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Parents as Stakeholders: Attitudes and Perceptions Towards Comprehensive Sexuality Education in Zimbabwe's Junior Grades

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Abstract: This study investigates the attitudes and perceptions of parents towards the implementation of Comprehensive Sexuality Education (CSE) in junior grades (Grades 3–7) in Zimbabwe's Mashonaland East Province, within the context of persistent issues such as early pregnancies, child marriages, and sexual abuse. The aim is to understand the complex interplay of factors that influence parental support for or resistance to CSE in the school curriculum. Grounded in the interpretive paradigm, the study draws on Urie Bronfenbrenner's socio-ecological theory and Albert Bandura's social learning theory to explore how individual, social, and systemic influences shape parental perspectives. A qualitative exploratory case study design was employed, utilising semi-structured interviews and focus group discussions with parents from diverse socio-demographic backgrounds. The findings reveal a generally positive disposition towards CSE among parents; however, several barriers, such as ambiguous policy frameworks, entrenched cultural beliefs, limited resources, and inadequate teacher training, continue to hinder effective implementation. The study concludes that collective stakeholder engagement, including meaningful parental involvement, is essential for designing culturally relevant and context-sensitive CSE frameworks. It recommends increased investment in in-service teacher training and the provision of appropriate teaching and learning materials, emphasising that community support and ownership are critical to fostering an environment conducive to the successful delivery of CSE in junior grades.

Keywords: Comprehensive sexuality education, stakeholders, attitudes, perceptions, junior grades learners.

1. Introduction

Comprehensive Sexuality Education (CSE) has attained global recognition as a crucial component of youth health and development, equipping learners with the knowledge and values necessary to make informed decisions concerning their sexual and reproductive well-being. The instruction of CSE is increasingly perceived as a human rights imperative, essential for HIV prevention, the promotion of gender equality, and the development of life skills (Fairfield & Charman, 2022). According to Vanwesenbeeck (2018), CSE provides young individuals with accurate, age-appropriate information and fosters decision-making, negotiation, and critical thinking skills. For younger learners, it plays a pivotal role in preventing sexual harassment, supporting the development of healthy relationships (Chirwa-Kambole, 2020), and enabling them to understand their own bodies (Mukau, 2025).

While numerous countries in the Global North benefit from established frameworks and sustained support for CSE (Brown et al., 2018; Guttmacher Institute, 2020), implementation across sub-Saharan Africa remains inconsistent due to a variety of cultural, political, and institutional factors (UNESCO & SIDA, 2016). In Zimbabwe, CSE was formally integrated into the national curriculum in 2015, incorporated into subjects such as Guidance and Counselling and Life Skills Orientation (Mukau,

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2025; Mukau & Nichols, 2024). However, implementation is still evolving and is particularly constrained in rural areas.

Rural schools frequently lack trained educators, adequate resources, and institutional support, and they encounter heightened community resistance rooted in traditional norms that render discussions of sexuality a taboo topic, particularly for children and adolescents (Mahoso, 2020; Mukau, 2023). In many rural communities, discussions surrounding sexuality are culturally restricted, typically occurring within families shortly before marriage (Mukau & Kufakunesu, 2025). These norms are in conflict with the increasing need for earlier and more structured education in response to adolescent pregnancies, child marriages, and sexual abuse. In contrast to urban settings, which may be more receptive to CSE due to greater exposure and resources, rural communities often remain hesitant or resistant.

This study focuses on the rural Chikomba District, where such cultural and systemic barriers shape parental attitudes and complicate the implementation of CSE. By centring on this rural context, the research aims to illuminate the unique challenges and opportunities associated with delivering CSE in underserved communities.

1.1 Problem statement

Despite notable progress in the implementation of CSE in Zimbabwe's primary schools, significant challenges persist in rural areas, where cultural, religious, and infrastructural barriers are more pronounced. In these contexts, parents' attitudes and perceptions towards the CSE curriculum remain underexplored; yet, they are crucial to its acceptance and effectiveness. Rural communities often adhere more strongly to traditional norms and religious beliefs, which stigmatise open discussions about sexuality, thereby intensifying parental resistance to CSE. This resistance is compounded by limited access to information, lower levels of parental education, and weak communication channels between rural schools and families. Consequently, both parental and student engagement with CSE in rural areas remains minimal, undermining the programme's ability to address critical issues such as child marriages, sexual abuse, and early pregnancies. Given the unique socio-cultural and structural dynamics of rural Zimbabwe, it is imperative to investigate parental attitudes and perceptions toward CSE specifically within these contexts to develop culturally sensitive and contextually appropriate educational strategies that can enhance the effectiveness of the curriculum. Based on this, the study answered the following question: *What are the factors that shape parents' attitudes and perceptions towards the implementation of CSE in rural junior grades in Zimbabwe?*

1.2 Theoretical framework

This study draws on Bronfenbrenner's Socio-Ecological Model (SEM) and Bandura's Social Learning Theory (SLT) to understand the factors influencing parental attitudes and perceptions toward CSE in rural Zimbabwe. Bronfenbrenner's SEM provides a systemic framework for analysing how multiple layers of environmental influence shape human behaviour (Bronfenbrenner, 1977). These layers include the microsystem (e.g., family, school), mesosystem (interactions between immediate environments), exosystem (indirect structures like local governance and media), macrosystem (cultural and religious norms), and chronosystem (socio-historical change over time) (Bronfenbrenner, 1994). In rural Zimbabwe, SEM helps to illuminate how structural limitations, deeply rooted cultural beliefs, and weak home-school collaboration contribute to resistance to CSE.

In contrast, Bandura's SLT focuses on how individuals acquire attitudes and behaviours through observation, imitation, and reinforcement (Bandura, 1997, 2001). Parents often mirror the attitudes of influential figures in their community, such as religious leaders or peers, and their beliefs about the outcomes of CSE—whether beneficial or harmful—affect their level of acceptance. SLT is particularly applicable in rural contexts where social norms are tightly upheld and transmitted

through everyday interactions. Both theories are employed because they address different but complementary aspects of the issue: SEM explains the external, contextual factors influencing parental attitudes, while SLT elucidates the internal, social learning processes through which these attitudes are formed and sustained. Their combined use enables a more holistic understanding of the cultural, social, and psychological dynamics shaping resistance or support for CSE in rural communities.

Together, these theories offer a complementary perspective: SEM highlights the contextual and systemic influences shaping parental attitudes, while SLT explains how these attitudes are learned and reinforced through social interaction. This combined framework provides a comprehensive basis for examining the resistance to and acceptance of CSE in rural Zimbabwe and for developing culturally responsive educational strategies.

1.3 Related literature

The implementation of CSE in Zimbabwe faces significant cultural and religious challenges. Cultural taboos and religious opposition often create barriers to open discussions about sexual topics, leading to discomfort among both educators and students (Mukau & Nichols, 2024; Ngara, 2019; De Haas & Hutter, 2019). In Zimbabwe, societal norms discourage conversations about sexuality, which hinders the effective delivery of CSE and prevents students from receiving essential information about sexual health. Furthermore, practices such as early marriage and prevalent misconceptions about sexuality exacerbate these challenges, making it even more difficult for CSE programmes to gain acceptance (Mukau, 2023). Overcoming these cultural and religious barriers is essential for the successful implementation of CSE in Zimbabwe.

Language barriers also represent a significant obstacle in communicating CSE content effectively. In Zimbabwe, there is often a disconnect between the terminology used in CSE materials and the local vernacular, which can render certain concepts difficult to understand or inappropriate to discuss in cultural contexts (Beyers, 2017; Mukau, 2025). This linguistic challenge prevents educators from fully conveying critical information about sexual health and relationships. Consequently, both students and parents may not fully comprehend the importance of CSE, limiting its potential to address key issues such as sexual abuse, early pregnancies, and HIV prevention.

Parental attitudes towards CSE are strongly influenced by educational background. Research has shown that parents with higher levels of education are more likely to support CSE programmes, recognising their importance for their children's sexual health education (Mkumbo, 2018). Conversely, parents with less education often oppose CSE, either due to limited understanding or adherence to traditional beliefs (Mukau, 2023). This highlights the need for targeted educational interventions that address the varying levels of parental knowledge, ensuring that all parents are equipped with the information needed to make informed decisions about CSE for their children.

Social norms and peer group opinions play a significant role in shaping parental views on CSE. In communities where discussing sexual health is stigmatized or culturally frowned upon, parents may be reluctant to support CSE programmes. Studies have shown that social support networks within communities significantly influence parental attitudes towards CSE, emphasising the importance of community engagement in the promotion of sexual health education (Swedish International Development Cooperation Agency [SIDA], 2016; Brown et al., 2018). Encouraging open dialogue within communities and involving influential figures, such as religious leaders or local authorities, can help shift societal attitudes and increase parental support for CSE.

Economic status and socio-demographic factors further contribute to parental attitudes towards CSE. Parents from lower economic backgrounds or conservative religious groups may oppose CSE due to perceived moral conflicts or concerns about the programme's alignment with their values (Vanwesenbeeck et al., 2018). In Kenya, for example, socio-economic factors were found to

significantly influence parental perceptions of CSE, underscoring the importance of considering economic disparities when designing educational interventions (Ouma et al., 2017). To promote CSE, it is necessary to address these socio-economic challenges, ensuring that all parents, regardless of background, have the resources and support needed to understand and advocate for CSE programmes.

Psychological comfort with discussing sexual matters is another critical factor influencing parental support for CSE. Parents who feel knowledgeable and confident in discussing sexual health are more likely to advocate for comprehensive education for their children. Studies have shown that parental self-efficacy, or the belief in one's ability to engage in such discussions, positively correlates with attitudes towards CSE (Smith et al., 2016; Bandura, 2001). Therefore, empowering parents with the knowledge and confidence to discuss sexual health is vital in fostering positive attitudes towards CSE and ensuring that the programme's objectives are effectively met.

In conclusion, the successful implementation of CSE in Zimbabwe hinges on overcoming cultural, linguistic, and socio-economic barriers. By addressing the diverse attitudes and perceptions of parents and emphasising education, community engagement, and open discussions about sexual health, CSE can be better aligned with local values. These efforts are essential to ensure that young people receive the support and knowledge they need to make informed decisions about their sexual and reproductive health, ultimately leading to healthier outcomes for future generations.

2. Research Methods

This study adopted an interpretive paradigm to explore parents' perceptions of CSE in primary schools, with a focus on how their views are shaped by socio-cultural contexts. Rooted in the belief that knowledge is socially constructed (Braun & Clarke, 2022), this approach facilitated a deeper understanding of subjective experiences and contextual influences. The paradigm informed the decision to utilise qualitative methods, thereby supporting an in-depth examination of the complex factors affecting the implementation of CSE and offering insights into both the challenges and opportunities within this educational landscape.

This study employed a qualitative research approach to investigate the attitudes and perceptions of parents regarding CSE in primary schools within the Chikomba District, Mashonaland East Province, Zimbabwe. This approach was selected for its appropriateness in capturing the intricate views and lived experiences of rural parents, allowing for a rich, contextual understanding of their perspectives on the implementation of CSE (Yin, 2017). In addition, this study utilised an exploratory case study design to examine parental attitudes toward CSE in rural primary schools in the Chikomba District, Zimbabwe. The exploratory approach was chosen to gain in-depth insights into a relatively under-researched issue (Yin, 2017). The case was defined as the collective views of parents in this rural district. Data were collected through semi-structured interviews and focus group discussions. This design enabled the identification of emergent themes within a specific, real-world context, without aiming for generalisable conclusions (Creswell, 2014).

2.2 Sample and sampling method

This study employed a purposive sampling strategy to select 15 parents from three primary schools in Chikomba District, a rural administrative area within Mashonaland East Province, Zimbabwe. Consistent with case study methodology (Yin, 2018), participants were chosen for their potential to provide rich, relevant, and diverse insights into the research problem. The selected schools met three criteria: rural location, prior involvement in school-based health or guidance programmes, and administrative openness to facilitating access. Within these schools, parents were purposively selected based on the following criteria: (1) they had children enrolled in Grades 3 to 7; (2) they represented a mix of socio-economic and educational backgrounds; (3) they had varying levels of exposure to or knowledge of CSE; and (4) they were willing to participate in interviews or focus

groups. This approach allowed for an in-depth exploration of a range of parental attitudes and perceptions, while the focus on a single district maintained the depth and feasibility required in a qualitative case study.

2.3 Data collection and data analysis

Data were collected through three focus group discussions (FGDs) and 15 semi-structured interviews with parents from three purposively selected rural primary schools in Chikomba District. Each FGD included 4 to 5 parents of children in Grades 3 to 7, selected to reflect diversity in gender, education, and exposure to CSE. FGDs were used to explore collective views and social norms, allowing parents to reflect, compare, and build on each other's responses in a group setting (Morgan, 2018). This method was particularly useful for identifying commonly shared beliefs and community-level influences on attitudes toward CSE. In contrast, individual interviews were employed to capture personal, in-depth perspectives that participants might not feel comfortable expressing in a group, particularly on sensitive or controversial topics such as religion, sexuality, or gender roles (Bernard, 2017). Interviews provided a more private setting where participants could speak freely about their experiences and internal conflicts without fear of judgment. By combining these two methods, the study leveraged their strengths: FGDs uncovered shared cultural and social dynamics, while interviews provided deeper insight into individual reasoning and private beliefs. This methodological complementarity enriched the data and enhanced the credibility of findings through triangulation (Bowen, 2009).

Thematic analysis was conducted using Braun and Clarke's (2006) six-phase framework. The researcher first familiarised themselves with the data through transcription and initial readings. Next, codes were generated by identifying significant data segments. These codes were then grouped into potential themes, which were reviewed and refined to ensure consistency and relevance. The final themes were defined and named to capture the key aspects of parental attitudes and perceptions towards CSE. A comprehensive narrative was developed to present these themes, ensuring a clear and coherent analysis of the data.

2.4 Ethical considerations

Adherence to ethical principles is paramount throughout the research process, ensuring the dignity, rights, and safety of participants (Polit & Beck, 2020). We maintained transparency regarding the objectives and purpose of the study, fully informing participants before data collection commenced. Measures were taken to protect participants' anonymity and confidentiality, with data anonymised during analysis. Participants were provided with consent forms outlining their voluntary involvement and the right to withdraw at any stage without penalty (DeCuir-Gunby et al., 2011). Ethical clearance was obtained from the General/Human Research Ethics Committee (GHREC) of the University of the Free State, under clearance number UFS-HSD 2023/0408/3. In addition, formal gatekeeper permissions were secured from the Zimbabwean Ministry of Primary and Secondary Education, as well as from relevant district education offices and individual school heads, to ensure compliance with local research regulations and access protocols.

3. Findings and Discussion

This section presents the findings, organised into key themes that emerged from the data analysis, addressing the research questions posed in this study. The following table is participants demography.

Table 1: *General profile of respondents by sex and age*

Age range	Male	Female
20-30 Years	1	3
30-40 Years	4	4

40+ Years	1	2

The table shows the general profile of respondents categorized by sex and age. It indicates that most participants fall within the 30–40 years age range, with an equal number of males (4) and females (4). Fewer respondents are in the 20–30 years group (1 male and 3 females) and the 40+ years group (1 male and 2 females). This suggests that the study sample is largely composed of middle-aged adults, with a relatively balanced gender representation overall.

3.1 Research results

Many parents expressed positive attitudes towards CSE, recognising its potential benefits in preventing child marriages, sexual abuse, and early pregnancies. The results have been organised into key themes: the influence of educational background; social and peer influences; previous experiences and personal histories; economic and socio-demographic factors; psychological comfort and knowledge; and systemic barriers.

3.1.1 Influence of educational background

Parental attitudes were significantly influenced by their educational background. Parents with higher education levels tended to be more supportive of CSE and more understanding of its importance for their children's sexual health. This observation aligns with findings from existing literature, such as Mkumbo (2018), who highlighted the positive correlation between higher education and supportive attitudes towards CSE. Conversely, less educated parents often opposed CSE, citing traditional beliefs and a lack of understanding. The sentiments expressed in Focus Group A further emphasise this divide. Many participants indicated that they did not receive CSE during their schooling and, as a result, had difficulty perceiving its relevance. This is in agreement with the sentiments from some parents who narrated:

> P3: *I never learned about these things in school, and I turned out fine. Why do our children need this now? There is no real need for them to learn it ...*
>
> P15: *…we were only taught abstinence when we were at school; I think that is enough even for our kids ...*

These statements reflect a broader sentiment among some parents who view CSE as unnecessary or redundant. Interestingly, P10, although having not received formal CSE during their education, acknowledged the evolving landscape of sexual exposure among youth and said:

> *…I never had any meaningful education in sexuality but I strongly feel that it is now necessary. Our kids are now getting exposed to sex and sexuality earlier than we did. They share these materials through various social media platforms like WhatsApp and Facebook…*

The change in perspective reveals that, regardless of the absence of formal education in sexuality, P10 acknowledged the growing need for CSE due to the rapid dissemination of sexual content through various digital platforms. Despite being sources of information, these platforms often do so without filters, which may lead to the spread of misinformation or harmful content. As noted by UNESCO (2020), this underscores the necessity of structured, accurate, and age-appropriate sexual education to counterbalance the risks of unregulated online exposure.

The divergent views expressed by parents such as P3 and P15, who dismiss CSE as unnecessary, accentuate the effects of educational background on perceptions towards the programme. For these parents, their scepticism about the significance of CSE has been shaped by the absence of the programme in their own education and the belief in abstinence-based education. Nonetheless, P10's acceptance of CSE, despite not receiving it themselves, reflects an adaptive response to the changing circumstances faced by today's youth. The awareness that young people are increasingly exposed to

sexual content, often in an uncensored and possibly harmful way, presents a compelling argument for the implementation of comprehensive, school-based sexual education.

This analysis supports Mkumbo's (2018) findings that higher parental education levels are associated with more favourable attitudes towards CSE. Similarly, Mensah et al. (2020) observed in Ghana that parents with greater educational attainment were more likely to support CSE, suggesting that parental education significantly influences openness to the programme. Chirwa-Kambole (2020) argues that increasing parental awareness of CSE's benefits can help reduce opposition and foster broader acceptance. These patterns align with Bronfenbrenner's socio-ecological theory, which emphasises the role of overlapping systems such as family, school, and community (Bronfenbrenner, 1995) in shaping individual attitudes. Parents with higher education may engage more critically with information across these systems, influencing their perceptions of CSE. Bandura's social learning theory also provides a useful lens, as educated parents are more likely to model informed attitudes and behaviours, which can influence both their children and peer networks. As Ketting and Ivanova (2018) note, parental support is essential for successful school-based CSE implementation, particularly in culturally sensitive contexts. Targeted outreach and educational interventions for parents, especially those with limited formal education, are therefore vital to enhancing programme acceptance and sustainability.

3.1.2 Social and Peer Influences

Social norms and peer group opinions played a crucial role in shaping parental attitudes. In communities where discussing sexual health is stigmatized, parents were less supportive of CSE. Some of the parents shared the following:

> Parent 1: *People in my community still hold the belief that discussions about sex is shameful. When our school first introduced the CSE program, we received it with uncertainty. I said to myself, 'Our children should get this type of education at home, not at school.' The school and some close friends had to convince me before I started to change my mind. We had to meet, discuss it openly, and I finally realised how important it could be. I am in full support now but is was not easy.*
>
> Parent 4: *"Initially, I was concerned. Some members of my community kept saying it wasn't proper for young children to have sexuality education at school. I only began to understand its value after attending a community meeting where a local health worker spoke about the importance of sexual education that I began to understand its value.*
>
> Parent 7: *Many of us were doubtful at first, but after talking to other parents and hearing from experts, I felt much more comfortable with it. Now, I see it as necessary for our children's well-being.*
>
> Parent 9: *Many of us were against the CSE program when it was first introduced. The idea made us feel uncomfortable because in our community, we hardly discuss sex openly. Nevertheless, we gradually changed our views and got to understand its benefits after discussions in local gatherings.*

The above narratives illuminate the insightful influence of social and peer networks in shaping the attitudes of parents towards CSE in rural settings. In such areas, where discussing sexual health remains taboo, social norms around sexuality can create significant barriers to CSE acceptance. Parents often feel pressured to conform to the dominant community views, especially when those views are strongly held by peers and neighbours. Nonetheless, these narratives also stress how community engagement, peer support, and access to accurate information can promote change in attitudes over time.

These findings demonstrate that initial parental resistance to CSE in rural communities largely stems from cultural taboos and the belief that discussions about sex and sexuality should remain private

within the family setting. In these conservative environments, social norms exert a strong influence, and fear of community judgment often deters open engagement with sexuality education. However, the data show that parents' views are not fixed; shifts occurred through peer conversations, school-based engagement, and community meetings facilitated by health professionals. These interactions provided new perspectives, corrected misconceptions, and, for many, offered validation that CSE has educational and developmental value. This transformation aligns with Bronfenbrenner's socio-ecological theory, which explains how individual attitudes are shaped by multiple, interacting systems such as family, peer groups, schools, and broader community structures. The role of peers, educators, and healthcare professionals illustrates the significance of the mesosystem in influencing parental beliefs.

Similarly, Bandura's social learning theory highlights the importance of observation, interaction, and modelling in shaping behaviour. As parents witnessed others in their community supporting CSE or engaged in conversations with knowledgeable individuals, their attitudes began to shift, demonstrating the power of social reinforcement and experiential learning. These findings also resonate with Brown et al. (2018) and SIDA (2016), who emphasise the importance of community engagement and trusted social networks in transforming attitudes towards CSE. In rural areas, where social cohesion is strong and conformity is valued, exposure to supportive peers and credible sources can be a powerful catalyst for change. Therefore, fostering open, community-based dialogues and facilitating access to expert information are essential strategies for promoting CSE acceptance in rural contexts. Creating safe, inclusive spaces where parents can voice concerns, ask questions, and interact with the programme in a culturally sensitive manner is key to fostering long-term support.

3.2.3 Previous experiences and personal histories

Parents' historical experiences with CSE significantly influence their perspectives and attitudes toward its implementation in educational settings. The narratives shared by participants in the study reveal that those who had positive or comprehensive experiences with sexuality education are generally supportive of CSE programmes for their children. In contrast, those who lacked such experiences or had negative encounters with sexuality education often exhibit resistance or scepticism toward its relevance. For instance:

P13 as a result of their pleasant experience remarked:

> *I know how beneficial it was for me, so I support it for my children too.*

On the other hand, P12 due the negative outcomes emanating from not having done CSE, had the following to say:

> *…I wish I have had this opportunity to do CSE. I'm one of the victims of not having done CSE at school. I got pregnant while still at school and had to drop out without writing my ordinary level examinations…*

Conversely, P7, had religious and educational background influencing their perspective and attitude outlining the following:

> *I am not aware about what this CSE thing is about. I never learned it while at school and so I do not see any need for it. Moreover, our religion does not permit open discussion regarding sexuality issues...*

Focus Group A members shared further observations about girls dropping out of school due to unintended pregnancies, reinforcing the idea that the absence of sexual health education has serious social and educational consequences. These narratives illuminate how previous experiences and personal histories strongly influence and shape the attitudes and perceptions of parents toward CSE in rural settings. While members of Focus Group A, P12 and P13 support the programme, P7 is against the idea. These narratives demonstrate that parents are influenced by their personal experiences, religious and educational backgrounds, and what they have observed.

The revelations by P12 and Focus Group A clearly illustrate that young children are at risk due to a lack of comprehensive knowledge about sex and sexuality. These findings echo those of Tabong et al. (2018), whose study in Ghana revealed that learners exposed to CSE tended to delay sexual initiation, and Ram et al. (2020), who reported that CSE in Fiji contributed to a reduction in teen pregnancies, early marriages, and STIs among youth. Additionally, these results support Chavula et al.'s (2022) findings in South Africa, which showed that parental attitudes toward CSE are often shaped by personal and familial experiences.

From a theoretical perspective, Bronfenbrenner's socio-ecological theory helps explain how a child's development and exposure to information are influenced by interrelated systems—such as the family, school, and community (Bronfenbrenner, 1998). For instance, P12's account reflects how the absence of accurate sexuality education within the microsystem (family) and mesosystem (school–family interaction) can leave children vulnerable to misinformation and harmful experiences. Furthermore, Bandura's social learning theory highlights how attitudes can shift through observation, interaction, and modelling. Parents like P7, who initially express religious or cultural concerns, may adapt their views after observing positive outcomes in their community or through engagement with trusted figures.

Therefore, increasing parental support for CSE requires tailored interventions that recognise and respond to parents' diverse backgrounds, beliefs, and lived realities. Parents like P12 may benefit from targeted information illustrating how CSE can prevent the very challenges they regret, while those like P7 may need culturally sensitive dialogue that aligns the values of CSE with their beliefs. As Moyo et al. (2019) suggest, success stories from parents who have seen the benefits of CSE can help reshape community narratives. Leveraging schools, community-based organisations, and social media campaigns as part of the exosystem can further ensure that accurate, supportive messaging reaches both parents and children, contributing to more informed and accepting attitudes toward CSE.

3.1.4 Economic and socio-demographic factors

Economic status and socio-demographic characteristics, such as age and religious beliefs, greatly influence parental attitudes towards CSE. Parents from lower economic backgrounds or conservative religious groups often express opposition to CSE, frequently citing moral conflicts and concerns over the affordability and accessibility of resources.

A parent P7 explained:

> *Our religion doesn't support talking about sex openly. It's a sin…*

P11 had the following to say:

> *I work two jobs just to make ends meet since I am a single mother. Time is never on my side to engage in discussion about sex. I believe schools should take care of that, but I also don't think my child should learn too much. I somehow feel that it is just too much too soon.*

P14 went on to reveal that:

> *…I can't afford to buy my children phones and I struggle to get internet connectivity so there are no ways my children can access the dirty information from internet. I do not see any need for my children to learn CSE…*

In addition, participants from Focus Group C, primarily from the Apostolic sect, expressed strong opposition to CSE. They believed that sexuality-related education should be handled by religious leaders and not taught in schools. This perspective aligns with religious teachings that may view open discussions about sex as incompatible with spiritual practices. Focus Group C's viewpoint highlights the importance of religion in shaping educational priorities, particularly regarding topics perceived as sensitive or controversial.

In contrast, participants from Focus Group B did not feel that their religious practices directly influenced their attitudes toward CSE. Instead, they recognised the consequences of ignorance about sexuality, citing multiple examples from surrounding communities where individuals, particularly young people, faced negative outcomes due to a lack of sexual knowledge. Consequently, they viewed CSE as essential for children's well-being, emphasising how social and communal experiences can influence attitudes toward education, regardless of religious stance.

This variation in perspectives demonstrates that economic and socio-demographic factors, including religion, age, work-related pressure, and economic status, play a pivotal role in shaping parental views on CSE. Parents' access to resources, such as technology or information, can either facilitate or hinder their engagement with CSE. Furthermore, religious beliefs often create significant barriers to the acceptance of sexuality education in certain communities, where there is a deep-seated belief that such matters should be handled privately or within religious spheres.

These findings are consistent with Vanwesenbeeck et al.'s (2018) research, which shows that economic disparities and religious beliefs significantly shape parental attitudes toward CSE. Similarly, Ouma et al. (2017) highlight how socio-economic conditions influence parental acceptance of educational interventions in Kenya, noting that families with fewer resources or rigid belief systems may be more resistant to programmes like CSE. From a theoretical standpoint, these factors can be interpreted through Bronfenbrenner's socio-ecological theory, which emphasises how development and behaviour are influenced by multiple interrelated systems. Economic status and religious institutions form part of the exosystem and macrosystem, exerting influence even if the child or parent is not directly engaged with formal structures. For instance, a parent may be influenced by the teachings of a religious leader (macrosystem) or by financial instability (exosystem), both of which affect their openness to CSE.

Moreover, Bandura's social learning theory helps explain how beliefs and behaviours are shaped through observation and interaction; when parents engage in participatory dialogues or observe peers benefiting from CSE, their own attitudes may begin to shift. As Mukau and Nichols (2024) suggest, such platforms for dialogue can help demystify CSE and promote contextual understanding. Tailoring CSE content to local cultural and linguistic norms, as seen in Tabong et al. (2018) and Chirwa-Kambole (2020), is essential for making the programme more acceptable and less confrontational. Zulu (2019) further demonstrates how active parental involvement has improved programme fidelity in Zambia, with more sustainable outcomes when parents felt included and respected. This reinforces the importance of designing CSE strategies that engage parents not only as stakeholders but also as co-educators, situated within a wider ecological system that shapes both resistance and receptivity.

3.1.5 Psychological Comfort and Knowledge

Parents' psychological comfort with discussing sexual matters influenced their support for CSE. Those who felt confident and knowledgeable about sexual health were more likely to advocate for comprehensive education.

P9 stated: *If we don't educate our children, they will learn from the wrong sources…*

P1 says: *…our children are at great risk these days; they get to know about sexuality earlier than we can imagine…*

P10 had the following to say:

> *…but I strongly feel that it is now necessary. Our kids are now getting exposed to sex and sexuality matters earlier than we did. They share these material through various social media platforms like WhatsApp and Facebook…*

From the above narratives, it is evident that parents are aware of the risks their children are exposed to. Learning about sex and sexuality from the internet and peers cannot be trusted, as the content is not censored to match the age and needs of the children. This underscores the need for Comprehensive Sexuality Education (CSE) and places children at risk, as outlined by P1. These narratives align with literature indicating that, in the last few decades, particularly in North-Western countries, sexuality education was introduced as a response to a more liberal climate and the changing online world, including sexual pleasure and online sexual behaviours such as sexting, grooming, and pornography (Ketting & Ivanova, 2018).

Findings from Focus Groups A and B indicate that while parents were generally supportive of CSE, many expressed uncertainties about how to navigate the language used in discussing sexuality-related topics. Certain terms were considered vulgar or inappropriate when translated into local vernaculars, making open communication difficult. This challenge highlights how the macrosystem, within Bronfenbrenner's Ecological Systems Theory, influences parental behaviour, specifically how cultural norms and societal taboos surrounding sexuality shape what is deemed acceptable to discuss within families. Similarly, studies in Rwanda (HDI, 2019) and Malawi (Banda, 2017) reflect this systemic influence, where religious and cultural beliefs further contribute to parental discomfort, reinforcing the notion that schools are more appropriate venues for sexuality education.

Despite these constraints, many parents demonstrated positive attitudes towards CSE and were open to discussing less sensitive topics such as gender, relationships, reproductive health, and abuse. This openness reflects a level of perceived self-efficacy, which is central to Social Cognitive Theory. According to Bandura, individuals are more likely to engage in behaviours when they believe they are capable of doing so successfully. In this context, parental confidence plays a key role in their willingness to communicate with their children about aspects of CSE. As Smith et al. (2016) observed in Canada, parents with higher self-efficacy were more likely to support and engage with CSE.

To strengthen this engagement, it is crucial to empower parents through training, resources, and community support. This not only enhances their knowledge but also increases their psychological readiness and perceived competence, reinforcing both personal agency (Bandura) and responsiveness to environmental systems (Bronfenbrenner). Supporting parents at both the individual and systemic levels can create more enabling environments for CSE discussions at home.

3.1.6 Systemic barriers

The study identified systemic barriers to effective CSE implementation, including ambiguous policies, entrenched cultural beliefs, resource limitations, insufficient training for educators, and poor communication between schools and parents. These barriers significantly influence parents' attitudes and perceptions towards CSE.

One parent P6 remarked:

> *As a school development committee member, I remember we once discussed about CSE in one of our meetings and teachers complained that there were not enough resources and guiding policies. Without clear guidelines and sufficient resources, it's hard for us as parents to trust that CSE will be taught effectively.*

Another parent P4 added:

> *Teachers need more training to handle these sensitive topics appropriately...*

On the other hand, P11 submits the following:

> *I feel like I don't know enough about what CSE is really about, and the school hasn't provided enough information or opportunities to learn about it...*

The narratives reveal that parents are aware of the activities taking place in schools regarding CSE, but this awareness often negatively impacts their perception of the programme. A significant barrier

to parental support is the lack of adequate CSE resources, which affects not only schools in rural Zimbabwe but also in other countries such as Ghana, Peru, and Kenya (Keogh, 2019). The absence of proper resources and training materials has hindered the effective delivery of CSE and, as Keogh (2019) emphasised, there is a critical need for funding to develop such materials. Additionally, poor communication between schools and parents further exacerbates the problem, leaving many parents uninformed about what CSE entails (Mukau, 2023). This lack of communication and engagement from schools prevents parents from gaining the understanding needed to fully support the programme.

From the perspective of Bronfenbrenner's Ecological Systems Theory, these findings reflect the influence of the exosystem and macrosystem on parents' attitudes towards CSE. The exosystem includes the broader systems in which parents and schools are embedded, such as the availability of resources, policies, and funding, all of which affect the quality of education and communication. The macrosystem encompasses the larger cultural and policy-related forces that shape societal understanding of sexuality and the importance of CSE. When schools fail to engage parents effectively, they perpetuate a disconnect between the microsystem (the immediate environment of the family and school) and these larger systems, creating barriers to support and implementation.

Furthermore, Bandura's Social Cognitive Theory highlights the role of self-efficacy and observational learning in shaping parents' attitudes. When parents observe a lack of resources, poor communication, and minimal engagement from the school, their confidence in the CSE programme's effectiveness is likely to decrease. Bandura's theory emphasises that parents' beliefs in their ability to support their children's education—particularly in sexuality education—are influenced by the environmental factors around them, such as the availability of resources and the quality of communication from educators. If schools do not actively involve parents in the process and fail to provide adequate information, parental self-efficacy in discussing CSE diminishes, affecting their attitudes towards the programme.

Addressing these barriers requires the development of clear policies, adequate resources, and effective training for educators, which would directly impact the microsystem (family-school interaction) and the broader exosystem. By fostering collaborative stakeholder engagement between parents, educators, community leaders, and policymakers, a more supportive environment for CSE can be created. When parents perceive the educational system as equipped and committed to delivering high-quality CSE, they are more likely to trust and support the programme, positively impacting both self-efficacy (Bandura) and the overarching systemic conditions (Bronfenbrenner) that shape parental engagement.

4. Conclusion, Recommendations and Limitations

This study examined the factors influencing parental attitudes towards the implementation of CSE in junior grades in Zimbabwe, addressing a crucial gap in understanding that hinders the programme's success. While CSE is recognised for its potential to combat child marriage, sexual abuse, and early pregnancies, its implementation faces resistance rooted in deeply held cultural and religious beliefs. The findings highlight six key factors shaping parental perceptions: educational background; social and peer influences; previous experiences and personal histories; economic and socio-demographic conditions; psychological comfort and knowledge regarding sexual health; and systemic barriers, such as poor communication between schools and families. These interconnected influences stress the need for a culturally sensitive, multi-level approach to enhance CSE acceptance. Nonetheless, the study is limited by its focus on rural populations, a small and less diverse sample, reliance on self-reported data, and the absence of longitudinal follow-up, which may affect the generalisability and depth of conclusions. To strengthen CSE implementation, it is recommended that programmes engage community and religious leaders, organise parent-focused workshops, create peer support networks, provide financial assistance to vulnerable families, and continuously

adapt based on feedback. Ultimately, fostering collaborative, culturally aligned engagement among stakeholders is essential to unlocking the full potential of CSE in empowering Zimbabwe's children.

5. Declarations

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