

## **Examining the influence of Sexuality Education Programmes on Tanzanian Pupils' Knowledge and Skills on Pregnancy: A case of Primary Schools in Morogoro Region**

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### **Abstract**

*Knowing about serious health-related problems is an essential gateway towards prevention, treatment, and care about oneself. This study presents findings on pupils' knowledge and skills about pregnancy and pregnancy control measures in the integrated sexuality education contents. The study was conducted through mixed method approach drawing a sample of 204 respondents from two districts in Morogoro Region, Tanzania. The data were collected through structured interview and focus group discussion methods. The findings revealed that, the integrated sexuality education in schools has not been very effective in informing pupils on investigated aspects. Some basic aspects related to pregnancy and pregnancy control measures are still mysteries to most pupils. Comparatively, rural pupils indicated less knowledge than their urban counterparts. The study recommends more efforts by teachers in educating pupils on sexuality education concepts. Moreover, concerted efforts should be involved, and they should involve, among others, health professionals and community-based organisations to provide sexuality information to adolescents so as to address problems related to sexual risks, including pregnancy.*

**Keywords:** Sexuality education, sex education, health education, pregnancy, pregnancy protective measures

### **Introduction**

Different health-related problems have been affecting people, particularly the youth worldwide (UNAIDS, 2018; WHO, 2017; UFP, 2015). They include the Human Immune Deficiency Syndrome and other sexuality-related problems. In order to avoid such scourges, information to the youth who, in most cases, are the main victims of such scourges is imperative. This includes provision of Sexuality Education (SE) related aspects such as HIV and AIDS, as well as pregnancy and pregnancy control measures amongst pupils (UNAIDS, 2018). Sexuality education refers to the systematic attempt to promote healthy awareness in the individual of matters concerning his or her sexual development, functioning, behaviour and attitudes through direct teaching (UNESCO, 2018). It is an age appropriate and culturally relevant approach to teaching about sex and relationships by providing scientifically accurate and realistic non-judgemental information. Sexuality education provides an opportunity to explore one's own values and attitudes to many aspects of sexuality, as well as building rational decision-making capability, communication and risk reduction skills (UFP, 2015).

History shows that provision of SE has gone through different phases in Tanzania. They include SE before colonialism, during colonialism and after colonialism. During pre - colonial era traditional

societies provided education by responding to existing socioeconomic, political and cultural contexts of responsible communities (Anangisyse, 2008). Though based on sex, it was able to prepare adolescents to take their future roles as responsible citizens. The boys were brought up in close relationships with their fathers, while girls were groomed as future mothers (Makobwe, 1975). Education on sexual and reproductive health was provided in a preparatory way through special ceremonies, demonstrations and rituals, which were used to prepare them to become adults (Mwamwenda, 2004). Although SE was given to adolescents, they were strictly forbidden from practising the learnt sexual theories until the time was ripe. Thus, indulging in irresponsible sexual intercourse was rare among adolescents (Muze, 1979).

With the advent of colonial formal education in the 1880s, African indigenous circumcision and initiation rights lost their popularity in most societies. To discuss sexual matters during colonialism was regarded as a sin, unethical and against the Biblical ten commandments. African societies also started to regard pre-colonial African SE as taboo for adolescents. Since then, teenagers have grown into adulthood without any knowledge about the challenges of puberty. Mwamwenda (2004) concluded that the abolition of the informal SE curriculum left an epistemological and axiological vacuum among adolescents in that period.

At post independence the Tanzanian education system inherited a colonial curriculum that did not include SE for about twenty-five years as from 1961 to the early 1980s (Mwamwenda, 2004). As a result, most Tanzanian school adolescents were unable to make informed decisions about their health thus suffering the consequences of premarital sexual intercourse including pregnancies and sexually transmitted diseases. The available data indicate that Tanzania is among the countries with the highest rate of teenage pregnancies. For instance, in the year 2016 alone, 594 primary pupils drop out of schools due to pregnancies, a situation that limits their education and employment horizon (URT, 2017). An early pregnancy in Tanzania therefore affects girls' access to education as well as the realization of the Education for All (EFA) goal, the Sustainable Development Goals (SDGs), Tanzania's National Strategy for Poverty Reduction (NSPR II) and economic growth.

It is for these reasons that the Tanzania government decided to integrate sexuality education programme through multidisciplinary approach by fusing SE contents into various existing subjects like Civics, Personality Development and Sport and Science in primary schools (URT, 2005). The assumption was that providing pupils with such information would enable pupils to gain knowledge and skills that would protect them from sex related scourges including pregnancy. Researchers, e.g. Van et al. (2015), Tanton et al., 2015, Apter (2011) and Kirby (2008), among others, have identified that teaching SE to adolescent results into multiple behaviour that are crucial in achieving positive health impacts. The identified behaviours includes delaying the initiation of sex, reducing frequency of sex, increasing the use of condoms by sexually active participants, which in turn results in the lowering of STIs and pregnancy rates. From this point, it sounds rational to investigate how the implemented SE has helped in imparting knowledge and skills of pregnancy and pregnancy control measures among primary school pupils so as to discern the extent to which pupils were prepared to protect themselves from such scourges. For the purpose of this study three major questions were raised: (i) What skills and level of understanding do primary school pupils have with regard to the imparted

concepts of pregnancy ? (ii) What knowledge and skills do pupils have regarding pregnancy control measures? (iii) Is there difference in knowledge on pregnancy and pregnancy control measure based on pupils' location?

Conceptually, this study is informed by the Comprehensive Sexuality Education modal (CSE) which advocates that adolescents are sexually active and they need to be informed on how to avoid sexual related risks. In this approach discussion about abortion, sexually transmitted diseases, including AIDS, are considered necessary (Lindberg et al., 2016). Provision of CSE at schools aims at equipping students with knowledge, values/attitudes, and skills to facilitate them to make informed decisions that promote sexual health. Accordingly, the proponents of the modal acknowledges that when comprehensive knowledge on sexuality is given to adolescent it results into reduction of unintended pregnancy, HIV infections and other STIs. Indeed, it is provided that SE plays a crucial role in holistic positive youth development without it adolescent health development will be adversely affected. It is within this framework that the present study inquires into the extent to which SE education that has been integrated in primary through multi-disciplinary approach have been effective in promoting knowledge and skills on pregnancy and pregnancy control measures to primary school pupils

## **Methodology**

Based on the nature of the study and the kind of information required, the study employed a mixed method design (Cresswell, 2014): a research design with both philosophical assumptions and a method of inquiry. As a methodology, it involves philosophical assumptions that guide the collection and analysis of data using a mixture of qualitative and quantitative research approaches in many phases of the research process. As a method it focuses on collecting, analysing, and mixing both quantitative and qualitative data in a single study or series of studies. Its major assumption is that the use of quantitative and qualitative approaches in combination provides a better understanding of research problems than either approach alone (Cresswell, 2014).

Due to the sensitivity of the topic, it was difficult to ascertain whether what the respondent said was exactly what they believed and understand by simply relying in one approach. That is why it was important to use the mixed method research design to collect primary and secondary data. Reliance on one method alone may bias or distort the particular piece of reality being investigated. Thus, using various methods overcomes the problem of method boundeness, thereby enhancing the validity and reliability of the results (Devetak et al., 2010; Cresswell, 2014). Specifically, a quantitative approach was used for the purpose of quantifying statistical data deemed necessary for comparative purposes. A phenomenology design was deployed to get a deeper understanding of participants' knowledge and skills regarding the implemented SE in primary schools. The study selected four schools two from rural and other two from urban districts. Studies conducted in Tanzania have shown that the spread of sexual impact such STIs as well as a high number of pregnancies have a rural and urban gradient, with more cases seen in urban settings (National Bureau Statistics of Tanzania [NBS] & ORC Macro (2010). This implies that pupils' exposure to SE differs spatially.

Three sampling procedures—stratified random sampling, purposive sampling, and convenient

sampling—were deployed. Purposive sampling was used to select the year of study it being standard five, six and seven. Selection of pupils from these classes was two folds. First because of their maturity and second because most of SE topics are widely taught in these respective classes. Moreover, the age selected approves studies by Kirby (2002) that providing SE at younger age works better than at an older age. Stratified random sampling was used to ensure that each member of the population had an equal chance of being included in the sample. The techniques was used to select 204 pupils 102 from each district. In order to avoid bias, the simple random sampling procedure was applied to select 34 pupils from each school. In each selected class, pieces of papers labelled ‘Yes’ and ‘No’ were put in a box. Twelve pupils picked yes in standards seven and six, while only 10 picked yes in standard five. Pupils who picked yes” paper were included in the study.

The study triangulated structured interviews and Focus Group Discussion (FGDs) to gather data pertinent to the study. A questionnaire was adopted from Weaver et al, (2002) and was modified as per study research questions to ensure content validity of the data. The questionnaire consisted of different subsection which entailed demographic information, knowledge about sexuality education, pregnancy and pregnancy control measures. In order to measure reliability of the used instrument cronbach’s alpha was used. The result was 0.79 which means the instrument had an adequate number of items which were highly integrated. The questionnaire was first constructed in English and then translated into Kiswahili by the English-Kiswahili teacher, who is qualified in these two languages. It was then translated back into English, with great focus on preserving its original content

For qualitative data, Focus Group Discussion (FGDs) was considered necessary. Six FGDs were conducted each comprising of six pupils and they lasted for almost an hour. Pupils in FGDs were drawn from the those who participated in the questionnaire. Basically, FGDs were to elicit further information to complement the information provided through questionnaires. The analysis was done both qualitatively and quantitatively. Quantitative data were sorted, organized, and coded for analysis. Data were processed and analysed using SPSS version 21 for easier presentation, interpretation and analysis in terms of percentages and frequencies. The t-test was used to examine statistical differences in the knowledge and attitudes of pupils from urban and rural areas. Consequently, the generated qualitative data were subjected to thematic analysis involving six concurrent processes (Braun & Clarke, 2006). At the outset, the researchers read the transcripts with an open mind in order to familiarize with the data and seeking what emerged directly from the transcripts, then they generated initial codes, searched for themes, reviewed themes, defined and named themes, and finally they analysed and reported the findings (Braun & Clarke, 2006). Three researchers were involved in the study where one was the main researcher and two research assistants. All the research assistants had to have a background in education, because evaluation of any education curriculum can only be done thoroughly by someone with that background. The research assistants assisted the researcher in taking notes during FGDs and administering questionnaires.

For ethical purposes, the study got a clearance letter from the University of Dar-es- Salaam, after which it was taken to the Regional Administrative Secretary (RAS) and Regional Education Officer (REO) of Morogoro Region, who forwarded it to the District Administrative Secretaries (DAS) and District Education Officers (DEOs) in the respective districts. Finally, the letter ended up with the

schools heads. Informed consent was sought from respondents where by the researcher introduced herself to the pupils, she clarified the intended objectives of the study, the manner it would be conducted and the relevance of the information that would be collected from the study. Respondents were also informed that they were free to drop the study whenever they felt to do so.

### Pupils' knowledge on pregnancy

The need to understand pupils knowledge on sexuality aspects including pregnancy is very important to many scholars. The reason is clear that understanding of pregnancy symptoms, causes and prevention measures is one step towards avoiding unwanted pregnancy among adolescent and all its repercussions. Table 1.2 summarizes the results of what students presented.

Table: 1.2 Percentages of Pupils Responses on Pregnancy Concepts N=204

Question No	Questions Asked	Number of Responents in their Categories					
		Rural			Urban		
		Agree	Disagree	Do not know	Agree	Disagree	Do not Know
1	A woman can get pregnant before menarche,	5.9	29.4	64.7	24	12.7	62.7
2	A woman can conceive one week before her monthly period	25.1	8.9	66	35.7	9.3	55
3	A woman can conceive during her monthly period	19.7	10.3	70	19.1	20.9	60
4	A woman can conceive two weeks after her monthly period	20.2	14.8	62	40.4	1.6	58
5	A woman can conceive when she engages in sexual intercourse the first time	62.0	18.0	20.0	58.0	14.0	28
6.	A woman can get pregnant when she engages in sexual intercourse only once	63.7	20.6	15.7	73.5	15.7	10.8
7	A woman can get pregnant from two or more people when she has sex with them	45.1	46.0	8.8	42.2	50.0	7.8
8.	Nausea, headache and vomiting are known Pregnancy symptoms	69.6	12.7	17.6	63.7	19.6	17.6

The findings from Table 1.2 indicate that knowledge on pregnancy, particularly on conceivable period, among pupils was low. This is because pupils could not determine the time when one was likely to conceive. The majority responded that they did not know whether it was during menses, a week before menses, or right after menses. They were also not certain whether or not a girl could conceive

before her first menstruation (menarch), see also Table 1.2. This situation was also noted in FGDs when pupils could not clearly demonstrate knowledge on conceivable period. For they were not sure whether one could conceive before her first menstruation. In the discussion, some pupils supported the idea that one could conceive before menses while others disagreed. During discussion there was a strong debate on this matter as it is explained by pupils narration in the following sentiments;

We are not sure when one gets pregnant. What we know is when a girl and a boy have sexual intercourse, then the girl becomes pregnant and in order to avoid this one has to use condoms, pills or abstain from such an act” (FGD, Girls, urban area)

In a similar vein other pupils added,

Neither the school nor parents have ever informed us about pregnancy before puberty. What we know is that a girl has to mature first and see her menses and when she goes with any man sexually, she can become pregnant” (FGD, Girls, urban area)

Regarding whether or not a woman can become pregnant when she engages in sexual intercourse for the first time. The majority of them, 62 percent and 58 percent from rural and urban settings, respectively, agreed with the statement. Likewise the majority of pupils, 63.7 percent of rural and 73.5 percent of urban areas agreed with the statement that a woman could become pregnant when she engages in sexual intercourse only once.

The findings also show that pupils were not certain with the number of men needed to impregnate a woman, 45.1 percent of rural and 50 percent of urban areas indicated that a woman can become pregnant from only one person. Also, 45.1 percent of pupils from rural and 42.2 percent from urban schools thought that it was possible for a woman to get pregnant from two men when she has sex with them. Only 8.8 percent of pupils from rural and 7.8 percent of pupils from urban school, respectively claimed that they did not know. It was also an indication that pupils were ignorant about pregnancy issues. Their ignorance was probably due to the limited knowledge they received from their teachers.

When asked about how one could get the twins, the pupils indicated some knowledge of this aspect. Some said it was the division of the egg, others fertilization of two eggs, while others thought that twins are a result of a man producing a lot of sperm during coitus. One of the pupils reported that twins or multiple births can result from taking hormone drugs.

I was told by my mother that taking hormone drugs can result in many children because the drugs can stimulate an egg or different eggs to be fertilized at a go resulting in many babies (FGD, Boys, urban area)

The pupils claimed to be the son of a medical officer. He reported that clarification was given to him by his mother after receiving information from TV that a certain woman had given birth to six children at a go.

## Symptoms of pregnancy

Regarding pregnancy symptoms pupils indicated greater knowledge, for they were able to give more than five symptoms of pregnancy. They named the correct symptoms as among others, vomiting, headache, nausea, stomach protrusion and dizziness. They reported that some of the symptoms can be seen in other problems such as malaria, but they were also the main indicators of pregnancy. The symptoms become prominent when one's stomach increases in size.

...pregnancy symptoms are known to most of us and we are taught by our teacher. Sometimes ones vomit, one may become lazy, headache, However, sometimes you may not experience this you may just see one is bulging and the stomach protrude ... (FGD, Girls, urban area).

## Impact of pregnancy

Concerning the impact of early pregnancy, several responses were given, which also revealed some knowledge. They mentioned impacts such as weakness of both the baby and the mother, rupture of the uterus, loss of blood due to bleeding, death, subsequent psychological and social trauma, such as feelings of isolation and depression. The most mentioned impact was girls dropping out of school.

## Pupils' knowledge and skills on pregnancy prevention measures

The study findings on the concept of family planning revealed that almost all pupils had heard of the concept of family planning. This is because about 68 percent and 76 percent of pupils from rural and urban settings, respectively, reported having heard of the concept. Figure 1.3 indicates the results.

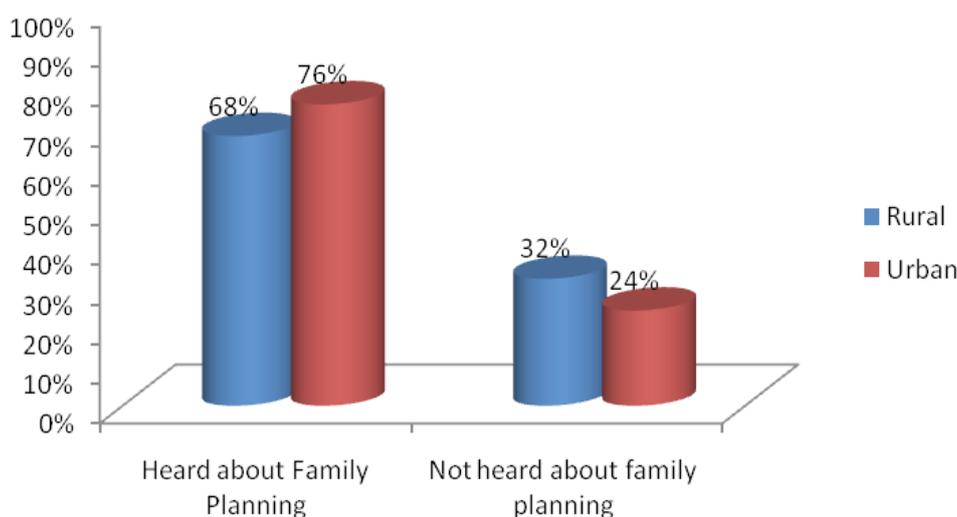


Figure 1.3: Pupils Awareness about Family Planning Methods

Pupils named abstinence, pills, condoms, injection, calendar and withdrawal as pregnancy control measures. A few mentioned vasectomy and tubal ligation. Methods such as Intra Uterus Devices implants, diaphragm, jelly, and lactation were not mentioned at all. They also mentioned issues

such as using sanitary pads, magic, local herbs, washing after sex, and concentrated tea leaves as preventive measures. The majority of pupils from rural and urban schools reported that they had seen male condoms and pills. None of the reported having seen a female condom.

However, though the majority of pupils 72% were able to mention a variety of methods, they admitted that they had a partial knowledge about them. They did not know how they were administered because the majority 78% had not even seen them. Like other sexual risks, preventive measures like condoms, particularly male condoms, were known about more than other methods in such a way that they could give the names of condom brands such as Salama, Dume, Durex and Rough rider. A few pupils from urban schools indicated knowing about the Pepeta brand (a female condom). However, their knowledge was limited, for a majority could neither tell how to administer it nor its expiry time. This implied that effective use of the condom would be uncertain, since one could use it beyond its expiry date. More specifically, the condom was known to be a dual protective measure against AIDS and a pregnancy control measure. Possibly this was due to its substantial advertisement through the Abstain, Be faithful and use Condom (ABC) model as a method of HIV prevention.

### **Pupils' knowledge of places to access contraceptives**

Pupils were asked about the accessibility of contraceptives. This was done based on the assumption that accessibility would facilitate knowledge. When asked about access to contraceptives, pupils from rural and urban areas reported that they have no access to any type of contraceptive. The reasons given were stigmatization, unavailability of contraceptives and lack of permission, as neither the parent nor the school would permit pupils to possess contraceptives. Pupils also claimed to be financially unable to buy contraceptives, for they did not have any means of earning an income. In addition, unavailability of contraceptives was one of the hindrances. Normally, contraceptives are made available only at the health centres where they cannot go to purchase them or negotiate concerning their use because their parents or relatives work at such health facilities. Pupils feared being seen seeking such services by their relatives. According to them, there was no privacy in dealing with such items for they were still living with their parents who had full authority to venture into their rooms. Pupils were also sceptical about whether or not nurses would allow them to access contraceptive services and information. Lack of access implies that there was very little contraceptive knowledge and use among school girls, which could be one of the reasons for more and more pregnancies among primary school pupils. It was reported,

We are not allowed to possess such items at school. If one is caught with pills or a condom he/she would be told to explain where he/she got them from. So with this reason we do not see the need to possess them or seek information on where to access them, for one might be tempted to possess them (FGD, Girls, Urban area).

Contraceptives are normally available at health centres where only our mothers are allowed to go. Young children are not allowed to visit such places and get the accessories. Moreover, some relatives and parents work at the health centres and so if you go to such places your parents or guardians will be informed about your attendance (FGD, Girls, urban area)

## Variation in knowledge of pregnancy and pregnancy control measures between pupils in rural and urban schools

A t-test was performed to check variation in knowledge on pregnancy between pupils in urban and rural schools. The finding revealed a significant difference on knowledge whereby (M= in rural was 10, 7255, SD 1.81390 in Urban M =12.3333 SD 2.10296  $t = (202) = -5.845$   $p < 0.005$

The concept of pregnancy, which was least known, was conception period. In this statement, pupils did not explain the adequate time for conception. Actually, there was ambivalent information in the given statement. Some said it was before menses others during menses and others after menses. Urban pupils were more knowledgeable than their rural counterparts, and this situation is probably because pupils in urban areas are more exposed to mass media such as television, the radio, leaflets, brochures, and the Internet than pupils in rural schools. Moreover, most NGOs and Community Based Organisations operate in towns. The media provide pupils with more information about sex and hence they have more knowledge than those in rural areas. In addition, traditions are observed more strongly in rural rather than in urban areas.

When a t test was performed to compare the means on knowledge on prevention measure the results showed no significant difference on knowledge focused on pregnancy prevention measures of pupils from the two settings, whereby in rural (M = 10.4902, SD, 2.16975): Urban (M =11.4706 SD 3.55914),  $t (202) = (-2375)$ ;  $p = 0.19$

Indeed, overwhelmed majority 72 % of the pupils indicated low knowledge on pregnancy prevention measure. In the Focus group discussion pupil could even state the wrong methods claiming that they were pregnancy control measure. They included among others concentrated tealeaves. Lack of knowledge on pregnancy prevention measures could suggest that pupils might be engaging in sex, believing that they would be safe by using the wrong method.

Analytically, the study examines pupils' level of understanding of various aspects of SE particularly pregnancy and family planning. This was done in order to understand how the implemented SE envisaged in the syllabi and implemented in classes has helped pupils to acquire various skills and knowledge of SE concepts. Having a good understanding of sex concepts is important in enabling pupils to protect themselves from sex-related risks, including pregnancy.

The findings revealed that although pupils engaged in sex, they knew very little about pregnancy, particularly the conception period. In the study, while some pupils could not identify the frequency and number of men who could impregnate a woman, others did not know whether or not a girl could be impregnated before her first menses. The findings corroborate the work of Kagashe and Godliver (2013), that knowledge of pregnancy among the youth in Tanzania was lacking. Many adolescents believed that a woman cannot fall pregnant during her first intercourse, but in fact many conceive during their first intercourse or within six months of becoming sexually active. Furthermore, the findings supports the work of Agha, Hutcinson and Kusanthan (2013), Darroch, Woog, Bankole, and Ashford (2016) that many adolescents believed that they could not fall pregnant, provided that they washed their genitalia soon after sexual intercourse. Lack of knowledge about pregnancy, particularly

the conception period, implied that female pupils may be vulnerable to pregnancy any time they had sex without any protection. The little knowledge they have normally deterred them from having safe sex during their menstrual cycle, but they fail to use the calendar method as a reliable means of preventing pregnancy for they have not been informed about it. Studies have shown that informed adolescents choose safer options when engaging in sex (Kirby, 2001; Kirby 2002). The high rate of pregnancy among standards six and seven girls in Morogoro Region, and Tanzania as a whole, could have partly resulted from the lack of correct information being given to them. This reveals the need for a well prepared programme which will help them to tackle the problem.

Pupils' low knowledge level concerning pregnancy could be attributed to the low status of the pregnancy content and improper arrangement of sexuality contents in the school curriculum (Mkumbo, 2009; Mkumbo, 2012). In these studies it was identified that although pregnancy has been a greater longstanding problem than HIV and AIDS, little is integrated in the syllabi regarding the problem. Out of 29.2 percent of topics that seemed to be related to SE, only two sub-topics (1.4%) directly educate pupils about pregnancy and its related issues, while HIV and AIDS is covered in fifteen topics. Moreover, the contents are extremely fragmented through multi disciplinary approach to the extent that if teachers do not work closely it becomes difficult for pupils to grasp the meaning intended (Ibid). Like literacy, pregnancy needs to be addressed at lower levels where pupils could discuss simple information regarding their genitalia. Then, they could proceed to complex information, including conception, pregnancy and finally delivery. This would enable pupils to grow up with confidence to converse on pregnancy issues as well as the use of protective measures. Failure to do so would lead to pupils having little knowledge. Commenting on the danger of delaying the provision of sexuality information (Makobwe, 1995) stated that there is always a problem in providing sexuality information too late because when that happens, some youngsters have already made regrettable mistakes due to ignorance, and others have acquired certain ideas and misconceptions which will be difficult for them to get rid of.

Pupils also indicated limited knowledge of family planning methods, because in questionnaires and FGD, they could not give five methods of contraception. The majority ended up writing two to three methods of family planning. Importantly, some listed wrong family planning methods such as concentrated tea leaves, local herbs and washing after sexual intercourse. The lower level of contraceptive knowledge was reported by previous studies conducted by Kagashe & Godeliver (2013); Pathrude, et al (2013) Pathrudu, Patnaik, and Geethanjali (2015) who revealed that adolescents had a low level of knowledge of contraceptives, which contributed to the majority of respondents' non- utilization of contraceptives. The findings from these studies generally observed that pupils were ignorant and were less informed about pregnancy preventive measures, which hindered their use. In this regard, SE aspects such as pregnancy, condom use and other preventive measures were necessary. Additionally, it was argued that since no efforts are being made to provide adolescents with sexuality knowledge, especially in rural areas, they engaged in unprotected coitus and therefore exposed themselves to unwanted pregnancies and got infected with STDs including HIV and AIDS (Magwa, 2015)

This lack of knowledge of contraceptives is an indication that pupils did not use them and if they

did the use was incorrect. Hence, there was a risk of unplanned pregnancies when sexually active girls depended on family planning methods. Pupils could be deceived into accepting incorrect contraceptive methods, which may cause them to become pregnant because of ignorance. In this instance, it is evident that family planning knowledge needs be given greater emphasis if pregnancy among primary school girls is to be addressed. While doing this study, standard seven pupils were about to finish their schooling. Such little knowledge about pregnancy and contraceptives means that they could easily be subject to sexual risks including pregnancies.

The findings from the study also revealed that pupils were not informed about where to access contraceptives. They were taught about contraceptives but they were not informed about their accessibility. Furthermore, they were limited from accessing them due to stereotyping behaviour imposed by society as well as barrier imposed by their parents and relatives who worked at such health facilities. The findings from this study concur with Svanemyr, et al (2015) where they found out that usually nurses are reluctant to provide contraceptive services to students due to lack of clarity in the legislation and also for fear of condoning sexual activities. There is a widely held belief among people that teaching young people about sexuality will promote sexual activities Kirby, (2001), Gardner, et, al., (2015). The implication of this state of affairs is limited knowledge and non-use of family planning methods by pupils. One cannot understand whatever she/he learns, without seeing and touching, leave alone using.

Based on location the study has revealed that pupils in urban areas were more knowledgeable than their counterparts, probably because of their exposure to various sources. The TV and internet seemed to expose pupils to a variety of information about sex matters that shaped there attitudes. Moreover, most parents in towns are educated, which seems to contribute to shaping pupils' knowledge. Speaking on the the importance of the influence of parents shaping children behaviour, McGinnies (1970) argues that people engage in behaviours for which they are rewarded and include an expression of a particular attitude. Furthermore, in the course of growing up people try to emulate the people they admire (significant others) by adopting their attitudes. Consequently, the Freudian theory teaches that parents' behaviours and attitudes to their children are the primary elements in the environment in which the child works out his/her adjustment (Freud, 1951 cited in Rweyemamu 2007). Parents' education in urban areas therefore may have influenced pupils' knowldege, skills and behaviour in Morogoro Region as parents works as their immediate socialialisation agent.

## **Conclusion**

Based on the study, it can be concluded that though pregnancy and pregnancy contents have been integrated in schools for provision of the knowledge and skills toward limiting pregnancy among pupils at younger age. The potential intention of the integration is not yet being fully realized. Pupils are still ignorant with some serious contents of pregnancy. This situation will continue to endager pupils health status which in turn will affect the need for achiving the realisation intended in the Education for Alls (EFA) goals. Comparatively, urban pupils indicated more knowledge than their counterpart. The study calls for more efforts in informing pupils on sexuality matter where SE in schools should be complemented and re-enforced by innovative online tools for individual learning.

Moreover, other actors such as parents, Non-Governmental Organisation, Religious Organisation should be incorporated during the implementation process for upscaling school-based SE. This could be done through cooperative activities like sports tournaments or writing competition. Since this study was conducted at a small scale, a similar study should be conducted at a wider scale for generalisation purposes.

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