FACT SHEET

ZAMBIA: SAVE THE CHILDREN KAPB STUDY

Context

Southern Africa:

The HIV epidemic in Southern Africa is generally categorised as hyperendemic (adult HIV prevalence exceeding 15%) "requir[ing] exceptional effort and resources to... change sexual behaviours as well as social norms" (UNAIDS, 2008: 16). The high levels of early sexual debut together with high HIV prevalence expose sexually active children and young people to sexually transmitted infections, including HIV and unintended pregnancies.

In Southern Africa the majority of HIV transmission occurs through sexual activity (including reproduction) and children and young people remain disproportionately represented in the number of new HIV infections. The silence around sexuality in general and children's sexuality in particular generates misconceptions, myths and misinformation which contribute to children's risky sexual practices. In addition, implementation efforts have been limited by the tendency, until recently, to focus HIV prevention and sexual and reproductive health initiatives on children 15 years and older and who are rarely asked their opinion on the information and services they receive.

The majority of governments have strategic plans for the national multi-sectoral responses on HIV and AIDS. Some include explicit focus on children whilst in others this is implied within plans on the care and support of orphaned and vulnerable children to address the specific risks and vulnerabilities to HIV and AIDS that they face. In addition, the difficulties faced by adults in accepting children's sexuality and the social taboos and attitudes regarding sex, gender, contraception and HIV prevention itself have not been addressed adequately if at all.

Zambia:

At the end of 2009, more than one in every seven adults (13.5%) in Zambia was living with HIV and 120,000 children were estimated to be infected with HIV. Nearly 76,000 people aged 15-49 years who were newly infected, approximated at 200 daily new infections (UNAIDS, 2010). HIV prevalence is not dropping and has remained more or less stable, with some urban areas as high as 25% (UNAIDS/WHO, 2008). Life expectancy at birth fell to between 39 and 46 years (UNICEF, 2009;).. Though there is decline among some HIV prevalence among young women 15-24 years is nearly four times that of young men of the same ages due to contributing gender inequality factors: also young women in Zambia typically become sexually active earlier and have partners on average five years older who may already have had a number of sexual partners (AIDS Care, 2008).

Despite many HIV prevention awareness-raising initiatives and a wide range of media used to carry messages in 2007 almost two thirds of young people 15-24 years could not both reject major misconceptions about HIV transmission and correctly identify ways of preventing sexual transmission of HIV (Govt. of Zambia, 2010, April). Only 28% of Zambians 15-49 knew their

HIV status (WHO/UNAIDS/UNICEF, 2009). Also, the role of condoms in curbing HIV spread remains controversial and condom use is not widespread and remains infrequent, especially in rural areas. Less than a third of men and women engaging in higher risk sex (multiple sex partners in the last 12 months) reported using a condom with their last sexual partner (UNAIDS, 2010).

Save the Children is implementing a regional programme in southern Africa promoting comprehensive sexuality information and education for improvements in children's access to SRH and HIV prevention-related information and services. A 2007 literature review by Save the Children Sweden (*Tell Me More! Children's Rights and Sexuality in the context of HIV/AIDS in Africa*) found that communities and schools as well as the media had failed to adequately address sexuality and gender issues to meet children's needs and rights to information, education and communication for their own protection from HIV and AIDS. It has now undertaken a baseline and a children's KAPB in supported project areas in Zambia to strengthen and support implementation of the regional programme as well as to enhance the ability to influence other actors on these aspects of children's rights.

INTERVIEW FINDINGS

5 to 8 year olds:

Relationships are understood primarily in terms of caregiving and the child's welfare, a responsibility assigned to adults, while friendship defined their relation with other children. Gender equality as a value was poorly understood with very limited knowledge, attitudes and skills in relation to sexual behaviour and only a rudimentary understanding of the concepts of sex, gender, and human rights. The term sexuality was not understood by most children of this age, nor could they describe sexuality in relation to the human life cycle. Children could not describe how pregnancy occurred. As a result, they had little idea of how to prevent pregnancy.

9 to 11 year olds:

While the meaning of healthy relationships was well understood, few understood the meaning of sexuality in relation to the human life cycle, including misconceptions. Reproductive health was not well understood which also manifested in a poor understanding of sexual and reproductive anatomy. Importantly, most children appeared to know how pregnancy occurs, and how to prevent unintended pregnancy (condoms, abstaining from sex) and its impact on their lives. A poor knowledge of available treatment for HIV and who is vulnerable to HIV and AIDS makes this age cohort vulnerable to risky sexual behaviour.

12 to 17 year olds:

Schools (83%) serve as a primary source of information with regard to HIV/AIDS, though peers (76%) were also important, with high levels of knowledge of HIV/AIDS and its mode of transmission. Peers are a popular choice for discussion about sexuality, followed by partner and teachers or a brother or sister and rarely a parent. Of those who were sexually active (34%)

over half of mothers and fathers (58%) were not aware that their child was sexually active. Significantly more boys (32%) than girls (24%) had ever had sexual intercourse and 39% of boys and 29% of girls had petted each other. Condom usage at first sex was significantly higher for females (43%) than males (36%), even though at a low level**.** Boys (M=14.4 years) also started early than girls (M=15.2 years) with petting, and similarly, boys (M=14.5 years) start a little earlier than girls (M=15.4 years) with sexual intercourse. There were more boys (26%) than girls (18%) that knew that their current partner had other sexual partners.

Sexual and Reproductive Health (SRH):

The study established physical, psychological and social barriers preventing children from accessing SRH resources.

12 to 17 year olds:

About one-third of children indicated that they were aware of a place for sexual and reproductive health (SRH). While Sexual and reproductive Health Services (SRHS) were easily accessible (63%), most of these were not specialised and offered general physical treatment (35%) in addition to SRHS (41%). Four out of five boys and girls see the local clinic or hospital as their primary source of SRH services. While the negative consequences of early pregnancy were recognized, including ways to prevent pregnancy, about twenty five percent of children were not sure if they could keep away from sex until their partner agrees to use a condom. Challenges in accessing SRH services included the lack of parental involvement, with only 30% of children going to SRH services with an accompanying adult. Forming part of the challenges is stigma against children who ask for SRH services, these include, negative attitudes by service providers and the poor quality of services on offer where available.

Parents/ Guardians:

Only eighteen percent (less than 1 in 5) of parents/guardians have discussed sex and HIV/AIDS with their children aged 5-11 years, though almost a third have talked about sexual abuse (32%). Parental knowledge of HIV/AIDS transmission was good, with most (64%) endorsing methods such as condom use, abstinence, sticking to one partner and avoiding contact with blood. It was evident that parents/guardians are aware of protecting their children and tend to see non-family males as a threat and avoid placing their children in the care of such individuals.

RECOMMENDATIONS:

- Collaboration between Save the Children, Sweden and NGOs is required for an in-depth analysis of methods to improve children's information and knowledge of sexual and reproductive health, including the risks related to HIV transmission.
- These collaborations should also include local NGO's that focus on community level education thereby involving parents and

families as well as those NGO's that support school programming with regard to SRH.

- Given the low levels of knowledge among 5-8 year and 9-11 year old children, age-appropriate sexuality education within classrooms is advocated that provides non-judgemental, accurate and realistic information. The suggested curriculum should emphasise basic human physiology (how the body works), reproductive health emphasising the role of relationships rather than sexuality per se, including the advantages of delaying sexual debut.
- An essential part of the curriculum must focus on understanding HIV and AIDs and its transmission, including ways in which transmission could be prevented such as correct and consistent condom use and avoiding multiple partners.
- Teacher training on sexuality education and sexual and reproductive health is essential for accurate and non-judgemental education of learners
- Increase parental knowledge of SRH through community-based education groups that reinforce and support school-based programming, with technical guidance from Save the Children, Sweden
- Sexual and reproductive health service providers should encourage greater parental involvement to ensure that their child receives appropriate advice and care without the fear of judgement and stigma.
- Save the Children Sweden and its partners should conduct a round table discussion around step-wise initiatives to counteract the issues brought up in the reports.
- A simple Monitoring and Evaluation (M&E) system needs to be developed. This system should comprise indicators to be used by Save the Children partners to establish efficiency and efficacy of the program. If a rudimentary M&E system is already being implemented, then it would be useful to build onto this platform by providing skills and assisting with technical aspects. As an example, these could include the percentage of boys and girls reporting knowledge and appropriate skills to undertake at least one safe sex practice; change in the frequency of condom use and contraception, reduction in the number of concurrent partners and sexual risk-taking behaviour. Given the low levels of knowledge in young children, curricula on HIV knowledge and information should reflect improved levels of accurate information. The plan should also examine levels of involvement of schools and educators in providing education information and support.