Provision of Comprehensive Sexuality Education in Tanzania Primary Schools: Success and Barriers

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Abstract: *This study aimed to examine the provision of Comprehensive Sexuality Education (CSE) among school children in Primary schools. Comprehensive sexuality education creates an opportunity of acquiring life skills and knowledge about sexuality and body functions. CSE is provided in compulsory programmes whose curriculum and subject syllabus regulate the content for sexuality education and relationships. However, the integration of CSE in the education system is still a challenge due to cultural, social and economic factors. This study examined the provision of CSE among learners in primary school. The study employed a qualitative research approach and documentary review to collect data. The major findings showed that the coverage of CSE key topics and concepts in the curricula and in subject's syllabuses was adequate and the provision of education on infection and HIV prevention was reported as high.   However, the number of trained teachers who can teach aspects on infection and HIV prevention was inadequate. Also, socio – cultural barriers limit effective provision of CSE among school children. Therefore, the relevant Ministry (PO-RALG) should facilitate the availability of qualified teachers in order to strengthen CSE provision in schools. Equally important, participation of Education stakeholders in addressing socio – cultural barriers that lead to school dropout and early pregnancies among school children is emphasized.*

Key words: comprehensive sexuality education, school children, HIV prevention, socio-cultural barriers, Tanzania.

INTRODUCTION

Comprehensive sexuality education (CSE) is an important aspect related to sexuality and behaviour. It empowers young learners in making informed and responsible decisions. CSE has been adopted in formal education systems specifically in the curriculum for primary and secondary school learners. Comprehensive sexuality education creates an opportunity of acquiring life skills and knowledge about sexuality and body functions (UNESCO, 2023, Sidze, 2017). Thus, CSE is provided in compulsory programmes whose curriculum and subject syllabus regulate the content for sexuality and relationships. Accordingly, it is considered important to integrate sexuality education with extra-curricular activities' including relevant events to learners such as consent and decision making, human rights and sexuality (UNESCO 2023). Equally important, the provision of sexuality education is emphasised in formal settings in order to complement informal sexuality education at home or informal learning from peers (Bonjour & Van der Vlugt, 2018).

Despite the foregoing observations on the advantages of CSE, the integration of CSE in the education system is still a challenge due to cultural, social, structural and institutional factors (Manguvo & Nyanungo, 2018; UNESCO, 2018; Chavula et,. al. 2022). Studies (i.e., Ocran & Ocran, 2021; Appollis et., al. 2024) show that adolescents who experience social and economic difficulties were likely to engage in risk sexual behaviours and dropout from school. Furthermore, school truancy and school dropout are still frequently reported among learners in primary and secondary schools especially in low- and middle-income countries. Thus, school dropout had a higher association with risk sexual behaviours as opposed learners who stay in school (Ocran & Ocran, 2021; Appollis et., al. 2024). The reported reasons for school truancy and school dropouts included parenting problems, exposure to violence, poor school environment, illness and unreliable transport (Gubbels et., al. 2019).

The United Nations 2030 agenda targeted education, equality and well-being. Thus, it emphasises the provision of sexuality education to all youth who are at risk of poor health and well-being outcomes (UNFPA, 2020). Tanzania ratified the UNESCO Convention against Discrimination in Education in 1979. Thus, the country considers education as a human right, ensures free and compulsory education and promotes equality in the provision of education. Tanzania also ratified the General Assembly 2016 Declaration on HIV/AIDS. Thus, the country is committed to adhering to accurate age and culturally appropriate comprehensive sexuality education (UNESCO, 2018; URT, 2001).

Equally important, the Education Sector Development Plan (ESDP 2016/17) aimed to ensure the provision of life skills education, gender issues, sexuality and HIV prevention in basic and secondary education. Likewise, the National accelerated and Investment Agenda for Adolescent Health and wellbeing (NAIA-AHW) for 2021/22-2024/25 emphasized CSE, and among the targeted areas include HIV prevention and

early pregnancies (URT, 2017; URT, 2021). Similarly, the National Multi-Sectoral Strategic Framework on HIV/AIDS 2021/22-2025/26 aimed to ensure support of the scale up of HIV prevention interventions in schools and to increase a safe school environment for boys and girls (URT, 2022b).

Tanzania Government in collaboration with NGO's and CBO's played an important role in the provision of CSE for children and youth in schools and out of school. Likewise, the use of peer educators among the youth was found to increase life skills and self –efficacy that help to increase behaviour change and enhance the ability to make informed decision making. Furthermore, government guidelines for the implementation and provision of CSE in schools have been issued (URT, 2022a).
However, despite the efforts and emphasis in the provision of CSE in schools there are barriers that limit effective implementation of CSE in Tanzania primary schools. This has affected the provision of CSE in school settings. This study therefore, examines the provision of CSE in Tanzania primary Schools and the barriers for CSE implementation. Firstly, the study sought to explore the implementation of CSE in primary schools settings; secondly, the study analysed the barriers against CSE implementation in primary schools.

Theoretical Framework
This study is guided by the Social Cognitive Theory, which posits that behaviour is determined by continuous interaction between personal knowledge, skills and attitudes, interpersonal relationships and environmental influences (Bandura, 2013). Also, human behaviour is motivated and regulated by self- influence. It involves judgement of one's behaviour in relation to personal standards and environmental circumstance (Bandura, 1991). The theory was used in this study to explain how skills building help students to build self-efficacy and believe leading to behaviour change through practice and modelling. Based on the theory, human functioning is influenced by the interaction of behavioural factors. It therefore, suggests that human learning and behaviour change are determined by important aspects for behaviour change including self-efficacy, which is a judgement of one's ability to perform a behaviour. It also involves outcome expectations that include consequences produced by a behaviour and self-control which involves the ability to control one's own behaviour, self-monitoring and self-judgement based on the observation of others. Bandura believed that changing our standards and goal setting is important for self-directed change (Bandura, 1991).

LITERATURE REVIEW

Provision of Comprehensive Sexuality Education in Schools
Comprehensive Sexuality Education (CSE) refers to a structured curriculum-based education which is provided in formal and non-formal settings. It is implemented in school curriculum or other activities within school timetable (Bonjour & Van den Vlugt, 2018).

Comprehensive Sexuality education aims at equipping children and the youth with skills, knowledge, values and attitudes that help them to realize their well-being and dignity, through the provision of knowledge, attitudes and skills. CSE programmes focus on gender equality, human rights principles and youth empowerment. CSE aims to give students knowledge, attitudes, skills and values that enable them to make appropriate choices and informed decisions in their sexual lives (Bonjour &Van der Vlugt, 2018).

Studies show that apart from the formal provision of sexuality education through the curriculum content provided in schools, peer led education approach is also considered very important as it helps to impart knowledge, skills and self-efficacy. Hence, it increases student's knowledge, life skills and ability to solve problems, making informed decisions and increase self-esteem and confidence. In addition, the emergence of HIV/AIDS in 1980's insisted the need for sexuality education. Accordingly, comprehensive education programmes also focus on the prevention of STI's including HIV and teenage pregnancies (Bonjour & Van der Vlugt, 2018).

It emphasizes the strengthening of provision of CSE through helping the youth to focus on socially constructed gender norms and social inequalities that limit adherence to behaviour change and attitudes and to focus on positive attitudes and relationships that lead to good sexual and reproductive health outcomes (UNESCO, 2018).

Schools play a key role in the provision of comprehensive sexuality education (CSE) through school-based programmes. Schools also provide social support and help to link parents, children and communities with other services. Thus, schools are considered effective in the provision of age –appropriate sexually education through formal education (UNESCO, 2016). CSE is characterised by being incremental and scientifically accurate, age and developmental appropriateness, comprehensiveness and curriculum based. Furthermore, CSE covers such topics as life skills, family life education and consent and bodily autonomy. (UNESCO, 2018). Table 1 shows The International guidance on key topics and concepts for comprehensive sexuality education provided by UNESCO.

Table 1: UNESCO Framework for Age Specific Topics				
	Key Topics	**Sub-topics**	**Learning objectives**	**Age groups**
1.	Relationships	Families; Friendships, love and romantic relationships; Tolerance, inclusion and respect; Long term commitments and parenting.	Knowledge, attitudes and values	5 - 8,
2.	Values, Rights, culture and sexuality	Values and sexuality, human rights and sexuality Culture and sexuality.		9 -12,
3.	Understanding gender	Social construction of gender and gender norms; gender equality, stereotypes and bias; gender-based violence.		12 -15,
4.	Violence and staying safe	Violence; consent, privacy and bodily integrity; Safe use of information and communication technology (ICT).		15 -18+ years
5.	Skills for health and well-being	Norms and peer influence on sexual behaviour, decision making; communication refusal and negotiation skills; media literacy and sexuality; Finding help and support.		
6.	The human body and development	Sexual and reproductive; anatomy and physiology; reproduction; puberty and body image.		
7.	Sexuality and sexual behaviour	Sexuality and sexual life cycle; sexual behaviour and sexual response.		
8.	Sexual and reproductive health	Pregnancy and pregnancy prevention; HIV/AIDS stigma, care, treatment and support; understanding, recognising and reducing the risks of STI's including HIV		

Source: UNESCO (2018)

Table 1 shows eight key concepts and sub topics that are suggested to determine the learning objectives for each topic based on the age of the learner. The topics focus on the main domains of learning including knowledge, skills and attitudes (UNESCO, 2023).

Furthermore, literature shows that the contents to be used as a standardised benchmark for measuring CSE has to include the following according to international guidance. First, generic life skills (decision making, communication and negotiation skills); second, sexual and reproductive health and sexuality education (human growth

and development, relationships, reproductive health, sexual abuse and transmission of STIs). Third, CSE has to include HIV transmission and prevention (UNESCO, 2018).

Enabling environment for the Provision of CSE in Schools
An enabling environment involve the school environment, community and political support. Scholars argue that an enabling environment is important for effective delivery of SCE. It requires engagement of different stakeholders including parents, community members and religious leaders (Bonjour &Van der Vlugt 2018; Van wesenbeeck, et. al., 2016).

School learning environment for CSE allow leaners and teachers to participate and be protected, respected with positive communication norms and with a good physical environment. Equally important, safe and healthy environment do not allow discrimination and sexual violence. It prioritize the prevention of gender-based violence in school. It also involves the provision of friendly services that allow access to information, support and supplies (Bonjour &Van der Vlugt, 2018; Van wesenbeeck, 2020).

In addition, a positive national level policy environment is considered as a crucial factor for effective implementation of CSE in schools. It helps to guide the integration of sexuality education in curricula, it specifies and guides the delivery of CSE, teacher training and students' assessment. Therefore, it ensures availability of policy documents and guidelines that guide the provision of CSE in schools and commitment in its implementation (UNESCO, 2021).

Barriers for the Provision of SCE in Schools
There are different barriers that can limit effective implementation of CSE in schools. These include structural and institutional barriers and socio - cultural barriers

Structural and institutional related Barriers
Inadequate Trained Teachers
Trained and well-educated teachers play an important role in the delivery of good and effective sexuality education in schools. Their expertise determine effective delivery of CSE in terms of contents and teaching strategies. Trained teachers are motivated to teach CSE as they have the ability to handle cultural issues. Scholars argue that teachers' ability to use participatory learning techniques, teacher motivation, attitudes and skills are considered to have positive effects in increasing pupils' knowledge and attitudes (Pound et. al., 2017; Van wesenbeeck, 2020).

Hence, the lack of trained teachers is a barrier to high quality CSE and its implementation. It may limit the development of critical thinking, positive values and behavioural skills among learners. Thus, insufficient expertise, knowledge and awareness of the teacher can lead to discomfort and embarrassment when teaching

topics such as social and gender norms. This hinders adolescents to make informed decisions (UNESCO, 2021).

Lack of Comprehensiveness in Curricula

Regarding comprehensiveness of CSE programmes, scholars argue that not all CSE are comprehensive in terms of content and approach of its delivery. It was argued that there was a lack of comprehensiveness in the range of CSE topics covered in schools curriculum. In addition, the topics integrated in the curriculum and in compulsory subjects were limited in scope about contraception and pregnancy prevention, gender relations, equity and the rights (Sidze et. al., 2017).

Previous studies also found that most school-based sexuality education programmes were mainly based on knowledge and the content (Green et. al., 2017; Billie & Hutter, 2019). However, CSE is expected also to address personal, social and cultural factors in order to achieve healthy and equitable relationships (Van wensenbeeck et. al., 2016).

Socio - Cultural Barriers

There are negative beliefs on the teaching adolescents about sexuality education in schools. Cultural and religious beliefs are likely to shape socio-cultural norms and attitudes towards comprehensive sexuality education. This has a negative impact on CSE implementation in schools (Kemigisha et. al., 2019). UNESCO review of curricula shows that little focus is provided on how culture, religion and gender norms influence learner's behaviour and attitudes. Likewise, there are topics that are considered sensitive in different culture and religion contexts. Hence, topics that are relevant to sexually active learners were not adequately provided due to cultural barriers (UNESCO, 2018).

CSE encourages culture inclusiveness in the provision of sexuality education in order to assist children to manage values, ideologies and practices that prevail in their societies. Hence, CSE seeks to prepare children based on their culture and societal realities. Thus, topics such as identity and self-esteem, harmful norms and practices and gender and power inequalities are emphasized (Kemigisha et al., 2019).

Conceptual Framework

The conceptual framework in Figure 1 explains the provision of CSE in school context. It shows the place of policies and guidelines, curricular, delivery, coverage and an enabling environment as important aspects in the implementation of CSE. It shows further the barriers that impede the provision of CSE including socio – cultural barriers and structural and institutional barriers. Figure 1 shows the conceptual framework that guides the study.
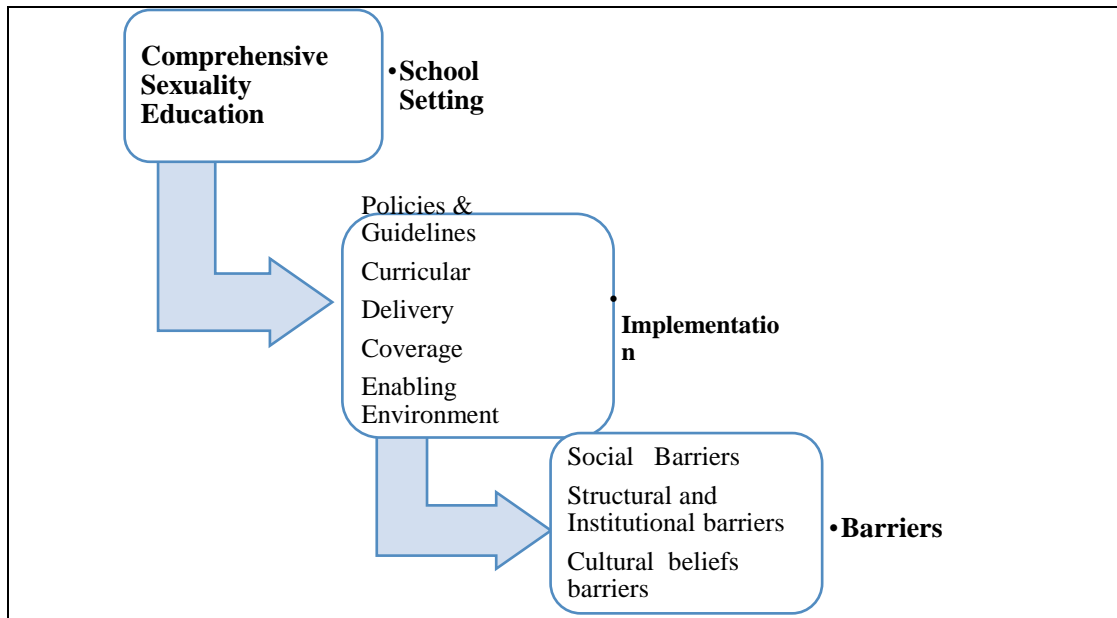
Figure 1: Conceptual Framework
Source: Researcher Own Construct

METHODOLOGY

The study employed a qualitative research approach to examine the provision of CSE among children and youth in Tanzania schools. Documentary review method was used to gather data from official educational statistics, published books, articles, and policy documents. The study used official information from the Ministry of Education Science and Technology, President's Office- Regional Administration and Local Government and other government institutions. Information, which was collected from both written and electronic materials was categorized and coded according to key themes based on the objectives of the study. The information obtained from various sources was analysed using content analysis where it was organised into themes according to the study objectives. Also data was presented in tables, and bar graphs.

FINDINGS AND DISCUSSION

This study intended to examine the provision of comprehensive sexuality education in primary schools. The study objectives were firstly, to explore the provision of comprehensive sexuality education in primary schools. Secondly, the study analysed the barriers against CSE implementation in primary schools. The study sought to answer the following research questions; First, how CSE is provided in primary schools? Second, what barriers limit the implementation of CSE in primary schools?

Provision Comprehensive Education in Tanzania Schools

The first research question sought to explore how Comprehensive Sexuality Education is provided in primary schools. The findings show that CSE is provided from preschool, standard III- VII in primary school and in secondary school from Form 1-VI. CSE is integrated in the curricula and the large part of CSE is covered in primary school syllabuses in various subjects including Social Studies, Vocational Studies, Civics and Moral Education, and Science and Technology. Moreover, it is also provided in secondary education in Biology and civics subjects. The topics considered age and developmental appropriateness of the leaners (MoEST, 2019; TIE, 2019a; TIE, 2019b & TIE, 2023). Furthermore, the three focus areas of SCE that were suggested by UNESCO as a benchmark for measuring CSE were adequately integrated in the National Curriculum Framework (MoEST, 2019). The three focus areas were also reflected adequately in the school subjects' syllabus (TIE, 2019a; TIE, 2019b & TIE, 2023).

The learning areas for pre – primary include health care, social relation, personal, social and emotional development and communication. In primary school, the competencies include relationship, communication, health care and environment education (MoEST, 2019). The topics in primary school include health principles for good health, and systems of the human body. It also include other topics such as building good relationships, culture promotion, loving oneself and others, developing personal hygiene, respect to community, standing for people's right, trustworthiness to society, and respecting different cultures and ideologies. Furthermore, the topics also captured crosscutting issues such as child rights and responsibilities, gender differences and gender relations, life skills, reproductive health and HIV/AIDS including HIV prevention, it also include human body systems (TIE, 2019a; TIE, 2019b; TIE, 2023).

Therefore, it can be argued that the coverage of SCE is adequate and the learning areas and competencies were presented based on class levels. Equally important, the key concepts and sub-topics for comprehensive sexuality education suggested in UNESCO framework were adequately included in pre-school, primary school, secondary school and teacher Education learning areas in Tanzania (MoEST, 2019). This suggest that curriculum reviews continue to improve the coverage area for CSE in Tanzania schools. The findings show further that comprehensive sexuality education is adequately implemented in private and public primary schools through the provision of education on life skills, reproductive health, prevention of HIV and counselling services. Table 2 provides feedback on the provision CSE in different primary schools.

Table 2: Provision of Comprehensive Sexuality Education in Schools Settings

S/n	Indicators	Number of Schools	Percentage
1.	School provided education on infection and preventive of HIV	16894	87.7
2.	School provided education on life skills in general.	16799	87.2
3.	School provided education on reproductive health	16385	85.1
4.	The school provided education on protection and safety of children to students	16251	84.4
5.	School is implementing a program on HIV and AIDS at the workplace	15134	78.6
6.	The school provided training to parents on HIV and reproductive health education.	12644	65.6
7.	School has rules and guidelines for staff and students about HIV and AIDS.	11986	62.2
8.	The school has trained teachers who are teaching life skills in general	9095	47.2
9.	The school has trained teachers who are teaching health and reproductive education.	8624	44.8
10.	The school has trained teachers who are teaching on infection and prevention of HIV.	8441	43.8
			60.2

Source: Regional Data (URT, 2022a)

Based on information obtained from various primary schools where sexuality education is provided in schools, the leading type of sexuality education was education on infection and prevention of HIV (87.7%). Likewise, education on life skills was reported to be 87.2 per cent. Based on the data in Table 1, on average, the provision of comprehensive sexuality education is 60.2 per cent, which is above average. It can be argued that the provision of CSE in primary schools is adequate. The regional data show that CSE was implemented in 19, 261 schools (URT, 2022a).
However, the findings suggest that there are still barriers limiting effective implementation of CSE in primary schools. It was further shown that number of trained teachers for health and reproductive health was inadequate at 44.8 per cent, infection and prevention (43.8%) and life skills in general (47.2%). This suggest that there are inadequacies in the delivery of CSE in primary schools. Other study indicated that in service training of teachers is crucial for effective CSE education programmes in schools (Adekola & Mavhandu-Mudzusi, 2023).

Barriers for Provision of CSE in Schools
The findings show that the government is commitment to providing comprehensive sexuality education in schools. However, there are still barriers including socio-cultural barriers and structural and institutional barriers that limit its provision in schools.

Socio –Cultural Barriers

There are different social and cultural barriers that limit effective students' attendance to school leading to school dropout and early pregnancies. Such barriers affect the provision of comprehensive education in a school setting. The main factors that contribute to school dropouts in primary schools included peer pressure (20%) lack of basic needs (18.6%) livestock keeping 12%) and parents' divorce or separation (5.8%) while other reasons constituted 36 Per cent. Figure 2 gives the details.
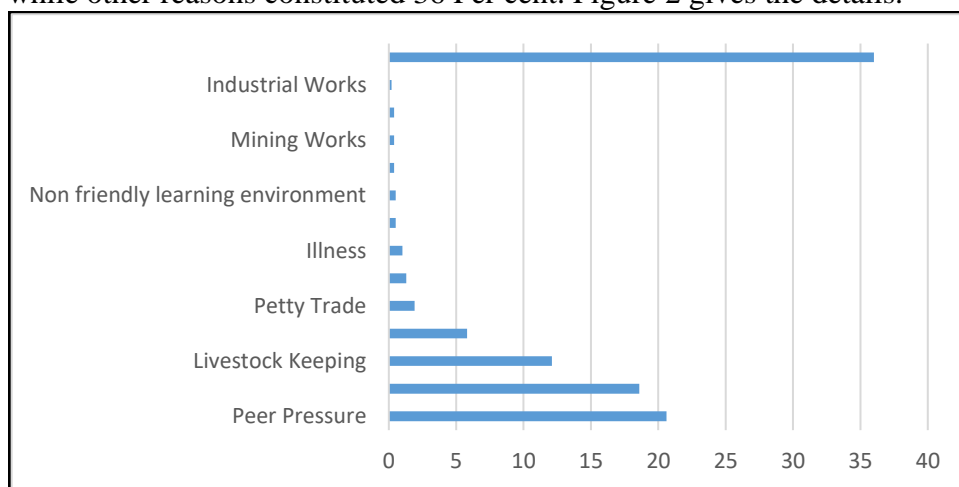

Figure 2: Reasons for School dropout in Primary school
Source: Regional Data (URT, 2022a)

Other studies also show that factors that contribute to school dropout include inadequate support from parents, family poverty and lack of basic needs (Milanzi, 2022).

Furthermore, school dropout in primary school was attributed by four main reasons including truancy, pregnancy, indiscipline and death. Truancy (99%) was reported to be the main reason for dropout in primary schools. Moreover, other reasons constituted 1per cent, and these included pregnancy, and indiscipline. Figure 3 shows the main reasons for school dropout.
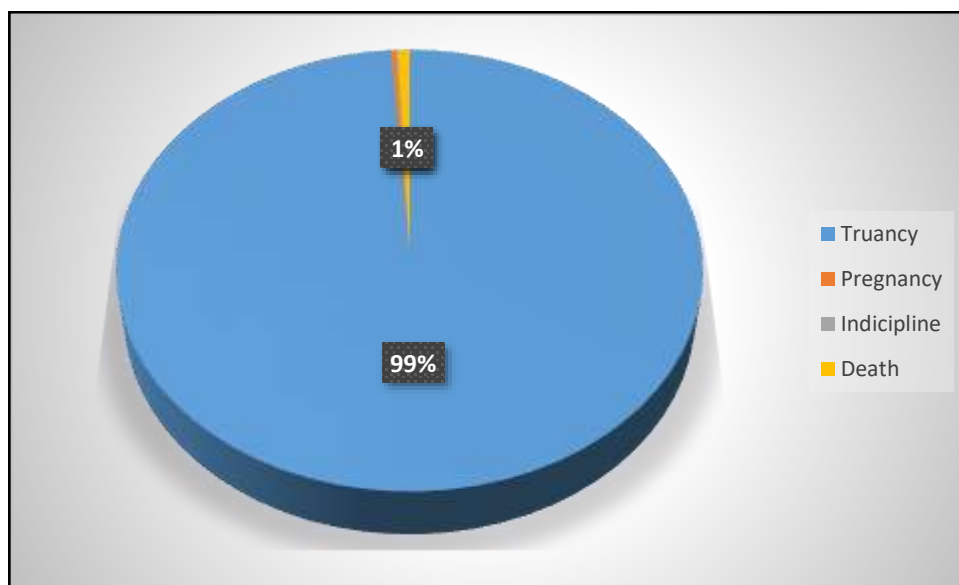
Figure 3: The main reasons for school dropout.
Source: Regional Data (URT, 2022a)
Based on the factors that were provided for school dropouts, it can be argued that there are social and culture barriers that limited effective engagement of school children in school programmes given the fact that basic education is provided for free in Tanzania (URT, 2023). Thus, school dropouts limit school children from acquiring knowledge, skills provided in school settings through comprehensive sexuality education.

Furthermore, the reported cases of pregnancy among school children suggest that the provision of CSE was not effective. The finding suggest that girls in primary school engage in risk sexual behaviour which lead to pregnancy. Early engagement in unsafe sexual behaviour among adolescents led to early and unwanted pregnancies. Furthermore, early pregnancies interrupt schooling leading to school dropout thus limiting teenagers from acquiring age appropriate knowledge and skills that could equip them with safe sexual behaviour (Milanzi, 2022; Adekola& Mavhandu Mdzusi, 2023).

Structural and Institutional Barriers
Structural and Institutional Barriers involve implementation barriers including inadequate number of teachers who can effectively implement CSE in schools.

Inadequate Qualified Teachers for Provision of Comprehensive Sexuality Education
The number of trained teachers who can teach aspects on infection and prevention of HIV were reported to be inadequate (43.8%). Likewise, trained teachers on health and reproductive education, life skills and infection and HIV prevention were less than 50 per cent. This has implications on the provision of comprehensive education in

schools. This suggests that there is a lack of adequate teaching workforce with knowledge in areas of specialization related to CSE and delivery technics and skills (URT, 2023). Scholars argue that comprehensive sexuality education is delivered through participatory, interactive and effective methods. It uses strategies to strengthen skills in communication, decision making and critical thinking (Bonjour & Van der Vlugt, 2018). Therefore, it can be argued that the expected knowledge, attitudes, and skills for comprehensive sexuality education were not provided effectively due to inadequate number of qualified teachers.

As it is argued by scholars, the lack of trained teachers affect effective delivery of comprehensive sexuality education in school setting. It also affect the quality of teaching and relevance of the content. Thus, the lack of trained teachers limits consistent and effective implementation of CSE. It is argued further that teachers who are not trained lack skills and confidence of delivering the contents or using interactive methods. Hence, building capacity for teachers is considered important for effective provision of quality CSE (Van wesenbeeck, et. al., 2016; Pound et. al., 2017; Nsiima et. al., 2019).

CONCLUSIONS AND RECOMMENDATIONS

Conclusions
There are deliberate efforts by the government and other stakeholders in the provision of CSE in schools. However, there are still barriers that limit effective implementation of CSE in Tanzania primary schools. The first objective explored the implementation of CSE in primary schools settings. The major findings show that the coverage of CSE key topics and concepts in curricular and in school subject's syllabuses was adequate. In addition, the provision of education on infection and HIV prevention in school setting was reported to be high.

The second objective was to analyse the barriers for CSE implementation in primary schools. The major findings show that there are socio- cultural barriers and structural and institutional barriers that limit effective provision of CSE in schools. The socio – cultural barriers limit effective students' attendance to school due to school dropout and early pregnancy. Furthermore, there are structural and institutional barriers including lack of adequate teaching workforce with the knowledge in areas of specialization related to CSE and lack of delivery technics and skills.

Recommendations
Despite the efforts of integrating CSE in school curricula, the improvement in the delivery strategies is recommended for effective provision of CSE in schools setting. Therefore, the relevant Ministry (PO-RALG) should facilitate availability of qualified teachers in order to strengthen CSE provision in schools. Equally important, participation of Education stakeholders in addressing socio – cultural barriers that lead to school dropout and early pregnancy among school children is emphasized.

REFERENCES

Appollis, T.M, Mathews, C & Jonas, K. (2024). School dropout, Absenteeism and Coverage of Sexual and Reproductive Health Services in South Africa: Are those most at Risk Reached. *AIDS and Behaviour*. 10: 3525-3542 DOI: 10.1007/s10461-024-04448-2

Adekola, A.P & Mavhandu-Mudzusi, (2023). Addressing Learner- centred Barriers to Sexuality Education in Rural Areas of South Africa: Learners' Perspectives on Promoting Sexual Health Outcomes. *Sexuality Research and Social Policy*. 20: 1-17. https://doi.org/10.1007/s13178-021-0065-1

Bandura. A. (2013). *Social Cognitive Theory: Definition and Examples*. Oxford press.

Bandura, A. (1991). Social cognitive theory of self-regulation. *Organizational Behaviour and Human Decision Processes, 50*(2): 248–287. https://doi.org/10.1016/0749-5978(91)90022-L

Billie, D & Hutter, I (2019). Teachers' Conflicting Cultural Schemas of Teaching Comprehensive School-Based Sexuality Education in Kampala, Uganda. *Culture, Health & Sexuality.* 21: 233-247.

Bonjour, M & Van der Vlugt, I. (2018). *Comprehensive Sexuality Education Bonjour, Knowledge file*. Utrecht: Rutgers.

Chavula, M.P, Zulu, J.M & Hurtig, A (2022).Factors influencing the Integration of Comprehensive Sexuality Education into Educational systems in Low and Middle income Countries: A Systematic Review. *Reproductive Health.*19 (1):196 https://doi.org/10.1186/s12978-022-01504-9.

Gubbels J, van der Put C. E & Assink, M. (2019). Risk Factors for School Absenteeism and Dropout: A Meta-Analytic Review. *Journal of Youth and Adolescence.* 48(9):1637-1667. doi: 10.1007/s10964-019-01072-5

Green, Jennifer, Roy F. Oman, Sara K. Vesely, Marshall Cheney, & Leslie Carroll. (2017). Beyond the Effects of Comprehensive Sexuality Education: The Significant Prospective Effects of Youth Assets on Contraceptive Behaviours. J*ournal of Adolescent Health* 61 (6): 678-684.

Haberland N. & Rogow D. (2015). Sexuality education: Emerging trends in evidence and practice. Journal of Adolescent Health, 56(1), 15-21. http://dx.doi.org/10.1016/j.jadohealth.2014.08.013.

Kemigisha,E., Bruce, K., Ivanova, O., Leye, E., Coene, G., Ruzaaza, G.N.,Ninsiima, A., Mlahagwa, W., Nyakato, V.N &Michielsen, K(2019).Process Evaluatoion of a School Based Comprehensive Sexuality Education Programme among very Young Adolescent in Rural Uganda. *Public Health*.19:1393. https://doi.org/10.1186/s12889-019-7805

Manguvo A, Nyanungo M. (2018).Indigenous culture, HIV/AIDS and globalization in Southern Africa: towards an integrated sexuality education pedagogy. *Handbook of Cultural Security*. Cheltenham: Edward Elgar Publishing.

Millanzi, W. C. (2022). The effect of educational Intervention on shaping safe sexual

behaviour based on problem-based pedagogy in the in the field of sex Education and reproductive health: Clinical trial among adolescents in Tanzania. *Health Psychology and Behaviour Medicine*. 10(1): 262-290. https://doi.org/10.1080/21642850.2022.2046474 14.

MoEST (2019), *National Curriculum Framework for Basic and Teacher Education*. Dar es Salaam: Institute of Education.

Ninsiima, A. B., Coene, G., Michielsen, K., Najjuka, S., Kemigisha, E., Ruzaaza, G. N., Nyakatod, V. N. & Leye, E. (2019). Institutional and contextual obstacles to sexuality education policy implementation in Uganda. *Sex Education*, 20: 17-32.

Ocran, B.E (2021). Teacher Approaches, Attitudes, and Challenges to Sexuality Education: A case study of three junior high schools in Ghana. 153–166. doi: 10.29063/ajrh2021/v25i4.16

Pound, P., Denford, S., Shucksmith, J., Tanton, C., Johnson, A. M., Owen, J., Hutten, R., Mohan, L., Bonell, C., Abraham, C., & Campbell, R. (2017). What is best practice in sex and relationship education? A synthesis of evidence, including stakeholders' views. British Medical Journal Open, 7(5): 1–11.

Sidze, E. M., Stillman, M., Keogh, S., Mulupi, S., Egesa, C. P., Leong, E., Mutua, M., Muga, W., Bankole, A., & Izugbara, C. O. (2017). *From paper to practice: Sexuality education policies and their implementation in Kenya.* Guttmacher Institute. https://www.gutt macher.org

Tanzania Institute of Education (2023*). Biology Syllabus for Ordinary Secondary Education Form I-IV*. Dar Es Salaam: TIE

Tanzania Institute of Education (2019a*). Science and Technology Syllabus for Standard III-VII* Dar es Salaam: TIE

Tanzania Institute of Education (2019b*). Social Studies Syllabus for Standard II-VII* Dar es Salaam: TIE

United Nations Educational, Scientific and Cultural Organization (UNESCO). (2023).Comprehensive Sexuality Education. Country Profiles. Global Education Monitoring. UNESCO. https://unesdoc.unesco.org

United Nations Educational, Scientific and Cultural Organization (UNESCO). (2021). *The journey towards comprehensive sexuality education. Global Status Report'*. Paris: UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000379607.

United Nations Educational, Scientific and Cultural Organization (UNESCO). (2018). *International Technical Guidance on Sexuality Education an Evidence Informed Approach.* Revised Edition. Paris: UNESCO

United Nations Educational, Scientific and Cultural Organization (UNESCO). (2016). *Review of the Evidence on Sexuality Education.* Paris: UNESCO

United Nations Population Fund (2020). International technical and programmatic guidance on out of school CSE. New York: UNFPA

United Republic of Tanzania (URT). (2023). *Tanzania Education and Training*

Policy 2014. Revised Edition 2023. Dodoma: MoEST

United Republic of Tanzania (URT). (2022a). *Pre Primary, Primary, Adult and Non-Formal Education Statistics: Regional Data*. Dodoma: PO-RALG.

United Republic of Tanzania (URT). (2022b). *National - Sectoral Strategic Framework on HIV & AIDS 2021/22-2025/26*. Prime Minister's Office. PMO

United Republic of Tanzania (URT). (2021). *National Accelerated Action and Investment Agenda for Adolescent Health and Wellbeing 2021/22 – 2024/25 (NAIA-AHW).* Dar es Salaam: MoHCDGEC.

United Republic of Tanzania URT. (2017). *National guidelines for the management of HIV and AIDS.* Second Edition. Dar es Salaam: NACP & MHCDGEC.

United Republic of Tanzania (URT). (2017). *Education Sector Development Plan (2016/17- 2020/21). Tanzania Mainland*. MoEST

United Republic of Tanzania (URT). (2001). *National Policy on HIV/AIDS.* Dodoma: URT.

Van wesenbeeck, I. (2020). Comprehensive Sexuality Education. *Oxford Research Encyclopedia*. USA: Oxford University Press.

Van wesenbeeck, I., Westeneng, J., De Boer, T., Reinders, J. & Van Zorge, R. (2016). Lessons Learned from a Decade Implementing Comprehensive Sexuality Education in Resource Poor Settings: The World Starts with Me. *Sex Education*, (16): 471-486. https://doi.org/10.1080/14681811.2015.1111203