



# International Journal of Sciences: Basic and Applied Research (IJSBAR)

ISSN 2307-4531  
(Print & Online)

<http://gssrr.org/index.php?journal=JournalOfBasicAndApplied>



---

## Sexuality Education for Prevention of Pregnancy and HIV Infections: How do Tanzanian Primary Teachers Deliver it?

Margareth Joseph Bilinga\*

*Dar es laam University College of Education, Department of Psychology and Curriculum Studies, BOX 2329,*

*Dar es salaam*

*Email : margarethbilinga33@gmail.com*

*Mobile +255753784584*

### Abstract

The manner in which teachers' handles sexuality education is the most important feature in helping students to understand sex risks. It is expected that when students are knowledgeable with sexuality problems they make use of that knowledge in reducing such risk including pregnancy and HIV infections. While there are a number of studies on sexuality education worldwide there is a few of such studies that have focused on the manner sexuality education is promoted in classroom settings. This study examined the manner teachers teach sexuality education in primary schools against pregnancy and HIV infections in rural and urban primary schools in Tanzania. The study was guided by three main research objectives which were to check what contents of Sexuality Education are taught and not taught in primary schools, to find out whether teachers are trained on sexuality education and lastly, to explore the approaches teaches use in promoting sexuality education in and outside classrooms. The findings showed that while implementing the envisaged syllabi some SE contents are taught while others are not taught due to number of given reasons. The findings also show that in the course of teaching teachers use non participatory approaches particularly in classrooms setting, while counseling, advise, community involvement approaches are used outside classrooms.

---

\* Corresponding author.

Moreover, teachers expressed lack of knowledge and skills in teaching sexuality contents which is caused by lack of training. This implies that there is a need for facilitating teachers with knowledge, skills so as to teach various sexuality education topics effectively.

**Keywords:** Sexuality Education; Sex Education; Pregnancy; HIV and Contraceptives.

## **1. Introduction**

Among the challenges that have been explained regarding Sexuality Education (SE) is the manner in which Sexuality Education is addressed. This might be caused by the factor that the terms Sexuality Education itself is controversial demanding a collection of definitions. In explaining the meaning of Sexuality Education one author [1] put in thus, Sexuality Education is a lifelong process of acquiring information and forming attitudes, beliefs and values about sexual identity, relationships and intimacy. It involves much more than teaching children about reproduction. In its actual sense, it must include a real understanding of sexuality in its broadest terms. In this case Sexuality Education will be used to explain Human I Virus (HIV) education and Pupils pregnancies and the way they are taught.

HIV, the virus that causes AIDS, is one of the world's most serious health and development challenges: data given by World Health organization show that there approximately 36.9 million people living with HIV in 2014 [2]. Of these 2.6 were children less than 15 years old. Sadly most of these children live in Sub saharan Africa. WHO statistics also show that about 2.1 million individual world became infected in 2013 [2]. UNAIDS statistics indicated a shocking picture that 17.1 million of the HIV infected people did not know that they were living with HIV virus [3]. Looking from different angle of the world it has been noted that HIV is the world's leading infectious killer. Data given by WHO shows that, an estimated 34 million people have died since the first cases were reported in 1981 and 1.2 million people died of AIDS-related causes in 2014[2]. Tanzania is one of the countries that were hardest hit by HIV and AIDS pandemic. However a situation shows a declining figure, a comparison of the 2007-08 Tanzania HIV and Malaria Indicator Survey (THMIS) and 2011-12 THMIS HIV prevalence estimates indicate that HIV prevalence has declined slightly from 5.7% to 5.1% among adults age 15-49. Similarly, HIV prevalence has declined among women, from 6.6% to 6.2%, and among men, from 4.6% to 3.8%. [4]

The education sector is one of those that have been seriously affected by the HIV and AIDS [5]. The disease has resulted in physical, psychological and emotional suffering. Problems associated with the scourge include the death of schoolteachers, students' absenteeism, students dropping out of school and the hardship facing orphans who cannot concentrate fully on their studies.

Additionally, Tanzania government statistics show that teenage pregnancy has become a cause for concern, especially as regards schoolgirls. For example, between 2012 and 2013 alone, 2824 primary school girls dropped out of school due to pregnancy [6,7], which clearly threatens government efforts at closing the gender gap in education and fighting poverty in general. The Government has been concerned that teenage pregnancies, along with HIV infection, should be contained.

Noting these problems, the ministry responsible for education and public and private institutions of higher learning, in collaboration with the Tanzania Commission for AIDS (TACAIDS) and Non-governmental Organizations (NGOs), have developed interventions to accelerate the provision of SE in schools. The interventions are aimed at giving pupils better information regarding the dangers of early sexual relationships, as well as accurate information about pregnancy, AIDS and other sexually transmitted diseases [8.9]. It was assumed that giving such information would provide children with the knowledge and skills to protect themselves from becoming pregnant, as well as from HIV and other sexually transmitted infections.

Although Sexuality Education has been integrated in the school curriculum, little has been done to assess what is taught and the how it is taught. This study, therefore, sought to investigate how Sexuality Education is taught in promoting knowledge and skills in prevention of pregnancies and HIV infections among primary school pupils. Specifically the study intended to check, the extent to which the envisaged Sexuality Education content are taught in primary schools? How teachers teach Sexuality Education in classrooms settings.

## **2. Method**

In this piece of work phenomenological approach was the natural qualitative choice for the investigation. Phenomenology is a way of describing something that exists as part of the world in which people live [10]. Phenomena may be events, situations, experiences or concepts. Human beings are naturally surrounded by many phenomena, of which they are aware but do not fully understand [11]. Lack of understanding of phenomena may exist either because they have not been overtly described and explained or people's understanding of the impact they make may be unclear [12]. Phenomenological research begins with an acknowledgement that there is a gap in our understanding and that clarification or illumination will be of great benefit. In this study, the researcher worked on the assumption that there is little knowledge regarding SE is taught in prevention of HIV and AIDS infections and pregnancy. Hence clarification provided by teachers to fill this gap was deemed necessary. The phenomenological method is interested in the way in which phenomena are experienced, rather than the nature of the phenomena themselves [11]. An investigation into teachers' practice and experience of teaching the integrated content of SE in their day-to-day professional undertaking was deemed essential in order to discover how the content was being implemented in schools.

Purposive sampling procedure was used to draw a sample of 60 teachers from rural and urban primary schools in Morogoro region. Among them were six school heads, 54 teachers who teach Science, Social Studies and Personality Development and Sports in standards five to seven. Nine teachers from six selected schools. Standards five, six and seven discipline teachers were selected because it is at these levels sexuality contents are taught, particularly family planning methods, conception, STIs and AIDS. It was assumed that such teachers were well informed, experienced and knowledgeable with regard to sexual matters and so it was assumed that they would give appropriate information, particularly the way they handle Sexuality Education in and outside classrooms.

The researchers used triangulation method whereby documentary search, interviews and non-participants observation were used. Documentary search was used to determine the extent to which HIV and AIDS and

pregnancy are integrated and implemented in primary school syllabi, they included syllabi, scheme of work lesson plans and log books. While syllabi were used to assess the nature and extent to which SE has been integrated in the primary school curriculum, schemes of work and lesson plans were specifically used to assess how teachers tackled Sexuality Education in their classroom interactions. This was done in order to obtain relevant information on the manner in which teachers implement the stipulated curriculum.

The researchers employed face to face interviews: interview allows an opportunity for clarification in case an item was ambiguous. One researcher [12] points out that since the interviewer and interviewee are both present when the questions are asked and answered, there is an opportunity for flexibility to elicit information. The method is a key component of qualitative research, independent of the specific research topic, especially in the case of research into sexual experience. This is because a study of human sexuality, such as this one, requires a deeper and more intimate and trusting rapport between the researcher and research subject. Interviews were conducted with subject teachers, and head teachers, aimed at tapping information regarding the way SE are taught in primary schools.

In order to qualify the study the researchers also employed non-participant observation using the observation schedule to triangulate with documentary search and interviews. The method was adopted based on the understanding that what people actually do is often different from what they say they do. The choice is also due to the fact that it avoids subjective bias as the researcher can observe what takes place physically. Observation checked on the manner teachers delivered the content, the way they managed their classes, their questioning and modality of feedback given to their respective pupils. Commenting on direct observation, scholars [13] posit that “direct observation of classrooms is the best methodology available for studying how teachers teach.” The principal goal was to provide a verbal picture of behaviours as they unfold in time. The method therefore helps to reveal inter- and intra-personal variations in practice. As one author [14] argues as follows:

Observations of programme implementation are very important because there is often a mismatch between educational programs as they are stated in a policy manual and the actual implementation of the programs (P, 79).

Data were subjected to content analysis, focusing on the meaning of statements made by informants in the course of interviews. The syllabi analysed were Science, Civics, Personality Development and Sports. Schemes of work and teachers’ lesson plans for these subjects were also analysed based on the fact that SE in primary school is not a stand-alone discipline, but is supposedly integrated in other disciplines through the multi-disciplinary approach. One scholar [15], content analysis refers to the systematic analysis of qualitative data to obtain the latest meaning of words, phrases ideas, postures, objects or artifacts. Open-ended questions were categorized in order to get the differences from the two spatial settings. The researchers subjected the syllabi to content analysis in order to discern the presence and coverage of HIV and AIDS and pregnancy in the curriculum and whether the envisaged content matched its implementation in schools.

Documentary data were subjected to content analysis to discern information relevant to the study. Of particular importance were data from teachers’ lesson plans. Fifty four teachers’ lesson plans and logbooks were critically

read, focusing on teachers' statements about the children's activities. Statements provided 'lesson tones' of teachers' plans for implementation of the activity-oriented curriculum. The ultimate aim was to match teachers' plans, which envisaged inculcation of specific knowledge, skills, and feelings. Additionally, thematic analysis was done, whereby various issues were categorized based on their themes.

### **3. Results**

Results from the analysis revealed that a substantial amount of SE content was mainstreamed in primary school syllabi. The analysed syllabi constituted 104/356 (29.2%) of topics with Sexuality Education content located in Science, Civics, Personality Development and Sports Disciplines. Out of these, HIV and AIDS covered 15/356 of the evaluated syllabi in primary schools. In Personality Development and Sport HIV and AIDS was addressed in standards six and seven. In lower classes, the topic aimed at imparting to pupils the mastery of various skills, such as refusal skills, relationship skills, communication skills and assertive skills.

HIV and AIDS content was taught in schools from standard one to seven. The topics were similar but were graded 1 to 7, with materials considered to be appropriate for the age of the targeted group. Thus, in standards one to three teachers were to concentrate on giving simple information, such as a definition of HIV and AIDS, its symptoms and prevention measures. They also focused on transmission methods, such as sharing sharp-edged things, blood transfusion and transmission through breast feeding. That was prepared so as to inform pupils of the different ways through which people could be infected with HIV as well as how to limit such behaviour among the targeted youngsters.

In standard four, pupils were taught about sexually transmitted diseases. Teachers claimed that at that level children were introduced to HIV and AIDS as one of the sexual transmitted diseases. From standard 5 to 7 sexual behaviour that transmitted HIV and AIDS was articulated more intensively than at lower levels. Teachers concentrated on abstinence, being faithful and using a condom (A-B-C) as prevention measures.

Reviewed schemes of work revealed that HIV and AIDS topics were prepared in schemes as envisaged in all syllabi. However, findings from the checked lesson plans revealed differently. The plans showed that some topics were not included in the plans and therefore not taught. The omitted topics were the proper use of condoms, and relationship, negotiation and communication skills.

Teachers claimed that teaching HIV and AIDS at the lower level was easier than at the higher level, for it did not involve talking much about sexuality, such as copulation and the use of protective devices such as condoms. When checked on what was taught, the findings revealed that condom use as a prevention measure was partially taught or sometimes omitted in discussions. Classroom observations and documentary search affirmed that teachers handled HIV and AIDS content with some difficulty, particularly condom use. Table 1.1 shows the analysed results

#### **Coverage of pregnancy and preventive measures in classes**

Content analysis revealed that, although pregnancy among school girls has been a longstanding problem rather

than HIV and AIDS, little about it is integrated in the syllabi. Of all the topics, only five seemed to be related to SE, two sub-topics in the Science Syllabus, and three in Personality Development and Sports that directly and indirectly educated pupils about pregnancy and related issues. These sub-topics were the reproductive system, health services in standards six and seven in the Science syllabus and refusal skills, communication skills and relationships skills in Personality Development and Sports.

**Table 1.1:** The Intended and Implemented HIV / AIDS content in Surveyed Schools

Class	Topics	Intended	Implemented		Omitted
		Transmission/Causes	Preventive Measures		
1 -3	HIV and AIDS	Sharing sharp things, Blood transfusion	Avoid sharing sharp objects like toothbrush and razor	All taught	None
4	Sexually transmitted disease HIV and AIDS	Sexual contacts Sharing towel underwear, Kissing	Condom Abstinence Be faithful  Adherence to religious teachings	Abstinence Be faithful Adherence to religious teachings	Use of condoms

According to the Science syllabus, teachers are supposed to educate pupils about their reproductive physiology and the function of each part, puberty and all the changes that occur at adolescence in girls and boys. Other information included the challenges of puberty, inception, symptoms of pregnancy, and conception, as well as ways of getting babies of a certain sex, infertility and caring for their sensitive parts. In standard seven, pupils are supposed to know about family planning.

When asked about what they were taught in these areas, interviewed teachers reported handling such topics in standards six and seven whereby their teaching was on conception, the gestation period, giving birth and family planning. They also dealt with having a single child, twins and complexities that lead to infertility. However, teachers claimed that addressing a topic such as pregnancy was challenging since it involved teaching about sex, which is treated as taboo in different cultures. This sometimes forced teacher to select what they thought was not a taboo and omitted whatever they thought was difficult to handle.

During interviews with subject teachers, the researcher asked them if they covered all the pregnancy content indicated in the syllabi. Five of the interviewed teachers from rural schools and nine from urban schools agreed that they handled all the content in depth. Seventeen and fifteen teachers from rural and urban schools, respectively, said that they taught some of the content in depth and some superficially, while five teachers from rural and four from urban schools reported teaching what they felt comfortable with and skipped some of the content, such as sexual intercourse and giving birth (see Table 1.2).

Furthermore, the findings revealed that, although sexuality education has been introduced in schools, the

distribution of condoms and other contraceptives to primary school pupils is not permitted, based on the guidelines that introduced SE in schools. According to the guidelines, education on the proper use of condoms will be given in primary schools, secondary schools and teachers' training colleges. However, it is emphasized that the distribution of condoms is restricted because it will compromise moral ethics regarding premarital sex.

**Table 1.2:** The Intended and Implemented Pregnancy Topics in Surveyed Primary Schools

Class	Topics	Intended Topics	Topics Implemented	Topic Ommited
5-7	Pregnancy & Pregnancy Control Measures	Inception Symptoms Pregnancy Gestation period Delivery,	Pills Injectable Symptoms of pregnancy Gestation period Implants	Calendar method Visectomy Tubeligation Delivery U Negotiating skills
	Life Skills	Single child Twins  Assertiveness Negotiating skills Relationship skills Communication skills Refusal skills Decision making skills	Refusal Skills Communication skills	Relationship skills  Communication skills  Use of condoms

### 3.2. How SE is taught in classroom settings

#### *Teaching about HIV and AIDS and pregnancy control measures*

The results from showed that the majority of teachers used both participatory and non-participatory approaches. However, non-participatory approaches were widely used, particularly the lecture method. During interview teachers mentioned the lecture method as the most preferred method, followed by question-and-answer, discussion, storytelling, plays and demonstration in that order. Teachers claimed that participatory methods slowed their pace because it took a lot of time to complete the syllabus.

When asked why they preferred the selected methods. Interviewed teachers gave a number of reasons, one of which was the simplicity of the method itself as well as avoiding many questions from pupils. Consider the following quotations:

I like the lecture method because it is simple in terms of its preparation as well as presentation. You just check the syllabus for what you want to teach. Then you read reference books to compile the needed material. It has fewer complications than other methods. (A male teacher from an urban school)

I prefer the lecture method because I want to avoid many questions from pupils. While teaching, I make sure I utilize my time well. In my period pupils are not allowed to ask any questions. I tell my pupils to listen

attentively and no-one is allowed to ask any questions. (A female teacher from an urban school)

The researchers inquired further into why the teacher did not want to involve pupils in discussion. Her response was somewhat challenging as she said,

Involving pupils in the classroom was somewhat cumbersome since sometimes pupils become aroused and fail to control themselves in such a way that learning is disrupted. They do not pay attention. So denying them from participating was a good option. (A female teacher from an urban school)

Other teachers preferred the lecture method due to insufficient teaching skills, inadequate knowledge and lack of teaching aids such as television, radio, photographs and slides. Others included large class sizes, which teachers dealt with by forcing them to rely on inappropriate lecture methods. Teachers complained that their classes were too large to deal with. In such a situation teachers feared that classrooms would become unruly and difficult to control when other methods such as discussion, role play and fieldwork were used, for they are time consuming to plan, organise and supervise. They added that the syllabi were greatly overloaded and so they had to use lecture method to ensure coverage of the syllabi before pupils could take the national examinations. Moreover, the lecture was regarded as an effective teaching method for immediate recall when a teacher intended to assess his or her class. Talking about the setbacks of the question-and-answer method, one teacher had the following to say,

The question-and-answer method is good for teaching about sexuality, for it makes pupils active and ask a lot of questions. However, they become so inquisitive that, if the teacher is not careful, he/she cannot move from one point to another. As a result, the teacher may not be able to complete the syllabus (A teacher from urban school).

Those who preferred participatory methods had the view that participatory methods encourage pupils' participation in the classroom. They assumed that pupils know something, for they live with parents or relatives who are HIV and AIDS victims. With that reason they preferred to share knowledge with pupils rather than simply feeding them with information. Moreover, at hitherto participatory methods were highly emphasized by their employers.

With regarding to teaching skills most interviewed teachers reported that they taught the skills verbally, by telling them the "dos" and "dont's" of sexual engagement but little activities were done to facilitate the adoption of such skills. Apart from refusal, other skills such as negotiation skills, communication and relationship skills were not taught at all. Only two teachers used various methods to educate pupils about such skills. The first teacher said that she used brochures to show pupils different ways that would help them avoid risky behaviours. The brochures had a picture of a girl refusing an offer from a man. The other teacher used the "fataki" advertisements (Fataki a Kiswahili word meaning sugar daddy. He used fataki banners placed at the roadside near his school to remind girls about risky behaviours). The teacher also reported that he used to remind pupils to listen to various advertisements about 'fataki' on different radio stations. He acknowledged that the fataki advertisement was very effective in giving sexual skills to pupils

The findings from observations affirmed what was given in the interviews because what was observed reflected



what was revealed through interviews. In most observed classes, the direction of interaction was one way, that is, from teachers to pupils. For most of the time, teachers used teach-talk strategies. There were only about four instances out of twelve observed classes where teachers deviated from this traditional method. Two of the cases were observed in standards six and seven, where teachers informed pupils about the consequences of early pregnancy and family planning, while the other two were in HIV and AIDS classes. In standard six, the teacher used storytelling to inform pupils about the consequences of sex at a young age. The teacher narrated a story of a girl who was expelled from school due to pregnancy. She talked about the girl's behaviour at school, the misfortune she suffered, how she cried when leaving the school, and all the problems she encountered after leaving the school. The teacher wanted to let pupils understand that they should not get involved in sexual affairs while at school, for they will have a negative impact on their future.

In standard seven, the teacher was able to combine expository and activity-based strategies to inform pupils about family planning methods. In her teaching she used the lecture method. In the process, she divided pupils into groups and gave them questions for discussion. Pupils discussed various family planning methods based on the questions provided by their teacher. Thereafter, they presented their answers in the class.

In standard six, the teacher used a play to teach about HIV and AIDS. His major focus was on transmission methods, particularly sexual malpractices and their consequences. A few pupils were selected to act in the play, after which the teacher asked the pupils several questions, reflecting what had been acted in the play. It was a fascinating lesson and the majority of pupils participated in answering the questions. More inquiries revealed that the teacher who used the strategy had undergone training in HIV and AIDS.

The other class on HIV and AIDS was in standard five where the teacher used the question-and-answer method as follows:

Teacher: Who can tell us the long form of HIV? Most pupils raised their hands and said,

Teacher! Teacher!

The teacher selected one pupil who answered the question as follows

Pupil: It is Human Immunodeficiency Virus

Teacher: Good and what is AIDS?

Pupil: Acquired immune deficiency Syndrome

Teacher: How does HIV and AIDS spread?

Pupil: By sharing injection,

Pupil: Transfusion of unsafe blood,

Pupil: Sexual contacts,

Pupil: Touching blood of an infected person,

Pupil: Sharing ear piercing tools.

The lesson continued like that till to end of the session. Importantly, the teacher had the ability to motivate pupils when they responded correctly.

During observations, the researcher also observed the manner in which teachers responded to pupils' questions in the classroom. In one class, a boy wanted to understand more about what was taught in the classroom and requested the teacher to explain it to him. The lesson was on the physiological changes that occur in males and females at puberty. She started with the changes in males and then explained the changes occurring in females. It was a topic in which most pupils showed a lot of interest. When a boy raised his hand as a sign to ask a question, the teacher commanded him: "Please stop that and try to listen to what I am talking about. I know you never stop disturbing when we teach. Wait, I will give time for questions at the end of the session".

The researchers followed up by checking whether or not the boy was given a chance to ask his question. Unfortunately, no opportunity was given to him. Consequently, his interest in knowing the unknown ended in vain. After the class, the researcher asked the teacher why she had denied the pupil the opportunity to ask a question. The teacher responded that, the boy was so stubborn. They know him; he never leaves the room without asking questions. Sometimes his questions are very embarrassing. It is difficult to tolerate him and that is the reason I turned down his request

The same teacher embarrassed another pupil's when he tried to answer a question. When the pupil was about to answer the question, she responded, "No, you should not answer this one, for you have already tried and failed to answer the former one. Let others answer this one and you will try the other questions, the pupil looked sad and she was no longer active in the class.

Another issue that was noted during classroom observations was lack of innovation on the part of teachers in relation to learning and teaching aids. In most of the visited schools, there was a lack of either modern or local teaching or learning resources for both teachers and pupils, particularly modern teaching aids. However, even where teachers could prepare teaching aids it was rarely done. Most teachers taught without teaching aids. During classroom observations, when a teacher was teaching about HIV and AIDS, it was noticed that the teacher struggled to draw on the blackboard a man who had lost weight due to AIDS, which she could have done prior to the lesson. She could have drawn the picture on a manila sheet or elsewhere. The researcher noted that teachers lacked seriousness in the preparation of teaching aids.

### ***3.3. Pedagogical approaches outside the classroom***

Sexuality education needs to go beyond the classroom to ensure that adequate knowledge and skills are imparted to pupils, because teachers need to check on how pupils demonstrate outside the classroom the knowledge they

have acquired and to correct them when they are wrong. Moreover, they should involve the community, such as experts and parents, in this exercise. Arguing on the importance of community involvement, different authors [32,33] commented that no matter how well equipped the change agent may be, intervention of an educational innovation cannot succeed if the community and the context in which they live are not consulted. To this end, teachers were asked to indicate what they did to educate pupils on sex outside the classroom. An analysis of the interview proceedings showed that three major approaches were used to educate pupils outside the classroom, namely counselling and advice, discipline and community involvement.

### ***3.3.1. Counselling, guidance and advice***

When asked about the approaches they used to provide pupils with SE outside the classroom, many of the 54 interviewed teachers in rural and urban schools explained that, apart from classroom instruction, they advised pupils when they realized that they were starting sexual relationships. They advised pupils concerning various accepted sexual morals, and informed them about several future advantages of remaining sexually disengaged. The teachers commented that they monitored pupils' movements and so it was easy for them to notice any changes and act upon them. This was done to ensure that pupils were not engaging in sexual affairs that would jeopardize their health and school life. To accomplish this task, teachers normally befriended children and advised them on the way to behave so that they would accomplish their school goal. The teachers also counselled pupils when they reported their problem.

It was reported that Sometimes pupils inform teachers the problems they face with men outside the school. In their responses, teachers advised pupils about the way to behave and how to avoid disturbing men. If the problem persisted, teachers consulted parents to help

Moreover, teachers reported that sometimes they called up all girls from standards five to seven in a certain place/room and guided them on different things regarding their sexual health. They guided them about how to handle their sanitary pads and to dispose them, as well as general cleanliness, tidiness and decent dressing. Also teachers talked about what causes HIV and AIDS, how it is transmitted, and HIV status. Consequently, pregnancy in schools and its repercussions were discussed. All this was done so as to strengthen the knowledge given in the classroom about pupils not having sex before their time. Moreover, they also counselled pupils when they are found to be pregnant. As one teacher put in thus,

We are dealing with different children from different places. Some of them might adhere to our teachings. Sometimes some fail to comply with what they are taught. We just find that they are pregnant. In this situation we have to sit with these children and counsel them about the situation they face. Normally we counsel them to cope with the situation and find a second chance to be back to school after their delivery. (A teacher from an urban area)

However, teachers complained about the lack of counselling knowledge. In all visited schools only three teachers had attended an in-service counselling course. Others were using their teaching experience and common sense. Such teachers were of the view that although they did a lot in counselling and advising, they

thought they would do better if they were to go on a counselling course.

### **3.3.2. Community involvement approach**

Teachers also reported on the efforts that involved the community in educating pupils regarding sex. However, it was reported by only two head teachers that they had made some effort to involve some groups to help provide their pupils with SE. The efforts included meeting with parents and pupils to discuss various issues including sexuality matters and invited some groups including Non-Governmental Organisations to discuss sexual issues with their pupils. The other four heads said that they had never involved any community members in providing sexuality education. Different NGOs had made their own efforts to visit schools to educate pupils on various issues, including the impact of drug abuse, HIV and AIDS and early pregnancy. The interviewed subject teachers revealed the same. They made little effort to involve groups or community members to provide pupils with SE. Most NGOs, which went to schools, did soon their own initiative. However, the NGOs were reported to be unreliable and operated only in towns. It was noted that out of the six visited schools, NGOs such as UMATI (A Tanzanian non profit NGO for reproductive health) and Feminal Health Information Project (HIP) operated in only two urban schools.

When subject teachers were asked about the involvement of parents and teachers in dealing with sexuality education, they reported that they taught standards one to standard seven pupils without involving experts in sexuality education or HIV and AIDS. They said that it took time to cover the syllabus and so involving people from outside may take more time to finish the syllabus. They commented that they were evaluated through what is known as the Open Performance Review and Appraisal System (OPRAS). So, their concern was about coverage of the content which, in turn, would reflect their performance and hence would help in their promotion. Moreover, teachers reported that involving an expert would be ideal. However, the problem would be where to get an expert who would be ready to leave his/her work for the sake of pupils.

## **4. Discussion**

This study reported results regarding sexuality education content that has been integrated in primary schools as well as pedagogical approaches which teachers used to enhance the knowledge and skills relating to SE of primary school pupils. An assessment of teachers' methods was essential because they play a significant role in influencing pupils' behaviours.

The findings from the syllabi revealed that although pregnancy has been a greater longstanding problem than HIV and AIDS, little is integrated in the syllabi regarding the problem. This study concurs with the author [17] analysis in Tanzania where he identified more topics on HIV and AIDS were inserted in syllabi than other sex aspects. Emphasizing HIV and AIDS more than other aspects may limit pupils' knowledge and skills in respect of other sex-related risks like pregnancy and STIs. The topic of family planning is provided at higher levels of primary school, which affects pupils in lower classes, since some engage in sex before they advance to such levels. As a result, female pupils unknowingly become pregnant that eventually ends their schooling. Different studies have revealed that pupils receiving information on sex before they mature are more likely to protect

themselves from sexual risks than those receiving it at a later age [17,18,19]. Several pupils getting pregnant at lower primary education levels may have been due to lack of information on pregnancy and pregnancy prevention measures.

Regarding teaching approaches it was found out that most teachers used non-participatory teaching dominated by lecturing on facts-based rather than skill-based content. Problem solving approaches were rarely used or not used at all. Similar observations were reported other findings [20, 21], where it was noted that since teachers rushed to cover extensive academic syllabi, they relied on one-way traffic (lecturing), ignoring facilitative methods so as to cover the syllabi. In similar vein other scholars [22] noted that most teachers find difficulty to go beyond deductive methods while teaching of sexuality education; they find difficulty to use participatory methods such as role play, simulation and group discussion. Domination of the lecture method is an indication that SE topics are not well handled in primary schools for teachers do not use sufficient methods for providing SE (learner-centred methods) as portrayed in the syllabi (see also URT [23]. Effective learning for comprehensive understanding is attained through participatory methods which ignite pupils' critical thinking, creative thinking and understanding [24]. Thus, pupils need to be facilitated during classroom teaching and learning in order to be well informed about sexual matters rather than relying on didactic methods. In this regard, the report [25] maintained that Tanzania is facing a big problem of reforming teaching methods from teacher centred to learner centred.

Teachers also reported that they do not use the demonstration method. During interviews, no teacher reported using the demonstration method particularly for teaching about condoms and other contraceptive measures. Observation findings also revealed the same, which limits attainment of the set goals. This is because it has been argued that teaching about devices without demonstrating and making them available does not increase proper use. According to a researcher [26], promoting availability and proper condom use increases consistence and reduces the chance of sexual risks.

The findings also showed that while teachers placed more emphasis on knowledge about sex, values, motivation and skills were hardly emphasized. Such findings concurred with one researcher [27] who noted that in South Africa teachers concentrated on knowledge while placing less emphasis on emotions, mental and social dimension. Sexual knowledge can easily be adapted if pupils are provided with good values and skills such as communication skills, negotiation skills, and refusal skills [28]. This is due to the fact that it is easy to learn, imitate and adapt these skills to other social contexts while learning, observing and adapting knowledge from other sources such as films, television, the radio and magazines. Thus ignoring the teaching of skills has a tremendous impact on pupils as they are not informed about how they should behave. One cannot expect pupils to demonstrate negotiation, relationship or assertiveness skills if they are ignorant of them.[29] Pupils need to learn the skills so as to become models to their colleagues.

More findings revealed poor involvement of pupils in the learning process. Teachers claimed that doing so was based on various reasons, such as the need to cover the syllabi, to avoid disturbances in the class and fear that pupils would be aroused. They told pupils to listen attentively and prohibited them from asking questions. Stopping pupils' questions kills the ideas of those who need to speak their minds, leaving them to conform to

directives from their teachers. Such teaching fails to prepare pupils' minds to meet challenges in their future life, in particular in the light of the current HIV and AIDS infection rate. A good teacher should involve pupils from the beginning of the lesson to the end, should address challenges, should cope with the teaching environment that may seem chaotic and should build confidence so as to be able to handle pupils' questions that may be difficult to answer instead of avoiding them [30].

On community involvement the findings noted that the link between primary schools and the local community for educating pupils on sexual matters was weak. In the visited schools, teachers were the main controllers of the learning process instead of sharing it with others. Only two schools involved local people to participate in SE. In other schools, NGOs made their own efforts to visit schools. This indicates that school heads and teachers perceived sex education to be their own task. One researcher [31] emphasized that teachers' guidance and the use of other groups targeted at improving the learning process are important ways of helping young children to receive feedback or control their actions. Arguing in the same vein, other scholars [32, 33, commented that no matter how well equipped the change agent may be, intervention of education innovation cannot succeed if people and the social context in which they live are not consulted. Similarly, researchers [34] pointed out that the community lacking clarity about implementation strategies is the main reason why objectives are not achieved.

The findings also revealed that some teachers were unfriendly and were uncomfortable answering difficult and sensitive questions when it came to discussing sex. Teachers appeared authoritative. They used threats in teaching to the extent that they made pupils fear to fully participate in the class. Some teachers discouraged questions from pupils and some rejected them for answering questions and rarely praised or acknowledged their efforts when they responded to sensitive questions. This discourages pupils from engaging effectively in the class for fear of being disgraced. This state of affairs is due to teachers' lack of correct knowledge regarding SE. Discouraging pupils' efforts reduces their self-esteem as well as their enthusiasm to learn. Learning by trial and error has been proved to play a major role in facilitating knowledge acquisition provided that mistakes are utilized to improve further learning. One researcher [31] argues that "The errors are helpful for deepening learning and understanding" p 59 Commenting in a similar vein, another researcher [35] emphasized that when children engage in learning it is important that they get feedback to help them to identify their position in learning. Because pupils were discouraged from answering questions, it did not give them an opportunity to learn.

It is worth noting that while condom distribution is prohibited in schools, contraceptive measures are permitted for children aged eighteen years and above. It can be argued that efforts to prevent pregnancy and HIV and AIDS infections at school are ineffective due to the fact that teaching about devices without demonstrating and making them available does not ensure their regular and proper use. According to one researcher [27], promoting availability and proper condom use increases consistence and reduces the chance for sexual risks. Furthermore it has been observed that, protective measures work adequately, effectively and efficiently only if they are affordable, accessible and available [36].

## **5. Conclusion**

It was revealed that the syllabi integrated reasonable package of SE. However, examined syllabi were overloaded and fragmented, making some of the content to be partially covered and the rest uncovered. Due to such reason teachers rushed to meet examination deadlines, which has an impact on pupils' understanding of the SE content because they need more time for teaching. By examining the activities performed by teachers in this work, it can be concluded that they deviated from proper teaching methods on sexuality education as suggested in the syllabi. Most teaching methods so portrayed were based on deductive models of lecture sessions without much focus on interactive sessions. The use of interactive methods and teaching aids such as radio, models, and television and peer drama groups was rarely observed. That is to say, while the syllabus portrays that the learner-centred approach should be used, the practice revealed quite the opposite. Based on the discussion, it can be recommended that for intended behaviour to occur, teaching need to be modified to provide comprehensive information, transfer and skills building by using the learner-centred approach, which could be achieved through presenting basic and accurate information about risks of early and unprotected intercourse using a variety of teaching methods, such as question and answer and discussion, and empowering pupils to use skills such as decision- making, self-assertiveness and communication skills.

## **6. Recommendations**

Based on the findings two types of recommendations were made:

- There is a need to empower teachers to facilitate SE by considering all the envisaged topics, for it has been shown that they are ineffectively taught at school level. This should be done by considering what and how best SE should be provided in schools, including deciding whether it should be taught as compulsory or optional subject, whether it should be integrated in other subjects or whether it should stand alone as an independent subject. Consequently, the study recommends the need for recasting information on pregnancy for primary school pupils to provide lower level classes with adequate and more information on pregnancy than is provided today. Providing this information might reduce the number of pregnancies among primary schools pupils, and reduce the gender gap in education and poverty in general.
- Training and in-service training in the provision of SE needs be introduced for the purpose of improving pedagogical skills and knowledge of how to teach SE topics, which will give teachers confidence in implementing the programme. The training should include aspects like how to provide counselling and advice to pupils as well as how to deliver the content.

## **Acknowledgement**

This work is a product of several people's contributions. First and foremost sincere appreciation and gratitude are due to Prof Possi and Dr. Mkumbo, whose constructive criticisms and guidance facilitated the accomplishment of this piece of work. Without their strong support this work would be very difficult. The researcher also acknowledge the support from the Regional Administration Offices and school heads in

Morogoro region for providing valuable assistance in the course of conducting this work in the region. Thanks are also due to teachers for their generosity and willingness to share their knowledge and experience of Sexuality Education. Special thanks are also due to prof Mwaseba from Sokoine University for his comments and criticism while correcting this work.

## **References**

- [1]. Lenderyou, G. Primary school workbook: Teaching sex education within the national curriculum. London: Family Planning Association, 1993, p 10
- [2]. World Health Organisation Early marriages, adolescent, and young pregnancies, provisional agenda no 130/12. 2014
- [3]. UNAIDS report on global AIDS epidemic (2010).
- [4]. Tanzania Commission for AIDS (TACAIDS), Zanzibar AIDS Commission (ZAC), National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and Macro International Inc. 2008. Tanzania HIV/AIDS and Malaria Indicator Survey 2007-08. Dar es Salaam, Tanzania: TACAIDS, ZAC, NBS, OCGS, and Macro International Inc. 2012
- [5]. Carr-Hill. R., Katararo, J.K., Katahoire, A.R., & Oulai, D. The Impact of HIV/AIDS on Education and Institutionalizing Preventive Education. Paris: UNESCO/IIEP. 2002.
- [6]. United Republic of Tanzania, Basic education statistics in Tanzania National data. National and Regional Data. MoEVT Dar es Salaam, Tanzania: Ministry of Education and Vocational Training URT, 2010.
- [7]. URT Basic education statistics in Tanzania National data. National and Regional Data. MoEVT Dar es Salaam, Tanzania: Ministry of Education and Vocational Training, 2011
- [8]. URT. Guidelines for implementing HIV and AIDS and life-skills education programme in schools. Dar es Salaam: Ministry of Education and Culture, 2004.
- [9]. URT. A Science syllabus for primary schools standard 1-7. Dar-es -salaam: Ministry of Education and Culture. 2005.
- [10]. Eagleton, T. Literacy theory: An introduction. Oxford: Basil Blackwell. 1993,
- [11]. Pring, R. Philosophy of education research. London: Continuum. 2000
- [12]. Cohen, L., Manion, L., & Marrison, K. Research methods in education. London: Routledge Falmer 2007.
- [13]. Silverman, D. Doing qualitative research (3rd ed). London: SAGE Publications. 2010
- [14]. Estacion, A., MacMahon, T., Quint, J., Melamud., B. & Steven, L. Conducting classroom observations in first things first schools: MDRC Working Paper on Methodology. 2004. Retrieved October 6, 2008, from <http://mdrc.Org/publications/390/ful.pdf>.
- [15]. Pellegrini, A. D. Observational Methods in Early Childhood Educational Research. In B. Spodek., O. N. Saracho & A. D. Pellegrini. (Eds.), Issues in Early Childhood Educational Research). New York: Teachers College Press. 1998. pp. 76-92
- [16]. Achola P. P. 'Content analysis: Its meaning, uses and misuses' In Mwikira, K., and Wamahu, S. P.(eds) Issues in Education Research Africa. Nairobi: Eastern African Educational Publishers Ltd. 1995.



- [17]. Mkumbo, K.A.K. An exploration of psychosocial factors affecting the development and delivery of school based sex and relationships education in Tanzania. Doctoral thesis, University of Southampton. 2008.
- [18]. Kirby, D., Laris, B., & Roller, L., A. Sex and HIV education programmes: Their impact on sexual behaviours of young people throughout the world. *Journal of Adolescent Health*, 40 (3), 206 – 217. (2007).
- [19]. Daniels, U. Improving health improving lives: impact of the African Youth Alliance and New opportunities for programmes. *African Journal of Reproductive Health*, 11: 18 – 27. 2007.
- [20]. Avert, 2009. South African HIV and AIDS statistics. Avert AIDS information, <http://www.avert.org/saficastatistics.htm>. viewed 17 Feb 2013
- [21]. UNESCO International technical guidance on sexuality education. An Evidence- informed approach for school, teachers and health Educators. 2009. Vol. 1, UNESCO.
- [22]. Dasu, M. M. Effective teacher for effective classroom teaching, *Papers in Education and Development*, VOL, 21 Faculty of Education, University of Dar es Salaam. 2001.
- [23]. Buston, K., Wight, D., Hart, G., & Scott, S. (2002). Implementation of teachers – delivered sex education programme: Obstacles and facilitating factors
- [24]. Tiendrebeogo, H., Meijer, S & Englberg, G. (2003). Life skills education in Africa: Methods and evaluation. Technical Paper No 11.
- [25]. Thorne, S. L. (2005). Epistemology, Politics and Ethics in Sociocultural Theory. *The Modern Language Journal*, 89(iii), 393-409.
- [26]. Utz, R. J. The International Bank for Reconstruction and Development. Washington DC: The World Bank. 2008.
- [27]. Webb, D. HIV and AIDS in Africa. London: Pluto Press. 1997.
- [28]. Francis, D. A. Sexuality, society and pedagogy. Internet: [www.afric.co.za](http://www.afric.co.za) 2013, retrieved 30 may 2015
- [29]. Kirby, D. The impact of schools and school programmes upon adolescent sexual behaviour. *The Journal of Sex Research*, 2002. 39, 27-33.
- [30]. Kerry, A.T & Wilding, M Effective classroom teacher: developing the skills you need in today's classroom. Glasgow: Beil and Bain. 2004.
- [31]. Vygotsky, L. S. Mind and society: The development of psychological processes. Cambridge: Harvard University Press. 1978.
- [32]. Bishop, M P. Innovation in education. Tokyo: Mc Millan College of Education. 1993.
- [33]. Anderson, E.J. Public policy making. New Jersey: Houghton company. 1994.
- [34]. Rutebinga, P. R & Ruzibuka, J. E. Project Planning and management. Mzumbe: IDM. 1996.
- [35]. Thorne, K. Essential creativity in the classroom: Inspiring kids. London/New York: Routledge. 2007.
- [36]. Kirby, D. The impact of schools and school programmes upon adolescent sexual behaviour. *The Journal of Sex Research*, 39, 27-33. 2002.

## Appendices

### Appendix 1

Classroom observation guide:

Subject..... Topic.....  
Number of pupils present..... Time.....  
Date..... Observer.....  
Class.....

In this guide **H** is used for Highest, **S** for Satisfactory, **L** for Lowest and **N** for none to indicate how behavior has been demonstrated.

1. Define objective clearly and teach step by step.....
2. Effectively organize learning situations to meet the objectives of conception and other SE concepts teaching .....
3. Use of instructional methods and strategies encouraging relevant pupils' participation in learning process.....
4. Uses teaching aid effectively.....
5. Demonstrates enthusiasm for, and HIV and AIDS, pregnancy as well as prevention concepts .....
6. Communicates the idea clearly and effectively according to the level of pupils.....
7. Responds appropriately to pupils' questions and comments.....
8. Maintained eye contact with pupils.....
9. Listens to pupils's questions and comments.....
10. Summarizes major points of the lesson.....

**Appendix 2**

**Documentary Review Schedule on Sexuality Education Contents**

	<b>Intended</b>		<b>Implemented</b>	<b>Omitted</b>
<b>Class</b>	<b>Topics</b>			
1-3	Science			
	Civics			
	Personality development			
4	Science			
	Civics			
	Personality development			
5-7	Science			
	Civics			
	Personality development			

**Appendix 3**

**Questionnaire for teachers**

This questionnaire is designed to check how teacher implement teaching of HIV/ AIDS and pregnancy focusing on primary school curricula. The researcher needs your assistance in answering various questions as indicated in the questionnaire. The information that you give will be used for knowledge purposes and treated with a high degree of confidentiality.

Time ..... School.....

**Section 1: background Information**

1. Age.....
2. Sex (1) Female [ ] (2) Male [ ]
3. Education (Please tick where appropriate)  
(1) Primary level [ ] (2) Secondary level [ ] (3) Certificate [ ]  
(4) Diploma [ ] (5) Degree [ ] (6) Others [ ]
4. Marital status (1) Married [ ] (2) Single [ ] (3) Divorced [ ]  
(4) Widow/Widower [ ]
5. Religion (1) Christian [ ] (2) Muslim [ ] (3) Hindu [ ] (4) Pagan [ ]

**Section 2: Information on teaching SE contents**

6. Do teachers in this school teach about HIV and AIDS?  
(1) Yes [ ] (2) No [ ]
7. If the answer is yes to question No7 what methods do they use to teach HIV and AIDS?  
(i) Lecture method [ ] (ii) Discussion [ ]  
(iii) Question and answer method [ ] (iv) Demonstration [ ]  
(v) Others (mention them).....
8. Do teachers in this school teach about pregnancy?  
(1) Yes [ ] (2) No [ ]

9. If the answer is yes to question No 9 what methods do they use to teach pregnancy?

(i)Lecture method [ ] (ii) Discussion [ ]

(iii) Question and answer method [ ] (iv) Demonstration [ ]

(v) Others (mention them).....

10. How long have you taught about SE contents

(i) 1 - 5 years [ ] (ii) 6 - 10 years [ ]

(iii) 11 – 15 years [ ] (iv) 16 – 20 [ ]

(v) More than 20 years

11. Have you attended any training, workshop, or seminar on SE contents?

(1) Yes [ ] (2) No [ ]

12. If yes to question No 12 how did you benefit from such training?

---

---

13. If no question No 12 do you think it is important to have such training?

(1) Yes [ ] (2) No [ ]

14. Is there any club that facilitate SE at your school? (1)Yes [ ] (2) No [ ].

15.If yes to question No 15 mention the clubs

---

---

---

15.Do you work as a team at your school? e.g. if one teacher is not conversant with the certain topic, can another teacher assist on that? (1)Yes [ ] (2) No [ ].

16. Does the school administration facilitate you adequately in terms of teaching

Materials? Yes [ ] No [ ]

17. If no, how do you cater for this problem \_\_\_\_\_

---

---

18. Do you invite local experts to participate in SE in your class? (e.g. health and other social workers who are found within).

(1) Yes [ ] (2) No [ ] If Yes, Who are they? \_\_\_\_\_

---

---

19. Are you involved in decision making in teaching and learning issues in this school? (E.g. in buying teaching and learning materials concerning the subject).

(1) Yes [ ] (2) No [ ]