

# Students' Access to Sexual and Reproductive Health Information and Services: A Case Study of 'A' University in Kabwe District, Zambia

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**Abstract**— Sexual and Reproductive Health Rights (SRHR) is an essential component of the universal rights that promote the attainment of good sexual and reproductive health practices for a complete physical, mental and social well-being of individuals in all matters relating to the reproductive system. To maintain good SRHR practices, the individual needs to have access to accurate information. Young people have health care needs that are distinct from those of adults, specifically in the area of sexual and reproductive health rights. Neglecting the provision of their specific health needs in higher learning institutions, 'A' (Representing a higher learning institution) inclusive, would lead to negative outcomes, such as; unwanted pregnancies, early marriages, sexual transmitted infections and sexual violence. This study aims at providing solutions to the above stated problem among the youths. This study explores students' access to comprehensive sexual and reproductive health information and services. The study focuses on "A" in Kabwe district, Zambia. A case study design was employed using qualitative research method. The sample consisted of 32 participants. Focus group interviews were used among four groups of students from different schools, with each group comprising of 6 students (3 males and 3 females). Key informant interviews were administered to the guidance and counselling personnel, dean of student affairs, and 3 health personnel from 'B' health post and 3 from clinic "A". Participants were selected using stratified purposive sampling. The qualitative data was analyzed using thematic approach. The findings of the study revealed that, the service provision and information awareness of comprehensive and sexual reproductive health to students was poor at 'A'. It was revealed that youth friendly corners and the use of posters were not adequate and some essential drugs like "ARVs" were not provided. This may hinder students, access to the much needed drugs and other services related to sexual and reproductive health issues. The study recommends that, more youth-friendly corners be introduced in the institution and enhancement in the provision of ARVs in the University.

**Index Terms**— Access, Information, Services, Sexual and Reproductive Health, Rights.

## I. INTRODUCTION

Sexual and Reproductive Health (SRH) is an essential component of the universal rights that promote the attainment of good sexual and reproductive health practices for a complete physical, mental and social well-being of individuals in all matters relating to the reproductive system

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(WHO, 2002). Therefore, access to information and services is central in the promotion of SRHR among young people. It enables them to make informed choices on sexuality matters, which may help reduce sexual health risks. It also means empowering young people to know and exercise their rights including the right to delay marriage and the right to refuse unwanted sexual advances. This means that young people can only make healthy choices if they have access to accurate information about sexuality that is in line with their needs (WHO, 2009).

Globally, and in Sub-Saharan Africa specifically, many young people lack education and have poor access to services related to SRHR (UNAIDS, 2013). Furthermore, poor access to information and services has been associated with young people's vulnerability to sexual health risks such as unwanted pregnancies, early marriages, sexually transmitted infections and sexual violence (Braeken, 2012). For instance, every year, approximately 7.3 million girls below the age of 18 give birth in low and middle income countries (LMICS), while about 10 million girls below the age 20 are married, with 46% of these being in Sub-Sahara Africa (DUPAS, 2011). Further, according to the Africa Youth Report, in 2011, about 28 percent of women aged 20-24 in the SSA gave birth before the age of 18, with almost half of them having had their first sexual experience before their 15th birthday (UNESCO, 2012). This implies that the sexual and reproductive health needs of some young people are not being met adequately, justifying enhanced effort to prevent sexual health risks among young people.

In Zambia, as many as 25% of married girls aged 15–19 have an unmet need for family planning, and about 30% of girls aged 15–19 have begun child bearing (CSO, 2014). Moreover, Zambia has high rates of early marriage with as many as 31% of those aged 20–24 reporting to have married before the age of 18 years (CSO, 2014). Despite the recognition of the rights of young people to sexual reproductive health, they still face challenges in accessing SRH information and services especially in Sub-Saharan Africa; Zambia in particular. According to Hoggart & Phillips (2011), young people's access to information and services is affected by many factors, including attitude and behavior of service providers and most importantly lack of privacy and confidentiality. Nevertheless, it is important that young people are provided with facts and information they are looking for. This will help them to make informed decisions based on clear understanding of the matters. Further, when they have access to SRHR information and services, they become a powerful force for economic development and positive change.

## II. METHODOLOGY

### A. Overview.

This section of the article contains the research approach, the design of the study, data collection methods and tool that were used in the study as well as the sample size.

#### The Design for the Study.

A qualitative research approach which focused on a collective case study was used in this study to acquire understanding on the students' access to sexual and reproductive health information and services at 'A' University. The study was conducted in four schools in the University with students at different levels of study. The study population comprised of all the students, health personnel, the Dean of students and the student counsellor.

### B. Sample size.

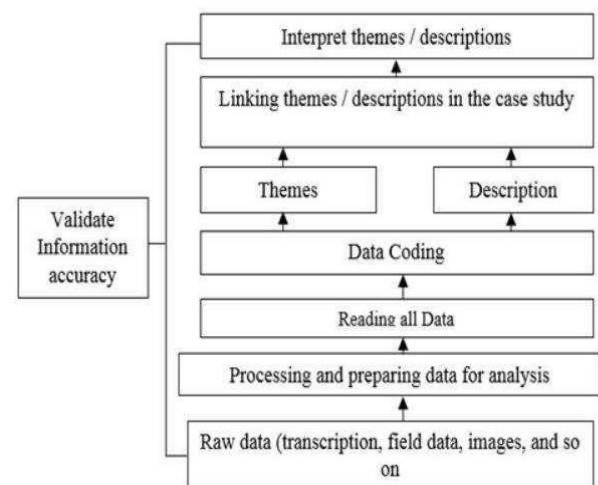
At each school only five (5) students were selected to participate in the focus group discussions. This means that a total of 20 students participated in the study. And a total of 8 non-academic staff were selected to participate in the study. The Six (6) health personnel (3 from the University clinic and 3 from clinic "B"), the Dean of students' affairs and the student counsellor. The sample size is usually small in a qualitative study (Merriam, 1998). The second, third and fourth year students were selected using purposive sampling. The Dean of students' affairs and the student councilor were purposively selected because they handle different problems which students face, of which some of them are related to sexuality issues. Purposive sampling has been recommended as the most appropriate method for selecting participants when one is using a qualitative approach (e.g., Denscombe, 2007; Patton; 1990; Tong, Sainsburg & Craig, 2007) because it enables one to select participants that could provide the required information the required information. However, the researchers were aware that the purposive method of selecting participants had a weakness. That is, in some cases, a researcher may make a mistake when picking the participants because of lack of adequate knowledge (Wallen & Fraenkel, 2001). Therefore, in order to ensure that the students selected were the ones who could provide the required data to answer the research question, course lecturers who knew the students in different cohorts, helped the researchers in the selection of students for the study. Seeking help from other people when selecting participants purposively has been recommended by researchers (Tongco, 2007) and also used by other researchers.

### C. Data Collection Tools

The non-academic staff were selected on the basis of the nature of their job description. The Dean of students' affairs, the student councilor and the health personal at the University clinic. The Dean of students' affairs' is in-charge of the well-being of students at the University. And the student councilor is the one in-charge of students' personal problems. And for this reason he offers counsel to students on mostly non-academic issues. Hence the researchers thought by including them, they would offer the much needed information on "Students' Access to Sexual and Reproductive Health information and services". The health personal at the clinic were also key informants in this research because the deal with different health issues from the students including those concerning sexual and reproductive health. That was

main reason for their inclusion in this research. Semi-structured interview guides were used to collect data from the health personnel, student counsellor and the Dean of student affairs. While focus group guides were used to collect data from the students. Data collected was preceded by a pilot study using only first year students at 'A' university to check on the suitability of research instruments and data collection procedures. Trustworthiness was achieved by making sure that the questions asked by the researcher to the respondents were exactly as presented in the data collection tools, this was done to avoid biasness. The recording of interviews as well as filming focus group discussions were also done during interviews. Data analysis took place concurrently with data collection as advised by Creswell (2003). Data collected from interviews and focus group discussions was analyzed using thematic analysis approach (Kombo & Tromp, 2006). Thematic analysis was an appropriate method in the current qualitative study as advised by Kiger & Varpio (2020); Braun & Clarke (2006), because it seek to understand experiences, thoughts or behavior among students at 'A' University pertaining to "Access to Sexual and Reproductive Health Services and Information". Firstly, transcripts were made followed by coding and finally themes emerged from the data collected. Ethical issues were put into consideration such as seeking permission from participants before recording interviews and filming focus group discussions. In addition, actual names have not been revealed in the report as recommended by Creswell (2003).

### Data Generation Process



(Source: Creswell, 2003).

### D. Ethical Clearance

In this study, the researchers engaged into oral consent with the respondents. The participants were given the due respect required. The information about the study, its purpose, how it was going to be carried out and its duration, risks and benefits was communicated to the participants. The participants were made aware that participation is voluntary and that they could withdraw before its completion if they so wished. Finally, the study was approved by 'A' Ethical committee with the certificate reference number; KNU/2022REC09/006. For confidentiality, the data collection tools and other equipment are kept and locked in a drawer by the principal researcher.

### III. FINDINGS OF THE STUDY

Findings of the study are presented according to the research questions. The first part gives the findings on students' awareness about sexual and reproductive health. The second part explores the strategies of accessing sexual and reproductive health services at A University which the students are currently using. And the third part analyses the appropriate strategies of accessing sexual and reproductive health services among students at A University.

#### A. *What are the A University students' awareness of comprehensive sexual and reproductive health?*

Awareness.

From the study sample of thirty-two, twenty students were not aware about the sexual and reproductive health service being offered at the institution. Only twelve students were aware of SRH services.

Some respondents stated that the awareness of the majority group was attributed through the use of youth friendly corners which are operated by trained peer counselors, as was reported by one student who said that:

I only came to know about comprehensive sexual and reproductive health service being provided when I visited a friend in her room who is a peer counselor, and someone came to ask for a condom (which is commonly known as a rubber among students).

Another student who was in support of having a student minister of health had this to say:

I got some information on comprehensive sexual and reproductive health through the student minister of health as he was giving a talk during the orientation of new students on campus. And also through posters and generally on social media,"

Another respondent explained that:

Other way the awareness is done is by the use of posters which are displayed in places where they can easily be seen by the intended people. The university health facility has displayed posters at the entrance of the health facility, a way of letting people know that the services are offered.

Some participants supported the need for having the office of the dean of student affairs one of its responsibilities are to sensitize the students on health issues of which sexuality education is one of such. This was reported by one student who said that:

Our Dean of Students Affairs (DOSA) publishes posters especially when there is an outbreak of a disease. And also during the orientation of new students on campus, DOSA explains how students are expected to conduct themselves on campus and also where to seek any health services including those to deal with sexual reproductive.

In support of sensitizing the students on health issues, the DOSA also had this to say:

Every year when the university receives new students (the first year students), they are advised on issues of sexuality and reproductive health. For example, they are advised to abstain from having sexual relations with the opposite gender.

Orienting new students on personal issues including sexual and reproductive health issues is very important because as

these young adults enter higher institutions of learning, they are detached from parental guidance. Therefore, before they entangle themselves in sexual relationships which are very common in most universities, it's important to be given good guidance and also to show them where to seek help when need be. Usually new students fall prey to some of these vices ignorantly because they do not know how to defend themselves.

#### B. *What are the current strategies of accessing sexual and reproductive health services at A University?*

Strategies

There are several strategies used by the university to enhance the accessibility of sexual and reproductive health services to the students. This is what respondents said were the strategies currently used.

University Clinic

Some respondents reported that health services are mostly acquired from the university clinic. One participant categorically stated as follows:

We receive these services from the clinic, even though certain critical drugs are not offered, for example, the University clinic does not supply ARVs, when we might have a lot of student in need of it.

One health personal had this to say:

We are stocking drugs such as emergency pills because there are some students who ask for them and we explain how to use them and when to do so. These drugs are stocked together with condoms and some of them are given to peer counsellors who help in giving those in need.

Student Minister of Health

Some students supported the roles of the student health minister to provide services to the fellow students such as distribution of packets of condoms to those who may need to use them. As was reported by one student who said that:

Sometimes, we receive these services through the student health Minister who usually holds talks with students on SRH services and there after distributed some condoms to those who might need them. He also advises the students where to go in case one needs the condom.

Student counsellor

Some respondents supported the need of having a student counsellor in the institution as he plays a big role of providing counsel to the students. And also gives appropriate guidance on issues to do with sexuality information. More especially guiding erring students where to find the much needed help in order to solve the problem which could have befallen the student. One participant stated:

We also have access of these services through the university student counsellor who has the information about the people who can provide the needed services to deal with sexuality issues

Trained peer counsellors

Some students supported the need of having trained peer

counsellors in order to facilitate the provision of information and some services such as the distribution of condoms to their peers. One health personal stated that:

University has trained peer counsellors (trained by qualified health personal) who sometimes provide the services like condom distribution and information on sexuality reproductive health to their fellow students.

Another participant who was in support of having trained peer counsellors also had this to say:

It is very convenient for us students to approach our peers for some of these services related to sexuality and we also approach them for information on sexuality reproductive health such as how to use emergency pills for us ladies.

Most students find it easy to approach and share with their peers especially problems pertaining to their sexual and reproductive health than going to the health facility. They feel at the health facility they might find someone who knows their parents. Thus they fear that some people may not uphold the confidentiality.

### *C. What are the suitable strategies of accessing comprehensive sexual and reproductive health services among students at Kwame Nkrumah University?*

During the study, the researchers tried to find out from the students, the members of staff from the clinic, the dean of students and the university counsellor, on how they can enhance on the service provision of sexual and reproductive health services among students at A University, and the following themes emerged;

#### Setting up youth friendly corners

Some respondents suggested the setting up of youth friendly corner is one of the best strategy for youths to visit and have access to sexuality services. Youths feel secure to go and seek services related to sexuality issues from places where their confidentiality can be granted and upheld. The participants explained as follows:

If the university can Setting up youth friendly corners at the health facility that can really help us, because we just be going there directly unlike being on a queue with other patients. If we can have our own facility. We can also be able to provide confidential information

Youth friendly corners are isolated places within the student hostels and at the health facility and they are operated by trained peer counselors. The ones found at the health facility are operated by trained counselor. These counselors offer professional advice to their clients.

#### Collaborations

Some respondents proposed that there was need for the university to collaborate with other institutions that deal with SRH issues, this was stated by one health worker who said that:

“The institutional clinic doesn't have ARVs, but they can collaborate with other clinics where they can be getting these drugs for some students on request”. Provision of some essential drugs can only be done when the university clinic partners with more established health organisations.

This sentiment was also pointed out by one health worker

who stated:

There are a number of students who need the antiretroviral drugs, and what we need to do is to request from the district health office to be allocating our health centre with these drugs.

Collaboration with well-established government clinics, the district health office and the Central hospital would help provide the much needed medicines by the university clinic. this would help improve service delivery related to sexual reproductive health issues.

#### Expansion of sexual health services

Some respondents suggested that the institution should expand the sexual reproductive health services offered to the students. This was observed by one student who said that:

“The institution can expand sexual reproductive health services that respond to the needs of young people, it will help most students acquire the needed services easily, for example, training service providers and condom distribution because the current strategies are not enough”.

#### Privacy and Confidentiality

Some students proposed that issues to do with privacy and confidentiality need to be upheld when providing services to do with sexual reproductive health to the youths. Lack of privacy when providing SRH services discourages people from accessing them. Confidentiality needs to be upheld all the time when providing the SRH services because the clients need to be protected. This was observed by one student who said that:

There was need for people who go to the health facility to seek the SRH services to have a separate room where they can be free to share their problems with the health workers. And not to use the same room with other patients because the youths feel shy to disclose their problems.

One health worker had this to say:

At the moment the clinic does not have a youth friendly corner, but it has requested the university management to turn one of the buildings which are not used into one.

The youth friendly corner should be operated by counsellors and trained peer counselor that have the skill of handling sensitive issues relating to sexual reproductive health among young people who are mostly in need of the services.

## IV. DISCUSSION OF THE FINDINGS

This section discusses the findings of the study. The findings have been discussed in line with the research questions.

### *A. Awareness of students about comprehensive sexual and reproductive health*

It is clear from the findings of this study that, although access to SRH services is a central concern surrounding the promotion of sexual and reproductive health and rights of young people, majority (20) of students were not aware of sexual and reproductive health services being offered at the Institution while the minority students (12) were aware of SRH services this is in line with the findings of (UN, 2017)

which indicated that, generally, there is lack of access to contraceptive information and access, this is also supported by Mkandawire, (2020). The majority who responded that they were aware of the services, attributed that to the use of youth friendly corners which are operated by trained peer counselors. Peer education form an important and effective strategy to increase awareness and access. It is important that young people are able to explore and express their sexuality in positive and safe ways. For example, youth- friendly service is about providing health services based on a comprehensive understanding of what young people in any society want and need. Youth-friendly services also are based on an understanding of respect for the realities of young people's diversity and sexual rights. A final evaluation study among 6IPPF member Association showed similar results that is, health systems and health providers must adapt to the needs of young people, especially the preventive health needs. Further, this is in agreement with WHO (2009).

The study also found that some information on sexual and reproductive health was through the Student Minister of Health and the DOSA during orientation of new students on campus. By the virtue of their positions in an institution, both sensitize the students by providing SRHR information that can help reduce SRH challenges associated with youth pregnancies, transmissions of STIs including HIV/AIDS this is in line with the findings of UN, (2017), which indicated that, there is lack of prevention and treatment of HIV among adolescents in Zambia.

Apart from sensitization through holding meetings with students, DOSA also, creates an awareness of SRH by the use of posters which are displayed in places where they can easily be seen by the intended people. The finding on this item confirms the views of the health personnel that the university health facility does display posters at the entrance of the health facility, as a way of letting people know that such services are offered.

#### *B. Current strategies of accessing sexual and reproductive health services at 'A' University*

To answer the second question, the researchers investigated the current strategies of accessing sexual and reproductive health at the university. Numerous strategies were reported by the students and the student counsellor. From the responses, the current strategies included the use of University Clinic. It was revealed that students receive sexual and health reproductive services from the clinic but with limitations; certain services and drugs were not offered, For example, the ARVs. This was in line with health personnel's response that the university health facility does not supply ARVs. This implies that students on Art have challenges in accessing some services. Furthermore, health services such as emergency contraception and safe abortion are simply not available. Even when available, the adolescent may be unable to obtain them for variety of reasons.

It is worth noting that although comprehensive sexuality education empowers young people by providing information and knowledge about SRHR, supply of SRH services to young ones are limited. Information alone is not enough, but should have access to SRH.

The findings further indicated the use of the student health minister to provide services to the fellow students such as distribution of packets of condoms to those who may need to use them as well as advising the students where to go in case one needs the condom. Equally, the use of student counsellor was one way of accessing SRHR services. He is mandated to play a big role of providing counsel to the students and also gives appropriate guidance on issues to do with comprehensive sexuality information and other related issues.

The results showed that having trained peer counsellors is beneficial for facilitating the provision of information and some services such as the distribution of condoms to their peers. This was supported by Berger (2002), when stated that peer counselling is an important service worth rendering. There is strong positive evidence that the use of peer-to-peer approach show success in establishing and nurturing positive relationship and a conducive environment. According to Bette (2013) peer counselling is an interaction relationship within age group aimed at influencing positive change. Peer counsellors use their own stories in helping others to develop hope and improve their lives.

#### *C. Suitable strategies of accessing sexual and reproductive health services among students at 'A' University.*

When the participants were asked to suggest the appropriate strategies of accessing sexual and reproductive health services among students at 'A' University, they mentioned a number of strategies such as setting up youth-friendly corners, collaboration with other institutions, Expansion of sexual health services, Privacy and Confidentiality. This is in line with the findings by UN, (2017), which indicated, in trying to enhance awareness among adolescents, youth friendly corners must be introduced in institutions of learning.

With reference to the youth-friendly corner, the quality aspects of youth-friendly services concern raising awareness of rights. This describes the relevant key aspects of youth friendly services as part of a young person's journey and pathways to accessing health services. In terms of expansion of sexual health services, the institution can expand sexual reproductive health services that respond to the needs of young people. In line with privacy and confidentiality, young people feel secure to go and seek services related to sexual and reproductive health issues from places where their confidentiality can be granted and upheld.

#### V. CONCLUSION

The study concluded that; currently health facility "B" does not provide ARVs, which is a very cardinal drug which is supposed be part of the package the services provided by the facility, this is line with the conclusion by UN, (2017), the study concluded that, there is inadequate provision of prevention and treatment in Zambia and this poses danger to the teenagers, as they remain vulnerable to HIV, leading to higher HIV new infections. Hence students who are HIV positive feel shy to go to other facilities outside facility "B" to seek for the service. The above mentioned risks students'

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lives, as they come from all parts of the country and stay in the institution for longer period time without going back to their homes.

Currently, awareness of sexual and reproductive health services is not very intensive at the institution, and in Zambia large, this was also concluded by of UN, (2017), where the study concluded that, in Zambia generally, there is lack of access to contraceptives information and access, which leads to the high numbers of unwanted pregnancies in the Country. It was also observed during the study that, neither University "B" nor the clinic "B" do offer periodic trainings on awareness of the services being offered to the students, this component is a challenge to young Zambian in general. The study done by Warenus, (2007) also indicated that, adolescents in Zambia lack comprehensive sexual education in secondary schools leading to lack awareness.

## VI. RECOMMENDATIONS

The study recommends the following:

- A. 'A' Clinic to start the provision of ARVs to 'A' students, as it is a very important drug among infected students.
- B. The Dean of students, the students' counsellor and the clinic members of staff are requested to improve on awareness of sexual and reproductive health services e.g. by increasing on the number of peer educators among students at 'A' University.
- C. Youth friendly corner to be introduced at the 'A' clinic for privacy and to uphold confidentiality.
- D. Sensitization should be intensified at the institution e.g. routine trainings. Having monthly sensitization talks with the students about SRHS.

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