Appropriateness of Sexual and Reproductive Health Information Provided to Adolescents in Primary Schools: A Case Study of Morogoro Municipality

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Abstract

Adolescents are exposed to, they still indulge in risky sexual behaviours including pre-marital sex, multiple sex partners and unprotected sex despite the various sources of sexual and reproductive health information. A qualitative research design was done in two primary schools in Morogoro Municipality. The study revealed various formal and informal sources of sexual and reproductive health information. The information is through simple Kiswahili and a mixture of English/Kiswahili languages. Television uses Kiswahili slang words that may bring confusion. They get very important information as they apply and practice the information in their day to day life.

Key words: Reproductive health, information, adolescents, media,

Introduction

Adolescents all over the world are involved in risky sexual behaviours including pre-marital sex, multiple sex relations and unprotected sex i.e. sex without condom. This situation is not very pleasing since, individuals in this age group are expected - by parents and community at large, to concentrate on schooling. It is also confusing since adolescents are consistently exposed to sexual and reproductive health information from various sources including television programmes, newspapers, radio, faith based organizations

and youth clubs (Masengi, 2009). With these diversified sources of information, adolescents are expected to be well informed and show good sexual and reproductive health practices such as delayed initiation into sex, reduced unplanned and early pregnancies and their complications, fewer unwanted children, reduced risk of sexual abuse, greater completion of education and later marriages, reduced recourse to abortion and the consequences of unsafe abortion and slower spread of sexually transmitted diseases (STDs), including HIV/AIDS (UN, 2000).

This study explored the appropriateness of sexual and reproductive health information to primary school adolescents specifically on suitability of the sexual and reproductive health information, and clarity of the information for the adolescent's healthy life. Addressing the issue of adolescent's sexual behavioural change through awareness and education (information) is vital since; it leads to their protection and contributes to the wider development goals by creating healthy adolescents and productive adults. Furthermore, it has been emphasized in most of development agendas /agreements such as the sustainable development goal number 3 target seven; "By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes" (UN, 2015). The Tanzania's Strategic Framework for Prevention and Control of HIV/AIDS/STDs, and The National HIV/AIDS Policy (URT, 2001)

Background Information

Adolescents Rights to Sexual and Reproductive Health Information

Reproductive health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity in all matters related to the reproductive system, including its functions and processes. This implies the right to have a satisfying and safe sex

life, the capacity to reproduce safely and the freedom to decide when and how often to do so (URT, 2006). According to the United Nations, adolescence is defined as the stage of life during which individuals reach sexual maturity or transition period from puberty to maturity (UNFPA, 1996). The lives of younger adolescents – defined here to encompass girls and boys from 10 to 14 years of age – are characterized by profound biological, cognitive, emotional and social changes associated with the passage through puberty (WHO, 2011).

The Convention on the Rights of the Child (CRC) defines all persons aged up to 18 years as children, "except where marriage or economic emancipation occurs earlier" (e.g. at 15 or 16 years). As such, they are granted special protections and entitlements such as the right to education, health care, information and personal development, and the freedom from certain adult responsibilities. All children have the right to complete at least a primary education, for example, which usually means staying in school until aged 14 or 15 years (WHO, 2011). International agreements such as those adopted at the International Conference on Population and Development (ICPD) in 1994, the Fourth World Conference on Women in 1995 and the World Summit on Children in 2002 have extended the scope of the CRC by affirming the right of all adolescents to receive sexual and reproductive health information, education and services in accordance with their needs (International Planned Parenthood Federation [IPPF] 2000).

Significance of Sexual and Reproductive Health Information to Adolescents

Since adolescence involves rapid physical growth and development, social and psychological maturity which bring about enormous social and psychological pressure, exposes them to sexual activities vulnerability. Young people, especially boys are exposed to constant pressure from peer groups to engage in sex as sexual experiences may be viewed as achieving or demonstrating competence. Their

vulnerability to these situations is increased by their lack of knowledge of the changes associated with adolescence, the lack of knowledge and skills which could help them to make healthy choices and their inability to access the appropriate services (Zullu *et al.*, 2005).

Early adolescence is also argued to be a critical time for intervention with information about sexual and reproductive health. Many young adolescents are still in school and are living at home, and at the same time sexual maturation (pubic hair growth, breast development and menstruation for girls) is also occurring. Preventive information and services are always needed, but for very young adolescents—most of who report that they have not had sexual intercourse (and thus are not at risk of pregnancy and are at less risk of STIs)—many questions remain about how aware, experienced, and informed are they with respect to pregnancy and HIV/STI prevention? And where have they gotten information from already? Given that the key is to intervene before adolescents are at risk of unwanted pregnancy, STIs or HIV (UNAID, 2004).

Sexual and Reproductive Health Information to Primary School Adolescents in Tanzania

History of sexual reproductive health education to adolescents in Tanzania can be traced from the Arusha Declaration of 1967 and Tanzania Vision 2025 which was first formulated in 1998. Both emphasize the high quality of livelihood to its citizen by 2015 and health being the primary sector contributing to this high quality (URT, 2008). Currently, pupils in primary school are taught sexual and reproductive health issues through the science syllabus. The syllabus has detailed information that shows what pupils are supposed to learn, when, and how. Issues that are taught among the SRH to these pupils includes reproductive health systems, sexual transmitted diseases including HIV/AIDS, hormonal regulations, general body health, cleanliness and protection (URT, 2005b).

Methodology

Study Design and Study Area

This study is descriptive cross sectional study that assesses a sample of pupils at one specific point in time without trying to make inferences or causal statements. The pupils were requested to provide the information related to SRHI once at a particular time. It was conducted in Morogoro Municipality in Morogoro Region. The region lies between latitude 5° 58" and 10° 0"to the south of the Equator and longitude 35° 25" and 35° 30" east. The selection of the study area was due to the increased prevalence of the risky sexual behaviours outcome specifically adolescents' pregnancies and school dropouts in the Eastern Zone of Tanzania (TDHS, 2005).

According to Tse (2003), adolescents are defined into three stages which are early stage, middle stage and the late stage. The early stage of 10 to 13years, middle stage which represent age group of 14 to 16 years and the age group of 17 to 21 years referred to late stage. In Tanzania normally a child of 6/7 years start standard one, and finishes at the age of 12/13 finishes standard seven. Therefore the respondents of this study were the adolescents in primary schools in Morogoro Municipality particularly standard six and seven. At this level the pupils are expected to cover three quarter of the science syllabus indication a large contents of sexual and reproductive health information.

Data Collection

The study made use of both primary and secondary data. Primary data was qualitative data i.e. collected through in depth /unstructured interviews with pupils. Secondary data was gathered through review of the existing the documents from various official sources such as government policies related to sexual and reproductive health, reports from research studies.

Sampling

The simple randomly sampling was used to select two wards out of 29 wards in the municipality, one primary school from each ward and 10 students from each school making a total of 20 respondents. Simple random sampling is a process whereby a subset is drawn from a population in such a way that each member in the population has an equal opportunity of being selected for inclusion in the subset (Kothari, 2004).

Data Collection Tool

The tool used to collect data was interview checklist whereby respondents were subjected to similar questions which aim at collecting in-depth information about sources of sexual and reproductive health information, their preference sources and the reasons of the choice and even their comment on the information they are receiving.

Data Analysis

Data were analyzed through common method known as recursive abstraction, whereby data sets were summarized and then further summarized to obtain compact summary of the intended variables. The recorded data were summarized and grouped into similar themes of which later were linked showing their relationship and finally were further summarized.

Results and Discussion

Sources of Sexual and Reproductive Health Information to Adolescents

The study identified a number of sources of sexual and reproductive health information mentioned by pupils themselves. The school sources were highly mentioned followed by media (radio, Television, newspapers and magazine), health workers, parents, church, conferences, so called concerts, Billboards, mosque, community and UMATI. The findings coincide with one study done in West Africa

which reported that, adolescents are exposed to sexual and reproductive health information from various sources such as schools, parents, friends and mass media (Bhana, 2006). These results indicate that pupils are formally informed on sexual and reproductive health from school, UMATI and health workers, non-formally from media such as radio, television, newspapers, magazines, conferences, billboards and informal from parents, community and church and mosques.

School Source

According to Kirby *et al.* (1994), school-based instruction is the primary mode of reproductive health education. It can reduce sexual risk behaviours by delaying age at first intercourse, reduce levels of sexual activity and increase contraceptive or condom use. The school is the best place for knowledge delivery which in turn contributes to behaviour change since in Tanzania the pupils spend more of their time at school i.e. 8 hrs per day five days in a week. The pupils themselves ranked the school as the first and good source of sexual and reproductive health information. A thirteen year girl had this to say in one of the supporting statements: “I trust my teachers and believe them in whatever they tell me”. Another fourteen years old boy added saying that: “We are learning a lot of sexual and reproductive issues which our parents could not dare talk to us”.

Despite the school being the good sorce of sexual and reproductive health information, the question that needs to be answered is, “To what extent the teachers had been capacitated with advanced knowledge on sexual and reproductive health?” Since the primary science syllabus changed in 2005 and integrating the sexual and reproductive health issues, the science teachers need re-oriented to these changes to building their capacity to cope with the syllabus and knowledge or skills to impart these pupils with the knowledge. The teachers ‘s capacity building on sexual and reproductive health information is necessary in avoiding imparting wrong, out dated

and inappropriate information to pupils since at the primary school teachers are believed and expected to be the source of knowledge.

Media Source

Media sources include radio, television, magazines, newspapers, conferences and billboards have been admitted to be the most common source of sexual and reproductive health information. The results coincide with the Singh *et al*. (2007), in their study done in Burkina Faso, Ghana, Malawi and Uganda on sexual behaviour, knowledge and information sources of very young adolescents. Mass media was the most common used source of information for sexual behaviour knowledge.

Regarding radio and television in the country a fourteen year old pupil noted: "I enjoy watching Mboni Talk Show on TBC because I learn many issues and specific on sexual and reproductive health by listening and watching related issues". Magazines and newspapers reported to be good source of sexual and reproductive health to youth. The preference to magazines and newspapers has been revealed by a fourteen years old girl, to be the freedom of getting any news they like. "The good thing I like with the popular newspapers/tabloids (KIU, JAMAA etc.) and magazines are that, I am free to read and get the information that I need". These magazines contain a lot of sexual and reproductive health information. Billboard is very wide spread nowadays, wherever you pass you will meet them. Most of them carry self determination messages like "say no, when you are called".

Although the media was identified to be one of the effective ways of delivering information to the adolescents, it has some limitations. One of the limitations mentioned by the pupils is that, they don't get the opportunity to discuss the information given. Instead they preserve and discuss with friends which can be associated with misleading. The issue of freedom of reading magazines and

newspapers is also not good to them since, there is no controller who controls what they are reading. Since these newspapers and magazines are available to the public, the pupils can easily access the information which they are not required to get at their age.

Parents and Community People

Some pupils revealed to have received sexual and reproductive health information from their parents/guardians and people in their community. It was said by a thirteen year girl that: "My parents are matured enough and well informed therefore, I believe what they say to me". A survey by Muyinda *et al.* (2001) noted that "parents/ guardians are role models to their children, i.e. they learn more by listening and watching what their parents or older people do at home". The survey was conducted in Sub-Saharan Africa (SSA) namely Uganda.

It is apparently clear that, parent to child communication about sex related matters - especially communication between children and fathers, has traditionally not been a common practice in SSA and is often fraught with discomfort (Muyinda *et al.,* 2001). This is due to the fact that, most of the time African parents do not say what they do i.e. to say they talk to their youth on how to live healthy life but themselves don't live healthy lives. This makes youth not to trust and listen to them anymore. Most of the time, when parents talk to their youth, they are not very much open i.e. they hide some information which create misunderstanding or contradiction on what they hear from parents and from other sources. This creates a condition of confusion to the children, hence makes them prone to peer pressures. Moreover according to Amuyunzu-Nyamongo *et al.* (2005) the primary negative aspects of talking with parents is that parents are judgmental and that it can be uncomfortable sharing sex-related information with them.

Religious Leaders

Despite the fact that the religious leaders are believed to be important people in shaping the believers' behaviours, only few pupils mentioned to get sexual and reproductive health information from the churches and mosques. Evidence from 2004 surveys as reported by Awusabo-Asare *et al.* (2006) indicate that only a small proportion of adolescents mentioned religious groups or leaders as sources of sexual and reproductive health information. Moreover, in-depth interviews with adolescents, revealed that the religious groups to which they belong primarily emphasize the message of abstaining from sex until marriage (Munthali *et al.*, 2006).

Health Workers and UMATI

Health workers are the people working in hospitals, health centres and dispensaries. UMATI is the organization that deals with sexual reproductive health issues among youth in Tanzania. The role of health workers is to provide health services and information to people in need. These two have got direct contribution to the young people's sexual and reproductive health information. The pupils reported their access to health workers and UMATI, they said, health workers do reach the pupils through two ways; one way is whenever pupils visit to health services points and the second way is through being invited as guest speakers in their schools to deliver a certain information/ emphasise a certain matter. They also said that they visit UMATI places, where they are given information related to sexual and reproductive health. A thirteen year old boy said: "I like to see drama about sexual and reproductive health issues performed by UMATI". In other words sexual and reproductive health information needs to be delivered in multiple methods i.e. teaching, and role play (putting the information like the real situation) so as to emphasize learning through real life experiences. It was also proved by UNESCO, (2003) on the study on peer educator, who realized that for their efforts to be successful, they would have to get their peers actively involved by organised many special activities, such as exhibitions, poster, role-play and debate competitions, stage dramas

and musical productions to get their message across to their target audience.

The Sexual Reproductive Health Information among Primary School Adolescents

The study revealed that primary school adolescents in standard six to seven aged from 12 to 15 years are taught sexual and reproductive health issues including reproductive systems, pregnancy, abortion and its implications; early sexual relationship and early pregnancies, sexual transmitted diseases and HIV/AIDS, self-determination and good manners, infertility, family planning; hormonal regulation, peer pressure and risky sexual behaviours and child growth and development. The respondents' list of SRH issues resemble those that are recommended in the science syllabus for primary school education in Tanzania. This shows what the pupils are supposed to learn and the level (basing on class and age range).

Sexually transmitted diseases including HIV/AIDS was highly mentioned by the respondents, followed by early sexual relationship, early sex practice and early pregnancy, abortion and its implication, family planning and reproductive system. The lowest mentioned topics include child growth and development, infertility and hormonal regulation, peer pressure and risky behaviours, self determination and good manner. However, there is a debate on the role of sexual and reproductive health information to young people and behaviour change. Singh *et al*. (2007) realised the arguments of various stakeholders on teaching the young adolescents on sex and reproductive health that would encourage them to indulge in sexual activities. This is contradicting the philosophy of knowledge is power i.e. with information, someone's behaviour is expected to change positively given the correct information received.

Since the results show that, primary school pupils are very much informed about sexual and reproductive health issues ranging from self-determination to sexual and sexuality one would expect the

positive changes, that is primary school pupils to shy away from sex activities. Singh *et al*. (2007) found in his study that, " For family life and sex education programmes to be effective , it is important that information is conveyed to young people before they become sexually active and begin to be exposed to sexual and reproductive health risks".

Adequacy of Sexual and Reproductive Health Information in Primary Schools

The study revealed five sources of sexual and reproductive health information as mentioned and discussed above i.e. school, media, parents and other community people, religious leaders and health workers. The question on whether the information of sexual and reproductive health among primary school adolescents is adequate was answered by considering two aspects. Firstly, by observing the number of sources of information and secondly by comparing the contents received, i.e. to check if the contents they are receiving are in line with the established primary school biology syllabus benchmark. The reason for receiving information from various sources is to supplement the information received from the single sources. The number of sources of sexual and reproductive health information to youth is adequate as they have many sources to get the information. On the issue of the content to be compared to the syllabus was difficult since the information received from other sources apart from school are not scheduled, organized basing on their age and demand, this might lead to misleading and contradiction.

The Clarity of Sexual and Reproductive Health Information to Primary School Adolescents

The issue of clarity according to this study is about language used, presentation of the information and the extent of comprehension of the information from various sources of sexual and reproductive health information to pupils. It was revealed that, pupils receive sexual and reproductive health information including teachings from

teachers, parents and religeous leaders, listening the radio presentations, watching the television and video and reading the newspapers, books, leaflets and magazines.

The language used in delivering the SRHI range from simple Kiswahili that was mentioned to be used by teachers, parents, friends and radio to a mixture of English/Kiswahili languages used in television. But with friends sometimes they tend to use Kiswahili slang that may bring confusion in understanding each other. The level of understanding was very high from teachers and parents, than from radio and television due to sometimes the message could not been understood and there is no one to clarify at the moment. With friends, the level is worse as reported by majority of the pupils.

This was emphasized by one fourteen year old girl who said, ‘I never reach consensus with my friend when discussing sexual and reproductive health issues”. Clarity is a very important aspect in ensuring that sexual and reproductive health information reaches the pupils correctly and as it is supposed to be. Any weakness in one of the entity of clarity leads to distortion of the information (misleading). Language was revealed as the determinant of clarity of sexual and reproductive health information to pupils. Using simple Kiswahili makes the information more clearly understood by both the communicator and the receiver. Fortunately, this was the language used by a higher percent of the mentioned sources of sexual and reproductive health information received by the primary school pupils. A twelve years girl mentioned that, radio and TV use simple Kiswahili which is easy to understand”.

The Sexual and Reproductive Health Information for Healthy Adolescent's Life

Pupils were able to scrutinize the sexual and reproductive health information, they agreed to have and identify the most important to them now. The important was based on the facts that, they apply and practice the information in their day to day life. The most important information that was highly mentioned was the knowledge on the effect of initiating sexual relationship between girls and boys. The pupils are aware that, early sex practice had negative impact on the health of the pupils, for example vulnerability to sexual and reproductive health problems which may lead them to drop from school. A thirteen years old girl said, 'Yes I am aware that having sex contact with a boy/men will results into pregnancy and eventually dropping out from school". Sexual and reproductive health information that the pupils recognized to be important for their healthy life, were how to avoid peer pressure and effects of sexual transmitted diseases and how to avoid the infections.

Significance of the Major Findings of This Study

This study aimed to explore the appropriateness of sexual and reproductive health information to primary pupils specifically on suitability of the sexual and reproductive health information and, clarity of the information for the adolescent's healthy life. It was revealed that, pupils in primary schools receive sexual and reproductive health information from various sources such as school, media, parents and other people in their community, religious leaders and health workers. This indicates that each source complement the other and it enriches the SRHI they receive although sometimes may lead to misleading and distortion of the information due to not relying on the same outline. However the SRHI that the completed primary pupils have do match with the recommended primary school science syllabus as a reference point. Moreover, on the issue of clarity of the sexual and reproductive health information

was revealed to be good basing on the language used to present this information. The language ranges from simple Kiswahili to mixed English and Kiswahili to Kiswahili slang. The pupils also revealed and agreed that, this information was relevant to their healthy lives - especially during their adolescent years (transition from childhood to adulthood). The appropriateness of sexual and reproductive health information to pupils is of great importance as it has connection to the adolescents' sexual behaviours.

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