

Teaching Sexuality Education in Primary Schools in Tanzania: Challenges and Implications

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Abstract

The purpose of this paper is to investigate the effectiveness of school based sexuality education in promoting knowledge and skills relating to the prevention of pregnancy and HIV and AIDS. The rationale was that understanding how teachers and pupils experience sexuality education in schools could perhaps contribute to better ways of mitigating HIV/AIDS and pregnancies. In this regard, the study focused on exploring the way in which sexuality education is provided in primary schools, explore teachers' training on sexuality education provision, pupils' source of sexuality education knowledge and challenges that affect the provision of sexuality education. The study used mixed method design, where by both quantitative and qualitative approaches were utilized. The study population was drawn from a total of 120 teachers and 204 pupils. Data collection methods included, questionnaires and interviews. The research findings shows although sexuality education seem to be intergrated in subjects, pupils' source of sexuality knowledge seem to be not from schools teaching and learning rather other sources out of schools. On the other hand there was evidence of inadequate training for teachers on how to teach and handle sexuality classes in primary schools. Furthermore pupils faces difficulties in learning sexualit topics due to different factors such as cultural barrier, religious beliefs and personal background, teachers with relevant teaching skills and learning facilities. The study recommend several approaches to improve sexuality education in schools which include training for teachers to improve the content and methodology for teaching sexuality education, providing teaching and learning facilities relevant for improving sexuality education teaching. It is concluded that an open discussions on sexuality education among parents, pupils, religious leaders and policy makers should be carried out so as to develop a guideline on what should be included in the syllabus for sexuality education topics and how the contents should be taught. The study therefore calls for other researchers to investigate the application of sexuality knowledge and skills to pupils in protecting them from sexual risks.

INTRODUCTION

World-wide data indicates that 120 million young individuals engage in premarital sexual intercourse without any protection and unsafe abortions (UNICEF, 2001; Avert 2009). Looking at pregnancy alone, the data show that each year around the world women carry 75 million unwanted pregnancies (WHO, 2006). Consequently, there are appproximately 50 million abortions each year and 20 milllion of these are reported to be unsafe (WHO, 2006). Of these, adolescent unsafe abortions are estimated to be 5 million every year (WHO, 2006). Moreover, the statistics indicate that almost 200 women are dying daily as a result of unsafe abortions as well as several untold levels of severe problems caused by direct abortion-related complications (WHO, 2006). These incidences indicate inadequate sexuality knowledge among these women and young teenagers in schools.

In Bolivia, for example, most adolescents become pregnant before reaching the age of twenty (Lipovsek, Ali, Zielinsji, Magnani & Castro, 2002). A survey conducted in England between 1985 and 1998 showed that from a total of 71, 680 births, 5,398 occurred in adolescent mothers (Holgate, 2007). Again in New Zealand, Woodward, Fergusson and Horwood (2001) identified that before the age of 20, nearly a quarter of the sampled girls had been pregnant at least once, with the majority of pregnancies occurring between the ages of 17 and 20. Data from Sub - Saharan Africa indicate that there is a high incidence of adolescent pregnancies. At Mbabane Government hospital in Swaziland, for instance, the data show that 25 percent of deliveries were by women aged between 10 and 19 (Mngadi, Zwane, Ahlberg & Ransjo – Arvidson, 2003). In South Africa the situation appears to be even worse, as 1 in 3 South Africans had babies by the time they were 18 years old (Haffejee, 1996; WHO, 2006; Avert, 2009). Hence the need for sexuality education in schools seems to be crucial in this context since the age which is indicated in statistics reveals that many of these individuals are in school age.

Historical Overview of Adolescent Sexuality Education

Sexuality education started long time ago in pre - colonial times when parents and elders provided it reflecting the culture and values of a particular place (Mbeo, 1997). The current rapid changes occurring in the world, such as urbanisation and migration, have influenced the way in which knowledge about sexuality is imparted to adolescents. Moreover, telecommunications of many kinds have expanded across the globe carrying ideas about sex with unprecedented speed and quantity, which have had profoundly negative impacts on young people (Shuby,

2004). Pre-colonial African societies had no formal educational institutions like the ones existing today and hence pre-colonial children and adults were educated through informal systems (Kenyatta, 1972). Each community made arrangements to see to it that all its members learned desirable social behaviours, necessary basic knowledge and relevant skills for their lives. This kind of education was called traditional family education, which started at birth and ended at death (Occiti, 1993). In Tanganyika, traditional societies provided education by responding to existing socio-economic, political and cultural contexts of responsible communities. It was focused on the requirements of the community as well as the environment of a particular society (Anangisy, 2008).

Though based on sex, it was able to prepare adolescents to take their future roles as responsible adults, parents, workers and citizens. Boys were brought up in close relationships with their fathers, while girls were groomed as future mothers (Makobwe, 1975). Education on sexual and reproductive health was provided in a preparatory way through special ceremonies, demonstrations and rituals, which were used to prepare them to become adults (Anangisy, 2008). It is argued that during initiation ceremonies, the teacher would go through an informal curriculum for adolescents on how to handle the challenges of puberty and transit safely to adulthood (Mwamwenda, 2004). With the advent of colonial formal education in the 1880s, African indigeneous circumcision and initiation rights lost their popularity in most societies. In case of Tanzania, the education system inherited a colonial curriculum that did not include sexuality education for about twenty five years from 1961 to the early 1980s. As a result, Tanzanian students knew little about sexuality and reproductive health. Consequently, most school adolescents were unable to make informed decisions about premarital sexual activities. Parents and community members at large began to question the capacity of formal education to provide adolescents with adequate preventive action against the mentioned challenges. Thus, there was a growing need to initiate sexual education in the school curriculum in Tanzania (Muze, 1979).

Rationale for Providing Sexuality Education in Schools

The need for sexuality education in the school curriculum was justified by the needs assessment which had been carried out by various scholars (Muze, 1979; Makobwe, 1975; Lugoe, 1996 Mbeo, 1997). These scholars argued strongly that providing adolescents with sexuality education was needed because they are sexually active and prone to various sexual risks. Ndeki, Klepp, Kema, Babuel & Msuya (1994) as well as Seha, Klepp & Ndeki (1994) found that a high percentage of boys and girls become sexually active at an early age, when they are still in primary school. Thus, from a public health point of view, primary schools present one of the most important sexual infectious disease prevention arenas, since a large number of children can be reached at an early age before developing behavioural patterns that may make them extremely vulnerable to sexually infectious diseases. Moreover, schools are thought to be a suitable place for providing sexual education due to human and available resources. A study conducted by Kirby (2001) revealed that teachers equipped with skills and tools for teaching and learning can have an immense impact on the health behaviour of adolescents.

Literature shows that adolescents lack accurate information about early sexual relations and the related consequences. For most students the main sources of information about sexuality are peers and various media but these are limited in scope and accuracy. For example, talking to friends is unsatisfying since they are also uninformed (Mbonile & Kayombo, 2008). At the same time parents are unwilling to discuss sexual matters with their children because they are too embarrassed or because their cultural orientation and beliefs oppose it (Ikamba, & Ouedraogo, 2003; UNICEF, 2006). Young people may also be too embarrassed to discuss sexual matters with their parents. Moreover, discussion between parents and children about sexual matters and HIV and AIDS is often limited to threats and warnings without explanations as well as laying down moral rules rather than being practical about how to prevent problems. In this regard, schools are crucial agents for equipping learners with valuable information. Lugoe (1996) postulated that youth may protect themselves from contracting STDs and HIV and AIDS or from pregnancies by either restraining themselves from coital relationships or using a condom each time they have sexual intercourse. However, since HIV is largely transmitted through unprotected sex with seropositive partners and that identifying a safe partner may only be ascertained through HIV testing, abstinence is the safest strategy for preventing HIV and AIDS infection and pregnancy. When youth mature and become sexually active, strategies such as promoting the use of condoms and providing sexual education in school might be necessary.

Reasons for Adolescents' Vulnerability to Sexual Behaviours in Schools

Adolescent vulnerability to sexual behaviours is partly contributed by inadequate provision of sexuality education. As a result, adolescents learn about sexual matters and reproduction by observing adult behaviour, peers or older siblings, and increasingly from the media and in some families from their parents (Frimpong, 2008). However, such information is typically limited and frequently erroneous (Mngadi, et, al., 2003; Frimpong, 2008). Despite the fact that much has changed over the last twenty years, issues relating to adolescence still seem to be lagging behind when it comes to priorities as regards social policy making.

Noting an increase in reported cases of sexually transmitted diseases and early pregnancies, the global community, through international conferences, such as International Conference on Population and Development (1994) and Beijing in 2000 and 2005, resolved to educate adolescents about the danger and joy of their sexual behaviour (UN 1995a, UN 1995b). The inclusion of sexual education in schools was also based on the belief that schools and communities are both needed in the effort to change adolescent behaviour (Lugoe, 1994). It was also believed that critical consciousness arising from communities, including schools, would foster changes in the sphere where actions relating to the pandemic are lacking. They include, for example, introducing life skills intervention programmes, which address the basics of sexual education, promoting the use of condoms among sexually active school youth and instituting legal controls (Lugoe, 1994). Moreover, Biswalo (1996) emphasize that the world with HIV and AIDS is not the same as the world without AIDS. Likewise, schools in an AIDS-infected world cannot be the same as schools in an AIDS-free world. This add an emphasis on the need for sexuality education in schools and community in general. In Tanzani sexuality education content was fused into various existing subjects like Home Economics, Biology, General Studies and Civics in secondary schools and introduced into Civics, Personality development and sport and Science in primary schools (URT, 2005). This was done so as to increase the chance for sexuality education provision in schools.

In the 1980s, Tanzania confirmed its commitment to the Adolescent sexuality education principles and guidelines through a variety of strategies. However, it did not materialize till 2000 when the government, through Ministry of Education and Culture, issued Circulars 3 and 11 in 2001 (URT, 2001). According to these circulars, teachers are supposed to teach adolescents sexuality and reproductive health education in schools. In 2005, Tanzania Institute of Education (TIE) issued primary school syllabi whereby the sexuality content was integrated in personality development and sport, social studies and science. The content included among others; human reproductive anatomy, conception, sexually infectious diseases, risk behaviours, refusal skills, negotiation skills and communication skills (URT, 2005).

STATEMENT OF THE PROBLEM

Government statistics in Tanzania shows that teenage pregnancy has become a case of concern, especially as regards to schoolgirls. For example, between 2010 and 2011 alone, 2824 primary school girls dropped out of school due to pregnancy (URT; 2010 URT, 2011), 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 sexuality education 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 (URT, 2004; URT, 2005). Although sexuality education has been integrated in school curricula in Tanzania, there is a paucity of studies that have assessed its effectiveness. Hence this study focus at examining the challenges in teaching and learning of sexuality education in primary schools and implications to pupils' survival from sexual risks.

KNOWLEDGE GAP

From the reviewed literature, it is clear that integrated SE is widely implemented in the world. However, each cited study is limited to specific areas of research, which the researcher thought were important to his or her study. Some studies addressed sexual behaviour in the context of HIV and AIDS in terms of risk and prevention, such as the use or non-use of condoms (Lugoe, 1996; Kakoko, 2005; Shukia, 2007). Other researchers reported that adolescents are knowledgeable about the mode of preventing an unintended pregnancy (Mwakagile, Mmari, Makwaya, Mbwana, Biberfeld, Mhalu, & Sandstrom, 2001), yet still engage in unprotected sex.

Ikamba and Ouedraogo (2003) addressed adolescent sexuality in terms of early initiation of sexual intercourse and adolescents' sex partners. Lugoe and Biswalo (1996) focused on self-restraining behaviours. Mkumbo and Tunganaza (2007) focused on students' attitudes towards Sex and Relationship Education (SRE). The search made by the author of the present study found that little had been published on the effectiveness of SE in promoting knowledge and skills relating to the prevention of pregnancies and the spread of HIV, focusing on examining the challenges in teaching and learning of sexuality education in primary schools and implications to pupils' survival from sexual risks. This is the gap this study sought to address.

OBJECTIVES OF THE STUDY

- To examine pupils' source of sexuality knowledge in selected schools
- To assess teachers' training and teaching of sexuality education in schools
- To identify the challenges encountered by teachers and pupils in teaching and learning sexuality

education in schools

METHODOLOGY

The study in hand employed mixed research design which is a research design with philosophical assumptions as well as a method of inquiry (Cresswell, 2009). As a methodology, it involves philosophical assumptions that guide the collection and analysis of data using a mixture of qualitative and quantitative research approaches in many phases of the research process. As a method, it focuses on collecting, analyzing, and mixing both quantitative and qualitative data in a single study or series of studies. Its central premise is that the use of quantitative and qualitative approaches in combination provides a better understanding of research problems than either approach alone. The study was conducted in Morogoro Region which was randomly selected from the five regions with high pregnancy rates. The researcher then purposively selected Morogoro rural and Morogoro urban districts for comparative purposes. While Morogoro municipal was selected to represent typical urban areas, Morogoro Rural District represented rural localities. The population targeted in the study includes primary school teachers and pupils and the sample selected was 120 teachers among which 60(42 females and 18 males) were from morogoro rural areas and 60(36 females and 24males) from morogoro urban. On the other hand the sample comprised 204(98 females and 106 males) of whom 102 (44 female and 58 males) students were from rural areas and 102 (54 females and 48 males) were from urban areas. The data collection method used were interview for teacher while the questionnaire was used for students.

Data analysis was done both qualitatively and quantitatively where by quantitative data were sorted,organized and coded for analysis while content analysis were applied for qualitative data.On the other hand ethical issues during data collection were properly handled.

RESULTS AND DISCUSSION

Sources of Sexuality Education among Pupils in Primary Schools

Objective one of this paper focused on identifying the source of sexuality knowledge for students in selected schools. The focus of this objective was interested in recording the contribution of school teachers on pupils' sexuality knowledge in schools among the various sources of knowledge available in the students' environment. In this focus the response from students in the questionnaire provided were as indicated in table 1.

**Table 1: Percentages of Pupils' Responses on Sources of Sexuality Education
(N = 204)**

Source	Respondents			
	Rural		Urban	
	N	Percentage	N	Percentage
Parents	38	37.3	40	39.3
School teachers	30	29.4	31	30.4
Media	34	32.7	35	34.3
Peers	11	10.8	8	7.8
Relatives	9	8.8	6	5.9
Total	102	100.0	102	100.0

Focusing on the responses from students it was revealed that school teachers contribution to sexuality education is at the level of 29 percent in rural areas and 30.4 percent in urban areas. From the findings, it is true to the fact that the differences on teachers contributions to sexuality education knowlwdge for students in rural and urban areas has no significant differences and is generally low as compared to other factors such as media, parents, peers and relatives which all together contribute for about 71 percent and 69.6 percent in rural and urban areas respectively.

This means that school teachers and the school in general has low contribution to sexuality education which the pupils possess in school the situation which might imply that, the school is not doing sufficiently in helping students to obtain proper education in line to sexual risks. In line to that the findings give an emphasize on the need to streghen sexuality education in schools as insisited by Muze (1979), Makobwe (1975), Lugoe (1996) and Mbeo (1997).

It is also noted that, through this ineffective provision of sexuality education in primary schools, pupils might find themselves in challenges during their transit from pubert to adulthood and end up in sexual risks contrally to what was being experienced before colonial times as emphasized by Mwamwenda (2004). Apart from that the provision of sexuality education which is currently going on seem to be not addressing the focused intention which aim at giving pupils better information regarding the dangers of early sexual relationships, as

well as providing accurate information about pregnancy, AIDS and other sexually transmitted diseases (URT, 2004; URT, 2005).

The contribution of School Sexuality Education Provision on Safe sex Strategies

When pupils asked about their sources of information regarding safe sex their response were as indicated in table 2.

Table 2:Contribution of school sexuality education on understanding safe sex strategies (N = 204)

Sources	Respondents Who Indicated the Source			
	Rural		Urban	
	N	percentage	N	Percentage
School SE	36	34.6	35	34.3
Media	34	32.7	35	34.3
Parents	11	10.6	7	6.9
Peers	8	7.7	11	10.8
Relatives	13	12.5	14	13.7
Total	102	100.0	102	100.0

When pupils asked about their sources of information regarding safe sex their response were as indicated in table 2. The responses in table 2 indicate that, among 102 respondents in rural areas 36 (34.6%) of them cited school sexuality education as a source leaving the 66 (65.4%) to other sources such as media, parents, peers and relatives. For more emphasis media alone 34 (32.7%) seem to compete closely with school sexuality education in being a source of safe sex strategies. On the other hand 35 (34.3%) respondents from urban areas cited school sexuality education as a source of safe sex strategies as compared to 68 (67.3%) respondents who mentioned media, parents, peers and relatives to be sources of their knowledge on safe sex. In this location media were ranked similar with school sexuality education all together cited by 35(34.3%) respondents. These statistics imply that, our primary schools in Tanzania are not doing enough in providing sexuality education to pupils at this moment the condition which might expose the pupils in these schools to many sexual risks. Furthermore, the revealed weaknesses in sexuality education provision in schools can render to very serious sexual risks to adolescents at this level of learning due to fact that many of pupils in primary schools are more likely to engage in unsafe sex due to lack of proper sexuality education. This feature might relate to the observation explained by UNICEF (2001) report which reveals that there are about 120 million young individuals world wide engaging in premarital sexual intercourse without any protection. In line to that Avert (2009) emphasize that many teenagers world wide are engaging in unsafe sex as the results they find themselves in pregnancy the situation which cause these individuals to end end in unsafe abortion and death. On the other hand the current provision of sexuality education in primary schools in Tanzania seems to not giving the intended results which were focused at the iniation of these aspect of component in schools. According to government circulars, sexuality education in schools intended to provide reliable and proper sexuality knowledge in areas of sexual risks, sexual risk behaviours, human reproductive health and infectious diseases (URT, 2005: 2001). Hence the observed weaknesses in terms of pupils sexuality knowledge call for need to improve the ways and strategies which are currently used in teaching so as to increase the pupils skills and knowledge and make it useful in their daily life.

Teachers’ Skills of Teaching Sexuality Education in Schools

In an attempt to answer this objective, teachers were required to explain the ways of teaching and specific skills used in engaging students to sexuality concepts in classes. From this demand the response were as indicated in figure 1.

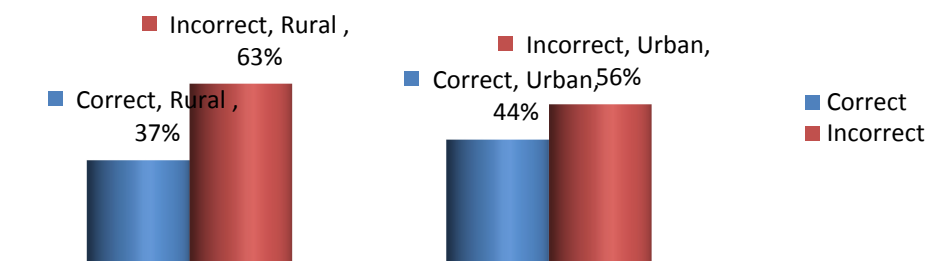


Figure 1: Teachers skills of teaching sexuality education

The findings indicated that among the 54 teachers in the selected schools, some of these teachers seems to lack the skills for teaching sexuality education the factor which was attributed with the training of these teachers. In fact out of 54 teachers, only 22 teachers demonstrated to have good skills in preparation and

teaching of sexuality education to students and seems to be providing correct information as required, among these 10 (37%) of them are from rural schools and 12 (44%) from urban schools. The remaining teachers, 17 (63%) and 15 (55%) from rural and urban areas respectively, seems to have incorrect skills from the way they prepared and taught sexuality education topics (see figure1).

The findings from this study are contrarily from what is emphasized by scholars such as Audrey and Haward (1972), Babyegeya (1997), and Hannagan (2005) who insist that any good teaching should focus on specific aspects of competence which are measurable, attainable, reliable and time bound. This is because some of these teachers failed to demonstrate even the specific skills and competences intended to provide in their students' daily life. Some of these teachers acknowledged their inadequacy in terms of skills as revealed by one of these teachers below;

Teaching is an art as well as a profession and to perform this activity well you need to possess skills in line to the two but in our case we sometimes fail particularly when it comes to demonstrating condoms in classes, talking of sexually sensitive issues such as teaching sex organs in front of these kids is a great challenge. One needs to be strong enough, since some pupils do not understand what you are telling them if you use some implied terms. We are not comfortable mentioning sex organs because our pupils see it as immoral.

In line to these responses, it is implied that, teachers in primary schools need training so as to help them in teaching appropriately the required sexuality knowledge and skills to students.

Teachers' Training on How to Teach Sexuality Education in Schools

In an attempt to respond to this objective, respondents were required to give the status on whether they have attended a specific training on how to teach sexuality education or they use the knowledge obtained from teacher training programmes. Towards getting the reality, the responses from teachers were as in figure 2.

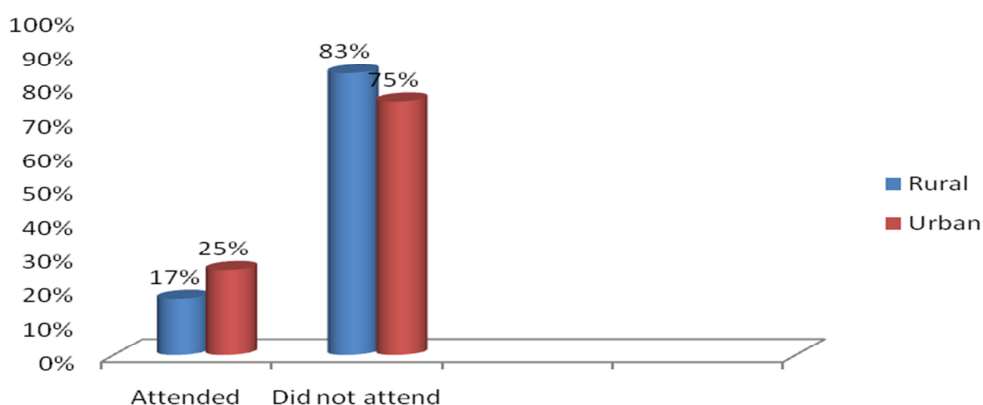


Figure 2: Status of sexuality training attendance among teachers

In line to their training, about 83% and 75% of the interviewed teachers from urban and rural areas respectively acknowledged to have not attended any specific training in sexuality education and that they need intensive training which can be in terms of seminar or short course so as to improve the skill they obtained from their professional training which is inadequate. They emphasized that, the specific training can help them to be clear and confident on information that they had to pass on to pupils, so that they would be able to answer any questions that may be asked by the pupils, as they needed correct information to make informed decisions about sex at this early stage of life. On the other hand 17% of teachers from urban and 25% of teachers from rural areas said to have attended in service trainings on sexuality education and HIV/AIDS prevention measures. Through the interview these teachers demonstrated to have skills in how to teach sexuality education in school. Therefore, the findings suggest that, teachers are given seminars and short trainings on the strategies of teaching sexuality education in schools, it can help them in terms of attitude, confidence, communication skills and hence enhance their teaching skills. Opposite to training teachers may remain ineffective in their teaching the situation which can result in failure in provision of intended school sexuality education as insisted in the government circulars 3 and 11 (URT, 2001). Furthermore, absence of effective training can also hinder the implementation of the syllabi provided by the Tanzania institute of education with the focus of helping in teaching sexuality education in schools as instructed by the government (URT, 2005). Hence, the current inadequacy in terms of teachers training for sexuality education suggest a failure to resolve the question of high rate in teenage pregnancy and sexual risks as reported previously by UNESCO (2001).

Challenges in Teaching and Learning Sexuality Education in Schools

In examining the challenges facing teachers and pupils in teaching and learning sexuality education in

Tanzanian primary schools, the researcher identified several concerns that were mentioned by both teachers and pupils as indicated below;

Teachers cited the lack of adequate sexuality education policy as an obstacle

Teachers complained that, the question of sexuality education is not well captured in the national education policy so as to facilitate the teaching of this component in schools. The current teaching is based on the guideline from HIV /AIDS and Life Skills Education given under strict conditions that hindered the attainment of set goals. According to the guideline, HIV and AIDS and Life Skills Education topics are to be mainstreamed in schools to reduce magnitude of sexual risks. It sound insufficient to teachers as one commented;

We work under guidelines on HIV and AIDS and Life Skills Education that requires us to provide SE information. However, the guidelines prohibit the promotion of certain information particularly on condoms. I do not think this is workable, because if SE is to achieve its goal teachers need be free when delivering the lessons (A teacher from rural school).

When asked about the necessity of sexuality education in the policy, very few teachers were aware of the available guideline on sexuality education provision as explained by one teacher in this statement;

I just teach my pupils different concepts relating to sexuality education. I do not think we are guided by any policy or government specific document for this task. What guides us are the syllabi. So we work to accomplish what is given in the syllabi (A teacher from urban area)

Lack of awareness of the existence of any policy has serious repercussion for implementing any given programme. This is even serious for teachers in this case because are expected to implement the government intention to reduce sexual risks in schools but again they are not aware of what and how is suppose to be done.

Lack of teaching and learning materials

Teachers indicated that lack of learning materials was a major problem. They explained that sometimes they fail to teach the content properly due to lack of both teaching materials and teaching aids. They lack reliable books as well as teaching aids to use in their lessons. Several statements were given regarding teaching resources.

We have no books, Teaching and learning resources are not available, The situation regarding teaching resources is unfavourable, Although teaching and learning resources are available there are not enough. In general we have no materials to facilitate teaching of sexuality education.

The difficulty imposed by curriculum developers

The findings revealed that there were problems in relation to curriculum. Teachers said that the topics were fused in a disorganized manner, resulting in their lack coherence. According to the teachers, this leads to a lack of success in achieving the goals.

It is difficult to follow the content that focuses on sexuality education topics, because the topics are arranged in such a manner that you cannot understand that one is dealing with the same content. Imagine one is talking about skills in personality Development and Sports, I do not think there can be a coincidence when one is teaching skills in Personality Development and teaching pregnancy in science. I think this is confusing (teacher from an urban school)

Cultures and attitude

Teachers in rural and urban schools reported that some African culture are against sexuality education open discussions and is difficult to deal with sexuality topics in classes. For instance, there was a notion that parents should not openly discuss sexual matters with their children, which implies that parents and even teachers have to be passive even if they see that their children are ignorant. They ultimately end up indulging in sexual relationships.

Our culture has been an obstacle to handling sexuality education concepts. This is because in African cultures we are not allowed to speak about sex openly. We only do that through initiation. This affect us in the teaching process.

Pressure from Parents

Though the majority of parents favoured the provision of sexuality, some parents were against it. During interviews, some teachers claimed that they could not properly implement the programme for fear from offending parents. Example one male teacher explained that,

Some parents do not support the provision of SE in schools. When you teach their children, they will attack you for inculcating in young children unethical things. In standard six, one boy claimed that his father tore his exercise book because he found him drawing female reproductive anatomy (A teacher, from one School).

Pupils' responses

When pupils were asked about the problems they encountered in learning sexuality education, they mentioned several factors, which among others were the lack of clubs, the lack of learning resources and the lack of support from parents. They reported that they failed to learn about sex successfully because they did not have clubs.

Pupils further complained about the lack of friendly interactions between them and their teachers. In discussion with the researcher one pupil explained that some teachers lack interaction skills for dealing with difficult and sensitive questions and were uncomfortable discussing about sexuality. One pupil narrated,

Oh! sometimes teachers are very strict while teaching sex topics. They do not let us ask them as many questions as we would like. Sometimes those who ask a lot of questions are disgraced and are categorized as promiscuous. Our parents are also not interested in helping us with misconceptions about sexual issues (A pupil in urban school).

Looking on the cited responses from both teachers and students it is obvious that, the intended objectives in provision of sexuality education in schools expected by government through TACAIDS and Ministry of Education and Vocational Training in different circulars (URT, 2001; URT, 2004; URT, 2005) are difficult to be attained.

Implications on the Findings to School Pupils and Education Stakeholders

From the findings it was noted that there were many challenges that hindered sexuality education provision in achieving the set goals. They included, among others, the lack of a clear policy, lack of knowledge that resulted from lack of training, personal behaviours, parents' influence and culture. Underlying any explicit action, there should be a policy, which can shape the provision. Contrarily, the findings in this paper concurs with Shuby's (2004) results in India where he noted that practitioners could not deal well with sexuality education due to lack of information and guidelines. In our case if the situation is not resolved we should expect many girls dropping out of schools as the results of pregnancy and other sexual risks.

Again, the lack of knowledge on sexuality education coupled with lack of training, which cause ineffective in terms of teaching should be resolved by introducing short courses and training for teachers. This is because the lack of adequate knowledge, affected teachers in an attempt to meet the challenges imposed by pupils and sometimes they felt shy addressing sexuality education concepts. Such findings were also observed by Visser (2004) which observed that teachers failed to teach sexuality education topics such as HIV and AIDS, condom use and other sexuality topics due to lack of training. It was explained that because of this, teachers cannot implement the programme well. O-saki and Pendael (1995), for example, argued that one cannot expect teachers to provide quality education if they are not given enough knowledge and skills on how, why, when and to whom to give the required knowledge and at the required level. Kanu (1996) also argued that no educational progress can be completely successful without instructors who are fully competent in the art of teaching. This was reflected in the present study. Thus, because of inadequate knowledge to handle the topics, teachers failed to properly impart knowledge in terms of content and methods. They mostly used teaching methods ineffectively, implying that, no matter how good the school is and how good the physical materials are, there is a possibility that poorly trained teachers might wrongly interpret the programme. This observation imply also that pupils are more likely to continue suffering with several sexual risks and end up in diseases or death, hence increase in school dropout for girls as noted for several years (BEST, 2010; 2011).

In all the observed schools teachers complained about inadequate teaching resources. Resources such as books were reported to be inadequate in rural areas than urban schools. Probably the poor infrastructure might have hampered the provision of resources in these areas. Discussing the importance of teaching and learning materials educators have argued that their usefulness cannot be over-emphasized (Sigalla, 2003; Wangereja, 2004). Scarcity of the required resources implied lack of seriousness in implementing the incorporated sexuality education content and hence a credible reason why achievement of its goals has been impeded. Hence resources should be increased in schools to make the provision of sexuality education a reality.

Another noted issue of concern was that, though schools provide pupils with stipulated topics that focused on reducing sexuality risks, society provides this knowledge based on their agreed norms. This leaves pupils in a state of confusion with parents and relatives not ready to discuss with children issues related to sexual education. For example, while at school pupils are provided with knowledge to handle various risks, but traditional knowledge about sexuality is added at home. In this situation pupils are subjected to confusion on sexual risks, including HIV and AIDS. Again, while at school they are encouraged to abstain till marriage or use safe measures, but at home mature girls are indirectly exposed to information that encourages them to indulge in sex to get sexual pleasure with multiple partners. It is this combination of messages that leads to wrong thinking about sex and poor decision-making, thus leading to high rates of teenage pregnancy and HIV and AIDS. The findings concur with Holgate (2007), who maintained that the health needs of young people are not being sufficiently addressed, leading them to be at risk of early pregnancy, unsafe abortion and STDs. The implication with this situation pupils will remain under confusion on what guidelines to follow in their daily life and finally find themselves in sexual risks.

Conclusion

In the light of the findings from the study, the following conclusions are drawn:

The teaching of sexuality education content in primary schools was hampered by various factors, including lack of competence and confidence of teachers, lack of training, religion and culture. In addition, curriculum

developers and personal behaviours deterred the programme. It is unthinkable to expect teachers to bring out positive output in teaching while they face all these problems. Hence teachers should be exposed to in-service training so as to help them in managing this task.

Recommendations

There is a need to revisit the sexuality education provision guideline and then empower teachers towards teaching sexuality education in schools. Consequently, the study recommends the need for re-deciding the type of content to be taught at this level of education so as to prevent pupils at this level with the current pregnancy occurrence. Finally pre-service and in-service training in the provision of sexuality education needs to be improved.

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