Sexual and Reproductive Health and Rights

A Study on Policy and Practice in Primary and Secondary Schools in Tanzania Mainland

Summary

November 2021

1. Introduction

As part of its effort to advocate for girls' education and girls' rights, HakiElimu conducted a study in 2021 to assess Sexual and Reproductive Health and Rights education in primary and secondary schools in Tanzania Mainland. The need for a comprehensive study on SRHR education in Tanzania mainland was driven by prevailing gaps in policies, guidelines and actual provision of SRHR education, particularly to adolescents. Literature review also indicated serious consequences to boys and girls who lack SRHR education at adolescent age – mostly those in primary and secondary schools.

Specifically, the study was commissioned to understand whether, SRHR education is mainstreamed in schools' system as a strategic intervention to reach youth at an early age, thereby reducing risky lifestyle with consequences such as STDs/STIs, HIV and unintended pregnancies. It was also conducted with the knowledge that, there are existing efforts in Tanzania to integrate SRHR content in schools since 2001, with the inclusion of the comprehensive sexuality education curriculum in teachers' education program.

2. Objectives of the Study

The main objective of the study was to examine the integration of SRHR education in the Tanzanian basic education system, particularly at primary and secondary levels.

2.1. Specifically, the study aimed to examine:

- The existence of policies, laws, and specific guidelines on SRHR education in primary and secondary schools.
- The content of existing SRHR curriculum materials at primary and secondary school levels.
- The teaching of SRHR in primary and secondary schools in Tanzania.
- The contribution of SRHR in improving girls' access to education.

3. Methodology

The study involved mixed methodology, primary qualitative methods and quantitative descriptive statistics. It was conducted in Dodoma, Lindi, Rukwa, Mara and Arusha Regions. The regions were purposefully selected by HakiElimu to represent areas with high and low teenage pregnancies percentages, as per the TDHS-MIS 2015/2016 data.

Table 1: Teenage pregnancy rates in the study regions

Regions	teenage pregnancy rate	zonal teenage pregnancy rates
Dodoma	39%	32%
Lindi	28%	28%
Rukwa	29%	34%
Mara	37%	29%
Arusha	15%	15%

Source: TDHS-MIS 2015/2016

The study involved two groups; one with adolescents/youth and another with adults. The adolescents/youth group involved primary and secondary school students aged 10 to 19 years. The group with adults included school heads, health care providers, teachers, representatives from the Ministry of Education, Science and Technology, Ministry of Health Community Development, Gender, Elderly and Children, Regional and District Education Officers, teachers' training institutions, NGOs/CSOs and implementing partners.

4. Study Findings

4.1 Availability of laws and policies influencing teaching of SRHR in schools

The desk review indicates that Tanzania stands out amongst countries with education policies and laws reflecting SRHR despite existing gaps. They include: -

Frameworks related to the education sector

- The National Education Act, 1978, amended in 1995
- The Education and Training Policy (2014.)
- The Education Sector Development Plan (ESDP), 2016/17-2020/21.
- The Annual Education Sector Performance Report (AESPR)

Non - education sector policies

- The Health Sector Strategic Plan (HSSP) V, 2020-2025
- The Reproductive Maternal Neonatal Child and Adolescent Health Plan III, also known as the One Plan III 2020-2025;
- The National Health Policy (2007) and the Penal Code, CAP 16 (RE 2002)
- The National Adolescent Health and Development (ADHD) Strategy (2018)[1]
- National Accelerated Action Plan and the Investment Agenda

1 MoHCDGEC (2018) National Adolescent Health and Development https://tciurbanhealth.org/wp-content/uploads/2017/12/020518_Adolescent-and-Development-Strategy-Tanzania_vF.pdf

The study however, shows inconsistency of how various stakeholders understand and implement those policies, laws and guidelines. More especially, how they influence provision of SRHR education in schools. Some policy weaknesses include; weak coordination systems, inadequate responsiveness to adolescents' needs as well as limited understanding and participation among frontline implementers such as education and health officers. Generally, SRHR is more dominant in the health policies than in the education policies.

4.2. Implementation of policy guidelines, curriculums and laws on SRHR education in Tanzania

According to the UNFPA 2012 Survey, three main barriers were reported in the implementation of SRHR policies and guidelines. These are:

- Lack of effective curricula and teaching/learning materials on comprehensive sexuality education (59.7%)
- Lack of information on availability of SRHR services (41.1%) and
- Inadequate skills by healthcare providers to provide sexuality education (56.5%).

This study identified the following additional barriers; inadequate resources, poor teaching/learning infrastructure, criticism from pressure groups such as religious and traditional leaders, weak political will and leadership to face the realities and SRHR needs of the current generation.

4.3. Integration of SRHR education in school curriculum and gaps

When asked about how SRHR education is integrated within school curriculum; -

- 46.7% of respondents said through science subjects and not as standalone subject.

- 36.7% said through 'special program' such as capacity building sessions by teachers and community member

4.4. Existing SRHR related content in Primary and Secondary Schools Subjects

The desk review indicates that:

- In secondary schools SRHR related content is covered in Biology (94.1%), Civics and Morals (16.2%), Science and Technology (11.3%)

- In primary schools SRHR content is found in Science and Technology (95.7%), Civics and Morals (28.5%).

According to this study, subjects in primary schools have significantly lower than average SRHR content. The Figure below indicates the percentage of SRHR content in primary school subjects:

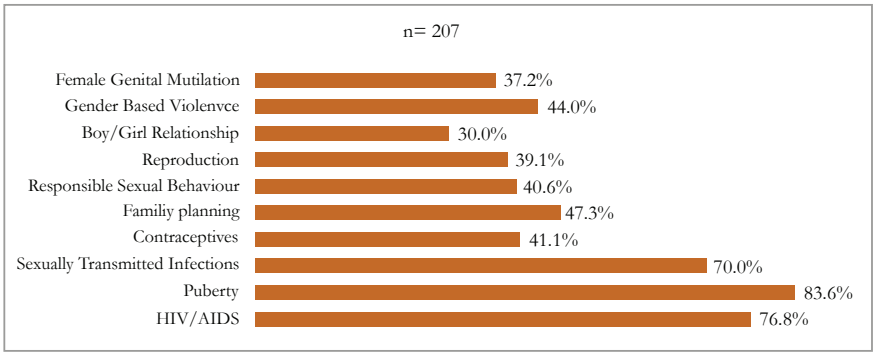


Figure 1: Percentage of SRHR subject content in primary schools

(Source: Survey data, 2021)

In secondary schools SRHR content in topics or subjects was 50% higher than in primary schools.

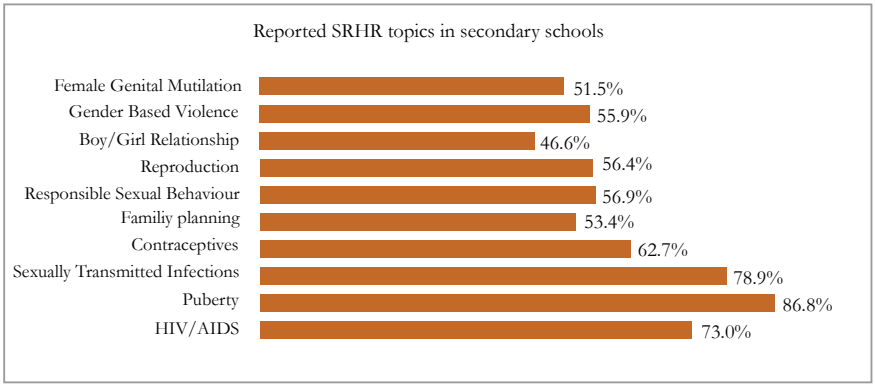


Figure 2: Percentage of SRHR content in secondary school topics

(Source: Survey data, 2021)

4.5. Density of SRHR content in school curriculum

- According to the findings, 15% of students suggested that SRHR content is sufficient.
- 93.3% of interviewed teachers said SRHR content lacks broadness and depth, hence insufficient
- 33.3% of interviewed teachers suggested that some SRHR content is not suitable for students although students feel all topics are not suitable for them.

4.6. Relevance of SRHR content in school curriculum

The SRHR education is regarded as relevant and useful in equipping students with knowledge and skills to avoid negative consequences of their action, including teen pregnancies, infections and diseases.

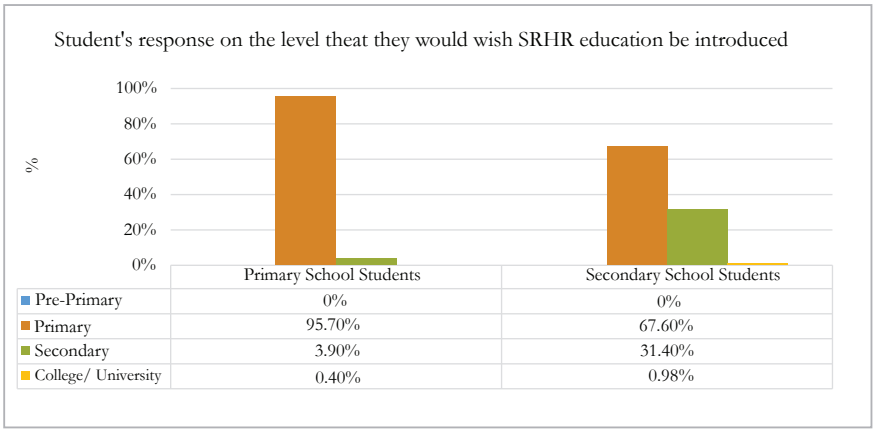
> *"Personally, I see SRHR education is good because it improves awareness among adolescents on issues around reproductive health, self-respect and protection. This helps students to avoid school pregnancies and engaging in risky behaviours. Teachers also support students to achieve their goals" [Official, MoEST].*

4.7. Weakness of SRHR content in school curriculum

The SRHR content in school is largely found in higher classes syllabus and subjects; this lenders students in lower classes to miss some of this knowledge. Boys and girls attain puberty early in lower classes.

- 73% of interviewed teachers believe that SRHR should be taught from Standard IV. They recommend to introduce SRHR to children at age 10 to 12.

- Average of 81.65% of primary and secondary school learners prefer to learn about SRHR related issues early in primary schools.



	Primary School Students	Secondary School Students
Pre-Primary	0%	0%
Primary	95.70%	67.60%
Secondary	3.90%	31.40%
College/ University	0.40%	0.98%

Figure 3: Preferred level for SRHR school education debut

(Source: Survey data, 2021)

4.8. Responsiveness of SRHR education to students' needs

The qualitative analysis had mixed results

- At least 30% of interviewed teachers suggested that SRHR education is sufficient, responds to students' needs and can

be introduced when children are at age 10

- At least 40% of teachers said SRHR education responds to student's needs but should be introduced to children when they are at age 12.

- Less than 30% suggested that SRHR education does not respond to students' needs.

4.9. Areas for improvement in the provision of SRHR education

The study suggests improvement in four key areas:

- SRHR to be a standalone subject

- Involve healthcare providers in teaching SRHR due to their expertise

- Improve availability of learning materials

- Improve SRHR content to meet the demands of global development dynamics.

4.10. Learners' satisfaction with teaching of SRHR in schools

- Primary school leaners are more satisfied (92.8%) with SRHR topics and teaching than those in secondary school (80.4%).

4.11. Reasons for satisfaction with SRHR teaching:

Figure 5 below elaborates multiple reasons:

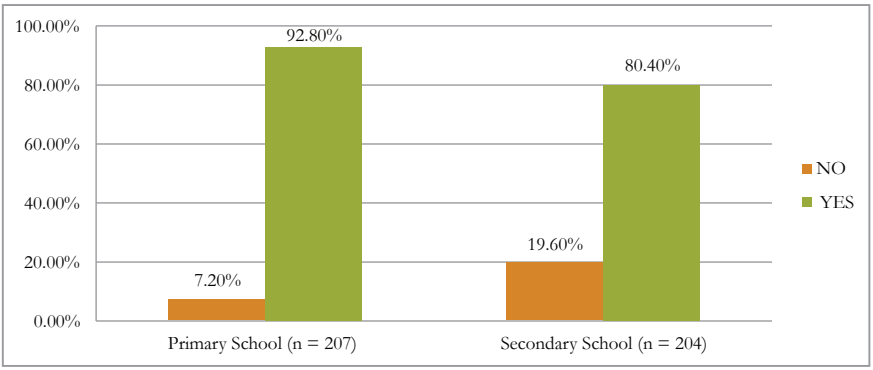


Figure 4: Reasons for satisfaction with the way SRHR topics are taught

(Source: Survey data, 2021)

4.12. Reasons for dissatisfaction with SRHR teaching

A total of 13.38% respondents in primary and secondary schools reported to be unsatisfied with how SRHR topics are taught.

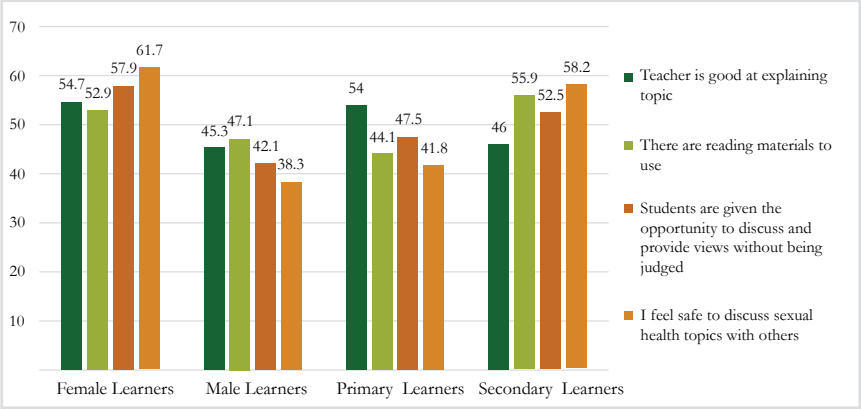


Figure 5: Reasons for dissatisfaction in provision of sexual and reproductive health education

(Source: Survey data, 2021)

4.13. Challenges of provision of SRHR education in schools

- Negative perception- some teachers and officers worry that exposure to SRHR education may lead to early sex debut and un-appropriate behavior.
- Lack of open conversations involving SRHR issues at family level.
- Harmful traditional and customary practices in some communities.
- Sometimes teachers feel shy to teach certain topics, hence students request to be taught by health care providers and to separate boys' and girls' classes.
- SRHR is not allocated adequate time and resources, hence not consistent in schools, not given teaching priority and doesn't have teaching material.
- Use of English language in teaching and learning of SRHR and related topics restricts some students to understand, and they even laugh during lessons.

4.14. Equal participation in SRHR teaching and learning

Although most teachers agreed on the need for equal participation among girls and boys in SRHR education: -

- 49% of teachers said they separated girls' and boys' classes, and assigned female and male teachers respectively.
- 30% of teachers suggested using mixed methodologies, in combination and separate.
- Only 20% of teachers indicated unequal participation of

boys and girls, prioritizing girls due to them being more vulnerable, with special needs.

- About 53.3% of teachers did not come across students with special needs, however, they felt the need to treat them without discrimination.

4.15. Teachers' competence to facilitate SRHR education

- At least 32% of students said teachers are incompetent in delivering SRHR education
- 66% of teachers said they have adequate capacity and confidence to teach SRHR related topics, although teaching material and additional capacity building would have been an advantage.
- Only 20% of teachers indicated lack of competence in provision of SRHR education.
- At least 50% of teachers requested additional training due to exposure among target group and increased appetite for more SRHR related information.

4.16. Factors that affects teachers' competence in facilitating SRHR education: -

- Limited allocated time for SRHR sessions.
- Teachers not being fully conversant with SRHR topics.
- Lack of training materials thus making students not to take seriously SRHR classes.
- Almost 50% of teachers did not receive in-service training in SRHR education.
- Only about 50% of teachers attended seminars or some sort

of capacity building on SRHR, mostly privately.

4.17. Counselling services to students

- 50% of teachers talk to students when they misbehave, they refer this as counselling.
- 80% of teachers have no formal training on counselling
- Only 20% of teachers affirmed to have received training on counselling.

4.18. Where do students/children obtain more SRHR information? (See Table 2 below)

Table 2: Respondents' perception on main source of SRHR information (N=410)

Main source of information on SRH	Respondent perception if they have enough knowledge on reproductive health	
	No	Yes
Books	3 (0.9%)	1 (1.1%)
Church/Mosque	2 (0.6%)	0 (0.0%)
Father	15 (4.7%)	8 (8.7%)
Media	1 (0.3%)	0 (0.0%)
Mother	71 (22.3%)	24 (26.1%)
Other students and friends	4 (1.3%)	4 (4.3%)
Others	8 (2.5%)	1 (1.1%)
Service provider	6 (1.9%)	1 (1.1%)
Teacher	208 (65.4%)	53 (57.6%)

4.19. Parental and community engagement and support in SRHR education

- Some cultural and traditional practices restrict parent-child interaction and open dialogue on issues related to comprehensive sexual education.
- Primary and secondary school curriculum does not provide possibility of engaging parents and/or guardians in the teaching-learning process.

4.20. Benefit of SRHR education in schools

- Improved access to education 65% teachers suggested that SRHR has improved academic performance among girls.
- Improved school attendance, increased self-confidence and self-recognition, decreased school dropout and increased completion rate.

Figure below presents perceptions on the benefit of SRHR education:

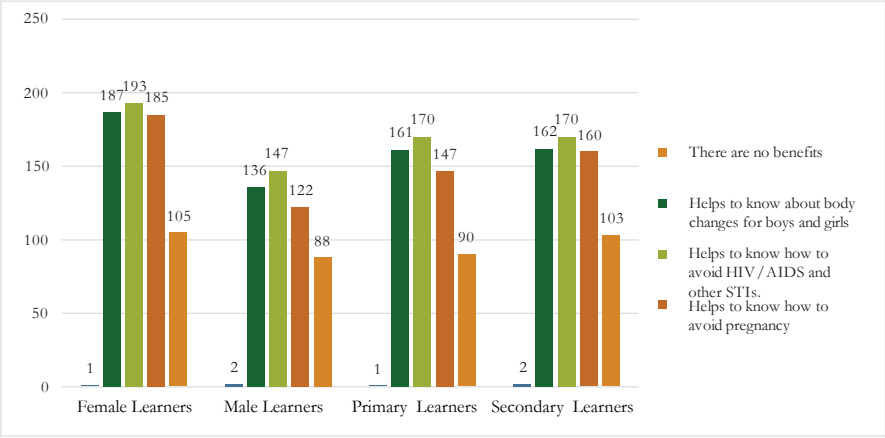


Figure 6: Perceived benefits of SRHR education (multiple responses)

(Source: Survey data, 2021)

5. Conclusion

Tanzania has several national policies, guidelines and laws dictating and providing guidance on ways to address SRHR issues among adolescents and youth. However, they appear to be largely unavailable on the ground, limiting their effective use in the SRHR education in schools. Likewise, while SRHR topics are covered in subjects such as Biology, Civics, Morals and Vocational Skills, concerns of the depth, teaching and learning challenges call for a recommendation to make SRHR as a standalone subject. Inadequate teaching materials and lack of training among teachers appears to impact negatively on the provision of SRHR education, although teachers said they feel confident to teach. SRHR education is highly regarded as contributing factor to girls' access to education and academic performance, It is therefore important for stakeholders to continue advocating and investing in SRHR education in the country to ensure students, especially girls and boys benefit from it.

6. Recommendations

Generally, the study findings show that SRHR education has excluded girls in lower primary school classes. Since there are many girls who reach puberty at an early age, it is thus suggested to cascade the subject to lower classes. This study, recommends also on the following areas to improve SRHR education in Mainland Tanzania;-

- The MoEST, MoHCDGEC and other partners to collaborate and integrate SRHR into education sector's frameworks and practices.

- The MoEST, MoHCDGEC and partners to jointly implement key priorities stipulated in the Adolescent Health and Development (ADHD) Strategy, especially promoting a comprehensive curriculum on sexual and reproductive health.

- During development of the new ESDP, the MoEST should develop indicators related to tracking students' knowledge on gender, sexuality and HIV from age of 10 to 15 years as many adolescents begin sexual debut before 15th birthday.

- MoEST should ensure that related policies and guidelines on SRHR education are available at school level and that teachers are competent and use them for the intended purpose.

- MoEST through Tanzania Institute of Education (TIE) in collaboration with MoHCDGEC and partners to review the primary and secondary school curricula and make them more comprehensive, focusing mainly on sexuality and human development, relationships, sexual behaviour, sexual health and linkage to life skills.

- Further study may be needed to understand teachers, parents and community members' expectations of SRHR education.

- MoEST should consider offering a comprehensive and mandatory in-service training to all teachers on provision of SRHR education and counselling skills.

- SRHR lessons in teachers' training institutions should be improved to ensure that teachers are well prepared and are competent to teach SRHR topics in schools.

- There is a need to mobilise and increase SRHR content in teaching resources, including models of reproductive organs to ensure efficiency in the practical and comprehensive SRHR education.

- Increase availability of Information Education Communication (IEC) materials including brochures, posters and placards for students to refer to.

- Ministries responsible to coordinate healthcare workers to provide mobile outreach services to in and out of school adolescent boys and girls. The MoHCDEC to introduce free STDs/STI treatment for adolescents in public facilities.

- Introduce functional and effective Youth Friendly Centres

- Train youths, especially school girls to sew reusable sanitary pads . Alternatively, train local tailors so they sell reusable pads at affordable prices.

- Establish 'SRHR desk' in schools to support students.

- Encourage engagement of parents in SRHR education and related issues.

- Provide SRHR education in the communities and households for groups or individuals through social networks, and media. Similar recommendations have been offered in previous studies.

HakiElimu enables citizens to make a difference in education and democracy.

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