



Perceptions of adolescents and teachers on school-based sexuality education in rural primary schools in Uganda



Susan Achora^a, Gloria Thupayagale-Tshweneagae^a, Oluwaseyi A. Akpor^{a,*}, Yohana J.S. Mashalla^c

^a Department of Health Studies, College of Human Sciences, University of South Africa, 0003 Pretoria, South Africa

^c Faculty of Health Sciences, University of Botswana, Botswana

ARTICLE INFO

Keywords:

Adolescents
Grounded theory
Sexuality education
Sexual risk behaviours

ABSTRACT

Background: Evidence-based sexuality education programmes are a cornerstone in reducing adolescent sexual risk behaviours and promoting sexual health. Several initiatives aimed at reducing sexual and reproductive problems among adolescents have been done. These initiatives include life skill education and abstinence program. Despite these initiatives teen pregnancy, sexually transmitted diseases and abortion are still common among school going adolescents.

Objectives: The purpose of this study was to explore the experiences and perceptions of adolescents and teachers regarding school-based sexuality education in rural primary schools.

Methods: A purposive sample was drawn from primary school-going adolescents aged 12–16 years and teachers aged 28–52 in four rural schools. Eleven audio taped individual interviews and eight focus group discussions were used to collect data. A constant comparison method of data analysis was applied by following the Strauss and Corbin (1998) analysis process of open, axial and selective coding to analyse textual qualitative data until themes, categories and sub-categories were identified and developed.

Results: Data analysis revealed that adolescents benefitted from School Based Sexuality Education but the implementation of programmes was undermined by physical and contextual factors such as challenges at national, institutional, community, family and individual levels.

Conclusion: It is vital to review the teaching and learning resources and to fully integrate sexuality education into the formal school curriculum. A combined effort of major stakeholders including teachers, community leaders, adolescents, healthcare professionals and parents is needed for sexuality education among adolescents to succeed.

Introduction

According to WHO [1], adolescence is a period that occurs immediately after childhood before the onset of adulthood and is characterised by series of human growth and development between the ages of 10 and 19 years. Adolescent years are a time of critical transition in the life span with remarkable speed in growth.

In 2012, it was estimated that more than one million cases of sexually transmitted infections (STIs) occur daily and nearly 500 million live with curable STIs [2]. The burden of STIs is high in developing countries and the incidence in Sub-Saharan Africa is one of the highest 241 per 1000 among adults aged between 15 and 49 years [3]. In the middle and low income countries 2.1 million (5.9%) of the people living with HIV are adolescents aged 10–19 years [4]. According to the recent AIDS indicator survey in Uganda 4 per cent of the young people age 15–24 years are living with HIV. However, there is a gender gap;

HIV prevalence among women age 15–24 years is 5% as compared to only 2% among males [5]. Poverty, gender inequality and lack of information and prevention services, increase adolescents' risks of HIV infection and eventually AIDS [6].

In most rural areas including the Gulu District, children in upper primary schools are in the ages of 12–16. Most adolescents who are in the middle and late teens may have dropped out of school at one stage of their lives and were re-enrolled following the presidential initiative on AIDS strategy for communication to youth (PIASCY) [7].

School-based sexuality education (SBSE) has been described as an effective intervention to reduce risky sexual behaviours and vulnerabilities since most adolescents spend a greater part of their lives in schools [8]. Due to the high incidence of sexual activity among adolescents, SBSE provides a better platform to inform teenagers about risk avoidance [9]. Equipping adolescents with knowledge and skills to make responsible choices on their sexual lives is critical to achieving

* Corresponding author at: Department of Nursing Science, Afe Babalola University, PMB 5454, Ado-Ekiti, Ekiti State, Nigeria.

E-mail addresses: tshweg@unisa.ac.za (G. Thupayagale-Tshweneagae), akporoa@abuad.edu.ng, DeanHealthSciences@mopipi.ub.bw (O.A. Akpor).

national adolescent health and educational goals [10]. Furthermore, Kirby and Laris [11] argued that sexuality education programmes can be more attractive to young people and more effective if young people are actively involved.

In Uganda, SBE in schools has been made mandatory. This was mostly done through the life skills education which emphasized teachings on delayed sexual relations and the use of protection such as condoms. This policy was further enhanced by the 2004 revised PIASCY policy that allowed primary school students to have access to sexual materials. The emphasis of PIASCY is on abstinence which is embedded in the socio-cultural norms of the study setting.

In most developing countries sexuality education has been made a mandatory part of the curriculum in primary schools. However, the literature shows that teachers have not adequately been trained to offer education on sexuality. Adolescents in most rural settings continue to suffer poor sexual and reproductive health outcomes, placing substantial burdens on families and communities and on the scarce government resources, a burden which is preventable [12]. The few studies [13,14] available on adolescent reproductive health and sexuality education in Uganda have focused on secondary schools. These studies were conducted among secondary school adolescents and found that teen pregnancy, abortions and sexually transmitted diseases are prevalent among adolescents despite the existence of programmes such as life skills education and PIASCY. The aim of the study therefore, was to explore the experiences and perceptions of teachers and adolescents (12–16 years) of school-based sexuality education in rural primary schools in Uganda. Understanding the experiences and perceptions of teachers and adolescents on sexuality education will improve on the existing gaps on adolescent reproductive health in the country.

Methods

Theory, context and participants

The study used a grounded theory design, which triangulated individual interviews, focus group interviews and field notes. Grounded theory within a constructivist paradigm was chosen because it allows for the researchers to be open and become aware of the participants' stories. Grounded theory allows for flexibility in data collection and exploration of unknown concepts and for eliciting original findings from the data. The study was conducted in four primary schools involved in sexuality education in Gulu district, northern Uganda. The target population for this study were adolescents and teachers in the selected primary schools. The four schools were selected because of their proximity to the researchers. Grade seven classes were also conveniently selected in the four schools because it had the relevant age group and had more students re-admitted after they had dropped out of school. In each class, there was on average 22 students and each grade or class had one permanent teacher and the second teacher being responsible for life skill education. Criteria for inclusion in the study were (1) Adolescents (male or female) who have being taught sex education at the rural primary school, (2) Teachers who had been teaching sexuality education in the selected rural primary schools for at least a year and (3) Participants willing to participate in the study. The sampling method was purposive and the sample size was determined by data saturation as sampling continued until the categories were saturated and a core category emerged that integrated most of the categories as recommended by Artinian et al. [15]. A total of 42 adolescents participated in the eight same-sex Focus Group Interviews (FGIs), and 11 teachers participated in individual interviews.

Data collection

Data was collected from January to March 2014. The first author conducted the FGIs with the adolescents' participants and individual interviews with teachers using an interview guide developed by the first

and second authors. The interviews were conducted by the first author using the local language (Luo) and was later translated into English by the first author and verified by a linguistic expert in both Luo and English language. Pre-test interviews were conducted before the actual data collection with two interviews and one FGIs, using participants that had similar characteristics with the study population but were not included in the final data collection activities. There was no post-test conducted except for requesting participants to comment on their transcripts. The interviews were written and audio-recorded with the participants' permission. The first question asked was: Tell me your experiences as teachers on school based sexuality education". Probes that followed included "What is your understanding of sexuality education? Tell me your views on the effectiveness of sex education in your school".

Ethical considerations

Permission was sought and granted by all the participating organisations and informed consent and assent were obtained from participants and guardians of adolescents. The participants were informed that participation in this study was voluntary and that their identity would not be divulged.

Data analysis

The process of data analysis began before transcriptions of the tape recordings; the interviews were listened to immediately until salient ideas were embedded in memory so that the researcher mentally worked on the process of analysis while tapes were being transcribed. The audio-recorded interviews were transcribed verbatim, the transcripts of interviews conducted in Luo were translated into English by the first author. Translated transcripts were also analysed by the second author and an independent coder who is an expert in qualitative research and is experienced in transcriptions. The three communicated regularly to check on identified categories and resolved any disagreements and inconsistencies. The direct quotes of participants were coded and arranged into meaning units for analysis. A constant comparison method of data analysis was applied by following the Strauss and Corbin [16] analysis process of open, axial and selective coding to analyse textual qualitative data until themes, categories and sub-categories were identified and developed.

Rigour

To ensure rigour, the work of Lincoln and Guba [17] based on trust building, triangulation of data gathering methods, peer examination, member checking, dense description structural coherence and dependability audit was employed. Participants were given a copy of their interview transcripts to review and comment on. Participants agreed with what was captured as representing their voices.

Results

Forty-two (42) adolescents aged 12–16 years old participated in 8 focus group discussions. The 8 groups were made up of similar sex. In each of the four schools there were six girls in each group and four boys in the first two schools and five in the remaining two schools. A total of 24 females and 18 males took part in the focus group discussion. Eleven teachers involved in sexuality education at the four selected schools were interviewed. The teachers' age ranged between 28 and 52. Eight of the teachers were females and three were males.

The findings of the study are presented according to the themes and various categories generated from the data analysis (Table 1). Each theme is described with a summary of the categories and sub-categories.

Following the principles of constructivist grounded theory [15], the

Download English Version:

<https://daneshyari.com/en/article/8565643>

Download Persian Version:

<https://daneshyari.com/article/8565643>

[Daneshyari.com](https://daneshyari.com)