

Effects of experiential storytelling approach on premarital sexual advance refusal assertiveness among selected grade 11 pupils in Kabwe, Central Province, Zambia

Vincent Mudenda^{1*}, Christopher Haambokoma², Kabunga Nachiyunde²

¹ Kwame Nkrumah University, Department of Mathematics and Science Education, Kabwe, Zambia; Email vincentmudenda@yahoo.com

² University Zambia, School of Education, Lusaka, Zambia; Email christopherhaambokoma@unza.zm

² University Zambia, School of Education, Lusaka, Zambia; Email Nachiyunde@unza.zm

*Correspondence: Vincent Mudenda, Email: vincentmudenda@yahoo.com

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ABSTRACT

In Zambia, the challenge to teachers to confront In-school adolescents' failure to refuse premarital sexual advance aligns with the global efforts to eliminating new HIV infections. Thus, the purpose of study was to investigate the effects of the experiential storytelling approach on pre-marital sexual advance refusal and assertiveness among Grade 11 pupils in Kabwe, Central Province, Zambia. To the best of our knowledge, to date, no study on the improvement of in-school adolescents' pre-marital sexual Assertiveness in Kabwe, Central Province, Zambia, has been published. Based on the elements of Mezirow's 'transformative learning theory (2000), we used an experiential storytelling approach in an Assertiveness Training Program (ATP) led by a self-disclosed person living with HIV (sd-PLWHIV-led ATP) on 38 purposively sampled pupils with low assertiveness levels. A mixed-methods approach was employed in a quasi-experimental design, utilizing a pretest-posttest parallel convergent design to compare the effects against the control (N=34). Quantitative data analysis: We utilized SPSS version 25 to conduct ANCOVA analysis to observe the effects of the treatment while controlling for potential covariates. As an analytical lens, Mezirow's Transformative Learning Theory (2000) explored and interpreted qualitative data using thematic analysis to gain deeper insights into quantitative analysis. Despite a few divergences, participants' self-reports, FGD, our observations and interviews converged and aligned with the positive findings revealed by ANCOVA analysis on the three proxies of anti-premarital sexual assertiveness. The study demonstrated impact with $F(1, 69) = 145.776$, $p = 0.000$, $\eta^2 = 0.679$ (67.9%) overall. The approach has shown that both girls and boys gained assertive skills to defend themselves against sexual abuse. These findings suggest that the approach could be a variable complementary strategy for developing anti-premarital sexual behaviour among pupils. This paper contributes to the literature on developing assertiveness for anti-premarital sexual behaviour with the use of the sd-PLWHIV and their lived experiences as departure points to extant ATPs. Social desirability responses and obtaining data from a single site remains limitations to generalizability. However, based on its practicality, favorable safety profile, reasonably high participants' acceptance and teacher endorsement, it is recommended that sd-PLWHIV-led ATP be carried out among secondary school adolescents to provoke, develop, and sustain pupils' anti-premarital sexual behaviour.

Keywords: Experiential storytelling approach, assertiveness, pre-marital sex, anti-premarital sexual refusal behaviour,

INTRODUCTION

In Zambia, the 2013 revised biology syllabus, particularly outcome 10.9.2.3 challenges biology teachers to develop pupils' anti-premarital sexual advance refusal assertiveness through participatory classroom approaches. The outcome is best viewed, first, as a micro-step towards addressing high rate, (28%, of in-school adolescent pregnancy, and second, to contribute to the elimination of new HIV infection in line with the Sustainable Development Goal number 3.

In-school adolescents' failure to reject premarital sexual advances or practice desistance from making premarital sexual advances is a societal issue. Premarital sex is increasingly common among pupils in schools in Kabwe, Zambia, as confirmed by the high rate, 28%, of pregnancy. Countrywide, there is a staggering statistic that over 20,771 teenage in-school girls became pregnant between 2010 and 2017 (ZDHS 2018, Chanda, 2024). In the 2024 Zambia Demographic Health Survey report, approximately 2,600 in-school girls get pregnant yearly (ZDHS, 2024). High pregnancy rate is fuelling and elevating HIV infection (Chanda *et al.* 2024; UNFPA Zambia, 2022; Mazaba ML, 2017). This reality may be reversing gains towards achieving health-related sustainable Development Goal number 3. Adolescents make and accept premarital sexual advances for many reasons including curiosity and exploration, lack of information, family dynamics, economic factors, exposure to information media and peer influence. The least talked about in Zambia's context is the low level of assertiveness in the learners and yet assertiveness significantly influences premarital sexual behaviour (Karniyanti *et al.*, 2018). Experts hold that a person with a high level of sexual assertiveness is most likely capable of saying "no" to various forms of behaviour (Karniyanti *et al.*, 2018). Other experts have suggested that improved sexual assertiveness is related to less participation in risky sexual behaviours (Granados, 2020). Equally, other experts suggest that an assertive individual can clearly communicate their thoughts, demonstrate empathy, show

respect towards others, and confidently assert boundaries by saying no to arbitrary demands (Shaw, 2020 & Uzuntarla *et al.*, 2016).

In the 2013 Secondary School Biology curriculum, the Ministry of Education, in Zambia, placed a learning outcome, in the context of HIV, that 'Pupils will reject premarital sexual advances assertively', and equally, Pupils will desist from making premarital sexual advances'. The outcome carries aspects of developing assertiveness for anti-premarital sexual behaviour. However efforts to develop assertiveness for anti-premarital sexual behaviour remain a neglected area. Extant studies on premarital sexual behaviour of adolescents in Zambia have focused on perceptions (Dahlbäck *et al.* 2006), factors associated with premarital sexual behaviour (Zimba 2019), and trends (Kakeyi *et al.* 2019). The current intervention study hypothesised exposing pupils to lived experiences of a self-disclosed person living with HIV (sd-PLWHIV) would create an engaging, transforming and successful teaching approach. Thus, it seems reasonable to hypothesise that subjects would be more likely to adjust their current low sexual advance refusal assertiveness towards anti-premarital sexual behaviour. Despite the logic of the general hypothesis, no prior research in Zambia supports or disproves it.

Elsewhere and through several previous studies (Mariani *et al.*, 2024; Karmakatar *et al.* 2020) Nalini S. *et al.*, 2020 & Waqar *et al.*, 2020; Shabani *et al.*, 2020; Jebakumari *et al.*, 2019; Waqar Maqbool Parray, 2017; Parray and Kurmar 2016, Qadir and Sugumar, 2015) found participants to have significantly improved in assertiveness after training. In Mariani *et al.*'s (2024) study, the results showed that participants grew in sexual assertiveness to levels of adopting abstinence and desistence. The current research seeks to instill abstinence and desistence behavioral shifts, which the syllabus mandates biology teachers to achieve. Further, Shabani *et al.*'s (2020) finding that assertiveness training increased participants' confidence to say NO is relevant to the current study in that the

study focused on improving pupils' assertive behaviour to say 'no' or reject high-risk sexual suggestions. Confidence and practice in saying NO to arbitrary demands also suggest, to our study, that in-school adolescents may feel more confident in their ability to express themselves against premarital sexual advances in line with the biology syllabus outcome. Karmakatar *et al.*'s (2020) assertiveness training, the finding that girls improved in defending themselves against sexual abuse is an essential finding for the current study as it suggests that correctly designed and appropriately delivered assertiveness training can achieve a reduction in premarital sexual involvement, thus reducing teenage pregnancies and HIV infection among in-school adolescents. As a result of the positive effects of assertiveness training program (ATP), Parray and Kurmar (2016) recommended that schools should have programs to enhance assertive adolescent behaviour.

We developed and delivered a 'sd-PLWHIV-led Assertiveness Training Program,' which utilised the Experiential Storytelling Approach to test our hypothesis. To the best of our knowledge, to date, no study on the improvement of in-school adolescents' premarital sexual assertiveness by use of lived experiences in Kabwe, Central Province, Zambia, has been published.

Failure to cultivate anti-premarital sexual behaviour and assertiveness skills, in general, among learners presents consequences which include impeded educational progress and personality development as well as perpetuation of the HIV/AIDS epidemic. Zambia's aspirations of eliminating new HIV infections as well as the ending HIV/AIDS as a health threat by 2030 (Sustainable Development Goal 3) will be unattainable.

Definition of terms

- sexual assertiveness in our study means a clear-cut refusal of sexual contact
- SANOSA -say no to (premarital) sexual advances
- OSAYESA -don't say yes to sexual advances. (OSAYESA in one of

Zambian commonly spoken Languages, Bemba, it means don't try but as a social lexicon in our study we took OSA – means don't, SA –say, YE – YES to SA- sexual advances.

- Experiential storytelling: Personal stories related to circumstances leading to HIV infection, struggles with handling diagnosis, treatment, and care as well as living resiliently with HIV.

Research Questions

1. Is there a significant difference in the means confidence scores in selected proxies of premarital sexual advance refusal assertiveness between participants taught using the Storytelling Approach and those in the chalk and talk strategy?
2. How did pupils in experimental and conventional classrooms experience learning about developing anti-premarital sexual assertiveness?

Hypotheses to Research Question 1

- a. Null Hypothesis (H0): There is no significant difference in mean confidence scores to say 'no' to premarital sexual advances between the intervention and control groups after controlling for pre-test scores.
- b. Null Hypothesis (H0): There is no significant difference in mean confidence scores to ask and answer questions as a defence tool in premarital sexual advances between the intervention and control groups after controlling for pre-test scores
- c. Null Hypothesis (H0): There is no significant difference in mean confidence scores in the willingness/confidence to reject peer pressure towards unassertive sexual behaviour between the intervention and control groups after controlling for pre-test scores.

MATERIALS AND METHODS

Study design, setting, and participant

We applied a mixed-methods approach in a quasi-experimental pretest-posttest convergent parallel design. Both the experimental and control groups were assessed prior to the intervention. Other data collected were about the age, gender, parental control, parental support, and residential area. Both groups revealed correspondingly low levels of selected proxies of premarital sexual assertiveness and similar socio-demographics. A six-week treatment was administered on a typical case purposively sampled experimental group (N= 38) with participants named P1, P2...P38 as pseudonyms. Sd-PLWHIV's HIV lived narratives incorporated roleplay activities aimed at fostering assertiveness in the targeted aspects of assertiveness. The control, an intact Grade 11 class (N =56) continued with routine 'chalk and talk' strategy and did not receive any training. However, in the control, we obtained data from 34 (18 girls and 16 boys) participants (C1, C2...C34) selected using lottery method in simple random sampling. Participants drew a 'yes' or 'no' card for participation. While most extant ATPs targeted girls only, this study included both boys and girls. The use of the sd-PLWHIV and the HIV lived/living experiences is the most noticeable methodological departure from previous studies (Marianil *et al.*, 2024; Karmakatar *et al.*, 2020; Nalini S. *et al.*, 2020; Waqar *et al.*, 2020; Shabani *et al.*, 2020; Jebakumari *et al.*, 2019). These narratives ran, in sessions, from the misconception that HIV infection is for adults only, inability to resist peer influence towards premarital sex involvement, unassertiveness leading to failure to say "no" to sexual advances, to infection with HIV as a schoolgirl, to seeking VCT, denial and accepting results, care, and treatment. At the end of six weeks of treatment, we administered a post-test through open-ended questionnaires, post-session feedback semi-structured interviews, observation schedules, and focus group discussion (FGD), we extracted information on

how participants experienced the treatment. After three months, an assessment of the impact of the treatment was done using FGD. Mezirow's Transformative learning theory (2000) was used as an analytical lens for qualitative data.

Program Components and Rationale

The program consisted of eight sessions over a period of six weeks. We gave Session One to the sd-PLWHIV's disclosure of a trail of unassertive lifestyle events that led to her infection with HIV, which was likely to resonate with participants' current lifestyles. Session Two dealt with the sd-PLWHIV's failure to reject premarital sexual advances. During each session, participants demonstrated premarital sexual advance refusal skills to counter the opposite sex and the influence of peer pressure. Through role-play activities, reflection, and dialogue, we dealt with the fear of peer isolation due to non-conformity and arbitrary peer demands. We also dealt with the inability to summon the assertive confidence to question or answer questions when faced with a sexually threatening situation. Thirdly, we dealt with the place of adolescent peer pressure in premarital sexual involvement.

Statistical And Thematic Analysis

Statistical Package for Social Scientists (SPSS) version 25 was used for analysis. ANCOVA analysis tested the hypotheses. We conducted the ANCOVA analysis at a $p < 0.05$ significance level, which was triangulated against qualitative data. From Braun and Clarke's (2006) perspective of thematic analysis, we gained a deep understanding of data, analyzed participants' self-reports of experiences, coded data; patterns emerged, and then categorized themes. We triangulated the data against our direct observation of behaviour, practices, and events; we compared additional perspectives from FGD to previous studies. Further, we compared our findings against Mezirow's ten phases of transformation. Divergence and convergence in qualitative and quantitative data

RESULTS

Basic Characteristics of Participants

Age: Figure 1.0 shows two participants aged between 12 and 15 who participated in the study. A critical analysis of age in this band revealed that the youngest participant was 14 and 11 months old at the time of the survey. In the experimental group, we obtained

parental/guardian consent for seventeen of the thirty-eight, while the older pupils provided consent. We did not get permission for the 34 participants in the control group since it was an intact class taught the usual way. "Figure 1 graphically represents the respondents' answers to the question 'What is your age range?'"

Figure 1: Graphical Representation of age ranges of respondents/subjects

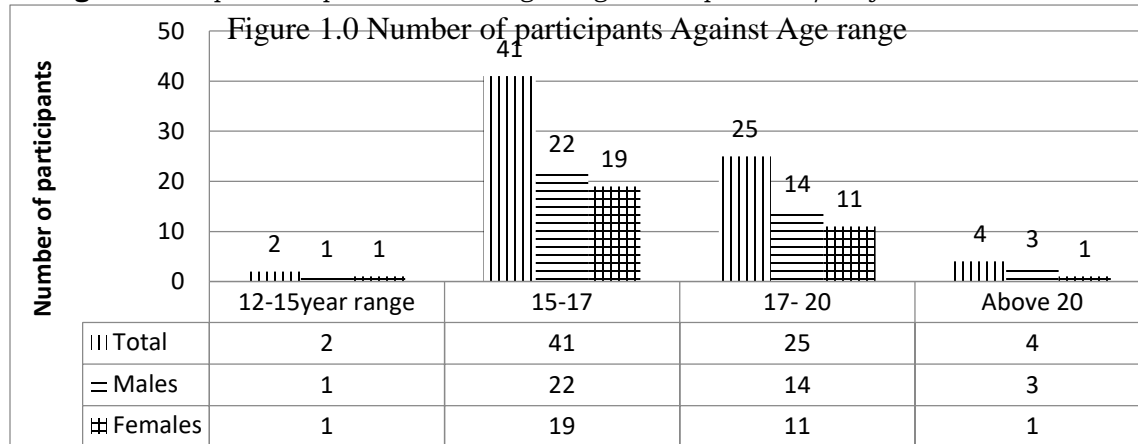


Figure 2.0 reveals that 32 adolescents resided in high-density shanty townships, 19 in a medium-density area, and 20 in a low-population-density area.

Figure 2.0: Participants' Places of Residence

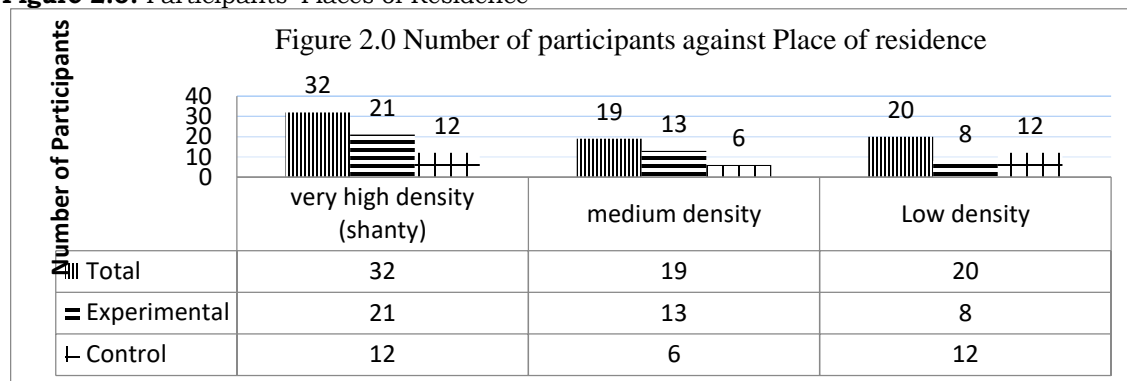


Figure 3.0 reveals that 41.6% (30/72) adolescents judged their interactions with parents/guardians as "none" on matters of premarital sexual abstinence and desistence, and only one (1.4%, 1/72) participant judged the interaction as excellent.

Figure 3.0: Graphical Representation of perceived level of interactions on matters of premarital sex abstinence and desistence with Parents/Guardians

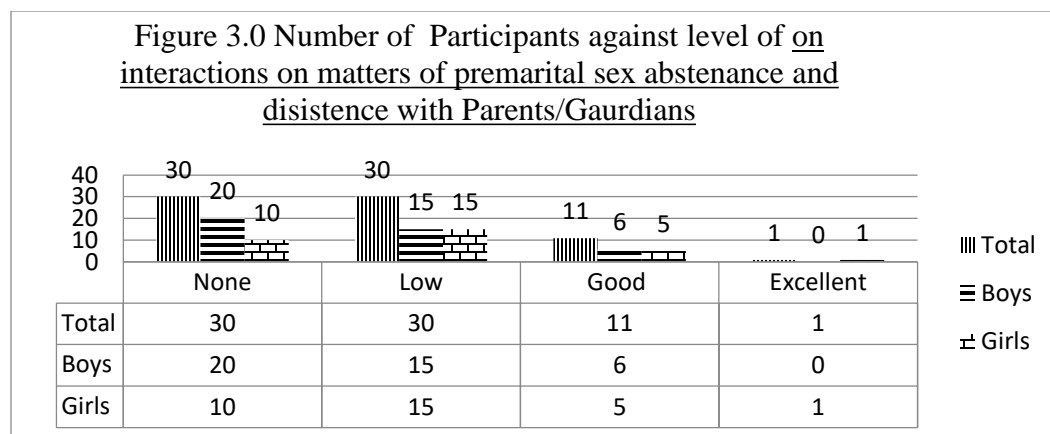
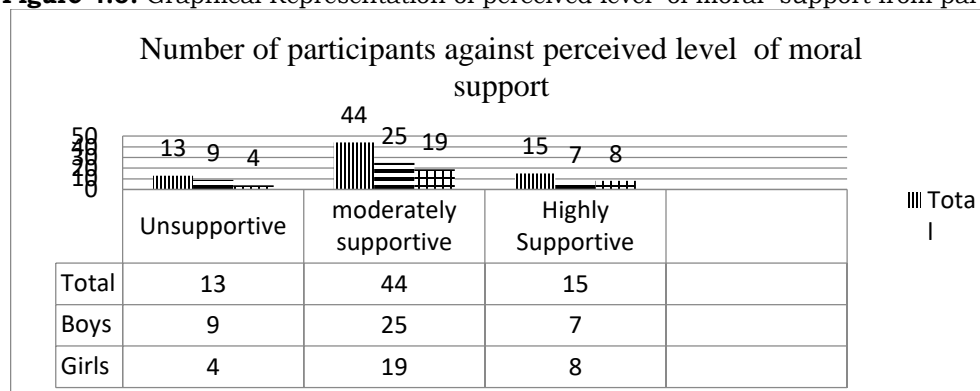


Figure 4.0 shows that nine (12.5 %, 9/72) boys and four (4/72,5.5%) girls indicated not receiving moral support from parents or

guardians: the majority, 61.1% (44/72) of the participants self-reported receiving moderate moral support.

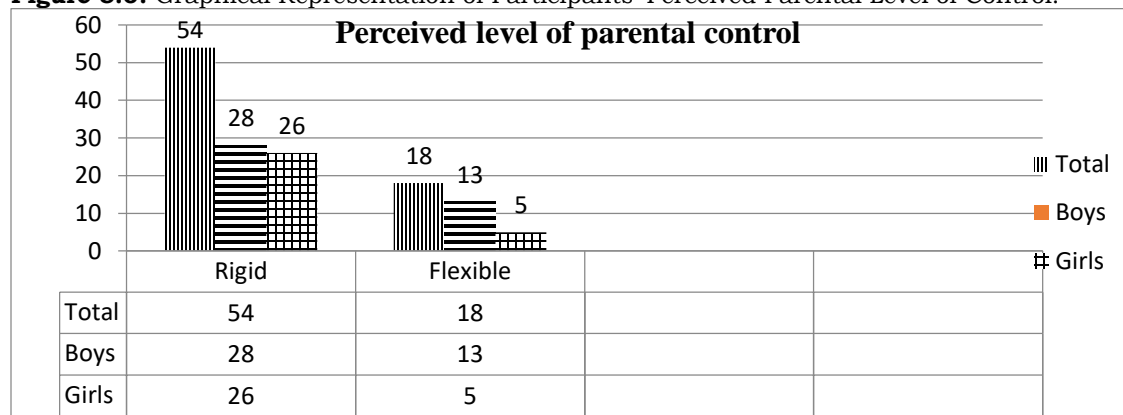
Figure 4.0: Graphical Representation of perceived level of moral support from parents/Guardians



A total of 54 respondents, 28 boys and 26 girls, judged parental control as rigid, while 13 boys and five girls judged their parental

control as flexible. Parental control significantly shapes adolescents' premarital sexual behaviour.

Figure 5.0: Graphical Representation of Participants' Perceived Parental Level of Control.



Levine's Test for ANCOVA uses

We tested our data to ensure compliance with the assumptions for ANCOVA. The Levine test results gave $F(1, 70) = 0.725$, $p = 0.397$. Note that $p > 0.05$. A p -value > 0.05 supports the assumption of equal variances.

We visually inspected scatterplots and confirmed the assumption of linearity between the covariate and the dependent variable. Based on the results, we conclude that ANCOVA is an appropriate analysis for your data.

In ANCOVA analysis, we interpreted the effect size using the guidance that $\eta^2 = 0.01$ to 0.03 indicates a small effect, $\eta^2 = 0.06$ to 0.09 indicates a medium effect, and $\eta^2 \geq 0.14$ indicates a significant impact.

1. Null Hypothesis (H_0): There is no significant difference in the confidence to say 'no' to premarital sexual advances between the intervention and control groups after controlling for pre-test scores.

Table 1.0: ANCOVA Between-Subjects Effects of Intervention on Confidence to say 'no' to premarital sexual advances

Source	Type III	df	Mean square	F	p	Partial Eta Sq
Corrected model	1878.091 ^a	4	469.523	3.226	.018	.161
Pre-test results	.470	1	.470	.003	.955	.000
Sd-PLWHIV-led ATP	1868.316	3	622.772	4.279	.008	.161
Error	9751.229	67	145.541			
Total	267361.000	72				
Corrected Total	11629.319	71				

R Squared = .161 (Adjusted R Squared = .111)

This analysis examines whether there is a statistical difference between groups in their confidence to say "No" to premarital sexual advances after the intervention. The significance indicates that the predictors (Pre-test Results and confidence to say "No" to sexual advances) explain a significant portion of the variance in Test Results. covariate's effect is insignificant, $F(1, 67) = 0.003$, $p = 0.955$. Insignificance suggests that the pre-test scores do not significantly predict the post-test scores. The effect size for the intervention on the participants' confidence to say "No" to sexual advances is 0.161 (or 16.1%), which is a moderate effect, and the results were statistically significant. $F(3, 67) = 4.279$, $p = 0.008 < 0.05$, the Null hypothesis is rejected, and the alternative is accepted. The

sd- PLWHIV -led ATP proved significantly effective compared to the conventional teacher-led exposition teaching approach in the control group.

1. Null Hypothesis (H_0): There is no significant difference in the confidence to ask and answer questions as a defence tool in premarital sexual advances between the intervention and control groups after controlling for pre-test scores.

ANCOVA analysis examines whether a statistical difference exists between groups in their confidence to ask and answer questions assertively. Table 2.0 shows the ANCOVA results on the participants' confidence to ask

and answer questions assertively. The results show a significant between-subject effect, $F(4, 67) = 4.679$, $p = 0.01$, $\eta^2 = 0.218$. The partial eta squared of 0.218 (21.8%) suggests the sd-PLWHIV-led ATP had a moderate effect on the

confidence to ask and answer questions assertively, particularly in preventing premarital sexual advances

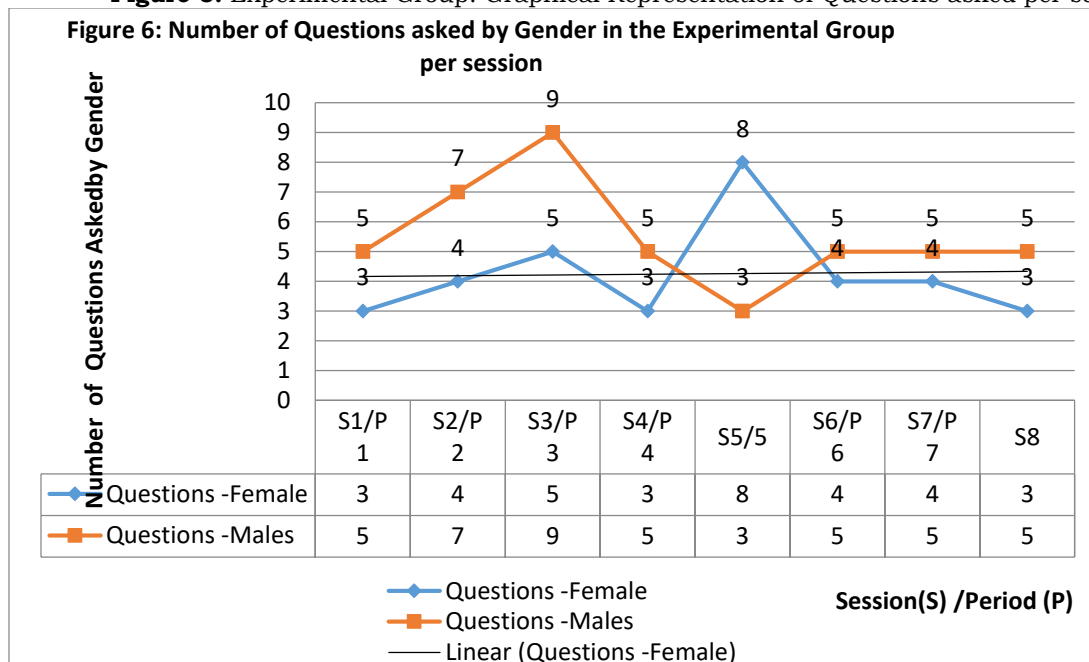
Table 2.0: ANCOVA of Between-Subjects Effects of Intervention on Confidence to ask and answer questions

Source	Type III	df	Mean square	F	<i>p</i>	Partial Eta Sq
Pre-test score	47.627	1	47.627	.351	.556	.005
sd- PLWHIV-led ATP	2529.462	3	843.154	6.215	.001	.218
Error	9090.083	67	135.673			
Total	267361.000	72				
Corrected Total	11629.319	71				

Table 2.0 clearly shows that the covariate's effect is insignificant; $F(1, 67) = 0.351$, $p = 0.556$ suggests that the pre-test scores do not significantly predict the post-test scores. The $p < 0.05$ indicates that the sd-PLWHIV-led ATP

positively promoted assertiveness, particularly in the context of willingness to ask and answer questions. Therefore, we reject the null hypothesis and accept the alternative.

Figure 6: Experimental Group: Graphical Representation of Questions asked per session

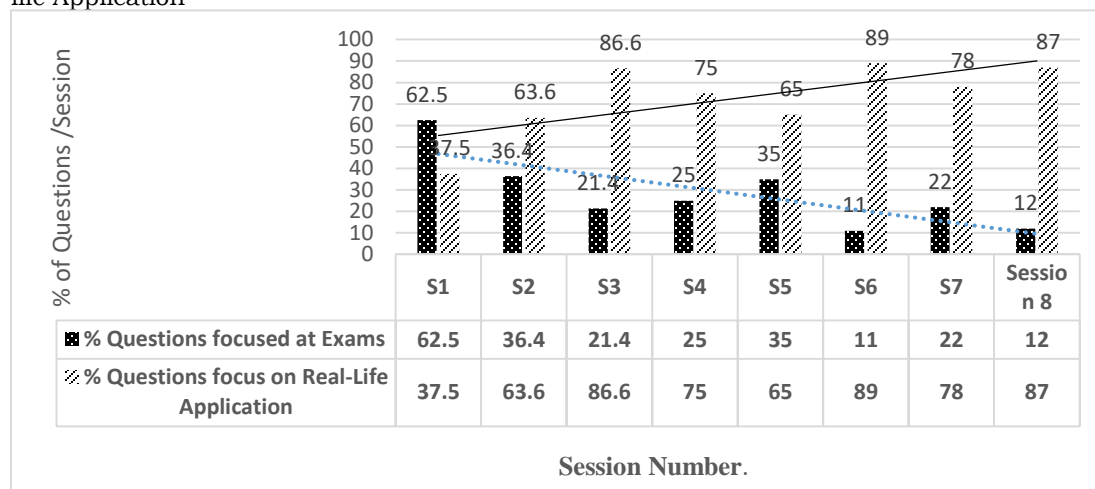


We observed that 76 questions were asked in the experimental group across seven sessions, as shown in Figure 5.0. sessions 1 (S1) to 4 (S4). Males asked more questions than girls, except during sessions 5 and 7, which focused on refusal skills to counter peer influence.

Figure 6 shows a shift in question focus. The shift suggests a change in priorities or awareness among pupils, highlighting the potential for real-life applications to become a

significant focus in their learning process. A notable change in the focus over the session's questions was predominantly exam-oriented (62.5% in Session 1), but by the end of the program, real-life-focused questions dominated (87%), with exam-oriented questions decreasing to 12%. The trend challenges the conventional view that pupils prioritise exam questions.

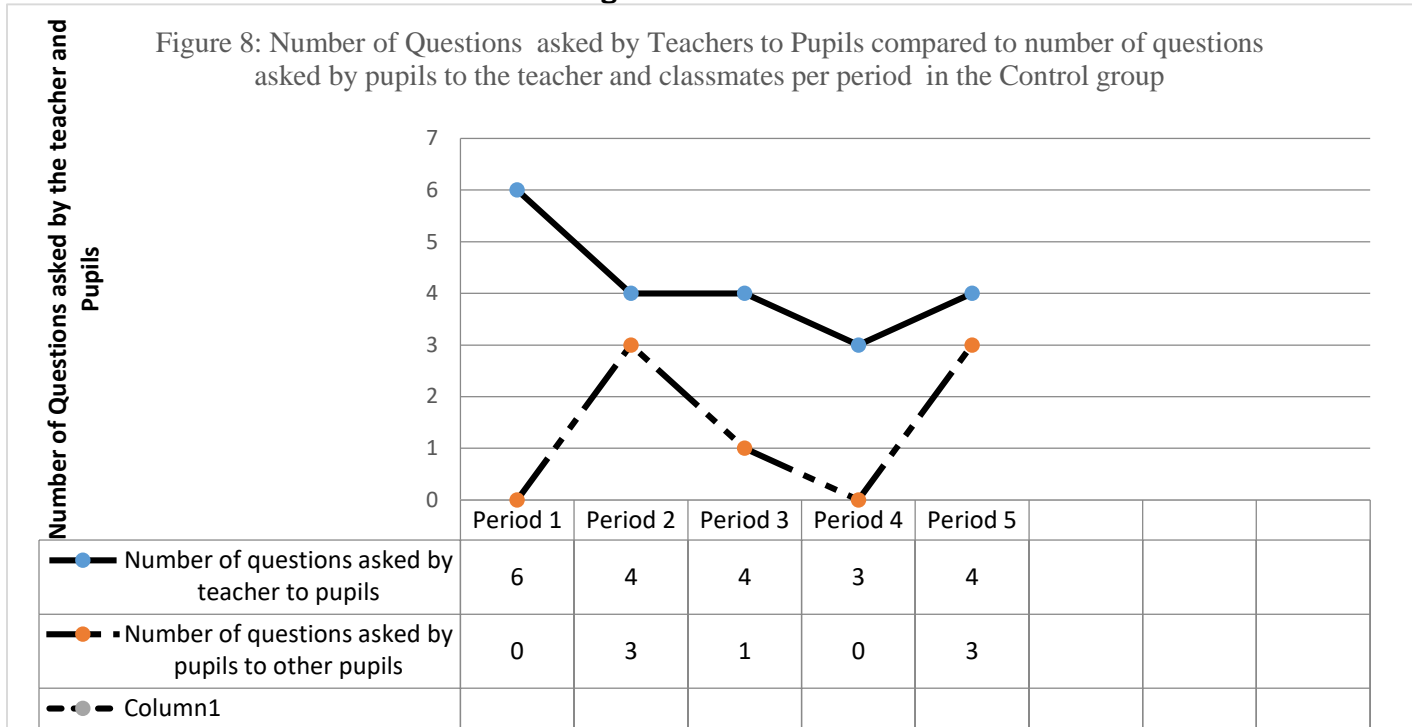
Figure 7: Experimental Group: Graphical Representation %questions focused on Examination and real-life Application



In the control, as illustrated in Figure 8, the number of questions asked by the teacher significantly exceeded the number of questions asked of pupils throughout the observation period. The teacher dominated the questioning process. For instance, in Period 1, the teachers asked six questions, while pupils

asked none. The disparity persisted across all periods, highlighting a notable imbalance in classroom interaction. The questioning approach suggests a traditional teaching style, where instructors lead the inquiry process with minimal pupil participation.

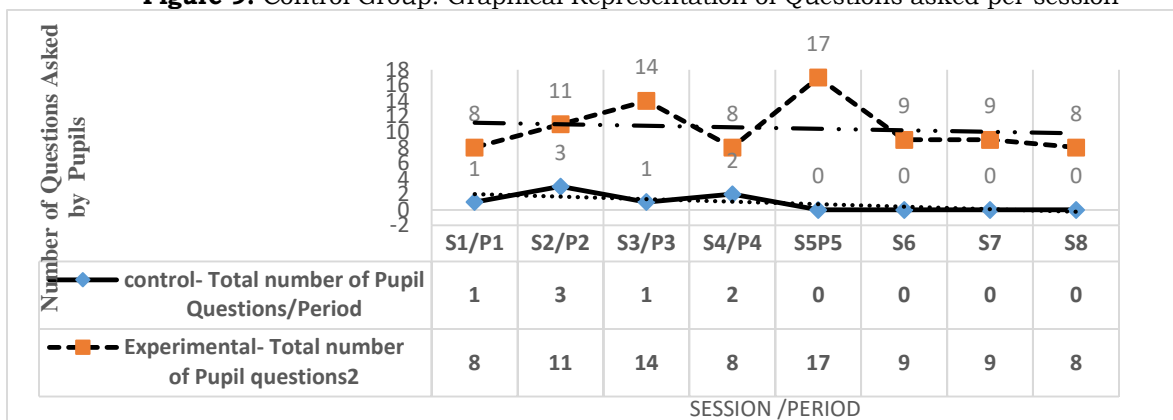
Figure 8



In the experimental group, Figure 9, the facilitator's open self-disclosure about her HIV status seemed to foster a safe and empathetic environment. Openness generated genuine feelings among the pupils, prompting them to ask more profound and meaningful questions. Pupils' questions were more frequent, honest, and severe, reflecting their increased comfort level and trust in the

facilitators. We observed participants talking freely and openly, confronting their low premarital sexual assertiveness. A significant number of pupils who remained quiet began to speak. The discussions around anti-premarital sexual assertiveness became more truthful and in-depth. Overall, we observed the existence of an easy exchange of information.

Figure 9: Control Group: Graphical Representation of Questions asked per session



In contrast, the control group exhibited different levels of engagement with pupils asking fewer questions. Indirectly engagement reveals the quality and depth of learning taking place. A comparison between the two groups reveals the potential benefits of facilitators' self-disclosure in promoting a more interactive and honest dialogue about premarital sexual behaviour in the context of HIV prevention. By sharing their personal experiences, facilitators created a conducive and reciprocal environment that encouraged participants to explore their thoughts and

feelings more freely contributing to observed social adjustment which is in line with Gao & Takai's (2024) findings about a supportive environment.

2. **Null Hypothesis (H0):** There is no significant difference in the willingness/confidence to reject peer pressure towards unassertive sexual behaviour between the intervention and control groups after controlling for pre-test scores

Table 3 ANCOVA Between-Subjects Effects of Intervention on Confidence/Willingness to Resist Peer Pressure

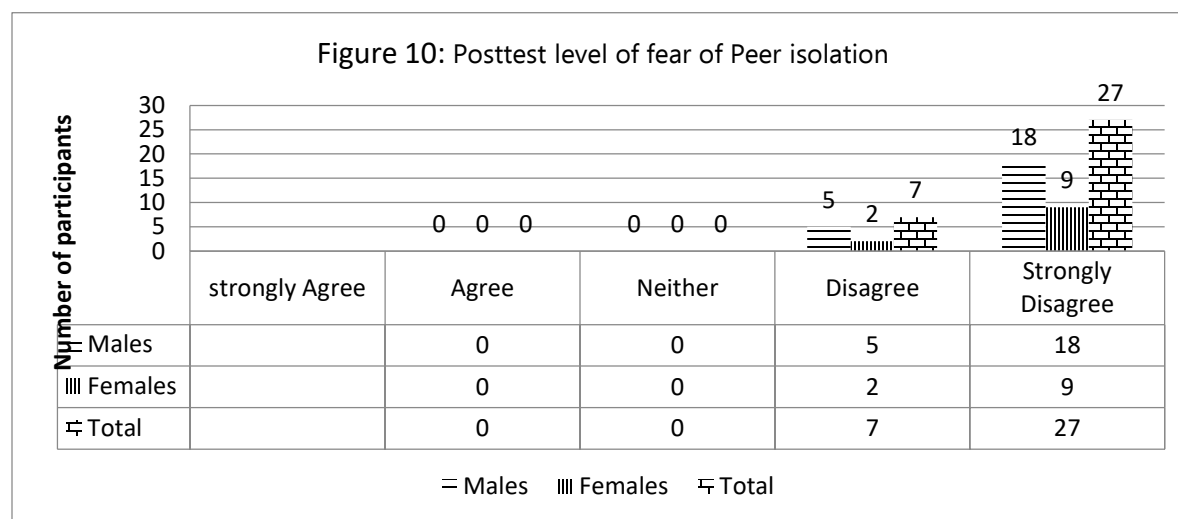
Source	Type III	df	Mean square	F	Sig.	Partial Eta Sq
Corrected model	2620.235 ^a	5	524.047	3.839	.004	.225
Pre-test results	12.758	1	12.758	.093	.761	.001
Sd-PLWHIV -led ATP	2610.460	4	652.615	4.781	.002	.225
Error	9009.085	66	136.501			
Total	267361.000	72				
Corrected Total	11629.319	71				

R Squared = .225 (Adjusted R Squared = .167)

Tests of Between-Subjects Effects

Posttreatment prompt: "I fear being rejected by my friends, so I usually decide what makes my friends happy". Figure 10 shows a

significant shift in attitude, with the majority overcoming the fear of being rejected by peers for not giving in to peer pressure.



1. **Research Question 2:** How did pupils in experimental and conventional classrooms experience learning about

developing anti-premarital sexual assertiveness?

Underscore to the question: To gather pupils' experiences, we asked participants about how

they had found the sessions, what was unique during each session, how they think the lessons learned can be valuable in different situations, What specific aspects of the program were most helpful or impactful, what they learned from the assertiveness training program about premarital sexual involvement.

Results Linked to Participants' Experiences

Theme 1: Acquiring Assertiveness Skills- Pupils learned to express opinions and say "no" to unwanted advances. "I learned how to talk and express my opinions, which I will do even outside in my community. No one will take advantage of me anymore" (P13). "I realised I could say SANOSA and OSAYESA. I will practice it because it is good for me" (P23).

Theme 2: Relevance and Resonance- The program's content resonated with their lives, filling knowledge gaps. "What we are learning is exactly what our parents tried to teach us at home. It is good that these do not hide anything." (P10). "The information they gave us is what we youths lack" (P25).

Theme 3: Supportive Environment- A safe space encourages open sharing and discussion.

"We opened up to share even those things we would normally not do." (P30). "I realised what my friends were saying was what I had gone through, so I had to open up." (P23).

Theme 4: Practising New Skills- Pupils applied assertiveness skills in real-life situations.

"I have since started to practice talking straightforwardly on many issues, even HIV and AIDS prevention" (P17). "These lessons helped us to learn to speak out, which I do now...(P3).

Theme 5: Addressing Misconceptions and Lifestyle Adjustments- Sessions clarified misconceptions about HIV and premarital sex. "She told us how a pupil got infected with HIV. This changed my view about HIV and us pupils." (P). "These lessons and activities made me think about my future and the need to choose the right things now." (P22). "I am ready to be rejected by my friends for refusing to do wrong things." (P16).

Theme 6: Benefits and Reflections- Pupils reflected on their behaviours and made positive changes. "I am ready to see these lessons to the end and benefit greatly" (P17). "Her disclosure of her status and how she acquired HIV has made me think twice about my behaviour and that of my friends." (P6).

Theme: Engaging Program Structure Fosters Openness and Participation

Sub-themes:

Disclosure and Vulnerability: Facilitators' openness about their status encouraged participants' honesty. 'After she told us that she was HIV positive, I knew it was a serious lesson (P36). "Her openness also made me open up:" She had nothing to hide, and so we also became free from stigma or discrimination." (P34)

Interactive Roleplays: - Hands-on activities helped participants practice assertiveness skills. Through role-plays, participants explored different situations, gained confidence, and developed the ability to discuss sensitive topics openly. This interactive approach fostered a transformative learning experience. One participant noted, "These role-plays helped me to learn to speak out, OSAYESA, SANOSA, which I do now, I also remember everything, and it will help me to apply" (P3). "The more we planned role play activities together, the more we talked about different situations we find ourselves in, so it was beneficial" (P32). "I researched different magazines, books, and posters, and we discovered much information, and the information that helped me discuss during the role-plays. What came out of role-plays made me talk openly to others, which I never did before (P29)."

These quotes highlight the program's positive impact on pupils' lives, from acquiring assertiveness skills to reflecting on their behaviours and making lifestyle adjustments.

Findings from a Follow-Up after Three Months

The follow-up assessment, conducted after the initial post-test, revealed a notable persistence of impact among the participants who received the message of abstinence and desistence.

Despite the challenge of tracking down all original participants, with only 13 out of 38 available for the follow-up, the results suggest that the core message had a lasting effect.

One participant's comment encapsulates this impact: "It is SANOSA, say no to sexual advances forever." This statement reflects a strong retention of the abstinence message, emphasising a long-term commitment to resisting sexual advances. Another participant echoed a similar sentiment through the phrase "We practice Osayesa," which translates to "don't try it – say no to sexual advances." These quotes illustrate the internalisation of the message and its integration into the participants' mindset and behaviour.

DISCUSSION

The study examined the effects of the experiential storytelling approach on premarital sexual assertiveness among selected Grade 11 Pupils in Kabwe, Central Province, Zambia. The study's findings on diverse age ranges, residence, parental support, and interaction levels brought different perspectives and experiences to the fore, enriching the learning environment. The mixture highlighted a complex interplay of factors influencing premarital sexual behaviour, which contributed to varied experiences obtained in the study. Diversity of experiences underscores the need for multifaceted approaches to support adolescents. Self-reports showed that younger pupils (14years) had equally experienced sexual advances and requests for sex both from (and to) fellow pupils and outside school. This finding of the presence of early sexual initiation has implications for intervention study design and it raises an important question about whether the study's age range should have been relaxed further to capture the 13 year olds. Our findings support Dahlbäck et al.'s (2006) findings that adolescents in Zambia start sexual activity in their teens. Older pupils in the study displayed more knowledge, insights and experiences with younger pupils, thus

promoting peer-to-peer learning and discussion.

Although we recorded a slight post-test increase in mean scores in the control group, which may have been due to cognitive growth and increasing maturity over time due to socialisation, it was insignificant compared to the impact in the experimental group. We rejected Null Hypothesis 1 and accepted the alternative. Participants of the experiential storytelling approach (ESA) gained more confidence and a strong intent to reject premarital sexual demands, as well as a strong restraint of demanding premarital sex. The ANCOVA analysis showed that $F(4, 67) = 3.226$, $p = 0.018$ and the effect of the intervention on the confidence to "say No" to especially premarital sexual advances is statistically significant. $(3, 67) = 4.279$, $p = 0.008$ with a partial eta squared equal to 0.16. (16.1% effect size). The finding is consistent with previous studies that found that assertiveness training was impactful (Mariani et al., 2024; Karmakar et al., 2020; Kumar et al., 2020; Shabani et al., 2020; Santha et al., 2019; Parray & Kumar, 2017; Rani et al., 2016). Like in Mariani et al. (2024) findings, we also drew pupils' self-reports of experiences indicating pledges of abstinence and desistence from premarital sexual behaviour. The participants' self-report experiences align with Granados's (2020) assertion that assertiveness is related to less participation in risky sexual behaviours, and thus assertiveness becomes a protective variable. Further, insights from self-reported rejection of sexual advances experiences support and confirm the impact of the intervention towards developing assertive youths. The clarity in position on several matters, as shown in their self-reports, fits into the expert description of an assertive person: one who can say clearly what they want to say, has empathy, respects others and can say no to arbitrary demands (Uzuntarla et al., 2016). Meshcheryakov et al. (2004) noted that assertive behaviour is open and direct and lacks the aim of offending others. High assertiveness is associated with a reduced risk of sexual assault Livingstone et al., 2014)

Self-report of participants' experiences of the intervention indicated that as a result of participating in generating and presenting role-play activities, being guided and offering guidance during feedback sessions, mimicking and withstanding interrogative dialogues, receiving clear-cut peer approval or disapprovals moved and transformed the majority of participants away from shyness to talk, failure to ask questions, failure to defend their socially proper stance. The participants' self-reports support Mooradian's (2008) report that the role-play strategy facilitates students' motivation and learning. Additionally, participants' self-reports suggest that they had attained retention of role-played anti-premarital sexual advance refusal skills. The finding that retention improved supports expert views that role-playing is a tool to increase student retention rates (Kennedy, 2007). The foregoing experiences confirm Hill (2020), who asserted that assertiveness training can be life-changing for those who are shy, passive, or tend to please others. We claim that the sd-PLWHIV-led ATP was broadly transformative, confirming expert views that: "Transformative learning shapes people; they're different afterwards, in ways both they and others can recognise" (Christopher, 2001, p. 134).

Unlike the control group, which remained essentially teacher-dominated, our observation and participants' self-report data show that close to 84 % (32 out of 38) of the participants in the experimental group reported feeling more open about premarital sexual behaviour, inclusive, and reflective in their interactions with others on the subject. The self-reported views reflect the impact of the transformative learning (Mezirow, 2012) conditions embedded within the sd-PLWHIV-ATP.

Consistent with Mezirow's (1997) third, fourth and seventh phases of transformation within the transformative learning process, we observed that the displeasure of peers over failure to reject premarital sexual advances throughout sessions carried more weight to each participant than the displeasure that

teachers and facilitators showed. The findings that the experimental group made periodical references to their friend's stories and those of the sd-PLWHIV's life stories during discussion suggests that the strategies acted as catalysts to rethinking their unassertive lifestyle practices. The finding that the sd-PLWHIV's disclosure appeared like a norm provoked increased class participation and interactions around their truths about issues around premarital sexual unassertiveness, supporting findings by Acquisti et al. (2012) that people are more willing to share sensitive information when they believe it is the norm. The disclosure created real feelings and stirred a sense of being in a safe atmosphere for freedom of opinion and discourse, so the participants answered questions truthfully and thoughtfully, drifting away from examination-oriented questions to socially empowering discourse.

In Mezirow's (2000) view, discourse refers to "the process in which we have an active dialogue with others to understand the meaning of an experience better" (Mezirow, 2000, p. 14). Discourse, a third phase of transformation, supports the idea that by hearing others' experiences and perspectives, an individual would assess their assumptions and beliefs while building an understanding that those experiences are not unique to them. Phase four points to recognising the need for an alternative perspective, which, like in Marian et al.'s (2024) study, the majority of the experimental group participants pledged desistence and abstinence. Self-reported experiences of finding help and support from others' lived experiences, Mezirow's transformation phase number seven, made participants realise that they are not alone, thus generating a sense of community and connection, which could have further facilitated perspective transformation about premarital behaviour. Creating a community and the following benefits confirm expert views that group-based intervention allows peers to seek non-parental approval or disapproval, especially when exploring life's big questions (Parks, 2011).

The discovery, from self-reports, that the majority, 73.7% (28/38) of participants, felt comfortable discussing premarital sexual refusal challenges confirms the possible output of assertiveness training, which can improve individuals' social skills and emotional health (Eskin, 2003). Our results also support the efficacy of the ATP intervention in improving student learning and enhancing the development of assertiveness skills, which are vital in navigating social situations, including those related to sexual health. Experimental group participants gained a strong willingness/intent to reject premarital sexual requests, which falls within "advocacy". In Saan et al.'s (2011) view, advocacy is one of the prerequisites for an effective health promotion strategy, based on the findings, it may not be farfetched to suggest that achieving the advocacy strategy within the sd-PLWHIV-led ATP qualifies it as a supplementary educational strategy for promotion of anti-premarital sexual health. According to the initial hypothesis, 76.3% (29 out of 38 participants) of the subjects displayed a strong inclination to reject advances as a societal expectation, with notable concerns surrounding HIV infection and teenage pregnancy. The study underscores the importance of assertiveness training in assisting individuals in setting boundaries and making informed decisions. Discovery confirms a survey conducted by Umar et al. (2013), which revealed that 93% of respondents believed that engaging in premarital activities could lead to HIV/STIs. All participants in the study (100%) agreed to refrain from such activities and practice abstinence.

When discussing the topic of engaging in premarital activities and the risk of disease (HIV/STIs), self-reported responses, interviews, and observations by researchers showed that 88.4% of participants strongly agreed (with a range of 81.9% to 92.6%) that their health was important. The finding supports the research's goal of involving individuals living with HIV to help participants understand that engaging in risky behaviour before marriage can have long-term health

consequences. The idea is consistent with Sawyer's (2012) perspective. Skills to refuse advances are essential for HIV prevention, as indicated by the frequent mentions of this issue. Data reinforces this by showing that participants need better skills, practical experience, and information on refusing advances before marriage, which is crucial in preventing HIV transmission. Results suggest that students who are less assertive in saying "NO" to advances may benefit from participating in the sd-PLWHIV-

The finding that study participants' willingness to ask questions, defend themselves through interrogation and respond to questions is a critical aspect of HIV prevention, as assertive communication can help support anti-premarital sexual behaviour such as desistence and abstinence. Sexual advances often involve negotiations, which highlights the importance of effective communication and assertiveness. Research, like that of Thompson (2014), showed the value of asking questions in different situations, including negotiations.

In line with experts' views, study participants self-reported recognising the role questions fulfilled in conversations (Clark, 1996). Observed that as a result of increased questioning and answering, including follow-up dialogue, participants gathered valuable information to develop assertiveness skills. The benefits of increased questioning and answering are coherent with existing research, demonstrating that individuals can gather helpful information (Huang *et al.* 2017). Due to a supportive question-and-answer culture, the disclosure of personal lives also increased among participants. Opinions followed one's questions; hence, reciprocal questions created an 'assertive speaking culture'. In line with existing evidence, this study's results show that the wording of sensitive questions profoundly impacts individuals' willingness to disclose sensitive information (John *et al.* 2011; Minson *et al.* 2018). The overall picture is that due to participating in sd-PLWHIV-led ATP, pupils talked more about themselves, which might improve interpersonal impressions and the

quality of future interactions in line with Brooks *et al.* (2015) findings. Our study perceived, therefore, that engagement strengthened among the participants through the questions and the answers provided, coupled with positive relational aspects that emerged, may have contributed to their growth in assertive communication and sexual assertiveness skills as well as in outcomes related to strong sexual refusal intentions.

Our findings highlighted the significant impact of question phrasing on disclosing sensitive information. Responses may be elicited depending on the context, some of which could be irrelevant. With our findings across the seven sessions, the framing of questions dictated the direction and depth of discussions. In some instances, however, specific questions generated by facilitators did not lead to extended discussions or disclosures, particularly regarding past engagement in risky premarital behaviour. Questioning techniques underscore the importance of training question-askers, especially facilitators, with ineffective questioning techniques.

The third hypothesis- Peer Pressure and premarital sexual behaviour: Historically and previous studies have shown that adolescents often prioritize social acceptance, conforming to peer norms to avoid rejection and gain approval (Durowade *et al.* 2017; Zang, 2012). According to Laursen (2018), peer influence occurs when individuals adopt thoughts or behaviour due to interactions with friends and affiliates, significantly shaping their actions and decisions. The findings about the effectiveness of the sd-PLWHIV-led ATP in delivering peer pressure refusal skills to counter fear of peer isolation for non-compliance in unassertive sexual conduct is significant. Speed *et al.* (2018) acknowledged that individuals who lack assertiveness find it challenging to stand up for them and assert what they want, need, and feel. The self-reported positive lifestyle adjustment attained in the experimental group is consistent with previous research findings that youths with positive peer norms are less likely to engage in

premarital behaviour than those with harmful peer norms (Basel *et al.* 2013). This current study concluded that the sd-PLWHIV-led ATP helped less assertive students reach acceptable levels of assertiveness, enabling them to build sufficient peer pressure refusal skills, which will allow them to resist negative social influences and reject unreasonable peer group standards aligning with Rathus' (1998) description of an assertive person. Further, the conclusion aligns with Shaw's (2020) belief that assertiveness training is beneficial in empowering individuals to take control of their own lives. Participants self-reported positive experiences of the approach, the facilitators, and the content and pledges to adjust their current lifestyles to socially acceptable ones, which align with the ANCOVA analysis.

The persistence of impact observed in this follow-up aligns with the aim of the study, which sought to assess the effectiveness of narration of lived experiences of a sd-PLWHIV towards abstinence and desistence in engaging in premarital sex. The fact that participants continued to recall and apply the messages three months after the initial intervention suggests a level of durability in the program's effects. This durability is crucial for interventions targeting in-school adolescent where the ability to resist peer pressure and unwanted sexual advances can have significant implications for health, well-being, and future opportunities.

The qualitative insights from the follow-up provide valuable evidence of the potential long-term benefits of targeted interventions. They highlight the importance of reinforcing positive behaviors and attitudes through memorable slogans and practices, such as "SANOSA" and "OSAYESA," which seem to have become embedded in the participants' cultural or social lexicon. The findings align experts Tajfel and Turner's (1979) social identity theory, in which the role of language and social lexicon shape group identities and influence behaviour. Other studies have shown that tailored language and messaging can influence health behaviour (Noar, 2006; Giles and Ogay, 2006)). These findings can inform future program design and

implementation, emphasizing the need for engaging, impactful messaging that resonates with the target audience.

The follow-up results offer promising evidence of the lasting impact of abstinence and desistence messages among the study participants. Despite the limitations posed by participant attrition, the qualitative data collected during the follow-up underscore the potential of well-designed interventions to effect meaningful, long-term change in attitudes and behaviors related to anti-premarital sexual behaviour.

Strengths and Limitations

The rare innovative involvement of the sd-PLWHIV, who's lived premarital lifestyle experiences, resonated with participants' lifestyles that were being addressed, triggered self-reflection, heightened dialogue around premarital sexual behaviour, and also enhanced the outcomes of this research. The self-open disclosure of being HIV positive by the sd-PLWHIV demystified the sensitive nature of the topic. Apart from meeting the requirements of the academic content and developing anti-premarital sexual assertiveness, it helped to meet other outcomes spelt out in the syllabus, including assisting learners to develop skills in empathy and to view HIV-positive people first and foremost as people without attitudes of stigma and discrimination (Zambia MoE/CDC, 2013-School Biology Syllabus 10-12 outcome 9.2.3.2). The study's attempt to conduct multi-site research was hindered due to logistical challenges, particularly the inability to continue with the same sd-PLWHIV facilitators at other sites. We knew that the facilitator's identity alone might influence outcomes. Despite challenges in identifying a facilitator whose personal experiences closely aligned with the pupils' current lifestyles, which limited the potential for multi-site expansion, the study yielded insightful results from a single site.

CONCLUSION

The results of the current study suggest that the use of sd-PLWHIV's lived experiences is efficacious in improving anti-premarital

sexual behaviour of pupils. Open first-hand disclosure of HIV positive status arising from unassertive conduct of the sd-PLWHIV during school days ignited openness, receptiveness and responsiveness in the experimental group. In the control Group, the teacher's uneasiness to address low premarital sexual refusal acted as a barrier to pupil- engagement but instead it facilitated pupil-passivity. The experimental group's judgement that the approach was acceptable, informing, relevant and transforming corroborated with biology teachers' perception that the approach was an effective and practical way to educate in-school adolescents about premarital sexual advance refusal assertiveness skills in the context of HIV prevention. Based on its practicality, participants' acceptance and teacher endorsement, it is recommended to administer a sd-PLWHIV-led ATP to secondary school adolescents. Finally, in the context of Zambia, this work provides the basis for further research in building a general all-inclusive model of the impact of the use of lived experiences of an sd-PLWHIV in an assertiveness training program to improve anti-premarital sexual refusal assertiveness for in-school adolescents. Future research may consider multi-sites and capturing the perspectives of the sd-PLWHIV to fully understand the effects of sd-PLWHIV's experiential storytelling approach on pupils' premarital sexual assertiveness and the facilitators themselves.

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