

# Pupils' Perceptions of Sex and Reproductive Health Education in Primary Schools in Tanzania: A phenomenological study

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## Abstract

This study explored pupils' perceptions of sex and reproductive health education in primary schools in Tanzania. Specifically, the study aimed at (i) exploring pupils' views on sex and reproductive health education in primary schools; (ii) determining opinions on the appropriateness of sex and reproductive health education for pupils in primary schools; and (iii) exploring pupils' views on the influence of culture on sex and reproductive health education to pupils in primary schools. The study was conducted in primary schools in Kinondoni Municipality. Purposive and stratified simple random sampling techniques were employed to obtain 132 respondents amongst science teachers and pupils in standard five, six and seven. Qualitative research approach informed by phenomenological research design was employed to achieve the objectives of this study. Data were collected through interviews and focused group discussion. The findings revealed that majority of teachers and pupils perceive sex and reproductive health education as important for learning in primary schools. Teachers believed that the teaching of sex and reproductive health education is important for a good health of the pupils. Furthermore, findings revealed that education about sex and reproductive health is appropriate to pupils of 10 to 14 years of age. To them, sex and reproductive health education helps to control behaviours and reduce shocks because of the transition period from childhood to adolescence. In addition, it was found that culture did not prohibit pupils from learning sex and reproductive health education. It was concluded that despite teachers and pupils being aware of the existence of sex and reproductive health education, some pupils are affected by cultural and religion backgrounds. The study recommends that schools should educate pupils of the importance of education about sex and reproductive health in primary schools.

**Keywords:** sex; reproductive health education; sex education; perceptions; primary schools; Tanzania

## 1. Introduction

The period of adolescence occupies a unique stage in every person's life. It is a period of transition from childhood to adulthood. Some adolescents manage this transformation successfully while others experience major stress and engage themselves in behaviours that risk their well-being such as sexual experimentation, exploration and promiscuity (Esere, 2008). The period of adolescence is exciting because it encompasses dramatic and rapid development both cognitively and socially. It is also frustrating because some of the developments can be painful, traumatic, excruciating and disappointing (Omari & Mkumbo, 2006) and that schools provide an ideal setting for sex education, as a great deal of children can be reached.

Giami, Ohlrich, Quillian, Wellings, Pacey and Wylie (2006) view schools as sites for sex education as a pragmatic response to a social need and they argue that while the context may be less than ideal, it is the best available option. Stressing on the importance of sex and reproductive health (SRH) education, Sundby (2006) found that worldwide informed young people demonstrate more protective behaviour than uninformed young people. UNESCO (2007) and Hanushek and Wossmann (2007) also found that educating children is one of the main forms of human capital formation and is an important instrument for sustainable development and poverty reduction. It empowers young people to improve individuals' earnings, potentials and promotes a healthy population. This means uninformed young people may engage in risk behaviours because of lack of access to information.

A study on sex education conducted in Ethiopia by Fentahun, Assefa, Alemseged and Ambawl (2012) found that school sex education measured the following: the importance of school sex education, the content of school sex education like anatomy and physiology of genital organs, characteristics of puberty, education about abstinence, sexually transmitted infections, decision making in love relationships, physiology of menstruation, and starting time of school sex education. Findings of a study conducted in Tanzania by Wamoyi, Fenwick, Urassa, Zaba and Stones (2010) found that parents did not seem to communicate with their primary school daughters about sex and reproductive health education. The communication was always delivered as general warnings about the consequences of premarital sex on their education. This approach only created fear to young people and could neither raise awareness nor reveal the perceptions of those warnings to children. According to Mzingi (2004) till the late 1950s, in many parts of Tanzania special traditional sexual health was given to boys and girls at the age of 13 years. Girls were taught how to become good mothers and boys were taught how to become good fathers in *unyago* and *jando* (initiation) respectively. The emergence and the wider spread of

diseases such as HIV and AIDS, STIs and the problem of unwanted pregnancies necessitated the incorporation of sex and reproductive health education in formal education system by mid 1980s (Mbonile & Kayombo, 2008). The aim was to impart awareness to young people. However, it was not thought yet how those young people could perceive the education. It was from that view this study became necessary.

### *1.1 Statement of the problem*

Sex and reproductive health education reach young people through schools less or more reasonably compared to other means and media. Provision of sex and reproductive health education seeks to reduce the risks of potentially negative outcomes of sexual behaviour like unwanted pregnancies. Although education about sex and reproductive health education has reasonably been addressed, the perceptions of pupils of that education need to be addressed. This view gains its strength from UNESCO (2007) who puts forward that in many countries, the focus of discussion about sex and reproductive health education has been in the context of discussing HIV and AIDS. Taking examples of earlier studies conducted in Tanzania, the focus was on STDs, HIV/AIDS, motherhood, sexuality and family planning and changes in sexual behaviour (Aaro, Flisher, Kaaya, Onya & Schaalma, 2005; Mbonile & Kayombo, 2008; Mkumbo, Schaalma, Kaaya, Leerlooijert, Mbwambo & Kilonzo, 2009; Madeni, Horiushi & Lida, 2011; Plummer, Mary, Wight, Obasi, Wamayi, Mshana, Todd, Mazige, Makokha, Hayes & Ross, 2007). It is from this view the need for the study on pupils' perceptions of SRH in Tanzania arises.

## **2. Literature Review**

### *2.1 Pupils' perceptions of SRH education*

This study sought to understand perceptions in order to associate it with pupils' understanding of SRH education. School-based SRH education is one of the most important and widespread ways to help adolescents to recognize and avert risks and improve their reproductive health (Alford, Cheetham & Hauser, 2005). Education itself can be a powerful vehicle for improving the health of adolescents. SRH education is more powerful since it is more focused. However, some societies have negative perceptions as put forward by WHO (2007) that in the Republic of Korea most adolescents think that sex education is boring and contains out of date information. Currently, only the school system takes the responsibility of educating adolescents about sex and related issues, which is not adequate. However, the study did not intend on know how adequate or inadequate the education provided, but intended to explore pupils' perceptions of the education provided.

There has been conflicting interests among teachers and parents regarding sex education in schools. For instance, Fentahun et al (2012) noted that teachers in Nepal, often deliver biological information, where as parents are more interested in moral education. Thus, there is a need to consider these interests and develop teacher training which moves away from superficial biological coverage towards a more inclusive programme of sex and reproductive health. The conflicting interests reveal different perceptions of SRH education which may also vary among pupils in schools.

### *2.2 Pupils' knowledge and understanding of SRH education*

The reality can prove the fact that pupils and young people in general have knowledge of SRH education. This is because even before the introduction of such education in the formal education system, societies had their own traditional ways of initiating young people to adulthood. The study on rural adolescents on SRH education conducted in Mtwara by Mushi, Mpembeni and Jahn (2007) reported that 32% of the adolescents were sexually active. This indicates that pupils and adolescents have knowledge of SRH. Although it was not mentioned whether the knowledge was sufficient or not, the literature reveals its existence. However, it was not the intention of the researcher to evaluate the quality and sufficiency of the knowledge but rather to explore the perceptions of pupils on the education provided in primary schools.

### *2.3 Role of schools on SRH education*

The education sector has a critical role to play in preparing children and young people for their adult roles and responsibilities (Delors, Mufti, Amagi & Carneiro, 1996). To them the transition to adulthood requires appropriate knowledge and skills to make responsible choices in social and sexual lives. Moreover, in many countries, young people have their first sexual experiences while they are still attending school, making the setting even more important as an opportunity to provide education about SRH. Likewise, Gordon (2008) argued that in most countries, children between the ages of five and 13 spend relatively large amounts of time in school. This being the case schools act as social support centres, which are trusted institutions to link children, parents, families and communities.

A large body of scientific research in both developed and developing countries has shown that SRH education programmes have improved the overall health of young people (Kirby, 2011). Information provided to young people about their sexual and reproductive health can support them in developing values, attitudes, and practices that respect individuals and protect their health and rights. The attitudes they develop during adolescence will influence their lives as adults, affecting them as individuals and their future relationships as spouses and parents (Wahba & Roud-Fahimi, 2012).

#### *2.4 Appropriateness of SRH education for pupils in primary schools*

The introduction of SRH education in schools aims to fill the gaps of traditional socio-structures that were involved in the initiation of adolescents to adulthood in most African ethnic groups including Tanzania (Kayombo & Semali, 1992). The Ministry of Education and Culture (1999) had worked hard over the years to introduce, integrate and institutionalize Family Life Education (FLE) in the school system. FLE uses the curriculum approach through classroom teaching and extra curricula activities to mould and improve the students' knowledge, attitudes and behaviour on health, family life, gender and environmental problems as well as other population related issues. The focus was on teaching for the development of attitudes, values and life skills. Skills are needed to avoid/protect oneself in health risk situation, including the risk of HIV infection. FLE has been integrated into the school curricula as part of the educational sector reform to make it more relevant to the needs of the child and the wider society. MoEVT (2005) documents the existence of sex and reproductive health in syllabus and science text books. This means that the curriculum contains topics related to SRH in primary school level. SRH education focuses on sexual health and wellbeing in person's sexual life. It becomes a tragedy when children secretly learn about their bodies and sexuality from encyclopaedias or on the street (Mbonile & Kayombo, 2008).

The debate over teenage pregnancy and STDs has spurred some research in the effectiveness of different approaches to sex education. In a meta-analysis, WHO and UNAIDS (1987) compared comprehensive sex education programmes with abstinence-only programmes. Their review of several studies shows that abstinence did not reduce the likelihood of pregnancy of women who participated in the programs, but rather increased it. According to UNESCO (2009) a comprehensive sex education is an important first step in empowering young people to make healthy decisions about their behaviour. Wahba and Roudi-Fahimi (2012) recommend that SRH education should be provided within the context of school programmes and activities that promote health.

#### *2.5 Importance of SRH education to pupils in decision making*

The first and foremost human right is the right to education as affirmed by UNESCO (1997). Education helps to plan for one's life, family and often to participate more actively in society, economy and cultural activities. Rosen, Murray and Moreland (2004) reported on the situation in Nigeria showing that like other African countries many young people lack access to education. However, the few young people who attended school were provided with an important venue for information and skills that can protect them against risky behaviours. School-based SRH education is one of the most important and widespread ways to help young people improve their reproductive health.

Data available from WHO (2011) shows that over 90% of urban and rural girls and boys are currently attending schools with exemption to Gabon, South Africa, Armenia, Jordan, and central Asian republics. The lowest attendance is reported for rural girls in Burkina Faso and the Niger about 20%, while about 30-35% in Bolivia, Central African Republic, Chad, Ethiopia, Mali and Pakistan attend school. It is not surprise that, young urban adolescents are more likely to be in schools than their rural counterparts in almost all countries. Between 80 and 100% of girls in sub-Saharan Africa are likely to attend school if they live in urban areas and 50-100% are likely if they live in the rural areas. In other regions, girls are typically near or even above parity with boys in urban areas especially in Bangladesh, Nicaragua and the Philippines.

In spite of the variation in percentage, the data cement the fact that most children are attending schools. It is because of that fact that the importance of education to pupils arises. Failure to provide such education in schools while the young people are sexually active may result to avoidable development of risky behaviours among them. Sex and reproductive health education is a critical priority in the global agenda as put forward by Germain and Kidwell (2005). Similarly, it is important to capture their perceptions of such education to regularly enable adjustment in content and pedagogy. Evidence reveals that 25% or more of young men in some countries, particularly in Latin America and the Caribbean, have engaged in vaginal intercourse before the age of 15. A similar situation prevails for girls in parts of sub-Saharan Africa, India and Bangladesh (largely because of child marriage) (Global Forum for Health Research, 2005). Education has been identified as a key element and an area of UNESCO's comparative advantage in efforts to scale up to universal access, and will remain a priority in UNESCO programming (UNESCO, 2006).

### **3. Methodology**

The study was based on phenomenological research design since it explored perceptions and peoples' lived experiences. This design was preferred because of its strength in interpreting conditions, practices, beliefs, views, perceptions, and effects that exist in the real world (Ary, Jacobs & Sorensen, 2010). Focusing specifically on psychological phenomenological approaches, Giorgi (1997) argues that the phenomenological method encompasses three interlocking steps: phenomenological reduction, description, and search for essences. According to Husserl (1970) phenomenological methods are particularly effective in bringing to the fore the experiences and perceptions of individuals from their own perspectives and therefore at challenging structural or

normative assumptions. The study was conducted in Kinondoni Municipality. Kinondoni is one of the three municipalities in Dar es Salaam city. Dar es Salaam accounts for 10% of the total population in Tanzania Mainland (National Bureau of Statistics [NBS], 2013). According to the Population and Housing Census 2012, Kinondoni had the largest population amongst the three municipalities of Dar es Salaam with a growth rate of 5% (NBS, 2013) Semi-structured questions were employed to 120 pupils in four schools, and 12 teachers were those who teach science subject in standard five, six and seven in order to extract detailed information regarding of perceptions of SRH in primary schools.

### 3.1 Purpose of the study

The purpose of this study was to explore pupils' perceptions of sex and reproductive health education in primary schools in Tanzania.

### 3.2 Specific objectives

- i. To explore pupils' views on sex and reproductive health education in primary schools.
- ii. To determine opinions on the appropriateness of sex and reproductive health education to pupils in primary schools.
- iii. To explore views on the influence of culture on sex and reproductive health education to pupils in primary schools.

## 4. Results and Discussion

### 4.1 Pupils' views on SRH education

During interview and focus group sessions with pupils, it was revealed that 74% of pupils had the views that SRH is important to them. The respondents agreed that the lesson is better for their wellbeing because they acquire efficient perception of reality, self-knowledge and control over behaviours while at school and in the community. About 17% had a negative view arguing that, it is against dignity and increases shocks to many person when talking of SRH openly, while 9% of the pupils were undecided. A few respondents seemed not to understand whether SRH is helpful or not helpful to them. They reported that they were fulfilling obligations of attending classes and learn a particular lesson for the sake of knowing what is taught by teachers on SRH education. One pupil asserted:

*I totally do not understand whether this education should be taught or not. I attend classes because at the end, we sit for exam (Male Pupil, 21.05.2013).*

Interviews with teachers revealed that 67% of the respondents regarded SRH education as a useful subject to pupils that needs to be integrated in the school curriculum. Also 25% of the respondents said that most girls do not participate actively in answering questions in class for fear of fellow pupils. During interviews, teachers mentioned topics which girls feel more uncomfortable are those relating to human reproduction and HIV and AIDS. They added that, boys are anxious to ask questions because they wanted to know about male and female reproductive organs. One teacher said:

*Girls feel uncomfortable in class during the lesson because they think that when they answer some questions they will be accused of being prostitutes by others (Male Teacher, 20.05.2013).*

One teacher argued that SRH education in primary schools prepared pupils to the trial of practising sexual matters especially for pupils who were below 11 years. Thus, they said that when teaching in class, pupils are over excited because of the emotions. They perceive it as a new thing to them. Similarly, another male teacher added:

*This education encourages pupils to engage in sexual matters especially after being taught things which they did not know. We have caught pupils attempting to practise sex in school (Female Teacher, 22.05.2013).*

Overall, the findings presented show that the majority of respondents maintained that pupils perceive SRH education as important to them. The findings also show that the knowledge which pupils receive help them to be aware with education about SRH, to get self-knowledge and keeping them health and body security. In most cases, SRH education remove stresses to cope with the new changes which take place in their bodies and maintain interpersonal conflicts. These findings are in line with studies done by Mkumbo (2010) that effectiveness of school-based sex education depends on, among factors, the effectiveness of teachers who implementing it.

### 4.3 Appropriateness of SRH education to pupils in primary schools

This objective meant to determine pupils' opinions on appropriateness of SRH education to pupils in primary schools. It also discusses the respondents' views on the appropriate age that pupils should be taught SRH education, appropriate teaching, effects of SRH on pupils and sources of information on education about SRH. During FGD, majority of the pupils (80%) agreed that SRH education was appropriate. They gave reasons that young people nowadays enter the maturity stage earlier. Pupils said that it is better to teach the lesson early so that they can prepare themselves to overcome problems that are related to sexual matters in childhood and later

adulthood. The interview with pupils also yielded similar results that transition from childhood to adolescence need information in order to live comfortable with body changes. One pupil claimed:

*It is true that when I learn it earlier will be aware of SRH education. The awareness will help me to overcome problems associated with SRH education (Male Pupil, 22.05.2013).*

Moreover, some pupils had other opinions about SRH education. As regards appropriateness of the education, during FGD 15% of the teachers said that SRH education does not present the reality as it is taught without teaching materials such as fliers and textbooks. This makes it difficult for them to understand some concepts relating to SRH education. Pupils were sure that demonstrations for some topics such as use of condoms enhance understanding of the lesson in schools. Pupils pointed out that, female teachers usually do not want to be open to some issues relating to SRH education especially the topic of human reproduction and condoms. During FGD respondents also provided an example of HIV and AIDS topic that they have not seen teachers demonstrating them how condoms are used. They complained that teachers explain stages of using condoms theoretically. One pupil claimed:

*When I was in standard four and five our teachers used to teach us SRH education without teaching aids. I did not understand some concepts because of lack of demonstration (Male Pupil, 22.05.2013).*

With regard to appropriateness of SRH education, during interviews some pupils viewed that this kind of education should be taught to pupils of ages 13 or 14 years. They said that this age is appropriate as pupils have already puberty stage. Pupils who are below these ages understand nothing. However, the syllabus does not neglect those who have not reached the puberty stage. They argued that pupils should be provided with education early in order to prevent them from risky behaviours. One respondent during FGD suggested:

*This kind of education should be taught by professionals like nurses and doctors because they are conversant with it. These people are dealing with patients in hospital so it will be easier for them to be open during the lesson of sex and reproductive health education (Male Pupil, 13.05.2013).*

Interviews held with teachers revealed that 58% of the respondents gave opinions that this education is appropriate to pupils. They gave the reason that changes in the body take place early to most of the young people nowadays that need to be informed. They believed that from 10 years of age is the right times for the pupils to receive SRH education as most of the pupils enter puberty and menstruation earlier than in the past. Teachers said they should learn in order to be able to make application of what they learnt in class in their daily life so that they can overcome evils. One teacher said:

*Life has changed, pupils should be taught SRH education from standard four in order to prevent them from engaging in risk behaviours such as drug abuse and sexual intercourse (Female Teacher, 17.05.2013).*

However, other teachers had different views. They showed that this kind of education is not appropriate to the pupils of age of 10 years because they are too young. They suggested that it should be avoided for children of that age. The respondents also said that SRH education teaches pupils to become sexually active. One male teacher said:

*I don't think that children need SRH education because they are too young to understand it. Honestly, I am a bit worried that after knowing more about it, my pupils would indulge in fantasy such as approaching girls, touching their private parts... (Male Teacher, 17.05.2013).*

From these findings, the following conclusions are made. This education is appropriate to pupils of 10 years of age onwards in primary schools. Findings revealed also that SRH should be taught in early ages of transition to adolescence so that pupils can be informed earlier about SRH. The syllabus for primary schools show that SRH education has to be taught from standard four to standard seven. In these classes, pupils are taught information relating to SRH education. Findings with regard to the appropriateness of SRH education to pupils correspond with a studying by Wahba and Roud-Fahim (2012) who reported that school years are the most appropriate time for shaping attitudes and changing behaviours because schools have staff equipped with tools for teaching and learning and teachers are trusted by pupils. Kelly (2002) found that schools are a safe environment for teaching and learning.

#### 4.3 Pupils views on the influence of culture on SRH education to pupils in schools

This objective intended to explore pupils' views on the influence of culture on SRH in primary schools. As regards SRH education, pupils had different views of SRH education. Interviews held with pupils revealed that the majority of pupils (67%) had no problem with provision of SRH education in primary schools. Pupils pointed out that their traditions, customs and norms as well as taboos do not prevent them from learning SRH when they are at school. One pupil said:

*My culture does not prevent me from learning this education and talk about when I am at home with my parents. My parents are proud to hear what I learn in school (Female Pupil, 26.05.2013).*

Other pupils (22%) stressed that culture plays a leading role in fostering and shaping behaviours of the people in the societies. Pupils asserted that culture has direct impact on learning of SRH. To them, when learning in class there were some words which are taboos to be heard in front of others. One pupil said:

*There are some words especially about human reproductive parts when I hear feel uncomfortable because it is very rare to hear such words. I think it is immoral to talk publicly (Female Pupil, 15.05.2013).*

Furthermore, 11% of the pupils pointed out that SRH education was contradicting them. They revealed that contradictions come in different ways. When they are taught in class they understand the lesson but immediately when they get home and give feedback of what was taught, parents do not want to discuss with them about SRH education. One pupil claimed that:

*My parent is always harsh when I want to explain to him about SRH education (Male Pupil, 14.06.2013).*

Pupils thought that it is because of the norms and traditions of their tribes for which parents stand. Pupils said they still perceive SRH education as a solution to psychological disorders that are encountered during adolescences which to some become traumatic. Moreover, majority of teachers (92%) revealed that SRH education is very crucial to pupils. They commented that curriculum is not negatively affecting our culture. Teachers supported that due to globalization it is inevitable to impart knowledge relating to such topics in SRH education so that pupils perceive as part of learning in life. However, some teachers had different views with regard to SRH education in primary schools. They pointed out that the traditional ways are more effective especially during *jando* and *unyago*.

The findings from the study also revealed that SRH education has negative impact on them due to cultural background. This shows that in some communities talking about it is a taboo. This finding is also revealed in other countries, for example, the study by DeJong et al (2007) asserted that it is taboo to discuss about SRH issues, particularly with regard to young people. A survey conducted among male adolescents in Tehran in 2002 concluded that their limited knowledge regarding STIs and contraceptives possess a significant threat to the SRH of Iranian adolescents. In Iran parents wish to discuss sexuality with their children but are not prepared to do so. Accordingly, Cannold (2001) supported that the concept of sex, which is traditionally perceived as a taboo subject by many Chinese, is still embedded in some parents' minds. This is often because they missed the formal learning of SRH during their early formal educational years.

The study also sought to find out the respondents views on the influence of culture on SRH education. Majority of the pupils (89%) during FGD said they respect the culture and stakeholders who are implementing SRH education. Pupils said wrong decisions that they make is caused by lack of attention and care when they are taught by teachers. They declared that every decision that is made has influence on the background of their life. Pupils added that the right time of learning education about SRH is when they are in transition to adolescence.

A few pupils (11%) associated religion to culture that does not allow a child to involve in learning SRH education. To them, religious teachings are against the teaching of some topics on SRH. Pupils mentioned the topic of HIV/AIDS and the use of condoms which is forbidden by Roman Catholic believers.

Interviews held with eight teachers found that pupils must learn education about SRH in order to confront with the world that is affected with pandemic diseases. The teachers added that poor provision of SRH education may be associated with abuses, diseases and death among young generation. Teachers on the other hand emphasized the roles that are played by culture as important which should be given attention. During the interview, four teachers also commented that curriculum developers should continue implementing SRH education in primary schools and making a good way that pupils will perceive both as important for the wellbeing. They suggested that seminars and workshop for teachers should be provided to them so that they can be up to date with the changes which take place in the content of SRH education. Generally, the findings show that culture is not a problem to learning of SRH education in primary schools as it plays a leading role in fostering and shaping behaviour of the people. Findings further show that parents are the most obstacles to learning SRH education due to taboos and cultural background.

As argued by Mzinga (2004) that culture is one thing, education about SRH is inevitable. Teaching the youth about SRH does not mean deteriorating moral issues instead helps the youth to overcome challenges about sex education. Similarly, according to Helleve et al (2009) risks and opportunities facing individuals vary in relation to social background, ethnicity and culture. Despite the existence of culture and traditional values which lag behind education about SRH, still this education given first priority for every pupil to learn in school. This is to make sure pupils are perceiving education with great care.

## 5. Conclusion

Basing on the findings, the following conclusions are made. Pupils' life skills are based on well understood lessons about SRH for them to live a happy life. Concerning pupils learning education about SRH, it was found that is important to them as majority of pupils agreed that it is important to them. It has been observed that

teachers are important source of information about SRH education to pupils. The knowledge pupils get minimizes problems emanating from lack of access to education about SRH in primary schools. Regarding the appropriateness of SRH education to pupils, teachers supported this education. They gave opinions that SRH education raises awareness to most of the pupils in primary schools. Furthermore, about the views on the influence of culture on SRH education to pupils, it was recommended that education about SRH should be taught effectively and culture should not be neglected as it is important for pupils.

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