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# NAVIGATING COMMUNITY AND EDUCATIONAL PERCEPTIONS OF LIFE SKILLS AND HEALTH EDUCATION IN RURAL ZAMBIA: A CASE STUDY OF LUANGWA DISTRICT

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**Abstract**

This study examines the perceptions of Life Skills and Health Education (LSHE) among educators and community members in Luangwa District, a rural area in Zambia. LSHE has been recognized as a critical component of the Zambian school curriculum since 2014, aimed at addressing challenges such as adolescent pregnancy, early marriages, and sexually transmitted infections. Despite its institutionalization, its implementation has faced significant resistance, particularly from cultural and logistical standpoints. A qualitative case study approach was employed, involving 57 participants from three primary schools and surrounding communities. Findings revealed fragmented understanding, cultural misalignments, and implementation challenges due to lack of training, insufficient teaching materials, and negative community perceptions. The study highlights the importance of recontextualizing LSHE in a culturally sensitive manner, enhancing educator preparation, and promoting active parent-community-school collaboration. It recommends that LSHE be repositioned as an examinable subject and strategically anchored within school timetables to ensure consistency, relevance, and long-term impact.

**Keywords:** *Life Skills Education, Health Education, Adolescent Health, Zambia, Rural Education, Community Perceptions, Cultural Integration*

## 1. Introduction

The intersection between health education and cultural tradition in Sub-Saharan Africa is a complex, evolving domain, particularly in regions facing high rates of adolescent pregnancy, early marriage, and school dropouts. In Zambia, Life Skills and Health Education (LSHE)



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was formally introduced into the national curriculum in 2014 to respond to these challenges by equipping learners with practical knowledge and adaptive behaviors. However, the effectiveness of LSHE depends not merely on curriculum design but on the perceptions and attitudes of those involved in its delivery teachers and those who shape the learners' social environment parents and community members. Rural regions like Luangwa District exemplify the challenges facing LSHE implementation. With a predominantly traditional community, entrenched cultural values often clash with modern educational content, particularly regarding sexuality and reproductive health. This conflict manifests in limited support from parents, inconsistent teaching practices by educators, and confusion among learners. Furthermore, the lack of dedicated resources, time constraints, and teacher training exacerbate the issue. The purpose of this study is to explore the perceptions and understanding of LSHE among key stakeholders in Luangwa District. Specifically, it investigates how teachers, learners, administrators, and community members interpret LSHE, the challenges they face in implementing or accepting it, and the potential strategies that could improve its delivery and acceptance. By highlighting these perspectives, the research seeks to inform policy reform, teacher training, and community engagement strategies necessary for the success of LSHE in rural Zambia.

## 2. Literature Review

The inclusion of Life Skills and Health Education (LSHE) within school curricula has gained global prominence due to its potential to address the multifaceted health and social challenges confronting adolescents. In Sub-Saharan Africa, including Zambia, LSHE is a response to rising concerns about HIV/AIDS, teenage pregnancies, gender-based violence, and early marriages (WHO & UNICEF, 2008). The Zambian government’s commitment to LSHE reflects a broader educational reform aimed at integrating cross-cutting issues such as gender, health, and civic responsibility into classroom instruction. Despite this, existing literature highlights the disconnect between policy and practice, particularly in rural and traditionally conservative settings.

### 2.1 Conceptualizing LSHE



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LSHE is defined as a structured program designed to equip learners with cognitive, emotional, and interpersonal skills that support responsible decision-making and healthy living. According to Kasonde (2013), LSHE includes a combination of factual information, attitudinal shifts, and skill-building approaches necessary for psychosocial development and positive behavioral change. Key components of LSHE include topics such as puberty, reproductive health, consent, peer pressure, communication skills, and gender equality. Internationally, Mueller et al. (2008) found that effective LSHE programs in India and South Africa improved students' understanding of sexual health and reduced incidences of risky behaviors. The emphasis is placed on the integration of LSHE within existing subjects and as standalone content to ensure accessibility and consistent messaging. However, the effectiveness of LSHE is closely linked to sociocultural acceptance and stakeholder engagement.

### 2.2 Cultural Tensions in LSHE Implementation

One of the most persistent barriers to LSHE implementation in African contexts is cultural resistance. In rural Zambia, traditional beliefs often view discussions of sexuality as taboo, particularly when introduced in formal education settings. Parents may perceive LSHE as undermining cultural norms, which historically restrict sexual education to specific age groups and ceremonial contexts (Wight, 2011). In some communities, knowledge about sexuality is passed down through initiation rites, and discussing these topics openly is considered inappropriate or even shameful. Tolli (2012) highlights that in many African settings, parents believe withholding information about sex helps prevent promiscuity among youth. This belief not only affects parent-child communication but also creates tension between educators and the community. Consequently, students often receive mixed messages from teachers and parents, which hinders their ability to make informed decisions.

### 2.3 Teachers' Role and Attitudes

Teachers play a critical role in the success or failure of LSHE implementation. Their attitudes, confidence, and cultural beliefs influence how the subject is delivered and received.



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Research by Noonan (2006) in Botswana found that although teachers recognized the importance of LSHE, many were constrained by their own discomfort in addressing topics like sexuality and reproductive rights. Additionally, lack of training and teaching materials further hinder effective delivery. In Zambia, the situation is similar. Many teachers report being ill-prepared to teach LSHE, especially when asked to integrate it into non-health subjects such as mathematics or social studies (Chamba, 2012). Teachers often rely on their own interpretations of LSHE content, which may diverge from the curriculum's objectives or reinforce cultural biases. As a result, students may receive inconsistent and sometimes misleading information.

### 2.4 Community Engagement in LSHE

Parental and community involvement is another cornerstone of effective LSHE programs. Studies have shown that when parents are engaged and informed, their attitudes toward LSHE tend to shift positively. However, this requires strategic sensitization and capacity-building efforts. A study by Khan (2012) emphasized that comprehensive LSHE must include parent education programs that clarify content, objectives, and cultural sensitivity. Unfortunately, in many rural communities, parents lack accurate information about LSHE and often rely on hearsay or myths. This disconnect leads to opposition and withdrawal of support, thereby undermining school-based efforts. Campbell and Lubbed (2003) caution that societal resistance to LSHE is not merely a generational issue but reflects deep-rooted anxieties about shifting cultural norms.

## 3. Methodology

### 3.1 Research Design

This study employed a qualitative case study design to explore and interpret the perceptions and experiences of key stakeholders regarding Life Skills and Health Education (LSHE) in Luangwa District, Zambia. A qualitative approach was chosen to capture rich, contextual insights that quantitative methods may not reveal. The case study strategy enabled the



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researcher to conduct an in-depth investigation of how LSHE is understood, implemented, and perceived within the social and cultural framework of a rural community.

### 3.2 Study Area and Context

The study was conducted in Luangwa District, a remote area in Zambia's Lusaka Province characterized by limited infrastructure, traditional governance systems, and deeply rooted cultural practices. The district was selected due to reported high incidences of adolescent pregnancy, early marriages, and poor school retention among girls. Three government-run primary schools Kapoche, Janeiro, and Kakaro were purposively sampled due to their involvement in LSHE programming and proximity to affected communities.

### 3.3 Study Population and Sampling

The study targeted six categories of respondents: teachers, school administrators, learners, parents, community counsellors, and traditional leaders (headmen). A total of 57 participants were selected using purposive and stratified sampling to ensure diversity in perspectives:

- 3 school administrators
- 6 teachers
- 30 learners (10 from each school, organized into focus groups)
- 12 parents
- 3 community counsellors
- 3 headmen or traditional leaders

Participants were selected based on their direct or indirect involvement with school programming, student welfare, and community education initiatives.

### 3.4 Data Collection Methods

Data were collected over a six-week period using semi-structured individual interviews and focus group discussions. The instruments were designed to probe participants' understanding of LSHE, their attitudes towards its content, perceived implementation challenges, and



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suggestions for improvement. Focus groups were conducted with learners to encourage open discussion and gather diverse student perspectives. Interviews with administrators, teachers, and parents were conducted in both English and local languages to accommodate varying levels of literacy. Each session was audio-recorded with consent and later transcribed for analysis. Field notes and observations were also used to supplement data collection and enhance contextual interpretation.

### 3.5 Data Analysis

Data were analyzed thematically. Thematic analysis involved coding transcripts to identify recurring concepts, viewpoints, and patterns. Codes were organized into themes aligned with the study objectives: understanding of LSHE, implementation challenges, and suggested strategies. NVivo software was used to manage and sort qualitative data efficiently.

### 3.6 Ethical Considerations

Ethical clearance was obtained from St. Eugene University's research ethics committee. Prior to data collection, informed consent was obtained from all adult participants. For learners, consent was secured through parental approval and school authorization. Participants were assured of confidentiality, and pseudonyms were used in transcripts to protect identities. The study also adhered to ethical principles of voluntary participation, respect, and non-maleficence.

## 4. Results

This section presents the findings of the study based on thematic analysis. The data are organized around three core themes aligned with the research objectives: (1) understanding of LSHE, (2) challenges in implementation, and (3) strategies for improvement.

### 4.1 Understanding of Life Skills and Health Education

#### 4.1.1 Teachers and Administrators



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While most school administrators were aware of LSHE as part of the national curriculum and had access to teaching materials, many teachers demonstrated limited understanding. Only two out of six teachers articulated a comprehensive view of LSHE, describing it as a subject aimed at instilling moral values and life skills relevant to personal and social development. The remaining teachers associated LSHE primarily with "sex education," often viewing it as supplementary rather than essential. One teacher noted, "I heard about it recently when I started working; I don't fully understand how to teach it or which learners it targets." Administrators, however, showed better familiarity with the LSHE syllabus and reported efforts to promote its inclusion during regular departmental meetings. Despite this, they acknowledged that LSHE was often sidelined in lesson planning due to its non-examinable status.

### 4.1.2 Learners

Most learners were unsure of what LSHE entails. While some associated it with being "told to stay away from boys or girls," others understood it as general moral advice received during assemblies or through guidance and counseling sessions. Few recognized LSHE as a structured component of their education. This indicated inconsistencies in delivery and a lack of formal recognition among pupils.

### 4.1.3 Parents and Community Leaders

Community perceptions of LSHE were deeply influenced by cultural and traditional norms. Several parents believed LSHE should only be taught during initiation rites when children come "of age." Others saw the subject as inappropriate, claiming it introduced children to adult topics prematurely. A headman remarked, "These things are taboo. Some things are meant to be taught by elders in private, not in class by young teachers." Some parents admitted ignorance of the subject altogether, while others believed LSHE conflicted with traditional values. Cultural restrictions around discussing sexuality, especially across gender lines, were widely cited as reasons for discomfort and opposition.



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### 4.2 Challenges in LSHE Implementation

#### 4.2.1 Lack of Training and Resources

Most teachers reported insufficient training on how to deliver LSHE. Many had not received any orientation and relied on informal peer sharing or self-interpretation. One teacher explained, "I don't feel confident to teach this. I worry I might say something wrong or offend someone." The lack of dedicated LSHE textbooks, lesson plans, and standardized teaching materials also contributed to poor implementation. Teachers often skipped LSHE topics or incorporated them in a fragmented, ad-hoc manner.

#### 4.2.2 Time Constraints and Curriculum Pressure

LSHE was rarely scheduled as a standalone subject. Teachers reported pressure to complete syllabi for examinable subjects like English, Mathematics, and Science, which often left no room for LSHE. One administrator acknowledged, “We are forced to focus on what will be examined. LSHE gets left out.”

#### 4.2.3 Cultural Resistance and Misinformation

Cultural taboos posed significant challenges. Teachers feared community backlash for discussing topics considered private or inappropriate, particularly with mixed-gender classes. Some reported that parents discouraged their children from participating in such lessons, viewing them as immoral or intrusive. Moreover, learners received conflicting messages from school and home. While schools emphasized gender equality and assertiveness, some parents reinforced rigid gender roles at home. This contradiction confused learners and weakened LSHE’s impact.

### 4.3 Strategies for Improvement: Community and School Perspectives

#### 4.3.1 Teachers and Administrators

Educators proposed elevating LSHE to an examinable subject, complete with a dedicated period on the timetable. This, they argued, would enhance its legitimacy and encourage



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proper lesson planning. Others suggested assigning LSHE to the guidance and counseling department, allowing specialized staff to handle sensitive content appropriately.

### 4.3.2 Parents and Community Suggestions

While some parents advocated for the complete removal of LSHE, others recommended better communication between schools and communities. Suggestions included:

- Periodic parent orientation workshops
- Involvement of community leaders in curriculum discussions
- Assigning LSHE homework to involve parents in the learning process

A few progressive parents saw potential in LSHE to supplement traditional teachings, provided the content was age-appropriate and culturally respectful.

## 5. Discussion

This study sought to explore how Life Skills and Health Education (LSHE) is perceived and implemented in rural Zambia, with a particular focus on Luangwa District. The findings reveal a complex web of partial knowledge, cultural friction, institutional limitations, and missed opportunities. These results resonate with broader regional studies while providing unique insights into Zambia's educational and socio-cultural landscape.

### 5.1 Fragmented Understanding of LSHE

The study shows that understanding of LSHE is inconsistent across stakeholder groups. School administrators are generally aware of LSHE's curricular role but are not in a position to enforce or monitor its implementation effectively. Teachers—who are primarily responsible for LSHE delivery—often lack clarity on its goals and content. This is particularly concerning given that teachers are the frontline implementers. If educators cannot define or contextualize LSHE appropriately, learners are unlikely to benefit from it.



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This aligns with findings by Noonan (2006) and Chamba (2012), who observed that even where LSHE policies exist, classroom-level delivery remains ad hoc and informal due to a lack of training, standardized content, and support systems. In Zambia's case, this issue is further exacerbated in rural areas, where logistical challenges and cultural resistance are more pronounced.

### 5.2 Cultural Conflict and Community Resistance

The most significant barrier to LSHE in Luangwa District is cultural resistance, rooted in traditional beliefs around sexuality and gender roles. Many parents and community leaders perceive LSHE as an intrusion on cultural norms, fearing that early exposure to sexual health topics will corrupt rather than educate youth. This cultural backlash limits LSHE's impact, as students are caught between school-based messages and home-based expectations. These findings mirror global literature that points to the clash between progressive health education and conservative community values (Wight, 2011; Tolli, 2012). In Zambia, the situation is further complicated by the common practice of initiating children into adulthood through tribal rites, which are often at odds with school-based LSHE teachings. For example, discussions around consent, sexual orientation, or gender equality core components of LSHE are often seen as culturally subversive. Such tensions must not be overlooked. LSHE will continue to face resistance unless it is adapted to resonate with local traditions and presented through community-trusted channels. Failure to address these perceptions risks rendering LSHE irrelevant or, worse, harmful to student–family relations.

### 5.3 Institutional and Pedagogical Challenges

From an institutional standpoint, LSHE suffers from lack of prioritization. Since it is not an examinable subject, it is often treated as optional or secondary. Teachers feel burdened by tight academic schedules and performance-based evaluations, which discourage investment in non-core subjects. Moreover, the pedagogical model for LSHE remains underdeveloped. Teachers often feel unprepared or embarrassed to discuss sensitive topics in front of mixed-gender classrooms, especially when they live within the same community. This emotional proximity creates discomfort and, in some cases, avoidance. According to WHO and UNICEF (2008), LSHE requires not just curriculum reform but also emotional and



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psychological support for educators. Teachers need not only content knowledge but also training in communication strategies, boundary setting, and cultural negotiation. Without this, the goals of LSHE will remain aspirational rather than achievable.

### 5.4 The Need for a Systemic, Inclusive Approach

The study's findings make clear that LSHE must be repositioned within the education system. Stakeholders from policymakers to school leaders and parents must acknowledge that health education is not supplementary but essential. Adolescents in Zambia are exposed to growing risks, including HIV/AIDS, early pregnancies, and gender-based violence. Equipping them with life skills is not a luxury but a necessity. However, this must be done through culturally sensitive engagement. Community leaders, elders, and parents must be part of the dialogue. Bridging traditional and modern knowledge systems requires mutual respect and inclusive policy development.

## 6. Recommendations

To ensure that Life Skills and Health Education (LSHE) achieves its intended objectives in rural Zambia, a multi-pronged approach is necessary. The recommendations below are drawn from the study's findings and aligned with national educational priorities and global best practices.

### 6.1 Curriculum Reform and Integration

**a) Make LSHE Examinable** One of the recurring themes from both teachers and administrators was the lack of motivation to teach LSHE because it is not examined. Introducing assessment tools and integrating LSHE into national examinations will signal its importance, compel systematic teaching, and encourage learner participation.

**b) Allocate Dedicated Time on the Timetable** Currently, LSHE is often incorporated haphazardly into other subjects or relegated to guidance sessions. Assigning a specific time



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slot for LSHE on school timetables will institutionalize its presence and ensure that it is given attention during lesson planning and delivery.

**c) Develop Standardized Teaching Materials** There is a need for clear, age-appropriate syllabi, textbooks, and teacher manuals that contextualize LSHE content for rural learners. These resources should be designed in collaboration with local stakeholders to ensure cultural sensitivity and relevance.

### 6.2 Teacher Training and Professional Development

**a) Provide Pre- and In-Service Training** Teacher colleges and universities must integrate LSHE modules into their curricula to equip future educators. Additionally, in-service training workshops should be rolled out to retrain existing staff, particularly in rural districts where resistance and misinformation are most prevalent.

**b) Build Confidence to Teach Sensitive Topics** Teachers require training not only in content but also in pedagogy particularly in facilitating open discussions, managing mixed-gender classes, and navigating taboo topics. Empowering teachers with emotional intelligence and communication tools will improve their comfort and effectiveness.

**c) Assign LSHE to Trained Guidance Counselors** Where possible, schools should utilize the guidance and counseling departments to spearhead LSHE delivery. These professionals are often better equipped to address sensitive issues and provide individual support to learners in distress.

### 6.3 Community Engagement and Sensitization

**a) Organize Parent Sensitization Workshops** Resistance from parents is largely driven by misinformation and cultural fears. Schools and district education boards should regularly organize workshops to explain LSHE's goals, content, and alignment with Zambian values. Parental inclusion will foster trust and cooperation.



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**b) Use Traditional Leaders as Allies** Chiefs, headmen, and other cultural custodians should be engaged as champions of LSHE. Their endorsement can help mitigate resistance and create a culturally safe space for LSHE to be discussed and delivered.

**c) Encourage Home-School Continuity** Assigning LSHE-related tasks that require parental involvement can bridge the gap between school and home. These activities will help demystify LSHE content and open channels of communication between parents and children.

### 6.4 Policy and Monitoring

**a) Integrate LSHE into National Education Policy** For LSHE to be sustainable, it must be formally embedded in the Ministry of Education's strategic plans. Clear guidelines, learning outcomes, and indicators should be developed to monitor and evaluate implementation across districts.

**b) Conduct Periodic Assessments** Regular evaluations should be conducted to assess LSHE's effectiveness, identify gaps, and update content in response to emerging challenges such as social media influence or changing cultural norms.

## 7. Conclusion

This study has provided critical insights into how Life Skills and Health Education is perceived and implemented in Luangwa District, Zambia. It reveals a landscape marked by limited understanding, cultural resistance, and institutional neglect factors that collectively undermine LSHE's potential to positively influence the lives of adolescents. The central finding is that LSHE's success depends not solely on what is taught in the classroom, but also on how it is perceived and supported outside the school environment. In rural Zambia, where traditional norms and community dynamics play a significant role in shaping behavior, LSHE must be more than an academic intervention—it must be a community project. Teachers, though central to delivery, are often underprepared and unsupported, facing both curricular constraints and cultural pushback. Learners, in turn, are confused by inconsistent messages from school and home. Parents and community members frequently resist LSHE, viewing it as a threat to traditional values rather than a protective tool for their children. Yet, the potential of LSHE remains undeniable. When properly implemented, it can foster self-



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awareness, improve decision-making, promote gender equity, and curb risky behaviors among youth. It can also serve as a bridge between generations, enabling schools and communities to co-create a more informed and resilient society. To realize this potential, LSHE must be repositioned as a central pillar of basic education. This requires comprehensive curriculum reform, strategic teacher training, inclusive community engagement, and clear policy directives. Above all, LSHE must be delivered in a way that respects cultural identities while championing the rights and futures of Zambia's children.

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