

## **AN EVALUATION OF THE EXTENT SECONDARY SCHOOLS IN ZIMBABWE SENSITISE PUPILS ON SEXUAL AND REPRODUCTIVE HEALTH ISSUES.**

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### **Abstract**

This study sought to find out the extent to which the schools help in sensitizing secondary school pupils on sexual and reproductive health issues. The research was carried out in Chimanimani district in Zimbabwe which is an agrobased area with several farms. It is characterized by high prevalence of HIV/AIDS and other diseases of the reproductive system. A purposive sample of three schools was used; these were the only schools offering biology and located in farming areas where the human population is very high and is hard hit by HIV. A blend of qualitative and quantitative research methods was used. The data was collected from biology teachers and biology students through questionnaires, interviews, and lesson observation. The extent to which the school curriculum helps in raising pupils' awareness was determined by examining the teachers' knowledge, skills and attitudes towards sexual and reproductive health issues, analyzing the teaching methods, teaching aids, material available and then pupils' knowledge on sexual and reproductive health issues. Most teachers in this research had little knowledge about sexual and reproductive health issues that are not a result of an infection for example endometriosis, prostate carcinomas and fibroids. The biology syllabus does not address majority of the aspects it focuses on a narrow range of issues. Students indicated that the curriculum helps them to understand other issues but it does not address real life skills required to manage certain issues like menstruation and students have pointed out that some of the knowledge about other sexual and reproductive health issues is from their peers. Teachers and parent do not discuss openly with secondary school students sexual and health issues.

## Introduction

Adolescence sexuality is often perceived as a threat to social order in many cultures. There are also trends to interpret sexuality in the light of religious faiths.

Sometimes such interpretations on adolescent reproductive and sexual health issues are not done with proper understanding. There are many misconceptions and misunderstanding about adolescent reproductive and sexual reproductive health in many societies. One very common misconception among religious leaders is that adolescent reproductive health programmes will encourage adolescent sexual activity. Such misconceptions always encourage religious leaders to oppose adolescent reproductive health programmes or school based education in many countries.

(Baldo, 1993) indicated that in most developing countries matters of sexuality and reproductive health are not discussed between adults, children and young people. To the extent that it is taboo in some cultures to talk about issues surrounding sex and sexuality. With the Human immunodeficiency virus/Acquired immune deficiency virus (HIV/AIDS) pandemic sweeping across continents, increased risk of the youth towards HIV/AIDS and high proportion of youth already infected by HIV, it is of vital importance that youths have the knowledge, skills and correct attitudes to deal with sexuality issues. Reproductive health problems are often correlated with HIV/AIDS infection. According to Unyene's presentation on the X11th international conference on AIDS and sexually transmitted infections in Africa held in Ouagadougou , as much information about HIV/AIDS has been given ,there is also need to give adolescents reproductive health information. He also pointed out that there is need to initiate techniques for breaking cultural taboos that prohibit parents from having freedom to discuss sex related matters with their children. Unyene in his presentation went on

arguing that due to biological factors adolescents are more vulnerable to reproductive health problems. Adolescents are getting involved in early sexual activities. The Adolescence Education Newsletter also indicated that girls and boys enrolling in secondary are at great risk for health problems ranging from sexually transmitted infections to septic abortion. Adolescents need information about reproductive health issues. The (UNESCO, 2006) Adolescence Education Newsletter vol9 number 1 ,2006 gave the following strategies for sharing the information with the adolescents publicizing the magnitude of adolescence health problems, raise awareness adolescence health problems among health workers, parents, religious leaders and other community members and lastly including the reproductive health issues into the school curriculum.

Efforts to reduce the impact of HIV/AIDS also work to reduce the impact of reproductive health problems. (UNICEF W. , 1999), indicated that efforts to reduce sexual and reproductive health and HIV/AIDS are synergistic which means that effort to reduce one of the two reinforce the efforts of the other.

Officially the national HIV/AIDS policy was enacted in 1999, the ministry of education, sports, arts and culture with the support of UNICEF had already made AIDS education compulsory in Zimbabwe's schools and the AIDS education was allocated to science teachers and this was to be complied with. On the other hand the Ministry of health and child welfare is focus sing on reproductive health as an essential component in national development towards improving the quality of life for all citizens of Zimbabwe. Reproductive health together with other diseases like HIV/AIDS and TB were considered priority health problems by the ministry of health and child welfare. For any curriculum to be relevant it has to address human needs and try to bring solutions to human problems so the biology curriculum should sensitize adolescence on sexual and reproductive health issues.

### **Purpose of the Study**

The main objectives of this study were:

- To determine whether the biology syllabus sensitizes pupils on sexual and reproductive health issues.
- To determine adolescents knowledge, skills and attitudes of teachers and students on sexual and reproductive health issues.

### **Literature Review**

Efforts to combat HIV/AIDS also reinforce efforts to combat some sexual and reproductive health problems. Many organizations and individuals strongly believe that implementation of life skill education in schools will in the future produce fruitful results in eradicating sexual and reproductive health problems. The Nations Educational, Scientific and Cultural Organization (UNESCO, 2006), noted that education emerges as the most effective strategy for dealing with diseases that are difficult to cure, it also described education as the battle horse in fighting such diseases. Dossier, (1987) described education as the only effective and prophylactic which doctors and scientists should base especially when dealing with several health issues. (Van Dyk, 1999) state that by employing preventive education it is hoped that the objectives which contribute to mitigation of health problems could be attained. The objectives include:

- To disseminate information to school pupils,
- To change sexual attitudes and behaviors,
- To equip people with necessary life skills,
- To empower students.

In Zimbabwe ,the so called ‘Auntie Stella’ Reproductive health education pack for secondary school students was developed following research by the Training and Research Support

Center (TARSC) in their Adolescent Reproductive Health Education Project (ARHEP). The (ARHEP) program identified knowledge and major concerns of students regarding sexual health issues. These issues include fear of rape, and sexual harassment, unwanted pregnancy, lack of money leading to cohesive sexual relationships and fear of sexually transmitted diseases.

Schools are social institution set by the communities in order to render vital services to the society. They (schools) are tasked to socialize the youth through the use of teachers as socializing agents. Teachers are responsible for developing the required skills, knowledge and positive attitudes towards in pupils. All teachers in Zimbabwe are responsible for teaching pupils on all relevant issues which develop a holistic student who can cope up with real life issues such as such as reproductive health education, sex education, child abuse, HIV/AIDS education and children's rights.

Traditionally, it is a taboo for teachers or parents to discuss sex education. In the past special members in families were responsible for educating youths on sexual and health issues but this has disappeared. Issues pertaining to sexual and reproductive health are now integrated into school curriculum. In Zimbabwe teachers are now responsible for teaching the students on sexual matters. The belief was that integration of sex education in school curriculum would instil responsible behaviour in pupils so as to achieve pupils' self protection from sexually transmitted infection, HIV infection and sexual abuse activities

### **Gender discrimination.**

Gender discrimination in the form of discrimination against women is a major issue in Zimbabwe. Discrimination against women is rooted in the Zimbabwean traditional cultures where women are regarded as secondary citizens. Women are even viewed as a source of income when it comes to marriages. The man has to pay some money to the woman's family

in order to marry her and this in the future may give the man the right to abuse the woman. In churches women are told to be always following their husband's instruction and always respect them. Certain jobs are said to be men's jobs and females who try to do them are viewed as outcasts. Certain activities are seen as men's activities and any women doing such activities are given labels. A family with girls only is viewed as an incomplete family and the man may even marry another woman in search for a baby boy. The blame is placed on the woman for giving birth to baby girls yet the one who determines the sex of the baby is the male. In all spheres of life women are discriminated. In education, most parents are more willing to pay for higher education for boys than girls.

### **Method**

The research sample consisted of three Secondary schools in Chimanimani district in Zimbabwe. The schools offer Biology at ordinary level and advanced level. The population of teachers consisted of all the level Biology teachers at these schools. The student population consisted of the selected students doing Biology at ordinary level and advanced level in the three schools. The study was a case study. In this study three data collection tools were used that is the questionnaire, the interview schedule and the Lesson observation schedule. The researcher personally distributed the questionnaires to the selected schools. Data were collected from 5 teachers and 60 biology students. The total number of participants were 65, 34 of them were males and 31 were females. 1 out of 5 teachers was unqualified..

Two out of the three schools in the research sample were day schools and one was a boarding school.

## Results

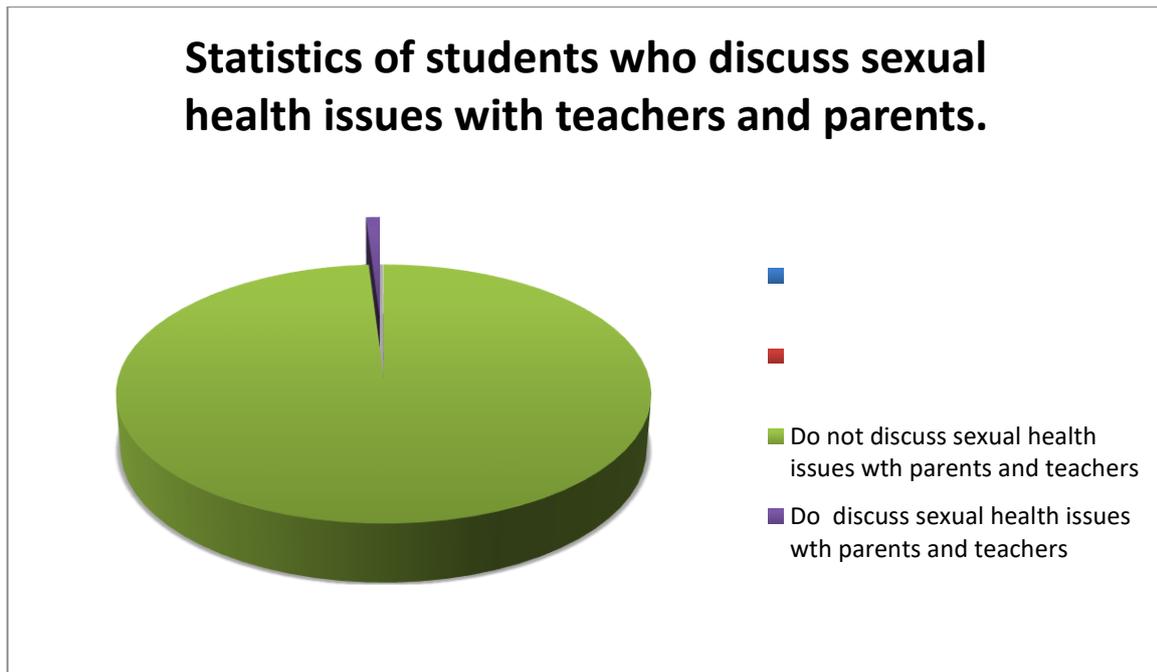
**Table1: Teachers' knowledge on sexual and reproductive issues .**

ISSUE	RESPONSE					
	Greatly aware		Moderately aware		Not aware	
	Number	%	Number	%	Number	%
Management of menstruation.	5	100	0	0	0	0
Health effects of Abortion	0	0	5	100	0	0
Reproductive system diseases not caused by infection.	2	40	3	60	0	0
Biological complications of early pregnancy.	4	80	1	20	0	0
Where to access sexual and health services.	2	40	3	60	0	0

**Table 2: Students' knowledge on sexual and reproductive health issues.**

ISSUE	RESPONSE					
	Greatly aware		Moderately aware		Not aware	
	Number	%	Number	%	Number	%
Hygiene measures to take during menstruation.	36	60	12	20	12	20
Health effects of Abortion	0	0	24	40	36	60
reproductive system diseases not caused by an infection.	12	20	10	17	38	63
Biological complications of early pregnancy.	18	30	36	60	6	10
Where to access sexual and health services.	12	20	15	25	33	55

**Pie chart 1 : Statistics of students who discuss sexual and reproductive health issue with parents and teachers**



**Table3. Barriers to the teaching of issues sexual and health issues.**

Key	Barrier.	Teachers.	
		Number	%
A	Lack of up to date information on sexual and health issues.	4	80
B	Inadequate reading material	3	60
C	Cultural and religious barriers forbidding free discussion of sexual and health issues.	4	80
D	Lack of capacity building for teachers	2	40

E	Lack of teaching aids.	5	100
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### **Discussions and Conclusion.**

The research findings showed that secondary school pupils are not knowledgeable on sexual and reproductive health issues. Results show that students have only theoretical background of certain issues such as knowledge of symptoms of sexually transmitted diseases, but if given a real life situation they cannot apply what they had learnt to solve real life problems related to sexual and reproductive health issues. The study also revealed that that secondary biology curriculum focus on how processes related to reproduction but does not address issues like hygiene. The biology teachers had moderate understanding of sexual and reproductive health issues and the issues were poorly understood by pupils. Lack of resources have hampered the teaching of sexual and reproductive health issues. The major barrier to the effective teaching of sexual and reproductive health issues emanate from religious and cultural beliefs. Very few students openly discussion sexual and reproductive health issues with their parents and teachers. It seems in Zimbabwe the students are left to discover on they own sexual and reproductive health issues.

### **Recommendations.**

The study recommends that:

1. Parents and teacher should openly discuss issues sexual and reproductive health issues with students
2. The Health Education Unit of the Family and Child Health department should work hand in hand with schools in the dissemination of sexual and health issues.

3. Teachers should be trained well on sexual and reproductive health issues so that they teach more effectively.
4. Thee ministry of information or Ministry of health should launch mobile cinema that sensitize the community at large on sexual and health issues so that there is a change in perception on this issue.

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