

Provision of Comprehensive Sexuality Education among Primary School Children in Tanzania: Success and Barriers

Bertha E. Losioki

Department of Psychology and Curriculum Studies, Faculty of Education, The Mwalimu Nyerere Memorial Academy, Tanzania

Correspondence author's email: [bertha.losioki @mnma.ac.tz](mailto:bertha.losioki@mnma.ac.tz)

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 to acquire 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 challenging 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 significant findings showed that the coverage of CSE key topics and concepts in the curricula and in subjects' 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 of infection and HIV prevention was inadequate. Also, socio-cultural barriers limit the adequate provision of CSE among school children. Therefore, the relevant Ministry (PO-RALG) should facilitate the availability of qualified teachers 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.

Keywords: Comprehensive Sexuality Education, School children, HIV prevention, Socio-cultural barriers, Tanzania

1. Introduction

Comprehensive sexuality education (CSE) is an important aspect related to sexuality and behaviour. It is a structured curriculum-based education provided in formal and non-formal settings. It is implemented in school curriculum or other activities within the school timetable (Bonjour & Van den Vlugt, 2018). It empowers young learners to make 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 recreates an opportunity to acquire 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 necessary to integrate sexuality education with extra-curricular activities, including relevant events for learners, such as consent and decision making, human rights, and sexuality (UNESCO 2023). Equally important, sexuality education is emphasised in formal settings 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 are likely to engage in risky sexual behaviours and drop out of school. Furthermore, school truancy and dropout are still frequently reported among learners in primary and secondary schools, especially in low- and middle-income countries. Thus, school dropouts had a higher association with risky sexual behaviours as opposed to learners who stay in school (Ocran & Ocran, 2021; Appollis et. al., 2024). The reported reasons for school truancy and 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 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 a human right, ensures free and compulsory education and promotes equality in education provision. Tanzania also ratified the General Assembly's 2016 Declaration on HIV/AIDS. Thus, the country is

committed 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 provide 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 Well-being (NAIA-AHW) for 2021/22-2024/25 emphasized CSE, and among the targeted areas are 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).

The Tanzanian Government, in collaboration with NGO's and CBOs, played an essential role in providing CSE for children and youth in and out of school. Likewise, peer educators among the youth were found to increase life skills and self-efficacy, which helps to improve behaviour change and enhance the ability to make informed decisions. Furthermore, government guidelines for implementing and providing CSE in schools have been issued (URT, 2022a).

However, despite the efforts and emphasis on providing CSE in schools, some barriers limit the effective implementation of CSE in Tanzania's primary schools. This has affected the provision of CSE in a school setting. This study, therefore, examines the provision of CSE in Tanzania primary Schools and the barriers to CSE implementation. Firstly, the study sought to explore the implementation of CSE in primary school settings; secondly, the study analysed the barriers to CSE implementation in primary schools.

2. 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 judgment of one's behaviour concerning personal standards and environmental circumstances (Bandura, 1991). This study used the theory to explain how skills building helps students to build self-efficacy and belief, leading to behaviour change through practice and modelling. Based on the theory, human functioning is influenced by the interaction of behavioural factors. It 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 consists of the ability to control one's behaviour, self-monitoring, and self-judgement based on the observation of others. Bandura believed that changing our standards and goal setting is essential for self-directed change (Bandura, 1991).

3. Literature Review

3.1 Provision of Comprehensive Sexuality Education in Schools

Comprehensive Sexuality education aims to equip children and youth with skills, knowledge, values and attitudes that help them realize their well-being and dignity through providing 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, the peer-led education approach is also essential as it helps impart knowledge, skills, and self-efficacy. Hence, it increases students' learning, life skills and ability to solve problems, making informed decisions, and self-esteem and confidence. In addition, the emergence of HIV/AIDS in the 1980s emphasized the need for sexuality education. Accordingly, comprehensive education programmes also focus on the prevention of STIs, including HIV and teenage pregnancies (Bonjour & Van der Vlugt, 2018).

It emphasizes strengthening the provision of CSE by 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 are key in providing comprehensive sexuality education (CSE) through school-based programmes. Schools also offer social support and help to link parents, children, and communities with other services. Thus, schools are considered adequate in providing appropriate sex 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 life skills, family education, consent, and bodily autonomy. (UNESCO, 2018).

Furthermore, literature shows that the contents to be used as a standardised benchmark for measuring CSE have 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).

Eight key concepts and subtopics are suggested to determine the learning objectives for each topic based on the learner's age. The topics focus on the main learning domains, including knowledge, skills, and attitudes (UNESCO, 2023). Table 1 shows The International guidance on key issues and concepts for comprehensive sexuality education provided by UNESCO

Table 1: The International guidance on key topics and concepts for comprehensive sexuality education

S/n	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, 9 -12, 12 -15, 15 -18+ years
2.	Values, Rights, culture and sexuality	Values and sexuality, human rights and sexuality Culture and sexuality.		
3.	Understanding gender	Social construction of gender and gender norms; gender equality, stereotypes and bias; gender-based violence.		
4.	Violence and staying safe	Violence; consent, privacy and bodily integrity; Safe use of information and communication technology (ICT).		
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)

3.2 Enabling Environment for the Provision of CSE in Schools

An enabling environment involves the school environment, community, and political support. Scholars argue that an enabling environment is essential for the 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).

The classroom learning environment for CSE allows learners and teachers to participate and be protected and respected with positive communication norms and a good physical environment. Equally important, a safe and healthy environment does not allow discrimination and sexual violence. It prioritizes the prevention of gender-based violence in schools. It also involves providing friendly services enabling access to information, support, and supplies (Bonjour & Van der Vlugt, 2018; Van Wessenbeeck, 2020).

In addition, a positive national-level policy environment is considered a crucial factor for the 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 the availability of policy documents and guidelines that guide the provision of CSE in schools and commitment to its implementation (UNESCO, 2021).

3.3 Barriers for the Provision of SCE in Schools

Different barriers can limit the effective implementation of CSE in schools. These include structural and institutional barriers and socio-cultural barriers.

3.3.1 Structural and institutional-related Barriers

3.3.1.1 Inadequately trained teachers

Trained and well-educated teachers are essential in delivering good and effective sexuality education in schools. Their expertise determines effective CSE delivery in terms of content and teaching strategies. Trained teachers are motivated to teach CSE as they can handle cultural issues. Scholars argue that teachers' ability to use participatory learning techniques, teacher motivation, attitudes, and skills positively increase pupils' knowledge and attitudes (Pound et. al., 2017; Van Weseenbeeck, 2020).

Hence, the lack of trained teachers hinders 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 from making informed decisions (UNESCO, 2021).

3.3.1.2 Lack of comprehensiveness in curricula

Regarding the comprehensiveness of CSE programmes, scholars argue that not all CSE programs are comprehensive in content and delivery approach. It was

claimed that the range of CSE topics covered in the school's curriculum lacked comprehensiveness. In addition, the topics integrated in the curriculum and in compulsory subjects were limited to 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 to achieve healthy and equitable relationships (Van Wensenbeeck., et. al., 2016).

3.3.2 Socio-cultural barriers

There are negative beliefs about teaching adolescents about sexuality education in schools. Cultural and religious beliefs will likely shape socio-cultural norms and attitudes towards comprehensive sexuality education. This harms 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 learners' behaviour and attitudes. Likewise, some topics are considered sensitive in different cultures and religions. Hence, topics that are relevant to sexually active learners were not adequately provided due to cultural barriers (UNESCO, 2018).

CSE encourages cultural inclusiveness in the provision of sexuality education 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). The conceptual framework in Figure 1 explains the provision of CSE in the school context. It shows the place of policies and guidelines, curricula, delivery, coverage and an enabling environment as essential aspects in implementing CSE. It further shows the barriers that impede the provision of CSE, including socio-structural and institutional barriers.

3.4 Conceptual Framework

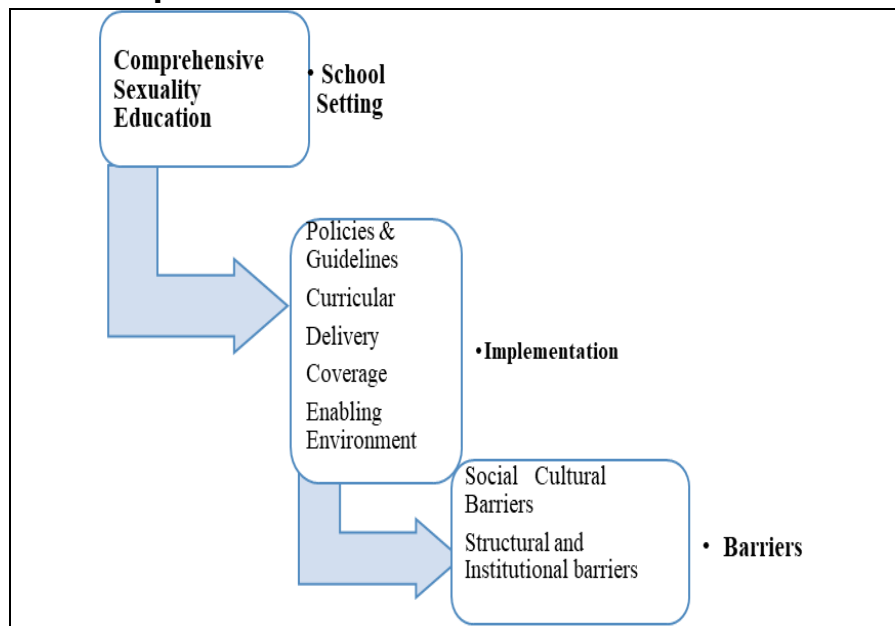


Figure 1: Conceptual Framework

Source: Researcher's Own Construct

4. Methodology

The study employed a qualitative research approach to examine the provision of CSE among children and youth in Tanzanian schools. Documentary review 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 collected from both written and electronic materials was categorized and coded according to key themes based on the study's objectives. The information obtained from various sources was analysed using content analysis, organised into themes according to the study objectives. Also data was presented in tables and bar graphs.

5. Findings and Discussion

This study intended to examine the provision of comprehensive sexuality education in primary schools. The study objectives were to explore the provision of comprehensive sexuality education in primary schools. Secondly, the study analysed the barriers to CSE implementation in primary schools. The study sought to answer the following research questions: How is CSE provided

in primary schools? Second, what barriers limit the implementation of CSE in primary schools?

5.1 Provision of Comprehensive Education in Tanzania Schools

The first research question explored 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 a 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 learners (MoEST, 2019; TIE, 2019a; TIE, 2019b & TIE, 2023). Furthermore, the three focus areas of SCE that UNESCO suggested 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 relations, personal, social and emotional development and communication. In primary school, the competencies include relationship, communication, health care and environmental education (MoEST, 2019). The topics in primary school include health principles for good health and human body systems. It also includes other topics such as building good relationships, culture promotion, loving oneself and others, developing personal hygiene, respect for the community, standing for people's rights, 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 includes 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 the UNESCO framework were adequately included in Tanzania's pre-school, primary school, secondary school and teacher Education learning areas (MoEST, 2019). This suggests 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 of CSE in different primary schools.

Table 2: Provision of Comprehensive Sexuality Education in School Settings

S/n	Indicators	Schools(N)	Percentage
1.	The school provided education on infection and prevention of HIV	16894	87.7
2.	School provided education on life skills in general.	16799	87.2
3.	The school provided education on reproductive health	16385	85.1
4.	The school provided education on the protection and safety of children to students	16251	84.4
5.	The 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 teach life skills in general	9095	47.2
9.	The school has trained teachers in health and reproductive education.	8624	44.8
10.	The school has trained teachers who teach about infection and the prevention of HIV.	8441	43.8
Average			60.2

Source: Regional Data (URT, 2022a)

Based on information obtained from various primary schools where sexuality education is provided, 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, the provision of comprehensive sexuality education is 60.2 per cent, which is above average. It can be argued that providing CSE in primary schools is adequate. The regional data show that CSE was implemented in 19261 schools (URT, 2022a). However, the findings suggest that barriers still limit the effective implementation of CSE in primary schools. It was further shown that the number of trained health and reproductive health teachers was inadequate at

44.8 per cent, infection and prevention (43.8%) and life skills in general (47.2%). This suggests that there are inadequacies in delivering CSE in primary schools. Another study indicated that teacher in-service training is crucial for effective CSE education programmes in schools (Adekola & Mavhandu-Mudzusi, 2023).

5.2 Barriers for the Provision of CSE in Schools

The findings show that the government is committed to providing comprehensive sexuality education in schools. However, there are still barriers, including socio-cultural, structural, and institutional barriers that limit its provision in schools.

5.2.1 Socio–Cultural Barriers

Different social and cultural barriers limit effective student attendance, leading to school dropout and early pregnancy. 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%. Figure 1 gives the details.

Based on the factors 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 that basic education is provided for free in Tanzania (URT, 2023). Thus, school dropouts limit school children from acquiring the knowledge and skills provided in the school setting through comprehensive sexuality education. Other studies also show that factors contributing to school dropout include inadequate parental support, family poverty and lack of basic needs (Milanzi, 2022).

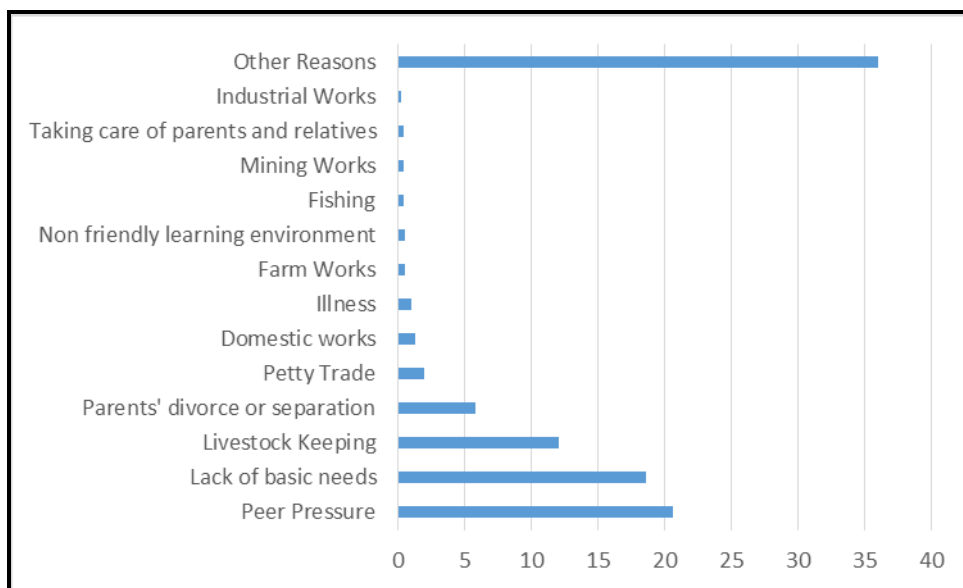


Figure 1: Reasons for School dropout in Primary school

Source: Regional Data (URT, 2022a)

5.2.2 Structural and Institutional Barriers

Structural and institutional barriers involve implementation barriers, including inadequate teachers who can effectively implement CSE in schools.

5.2.2.1 Inadequate qualified teachers for the provision of comprehensive sexuality education

The number of trained teachers who can teach aspects of infection and prevention of HIV was 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 for the provision of comprehensive education in schools. This suggests a lack of an adequate teaching workforce with knowledge in areas of specialization related to CSE and delivery techniques 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 an inadequate number of qualified teachers.

As scholars argue, the lack of trained teachers affects the effective delivery of comprehensive sexuality education in the school setting. It also affects the

quality of teaching and the relevance of the content. Thus, the lack of trained teachers limits consistent and effective implementation of CSE. It is argued that teachers who are not trained lack skills and confidence in delivering the content or using interactive methods. Hence, building teacher capacity is important for effectively providing quality CSE (Van Wesenbeeck, et. al., 2016; Pound et. al., 2017; Nsiima et. al., 2019).

6. Conclusions and Recommendations

6.1 Conclusions

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

The second objective was to analyse the barriers to CSE implementation in primary schools. The significant findings show that socio-cultural, structural, and institutional obstacles limit adequate provision of CSE in schools. The socio-cultural barriers limit effective students' attendance to school due to school dropout and early pregnancy. Furthermore, structural and institutional barriers include a lack of an adequate teaching workforce with knowledge in CSE-related specialization and a lack of delivery techniques and skills.

6.2 Recommendations

Despite the efforts of integrating CSE in school curricula, the improvement in the delivery strategies is recommended for adequate provision of CSE in the school setting. Therefore, the relevant Ministry (PO-RALG) should facilitate the availability of qualified teachers 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](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. *Journal 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.guttmacher.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 & MHCDCGEC.
- 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>