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Level of self-esteem, social network and experience of school education among girls

- a questionnaire survey in Kitwe, Zambia

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Abstract

Health should be seen as a resource in daily life so people can feel satisfaction and social support network has been shown to have a significant impact on health. Another important determinant on health is education. There is a strong interrelationship between health and education. The centre of work in health education and promotion is the development of self-esteem. The aim of the study was to investigate the level of self-esteem, social network and experience of school education among girl's 13-16 years, in Kitwe Zambia, in order to increase knowledge about how to learn to strengthen self-esteem and empowerment in girls. This investigation is a cross-sectional survey and we have chosen to use a quantitative method such as questionnaires. Our study received the approval of the University of Kristianstad Ethics Committee. The result shows that the girls think that the school is important for their future and that they enjoy going to school. But 34% of the girls felt that the school did not treat everybody the same and 50% of the girls were not involved at all in any student club. The results in our study showed that there were no statistical connections between level of self-esteem, social network and experience of school education. Our conclusion is that it did not matter what level of self-esteem the girls had, they had a good social network and a positive attitude towards school. A high level of self-esteem increases the young girls believes in themselves and that they can feel capable of taking a bigger part in the society. We hope that this study will underline the importance of women's education, empowerment and self-esteem for their development. We believe that this may not change the world, but it is one good step in the development of a country.

Keywords: Health, girls, self-esteem, education, social network, empowerment, Zambia

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Sammanfattning

Hälsa bör ses som en resurs i det dagliga livet så att människor kan känna tillfredställelse och socialt nätverk har visat vara en viktig faktor för hälsan. En annan viktig bestämningsfaktor för hälsa är utbildning. Det finns ett starkt samband mellan hälsa och utbildning. Fokus i hälsoutbildning och hälsofrämjande arbete är utvecklingen av självkänsla. Syftet med studien var att undersöka nivå av självkänsla, socialtnätverk och upplevelse av skolundervisning bland flickor 13-16 år, i Kitwe Zambia, för att öka kunskaperna om hur man lär sig att stärka flickors självkänsla och empowerment. Detta är en tvärsnittsstudie och vi har valt att använda enkäter som är en kvantitativ metod. Vår studie har blivit godkänd av den Etiska Kommittén på Kristianstad Högskola. Resultatet visar att flickorna tycker att skolan är viktig för deras framtid och att de tycker om att gå i skolan. Men 34% av flickorna kände att skolan inte behandlade alla lika och 50% av flickorna var inte engagerade i någon student organisation. Resultatet i vår studie visar att det inte finns något statistiskt samband mellan nivå av självkänsla, socialt nätverk och upplevelse av skolundervisning. Vår slutsats är att det spelar ingen roll vilken nivå av självkänsla flickorna hade, de hade bra socialt nätverk och en positiv attityd till skolan. En hög nivå av självkänsla öka unga flickors tro på sig själv och att de känner sig kapabla att ta en större plats i samhället. Vi hoppas att denna studie kommer att visa på vikten av kvinnors utbildning, empowerment och självkänsla för deras utveckling. Vi tror inte att detta kommer förändra världen, men det är ett steg för ett lands utveckling.

Nyckelord: Hälsa, flickor, självkänsla, utbildning, socialt nätverk, empowerment, Zambia

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Karin Strömberg
Gita Westerlund

1 Introduction

As part of our education in public health and education we did our fieldwork in Kitwe, Zambia during spring 2004. We participated in a project called Copperbelt Health Education Project (CHEP). CHEP is a non-governmental organisation working with health promotion based on HIV/AIDS prevention. CHEP´s aim is to make it possible for children and youth to raise their self-confidence and make healthy choices in life. They want children and youth to develop and maintain behaviour that reduces the risks of their being infected with Sexually Transmitted Diseases (STD), Human Immunodeficiency Virus (HIV), Acquired Immuno Deficiency Syndrome (AIDS), malaria and Tuberculosis (TB). CHEP also want children not to be vulnerable to sexual and reproductive problems (www.chep.org). Through CHEP´s work we noticed and became interested in women's health and how their social surroundings can affect their health.

1.1 Zambia

The Republic of Zambia is a country in sub-Saharan Africa, which became independent in 1964. Their total number of inhabitants is 10, 6 million and the Gross National Product (GNP)/inhabitant are US$ 332. Christianity is the main religion; 50-70 % are Christian or follow traditional African religions and there is also a minority of Hindus and Muslims. There are 73 ethnic groups in Zambia, the official language is English but there are also a number of African languages. The reading ability is 79% among the adult population and 78% of the population have adequate sanitation (Johannesson, 2003).

Poverty in Zambia is deep and widespread; Zambia is today one of the poorest countries in the world. More than 70% of the inhabitant's are statistically poor and live on less than US$ 1 a day. The Zambians lack adequate access to health care, education, nutrition, clean water, clothes and a place to live (Johannesson, 2003). In Zambia 74,8% of the women over the age of 15 are capable of reading and writing in English (www.cia.gov). Zambia is a country with good economic conditions due to the copper production and the agriculture, but, despite this, the poverty is a big problem. Some of the reasons for that are weak political and economic control, corruption and a weak democracy. The HIV/AIDS epidemic has made the situation worse. One fifth of the population live with HIV/AIDS, and the epidemic is influencing the whole society. Zambia also has one of the largest debts in the world, and almost half of the budget comes from the international aid. The economic crisis is partly due to world market prices. Zambia's most important export business, copper, has developed unfavourably during the last three decades, but the crisis also depends on the government's abuse of recourses and corruption (Johannesson, 2003).

1.2 Women in developing countries

A report from The International Labour Organisation (ILO) indicates that half the world's population is women. They own 0, 01 % of the world's property, receive 10% of the world's income and account for 66% of the world's working hours (Lankinen, Bergström, Mäkelä & Peltomaa, 1994). The adverse effects of ignoring women's needs are many: uncontrolled population growth, high infant and child mortality, a weakened economy, ineffective agriculture, a divided society and a poorer life for all. Within Zambian society, women are

underrepresented in all professional fields and in government and leadership. Traditional society outlined clear and distinct categorisations of behaviour appropriated to a woman as opposed to a man and of male authority reinforced by colonialism, which emphasized marriage and domestic science education for girls, and restricted women to rural areas while men worked in the country's copper mines (Darlene, 1999). For young girls and women it means unequal opportunities, a higher level of risk and a life determined by fate and other peoples decisions rather than by their own decisions. Investing in women will not put an end to poverty but it will make a contribution (Momsen, 1991). The subject in the Beijing Declaration by the United Nations (UN) in 2004 was about the great importance of empowering women in developing countries and the women's full participation on the basis of equality, development and peace (Datta & Kornberg, 2002).

Women's health problems and access to support are affected by poverty. This is a big problem in developing countries. Zambia has a large number of women who live in poverty; and, since women are one of the unfairly treated groups in Zambian society, it is a very important issue to focus and shed light on (WHO, 2001). Empowerment and self-esteem is also linked to health; and women's empowerment is connected to development. Empowerment and development change can only be brought about by the people and not for them. They must continue throughout life, as a lifelong learning process (Oxxal & Baden, 1997).

The aim of this dissertation is therefore to shed light on factors that can affect women's self-esteem. This is a worldwide problem which is connected to opportunities for human rights development and development in general.

2 Literature review

2.1 Millennium goals

In September 2000 the world's leaders at the United Nations Millennium Summit agreed to a set of time-bound and measurable goals and targets for combating poverty, disease, hunger, illiteracy, environmental degradation and discrimination against women – so - called Millennium Development Goals. The United Nations emphasise that the countries should define their own development goals as this is believed to be better for progress. These millennium development goals are to:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

(Lindstrand, Bergström, Stenson, Tylleskär & Rosling, 2003).

2.2 Children's rights

The aim of the UN child convention dating from September 1990 is to guarantee children's safety and welfare. Children's rights are a matter of respect and of strengthening the child as an individual human being with rights of his own and of guaranteeing children protection and care.

The fundamental principles are;

- All children have the same rights.
- The children's best interest shall always be considered in all decisions when it concerns them.
- Children have the right to development through the society.
- Children have the right to express their opinion and be respected.
- It is no permitted to take advantage of a child economically or in work or constrain their education.
- Equality between boys and girls is a part of their development, especially in the poor countries.
- It is the parent's responsibility to guide their children (Sida, 1997).

2.3 Health

The most common definition of health comes from the World Health Organisation (WHO): a state of complete physical, mental and social wellbeing, not only the absence of disease. In everyday use, health has two common meanings, one concerning absence; the other, presence – the absence of disease or illness, and the presence of a state of wellbeing Naidoo & Wills, 2000). Health should be seen as a resource in daily life so people can feel satisfaction; they should be able, as well to distinguish between the common meanings and, if necessary, to change their life situation (Ottawa Charter, 1986).

2.3.1 Holistic

In 1940, when the WHO was defining health, they focused on wellbeing as an important factor of health. They defined health as physical, psychological and social wellbeing and not only absence of disease, they wanted health to be seen as an overall picture. This is also called holism (Rydberg, 1996).

According to a holistic theory, the entirety is something more than the sum of some parts. The parts have to be understandable in relation to the entirety and not vice versa; the focus is on the individual as entirety and the individual's capacity to act in a social context. A holistic way of characterising health is to stress the individual's capacity to act or inability to act. Health is a conception that is both descriptive and of value - the healthy individual's capacity to fulfil its goals. What matters is the individual's capacity to perform an action that is of importance in achieving gold's. Health is dependent on the individual's capacity to act, which is dependent on three factors: the individual in question, the individual's goal and the circumstances under which the individual acts (Nordenfelt, 1995).

2.3.2 Salutogenetic perspective

A salutogenic perspective on health concentrates on factors that contribute to health, not those that lead to sickness. Chaos and stress are always present and what is interesting is not what causes illness but how the individual, despite different strains, can enjoy health. Health and ill-health do not exclude each other, the individual is always somewhere in-between. Health is dependent on how the individual can control his surroundings. The salutogenes are built on the concept of "the individual's general resistance resources". These factors - physical, psychosocial and material – help enable the individual to see his surroundings as structured and understandable and possible to handle (Antonovsky, 1987).

2.4 Health determinants

For good health status in human populations there are certain requirements. The health determinants are:

- *Socio-economic factors*, such as economic resources, education and security, and an individual support network of family, friends and neighbours.
- *Food supply*, which is required both as a source of energy and the means to grow – for all members of the family, every day of the year.
- *Safe water*, which in sufficient amounts is a fundamental health determinant for human populations, not only for the life processes within the body but also for hygiene.
- *Sanitation and latrines*, which protects against disease transmission, eliminates bad smell, stop insects from breeding and provide the privacy needed for the comfort of the user.
- *The environmental determinants,* such as housing, occupation, air and energy, climate and natural disasters.
- *Human behaviour,* in the context of, for example, tobacco, alcohol, sex and traffic, strongly and directly influence health status.
- *Access to health services* (Lindstrand, et al, 2003).

2.4.1 Social network and supportive environment

A social support network has been shown to have a significant impact on health. People with few friends or family are more likely to die early, less likely to survive a heart attack or stroke and more likely to develop a cold when exposed to a cold virus. Being well supported by others enables individuals to create a network of resources and encouragement. It is also more likely that those who are more isolated suffer higher stress, which can affect the immune system (Naidoo & Wills, 2000).

Social support is important for people of all ages. A good social network influences people's ability to learn new skills and behaviour patterns which promote a positive lifestyle and change unhealthy habits (Hurdle, 2001). The Ottawa Charter (1986) emphasise the importance of a supportive environment in the community from a health point of view. Supportive environments are more or less synonymous with favourable conditions - for a positive health development. There are four dimensions of supportive environment: the social, political, financial and the need to welcome women's skills and knowledge. The supportive environments are casual, affecting many dimensions; and they depend on mutual interaction between each other. In order to create supportive environments there has to be co-ordination on local, regional, national and global level to achieve solutions that are sustainable (Haglund, Pettersson, Finner & Tillgren, 1993).

Haglund et al. (1993) emphasizes health connections – including the location of people's homes, local communications, their homes themselves, where the people live their life's and play. The concept of supportive environment aims is based on the physical and social aspects of our surroundings. Haglund and Svanström (1995) illustrate supportive environment using the image of a bird's nest. The nest protects the and keeps it warm, but the fledgling is dependent on the parents support and care, so that it can grow up and develop into a healthy, independent adult.

2.4.2 Social Health

According to Rydberg (1996) social health means that the individual have good relations with our fellow beings and that we live in a satisfactory environment. Human seeks relationships in harmony with surrounding fellow humans. An individual can both seek help and give support to others. Our feelings play an important part in this context. Some feelings are positive, some negative. It is wonderful to feel loved and to feel you are popular, but some feelings can also have to do with envy and humiliation. That is why it is important that we dare to talk to each other about things that scare us and things that make us happy. Part of social health is daring to expose what we have within us and talk about it with others.

In a social relation there are certain needs that have to be satisfied, if people are to feel well – the need:

- *To be seen.* We have to see each other, i.e. accept who we really are. To stand up and say; I am! I exist and I want you to see me as the person I am, regardless of my performance at the moment.
- *To be acknowledged.* For us to feel good it is important that someone significant, for example, a parent, a teacher, a friend etc. observe what we do and say that they have noticed that.
- *To behave correctly and have boundaries.* We have the right to be information about what is good and what is bad in our way of acting. There need to be other important individuals in our surroundings who tell us what we can and cannot do. The worst thing that can happen is that we are ignored (ibid.).

2.5 Education, health and women

There is a strong interrelationship between health and education. Education is one of the most important determinants of health (Lindstrand, et al. 2003) and poor health undermines learning potential (Sida, 2002). Primary schooling for all children appears to be the most effective pro-health intervention of all; it will reduce the occurrence of many diseases (Lindstrand, et al. 2003). Education influences health outcomes in more than one way. Increased access to information, changing attitudes and increased confidence are the most important determinants (Sida, 2002). Education results in better status and more power. This combined with parents increased knowledge helps girls to make more rational decisions (Lindstrand, et al. 2003). Investing in education for girls is the most effective way to reduce poverty. The World Bank research has shown that even women with a few years of basic education are economically more productive, have smaller and healthier families and are more likely to send their own children to school. Despite this, almost two thirds of illiterate people are women. Education for girls is also about rights; girls have as much right to education as

boys. Getting an education also affords women opportunities to speak out for their rights (National Institute of Adult Continuing Education, 2000).

Education is a supportive and promotive factor for girls. Education offers women independence, self-esteem, a better future and it also gives them opportunities to make choices. Therefore the lack of education can be viewed as an obstructive factor, as it prevents girl's from improving their situation. Since education is seen as an important and promotive factor for young women's health, dignity and potential as human beings, an incomplete education gives the young women an indication that there is nothing they can do to improve their situation (UNFPA, 1994b).

According to Weare (1995) many philosophers of education say that the central goal of education is to enable people to be autonomous. To be educated is essentially to be free, in control of one's life, able to think rationally and logically and make decisions without fear. Education is not just about freedom it also has a social purpose. Education for autonomy means shaping a society where it is possible for people to be free. Since the beginning of the 1980s the emphasis in education has been to empower people to take charge of their own lives and get along with other people. Tones and Tilford (1994) consider education to be the key to empowering people by raising their consciousness of health issues. People are then more able to make choices and to bring pressure to bear in forming healthy public policies.

2.6 Empowerment

According to Janlert (2000), empowerment can be seen as strategies which focus on how to enable individuals to develop their own capability, so they can handle their life situation and take control over their lives, based on their own needs. The aim of empowerment is to increase individual's capability and motivation to take responsibility for their lives and their health. The individual is seen as capable of making choices and taking responsibility for the choices he makes. Naidoo and Wills (2000) say that for people to be empowered, they need to: recognize and understand their powerlessness, feel strongly enough about their situation to want to change it and feel capable of changing the situation by having information, support and life skills. According to Momsen (1991) it is of great importance to empower women and satisfy their needs for a change to occur. Empowerment of women may also lead to more equality and freedom of choice for both men and women. Women hold the key to reducing poverty, and education is the key to women's empowerment.

According to Reaburn and Rootman (2001), empowerment has to do with control (the sense that I can influence the course of events rather than have events control me), with self-esteem (I am valued for what I am and what I can do, and I believe in myself) and with participation. Empowerment is a development process, often taking a long period of time, maybe years, to grow to significant levels. They stress that empowerment also has to do with an inner experience of personal strength, effectiveness and power. Other people can see a person who is empowered, even though it is an inner experience. The empowered people are likely to be helpful and skilled. There are many degrees of empowerment, from disempowered (the absence of these things) to full empowerment. Individuals have different levels of competence, self-esteem, confidence and self-efficacy, and feel in control of what is going on in their lives. No one can be fully empowered; there is always room for development.

2.7 Self-esteem

Self-esteem is considered to be an important aspect of self-concept. Self-esteem is an affective process, one in which individuals have a belief or a set of beliefs about themselves. It has elements of self-evaluation and self-affection and is related to what we know about ourselves (Byrne, 1999).

There is both high and low self-esteem in the sense of feeling more or less worthwhile and appreciated. The development of self-esteem has been at the core of work in health education and promotion. It is assumed that people with high self-esteem are likely to feel confident about themselves and have life skills which will enhance their feelings of personal efficacy. Because of these feelings of personal effectiveness, the individual's self-esteem is enhanced (Naidoo & Wills, 2000).

Gender can also affect changes in self-esteem during early adolescent years. Girls consistently experience sharper declines than boys in the level of self-esteem. Socioeconomic status has also been positively associated with self-esteem. The positive association might be mediated by relatively higher levels of academic achievement in middle-class adolescents, a positive performance in school can result in the development of a more positive self-image. Beyond these individual background characteristics, a range of contextual factors can also influence adolescent self-esteem. For example, researchers have noted the particular vulnerability of rural youth, who tend to be more isolated and have fewer educational, recreational and other public health resources (Rhodes, Roffman, Reddy & Fredriksen, 2004).

Self-esteem is a socio - psychological concept that assesses an individual's attitudes and perceptions of self-worth. Self-esteem is an understanding of one's quality as an object – that is how good or bad, valuable or worthless, positive or negative, superior or inferior one is. Individual assessment of self-esteem is formed in two interrelated processes. First, individuals compare their social identities, opinions and abilities with others. Secondly, individuals assess themselves through their interaction with others. People learn to see themselves as others perceive them. According to MacMullin and Cairney (2004), women in all age groups have lower self-esteem than men; this can partly be explained by the fact that women tend to be employed in poorly paid jobs that provide less autonomy and fewer rewards. Two factors that contribute to human development are education and self-esteem (Lindstrand et al. 2003).

2.8 Summary

In Zambia the poverty is deep and widespread and is today one of the poorest countries in the world. The Zambians lack adequate access to health care and education and women in Zambian society are unrepresentative in all professional fields and in government and leadership. A large number of the women live in poverty and are one of the unfairly treated groups in the society. With our introduction and our literature review we want to show the importance of looking at health in a holistic perspective, were health is seen as an overall picture, physical, psychological and social well-being and not only absence of disease. It is of importance for health to be seen as an individual and to provide for the health determinants. Social network have a significant impact on health. To be seen and to be acknowledged are important needs to feel good in social relations. Another important health determinant is education, which offers women independence, self-esteem, a better future and it also gives them the chance to make healthier choices in life. We are going to focus on self-esteem, which we believe is one of the most important determinants for health, because it is of

importance for girls to feel as a strong individual in the society. We believe that this is a very important issue to focus and shed light on.

3 Aim

The aim of the study was to investigate the level of self-esteem, social network and experience of school education among girl's 13-16 years, in Kitwe Zambia, in order to increase knowledge about how to learn to strengthen self-esteem and empowerment in girls.

4 Theoretical point of departure

4.1 Socialisation

Socialisation starts at birth and continues throughout life - a life long process. Socialisation is a life long process; and culture; values, attitudes, behaviour and knowledge's are transmitted from one individual to another and from one group in the society to another (Helkama, Myllyniemi & Liebkind, 2000).

Primary socialisation takes place in the spirit of togetherness within a family. Most of the fundamental things in life, such as knowledge and skills, contribute. The individual learns rules for social teamwork and respect. The individual also acquires insight into other relationships that the individual needs in order to function in the community. Children learn in interrelation with people - parents, brothers, sisters, relatives and friends; with them they have a close relationship that is strong, emotionally and existentially. In the primary socialisation the pedagogy is hardly discernable; the child learns through its observations (Hoogsteder, 1995). The child does not inherit culture, it receives its culture through internalisation from parents and other individual's patterns of behaviour. By culture, one means the ground for individual's thinking and action, formed since childhood and through experiences from the socio - cultural and ethno - cultural environment (Svederberg, Svensson & Kindeberg, 2001).

Secondary socialisation takes place at school and other institutional environments. The conditions for learning are different from the conditions for primary socialisation. The child does not have the same connection with those representing for the institution that he has had with his family. The goal in school is education – all the activities of a child in school should be motivated by the learning gold. School plays a very important role in the children's life, because their achievements there will form their futures (ibid.).

4.2 Developing zones

The human being is always developing and changing. Vygotsky (1978) calls it developing zones, when he talks about a human being's development and learning. Developing zones are the distance between what an individual can achieve, learning from an adult or together with more developed friends. By this, Vygotsky means that, with a "supervisor" or assistance in your surroundings you can solve the problems you were unable to solve on your own. There must be sense equality - in both participants knowledge's – to for a development zone. The individual who is more competent leads the one that is less competent. A development zone can be seen as guidance in some cultures, in understanding a phenomenon. The individual

always finds himself in different developing zones in the community when the individual is learning. The socio - cultural conditions are both the environment that develops the individual and the environment that rants the individual experience and activates what pushes the development in a certain direction.

4.3 Cognitive development

By cognitive development one means qualitative changes in a person's mental process between birth and maturity. The human being has a characteristic inner organism, this inner organism have the responsibility for the individuals behaviour. Cognitive development is, according to Piaget, an interaction between the organism's maturation and its environment (Piaget, 1953). Development of knowledge is the result of a process, which is based on the child's activities. It is through these actions a child acquires, develops knowledge about reality. The child has an inner motivation to learn and do this for themselves no matter what surrounding he grows up in (Piaget, 1952).

Social cognitive development is a means for one individual to become distinct from another and to achieve a solid sense of independence from others, while at the same time establishing emotional-social connections with others. Children can cognitively differentiate themselves from others through knowledge about the personal attributes of others and the self, and about the cause of behaviour and their understanding of social relationships (Flavell, Miller & Miller, 1993).

In 1933, Vygotsky raised the issue of the relation between school teaching/learning and cognitive development. According to Vygotsky (1978) the teaching at school should follow the child's development; the child's psychological functions should have reached a certain level of maturity, after which the teaching process can start. The psychological functions are developed in a "natural" way, sometimes because researchers link their development directly to the maturation of brain functions. Vygotsky says that an individual's point of view becomes influenced through the process of child development. This depends in part on weather the child attends school and receives instructions or not. Another point of view in the relation between teaching and cognitive development is that cognitive development is not based on maturation, but that teaching is the major force promoting it. Cognitive development is seen as the shadow of teaching. Child development cannot be seen as isolated from the teaching process (Vygotsky, 1994).

The school plays an important role in the process of cognitive and social development. It is at the school that the child is offered opportunities for development. Development is in this way a socio - cultural process. But it is important to note that it is the individual, on his own that acts and is the one who causes is own development, within the frame of the socio - cultural opportunities offered (Vygotsky, 1994). It is through communication that socio - cultural recourses are generated, but it is also through communication that they are passed on. This is a fundamental thought in a socio - cultural perspective (Vygotsky, 1986).

4.4 Health locus of control

Health locus of control reflects the extent to which individuals believe that their actions will result in desired outcomes. People differ in what they seem to have control over when it comes to actions and events in their life; they are either internals or externals. Internals believe that events are a consequence of their actions and are consequently under personal

control. They believe that they have the ability, on their own, to effect their health situation and understand that their own actions are important for their health. Externals believe that events are unrelated to their actions and determined by factors beyond their personal control. They believe that the control lies in other forces such as faith and other people. These differences can be learned and based on earlier life experiences. Support, warmth, encouragement and opportunity to take responsibility benefit the development of internal control. It is not success or failure in it self that determines direction - towards internal or external control. It is the personal interpretation of what caused the success or failure (Bennett & Murphy, 1999).

4.5 Learning by doing

Knowledge and values as a basis are not only a result of formal learning situations but also of informal situations. Learning can be seen as a long term process - and not something that is limited to shorter or longer formal education periods in life - as an activity that people in different ways devote themselves to in life. Informal and lifelong learning is described as learning that occurs through people's daily experiences and in teamwork with people in their surroundings. This approach is referred to by the philosopher and pedagogue Dewey. He stressed that knowledge has its basis in, and develops in, a continual present process in the relation between awareness/thinking and the surroundings (Hartman & Lundgren, 1980).

Dewey considers upbringing as a constant process that starts with the child's own way of understanding his surrounding in terms of structures of facts and connections, what we call subjects. But activities in school are not merely methods of attaining routine occupations. Theory becomes unintelligible without practice and without practice the individual will not understand the theory. We have to perform or carry out something, to get to know ourselves. The concept of learning by doing sees the human as active in relation to his surroundings; development is an assignment of the human. In education, the pupil has to be given an opportunity actively to try things out and experiment. Dewey recommends an education where the individual's own interests and activities are the starting point for goals, in work, where the teacher stimulates, widens and takes a deep interest in the pupil's development. Participation, autonomy, information - based learning and equality are four ground bases in Dewey's pedagogy. Knowledge and self-fulfilment are forms of social activities in fellowship, where everyone's actions mean something for the whole group's efforts to reach a certain goal (ibid.).

4.6 Dialogue

According to the pedagogy of Freire (1973), it is during teamwork that people learn and that they use the dialogue as a foundation for awareness. Through dialogue and discussion with others, people can become aware and reflect critically. Through dialogue, people can also learn and understand life and view situations from different aspects. When an individual understands a challenge and becomes aware of an opportunity for reflection, the individual will act. Critical awareness leads to a critical act. Through Freire's pedagogy, people consider why they think, act or talk in a certain way and if or not it is reasonable. He saw freedom being achieved through education and participation; the teacher and student should have personal contact with each other.

Education, which is able to resolve the contradiction between teachers and students, takes place in a situation in which both address their act of cognition to the object by which they are mediated. The dialogical character of education as the practice of freedom does not begin when the teachers and student meet in a pedagogical situation, but rather when the former first asks herself or himself what she or he will dialogue with the latter about. Dialogue cannot exist unless the two sides engage in critical thinking (Freire, 2000).

4.7 Sense of coherence

A salutogenic perspective on health concentrates on what factors contribute to health and not what leads to sickness. Antnovsky`s theory, Sense of Coherence (SOC), is about people's different levels of SOC; and what level of SOC a person has depends on his capacity to handle stressful situations and retain a sense of the following:

- Comprehensibility: to what extent a person can understand and explain unpleasant situations that can occur.
- Manageability: to what extent a person believes he has recourses to encounter and cope with new situations. These recourses can be a person's social network. A high sense of manageability can lead to that a person not feeling like a victim.
- Meaningfulness: to what extent a person can experience a meaningful life - a life worth investing in.

Antonovsky claims that it is important for a person to feel comprehensibility, manageability and meaningfulness in order to enjoy good health. According to him, it is the combination of these three feelings that helps the individual to maintain his health and to handle difficult situations in life. A person with a strong SOC creates a picture of the world that is comprehensible, manageable and meaningful. An individual must feel that it is worth meeting the challenges he faces in life (Antonovsky, 1987).

Antonovsky has constructed a scale to measure SOC. He has found that SOC has a strong correlation with both physical and mental wellbeing, a high level of self-esteem and a high life quality level. A person with a low SOC has a feeling of chaos and feels stressed and a sense of hopelessness. SOC is established during childhood and develops during the teens. An individuals SOC is either weakened of strengthened as he enter adult life (ibid.).

4.8 Level of needs

According to Rydberg (1996) Maslow, humans have to fulfil certain levels of needs to be able to live in harmony and be successful. A human has to satisfy each and every level of need to be able to move to the next level. If the individual tries to move to the next stage before fulfilment of previous stage, there is a high risk of failure.

These certain needs are:

1. Physiological needs,
   The physiological needs include: food, water and physical activity etc.

2. Security,
   The needs of security include: work, house and salary.

3. Fellowship,
   The third need includes: individual contact, friends, family, boyfriend/girlfriend etc.

4. Appreciation,
   Included in the need of appreciation includes; that someone likes what the individual are doing and that the individual succeed in life.

5. Self-fulfilment,
   The last need, self-fulfilment includes: the opportunity to enjoy a hobby separate from work or school (Rydberg, 1996).

5 Method

5.1 Choice of method

We wanted to investigate different qualities such level of self-esteem, social network and experience of school education. We found that quantitative method suited our study aim, as Starrin and Svensson (1994) describes it. According to them, a quantitative method investigates how phenomena and meaning are divided within various population groups, or how they differ on varying occasions or in varying situations. A quantitative method can also be used in investigating whether there are any statistical connections between two or several phenomena, qualities and meanings. In a quantitative method you use one-way communication; the researcher has full control over the research. For a quantitative method the objective study has to be made measurable - the result are to be presented in numbers (Andersen, 1994). This investigation is a cross-sectional survey.

To acquire a large amount of data from several people and to be able to generalise, we have chosen to use questionnaires. According to Ejlertsson (1996) the cost of questionnaires is low and a large number of people can be reached. The target group are given the chance to read through the questionnaire carefully; than they can, without feeling under pressure, answer the questions. Moreover, we felt that a questionnaire was better when younger people were involved, and better considering our cultural differences. We considered that the girls might feel shy talking to us. The questions we used in our questionnaires were closed. We chose to use closed questions because it can be difficult for the target group to express themselves in words; and it gave us some control over the answers. The questionnaire consisted of 38 questions.

5.2 Choice of target group

Before we started our study we made several selections, such as choice of country, city, schools and respondents. Our target group was girls between 13-16 years from Kitwe in Zambia. The choice of country and city came naturally since we had been there before during our fieldwork. Our fieldwork was done within one of the biggest non - governmental organisations (NGOs) in the Copperbelt province of Zambia and in Kitwe; and interest shown by them lead to our research in that area. This NGO works with health promotion though education, and HIV/AIDS prevention is their main focus. This NGO collaborates with most of the schools in Kitwe.

Through the NGO we chose, from a total of 10 schools in Kitwe, six different basic schools, at random, where we carry out our research. They had a list from which we made our selection. The second step was based on interest shown by the girls: the school principals asked all their 13- to 16- years – old girl pupils; those who were interested were welcomed as participants. We do not know the total number of girls, sense the school principals asked them. Those girls selected totalled 160 and two individuals later withdraw, which gave us a frequency of 99%.

5.3 Implementation

Through earlier experiences from Zambia we could start to make the questionnaire before we visited the country. We got approval both from our Swedish and local supervisor in Zambia to continue our research. During the whole time we have been in contact with our local supervisor in Zambia and or Swedish supervisor. With them we have been able to develop the questionnaire so it would suit our aim and our target group.

Our questions in the questionnaire were divided into three groups, self-esteem, social network and school experience. The 17 questions that we chose to put, concerning self-esteem, were supported by Rosenbergs self-esteem scale (1965). These 17 questions were based on our literature review and theoretical point of departure. The questions that concerned social network and school experience were also based on our literature review and theoretical point of departure.

We started our research with a pilot study, we wanted to see if our first version of the questionnaire which included 58 questions in the questionnaire were understandable. The reason for doing a pilot study is to find out if the target group interpret and answer the questions the way the authors intend them to, and if the questions measure what they are meant to measure; a pilot study is also a check on validity. It is also an opportunity for us, the authors, to see if any changes should be made before distributing the final questionnaire (Ejlertsson, 1996). A pilot study is carried out on a small group of people that match the target group as far as possible, for example in gender and age (Patel & Davidsson, 2003). Our pilot study group consisted of five schoolgirls between the ages of 10 to 16 from different schools in Kitwe. The feedback and answers we received by talking to the girls during the pilot study showed us that their were to many questions and that some of them were difficult to understand especially for the youngest girls. With that in mind, we shortened the questionnaire and changed the age group to 13 to 16 years. The new target group were better equipped to understand the purpose of the study and the questions in the questionnaire (see appendix 1).

Thanks to previous experience in Zambia we were able to start compiling the questionnaire before returning to the country. We had approval of both our Swedish and our local supervisor in Zambia in continuing our research. Throughout the project, we have been in contact with our local supervisor in Zambia and/our Swedish supervisor. With them we have been able to develop the questionnaire, better to suit our aim and our target group.

We arrange meetings with the principals and teachers at the six different schools before we distributed the questionnaire. We presented our study and the purpose of our visit, hoping that attitudes would be positive towards our study. The response from the schools was very positive so we were able to carry on with the research. We wanted the target group to feel

confident with us so, before we distributed the questionnaires, we introduced ourselves and described the aim of the study and we explained to the target group what their rights were. We did this both verbally and in a written letter (see appendix 2) together with the questionnaire. It was very important for us to talk carefully about their rights so they would not feel any pressure; this helped keep down the number of participants withdrawing from the project. There was no time limit for filling in the questionnaire forms and they were collected in a closed box at the front of the classroom. The target group were able to ask us questions during the whole process which took about one hour. Both of us were present during the whole process, as were one of the teachers and one person from the NGO.

5.4 Analysis method

We have used the Statistical package for the Social Sciences (SPSS), version 12, 0 and also Exel to analyse our material. To start our analysis we set up frequency tables of all variables for an over view of the result. The next step was cross-tabs and a chi-square test to see if there were any differences/connections between the three themes. The significance level was sat at 5 % ($p<0, 05$). The results have been divided into three themes, self-esteem, social network and school education. Some of the answer choices have been linked in order to achieve higher frequencies. To see if there were any differences between age groups, we divided them into four: 13-, 14-, 15-, and 16- years-olds.

We indexed the self-esteem questions to produce different levels of self-esteem. The answer choices are on a 1 to 4 scale-1 standing for a positive and 4 for a negative answer to each questions. To get a neutral division of the levels we used quartiles and the median were 20. The levels of self-esteem, were 14 to 17 = very high, 18 to 20 = high, 21 to 23= low and 24 to 28 = very low. To be able to make statistical tests we made two levels of self-esteem of these four. The levels of self-esteem very high and high are high and low and very low are low. Our self-esteem scale consists of the questions 11, 12, 13, 14, 17, 19, 21, 22, 24 and 27.

5.5 Ethical considerations

The ethical considerations are something that we find of great importance in our project; we attempted to maintain ethical standards throughout the process. We have followed the Swedish Research Councils (1990) ethical science principles in our study. They comprise four demands concerning information, approval, confidentiality and use. We have tried to follow these demands as far as possible. Our study received the approval of the University of Kristianstad Ethics Committee.

Before we distributed the questionnaires, the participants received both written and verbal information about the aim of the study, about their rights as participants and about us. We did this in order to meet the information demand. The participants were able to choose whether they wanted to participate or not, by filling in a box in the questionnaire. In the written information letter we told them that their participation was optional and that they had the right to leave the project at any point in the process. By telling them that, we fulfilled the approval demand.

In order to live up to the principle of confidentiality, the study is characterised by anonymity. There is no means of identifying anyone's specific answers since the questionnaires are not marked and all the pupils put their questionnaires in a box, whether or not they had chosen to

participate. The questionnaires have only been used for our dissertation and not for any other purpose; with this we fulfil the demand of use.

We took into consideration the risk that our student background in another continent and our cultural differences might lead to pressure on participants in the target group. Another risk that we had to consider was that of the presence of the teachers and the person from the NGO affecting the project. It was something that could affect the participants negatively. But we believe that the usefulness of the study outweighs he risks.

We consider that we have treated the target group with respect and followed the code of ethic throughout the process.

6 Results

Our results will show how the girls have answered concerning the questions within the three themes, self-esteem, social network and experience of school education. We start our results with our main focus, self-esteem, and than continue with the two other themes.

Table 1. Number of girls in each age group (n=158).

Age				Total
13	**14**	**15**	**16**	
41	44	48	25	158

6.1 Self-esteem

Table 2. Share (%) of girls answering questions related to self-esteem.

Self-worth		
	Strongly agree / Agree	**Disagree / Strongly disagree**
11. I feel that I am a person of worth, at least on an equal plane with others. (n=155)	80	20
12. I am able to do things as well as most other people. (n=158)	76	24
13. I feel I do not have much to be proud of. (n=155)	32	68
14. I take a positive attitude toward my self. (n=153)	60	40

Trust		
	Most people can be trusted	**You can not be too careful**
17. Some people say that most people can be trusted. Others say you can not be too careful in your dealings with people. How do you feel about it?(n=158)	48	49

Criticism		
	Extremely sensitive / Quite sensitive	**Somewhat sensitive / Not sensitive**
19. How sensitive are you to criticism? (n=156)	70	30
	Deeply disturbed / Fairly disturbed	**Not disturbed**
21. How disturbed do you feel when anyone laughs at you or blame you for something you have done wrong?(n=158)	78	22

Happiness		
	Very happy / Fairly happy	**Not very happy / Very unhappy**
22. On the whole, how happy would you say you are? (n=158)	82	18
	Agree	**Disagree**
24. I wish I could be as happy as others seem to be. (n=158)	72	28

Standpoint				
	Just listen	**Express an opinion once in a while**	**Take an equal share in the conversation**	**Try to convince others**
27. When you and your friends discuss something that you find of great importance, what part do you usually take? (n=158)	15	25	39	21

We wanted to see if there were any differences in level of self-esteem between the age groups 13, 14, 15 and 16. Our result showed that there were no differences according to age (p=0,712, x^2=1,373, df=3).

There were no significant differences (p=0,219, x^2=7,026, df=5) between the schools in our research and the girl's level of self-esteem.

Table 3. The share (%) of girls who are happy/not happy compared to the question about their attitude toward themselves.

		22. On the whole, how happy would you say you are?	
		Very happy / Fairly happy n=130	**Not very happy / Very unhappy n=27**
14. I take a positive attitude towards myself.	**Strongly agree / Agree**	66	33
	Disagree / Strongly disagree	34	67
Total		100	100

p=**0,002,** x^2=9,622, df=1

6.2 Social network

The result from our study shows that 34% (n=156) of the girls include their father, mother, brothers and sisters in their family. 48% of the girls (n=158) felt that their father supported them the most and 28% answered that their mother supported them the most. To the question "how interested are your family members in what you have to say" 61% (n=151) answered "very interested".

In the question about how the girls think that their family support them in daily life, 80% answered "a great deal" or "a fair amount" and 20% answered "very little" or "not at all" (n=156). A majority 84% of the girls (n=156) thought that their family support them in their schoolwork.

Table 5. The share of girls (%) by age and if they think that their family support them in their daily life, (n=156).

	Age			
	13 n=41	**14 n=44**	**15 n=46**	**16 n=25**
A great deal	46	68	59	68
A fair amount	27	5	30	16
Very little	17	14	7	8
Not at all	10	13	4	8
Total	100	100	100	100

p=0,060, x^2=20,420, df =12

66% of the girls (n=152) answered that they had someone to play with after school, 19% answered that they did not have someone and 15% had someone to play with sometimes.

The share of girls (n=153) who considered that they had someone to talk to when they were sad was 79% and 21% answered that they did not have someone to talk to. There were no age differences (p=0,158, x^2=16,793, df=12).

When we asked the girls if they knew if there are any clubs in their society were they could participate 56% of the girls said yes, (n=157). Only 37% of the girls (n=153) were involved in a society club.

Table 6. **Comparison between family support and if the girls have someone to talk to (%), n=152.**

		34. Do you feel that you have someone to talk to when you are sad?	
		Strongly agree / Agree n=121	**Disagree / Strongly disagree n=31**
30. As far as you can tell, do you think that your family support you in your daily life?	**A great deal / A fair amount**	86	55
	Very little / Not at all	14	45
Total		100	100

p=**0,000**, x^2=14,713, df=1

The girls who felt that they had someone to talk to when they were sad also felt that their family support them in their daily life. The result also show that the girls who did not feel that they had someone to talk to also felt that they had very little support from their family.

Table.7 Comparison between family support and importance of education (%).

		31. As far as you can tell, do you think that your family support you in your schoolwork?	
		A great deal / A fair amount n=131	**Very little / Not at all n=25**
9. Do you feel that your education is important for your future?	**A great deal / A fair amount**	92	76
	Very little / Not at all	8	24
Total		100	100

p=**0,022**, x^2=5,264, df=1

The girls who felt that their family support them in their school work also felt that education is important for their future.

6.3 School education

Our results showed that 20% of the girls (n=158) were involved "a great deal" in any students clubs, while 50% of the girls were not involved at all.

Table 8. Girls experience of teachers support (%).

Teacher support	**A great deal / A Fair amount**	**Very little / Not at all**	**Total**
3. As far as you can tell, do you feel that your teacher listen to what you have to say during lesson?(n=157)	68	32	100
4. As far as you can tell, do you feel that you can talk to your teacher when you have questions about your schoolwork?(n=156)	78	22	100

41% (n=158) of the girls felt that they were being marked after their school performance, and 38% felt that they were marked both after school performance and personality.

The result from our study showed that 14% of the girls (n=158) answered "very little" and 34% answered "not at all", in the question about how the girls felt that the school treated everybody the same.

Table 9. Share of girls (%) in each age group related to question about if the girls felt that their school treat everybody the same, (n=155).

	Age			
	13 n=40	**14 n=43**	**15 n=48**	**16 n=24**
A great deal	28	35	27	29
A fair amount	25	9	27	17
Very little	5	21	15	21
Not at all	42	35	31	33
Total	100	100	100	100

p=0,481, x^2=11,564, df =12

Our result showed that 89% (n=158) thought that their education is important for their future "a great deal" or "a fair amount". Most of the girls (90%) enjoyed going to school (n=156).

Table 10. The share (%) of girls who enjoyed or not enjoyed going in school related to if the teacher listen.

		10. Do you enjoy going in school?	
		A great deal / A fair amount n=140	**Very little / Not at all n=15**
3. As far as you can tell, do you feel that your teacher listen to what you have to say during lesson?	**A great deal / A fair amount**	72	27
	Very little / Not at all	28	73
Total		100	100

p=0,000, x^2=12,822, df=1

6.4 Self-esteem and connections

In the

Table 11. Levels of self-esteem compared with questions related to social network and experience of school education, n=153-158.

		High	**Low**	**p-value**	**df**	x^2
30. As far as you can tell, do you think that your family support you in your daily life? (n=156)	**A great deal / A fair amount**	82	77			
	Very little / Not at all	18	23	0,421	1	0,648
34. Do you feel that you have someone to talk to when you are sad?(n=153)	**Strongly agree / Agree**	84	73			
	Disagree / Strongly disagree	16	27	0,082	1	3,026
38. Are you involved in any clubs (in the society)? (n=153)	**A great deal / A fair amount**	43	29			
	Very little / Not at all	57	71	0,058	1	3,586

		High	Low	p-value	df	x^2
2. Are you involved in any students clubs? (n=157)	**A great deal / A fair amount**	35	24			
	Very little / Not at all	65	76	0,111	1	2,573
3. As far as you can tell, do you feel that your teacher listen to what you have to say during lesson? (n=157)	**A great deal / A fair amount**	76	58			
	Very little / Not at all	24	42	**0,013**	1	6,198
6. Do you feel that your school treats everybody the same? (n=155)	**A great deal / A fair amount**	52	47			
	Very little / Not at all	48	53	0,464	1	0,536
9. Do you feel that your education is important for your future? (n=158)	**A great deal / A fair amount**	93	85			
	Very little / Not at all	7	15	0,105	1	2,624
10. Do you enjoy going in school? (n=156)	**A great deal / A fair amount**	92	89			
	Very little / Not at all	8	11	0,557	1	0,344

7 Discussion

Our aim with the study was to investigate the level of self-esteem, social network and experience of school education among girls 13 to 16 years old, in Kitwe Zambia, in order to increase knowledge about how to learn to strengthen the self-esteem and empowerment of girls. Self-esteem and education are important factors that contribute to human development and children have the right to development through the society (Lindstrand et al. 2003, Sida, 1997). We consider that the society and the people in our surroundings affect us both directly and indirectly. By directly, we mean through primary socialisation; by indirectly, how one adjust to the rules/norms of the community, secondary socialisation.

7.1 Result discussion

7.1.1 Self-esteem

Many people say that a lot of money does not lead to happiness, we believe that a good economy leads to a security, and make it easier in daily life. You have a bigger opportunity to fulfil your goals and dreams, which can lead to pride over your success. We see in our results a very positive patter for the girls in their life situation. Our results show that 82% of them were "very happy" or "fairly happy" and that 68% of the girls felt that they had much to be proud of. Since Zambia is one of the poorest countries in the world and more than 70% of the inhabitants are rated as poor, living on less than US$ 1 a day. Zambia is a country with good economical conditions, but is affected by a weak political and economical control, corruption and a weak democracy. The people of Zambia lack access to good health care, education, food, clean water, clothes and a place to live (Johannesson, 2003). We, the authors, were brought up in an industrialised country where we have all these facilities; from our culture, we look at all this as important factors for our well-being. As Antonovsky (1987) says, we also consider that it is of great importance for the individual to be able to handle stressful situations in life. Antonovskys SOC (1987) has a strong correlation with both physical and mental well-being, a high level of self-esteem and a high life quality level. One of the questions in our result concerning self-esteem was about trust and half of the girls felt that they could not be too careful when dealing with people. We think that this might have to do with their political situation - weak democracy and corruption. Even though the girls may not directly be affected by this, the community that they are brought up and live in affect them indirectly.

We can see in our results: that the majority of the girls feel that they are able to do things as well as most other people. We would like to connect this to the theory about health locus of control and Reaburn and Rootman (2001) definition of empowerment. The girls feel that they are capable to do things as well as most other people and through that we believe that they have control over their own actions. From a health point of view, we consider this worth shedding light on when it comes to the girl's psychosocial health. Our results show that 80% of the girls felt that they were a person of worth. We think that this show that they feel are persons of great value. According to Reaburn and Rootman empowerment also has to do with control (the sense that I can influence the course of events rather than have events control me), with self-esteem (I am valued for what I am and what I can do, I believe in myself) and participation. The individual has levels of competence, self-esteem, confidence and self-

efficacy, and feels in control of what is going on in his or her life. Health locus of control reflects the extent to which individuals believe that their actions will result in desired outcomes. People differ in what they seem to have control over- actions and events in their life, external and internal. Support, warmth, encouragement and an opportunity to take responsibility benefit the development towards an internal control (Bennett & Murphy, 1999). According to Piaget (1952), development of knowledge is the result of a process, which is based on a child's activities. It is through these actions a child acquires, develops knowledge about reality. The child has an inner motivation to learn and do this for themselves no matter what surrounding he grows up in (Piaget, 1952). According to the health locus of control and Piaget, we also believe that the child has the ability, on his own, to effect his health situation and understand that his own actions are important for his health. This may affect the girl's self-esteem in a positive way, because they believe in themselves.

In our results 60% of the girls had positive attitudes towards themselves. We also connect this to the theory health locus of control, because we consider that if the girls have a positive attitude towards themselves, they might feel more capable of handling situations and believing in themselves. Internal control is connected to how an individual look at themselves and that the individual are capable of handle a situation that has arisen (Bennett & Murphy, 1999). Our results show a statistical connection between girl's attitude towards themselves and their happiness. We consider that if the girls have a positive attitude towards themselves, they believe in themselves and through they may feel capable of handle new situations. We connect these results to manageability and, as Antonovsky (1987) claims, manageability is about to what extent a person believes he has recourses to encounter and cope with new situations. These recourses can be a person's social network.

7.1.2 Social network

We can see statistical connections in our results: the girls who felt that they had someone to talk to when they were sad also felt that their family support them in their daily life. This shows that the family support the girl's and plays an important part in their daily life. Our results also show that 79% of the girls "strongly agreed" or "agreed" that they hade someone to talk when they were sad. We think that this show they have the opportunity to seek help and open up to others. According to our target group, 65% consider that they have someone to play with after school. We consider that being able to talk to someone and having someone to play with reflects quality of social networks. Social networks are important for all people, of all ages. Good social networks influence people's ability to learn new skills and a good code of behaving to promote positive lifestyles and change unhealthy habits (Hurdle, 2001). The individual is able to create a network for recourses and encouragement, support by others. It is more likely that those who are more isolated and have fewer friends die early and experience greater stress. This has shown that social networks have an impact on health (Naidoo & Wills, 2000). In accordance with this, we think that social networks are important for all people, but especially for children since they are at a developing stage. With developing zones Vygotsky (1978), says that with assistance from your surroundings you can solve the problems that you were unable to solve on your own. A development zone can be seen as guidance in some cultures. Maslow claims that the third level of need includes individual contact, friends, family, and boyfriend/girlfriend etc, to be able to live in harmony and be successful (Rydberg, 1996). Rydberg (1996) claims that social health is a matter of having good relations with our fellow beings and living in a satisfactory environment. He also says that the individual should be able both to seek help and give support to others. Social health is also a matter of daring to release what we have within us and talk about it with others.

As we can see in our results, there was a statistical connection between if the girls felt that their family support them in their schoolwork and importance of education. We believe that this may depend on norms in the family, that education is important for the girls. It is through primary socialisation that our values and attitudes develop. According to Hoogsteder (1995), individuals learn rules for social teamwork and respect through their primary socialisation. The individual also get an insight into other relationships that he needs in order to function in society. Our results show that 80% of the girls felt that their family support them in their daily life "a great deal" or "a fair amount" and that a majority of the girls also felt that their family support them in their schoolwork. As we can see in our results, half of the girls feel that their father and mother support them most. We consider that it is of great importance that girls feel they have support from their family, since it is through them their values and attitudes develop. We would also like to link family support to how Haglund and Svanström (1995) illustrate a supportive environment with the image of a bird's nest. They claim that parent support is important to the child's development and we agree with that claim.

7.1.3 Experience of school education

Health and education are interrelated and education is one of the most important health determinants (Lindstrand, et al. 2003). In the question about the importance of school for the girl's future, 89% answered "a great deal" or "a fair amount". Most of the girls, 90%, enjoyed going to school. We feel that this is a positive result and a good basis for the girl's health, sense education is a socio – economic factor which is one health determinants. Education is seen as an important and promoting factor for young women's health, dignity and potential as human beings. An incomplete education gives young women an indication that there is nothing they can do to improve their situation. We connect this to one of the aspects in Antonovskys SOC: meaningfulness. As our results show, we make the conclusion that the girls feel meaningfulness with their school education, sense they feel that education is important for their future.

A part of our target group (32%) felt that their teachers did "not at all" or "very little" listen to what they have to say during lessons. We see this as a negative result for the girls since it is importance to be acknowledged. We consider that this may affect their self-esteem negatively. Rydberg (1996) claims that for an individual to be acknowledged, it is important that someone significant, for example a parent, teacher or friend, etc. observe what we do and say, and they have noticed what we do and say. Since self-esteem is a part of the psychological health, we wonder how these girls feel when their teacher not listened to them. A majority (78%) of the girls felt they could talk to their teacher when they had questions about their schoolwork. As we can see from our results, the girls and their teachers have a dialogue; in this part of our results, we are supported by Freires pedagogy concerning dialogue. People can learn about and understand life and situations from different aspects (Freire, 1973) and Vygotsky (1978) says that it is impossible to develop without communication and teamwork with others. We would like to relate the two questions about teacher's support with Dewey. He recommends a form of education in which the individual's own interests and activity are the starting point for a goal, a form of education in which the teacher stimulates his pupil, widening his views and entering deeply in the pupil's development (Hartman & Lundgren, 1980). Our conclusion is that most of the girls have a good relationship with their teachers and that plays an important part in the girl's social health. But the results also show that 22% of the girls did not feel that they had a dialogue with their teacher. We think that this may have a negative affect on the girl's development.

According to what Selberg (1999) claims, student's involvement, for example through student's clubs, has two dimensions: first, is the student's involvement in their own learning, second, student's involvement in students clubs. Selberg claims that it is a human right to have the opportunity to be involved. Our results show that 50% of the girls were not involved in any student club at all even though that they had the opportunity; we consider that participation is an important factor for them, when it comes to taking control over their lives. In this the conception of empowerment supports us - where the aim is to increase the individual's capability and his motivation to take responsibility over his lives and health (Janlert, 2000). We consider that, a student clubs are there for the students, it is in the girls own interest to participate in order to be able to affect and change their schooling. We believe that involvement is a good step towards a strengthen SOC, sense it involves comprehensibility, manageability and meaningfulness.

7.1.4 Self-esteem compared with social network and school education

The Ottawa Charter (1986) strongly underlines the importance of the supportive environment in the society from a health point of view. Supportive environments are the same as favourable conditions for positive health development. The WHO definition of health is a state of a physical, mental and social wellbeing, not only the absence of disease (Naidoo & Wills, 2000). According to the United Nations Population Fund (2002), education is a supporting and promoting factor for girls. Education offers women independence, self-esteem and a better future and it gives them the opportunity of making healthy choices. Naidoo and Wills (2000) claim that there are both high and low levels of self-esteem, in its sense of feeling more or less worthwhile and valued.

Despite of what our literature review and theoretical point of departure says, shows our results in most cases no connections between level of self-esteem, social network and experience of school education, which we find interesting and amazing.

Our results show that almost half (46%) of the girls had low level of self-esteem, which we consider is a high share of girls. This result contradicts to the study that has been done with Afro-American girls, showing that education is of great importance to promote self-esteem (Mayor, 2004). But we think; if our target group consisted of girls without school education the share of girls with low level of self-esteem might bee higher. The level of self-esteem can be affected since the girls already go in school.

Our results show that the girls who had a low level of self-esteem felt that their family supported them. Our results show: is does no matter what level of self-esteem the girls have they felt that their family support them despite of this. Even though they had low level of self-esteem they felt they had someone to talk to when they were sad, according to our results

As our results show it did not matter what level of self-esteem the girls had when it comes to if they felt that school treats everybody the same. When we measured the connections between the levels of self-esteem and the question about if the girls enjoyed going to school, the results showed that, regardless of what level of self-esteem the girls had most of them enjoyed going to school and felt that education is important for their future. When it comes to education we do not know what the girls think about, but we draw the conclusion that, when the girls think of school, they may by thinking about the social network that school comprises.

7.2 Method discussion

When people from different cultures meet, intercultural communication takes place. Intercultural communication means communication between the individuals and their ethno - cultural backgrounds. In a pedagogical situation, is it important to feel keen about culture - based experience. Intercultural communication competence is needed when it comes to health promotion work, when the target group and the pedagogue/scientist differ in their socio - cultural and/or ethno - cultural based experiences. This competence includes a keenness for, and a preparedness to handle variation in cultures (Lundberg, 1991). Our cultural difference from our target groups is something that we have taken into consideration throughout the survey. We are aware that our survey is based on our culture, but through our earlier experience of fieldwork in Zambia, we have been able to engage in our study using a broader approach.

Since this is a cross sectional study we only get a picture of the girl's levels of self-esteem, social network and experience of school education, at a particular point in time. Therefore we cannot make any causal connection.

7.2.1 Generalization

Randomized samples can, within certain boundaries, produce generalized results, i.e. that the samples are representative of the population from which selection was made (Bryman, 1997). Our target group is not a randomized sample of the population of the girls in Kitwe, so the result should be treated with caution. Since the selection only consisted of 160 girls between the ages of 13 and16, from six schools in Kitwe, the selection is not representative of all the girls in Kitwe. Our results can bee true in general of 13 – to 16 – year – old girls in the Kitwe schools.

7.2.2. Quality

With validity we mean the question's ability to measure what it is supposed to measure. A question of high validity should have either no systematic errors or a small number of them (Ejlertsson, 1996). Through the pilot study, our questionnaire was strengthened, as it was from the help we got from our local supervisor (Zambia) and our Swedish supervisor. The internal reduced number of answers has varied between questions; this can be explained by several reasons. Some questions might have been difficult to understand and answer. Or the girls can have missed questions, or were reluctant to answer them. For example, the question "I feel I do not have much to be proud of" – might have been difficult to understand for the girls, because it is a question with a negation, and this might have lead to that the girls having answered in the wrong way. This is something that we became aware of and we have had under consideration during the process.

The external reduction – i.e. - the number of participants withdrawing - was only two out of 160. We believe that the small amount of external reduction might have to do with the selection of the girls, which was governed by the interest shown by the girl's themselves. Our presentation of ourselves and our presence during the whole process might have helped the girls to feel comfortable with us and that may have increased the participation. The reduction may also have been affected by the girls finding us interesting, due to our cultural differences. Something that we also have thought about when it comes to the external reduction is the

presence of the teachers and the NGO representative. Their presence can have had a affect on reduction.

7.2.4 Ethics discussion

When it comes to the ethical demands, we consider that we have maintained ethical standards throughout the process. The girls were given the opportunity to choose weather they wanted to participate or not, by filling in a box in the questionnaire. Since we were not interested in individual answers, and bearing ethical demands in mind, the girls participations was anonymous.

During the process, we wanted the teacher and the NGO representative to be present, because we considered that this could be supportive for the girls. But it can also have affected the girl's negatively: instead of feeling support they might have felt under pressure.

7.3 Conclusion and relevance

The aim of the study was to investigate girl's levels of self-esteem, social network and experience of school education. We believe that it is of great importance of focusing on a holistic perspective. Health should be seen as an overall picture, as physical, psychological and social well-being and not only absence of disease (Rydberg, 1996). Our results show that it did not matter what level of self-esteem the girls had, they had a positive experience of their social network. Even though some of the girls had a negative experience of school education, most of them enjoyed going to school and felt that education is important for their future. We consider that school plays an important part in children's development and social networks. To strengthen girl's position in the society, it is important that the children's rights are upheld. Education for women is important and the key to reducing poverty. The problem of ignored women is most common in developing countries and constitutes a big threat to women's health. Women's health does not only affect themselves but also the whole of society. According to the UN on children's rights, one of the principles focuses on children's rights to development through society (Sida, 1997).

We believe that our study has given health related aspects of the girl's lives. Since the girls felt that school education is very important for their future we have to take care of their positive attitude towards education. We believe that the girls are more willing to learn and this can lead to girl's development in the society. This can lead to further work in health promotion, to maintain the positive results that our study has shown. Through knowledge, health can be improved and the girl's empowered. Empowerment and self-esteem are also linked to health; and women's empowerment is connected to development. The development of self-esteem has been at the core of work in health education and promotion. According to The State of the World's Children it is claimed that getting more girls into school is a first step towards global development (UNICEF, 2004).

We want to show that girl's self-esteem is important for their future and that social networks, through school and family and friends, can play a big part in their lives and development; it is a means of increasing the knowledge of how to strengthen the self-esteem and empowerment of girls. We believe that this may not change the world, but it is one good step in the development of a country.

8 References

Andersen, H. (1994). *Vetenskapsteori och metodlära: introduktion.* Lund: Studentlitteratur.

Antonovsky, A. (1987). *Unravelling the mystery of health.* San Francisco: Jossey-Bass Inc.

Bryman, A. (1997). *Kvantitet och kvalitet i samhällsvetenskaplig forskning.* Lund: Studentlitteratur.

Byrne, J. (1999). *Health, wealth and honesty: perceptions of self-esteem in aged children.* United Kingdom: University Press.

Bennett, P. & Murphy, S. (1999). *Psychology and Health Promotion.* Buckingham: Open University Press.

Central Intelligene Agency. (2005). *Director of Central Intelligence.* [www-document]. URL. www.cia.gov/cia/publications/factbook/geos/za.html. 2004-09-15.

Copperbelt Health Education Project. (2004). *Information.* [www-dokument]. URL. www.chep.org.zm. 2004-03-15

Darlene, R. (1999). Reasonable men and provocative women: an analysis of gendered domestic homicide in Zambia. *Journal of Southern Africa, 25,* 7-27.

Datta, R. & Kornberg, J. (2002). Women in Developing Countries: Assessing Strategies for Empowerment. *Pacific Affairs, 77,* 98-99.

Ejlertsson, G. (1996). *Enkäten i praktiken. En handbok i metodik.* Lund: Studentlitteratur.

Flavell, J.H, Miller, P.H & Miller, S.A. (1993). *Cognitive Development - 3rd ed.* New Jersey: Englewood Cliffs.

Freire, P. (2000). *Pedagogy by the oppressed.* New York: The Continuum International Publishing Group Inc.

Freire, P. (1973). *Utbildning för befrielse.* Stockholm: Gummessons Bokförlag.

Haglund, B.J.A., Pettersson, B., Finner, D & Tillgren, P. (1993). *”We can do it”: From the 3rd International Conference on Health Promotion, Sundsvall, Sweden June 9-15 1991.* Sundbyberg: [Institutionen för socialmedicin, Vårdcentralen Kronan], Karolinska institutet: Härnösand: Landstinget Västernorrland.

Haglund, B.J.A. & Svanström, L. (1995). *Samhällsmedicin: en introduktion (2:a uppl.).* Lund: Studentlitteratur.

Hartman, S.G & Lundgren, U.P. (1980). *Individ, skola och samhälle- pedagogiska texter av John Dewey.* Stockholm: Natur och Kultur.

Helkama, K., Myllyniemi, R., & Liebkind, K. (2000). *Socialpsykologi – en introduktion.* Malmö: Liber AB.

Hoogsteder, M. (1995). *Learning through participation. The communication between young children and their caregivers informal learning and tutoring situations.* Utrecht: Utrecht University.

Hurdle, D.E. (2001). Social support: a critical factor in women's health and health promotion. *Health & Social Workers: 26*. 72 – 79.

Janlert, U. (2000). *Folkhälsovetenskapligt lexikon.* Stockholm: Natur och Kultur, Folkhälsoinstitutet.

Johannesson, M. (2003). *Länder i fickformat-Zambia.* Stockholm: Utrikespolitiska institutet.

Lankinen, K.S., Bergström, S., Mäkelä, P.H., & Peltomaa, M. (1994). *Health and diseases in developing countries.* London: MacMillan.

Lindstrand, A., Bergström, S., Stenson, B., Tylleskär, T., & Rosling, H. (2003). *Global health – an introductory textbook.* Lund: Studentlitteratur.

Lundberg, P. (1991). *Utbildning och träning för interkulturell kommunikativ kompetens.* Lund: Pedagogiska institutionen, Lunds Universitet.

MacMullin, J.A., & Cairney, J. (2004). Self-esteem and the intersection of age, class and gender. *Journal of Aging studies. 18,* 75-90.

Mayor, S. (2004). Education programme reduces STDs in African-American girls. *BMJ: British Medical Journal, 7458,* 127-127.

Momsen, J.H. (1991). *Women and development in the third world.* London: Routledge.

Naidoo, J., & Wills, J. (2000). *Health Promotion. Foundations for practice.* London: Ballière Tindall.

National Institute of Adult Continuing Education. (2000). Empowering women in developing countries. *Adults learning, 11,* 18-20.

Nordenfelt, L. (1995). *Om holistiska hälsoteorier*. Stockholm: Liber.

Ottawa Charter. (1986). *The Ottawa Charter for health promotion, First international conference on health promotion.* Ottawa: WHO.

Oxxal, Z. & Baden, S. (1997). *Gender and empowerment: definitions, approaches and implications of policy.* Brighton: University of Sussex.

Patel, R. & Davidsson, B. (2003). *Forskningsmetodikens grunder.* Lund: Studentlitteratur.

Piaget, J. (1953). *The Origin of Intelligence in the Child.* London: Routledge.

Piaget, J. (1952). *The Child's Conceptions of Number*. New York: Humanities Press.

Raeburn, J. & Rootman, I. (2001). *People-centred Health promotion.* England: Wiley.
Rhodes, J., Roffman, J., Reddy, R. & Fredriksen, K. (2004). *Changes in self-esteem during the middle school years: a latent growth curve study of individual and contextual influences.* Boston: University of Massachusetts.

Rosenberg, M. (1965). *Society and the adolescent self-image.* New Jersey: Princeton.

Rydberg, L. (1996). *Hälsopedagogik.* Stockholm: Bonnier Utbildning AB.

Rydén, O. & Stenström, U. (2000). *Hälsopsykologi – psykologiska aspekter på hälsa och sjukdom.* Stockholm: Bonnier Utbildning AB.

Selberg, G. (1999). *Elevinflytande i lärandet.* Luleå: Centrum för forskning i lärande Luleå tekniska universitet-doktorsavhandling.

Sida. (1997). *Barns rättigheter.* Stockholm: Sida.

Sida. (2002). *Health is Wealth.* Stockholm: Sida.

Starrin, B. & Svensson, P-G. (1994). *Kvalitativ metod och vetenskapsteori.* Lund: Studentlitteratur.

Svederberg, E,. Svensson, L. & Kindeberg, T. (2001). *Pedagogik i hälsofrämjande arbete.* Lund: Studentlitteratur.

Swedish Research Council. (1990). *Forskningsetiska principer inom humanistisk-samhällsvetenskaplig forskning.* Stockholm: Vetenskapsrådet.

Tones, K., & Tilford, S. (1994). *Health education; effectiveness, efficiency, equity.* London: Chapman & Hall.

United Nations Population Fund. (2002). State of world population 2002—People, Poverty and possibilities. *Women's International Network News, 29,* 7-12.

UNICEF. (2004). Report focuses on girl's education. *Reading today, 4,* 1-3.

UNFPA. (1994b). *A new role for men: Empowering through education* (conference on Population and Development I Cairo, September 13th 1994) [www-document]. URL http://unfpa.org/modules/intercenter/index.htm.

Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological process.* Cambrige: Harvard University Press.

Vygotsky, L. S. (1986). *Thought and language.* Cambrige: Harvard University Press

Vygotsky, L. S. (1994). *Tool and symbol in child development.* Oxford: Blackwell.

Weare, K. (1995). The contribution of education to health promotion. In Bunton, R., & MacDonald, G (red). *Health promotion: Disciplines and diversity.* London: Routledge.

World Health Organisation. (2001). *Gender, health and poverty.* [www-document]. URL www.who.int/inf-fs/en/fac251.html. 2005-02-23.

Name of your school_____

Your age_____

Date of today_____

Yes, I want to participate ☐

No, I don't want to participate ☐

Please read carefully through the questions and the answer alternatives. Here is a series of questions related to your experience of school education. Please mark with an X which expresses your answer. Please give only one answer to each question.

1. Are there any student's clubs in your school?

Yes ☐

No ☐

I don't know ☐

2. Are you involved in any student's clubs?

A great deal ☐

A fair amount ☐

Very little ☐

Not at all ☐

3. As far as you can tell, do you feel that your teacher listen to what you have to say during lesson?

A great deal ☐

A fair amount ☐

Very little ☐

Not at all ☐

4. As far as you can tell, do you feel that you can talk to your teacher when you have questions about your schoolwork?

A great deal ☐

A fair amount ☐

Very little ☐

Not at all ☐

5. As far as you can tell, do you feel that you are being marked after your school performance or after your personality?

After my school performance ☐

After my personality ☐

After both my school performance and my personality ☐

Neither ☐

6. Do you feel that your school treat everybody the same?

A great deal ☐

A fair amount ☐

Very little ☐

Not at all ☐

This question can have several answers.

7. During lesson, does your teacher sometimes use:

	Yes	No
Discussion group's	☐	☐
Lecture	☐	☐
Other	☐	☐

If other, please identify_____

8. Do you feel that the school topics are important for your future?

A great deal ☐

A fair amount ☐

Very little ☐

Not at all ☐

9. Do you feel that your education is important for your future?

A great deal ☐

A fair amount ☐

Very little ☐

Not at all ☐

10. Do you enjoy going in school?

A great deal ☐

A fair amount ☐

Very little ☐

Not at all ☐

Here is a series of questions relating to aspects of your life. Please mark with an X which expresses your answer. Please give only one answer to each question.

11. I feel that I'm a person of worth, at least on an equal plan with others.

Strongly agree ☐

Agree ☐

Disagree ☐

Strongly disagree ☐

12. I am able to do things as well as most other people.

Strongly Agree ☐

Agree ☐

Disagree ☐

Strongly Disagree ☐

13. I feel I do not have much to be proud of.

Strongly Agree ☐

Agree ☐

Disagree ☐

Strongly Disagree ☐

14. I take a positive attitude toward myself.

Strongly Agree ☐

Agree ☐

Disagree ☐

Strongly Disagree ☐

15. Do you ever find that on one day you have one opinion of yourself and on another day you have a different opinion?

Yes, this happens often ☐

Yes, this happens sometimes ☐

Yes, this rarely happens ☐

No, this never happens ☐

16. Some days I have very good opinion of myself; other days I have a very poor opinion of myself.

Agree ☐

Disagree ☐

17. Some people say that most people can be trusted. Others say you cannot be too careful in your dealings with people. How do you feel about it?

Most people can be trusted ☐

You cannot be too careful ☐

18. If you do not watch yourself, people will take advantage of you.

Agree ☐

Disagree ☐

19. How sensitive are you to criticism?

Extremely sensitive ☐

Quite sensitive ☐

Somewhat sensitive ☐

Not sensitive ☐

20. Criticism or scolding hurts me terribly.

Agree ☐

Disagree ☐

21. How disturbed do you feel when anyone laughs at you or blame you for something you have done wrong?

Deeply disturbed ☐

Fairly disturbed ☐

Not disturbed ☐

22. On the whole, how happy would you say you are?

Very happy ☐

Fairly happy ☐

Not very happy ☐

Very unhappy ☐

23. I get a lot fun out of life.

Agree ☐

Disagree ☐

24. I wish I could be as happy as others seem to be.

Agree ☐

Disagree ☐

25. Do you often find yourself daydreaming about the type of person you expect to be in the future?

Often ☐

Sometimes ☐

Almost never ☐

Never ☐

26. Are you bothered by nervousness?

Often ☐

Sometimes ☐

Almost never ☐

Never ☐

27. When you and your friends discuss something that you find of great important, what part do you usually take?

Just listen ☐

Express an opinion once in a while ☐

Take an equal share in the conversation ☐

Try to convince others ☐

Here is a series of questions relating your social network. Please mark with an X which expresses your answer. Some questions can have several answers.

28. Who are included in your family?

Father ☐
Mother ☐
Brother ☐
Sister ☐
Grandmother ☐
Grandfather ☐
Cousin ☐
Aunt ☐
Uncle ☐
Neighbours ☐
Others ☐

29. How often do you talk to your family members?

Often ☐
Sometimes ☐
Almost never ☐
Never ☐

30. As far as you can tell, do you think that your family support you in your daily life?

A great deal ☐
A fair amount ☐
Very little ☐
Not at all ☐

31. As far as you can tell, do you think that your family support you in your schoolwork?

A great deal ☐
A fair amount ☐
Very little ☐
Not at all ☐

32. As far as you can tell, how interested are your family members in what you have to say?

Very interested ☐

Fairly interested ☐

Not interested ☐

33. Whom in your family support you most?

Father ☐

Mother ☐

Brother ☐

Sister ☐

Grandmother ☐

Grandfather ☐

Cousin ☐

Aunt ☐

Uncle ☐

Neighbours ☐

Others ☐

34. Do you feel that you have someone to talk to when you are sad?

Strongly Agree ☐

Agree ☐

Disagree ☐

Strongly Disagree ☐

35. Do you have friends to play with after school?

Yes ☐

No ☐

Sometimes ☐

36. As far as you can tell, do you feel that the society will support you and your family if something should happen?

A great deal ☐

A fair amount ☐

Very little ☐

Not at all ☐

37. Are there any clubs in your society, were you could participate?

Yes ☐

No ☐

I don't know ☐

38. Are you involved in any clubs?

A great deal ☐

A fair amount ☐

Very little ☐

Not at all ☐

Appendix 2

Institution of Health science
Kristianstad, Sweden

Experience of school education, self-esteem and social network among girls in Kitwe, Zambia.

We are two students from the Public Health and Education programme in Kristianstad University in Sweden. We were in Kitwe for three weeks last spring, to see how people in Zambia work with health questions and Mrs. Lumba are one of them and she helped us under our visit. During that time we become very interested in girls situation and their education, which led to our purpose of this visit.

We are now going to do a survey as a part of our education. We want to investigate connections between experience of school education, self-esteem and social network among girls 13-16 years in Kitwe. You are one of 160 girls that we want to participate in our investigation. Your opinion is of great importance so we can show how girls in Kitwe feel in general. We want to show the importance of girl empowerment to promote an equal society.

Your participation is optional; you have the right at any time to say no to participation and the right to interrupt during the whole process.

Your answer in the questionnaire will be **anonymous**, which means that you shall not write down your name or any personal information. Your questionnaire will be collected in a box in front of the classroom. This is for your protection so we or no one else will know how you answer.

Your answer together with the rest of the girls will be written by us as a report to our school. We will send the report to Mrs. Lumba and she will distribute that to your school so you have the opportunity to read it.

We, together with someone from Yan/CHEP or/and your teacher will be present during the whole process. You can ask us at any time if you have any questions.

We would like to thank you for your time and please, keep the pencil.

Thank you
Kristianstad Sweden October 2004

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