https://www.ijresm.com | ISSN (Online): 2581-5792

Perception of Students Towards Sex Education in Tanzania: A Case of Secondary Schools in Kibaha District

Jackson Joseph Marwa^{1*}, Reginald Lyamuya²

¹Jordan University College, Morogoro, Tanzania ²Senior Lecturer, Department of Education, Jordan University College, Morogoro, Tanzania

Abstract: The controversy surrounding the teaching of sex education has oscillated the biosphere over with different schools of thoughts imposing their attitudes and perception in the direction of sex and the teaching of the same with little, if any thoughtfulness of the views and needs of adolescence in dynamic humanity and society. This dynamism has disseminated divergent observation ranging from conservative to liberal thought. Consequently, the youth has been left at intersections regarding questions of sexuality with no choice but to scavenge for information on sex from their peers, writings, the media and other sources, as others rather than themselves debate their destiny. It is in this light that this study scrutinized students" perception towards sex education in Kibaha district. Particularly, the study pursued to establish what perceptions of sex education is being held by students from various socio-cultural backgrounds, to determine students' knowledge about sex education and to identify students' sources of knowledge in sex education. This study employed social judgment theory (SJT) as projected by Sherif and Hovland (1961). The study used descriptive research design, where by quantitative approach was utilized. The study sample was 95 respondents who were randomly selected. Data collection method used was close ended questionnaires. The research findings show that students had knowledge on topics such as contraception, sexually transmitted infections (STIs), consent, and sexual orientation. The results showed that while the students had some knowledge on these topics, there were gaps in their understanding, particularly around consent and sexual orientation. From these results, it can be concluded that while students have some knowledge of sex education, there are significant gaps in their understanding. These gaps can lead to misconceptions, which can have significant consequences, such as unintended pregnancies, STIs, and sexual assault. Other findings of this study suggest that family structure may not be a significant factor in shaping student perceptions of sex education. Therefore, it is important for educational institutions to take a more inclusive and responsive approach to sex education, which takes into account the diversity of family structures among students. By doing so, educational institutions can ensure that all students have access to high-quality sex education programs that are tailored to their specific needs and circumstances. Finally, a researcher presented some of the suggestions based on the findings of the study, sex education programs should start at an early age, with age-appropriate information provided at each stage of development, this will ensure that students have a comprehensive understanding of sex education and can build on this knowledge as they grow older. Sex education programs should cover a broad range of topics,

including contraception, STIs, consent, and sexual orientation, this will help to address the gaps in knowledge identified in the study and ensure that students have a comprehensive understanding of these topics.

Keywords: sex education, students.

1. Introduction

Sexuality is a central aspect of being human throughout life, and sex education is expected to give people the knowledge and skills they need for a life time of good sexual health. Many students and even grown-ups are uncomfortable with the clue of 'adolescent sexuality', and prefer to remain in unfamiliarity or denial, at the same time Global data indicates that 120 million young individuals engage in premarital sexual intercourse without any protection and unsafe abortions (UNICEF, 2001; Avert 2009). Beholding at pregnancy alone, the records show that each year around the globe women carry 75 million unwanted pregnancies (WHO, 2006). Despite the fact that sexual education is of great importance, still most of Tanzanians' views on this subject are usually channeled through the media in form of letters to the editors of various local magazines, radio and television programmes, and some of religious leaders. Children and parents find it uncomfortable having a conversation about sex because the subject is a taboo in most homes as well as in schools.

The numbers of teenagers who engage in early sexual relations has increased and sexual activity in teenagers could be viewed as a normal developmental behaviour. The age at marriage is increasing while the age at which puberty begins is decreasing so that the current age range for attainment of puberty is 9 to 14 years for boys and 8 to 13 for girls. The widening gap between the age at which puberty begins and the normal age of marriage increases the possibility of adolescents engaging in premarital sexual activity (Roque & Gubhaju, 2001). A study conducted in England amid 1985 and 1998 presented that a total of 71, 680 births, 5,398 occurred in adolescent mothers (Holgate, 2007). Yet again in New Zealand, Woodward, Fergusson and Horwood (2001) acknowledged that before the age of 20, approximately a quarter of the sampled

^{*}Corresponding author: jackson.joseph@om.org

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 point out that there is a high frequency 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). As a result of high rates of sexual activity and high-risk behaviors teen agers are exposed to unwanted outcomes, including sexually transmitted infections, unintended pregnancy and its consequences (WHO,1998; Edgardh, 2000; Diclemente et al., 2001; Vunduleet al., 2001).

What appears in the press and in a real situation indicates that Tanzanian have mixed feelings and perceptions regarding sex education and it being introduced in the school curriculum. In view of the above, there was a need to carry out the research in order to find out what perceptions of sex education are held by secondary school students in Kibaha district.

2. Research Objectives

A. General Objective

The main objective of this study is to determine the perception of students towards sex education in Kibaha District.

B. Specific Objectives

- i. To determine students' knowledge about sex education.
- ii. To identify students' sources of knowledge in sex
- To establish what perceptions of sex education is iii. being held by students from various socio-cultural backgrounds.

3. Research Methodology

The current study used the descriptive research design, Omari (2011) defines research design as an arrangement of condition for collection and analysis of data in such a way that aims to combine relevance of the research purpose with economy or is a plan for doing research, this designed was employed because it enabled the calculation of frequencies, percentages and statistical data and it was reliable in gathering a large amount of data. Thus, it enabled a research study to determine and explore the perception of students on Sex education. . The study was conducted at Kibaha district which is one among the seven districts of the Coast region (Pwani). The target population for this study was form three students of public and private secondary schools that were randomly selected for the study. The sample selected was 95 students, among which 49 were male and 46 were female. Data analysis was done quantitatively where by data were sorted, organized and coded for analysis. On the other hand, ethical issues during data collection were properly handled.

4. Study Findings and Discussion

A. To Determine Students' Knowledge About Sex Education The first specific objective of the study was to determine the students' knowledge about sex education. The results presented in Figure 1 determine students' knowledge about sex education on different aspects.

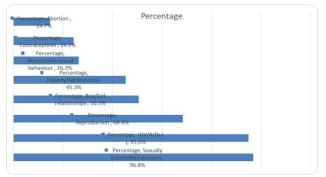


Fig. 1. Students' knowledge about sex education Source: Field survey, 2023

1) Students' Knowledge on HIV/AIDS

According to the research findings, 98.9% of students are familiar with HIV/AIDS. This is a positive outcome as HIV/AIDS is a serious health issue that can have devastating consequences if left untreated. It is encouraging to see that almost all students are aware of this topic, although this finding is inconsistent with URT (2004, 2005) that found that 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.

2) Students' knowledge on sexually transmitted diseases

The research findings also indicate that 96.8% of students are familiar with sexually transmitted diseases (STDs). This is another positive outcome as STDs can have serious health consequences, including infertility, and can be easily prevented through the use of condoms and other safe sex practices. The high percentage of students who are familiar with this topic shows that sex education programs in secondary schools are effective in educating students about the risks associated with unprotected sex. This findings agrees with Henry J. Kaiser Family Foundation (2004) who found that Adolescents who have the training from schools and societies and who are able to control themselves from the use of drugs and alcohol could less likely be at risk of STDs and for that matter the relation between school instruction and organization of sexual and reproductive health issues influences the knowledge level of students thereby affecting their behaviour relative to better and safer sex practices that limit their vulnerability to HIV/AIDS, adolescent pregnancies and other STI"s.

3) Students' knowledge on contraceptives

The research findings show that only 24.2% of students are familiar with contraceptives. This is a concerning result as contraceptives are an important tool for preventing unwanted pregnancies and reducing the risk of contracting STDs. The low percentage of students who are familiar with contraceptives suggests that there is a need for improved sex education programs in secondary schools that focus on this topic. This

conclusion is inconsistent with research conducted by Entonu & Agwale., (2007) who postulated that adolescent males and females who have had sexual intercourse had knowledge to use condoms in their maiden sexual encounter.

4) Students' knowledge on abortion

The research findings show that only 14.7% of students are familiar with abortion. This is a concerning result as abortion is a controversial issue that can have significant psychological and emotional consequences for those who undergo the procedure. The low percentage of students who are familiar with this topic suggests that there is a need for improved sex education programs in secondary schools that address this important issue.

5) Students' knowledge on reproduction

The research findings show that 68.4% of students are familiar with reproduction. This is a positive outcome as reproduction is an important aspect of sexual health and responsible sexual behavior. It is encouraging to see that a high percentage of students are aware of this topic, which indicates that sex education programs in secondary schools are effective in educating students about the basics of human reproduction.

6) Students' knowledge on responsible sexual behavior

The research findings show that only 26.3% of students are familiar with responsible sexual behavior. This is a concerning result as responsible sexual behavior is an important aspect of sexual health and can help prevent unwanted pregnancies and the spread of STDs. According to UNESCO (1999) in some parts of Africa 40% of 15 year old young men and women have experienced sexual intercourse whereas in some parts of south East Asia over 80% of 20year old are still virgins. Research findings by AMREF in a study of Kenyan Secondary School girls put the average age at first coitus at 14.7 years. PCA's survey showed that 64% of the Kenyan youth disapprove of premarital sex. When this is the case why is it that the youth still engage in the same practice? Watson and Brazer (2000) there are good reasons to ensure that the youth are well informed about their sexuality at home in the streets, in school and through the media. The young people today are increasing exposed to a variety of challenges and the low percentage of students who are familiar with this topic suggests that there is a need for improved sex education programs in secondary schools that focus on promoting responsible sexual behavior.

7) Students' knowledge on boy/girl relationships

The research findings show that 50.5% of students are familiar with boy/girl relationships. This is a positive outcome as relationships are an important aspect of sexual health and can have a significant impact on a person's emotional well-being. Republic of Kenya (1994) as a significant and growing body of research relating to the behavior of Kenyan adolescents clearly indicates that many young people are not making responsible decisions about family life issues which have immediate and serious repercussion upon their health and welfare. Karanja (2004) found that, Sexual relationship between boys and girls begins very early in the life cycle and by age 16. To intervene effectively in a moment of sex related risk to prevent all its evils, it is essential to understand what is happening in particular the youth's intentions, interests and the possible outcomes. Greater emphasis needs to be given to the ways in

which young people understand their social and physical worlds and to the social and cultural processes that help them sense of sexual desires, feelings and interests (UNICEF 1994).

8) Students' knowledge on puberty/adolescence

The research findings show that 45.3% of students are familiar with puberty/adolescence. This is a positive outcome as puberty and adolescence are important stages of development that can have a significant impact on a person's sexual health and behavior. It is encouraging to see that almost half of the students are aware of this topic, which indicates that sex education programs in secondary schools are effective in educating students about the physical and emotional changes that occur during puberty and adolescence. The report of the 1st inter African conference on adolescent health in Sub-Saharan Africa held in Nairobi noted that Sexual activity begins early among adolescents. Nearly eight out of ten of the youth had sexual relations before 20 years of age survey by KDHS (1998), a finding which was not reflected in policy interventions not in programme development for young people. Over again, Karanja (2004) found that teenage premarital sex has been attached to factors like type of school found that the highest dropout rates was found in 'Harambee' secondary schools, which also tend to be mixed day schools. Dropout rates were highest in the exit classes (Std 8 and form 4) and dropouts tended to be older than their classmates and had poorer academic records.

In conclusion, sex education is an important aspect of education that aims to provide students with information about sexual health and responsible sexual behavior. The research findings indicate that students are generally familiar with some sex-related topics, such as HIV/AIDS and sexually transmitted diseases. However, the findings also suggest that there is a need for improved sex education programs in secondary schools that focus on important topics such as contraceptives, abortion, and responsible sexual behavior.

B. Students' Sources of Knowledge in Sex Education

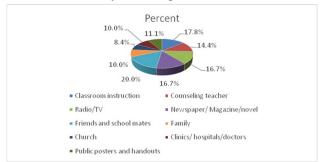


Fig. 2. Students' sources of knowledge in sex education Source: Field survey, 2023

The second objective aimed to identify Students' sources of knowledge in sex education. Based on the data provided shows that, the most common sources of sex education for students are:

1) Friends and schoolmates

Friends and schoolmates by (20%). This finding agrees with (Njau 1992 & UNESCO 2002)) who found out that peers were the primary sources of information for other teenagers on all

sexual matters. In addition, Akinyi (1987) in her study of Kitale Municipality found out that most information on reproduction, contraceptives and venereal diseases was obtained sorely for friends. Njue (2003) noted that teenagers are continually exposed to many environmental influences in the changing society such as multi-media material, books, magazines, and films. All this is so easily accessible in the streets and at home. He further observed that Many times these sources provide false and unclear pictures of sex and morals. However, parents and guardians not being aware of environmental influences on youth get confused by the teenagers' behaviors. Some have no background knowledge on expected behavior of teenager others are too shy to talk about it because they themselves grew up treating the whole of sex as a sensitive untalked about topic. Consequently, the youth are left groping for information from all clandestine sources.

2) Radio/TV and newspaper/magazine/novel

Another source was Radio/TV and newspaper/magazine/ novel by 16.7% each, this is consistent with the findings by Karanja (2004). Whereby the findings depicted that despite the great majority of students getting information from the television, radio, novels and magazines these sources were not preferred. Students may have consulted them due the fact that they are easily accessible and available. There is therefore a need to drift from the conventional methods and a more inclusive and relevant approach be adopted that will take advantage of the strengths of these sources available that captures the students' attention.

3) Classroom instruction and counseling teachers

Classroom instruction and counseling teachers are also significant sources of sex education by 17.8%, Classroom instruction and counseling teachers, on the other hand, may have more formal training and expertise in providing sex education, but their ability to provide comprehensive and inclusive information may be limited by cultural or political barriers or lack of resources. That is true as the study conducted by Bilinga and Mabula (2014) found that 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. Family (10%), church (8.4%), clinics/hospitals/doctors (10%), and public posters and handouts are less commonly used sources (11.1%).

This data suggests that students are more likely to turn to their peers and popular media for information about sex and sexuality, rather than seeking out formal educational resources or seeking guidance from trusted adults such as teachers and parents. This may reflect a lack of confidence in the quality or reliability of formal sex education, or a desire for more informal and peer-driven learning experiences. This conclusion is

consistent with a study conducted concerning sources of sex information to adolescents on sex education by Ramsey, (1989), Thornburg, (1981) and Harris and Davis, (1982) that were consistent with each other. A greater asserted that proportion of sex education information learnt by students were not given by parents, family members and also from teachers but was obtained from peers. Some information was also received from experience, physicians and the church. Boys were more dependent on peers and the girls on parents for their sex information. The fathers were an insignificant source of information for both boys and girls on sex education. Republic of Kenya (1994) report observed that the commonest source of information on sexuality among Kenyan adolescents are said to be friends, books magazines and teachers parents and churches play insignificant roles.

It is worth noting that the data does not provide information about the effectiveness or accuracy of these different sources of sex education, nor does it indicate whether students feel adequately informed about sexual health and relationships. Further research would be needed to assess the impact of different sources of sex education on student knowledge, attitudes, and behaviors in this area.

C. Student Discussant Concerning Issues of Sex

Table 1

The student discussant concerning the issues of sex		
Persons	Yes	No
Parent	41.1%	58.9%
Your Girl Friend/Boy friend	88.4%	11.6%
Your teacher counselor	49.4%	50.6%
Your classroom teacher	26.3%	73.7%
Grandparent	71.6%	28.4%

Source: Field Survey, 2023

The study hunted to ascertain the discussant of the student concern the issues of sex education. The survey asked students to indicate which individuals they had discussed sex education with and the frequency of these conversations. The results of the survey showed that:

1) Parents

Parents were the less common individuals that students discussed sex education with, with 41.1% of students indicating that they had spoken to their parents about sex. These findings are consistent with other studies where many parents do not believe that sexuality education can help young people make responsible decisions about sexual behaviour and sexual health (Dejong et al., 2007). Sathe, (1992) observed that, parents were uncomfortable about imparting sex education to their daughters. To them, sex education should be imparted to girls only after attaining menarche. Kodagoda, (1986) found out in another study in Sri Lanka that, some mothers were reluctant to talk about sex to their daughters as they found it embarrassing to discuss these issues. Some felt their children would become smart and may experiment with sex. A study conducted in Ghana by Kumi-Kyereme et al, (2000), showed that young people are reluctant to discuss sexuality with their parents since they tend to prefer to discuss these issues with their friends, because they feel shy, and also because they may fear physical punishment for discussing sexuality. The fear of physical

punishment or blame was even said to deter reporting to parents that unwanted sex had occurred Ampofo, (2016). Another group was of the opinion that such information could be got from friends, elder sister and sister-in-laws rather than the mothers. In a study by Poulsen et al, (2010), found that parents thought that talking about sexuality to their children encourages sex hence they will not talk about it at all. This finding is inconsistent with previous research that has shown that parents play a critical role in sex education, a study by Henry J. Kaiser Family Foundation, and Kennedy School of Government (2004). Asserted that Parents and other adults overwhelmingly support making sexuality education part of junior high and high school curricula.

2) Girlfriend/Boyfriend

This study also found that 88.4% of students had discussed sex education with their girlfriend/boyfriend. While this may seem like a high percentage, it is important to note that discussions about sex with romantic partners can be incomplete or inaccurate, and may not provide students with the information they need to make informed decisions about their sexual health.

3) Teacher or Counselor

Only 49.4% of students had discussed sex education with a teacher or counselor. This finding is concerning, as teachers and counselors are trained professionals who can provide accurate information about sex education and support students in making informed decisions about their sexual health. Similarly, only 26.3% of students had discussed sex education with their classroom teacher. This finding suggests that sex education is not being adequately integrated into classroom curricula, which could lead to a lack of comprehensive and accurate information about sex education for students.

4) Grandparents

Grandparents were the second most common individuals that students discussed sex education with, by 71.6% of students indicating that they had spoken to their grandparents about sex. This finding is interesting, as grandparents may not be the first individuals that come to mind when thinking about sex education. However, it highlights the importance of having multiple trusted adults that students can turn to for information about sex education.

5. Summary and Conclusion

The study has been taken with the main objective of determining the perceptions of students in Kibaha District towards sex education. The study guided by three specific objectives namely': students' knowledge about sex education; students' sources of knowledge in sex education; and perceptions of sex education being held by students from various socio-cultural backgrounds. 95 students from Kibaha district secondary school were included in the study. The descriptive analysis and t test were used to analyze the data by using SPSS software.

The study found that there is moderate knowledge on sex education among the students. The participants were asked a series of questions related to sex education, including topics such as contraception, sexually transmitted infections (STIs), consent, and sexual orientation. The results showed that while the students had some knowledge on these topics, there were gaps in their understanding, particularly around consent and sexual orientation. From these results, it can be concluded that while students have some knowledge of sex education, there are significant gaps in their understanding. These gaps can lead to misconceptions, which can have significant consequences, such as unintended pregnancies, STIs, and sexual assault. Therefore, it is essential to improve sex education programs to ensure that students have a comprehensive understanding of these topics.

In addition to the findings mentioned earlier, it is important to note that the quality and content of sex education can vary widely across different sources. For example, while radio/TV and newspapers/magazines/novels may be popular sources of information for students, the information presented through these media may not always be accurate, comprehensive, or age-appropriate. The data also highlights the limited role of family, church, clinics/hospitals/doctors, and public posters and handouts as sources of sex education for students. This may reflect a lack of access to these resources, or reluctance among parents, religious leaders, and healthcare providers to discuss sexuality with young people. This research study provides valuable insights into the individuals that students discuss sex education with. While peers and grandparents are important sources of information about sex education, there is a need for more support from teachers and counselors. To improve sex education outcomes for young people, there is a need for comprehensive sex education that involves multiple trusted adults and is integrated into classroom curricula. .

Research on sex education has shown that discussions about sex with parents, teachers, and other trusted adults can positively impact young people's sexual health outcomes. Therefore, it is essential to examine the percentage of individuals who discuss sex education with students to understand how prevalent these conversations are.

The results of this survey highlight the need for comprehensive sex education that involves multiple trusted adults, including parents, teachers, and counselors. While parents were the less common individuals that students discussed sex education with, there is a need for more support from other trusted adults, particularly teachers and counselors. The low percentage of students who had discussed sex education with their classroom teacher suggests that sex education is not being adequately integrated into classroom curricula. This finding is consistent with previous research that has shown that many teachers feel unprepared to teach sex education and may not have the necessary resources to do so effectively.

6. Recommendations

Based on the study's findings, some recommendations can be made to improve sex education programs. Firstly, sex education programs should start at an early age, with age-appropriate information provided at each stage of development. This will ensure that students have a comprehensive understanding of sex education and can build on this knowledge as they grow older. Secondly, sex education programs should cover a broad range

of topics, including contraception, STIs, consent, and sexual orientation. This will help to address the gaps in knowledge identified in the study and ensure that students have a comprehensive understanding of these topics. It is also essential to ensure that sex education programs are inclusive, covering different sexual orientations and gender identities. Thirdly, sex education programs should be evidence-based, with accurate and up-to-date information provided to students. This will ensure that students have a comprehensive understanding of these topics, based on the latest research and best practices.

References

- [1] Adebayo, O. (2001). Some Social Economics and Environmental Determinants of Adolescents Sexuality and Intervention in the City of Nairobi Unpublished M.A Thesis. University of Nairobi.
- Akinyi, G. (1989). Contraception, Reproduction and Venereal Diseases Adolescents Knowledge and the Effect of Education in Kitale Municipality. Unpublished, M.A Thesis Kenyatta University.
- Anangisye, W. A. L. (2008). Moral education character development: Learning from the African indigenous education framework. Journal of Adult Education Tanzania (JAET), 16: 1-23.
- Avert, (2009). South African HIV and AIDS statistics. Avert AIDS information, viewed 17 Feb 2010, from http://www.avert.org/safricastatistics.htm
- Bennet, SE, & Assefi, NP. (2005). School-based Teenage Pregnancy Prevention Programs: A Systematic Review of Randomized Controlled Trials. J Adolesc Health, 36:72-81.
- Bilinga and Mabula (2014). Teaching Sexuality Education in Primary schools in Tanzania: Challenges and Implication. Journal of Education and Practice.
- Brabin, L, Kemp, J, Obunge, OK, Ikimalo, J, Dollimore, N, Odu, NN, Hart, CA., & Briggs, ND. (2011). Reproductive Tract Infections and abortion among Adolescent Girls in Rural Nigeria. J Health Popul Nutr, 29(3):273-85.
- Clark, L. R., Jackson, M., & Allen-Taylor, L. (2002). Adolescent knowledge about sexually transmitted diseases. Sexually transmitted diseases, 29(8), 436-443. https://doi.org/10.1097/00007435-200208000-
- Cohen, J. H. (2000). Problems in the field: Participant observation and assumption of neutrality. Field methods, 12(4), 316-333.
- [10] Crommett, M. (2008). Confronting Religion: Perceptions and Healthseeking Behaviour of Devout Adolescent when Faced with a sexually Transmitted Infection in Ghana. GUJHS, 5(1):1-5.
- [11] dance4life. 2013a. Healthy Young People, Youth Friendly Society. the Dance4life Strategy 2013-2016. Amsterdam, the Netherlands: dance4life.
- Durkheim, E. (1976). The elementary forms of religious life. London.
- Entonu, PE & Agwale, SM. (2007). A Review of the Epidemiology Prevention and Treatment of Human Immunodeficiency Virus Infection in Nigeria. The Brazillian Journal of Infectious Diseases, 11(6):579-590.
- [14] Frimpong, S. (2010). Adolescents Attitude towards Sex Education; A Study of Senior High Schools in Kumasi Metropolis. Ife Psychologia, 1,
- [15] GDHS. (2006). Ghana Demographic Health Survey. Ghana Health Service, 1, 25-30.
- [16] Gibson, Cheryl H. 1991. "A Concept Analysis of Empowerment," Journal of Advanced Nursing, 16(3):354-361.
- Glover, E. K. Bannerman, B. W. P. Jones, H., Miller, R., Weiss, E. & Nerquaye-Tetteh, J. (2003). "Sexual Health Experiences of Adolescents in Three Ghanaian Towns". International Family Planning Perspectives.
- [18] Green, Jennifer, Roy F. Oman, Sara K. Vesely, Marshall Cheney, and Leslie Carroll. (2017). "Beyond the Effects of Comprehensive Sexuality Education: The Significant Prospective Effects of Youth Assets on Contraceptive Behaviors." Journal of Adolescent Health, 61(6): 678-684.
- [19] Haberland, Nicole and Deborah Rogow. 2015. "Sexuality Education: Emerging Trends in Evidence and Practice." Journal of Adolescent Health 56 (1): S15-S21.
- [20] Harris, J., & Davis, K. (Eds.). (1982). Personal issues in human sexuality: A guidebook for better sexual health. Boston: Allyn and Bacon. HFG. (2004). Health Foundation of Ghana. Ghana Health Diges, 4(1), 13.
- [21] Helleve, Arnfinn, Alan J. Flisher, Hans Onya, Wanjiru Mukoma, and Knut-Inge Klepp. (2009). "South African Teachers' Reflections on the

- Impact of Culture on their Teaching of Sexuality and HIV/AIDS." Culture, Health & Sexuality, 11(2): 189-204.
- Helleve, Arnfinn, Alan J. Flisher, Hans Onya, Wanjiru Mũkoma, and Knut-Inge Klepp. (2011). "Can any Teacher Teach Sexuality and HIV/AIDS? Perspectives of South African Life Orientation Teachers. "Sex Education: Sexuality, Society and Learning, 11(1):13-26.
- [23] Holgate, H.S., Evans, R. & Yuen, F.K.O. (2007). Teenage pregnancy and parenthood: Global perspectives issues and interventions. Routledge, New York: Taylor and Francis Group.
- Ikamba, L.M & Ouedraogo, B. (2003). High risk sexual behavior: knowledge, attitudes and practice among Youths at Kichangani Ward.
- [25] Karania, N. (2004). Students' Perception of Sex Education in Public Secondary Schools of Kikuyu Division: Kiambu District, Kenya; University of Nairobi.
- [26] Kenyata, J. (1972). Facing Mount Kenya, the tribal life of Kikuyu. London: Secker and Warburg.
- Kenyatta, J. (1965). Facing Mount Kenya, The Traditional Life of the Gikuvu. Nairobi, Kenway Publishers.
- Kirby, Douglas. (2008). "The Impact of Abstinence and Comprehensive Sex and STD/HIV Education Programs on Adolescent Sexual Behavior." Sexuality Research and Social Policy, 5(3):18-27.
- [29] Kodagoda, N. (1986). Guidelines on Family Life Education from Sri Lanka. World Health Forum, 7, 281-285.
- [30] Kumi-Kyereme, A, Awusabo-Asare, K, Biddlecom, A., & Tanie, A. (2008). Influence of Social Connectedness, Communication and Monitoring on Adolescent Sexual Activity in Ghana. Afr J reprod Health, 11(1):133-13.
- [31] Kombo, D. K & Tromp, D. C. (2006). Proposal and thesis writing. An introduction. Nairobi: Pauline's publications Africa.
- Kothari, C. R. (2004). Research Methodology Methods and Techniques, (2nded) New Delhi: New Age international publishers.
- [33] Lugoe, W.L. (1996) Prediction of Tanzania students HIV risk and preventive behavior in Arusha Tanzania.
- Makobwe, M. K. (1975). Toward family life education In Tanzania schools: Possibilities and constraints. (Unpublished M.A (ED) Dissertation). Dar es salaam. Tanzania.
- [35] MEMA Kwa Vijana Adolescent Sexual and Reproductive Health Intervention in Mwanza Region, Tanzania." AIDS Care, 18(4): 311-3.
- [36] Mkumbo, K. (2009). Content Analysis of the Status and Place of Sexuality Education in the National School Policy and Curriculum in Tanzania, Educational Research and Review, 4(12), 618-625.
- Mkumbo, Kitila A. K. (2010). "What Tanzanian Young People Want to Know about Sexual Health; Implications for School-Based Sex and Relationships Education." Sex Education 10 (4): 405-412.
- [38] Mmbaga, Elia John, Lusajo Kajula, Leif Edvard Aar Ã, Mrema Kilonzo, Annegreet Gera Wubs, Sander Matthijs Eggers, Hein de Vries, and Sylvia Kaaya. (2017). "Effect of the PREPARE Intervention on Sexual Initiation and Condom use among Adolescents Aged 12-14: A Cluster Randomised Controlled Trial in Dar Es Salaam, Tanzania." BMC Public Health 17: 322
- [39] Mngadi, P, T., Zwane, I.T., Ahlberg, B.M & Ransjo Arvidson, A. B. (2003) Family and community support to adolescent mother in Swaziland. Journal of Advances in Nursing, 43, 97 – 102.
- [40] MoEC. (1995). Tanzania Education and Training Policy. Dar es Salaam: Ministry of Education and Culture.
- [41] MoEST. (2019). Education Sector Performance Report 2018/2019, Tanzania Mainland. Dar es Salaam: MoEST.
- [42] MoEVT .(2014). Tanzania education and training policy. Dar es Salaam: Ministry of Education and Vocational Training.
- [43] Mohsin, A. (2016). A manual for selecting sampling techniques in research. Karachi.
- [44] Njue, F. (2001). Teachers Attitude Towards The Introduction of Sex Education in the School Curriculum. Unpublished M.Ed. Thesis Kenyatta University.
- Obasi, A. I., B. Cleophas, D. A. Ross, K. L. Chima, G. Mmassy, A. Gavyole, M. L. Plummer, et al. (2006). "Rationale and Design of the transmitted Diseases. Journal of Sexually Transmitted Disease, 29(8):436-443.
- [46] Occiti, P. J. (1993). An Introduction of indigenous education in East Africa, Makerere: Makerere University Press.
- [47] Republic of Kenya. (1994). A program of Population and Family Life Education for Kenya Primary Schools and Teachers Colleges Nairobi, Government Printer.
- Sherif, M & Hovland, C. (1961). Social Judgement: Assimilation and Contrast effects in communication and Attitude change.

- [49] UNESCO. (1999). Sex and Youth. Contextual Factors Affecting Risk for HIV/AIDS. Switzerland, UNAIDS.
- [50] UNESCO. (2002). HIV/AIDS Counseling for Children and Young People Module 10.
- [51] UNICEF (1994). Primary environmental care for sustainable livelihood.
- [52] UNICEF (2001). Orphans and Vulnerable Children: A situation analysis in Zimbabwe. Harare, UNICEF.
- [53] URT. United Republic of Tanzania URT. (2001). National HIV/AIDS Policy. Dar-es-salaam: The Prime Minister's Office.
- [54] URT. (2004). Guidelines for implementing HIV and AIDS and life-skills education programme in schools. Dar es Salaam: Ministry of Education and Culture.
- [55] URT. (2005). Poverty and human development report 2005. Dar es Salaam: Mkuki na Nyota Publishers.

- [56] Wangoi, N. (1994). Youth Sexual and Reproductive Health. Unpublished M.A. Thesis University of Nairobi.
- [57] Watson, C and Brazier, E. (2000). You Your Life and Your Dreams. FCI New York U.S.A.
- [58] Wekesah, F.M., Nyakangi, V., Onguss, M., Njagi, J., & Bangha, M. (2019). Comprehensive sexuality education in sub-Saharan Africa. Nairobi: African population and health Research Centre (APHRC).
- [59] World Health Organization. (2006). A Reference guide to policies and practice: Sexuality education, Geneva.
- [60] WHO World Health Organization (2006) Defining sexual health: Report of a technical consultation on sexual health 28-31 January 2002, Geneva. Geneva, Switzerland: World Health Organization.