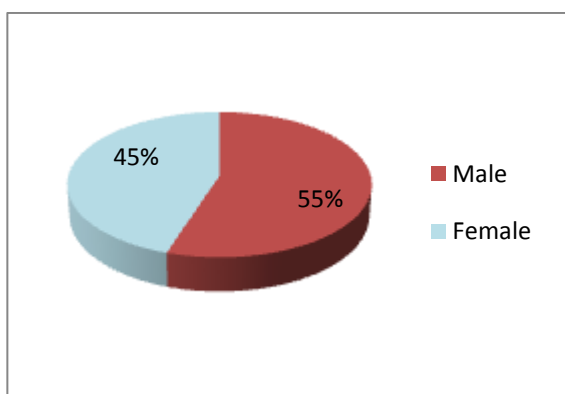
Some respondents argue that supplying condoms to secondary school learners as a prevention method it simply addressing the symptoms, but not the root cause of the problem. Some respondents" states out that instead of distributing condoms to schools, sex education and HIV and AIDS education should be enhanced in school through the life skills programme. Some reaffirm that condom availability in schools may encourage early sexual activity and promiscuity among learners. Despite the role of condoms in reducing STDs and unintended pregnancy, condom distribution programme strategies will be more useful to educate learners on pregnancy and STDs. The strategies are needed to address external factors that impact personal risks to the children while in schools.

- **In your view as a stakeholder in education, do you think condoms should be distributed to secondary school learners or not?**

From the findings, 60% of the respondents indicated that, learners need to be educated on condoms usage to prevent unwanted pregnancies and HIV transmission. At the same time they feel that condom distribution may give learners a false sense of security when engaging in sexual intercourse since they are not 100% safe. Even though pregnancy is a testimonial of unprotected sexual intercourse, teachers" felt that condoms distribution interfere with their rights to their children while in school. They supposed to have a fundamental right to the learners to prepare them for adulthood. Most teachers kept abstinence as a contraceptive method, and the school does not also wants learners to have sex, thus why the school prefer to give them condoms that they could use as contraception method during sexual intercourse. In one way or another, the availability of condoms contradicts teachers" rights attempts to promote abstinence among their children. Teachers further stress on abstinence as the best way to reduce HIV transmission and reduction of sexual transmission of other Sexually Transmitted Infections (STIs) from one partner to the other through sexual intercourse.

Teachers are of the idea of sex education sessions to be strengthened and conducted to encourage the delay of sexual activities among learners until they are physically and emotionally ready to be engaged in sexual intercourse. Learners in all schools need to have access to condoms and be educated on how to use them correctly every time they have sexual intercourse. More than half of the learners in our schools are involved in sexual activities, this can be proven from the number of pregnancies cases in schools and this shows low condom use among learners. One respondent stated that out of 20 girls in a classroom, six to seven may fall pregnant within a year. Therefore, it's advisable for young people to either stop having penetrative sexual intercourse or abstain completely from sex, or use condoms. Condoms should be distributed or made available in secondary schools, since learners need to learn how to use condom correctly should they decide to have sex. In fact demonstration on condom use need to be done in schools by the health professionals to show them how to use them correctly to protect themselves from unwanted pregnancies and several deadly diseases. When learners have sex without condoms, they are at high risks of HIV and other STIs as well as teenage pregnancy. Keeping condoms away from secondary schools is not the solution to stop learners from having sex. Some respondents felt that the distribution of condoms may increase sexual activities among learners that may lead to situations in which learners may be physically hurt or exploited by their sexual partners due to their lack of mental maturity and their female physical vulnerability. But since teachers wants to save their learners from all those situations, they are recommending condoms to be available and accessible for sexual active learners to use as a prevention method.

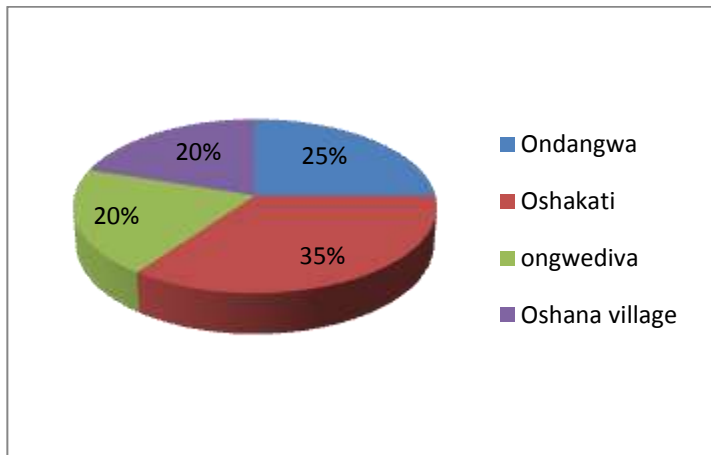
#### 4.3. Data analysis from learner's questionnaires.



**Figure 4.1: Gender of respondents**

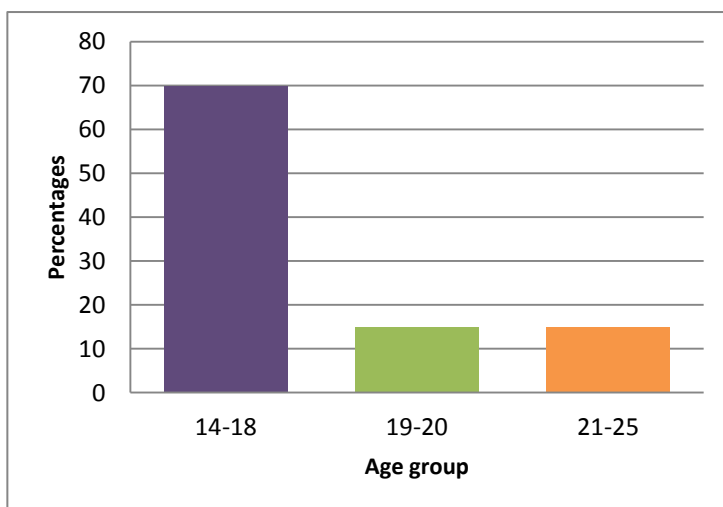
The pie chart shows that 55% male and 45% female learners participated in the research study to give their views on the issue of condoms distribution as a prevention tool to secondary school learners. Male learners stressed that most girls leave schools or become young mothers at an early stage of their livelihood while in school. They felt if sex education can be given as a curriculum topic in school through Life Skills lessons to educate learners on the issue of sex practices, skills and knowledge on HIV and

AIDS and learner pregnancy. This will help them to make constructive decisions on sexual activities and sexual practices. Most learners indicated that they are very well aware of condoms but, they need more education on condom use, then their availability and accessibility.



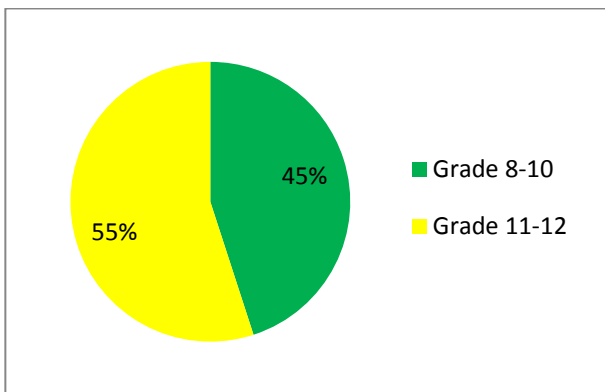
**Figure 4.2: Residence of respondents**

Based on the information collected, 25% of the respondents lives in Oshakati, 25% lives in Ondangwa, 20% lives in Ongwediva and another 20% lives in Oshana villages as shown in the pie chart. The geographical location of the respondents shows that all participants are living in the Oshana Region, which is dominated by towns. They indicated that there is a gap on reproductive health information provided in urban and rural areas on HIV and AIDS. The living standards in towns are quite changing due to the way of living. The participants are either staying in the school hostels or commuting from houses as far as renting of flats. With all those challenges, some girls are involved in sexual practices in exchange of money to pay accommodation and purchase. The situation increases promiscuity among girls.



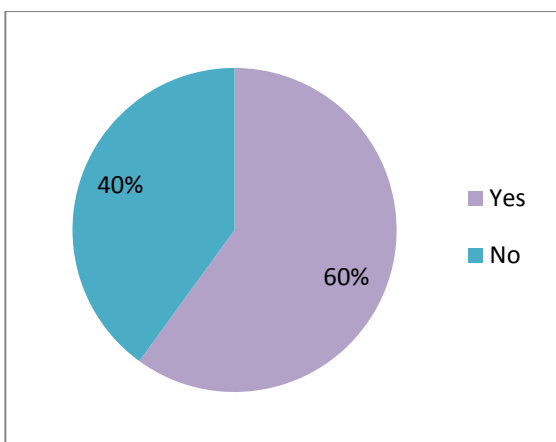
**Figure 4.3: Age groups of learners**

The bar chart shows that 70% of learners aged 14-18, 15% aged 19-20 and another 15% aged 21-25 participated in the study. When you look at the age 19-25, this age does not correspond with the grade of learners which are grades 8-19, most of them supposed to be at higher learning institutions pursuing their future careers. The contributing factors can be some might have failed and repeated grades, thus why their age group is matured for sexual practises. Some of them are heading houses or either orphans orphaned by HIV and AIDS, leading to Oshana region experiencing higher rates of learners pregnancies driven by social and psychological factors.



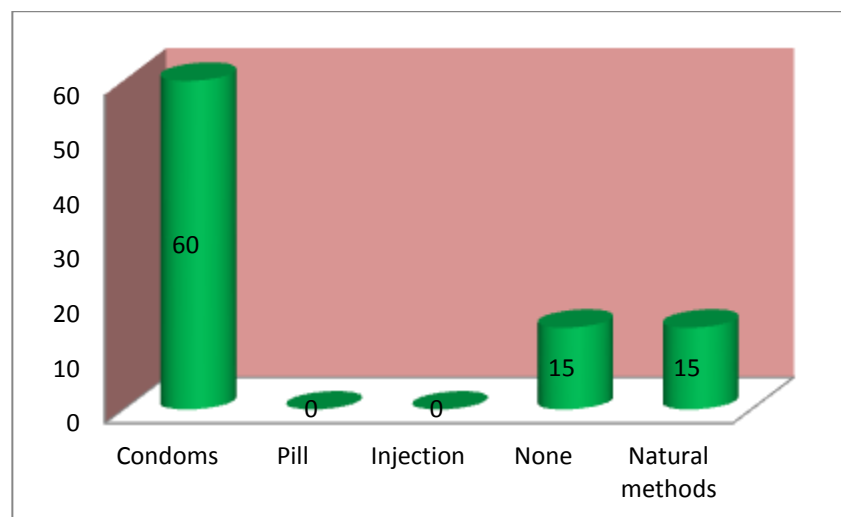
**Figure 4.4: Educational background of learners**

The result collected shows that, 55% participants are grade 11-12 and 45% are grade 8-10. All the participants are in the grades where Life skills subject is one of the non- promotional subjects. Life skills curriculum includes reproductive health, HIV and AIDS as topics of discussion in detailed and the use of condoms as a prevention method. The age group of these learners are sexually active people in the society driven by hormonal pressure, peer influence, electronic devices that freely promote sexual activities. They are stressing out availability and accessibility of condoms to help those that cannot wait.



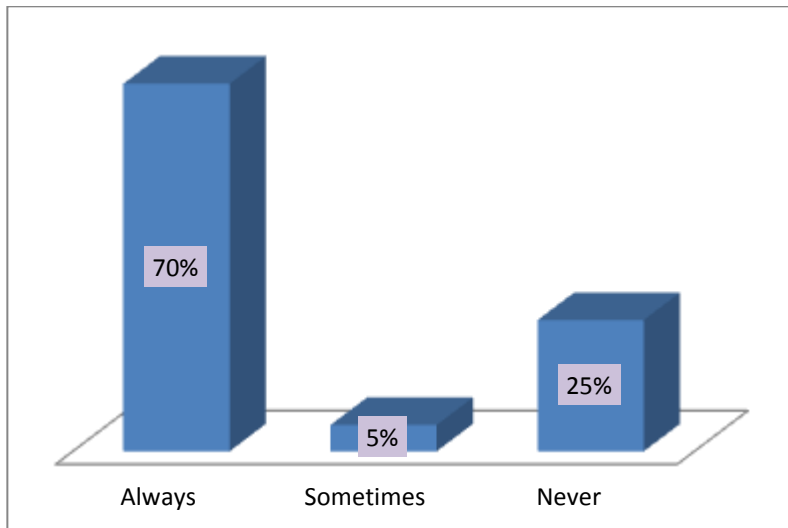
**Figure 4.5: Percentages of learners who had sexual intercourse**

Over 60% of learners indicated that they had sexual intercourse, while 40% did not. Learners can have sex if they want to, but with condoms available it would have probably prevent a lot of teenage pregnancies and the transmission of sexual transmitted infections. Learners felt that condoms availability in schools does not promote sex at all but, it promotes safe sex due to an extreme high rate of health issue, Sexual Transmitted Diseases and learner's pregnancies. Learners are faced with challenges such as peer pressure in schools leading to any influence of sex practices if that learner is not sexual matured.



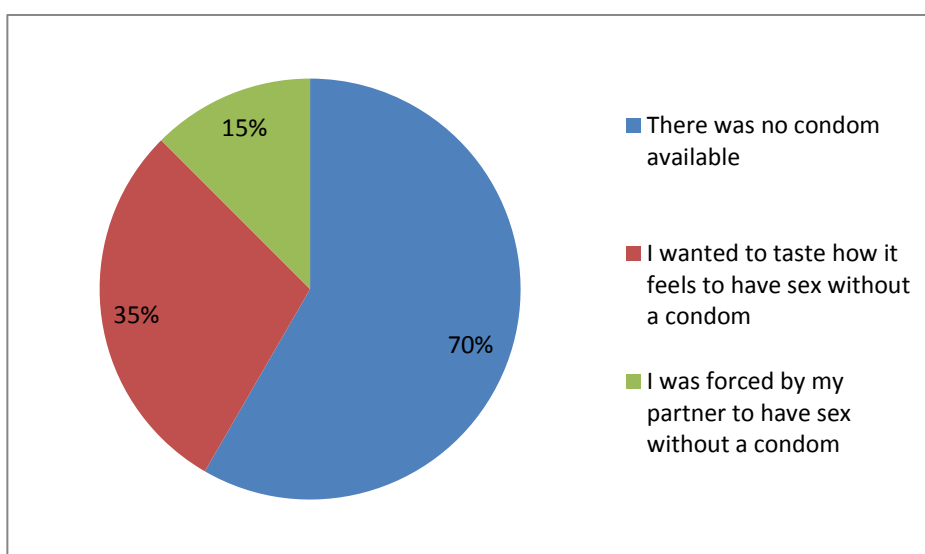
**Figure 4.6: Methods of contraceptive used by learners**

From the information collected, 60% respondents indicated that condoms are a preferred form of contraceptive, 15% stated that they don't use any conception at all and another 15% are attached to natural methods. Learners stated that the contributing factor to none users of contraceptives can be ignorance which is a disease on its own, lack of information or behavioural problem since this information can be access in massive places countrywide, they listed magazines, internet, videos, YouTube and in classrooms were most information can be accessed. They further argue that natural methods require commitment, dedication and self-discipline such as withdrawal, fertility awareness (menstrual cycle) and abstinence. Abstinence is 100% effective, preventing both teenage pregnancy and sexual transmitted diseases with no health side effects. Withdrawal is not considered as a safe method to prevent pregnancies and STDs, since the male will only pull out his penis before ejaculation without considering pre-ejaculation semen and the methods requires behavioural action. Fertility awareness needs massive monitoring of body changes such as basal body temperature and cervical mucus variations. Some learners are doing Biology and Life Science as subjects were they are learning the content, but they need more sex education and guidelines to direct them to adulthood.



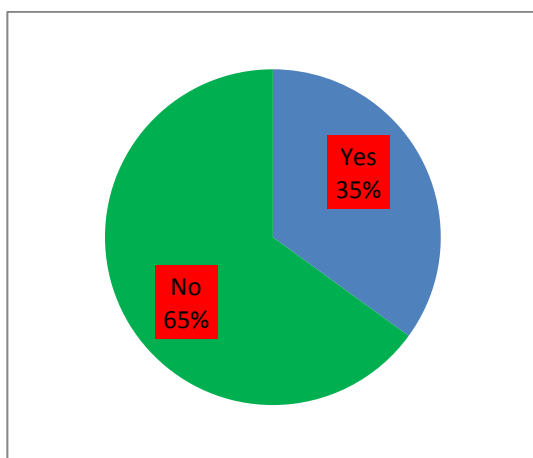
**Figure 4.7: Frequency on condoms use by learners**

Based on the information collected, 70% of the respondents indicated that they do use condoms at all times when they had sexual intercourse. About 25% of the respondents stated that they have never used condom before, while 5% of them indicated that they do use condoms sometimes when they are available. This may be contributed by lack of condoms availability and accessible within the school. Correct and consistence use of condom prevents learners from youth motherhood and sexual transmitted diseases such as AIDS. They further stated that availability and accessibility of condoms within the school premises may help sexual active learners to make intelligent decision either to use them or not. The reasons for no using condoms at all maybe attributed by lack of condom availability, barriers to condom use, reducing of sex sensation and sex education leading to low condom use within the society.



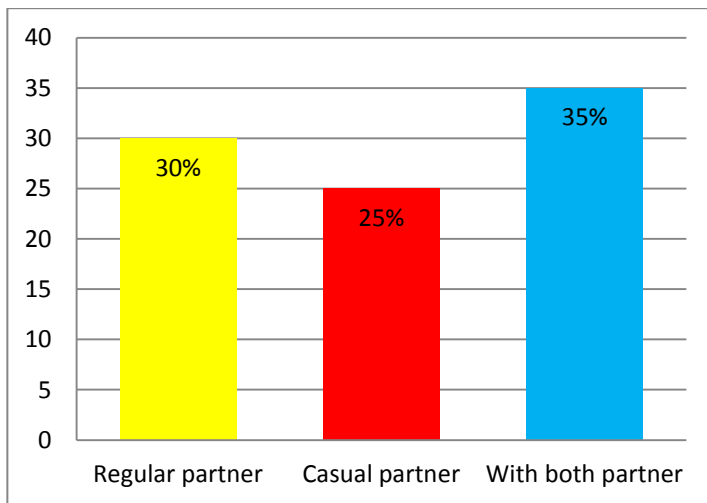
**Figure 4.8: Percentages on non-use of contraceptive methods**

Out of 20 respondents, 70% reported that there was no condom available and 35% stated that they wanted to taste sex without a condom. Overall, 15 % indicated that they are forced by their sexual partners not to use condoms. If condoms will be made available and accessible, people will make better choices either to use them or not. Misconceptions on condom use and behaviour change may be factors fuelling to low condom use among learners. Those that are forced into sex practices have no choices on sexual intercourse they are overpowered by their sexual partners, their sexual rights are violated putting all partners at health risks. All in all most learners are not sexually matured therefore they cannot make right sexual decisions. Those that are testing sex without condom, those learners don't understand what they doing, its gate way for them to welcoming HIV and add to the increasing number of people infected.



**Figure 4.9: Accessibility of condoms to learners**

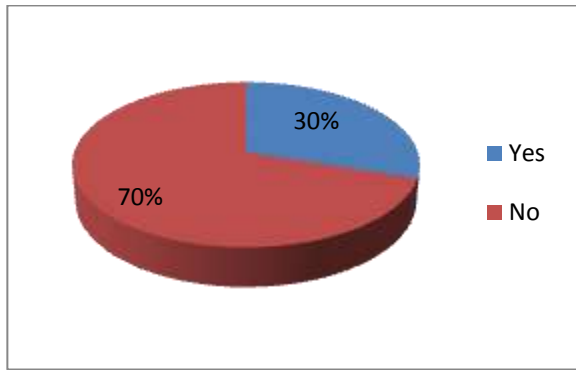
Based on the information collected, 65% respondents indicated that they have no access to condoms while 35% have access to condoms. They further stated they are aware that condoms are available at the health centres but they are not allowed by the school rules to go out of the school premises making it difficult for them to access health centre nearby. Condoms are safe and easy to use, learners have choices to use them or not. What they need from the education stakeholders is to make them available and accessible at schools. Learners need education on HIV and AIDS to make health choices while they are young. Sexually active learners need to be helped to change their sexual behaviour that may put them at risks of contracting HIV and getting unwanted pregnancies. The smallest sex behaviour change for sexually active learners to prevent HIV transmission and learner pregnancies is to use condoms. Condoms are however not nearly widely available, therefore the current efforts is to increase their availability and accessible.



**Figure 4.10: Percentages of learners and the use of condoms**

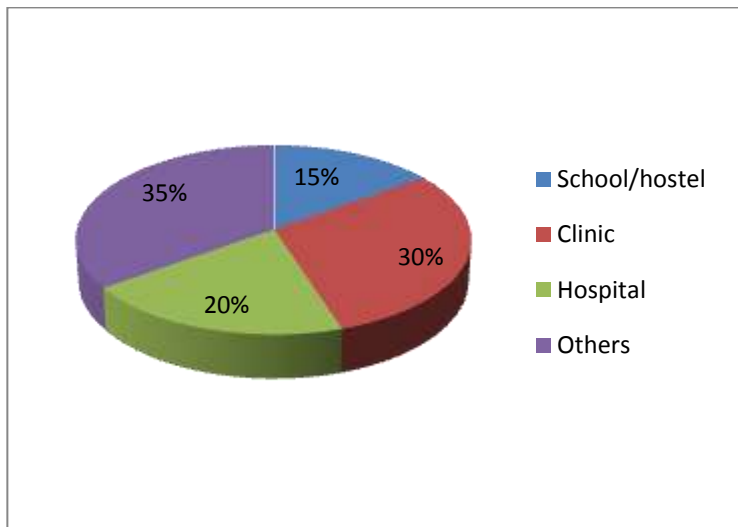
This table shows that 30% of learners have regular partners with whom they use condoms to protect themselves. While 25% of them have casual partner with whom they use condoms. This is a very dangerous situation whereby learners at a tender age have casual partners that can overrule sex decision since most learners are not yet sexual matured. This places learners at risks of acquiring sexual transmitted diseases, therefore sex education is needed to teach learners to make well informed decisions. 35% of respondents indicated that they use condoms with both regular and casual partners. The question remains do these learners have the knowledge on condoms negotiation and do they use them consistently and collect? When respondents indicated that they are using condoms with both partner, it is a clear indication that learners are involved in multiple concurrent sexual partners which is very dangerous at their stage in life. Concurrent sexual partners (CSP) have been identified as a key driver of HIV transmission in countries with generalized epidemics such as Sub-Saharan African countries fuelled by low condom use and low prevalence of male circumcision. When respondent talk about CSP than there is a need in Namibia to start implementing multi-channel intervention targeting those who engage in it. The intervention should address both partner reduction and condom use. Concurrent partnerships enable HIV to spread quickly within large sexual networks. The messages should including rising of personal awareness of risk, change socio-cultural norms around sexual partnering, values, attitudes and learners actions in life.





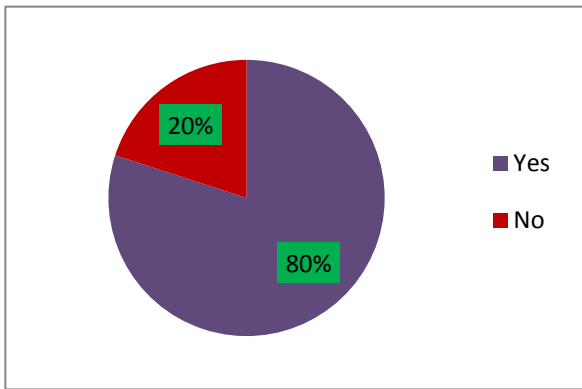
**Figure 4.11: Accessibility of learners to contraceptives**

About 70% of the population indicated that they do not have access to condoms at all while 30% have access to condoms. This can be attributed by the school policy that did not say anything on the distribution of condoms to learners. Some felt that schools are teaching and learning institutions, whereby knowledge and information is provided. Information about condoms, where to get them and how to use them can be provided but not to be distributed to schools. Some are of the ideas that, learners are not trusted to take independent decisions on condom.



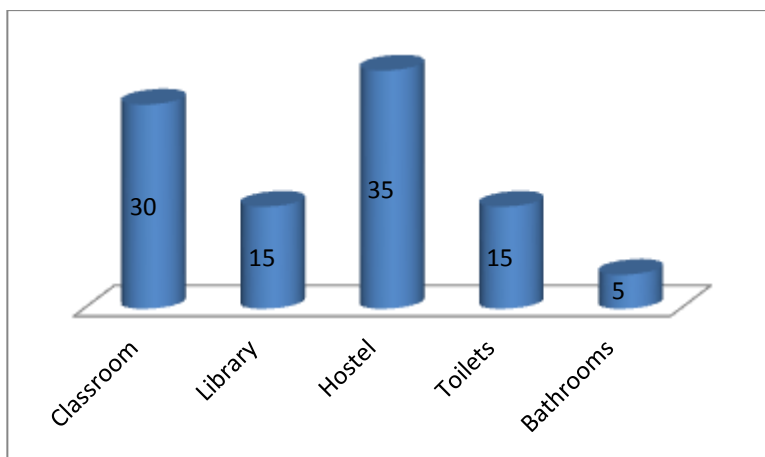
**Figure 4.12: Places where contraceptives are available**

Over 35% of learners indicated that they have access to contraceptives at other places, 30% at the clinic, 20% at the hospital and 15% at school or hostel. These places that are mentioned by the participants are safer for them to get condoms but other places can be bars that are prohibited for youth to enter if they are under the age of 18.



**Figure 4.13: Percentages of learners who would like to access condoms at school**

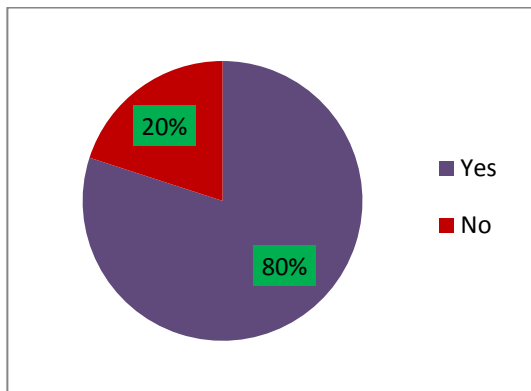
Based on the data collected, 80% of the respondent indicated that they are comfortable to get condoms at school, 20% indicated that they are not comfortable. This shows that most learners are comfortable to get condoms at school. This can be influenced by the Life Skills lessons received, HIV and AIDS programmes such as my future is my choice, window of hope, HIV and AIDS awareness clubs, HIV counselling and testing at school. Condoms enable both man and women to take responsibility for preventing pregnancy and sexually transmitted diseases. Condoms are safe and have no hormonal side-effects. Most learners are educated and they understand the negative effects of HIV and AIDS and Sexually Transmitted Infections. Most learners are not ready to be mothers and fathers and again some are taking care of sick people at home or they are orphans orphaned by HIV and AIDS. Some learners in schools are either affected or affected by HIV and AIDS and they are striving for the change.



**Figure 4.14: Location of condoms at school**

Responses to this question show that, 35% of the respondents indicated hostel, 30% classroom, 15% library, another 15% toilets and 5% in the bathrooms. The highest percentage indicated hostel but this does not mean learners are going to do it in the hostel. A hostel to them is a house and they feel safe and

comfortable to get condoms. Some learner even indicated that, if condom could be available, they could have taken some with the house to their brothers and sisters at the villages.

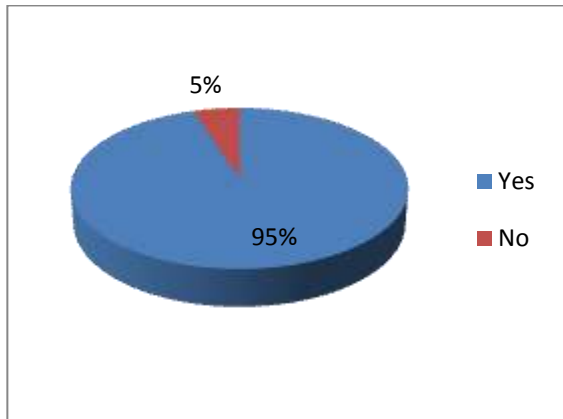


**Figure 4.15: Percentages of learners who would like condoms to be distributed at school**

The best thing about availability of condom is when a person has access and knows how to use them correct. It is not about the availability of condoms but the values, moral education, ethics that an individual has in life to decide whether to have protected or unprotected sex or not. Even without condom available, they would have sex anyway, but with condom available, safety in more guaranteed.

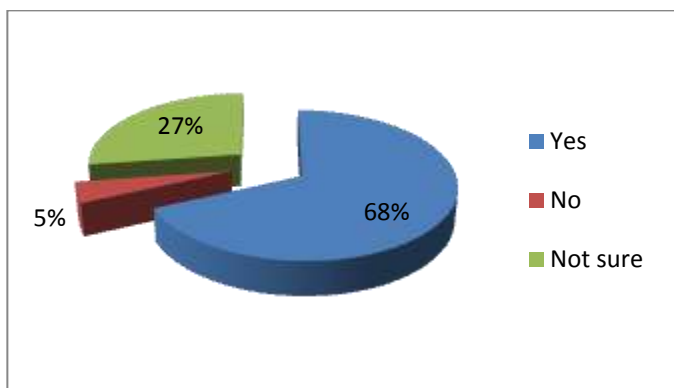
Based on the data collected, 80% of respondents indicated that condoms should be distributed to schools while 20% are against it. Good reasons attributed to those that are for are: Condoms reduces teenager pregnancies and the transmission of HIV. Condoms are the most popular form of birth control, safe and have no hormonal side effects. They enable both man and women to take responsibility for preventing pregnancy and sexually transmitted infections. Some learners are very sexually active and their parents are not ready for learner mother and learner fathers.

Those that are not supporting the distribution of condoms to school feel that availability of condoms encourages learners to practice sex while at school. Sex is for adult not for the learners with all its challenges and consequences around it that learners cannot withheld. They strongly believe that learners should be motivated to stay away from sex until they are done with grade 12. Possible solutions or interventions need to be put in place for learners to abstain from sex practices.



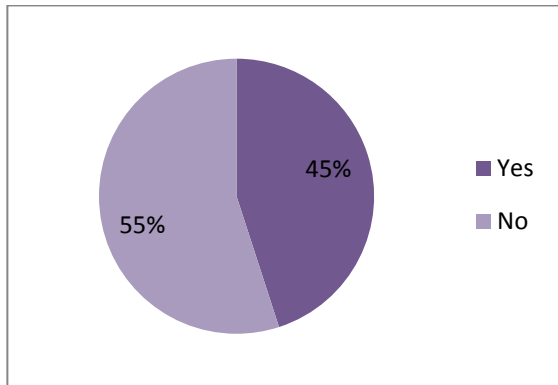
**Figure 5.16: Percentages of condoms protection against HIV transmission and teenage pregnancy**

About 95% of participants indicated that condoms are safe, easy to use when available while 5% stated that condoms are not easy to accessible and at times, they are not available. Most learners indicated that, learners drop out of schools due to unwanted pregnancies as a result of non-accessibility and availability of condoms. Most learners feel that it's their right to make rights choices on sex practices and prevention methods. What is required from parents, teachers and other education stakeholders is guidance and education. The final choice still lies with an individual learner. Some shared their experience of parents both who are deciding for their children. This is not good at all but as a child he/she need to be made understand of why certain thing should be done or not.



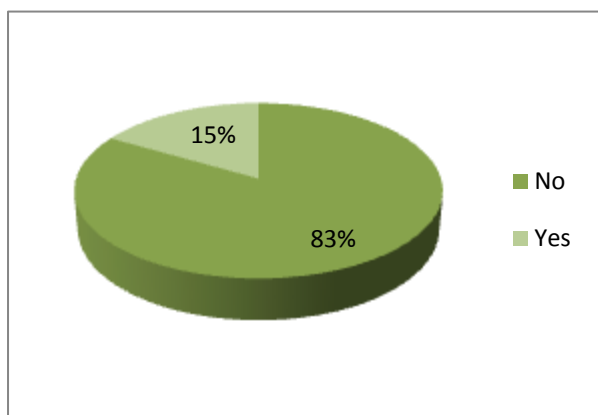
**Figure 4.17: HIV and AIDS programme at school**

It's always important that HIV programme and policy makers understand the importance of condom availability to school learners. HIV and AIDS programmes in school educate and help learners to make well informed decisions. AIDS pandemic is real and it is here to stay if there are no strategies in place to reduce HIV transmission and teenage pregnancies.



**Figure 4.18: Effectives of HIV and AIDS programme at schools**

Responses to this question shows that 55% of responded indicate that the programmes are not effective, while 45% indicated that the programme is effective. The contributing factors to this can be the limited number of days that the programme takes place and the limited number of learners that are required to register at a time. Not all learners have chances to attend these sessions.



**Figure 4.19: Programme in schools that can help in the prevention of HIV transmission and teenage pregnancies**

About 85% of the respondent indicated they are aware of HIV and AIDS programmes and 15% stated that they are not aware of any HIV and programme. As we say ignorance is a disease on its own, it's quite shocking to hear a learner grade 8- 12, not aware of any HIV and AIDS programme in place. These programmes in schools such as window of hope and my future is my choice has limited number of days per week and participants per cycle. This programme supposed to be compulsory for each and every learner and to be conducted every day by well-trained facilitators.

- **How effective is this programme compared to condom distribution at school? Explain.**

There are programs in place such as my future is my choice and window of hope. The programs are not effective as such due to the limited number of learners that has to register at a time and the duration is too

short to cover more content and master it. These programmes are educating learners on how to make the right choices and health lifestyles. The programs mitigate the HIV and AIDS pandemic among learners and this creates positive behaviours, development of assertive, prevention and resilience skills. Girls are particularly vulnerable to contracting HIV for social, cultural, economic and even for physiological reasons. These programmes address the issue of gender imbalances in relationships among men and women. Learners are provided with knowledge and the life skills subject can help them in making good decisions about their sexual health and their future in general before they reach a peak vulnerable age.

#### **4.4. Conclusion**

Traditionally, sex is a private subject and the discussion of parents with their children is often seen as inappropriate in our Africa culture. Learners need advices and guidance about sex education from adults. Schools are at better position to create safe and comfortable environments where professionals are at better position and knowledgeable to give and discuss proper sex education and sex practices to the learners. Most parents are not educated and they don't have significant knowledge especially those in low social economic status to give guidance and advices to their growing girls. To reduce an increase size of HIV transmission, sex education and sex practices needs more education for learners. Should this fail then condom distribution in school gives all learners a fair chance to use them or not. Comprehensive sex education should be given to learners to acquire more knowledge and skills that guide them to make better choices. The data collected the shows that perception in our societies to need be sensitizing that giving condoms out make learners to have sex it is a barrier, people should be educated on it. Finally, although learners should be encouraged to abstain from sex, condoms availability and accessibility should be supported since schools are more convenient place to make them available to our learners. To be most effective, condoms should be accompanied by sex education programs and learners should take responsibilities about their sexual health.

## CHAPTER FIVE

### CONCLUSIONS AND RECOMMENDATIONS

#### 5.1. Introduction

The previous chapter focused at the data collected presentation on the issue of condoms distributions to secondary school learners as a prevention method of HIV transmission and teenage pregnancies. This chapter rounds off the research and outline the conclusions and recommendations based on the research findings of the study.

#### 5.2. Conclusion

The main aim of the study is to explore the perception of stakeholders mainly, the teachers and learners on condoms distribution to secondary school learners. This is to inform the education managers, policy makers and decision makers to can plan effectively for the prevention of HIV transmission and reduce teenage pregnancies.

The increase of HIV transmission and teenage pregnancies among learners is caused by various factors such as lack of life skills knowledge, poverty, multiple concurrent partnership and lack of condoms in schools to mention but a few. From the research conducted, it is believed that the effective way of reducing HIV infection transmission and teenage pregnancies is to teach our children morals, ethical values and to create an environment that applauds and support learners who choose abstinence as a method of safe sex. The parents and their children need to open up mutual lines of communication from an early stage while they are young to talk about healthy life styles including HIV and AIDS and teenage pregnancies. The children need advices and guidance on sex education and sex practices in order to make the right choices. Schools present a critical and influential community in the lives of children, therefore they are at a position to create a safe and comfortable environment where professionals are in a better position and knowledgeable to give and discuss proper sex education with learners.

Furthermore, most parents are not educated especially those in low social economic status and do not have significant knowledge to give guidance and advises to their growing girls. Therefore, it is believed that love, support and respect from their romantic partners, parents, friends and teachers need to be established, and then there will be more beneficial outcomes than those which condoms can deliver. Some teachers felt that, it is morally wrong to avail condoms in secondary schools but the challenges of HIV transmission and teenage pregnancies in school remains a threat, of which the Ministry of education need to pronounce its position. It is essential to engage support for preventative measures from families and the community at large, as teenage pregnancies and HIV and AIDS affect the entire community and cannot be successfully managed by the school alone.

From the research, it is believed that using a condom is the most effective way for our learners to protect themselves from HIV virus and teenage pregnancy, unless they practice abstinence. Therefore, making condoms available and accessible to learners could help in reducing HIV transmission and teenage pregnancies among learners.

### **5.3. RECOMMENDATION**

Based on the study, the following recommendations were made:

1. Schools shall introduce HIV and AIDS education as a content subject in the school curriculum as a mandatory subject for all grades 8-12 to reinforce the importance of life skills.
2. Ministry of Education need to adopt a policy in support of school condom availability and accessibility as a component of comprehensive sexuality education for our learners.
3. The government through the Ministry of Education should revise the current HIV and AIDS policy, and it should spell out clearly if condoms should be distributed to schools or not.
4. The government through the Ministry of Education should employ and deploy health professionals, trained nurses, and school counsellors to all schools to assist in creating HIV and AIDS awareness and risks of teenage pregnancies.
5. Posters and pamphlets on HIV and AIDS and sexual transmitted diseases should be produced and distributed to schools to be displayed as teaching and learning materials in the classrooms.
6. School sports attires should carry HIV and AIDS prevention messages to ensure continuous education and create awareness through sports.
7. School principals should motivate and encourage learners to register and join HIV and AIDS awareness clubs such as my future is my choice, window of hope and HIV and AIDS counselling and testing for learners in schools.
8. All HIV and AIDS programmes in schools should be made compulsory for all leaners attending formal and informal education.
9. Schools should introduce more HIV and AIDS programmes to address the consequences of sexual behaviour.
11. The Ministry of education should implement the Comprehensive Sexual Education (CSE) programme aimed at empowering youth with accurate information with regard with sexual and reproductive health.



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## **ADDENDUM A: RESEARCH INTERVIEW QUESTIONS**

**Research Topic:** Perceptions of stakeholders in education on the distribution of condoms to secondary school learners in the Oshana region.

### **In- depth interview questions for teachers and parents in Oshana Region**

1. In your view, what are your perceptions about condoms distribution to secondary school learners?  
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2. How does condom distribution affect morals behavior of learners in secondary schools?  
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3. How does condoms distributions affects behaviours of learners at the secondary school level  
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4. Do you consider condoms distribution to have an effect on learner's performance.  
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5. In your view as a stakeholder in education, do you think condoms should be distributed to secondary school learners or not?  
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## ADDENDUM B: RESEARCH QUESTIONNAIRES

**Research Topic:** Perceptions of stakeholders in education on the distribution of condoms to secondary school learners in the Oshana Region.

### Dear Participants

I, Elizabeth Nailoke Kapolo a registered student with Stellenbosch University in South Africa pursuing MPhil in HIV and AIDS Management. I am currently conducting an academic research on the perceptions of stakeholders in education on the distribution of condoms to secondary schools learners in the Oshana Region. The main aim of the study is to explore the views of stakeholders regarding the distribution of condoms to secondary school learners so as to inform the education managers, education planners, policy makers and decision makers to plan effectively for the prevention of the spread of HIV and AIDS and reducing school girl pregnancies. I am requesting you to take part in this academic study by answering the questionnaires. There is no correct or wrong answer. Thank you.

### DEMOGRAPHIC QUESTIONS (Please tick)

1. Gender of respondents

Male

Female

2. Residence of respondents

Ondangwa

Oshakati

Ongwediva

Oshana village

3. Age group of learners

○ 15-18

○ 19-20

○ 21-25

4. Educational background of learners

Grade 8-10

Grade 11-12

**DISTRIBUTION OF CONDOMS**

5. Have you ever had sexual intercourse?

Yes  No

6. Which method of contraceptive do you think is better to use and why?

Condoms  Pill  Injection  None  Natural method

(Please specify):----- (e.g. abstaining, counting days, withdrawal, etc)

**Reason:** -----

7. How often do you use condoms

Always  Sometimes  Never

8. If you ever had sexual intercourse, and did not use any contraceptive method, explain why you have not used a method.

(a) There was no condom available.

(b) I wanted to taste how it feels to have sex without a condom.

(c) I was forced by my partner to have sex without a condom.

9. Do you have access to condoms or other forms of contraceptive?

Yes  No

10. With whom do you use condoms?

Regular partner  Casual partner  With both partners

11. Do you have access to contraceptives?

Yes  No

12. Where do you get these contraceptives?

School/hostel  Clinic  Hospital

**Other**  **(Please specify)**.....

13. Do you feel comfortable getting condoms at school?

Yes  No

14. How do you want to access condoms at school?

Classroom  Library  Hostel  Toilets  Bathrooms

**Others**..... **(Please specify)**.....

15. Do you think condoms should be distributed in schools and why?

Yes  No

**Reason:** .....

16. Are condoms protective against teenage pregnancy and HIV transmission?

Yes  No

17. Is there any programme in place at school that educates learners on HIV and AIDS and condom use?

Yes  No  Not sure

**If yes name the programme.....**

18. Is this programme effective?

Yes  No

19. Do you know of any other programme that can help to prevent teenage pregnancies and HIV transmission?

Yes  No

20. How effective is this programme compared to condom distribution at schools? Explain

.....  
.....

## **ADDENDUM C: PERMISSION TO CONDUCT RESEARCH FROM THE ETHICS COMMITTEE**

### **Approval Notice**

20-Nov-2013

Kapolo,

Elizabeth EN

### **Proposal #: HS994/2013**

**Title: Perceptions of stake holders in education on the distribution of condoms to secondary schools learners in the Oshana region.**

Dear Ms Elizabeth N. Kapolo,

Your **Response to Modifications - (New Application)** received on **12-Nov-2013**, was reviewed by members of the **Research Ethics Committee: Human Research (Humanities)** via Expedited review procedures on **20-Nov-2013** and was approved.

Please note the following information about your approved research proposal:

**Proposal Approval Period: 20-Nov-2013 -19-Nov-2014**

Please take note of the general Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

Please remember to use your **proposal number (HS994/2013)** on any documents or correspondence with the REC concerning your research proposal.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

Also note that a progress report should be submitted to the Committee before the approval period has expired if a continuation is required. The Committee will then consider the continuation of the project for a further year (if necessary).

This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki and the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health). Annually a number of projects may be selected randomly for an external audit.

National Health Research Ethics Committee (NHREC) registration number REC-050411-032.

We wish you the best as you conduct your research.

If you have any questions or need further help, please contact the REC office at 0218839027.

Sincerely,

Susara Oberholzer

REC Coordinator

Research Ethics Committee

Human Research (Humanities)



**ADDENDUM D: PERMISSION TO CONDUCT A RESEARCH FROM THE  
PERMANENT SECRETARY**



REPUBLIC OF NAMIBIA

**MINISTRY OF EDUCATION**

**Tel:** 264 61 2933200  
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Private Bag 13186  
Windhoek  
NAMIBIA  
22 August 2013

**File:** 11/1/1

Ms Elizabeth Nailoke Kapolo  
P. O. Box 2892  
OSHAKATI

Dear Ms Kapolo

**RE: REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY AT SOME  
SECONDAR SCHOOLS IN OSHANA REGION**

Your correspondence dated 1 August 2013, seeking permission to conduct a research study at some secondary schools in Oshana Region, has reference.

Kindly be informed that the Ministry does not have any objection to your request to conduct a study at the secondary schools concerned.

You are, however, kindly advised to contact the Regional Council Office, Directorate of Education, for authorization to go into the schools.

It is also advisable to have schools you intend to engage identified or proposed before you approach the Regional Office.

Also take note that the study activities should not interfere with the normal school programmes. Participation should be on a voluntary basis.

By copy of this letter the Regional Director is made aware of your request.

Yours sincerely

  
A. Ilukena  
**PERMANENT SECRETARY**

cc: The Director: Oshana Education Region

## ADDEDUM E: PERMISSION TO CONDUCT A RESEARCH TO THE REGIONAL DIRECTOR

P.O. Box 2892  
Oshakati  
Email: [ekapolo2008@yahoo.com](mailto:ekapolo2008@yahoo.com)  
Cell: 0812900592  
28 August 2013

The Regional Director  
Ministry of Education  
Oshana Region  
Private Bag 5518  
Oshakati

Dear Mrs Shinyemba

### RE: REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY IN SECONDARY SCHOOLS, OSHANA REGION.

I am Elizabeth Nailoke Kapolo a student with University of Stellenbosch, South Africa. Currently, I am doing the Master of Philosophy Degree in HIV/AIDS Management. As a fulfillment of my study from the Africa Center of HIV/AIDS Management at Stellenbosch University, I am required to carry out a research project. The research topic is Perceptions of stakeholders in education on the distribution of condoms to secondary school learners in the Oshana Region.

My target populations are learners and teachers. As part of ethical consideration I am requesting for permission to do this research within the confines of the Ministry of Education. In addition, written permission from the parents seeking consent to for learners who are below the age of 18. Questionnaires will be distributed to learners in secondary schools. In-depth interviews will be conducted with some teachers in Oshana Region. This study is expected to be completed by 2014.

I have already written a letter to the office of the Permanent Secretary seeking for permission to study. I strongly believe that the findings of my research will enrich our sights on some of the preventive measure the Ministry of Education can embark on in the management of HIV and AIDS. I am therefore kindly requesting your good office to allow me to use four secondary schools specifically: Gabriel Taapopi SS, Okatana SS, Eheke SS and Onamutai SS. Information that will be provided by all the participants will main be used for the study purpose and confidentiality will be maintained at all times. Attached is permission letter from the Permanent Secretary.

Thanking you in advance for your assistance.  
Yours Sincerely



Elizabeth Nailoke Kapolo: SEO- ICT: Oshana Region