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Acceptance of HIV/AIDS Lived Experiences Storytelling Approach in Fostering Assertiveness for Anti-Premarital Sexual Behaviour of in-School Adolescents in Kabwe, Zambia

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Abstract

The sd-PLWHIV intervention, grounded in Mezirow's transformative learning theory, aimed to promote assertiveness against premarital sex as an HIV prevention strategy among in-school adolescents in Kabwe, Zambia. This qualitative descriptive study explored the acceptability of using HIV/AIDS lived experiences storytelling to promote anti-premarital sexual behaviour. Thirty-eight purposively selected pupils participated, with data collected through open reflection questionnaires, focus group discussions, and in-depth interviews. In combination with thematic analysis, Sekhon's Theoretical Framework of Acceptability guided the analysis, revealing high acceptance

(89.5%) of the approach. Key factors driving acceptance included emotional messaging and emotional support, confidentiality and anonymity, facilitators' credibility, and the safe space created for sharing experiences. Participants reported increased knowledge, self-efficacy, and motivation to abstain from premarital sex. While limited by a small sample size, the study's in-depth exploration of adolescents' experiences is a strength. The sd-PLWHIV intervention shows promise for HIV prevention; prioritising confidentiality, autonomy, and emotional support can enhance effectiveness.

Keywords: Acceptance, HIV/AIDS Lived Experiences, Storytelling, Assertiveness, Anti-Premarital Sexual Behaviour

Introduction

In Zambia, the senior secondary school biology curriculum, Grades 10-12, explicitly directs teachers to foster assertiveness in pupils to refuse premarital sex (MoE, 2013; 2024). However, teachers' discomfort and inadequate training often hinder effective implementation, limiting pupils' access to crucial information. Teachers focus on abstinence while neglecting crucial topics and use conventional methods that may misinform pupils (Zulu *et al.*, 2019; MoE, 2003^[40]). Their discomfort and values limit open discussions (Mukanga *et al.*, 2024). Existing approaches often do not resonate with adolescents' problems (Mbizvo *et al.*, 2023^[36]; MoE, 2003^[40]; Zulu *et al.*, 2019) and often do not meet curriculum expectations (Paul-Binyamin *et al.* 2021)^[48]. Religious community prohibitions, cultural taboos and authoritarian methods further limit effectiveness (Muzata, 2023)^[44]. Other explanations for discomfort in teachers who often stick to what is comfortable, avoiding topics that might stir up hurting emotions in the learners (Garrett *et al.*, 2020)^[26], or in teachers themselves (Cassar *et al.*, 2023)^[6]. This makes it challenging to tackle sensitive subjects like HIV/AIDS or premarital sex in the classroom.. The current approach prioritises memorisation over practical life skills, contributing to alarming rates of school dropouts, unsafe abortions, and HIV infections (MoE, 2024; ZDHS, 2024). In general, consequences include stigmatisation, isolation, teenage motherhood, and depression. The situation of "premarital sex –related ills" among adolescents, especially in-school adolescents, at the global and local levels is alarming.

Globally, adolescent sexual health is a significant public health concern (WHO, 2017), with premarital sex contributing to issues like unintended pregnancy, STIs, and HIV (WHO, 2020; UNFPA, 2020)^[67, 63]. Many adolescents start engaging in premarital sex between 12 and 13 years (UNFPA, 2020^[63]; WHO, 2017). Premarital sex is defined as penetrative vaginal intercourse before marriage (UNFPA, 2020)^[63], and its prevalence is rising, especially in liberal societies (Kupoluyi, 2025)^[29]. Global rates vary: 60% of 17-year-olds in the USA (Wesche *et al.*, 2020)^[66], 20-85% in Europe, 17.5% of teen girls in

Asia-Pacific (Sari, 2022), and 14% of girls and 10% of boys in Africa (UNFPA, 2020) [63]. Sub-Saharan Africa shows high rates, with females initiating sex earlier than males (WHO, 2023) [68]. Early sexual debut leads to health risks like HIV, early marriages, and maternal mortality (Melesse, 2021; WHO, 2023 [68]). In 2023, Sub-Saharan Africa accounted for 70% of maternal deaths (WHO, 2025). A healthy adolescence is critical for achieving Sustainable Development Goals (WHO, 2020) [67].

In Zambia, adolescent premarital sex is a significant issue, with many girls having sex by age 15 (Mukanga *et al.*, 2024). This contributes to a generalised HIV epidemic, with 11% prevalence among those 15+ and women more affected (13.9%) (ZAMPHIA, 2022). Recent data shows 21.1% of females aged 15-19 are pregnant, with half of males having had sex by 15 and low condom use (8%) (2024 ZDHS). HIV prevalence is higher in females (14.7%) than in males (7.5%) aged 15-19. School pregnancies are a major concern, with 120,024 girls dropping out between 2011 and 2019 (Mbizvo *et al.*, 2023) [36]. In 2019, 15,222 girls dropped out (Chanda *et al.*, 2023), rising to 7,924 in 2023 (UNFPA, 2023). Approximately 2,600 adolescent pregnancies occur annually, indicating low contraceptive use (ZAMSTAT, MOH, 2024). Factors contributing to risky sexual behaviour include socioeconomic status (Nakazwe *et al.*, 2022), alcohol consumption (Choudhry, 2014), pornography (Choongo *et al.*, 2025 [16]; Muche, 2017), and transactional sex (Mitiku, 2019). Age-disparate relationships increase HIV risk (Mabaso *et al.*, 2021) [33]. Teachers often skip sensitive topics due to cultural or religious beliefs. Consequences include HIV/AIDS (12.6% prevalence in women, 6.9% in men) (UNFPA, 2024), STIs, mental health issues, and poor academic performance (Chanda *et al.*, 2023; UNFPA Zambia, 2022; Mazaba ML, 2017 [35]). Teenage pregnancy often leads to child marriage (Ayu *et al.*, 2019; Menon *et al.*, 2018) and is a leading cause of death among 14-19-year-olds globally (WHO, 2016).

In Zambia, education is crucial in combating premarital sex among adolescents, but cultural and religious constraints hinder effective implementation (MoE, 2024; UNAIDS, 2023). Teacher-based deficiencies have slowed efforts to redress these tendencies (Mukanga *et al.*, 2024; Muzata, 2023 [44]; Menda *et al.*, 2022 [37]; Mwape & Munsaka, 2020; Zulu *et al.*, 2019). Like elsewhere, Zambian teachers often feel unsure and uncomfortable discussing adolescents' natural expressions of sexuality, leading them to avoid the topic or misinterpret normal behaviours (Byers *et al.*, 2024 [5]; Zulu *et al.*, 2019). Many educators feel unprepared due to their own backgrounds or insufficient training, making it tough to tackle these subjects (Lehn *et al.*, 2023). Other teachers claim to fear teaching beyond the boundaries of their subject. There is also widespread feeling among biology teachers and convincing evidence today that pupils are no longer moved when a teacher addresses the connection between premarital sex and HIV using conventional teaching approaches. Conventional teaching methods are not effective for promoting behaviour change on premarital sex. Teachers struggle to communicate abstinence and refusal assertiveness, often taking a one-size-fits-all approach that leaves pupils disengaged. The message can come across as preachy or irrelevant, failing to address the specific needs and concerns of in-school adolescents. This leads to a disconnect, with pupils perceiving discussions as unrealistic or boring, and tuning out crucial

information. There is a lack of targeted anti-premarital sex messaging for in-school adolescents. According to the Ministry of Education, to make an impact, teachers should tailor participatory approaches by using relatable examples and language that resonate with pupils, creating a safe space for open dialogue and empowering informed choices (MoE, 2024; MoE, 2003 [40]). Practical, context-specific strategies are needed to develop assertiveness skills among in-school adolescents (MoE/CDC, 2024).

The purpose of this study was to assess the acceptance of use of openly self-disclosed persons living with HIV and AIDS (sd-PLWHIV) and the first-hand experiential narratives of engaging in premarital sex and the consequent experiences. Acceptance is considered a person's subjective evaluation of, say, the sd-PLWHIV-led intervention during and after initial participation, reflecting their perception of its value, usefulness, and overall appeal. This evaluation is shaped by individual experiences, attitudes, and contextual factors, influencing their willingness to continue using or engaging with the intervention. In the context of the HIV/AIDS Lived Experiences Storytelling Approach, acceptance would reflect participants' post-intervention perceptions, providing valuable insights into the intervention's effectiveness and potential for sustained effect. The intention of organising sd-PLWHIV-led sessions was to close the gap between the usual theoretical messaging and real-life experience. The sd-PLWHIV-led experiential storytelling content and formats were derived in line with Mezirow's transformative learning theory (Mezirow, 2000) [38]. Disorienting dilemmas and raising emotions characterised the lived experiences (Rojo *et al.*, 2023; Mezirow, 2000) [53, 38]. The acceptability of an intervention is crucial for its successful implementation and long-term sustainability, particularly in improving adolescents' access to anti-premarital sexual assertiveness information. The Theoretical Framework of Acceptability (TFA) was used to collect data and analyse results (Sekhon, 2021). Acceptability refers to stakeholders' perception that an intervention is agreeable, effective, or satisfactory (Proctor, 2011). When an intervention is deemed acceptable, it enhances uptake and effectiveness, and targets are more likely to participate (Sekhon, 2021). Several factors determine the acceptability of an intervention by the recipients. These factors include participants' personal beliefs; perceived benefits of taking action, perception of the truth of a piece of information delivered or perceived credibility of the message (Ugwu, 2018) [59], the credibility of the source of the message (Seiler, 2017), perceived susceptibility of having acquired the disease due to engagement in premarital sex (Ugwu, 2018) [59].

Methodology

Sekhon's Theoretical Framework of Acceptability

The Theoretical Framework of Acceptability (TFA), as proposed by Sekhon, Cartwright, and Francis (2017) [54], provides a conceptual lens for understanding the complexities of acceptability across contexts, particularly in healthcare interventions. This framework posits that acceptability is a multifaceted construct, influenced by cognitive, emotional, and social factors, and shaped by the intervention's characteristics, the target population, and the context in which it is delivered. By applying this framework, researchers can gain a deeper understanding of the factors influencing the acceptability of the HIV/AIDS Lived

Experiences Storytelling Approach, informing strategies to enhance its implementation and scalability. The framework identifies seven key components of acceptability: affective attitude, burden, perceived effectiveness, ethicality, intervention coherence, opportunity costs, and self-efficacy, defined as:

1. *Affective attitude* was defined as how the adolescents felt about the SD-PLWHIV-led intervention.
2. *Perceived burden* was measured as the perceived amount of effort required to take part.
3. **Ethicality**: measured participants' perceptions of how well the intervention aligns with personal values.
4. *Intervention coherence* was measured as the extent to which the participants understood the intervention and how it works.
5. *Opportunity Costs*: were determined by what participants gave up to participate in the sd-PLWHIV-led intervention.
6. *Perceived effectiveness* was determined by the extent to which the intervention was perceived as likely to achieve its purpose of increasing premarital sex refusal assertiveness.
7. *Self-efficacy* was measured as participants' confidence to perform the behaviour(s) required to participate in the intervention.

Research Approach

The study employed a Generic Qualitative Descriptive Study (QDS) to capture participants' experiences, perceptions, and views of the sd-PLWHIV-led intervention on assertiveness in refusing premarital sexual advances. This approach allowed for a comprehensive understanding of the phenomena, focusing on describing "what" participants said and experienced, with minimal inference (Doyle *et al.*, 2020) [24]. The QDS component was embedded within a larger quasi-experimental design, providing qualitative insights to enrich understanding of the intervention's acceptability. The design enabled the researchers to stay 'data-near' and gain a rich understanding of participants' exposure to the intervention (Nguyen *et al.*, 2022) [46]. Themes and categories emerged from the data, providing a rich context for the phenomenon.

Mezirow's Transformative Learning Theory (2000) guided the formulation of the intervention, interview guide, data collection, and discussion (Garvey & Jones, 2021). It also became a theoretical framework for analysing the results. The researcher collected data through flexible methods, including open-ended questionnaires, in-depth interviews, and focus group discussions. The analysis focused on describing patterns and themes in participants' experiences, shedding light on their perceptions and views of the sd-PLWHIV-led intervention. The application of QDS yielded findings that contributed to improving practice and premarital sexual behaviour assertiveness outcomes. The study's results may inform policy development on using lived experiences to address sensitive topics, such as assertiveness in biology, to promote anti-premarital sexual behaviour (Doyle *et al.*, 2020) [24].

Sample Size

The researcher computed the sample size for the study using Cochran's formula, with a 5% confidence interval. i.e.

$$n = Z^2 * P * (1 - P) / e^2$$

Wherein, n = sample size for the study

Z = z-score value at the concerned confidence level of the study, i.e., 95% (z value at 0.95 = 1.96)

p = estimated proportion of population having survey attribute (12% of the population, i.e., 0.12)

e = desired error level permitted in the study (9% level of error, i.e., 0.09)

The researcher assessed the study's hypotheses with thirty-eight (38) participants in the experimental group at school X.

Sampling and Sampling Technique

The eligibility criteria for the in-school adolescents sampled included those who reported high sexual risk-taking behaviours. With the help of teachers who knew the pupils very well, purposeful sampling and its variants, deviant-case sampling and typical-case sampling (TCS) (Hennink & Kaiser, 2022; Merriam & Tisdell, 2015; Patton, 2015) were used to identify and recruit participants who reported engaging in high levels of sexual risk-taking behaviours. Purposeful sampling does not need underlying theories or a set number of participants (Etikan & Alkassim, 2016). The justification for using TCS was that it enabled comparisons with similar samples and provided significant illustrative insights and lessons. The teachers' judgement helped to identify and purposefully select participants who they felt were exhibiting non-assertive sexual behaviour and recommended their participation. Ethical considerations and consent were obtained before recruitment.

Context

The Grade 10-12 Zambia biology syllabus directs teachers to develop assertiveness for premarital sexual refusal. Conventional methods are non-yielding, as in-school adolescent pregnancy keeps rising. In the context of the biology syllabus, low assertiveness for premarital sex refusal is, to some extent, responsible for teenage pregnancy and infections with sexually transmitted infections (STIs), including HIV. Participatory approaches grounded in real-life experiences have been recommended by the Ministry of Education (MoE, 2003 [40]; 2024) as the best approaches to teaching such a sensitive topic.

Procedure

As part of the DREAMS project, a courageous and open sd-PLWHIV was chosen to share her personal story of premarital sex, HIV diagnosis, treatment, and care. Her relatability was key – she had attended the same school, was close in age to the pupils, and, with input from the health facility and VCT counsellor, she had documented her experiences, making her a credible and authentic messenger. Her story was raw, emotional, and vivid, allowing pupils to connect with her struggles and decisions.

The narratives were spread over a period of six weeks, categorised into sessions (i) disclosure of premarital sex engagement and HIV positive, (ii) failure to say no to premarital sex, (iii) Failure to question or answer questions in a sexually threatening situation, (iv) dealing with peer influence and pressure towards premarital sex, and (v) difficulties of facing VCT and VCT results (vi) teenage pregnancy and dropping out of school. After each presentation, participants engaged in role-play behaviour-reversal activities, follow-up reflection, and question-and-

answer sessions. Further, one focus group discussion (FGD) was held to expand and clarify questions regarding the acceptability of the SD-PLWHIV-led intervention.

Measures

Independent Variables: The sd-PLWHIV-led intervention, specifically the lived-experience sharing sessions and activities.

Dependent Variables (DVs): The outcomes being measured, which likely align with the TFA constructs.

Qualitative Data Tools

The Theoretical Framework of Acceptability (TFA) guides assessments of intervention acceptability from two temporal perspectives (during and after participation) and from recipients' perspectives. Questionnaires are often seen as practical and cost-effective for assessing participant outcomes like quality of life, emotional health, and symptoms. During each session, participants completed a self-administered, reflective, open-ended questionnaire aligned with the TFA constructs. Qualitative data collection tools, such as reflective questionnaires, allow for customisation to the specific TFA constructs of a study. The questionnaires included biographical details and seven open-ended questions exploring opinions on each TFA construct. Observations and notes from the sd-PLWHIV-led intervention meetings provided valuable insights into the intervention's operational aspects and context. Furthermore, one focus group discussion (FGD) was held to clarify and gain an in-depth understanding of the approach's acceptability.

Data Analysis

The data analysis followed Braun and Clarke's thematic content analysis guide. Initial coding was deductive, based on the TFA's seven constructs, while inductive coding explored new themes beyond the TFA framework. The researcher and the assistants familiarised themselves with the data by reading transcripts, then manually coded them. They compared notes and engaged in member checking with a few participants regularly to ensure coding consistency, facilitating collaborative analysis. Using a pre-defined framework, data were coded into key themes aligned with the TFA constructs, with additional themes and sub-themes emerging throughout the process. These themes were continually refined to capture nuances across seven TFA domains: affective attitudes, intervention coherence, perceived effectiveness, and self-efficacy. In a qualitative descriptive study (QDS) approach, quotes were captured to illustrate key themes and provide context. In-depth discussions with researchers uncovered subtle participant feelings and perceptions. Findings were then woven into narratives exploring the acceptability of the SD-PLWHIV-led HIV/AIDS lived experiences storytelling approach to develop premarital sex refusal assertiveness.

Ethical Consideration

Participants gave informed consent before engaging in the SD-PLWHIV-led intervention. They were provided with session details and ensured anonymity by being assigned a number (P1, P2, P3...P38) to use on questionnaires instead of their names. Participants were free to withdraw if they felt uncomfortable, and 38 pupils consented to participate. The study's ethical framework was designed to address the

sensitive nature of involving an openly self-disclosed person living with HIV (sd-PLWHIV) and adolescents. The researcher obtained approval from relevant authorities, including the University of Zambia Humanities and Social Sciences Research Ethics Committee (HSSREC) (IORG No. 0005376 and HSSREC IRB No. 00006464), and secured permission from the Central Province Provincial Education Officer (PEO), the district Education Board Secretary's office (DEBS), and the Headteachers of Schools X and Y.

Results

1. Participants Profile

Table 1: Study Participants' Age and Gender. ($N = 197$, $M = 17.93$, $SD = 1.35$)

Age	Gender	Experimental Group X
12-15	Female	0
	Male	1
15- 17	Female	8
	Male	11
18- 20	Female	3
	Male	11
20≤	Female	1
	Male	11
Total		38

A total of 38 in-school adolescents participated in the study. The participants were 26 (68.4%) males and 12 (31.6%) females. The age spectrum was well represented, ranging from 15 to 21 years, corresponding with adolescence.

2. All seven themes of acceptability were identified with varying intensity of reference.

1. Affective attitude

(How comfortable were you participating in the sessions? Did you like the intervention? You may want to say what you liked or disliked. What are your feelings on it?)

The participants in the study mostly had positive feelings (94%) about participating in the sd-PLWHIV-led ATP, with only a few expressing mixed emotions.

1.1 Happy with anonymity and confidentiality

The intervention process likely achieved confidentiality and anonymity, as reflected in participants' comments. These ethical principles are foundational to credible and authentic research, fostering trust and rapport between researchers and participants (Cohen *et al.*, 2017)^[18]. By upholding confidentiality and anonymity, the study created a safe space for adolescents to share their experiences, ultimately enriching the research findings.

As one participant noted, "I, P1-F, participated throughout with all my openness. The people here never bothered to know my name or where I come from, so I felt very safe about whatever I said and did. I was very open." (P1-F). Another comment from the FGD, "We were free, we knew the facilitator did not know us, unlike our teachers. So we wrote and said the truth, and it was helpful to us." (FGD –summary statement)

1.2 Emotions Eliciting

In this context, "emotions eliciting" was part of the design in the HIV/AIDS Lived Experiences Storytelling Approach to

evoke emotions, creating a disorienting dilemma that prompts adolescents to confront and re-examine their existing attitudes, beliefs, or behaviours related to HIV/AIDS and premarital sex. By eliciting emotions, the intervention aimed to create a sense of discomfort or tension, motivating adolescents to engage in transformative learning and adopt more positive behaviours.

"Her story affected me, the infection and her suffering were too much for me to think, but I realised it was for my good. It was for my good because she gave herself to us to learn from, and I appreciated it and resolved to change. I do not need to go through what she described. (P21-M). Another participant wrote, "I felt very bad. I resolved to avoid all that she went through.

1.3 Enjoyed participating in real-life depicting activities

"I enjoyed every moment; the things that were presented to us are real-life issues, it was a learning experience for us, it was worth it, we have benefited" (P13-F). Participant 27 also shared, "For me, every activity became more and more interesting and very educational, the presenter was live throughout the sessions instead of being shy due to her status" (P27-M).

1.4 Happy with new knowledge

"It is good because we have learned many things which teachers hide." (P15-M)

1.5 Happy with a safe space for expressing opinions

"We were able to express ourselves without fear of being judged as our teachers do; this was nice." (P2-M).

1.6 Happy with collaboration

Another participant shared about the benefits of collaborating with others: "I am very happy, the approach to work with others was the best, they are sharing rare knowledge with us" (P3-F).

1.7 Code switching

I enjoyed hearing lessons in the local language mixed with English. It made the points clearer. It was interesting, and I can forget' (P27). Another participant claimed, "It was fun but interesting to hear someone explain very well in Bemba (a Zambian local language), this made me pay attention, and no one has ever told us to change our lifestyle as she did." (P6-F)

1.8 Sad about a prolonged period of six weeks

"We spent much time on this topic compared to our friends in 11C and 11D, but it was interesting, I cannot regret." "The only problem is that it is consuming much time... otherwise I have gained a lot, I have liked it. I have learnt many things which teachers hide". (P15). Another participant referred to the time against the bulky syllabus and wrote, "It took so much time when we looked at the syllabus, but it was the best lesson I ever had in biology." (P31)

2. Perceived Burden

How much effort did it take you to be involved in this study? Any emotional

Participants referenced the emotional toll at the beginning of the intervention, but later they showed that the benefits

outweighed the perceived burden.

2.1 Emotional Burden and Journeys

"At first, the discussions brought out uncomfortable things about HIV and premarital sex that I was afraid to hear but later I enjoyed all the discussions" (P-19-M) A similar sentiment was repeated, "The woman's disclosure first brought fear in me and sadness but I was encouraged by how she approached and the lesson that she shared with us" (P6-F). "The statements that she was infected when she was in school made me feel sad, but I am happy I took the lessons that she meant to show us from her experiences" (P18-F).

2.2 Shifting Perspectives

Participant 3 said, *"Although it was interesting, it was tiring; we had many roleplay activities. But knowing that they were interesting and we were learning something important, I had to keep coming." (P3).*

2.3 From Unease to Engagement

One participant shared, *"Participation in roleplays at times proved demanding, especially when given a difficult role. I remember I was given the role of a prostitute. However, I found a lot of encouragement from the group, and I started to enjoy my role in the activities. I learned a lot, I liked that we shared our thoughts without anyone judging us, like what teachers do" (P10-F).*

2.4 Physically Tiring

Some of the participants spoke of the sessions exhausting but were quick to add that the benefits outweighed the fatigue. For example participant 12 wrote, *'I After rehearsing our role play, I had to participate presenting it and then we had to discuss. This was tiring but the lessons were good.' (P12) Another participant added, 'I enjoyed all the activities but they were tiring.'* (P33).

3. Ethicality

Q3. How fair was the intervention in teaching morals to you? Were the teaching in the intervention at conflict with the morals in our society?

The participants' feedback highlighted that the program's content resonated with their societal and religious values, emphasising self-control and anti-premarital sexual behaviour. A significant number (16/38) of participants appreciated the lessons' focus on these values, which are highly sought by communities.

3.1 Value Congruence

As Participant 26 noted, *"By participating in these lessons, I learned exactly what is taught about self-control, so I was helped,"* Participant 11 emphasised the alignment with religious teachings, stating, *"The things they said were what should be taught even at church; it can help young people like us,"* Another participant confirmed, *"These lessons taught us how to behave appropriately in real-life situations. I did not see anything contrary to that" (P18-F), As.*

3.2 Resonance with Existing Values

The results showed that the participants felt that the intervention aligned with their existing values. It highlights the ethical aspect of the intervention, ensuring it is acceptable and congruent with societal norms. Participant 10 noted, *"We have been taught to say 'NO' to premarital sex,*

and that is how HIV will be ended amongst us youths. Actually, what we are learning is exactly what our parents try to teach us at home. It is good that they do not hide anything," A participant noted, "It felt like some parts of the lessons were not planned, but later I saw how each lesson helped us to become better people in society" (P22-M).

4. Intervention Coherence

Q4. How are the teachings helping you? What do you think are the purpose of the lessons?

Most participants felt they understood the rationale behind the SD-PLWHIV-led ATP, in which narrations of lived experiences of premarital sexual behaviour and HIV infection took centre stage to create assertiveness for anti-premarital sexual behaviour.

4.1 Understanding the Purpose

"I discovered that these lessons are meant to help us pupils be more open and change our behaviour for the better to avoid getting HIV,"

4.2 Related message to building Assertiveness

"As we continued with the lessons, it became clear that they were aimed at teaching us to speak up and have the confidence to say no to unwanted advances" (P29-F). Participant 33 added, "Through the activities, I now understand the importance of speaking up when faced with threatening situations. I used to be pressured into things I did not choose to do because I did not speak up and refused to be taken advantage of" (P33-M), emphasising the transformative impact of clarity of purpose on their confidence and decision-making.

4.3 Boosting Confidence and Openness

"I participated actively in most roleplays on saying no to premarital sexual advances that we made in our group, and the experience has made me more open to issues than before; it was good" (P10-F). "I was shy discussing sensitive topics like the ones we had; I needed to be able to express myself openly, and the activities I participated in did the work. Now I am much better" (P26-F), implying that the program helped them overcome personal barriers and build confidence in expressing themselves.

5. Opportunity Costs

Q5. What was disturbed as result of your attending these sessions? What priorities did you give up in order to come for this session?

Most participants identified trade-offs associated with participating in the sd-PLWHIV-led ATP, recognising that time spent in the program could have been devoted to other activities, such as academic work or other commitments.

5.1 Tradeoff of academic and house chores

As one participant noted, "I was supposed to go to math tuition this weekend, but I cannot miss these lessons, they are beneficial" (P13-F), suggesting that the program's value outweighed the need for extra tuition. Participant 16, who "I missed two rehearsal meetings for my cousin's wedding to attend school for the intervention lessons. I can confirm that the lessons were much more beneficial," I would have used the time to attend tuition, but I found the lessons given by that group constructive" (P1).

6. Self-efficacy

How confident did you feel that you could start and finish the lesson? How confident were you in the sessions?

Empowered by newfound knowledge and skills, participants stood taller, their confidence developing. They felt equipped to navigate complex premarital sex refusal situations, armed with the 'how-to' of saying no and the courage to assert themselves.

6.1 Intervention enhanced confidence to refuse premarital sex advances

Participants felt confident in their ability to undergo SD-PLWHIV-led ATP to learn and live by assertiveness for premarital sexual advance refusal. This confidence was linked to the lived experiences of the SD-PLWHIV and to the behaviour reversal activities conducted during the intervention period.

As one participant noted, "I now know how to say no to premarital sexual proposals – I feel stronger to resist demands" (P6-F), implying that the program helped them build confidence in setting boundaries.

As P5 shared, "After all these roleplay activities and input from my friends during feedback sessions, I feel I have the ability to say no to premarital sex. I have understood what to do," implying that the program's interactive approach and peer feedback were instrumental in building their self-efficacy.

6.2 Intervention-enhanced decision-making

Empowered with knowledge and insights, participants felt more confident in making informed choices, reflecting enhanced decision-making skills. "From what we have learned and her shared lived experiences, we feel that we are now able to look at all things clearly and make correct decisions. We feel the best is to abstain from or desist premarital sex. We have seen what it brings" (FGD-common statement). This newfound conviction is not just a lesson learned; it is a shield the participants grasped, empowering them to forge a safer, brighter future.

7. Perceived Effectiveness

Has your participation in these lessons done anything to you? What is it? Explain.

Pupils referenced that the intervention made a difference in their lives. It impacted knowledge about assertiveness for anti-premarital sexual behaviour.

7.1 Facilitated premarital sex refusal assertiveness

The intervention bridged knowledge gaps, empowering participants with newfound awareness and agency. They felt equipped to speak up and protect themselves, embracing the message and signalling a shift towards positive change. As one participant noted, "I did not know anything as deep as I do now about saying no to sex; this was new to me." Participant 22 stated they will use the knowledge gained to "speak up on their rights and protect themselves from HIV," implying a newfound sense of agency and self-advocacy. The participant's comment about gaining new knowledge implies that the intervention filled a gap and was valuable. The tone suggests appreciation for the intervention's impact, indicating a positive reception and acceptance of the content.

7.2 Facilitated advocacy against premarital sex

The intervention empowered participants, transforming scepticism into confidence. Participants felt courageous, shed their shyness, and became active advocates, helping friends and embracing a newfound sense of agency. This shift suggests the intervention resonated deeply, fostering a sense of ownership and responsibility to promote positive change among peers.

"Before I attended these lessons, I thought that teaching against premarital sex to us pupils was only for the teacher and maybe those older people, but now I feel courageous, I do not feel shy anymore and am actively involved in helping my friends," (P6-F) The participant's willingness to help friends implies a sense of ownership and investment in the message, indicating acceptance and potential behavioral change.

7.3 Attitude shift

This newfound empathy translated into a willingness to consider VCT, with the participant adding, "I feel I can now consider a VCT, something I have never thought I could do" (P10-F), demonstrating a significant reduction in stigma and increased self-awareness. As a group, we feel that VCT, stigma against HIV patients, and discrimination have been fully understood, and it is no longer an issue for us (FGD-common statement). Participants were united in understanding, the group shed preconceptions, embracing compassion and acceptance. Stigma and discrimination lost ground, replaced by empathy and solidarity, reflecting the intervention's profound impact, fostering a more inclusive and supportive environment where HIV is met with understanding, not judgment.

7.4 Social Connectedness

The intervention facilitated social connectedness, empowering participants to engage in meaningful conversations and find support, signalling acceptance and potential long-term impact. Participant 28-F noting, "We talk more openly with friends about how to avoid premarital sex, including the problem it brings on, especially us pupils. I have found moral support from these interactions." (P28; FGD)

Q8. How acceptable were these lessons to you?

(Likert scale; 1-completely unacceptable, 2- unacceptable, 3 No opinion, 4-Acceptable, 5-completely Acceptable).

Finding

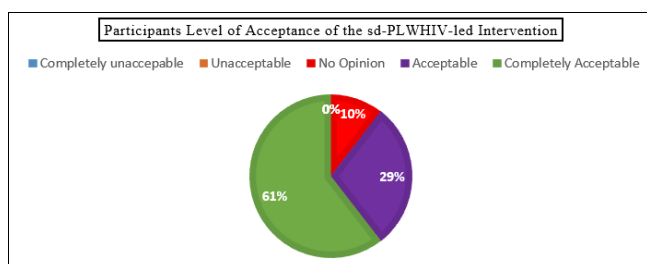


Fig 1: Participants' self-report level of acceptance of the sd-PLWHIV-led intervention

In summary, on findings, the intervention's messages resonated deeply, inspiring participants in the intervention to spark meaningful conversations with friends about avoiding

premarital sex and its consequences. As they shared concerns and challenges, participants found moral support, feeling part of a community that understood their struggles. This sense of belonging and connection fueled intra-group openness, reflecting their genuine embrace of the intervention's goals and values. Their story showcases a powerful acceptance, one that transcends mere knowledge gain and instead fosters a ripple effect of positive change. The comments reveal a profound impact of the HIV/AIDS Lived Experiences Storytelling Approach on in-school adolescents in Kabwe, Zambia. Participants expressed a newfound sense of empowerment, confidence, and clarity, indicating a strong acceptability of the intervention. The storytelling approach effectively bridged knowledge gaps, challenged preconceptions, and fostered a sense of ownership and responsibility among the adolescents. The intervention's focus on lived experiences resonated deeply with the participants, making the risks and consequences of premarital sex more relatable and tangible. As one participant noted, "We have seen what it brings," indicating a visceral understanding of the potential outcomes. This empathetic connection likely contributed to the approach's acceptability, as adolescents were more invested in the message.

The comments also highlight the intervention's success in fostering self-efficacy and social connectedness. Participants felt equipped to navigate complex situations, assert themselves, and support their peers. The sense of community and moral support that emerged from the intervention likely reinforced the message, creating a ripple effect of positive change.

The reduction in stigma and discrimination towards people living with HIV was another significant outcome, suggesting the intervention effectively addressed deep-seated misconceptions. As the group stated, stigma and discrimination are "no longer an issue," reflecting a profound shift in attitudes. This change indicates that the approach not only promoted anti-premarital sexual assertiveness but also contributed to a more inclusive and supportive environment.

The adolescents' willingness to apply the lessons and share their newfound knowledge with others underscores the intervention's acceptability. They felt empowered to make informed decisions, with one participant stating, "We feel the best is to abstain or desist premarital sex." This conviction suggests the storytelling approach had a lasting impact, equipping them with the skills and confidence to navigate their relationships and futures. Overall, the comments demonstrate that the HIV/AIDS Lived Experiences Storytelling Approach was highly acceptable to in-school adolescents in Kabwe, Zambia. By leveraging relatable narratives and fostering a supportive community, the intervention effectively promoted anti-premarital sexual assertiveness, reduced stigma, and empowered adolescents to make informed decisions about their lives.

Discussion

This is the first study, in the Zambian context, to explore the acceptability of use of the sd-PLWHIV's lived HIV/AIDS experiences to develop assertiveness for refusal of premarital sex in a school setting. Among a sample of 38 pupils of perceived low assertiveness for refusal of premarital sex, the majority (34/38,89.5%) self-reported high acceptance of the approach. Participants who described

it as "appropriate for their age" and "fair" in guiding them to adjust their current lifestyles regarding premarital sex (Sekhon *et al.*, 2017) ^[54]. A small number (4/38, 10.5%) reported having "no opinion" but added that the intervention was time-consuming in view of the bulky biology syllabus, suggesting that future use of this approach may consider reasonable time allocation in dealing with assertiveness for premarital sex refusal as a mechanism for HIV prevention among in-school adolescents.

This acceptability was evident through various data collection methods, including self-reports, interviews, written comments, and focus group discussions, all of which affirmed that the intervention adequately met the participants' information needs. The finding that participants felt distressed, emotional touch due to disclosure of engagement in premarital sex and consequent infection with HIV, struggles with VCT, and loss of school is consistent with Mezirow's first perspective, the transformative phase (Rojo, 2023; Mezirow, 2000 ^[38]; 2018 ^[39]). Triggering emotional response prepared participants to respond to the message in line with Mezirow's (2000) ^[38] tenets of transformation. The intervention's acceptability can be attributed to several factors consistent with the literature and prior research. Involvement in premarital sex, as a pupil, and vulnerability to HIV infection are sensitive issues that require significant levels of anonymity and confidentiality (Filkins *et al.*, 2016; Cohen *et al.*, 2017 ^[18]). Consistent with the literature, participants' satisfaction with the protection of anonymity and confidentiality played a crucial role in fostering trust and openness among in-school adolescents, making them more receptive to the HIV/AIDS Lived Experiences Storytelling Approach. By ensuring confidentiality, participants felt secure sharing their thoughts, feelings, and experiences, enabling honest engagement with the intervention. This emphasis on confidentiality likely contributed significantly to the approach's acceptability, as adolescents felt respected and protected. The action aligns with prior studies that found that when anonymity and confidentiality are prioritised, research is likely to achieve successful outcomes (Cohen *et al.*, 2017; Petrova *et al.*, 2016) ^[18, 50].

Additionally, in line with the literature, high levels of trust and rapport between the researcher and the participants, as evidenced by numerous participant comments, signified successful research outcomes (Cohen *et al.*, 2017) ^[18] and high acceptance (Sekhon *et al.*, 2017) ^[54]. The positive effects of a stigma-free and supportive environment on the acceptance of the approach are consistent with findings from previous studies (Parker *et al.*, 2013) ^[49]. The positive effects of liveliness and vividness in the presentation, as demonstrated in the SD-PLWHIV's narration of lived experiences, are consistent with the literature (Seiler, 2017). The coincidence of the school where the SD-PLWHIV met her infection, and participants' current lifestyle of premarital sex indulgence drew participants to perceive themselves as vulnerable and insiders to the situation, enhancing the effectiveness of the narrative in line with literature (Martin, 2016) ^[34]. The mention that the support provided by the SD-PLWHIV and peers created a safe and inclusive environment aligns with elements that promote acceptability (Belzer *et al.*, 2015; Katz *et al.*, 2013) ^[1, 30]. Additionally, the intervention addressed a sensitive topic of interest to the learners, and the SD-PLWHIV's lived experiences and credibility played a significant role in its acceptability

(Happell *et al.*, 2022 ^[27]; Parker *et al.*, 2019). The study's credibility is enhanced by its use of non-fictional, well-documented, authentic lived experiences of SD-PLWHIV, which is consistent with generating positive acceptance and aligns with the literature (Parker *et al.*, 2019). Additionally, the availability of documentation of lived experiences from a health facility enhanced the credibility of the messenger and message, supporting literature (Ugwu, 2018 ^[59]; Seiler, 2017) that the credibility of the messaging enhances acceptance. Further, for the SD-PLWHIV-led intervention, participants took appropriate action because they perceived the message as truthful (Seiler, 2017). The findings support the idea that interventions in which participants have a need are likely to have higher social validity (Silva *et al.*, 2005) and acceptance. Further, the findings on ethicality that the content and processes were culturally and religiously appropriate, and that the content met adolescent information needs, added to increased acceptance of the sd-PLWHIV – led intervention, *support previous studies* (Busza *et al.*, 2014 ^[3]; Bull, 2010; Lehn *et al.*, 2025 ^[32]). The emotionally charged disclosures by the sd-PLWHIV sparked a shift in perspective, contributing to the intervention's effectiveness and aligning with literature (Rojo *et al.*, 2023; Mezirow, 2000) ^[53, 38].

The improved acceptance of the sd-PLWHIV-led intervention can also be attributed to the buy-in and involvement of school administrators, teachers, and community members. Many elderly community members actively participated in and supported the program by sharing their experiences. Buy-in is an essential element of the success of any intervention (Chirwa-Kambole *et al.*, 2020). The intervention's high acceptance is a strong predictor of message uptake and, consequently, of its effectiveness (Parker *et al.*, 2020). Moreover, the intervention's ability to meet participants' information needs and provide valuable skills was a crucial factor in its success (Sekhon *et al.*, 2017) ^[54]. Participants not only enjoyed the sessions but were also positively impacted, reporting increased motivation for abstinence and reduced premarital sexual behaviour, supporting previous findings (Cordova, 2018) ^[19].

The intervention's design, which included role-plays and group feedback sessions, affirmed the Ministry of Education, Zambia's recommendation to use participatory approaches to increase engagement and uptake of information when dealing with sensitive topics (MoE, 2003 ^[40]; MoE, 2024). The mention of enjoying code-switching to the local language also contributed to its success, and it is in line with the literature (Simasiku *et al.*, 2015) ^[57]. Additionally, participants appreciated the support from peers and the sd-PLWHIV, which helped create a safe and inclusive atmosphere (Katz *et al.*, 2013) ^[30]. In essence, the combination of community involvement, effective design, and a supportive environment resulted in a resounding success. As a result, participants gained valuable skills and knowledge, leading to positive behavioural changes.

The success of the sd-PLWHIV intervention hinges on prioritising adolescents' needs and concerns. By doing so, it can create a supportive environment that resonates with adolescents in school. This means providing comprehensive knowledge and training on assertiveness for refusal of premarital sex, HIV/AIDS and ensuring confidentiality to mitigate stigma, and respecting adolescents' autonomy - acknowledging the gender dynamics at play. Offering

logistical and emotional support throughout the intervention is also crucial. Ultimately, empowering adolescents with knowledge can promote self-efficacy and control over their sexual health, making the intervention more effective in preventing premarital sex and hence HIV among in-school adolescents.

Strengths and Limitations

This study introduces a novel approach to HIV prevention education by leveraging a self-disclosed person living with HIV (sd-PLWHIV) to share personal experiences, fostering emotional connections with adolescents. It uniquely targets assertiveness for premarital sexual refusal within the biology syllabus, addressing a critical gap in existing education. Through participatory techniques such as role-playing and focus group discussions, the study fosters an interactive learning environment. The Theoretical Framework of Acceptability guides the analysis, providing a structured evaluation of participants' experiences. This innovative methodology offers a nuanced understanding of adolescents' perceptions, making the sd-PLWHIV intervention a promising approach to HIV prevention.

The HIV/AIDS Lived Experiences Storytelling Approach demonstrated other strengths, underscoring its potential as an effective intervention. The collaboration among sd-PLWHIV, lived-experience experts, and schools proved instrumental in reaching in-school adolescents and creating a supportive environment for learning and sharing. This synergy not only equipped adolescents with assertiveness skills to resist premarital sex but also generated strong intentions to abstain or desist from sexual advances. By facilitating knowledge sharing and learning, the intervention empowered adolescents to make informed decisions about their sexual health. Moreover, the mutualistic relations and networking established between sd-PLWHIV and schools may ensure the approach's longevity and programme ownership, ultimately contributing to a reduction in in-school adolescent pregnancy, school dropout, and the spread of HIV among adolescents.

However, the study had limitations. The data may be subject to social-desirability bias, as respondents may have felt obliged to report positively on the sd-PLWHIV-led intervention. To mitigate this, the researcher and research assistants were well-trained to triangulate data from multiple sources, ensuring a more accurate representation of the intervention's effects. Another notable weakness of the study is its reliance on acceptability, a concept inherently subjective and context-dependent. Acceptability is not a fixed property of the intervention, but rather is shaped by individual perceptions, personal experiences, and social contexts. This means that the acceptability of the HIV/AIDS Lived Experiences Storytelling Approach may vary significantly across different populations, settings, and cultural contexts, potentially limiting the generalizability of the findings. Furthermore, the dynamic nature of acceptability implies that the intervention's effectiveness may evolve as social norms, cultural values, and individual experiences change. Despite this limitation, the study provides valuable insights into the acceptability and potential effectiveness of the HIV/AIDS Lived Experiences Storytelling Approach. Given the increasing incidence of in-school adolescents' indulgence in premarital sex, in schools in Kabwe, Zambia, exposing them to HIV and other infectious diseases, the SD-PLWHIV-led intervention

represents a promising strategy for creating assertiveness for refusal of premarital sex, opting for abstinence and desistance.

Conclusion

This article attempted to explore the acceptance of the HIV/AIDS Lived Experiences Storytelling Approach in dealing with pupils' assertiveness for anti-premarital sexual behaviour. The approach resonated deeply with in-school adolescents in Kabwe, Zambia, and was widely accepted. Participants gained awareness of several consequences of premarital sex, gained assertiveness skills of premarital sex refusal, VCT and made strong intentions to make necessary positive assertiveness changes to their lives. Participants embraced the intervention's messages, exhibiting increased self-efficacy, social connectedness, and a reduced stigma towards people living with HIV. As they navigated complex situations and relationships, their newfound confidence and clarity underscored the approach's effectiveness. By leveraging the power of storytelling, this innovative intervention has the potential to inspire lasting change, empowering adolescents to make informed decisions about their sexual health and futures.

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