

Forced and Resentful or Consented Participation of Teachers in Educating Primary School Children on Condom Use Issues in Tanzania? Perspectives of Parents, Teachers, Health Program Coordinators and Condom Marketers in Two Districts

Godfrey M. Mubyazi^{1*}, Judith Msovela¹, Adiel K. Mushi¹, Sia E. Malekia¹, Joyce K. Ikingura¹ and Amon Exavery²

¹National Institute for Medical Research (NIMR), Dar es Salaam, Tanzania

²Ifakara Health Institute (IHI), Dar es Salaam, Tanzania

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*Corresponding author: Godfrey M. Mubyazi, National Institute for Medical Research (NIMR), Headquarters, 3 Barack Obama Drive, P.O Box 9653, 11101 Dar es Salaam, Tanzania. E-mail: gmubyazi@nimr.or.tz

Abstract

Background: Globally, health promotion programs striving for changing people's risky sexual behaviours including those leading to the acquisition of sexually transmitted diseases/illnesses (STDs/STIs) continue to face challenges. This article elucidates the perceptions of primary school teachers, parents, school health program coordinators and condom marketers on whether there is need to engage teachers in educating school children on condom use as recommended in the national primary school science syllabus covering the topic of reproductive health in Tanzania.

Materials and Methods: A cross-sectional survey was conducted in Mpwapwa and Mbeya Rural districts, involving qualitative methods of data collection and analysis that were handled in triangulation.

Results: A considerable number of parents, teachers and a few education officers were not in favour of teachers' engagement in educating pupils about condom use on ground that teachers seem to be forced by the national education policy guideline to teach school children about condoms contrary to their will or religious belief that doing so tempts curious children to practice sex prematurely meanwhile the keeping teachers and children's parents ashamed of certain sexual information being disclosed to children. District School Health Program Coordinators and condom marketers shared their experience with the challenge faced from parents, teachers and religious leaders who are not in favour of informing children about condom use during sex. Also, these opponents were against the campaign that strengthening condom education can reduce STIs, teenage pregnancies and therefore number of girls dropping out of schools.

Conclusion: Condom use in Tanzanian communities may remain low if more strategic and effective measures are taken to sensitize parents and teachers with strong perceptions that teaching children on condom issues lowers chances for gaining respect from their children and contravenes their freedom to follow God's commandments and other social-cultural values.

Keywords: Sexuality; Reproductive Health; Condoms; HIV/AIDS; Adolescents; Health Education

came from Eastern and Southern Africa. This number increased to 36.7 million globally, 19.0 million of which came from Eastern and Southern Africa. Of the 2.1 million and 2.1 new HIV infections recorded globally in 2010 and 2015 respectively, 1.1 million and 0.96 million respectively also came from the Eastern and Southern Africa [1]. The various ways through which people get exposed to HIV infections are widely documented and continue to be documented. The main mode of transmission is heterosexual intercourse [2]. Reports also reveal that the vulnerability or susceptibility to HIV infections varied among the populations with different ages, genders/sexes, exposure to risk of contracting infections through medical practices and non-medical practices such as personal behaviors associated with social-cultural and economic (e.g. wealth statuses) factors. Teenagers or adolescents and youths continue to be reported among the groups that are at high risk of HIV infections as already a considerable proportion of them is affected and the trend of infections seem to increase in developing countries. Sadly, over 90 % of the global burden of HIV/AIDS is faced by people living in low income countries, especially in the sub-Saharan African (SSA) region [3,4].

The role of teachers and parents in facilitating programs aimed at promoting measures leading to an effective control of HIV/AIDS and other sexually transmitted diseases/infections (STDs/STIs) cannot be overemphasized [5]. Advocacy continue to be made on the adoption of synergistic approaches seeming to have potential to bring together different stakeholders including parents and teachers in the fight against AIDS including the programs aimed at supporting pupils/students learning abilities, opportunities and development in various dimensions of education among which is the area of school health education. However, in both the developed and developing countries, there seems to have been little attention to parents engagement in school health education programs aimed at promoting the prevention of STIs including HIV/AIDS [6]. Advocates for studies to be carried out with the aim of evaluating the school-based health education programs maintain that the disease prevention, treatment and control programs need to have evidence enabling them to understand whether and how teachers, pupils and parents (or other pupils/students' caretakers) know about health issues and problems related to unwanted pregnancies among teenagers and STIs/STDs including those focusing on HIV/AIDS. Knowledge on how pupils/students in the teenage or adolescent age experience sexuality education in schools could perhaps contribute to better ways of mitigating HIV/AIDS and pregnancies [7]. Following recommendation from the World Health Organization (WHO), school based health programs (SHP) have continued to be seen as potential for reducing risky sexual behaviors among school children. That is why the SHP is part of

Background

Strategies for the prevention and control of the acquired immune deficiency syndrome (AIDS) caused by the human-immunodeficiency virus (HIV) continue to be a priority in all countries around the world as the HIV/AIDS pandemic remains one of the major global public health problem. AIDS affects people of all ages. Reports given each year by the United Nations (UN) agencies indicate that the number of people living with this HIV/AIDS (PLWHA) is still high in developing countries. In 2010, the number of people of all ages who were living with HIV accounted for 33.3 million globally, of these 17.2 million

the educational curricula in many countries [8,9]. However, studies carried out in several countries have depicted numerous barriers to campaigns against HIV/AIDS promoted through SHPs. Some of these barriers include those that are psychosocial, political and economic in nature [10,11].

In Tanzania, recent records indicate the AIDS pandemic to have been the leading cause of deaths in people of all ages, as it accounts for 17 % of all deaths [12]. Both the AIDS Control Program evaluation exercise carried out periodically reports and human behavioral research continue reporting that while sexual debut to most children occurs before the age of fifteen, still most of the school children receive insufficient information or skills on sexuality. Such children come to be fully informed when it is already too late [10, 13]. To support other efforts made towards reducing the burden of HIV/AIDS problem in the community, the government decided to introduce the topic of sexual and reproductive health among which is a sub-topic on HIV/AIDS prevention and treatment as in education curriculum/syllabus for primary and secondary schools [14]. The aim of this effort was to give teachers and children a chance for understanding more on the nature and consequences of the problem and then get motivated to participate in the campaigns and other actions geared towards prevention and control of the disease in their areas. It was also aimed to cure the thirst of parents and the community at large that has prevailed for a long time of seeing introducing health education covering aspects of sexuality even in junior schools [7]. Since then, studies have so far been conducted to evaluate the role of the national SHP on promoting HIV/AIDS education, including the ability of the program to inspire and motivate teachers and pupils/students to take it seriously in mind and then in practice by participating in the HIV control. While some of the reports indicate notable successes of the program such as increasing the awareness on, and changing attitudes towards, HIV and PLWHA [15], several challenges similar to those mentioned above including the reluctance of target populations to accept some of the recommended preventive measures [10,16]. That is why suggestions remain to be made and published on the need for more systematic studies on the issue of condoms acceptability and usage among specific population groups in different social-cultural settings of developing countries. This could help to update the programs or policy with up-to-date information and expand the evidence base needed to keep policy decision-makers informed of what is happening on the ground and therefore giving them a challenge to make use of the evidence for policy review and if possible policy reforms [17].

In the present article, we are highlighting on the study that was carried out to assess the perceptions of teachers, parents, school health program coordinators and condom marketers on the importance of engaging teachers in educating school children about issues related to condom use in junior schools as recommended by the government through the national SHP covering the topic of sexual and reproductive health in Tanzanian. The article supplements the findings from the same study as obtained from religious leaders, parents, barmaids and condom retailers that have been published before [17-19]. It provides additional insights from teachers, SHP officers, representatives of non-governmental organizations (NGOs) and condom marketers on how the issue of teaching children on HIV/AIDS prevention and control could be better handled.

Materials and Methods

Study Design, Areas, Populations and Sampling Techniques

The study was cross-sectional in design and employed a combination of qualitative and quantitative techniques for

exploring, analyzing and then describing on issues related to stakeholders' perceptions of different stakeholders on the issue of engaging teachers on educating young children in schools on condom use at sex for HIV/AIDS and teenage pregnancy prevention purposes. It was conducted in Mpwawa district that is located in Dodoma Region around central Tanzania and Mbeya Rural district in Mbeya Region in South-western highlands of Tanzania. Selection of these districts was based on the need for including in the study areas representing different regions with different prevalence rates of HIV and socioeconomic backgrounds. Targeted study participants were teachers working in primary schools (both government/public and private ones included), pupils in those schools and their parents. Other participants include religious leaders, barmaids, and condom retailers/vendors [17-19], representatives of NGOs that were dealing with AIDS control programs and SHP coordinators. Depending on the techniques that were applied in the gathering of the information needed, the sampling of the study participants reported in the present paper was mainly purposeful (purposeful) besides the structured questionnaire-based interview techniques that were reported before in other papers presenting quantitative data/results [17-19]. A purposeful sampling approach was also applied when attempting to include the SHP coordinators and condom marketers. In total, six officers working under the district SHP (three from each district) and other six who were working for NGOs (three from each district) were included. Interest was not in covering a larger number individual officers in the study sample rather than selecting the most suitable ones for providing the information needed and that was representative or a mirror of the real situation on the ground. Nine groups of 6-9 members among the parents and teachers were met for group discussion in each district. In total, 15 primary schools were visited per district. The results from this study are partly supported the results from questionnaire-based interviews held with individual pupils at the respective schools whereby in total 1432 pupils were covered as has been published elsewhere [17].

Data Gathering Methods and Nature/Types of Questions

Questions were designed and used after considering which study responds/participants were targeted. However, measures were taken to ensure that even though a different enquiry approach (e.g. interview) was employed to seek information from a particular individual/group, the information obtained could be compared with the one obtained from other individuals/members using another approach (e.g. focus group discussion) so that similarities, contrasts, and complements or supplements could be noted to be used in the interpretation of the data and inference drawing processes. For the focus group discussions (FGDs) with parents and group interviews with school teachers, participants were asked to share their opinions regarding primary school children's knowledge on condoms and sex and their behaviors including whether or not they participate in hetero-sexual relations. They were also assessed of their perceptions on national syllabuses for science and civics subjects that are taught in primary schools in which HIV/AIDS and Sexual and Reproductive Health are among the key topics incorporated and requiring the teachers responsible for teaching such subjects to educate pupils in class on condom related issues; pupils' exposure to sex information outside the school compounds; whether demonstration on condom usage to pupils as part of teaching methods and open adverts or discussions, for example, through mass media and public gatherings on condom use issues were appropriate; SHP coordinators, other education officers and condom marketing agencies were also approached to share their experience with community sensitization on HIV/AIDS prevention including the approaches recommended for awareness creation among young children including involvement of teachers

in delivering education to primary school pupils on condom use practices as per the national HIV/AIDS policy guideline and national SHP strategy.

Data Handling and Analysis

Immediately after data collection was accomplished in the field, the research team under the principal investigator had to meet each day for going through the information collected by everyone in attempt to identify any gaps or addressing questions needing supplementary information for clarity before the transcription and coding processes could take place. Coding was done partly manually under guidance of three social scientists who were part of the research team and who adopted some techniques recommended to be used in qualitative studies [20-22]. The data analysis was treated as a continuous process, having been initiated early as the data collection exercise was still going on. This was accomplished by the social scientists taking the lead in the analysis of each of the interview and group discussion data collected at the end of each day by going through each of the transcripts and field notes and then keeping both the raw data and preliminary analysis reports for final analysis that was comprehensive and was done after all the data collection exercise was completed. This approach is technically acceptable as recommended, the aim being to ensure that the investigators' memory on key events or information is not lost, and a qualitative (particularly conventional) content analysis approach was adopted. Under this, codes were developed only during data analysis and were directly drawn from the data collected [20-22], the results being arranged under several themes that were decided in accordance with the specific objectives of the study. Of the themes upon which focus was put, interest was on how the individuals and groups of the study participants perceived of the role of SHP that require school teachers to educate school children while at school on matters on HIV/AIDS and unwanted pregnancy prevention aspects including the use of condoms for those deciding to participate in sexual intercourse practices. At the coding stage, the key statements seeming to represent the views either of the majority of the participants or of the minority but still providing important insights to a particular critical issue were considered. This was also the case when it came to copying some of the statements as they were directly given by the participants in the study. Transcription of the record-taped information was done verbatim before their coding and interpretation later on. The interpretation of the information gathered took into account the contents of the messages given by the study participants, but triangulation was done before arriving at final conclusions [23].

Ethical Considerations

The study populations and study authorities in the respective areas were requested for their support, particularly their willingness to participate. This was achieved with the aid of an informed consent form. After obtaining the national ethical clearance with Reference Number NIMR/HQ/R.8a. Vol. IX/1177 through the Medical Research Coordinating Committee (MRCC), with, additional procedures for seeking informed consent from regional and district authorities as well as the respective study participants at lower levels were followed [17-19].

Results

Views Regarding Whether Educational Messages on Condom Use Should be Given to School Children by Their Teachers

As noted elsewhere based on findings obtained from parents and religious leaders who were approached in the same study [18], reservations were found to be prevailing among the teachers

who were interviewed in both study districts as regards giving educational messages to school children through teachers at school. This was based on the question on whether or not it is sensible to imitate the traditional or cultural values that seem to discriminate young children against receiving certain information considered to be too sensitive. Participants were allowed to denying what others claim to be their right to participate in open talks with adult people about matters related to sex. Teachers at one school in Mpwapwa district reported shortage of condoms around the compounds of many schools as a common situation. This was seen as increasing the health risk to pupils who being sexually active might end up entering into sexual intercourse practices without protection against possible STIs. As claimed, children are likely to avoid walking far distances to follow condoms at retail outlets such as shops or kiosks in fear of being shame or rebukes if they were seen by other (especially adult) people while purchasing condoms. Even if they feared nothing related to being seen buying condoms and therefore becoming ashamed, children might alternatively find it inconvenient to them in terms of the time or money lost on travelling that much far away to find condoms. However, the idea that having condom stocking outlets around school compounds is urgent was criticized by some of the participants on ground that from both the parental and religious faith viewpoints, it is immoral for young children to engage themselves in premarital sexual relationships. In Mbeya Rural, similar opinions indicating arguments for and arguments against the idea of stocking condoms in support of school children needing them were noted.

Among the teachers, those opposing the call for teachers to participate in condom campaigns seemed to be mainly driven in their by their religious faiths. As they argued, the religious faiths as supported by Holy Books such as the Christian Bible and Islamic Quran do not support adultery, prostitution and any other sexual misconduct that are sinful and an abomination before the eyes of The Almighty God., and this includes among other things, any policy or measure exposing adults to extramarital relationships and children to sexual affairs. It was further claimed that the latter. Even among the teachers who were interviewed and found supporting the issue of delivering condom education in primary schools, some were not in favour of pictures and messages normally displayed on roadside billboards or through television screens. Reports from the teachers, as also were similar to those expressed by parents and religious leaders as published before [18], indicating that things seeming to trigger adult people's anger and who feel humiliated include the pictures that show boys embracing girls while such pictures being accompanied by messages encouraging people (including children) to use condoms. As argued, the key message normally given is that if one cannot ensure abstinence, doing sex by using condoms is the only option, the message that is easy to be taken in wholesale by children. This has been a disappointment to conservative parents and teachers who have always been warning children against the habit of engaging themselves in sexual intercourse practices prematurely. Among the parents confronted in both districts and found being indifferent to the question on whether or not teachers' engagement in condom promotion in school children was appropriate wanted expressed doubts about the way messages associated with condom use promotion could be packaged and delivered to target audiences. Sceptics among these wanted to know whether there could be better or alternative ways of packaging and delivering messages aimed at addressing condom use issues and including the use of condoms for the prevention of unwanted pregnancies and STIs among children. For instance, in a FGD held at Simambwe village, Mbeya Rural district, the point given below expressed by a male member was strongly supported by the rest majority of the twelve members in his group, although a few remaining ones opposed it:

"I am an indigenous of Mara Region, but currently living here. I noticed that the messages promoting condoms are the same all over the country and that is good for I trust in condoms preventing unwanted pregnancies and infections leading to AIDS. What I am opposing is that condom advertisement is done as if the intention is to persuade people to practice sex as much as they can by using condoms. For sure, this has cultivated sexual desires and practices in people of all ages including young children and this is not good at all"

In connection to the latter statement as quoted above, members in the same FGD were of the view that teachers should find better ways of educating school children about condoms. It was added that not all the teachers are happy with this job as without national education curriculum forcing them to do so they could not participate in that business at all. A mere decision to resort to advertising everything about what is claimed to be good about condom use practice using mass media is detrimental to young children as some of the messages affects their minds and drive them to think more frequently about sex. The latter opponents, however, could not specify what the contents of the syllabus used by teachers to teach children at school by covering issues of pregnancy and STI prevention under the topic of sexual and reproductive health were. Instead, it was only mentioned that while at home or in the streets, young children could be heard asking adult people (including their parents) about some of the things they have been taught in class at school concerning sex. On their side, teachers did not deny acknowledging the importance of educating and sensitizing children on issues relating to prevention of HIV/AIDS, other STIs and unwanted teenage pregnancies. However, some of the teachers seemed arguing that even if the importance of condom education to young children cannot be overemphasized, it remains a fact that the contents specified to be covered in class under the current syllabus should not be taken as fully informing children about AIDS and STI prevention. This is due to a lack of the detail needed for clarity for the children to understand better; and the fact that young children are normally too curious to learn by searching for the truth about the issue that happens to be famous and yet unclear to them; therefore teachers and parents should not be surprised at receiving questions from their children or hearing about the children who have eventually decided to practice what they have been learning theoretically and partially in class at school. And that is why the SHP coordinators commented that the school health education program should be taken as a supplement to the education children normally (or are expected to) receive from their parents and other caretakers in the community.

Barriers towards Reaching Children with Education on Condom Use in Different Settings

Teachers' views were similar to those given by the parents as regards the fact that children who are residing and studying in rural/remotely located schools are more disadvantaged when it comes to accessing health education about condoms outside the SHP. The main reasons given for this situation to be so is that in rural settings most of the children have limited access to some mass media sources of information such as TVs and newspapers and at the same time they cannot be reached by the condom vendors or other condom promoters as their urban counterparts do. In urban settings, it was lamented; residents regularly get a better opportunity of receiving information through mass media, street shows and demonstrations that involve artist (e.g. drama) groups. Given the better infrastructure environments available in urban settings, these drama groups do move from street to street more conveniently and succeed at meeting and sharing condom information with larger groups of people who are doing their businesses and therefore. It is therefore not strange to find that the

children living and studying in urban schools are more confident to talk about sex and condom issues than their rural counterparts. As commented by the parents and teachers in both districts, a similar situation to the one explained about the rural children might be noted for teachers, as those working in rural settings for a long time. These teachers may be predominantly influenced by social-cultural values including social beliefs about condoms and therefore not finding it as sensible or acceptable for them to participate in SHP requiring teachers to educate young children on condom issues widely.

Voluntary counselling and testing service as an entry point for promoting condom usage

The issue of the high acceptability of the voluntary counselling and testing (VCT) for HIV was presented and widely discussed elsewhere based on findings from a sister study carried out to report the viewpoints of secondary school teachers and children in two regions different from those covered by the present study [19]. However, the results presented in the latter paper from such a sister study did not reflect anything on how the study individuals perceived VCT in terms of its potential to have a contribution to the reinforcement and/or persuasion of the sexually active adults and children to use condoms. The present study establishes that VCT for HIV was partly perceived by a few parents and teachers as a crucial service for it could effectively be used by program authorities to seize the opportunity for targeting and reaching the people who currently seem to be reluctant to change their sexual conducts. As lamented, there are people who dislike (or fear from) undergoing VCT. This is mainly experienced among those who suspect themselves to be HIV sero-positive already because of not having been using condoms in their pre- or extramarital sexual relations. Such people do not see the need for them to test and know their HIV status, albeit if targeted with intelligent promoters of VCT service they might no longer express doubt about being asked to accept advice encouraging them to use condoms. That is to say that people who suspect themselves of being HIV positive may after testing and found to be HIV negative be convinced to use condoms so long as they are adequately educated and sensitized on the risk of HIV infections to those not using condoms during sex with partners whose HIV status is not known to them. In a FGD with eight members conducted at one village in Mbeya Rural, all members supported the statement expressed by their fellow arguing that:

"Many of us here previously did not know the people infected with HIV in the community, but after the VCT officers have come to screen us free of charge, we have come to know them among us and are taking steps to protect ourselves. However, we are now surprised because the officers who were coming here are no longer coming' (a parent, Mwashiwawala Village).

Participants insisted on the need for the condoms marketers/promoters to carry along the messages addressing issues of VCT when attempting to market condoms in community settings. An example was given about the Populations Services International (PSI) and T-MAC (Tanzania Marketing and Communications) Project that were the two famous non-governmental organizations (NGOs) promoting condoms in the community, as mentioned by teachers. This point was confirmed by the health authorities and condoms marketers at district levels in both study regions, as also found in a web-based report posted electronically online (<http://pshi.fhi360.org/whatwedo/projects/tmarc.html>) as published by Family Health International (FHI) and the Academy for Educational Development (AED) (<http://pshi.fhi360.org/pdfs/T-MARC%20Project%20Brochure.pdf>).

For some of the discussants among the parents who were

confronted during FGDs and the teachers interviewed in groups through group interviews, the use of condoms by the married couples should be taken with a positive attitude. It may reflect the degree to which the persons concerned have understood the educational messages usually delivered concerning AIDS control. In Mbeya Rural, some FGD members at one village expressed satisfaction with what they said to be condoms' usefulness even to people who are married especially at periods of breastfeeding the baby (lactating). To the contrary, a few members remarked that the use of condoms by married partners (couples) could be interpreted by either of the parties as an indication of mistrustful (dishonest) engagement in extramarital sexual relations. As claimed, this experience is more likely to be common in rural areas whereby the couples tend to have known each other for a long time than in urban settings where people interact interchangeably with people who are new to them.

Methods for supplementing SHPs to strengthen campaigns for condom use in children

The need for paying more attention to children living in rural settings on HIV prevention and AIDS control interventions was suggested throughout in both districts and among the different stakeholders approached. It was argued that the rural residents are generally more vulnerable to many challenges including limited access to health information normally delivered mass media and shortage of essential supplies in the health product and service markets as compared to their urban counterparts. Therefore, use of art or drama groups such as those that present through singing and dancing shows or those involving the use of video and cinema shows was considered to be methods that could potentially help to target and attract rural children to get the right messages. This is possible as long as the messages are properly packaged and delivered in right moments. As commented by some of the condom marketing and district level officers, this is exactly what the condom marketing companies such as T-MAC and agencies such as PSI Projects (both reported above) have been doing with a back-up or support from the Ministry of Health and Social Welfare (MoHSW), currently the Ministry of Community Development, Gender, The Elderly and Children (MoHCDGEC). Critics to this strategy among the teachers and parents at different moments in both districts suggested that the messages given should not overemphasize (or capitalize) on condom issues, but on HIV/AIDS prevention in general since there are modes of HIV transmission apart from sexual intercourse. Another reason given was that the act of educating children on condom use aspect while there is no guarantee of the supply of condoms (both types -male and female) is a risk by itself as it sounds like sending soldiers to the battle field front without equipping them with sufficient weapons of war. Asked to clarify what was meant or intended to be said in connection to the latter statement, the argument given was that teaching curious children on certain sexual practice issues, for example, by demonstrating on how to use a condom during sex is like switching the button as some of them are likely to do try them out by engaging themselves in sexual intercourse. The trying out may happen to expose the child to infections if s(he) interacts with a HIV positive partner while performing sex without using condoms, and this may happen when condoms are either not accessible because they are not readily available or affordable at the existing retail prices. Lastly, participants in both study districts (teachers and parents) proposed that the government and NGO's authorities have to ensure that parents and teachers are properly prepared, invited at various HIV workshops for them to be adequately educated on, and engaged in, the campaigns geared toward condom promotion in the community where by young children, adolescents and youth live. Otherwise, the current practice condom promotion practice seems

to a larger extent as if it treats parents and teachers as stakeholders who should be informed of and ordered to abide by, the existing national health policies, regulations and business conducts in relation to HIV prevention through condom usage.

Reactions from Condom Marketers, Ngos and SHP Coordinators Regarding Concerns Expressed By Parents and Teachers In Relation To Condom Education Delivery Systems

Condom marketers and condom use promoters were not in favour of all allegations expressed mainly by the parents who on religious grounds perceived that the adverts on condom usage were sinful attempts and against the will of God. At the same time these stakeholders reported the availability of condoms to be a serious conundrum. In one of the two districts, a SHP Coordinator had the following to say while commenting on the issue of condom messages falling in the ears of younger children who end up confusing with, or misinterpreting, the messages delivered:

"Although message filtering is important to exclude too sensitive aspects, excessive filtering may distort the meaning of what was intended to be contained in the message itself for the target audience" (a SHP Coordinator)

As reported by the SHP Coordinators and other agencies involved in the condom marketing, teachers were among the main opponents to the issue of condom promotion in the study districts. So, by the time they enter class to teach children on the topic covering sexual and reproductive health as recommended in the science subject syllabus, the teachers holding a negative attitude towards condom use by young children cannot cover the issues recommended to be taught about condoms. Nevertheless, one SHP Coordinator shared similar sentiments regarding the possibility of condom-wearing demonstrations stimulating sexual desires among young children who may eventually not use the condoms as recommended. Additional expressions as given by condom marketers, NGO representatives and SHP coordinators are as presented in response to what parents and teachers remarked (Table 1).

Discussion and Conclusions

There is a common maxim stating that 'Charity Begins at Home', this simply meaning that 'for any plan to succeed, stakeholders purported to be responsible for implementing it should be motivated and devoted to implement it as required and show a good example to other people so that such they can be motivated to join hands in the implementation process. Looking through the lens on the findings presented above, the picture or impression seen is that the issue of promoting condom use in religious faith dominated communities is still highly controversial in Tanzania. The reservations expressed by the teaching staff, parents and health program officers with exposing young children to condom related teachings or discussions do confirm what was observed by previous researchers who undertook their studies in other places within Tanzania [16]. This calls for more efforts to be taken in order to heighten the awareness and sensitiveness of all the key stakeholders in the fight against HIV/AIDS, children being among such stakeholders. A recently suggested [18], one way of accomplishing this is to keep a dialogue with the stakeholders concerned especially the most influential ones such as religious leaders and teachers who could be the catalysts of change in people's mind-set in relation to the issue of condom usage for disease and unwanted pregnancy prevention purposes.

The Tanzanian government system is not founded on the principles of promoting a specific religion or spiritual faith even

Claim by Teachers/Parents	Response by Agencies
1. Most children are too young to comprehend some of the condom use messages delivered by condom promoters through the mass media or shows made in the streets	-It is often difficult to exclude younger children from mass gatherings whereby the promotional shows are being conducted -The contents presented in the school health education syllabus have been carefully examined to ensure that pupils get the right dose. Any additional details might even confuse the children more and limit the goal to be attained
2. Condom promotion has exposed pupils to start engaging themselves in premature sexual relations	-Prevention is better than cure. No one can speak with a hundred per cent confidence that children never engage themselves in sexual activities before hearing about condoms claimed to prompt them desire sex. However, experience truly shows that children in these districts as elsewhere in Tanzania involve themselves in sexual affairs at very young ages partly because of their curiosity nature or due to external pressures
3. Condom usage is still low; many children do not use them as indicated by records on rates of pregnancies and STIs among teens in and those out of schools	-Truly, there is need for looking at this problem broadly and deeply. There is a possibility that the messages delivered are clearly understood, but children are reluctant to use condoms due to persuasions from their partners, religious-based stigma against condoms, need to maximize sexual satisfaction through skin contacts with sexual partners, or other reasons. However, in some places, condom usage is reported to have increased as indicated by condom demands and sales.
4. Educating and sensitizing children on condom usage matters while there is shortage (or lack) of condom supply or if the available condoms are too large to use in children or are unaffordable to children to procure at the existing prices unless they were freely given is a wastage of time and riskier as it ends up stimulating children's desires for sex without protection	-Truly, condom supply sometimes fall short of demand. However, the key message normally given is that one aimed to raise individuals' awareness on risk sexual behaviours and encouraging them to abstain from such behaviours. No program has prime intention of exposing children or adults to risky sexual relationships as claimed and so those seeming to misbehave might be driven by factors other than a mere advertisement or promotion of condoms. -Yes, complaints against condom prices might prevail in some areas, but messages about where and when condoms could be accessed for free are also given as long as the supply allows. Also, elements of dishonest retailers (including stationary and mobile vendors) to sell condoms at prices not officially recommended prevailed in rural areas where the traders pretend to take advantage of public ignorance of the price subsidies offered by the government or NGOs working on AIDS control at community level. For example, PSI prices are highly subsidized.
	-In remote settings where condoms seem to have been running out of stock more frequently than in urban settings, measures have been taken to introduce the condom vending machines, for example, in areas such as Mbalizi and Songwe in Mbeya (R).

Table 1: Responses of agencies and authorities in the condom promotion campaigns to claims presented by parents and school teachers approached in the two study districts.

if the national constitution of 1977 allows all people to believe through whatever religions they wish as long as each of them adheres to respect of national law that promotes the principles of human rights. That is to say that the government respects the principles of genuine religions that advocate for the maintenance or respect of human rights and this includes respect of person irrespective of the socio-economic statuses, observance of social morality and ethics. This country's stance is acknowledged by the international community [25]. However, when it comes to matters of citizens' health, defence and security, it calls for all citizens to think broadly, deeply and wisely when interpreting and applying the principles of building the foundations of their religions in their everyday life context. For instance, today health problems are multiplying—new diseases emerging, traditional ones changing in their epidemiology, including patterns of their transmission and responses to treatment regimens as some have already shown a high resistance rate to certain drugs; meanwhile social interactions have been increasing, with new or different relationships emerging out of such interactions and reaching an uncontrollable or intolerable stage. Noting all these challenges, the government and international authorities have made a call for joint efforts/forces towards need identification and problem-solving strategies. Among the strategies considered are those aiming at reducing and even eradicating major public diseases like HIV/AIDS. In line with this government's call, we use the present study findings to see the need for continuing to educate community members who are still too conservative to accept participating in the condom promotion business. This has the potential for helping to increase the level of awareness and knowledge after getting additional insights on the fact that taking part in educating young children about condom aspects is a better option than not. There is need to

admit the truth people may regard children in their lower ages (e.g. when they are teenagers or adolescents) as being too premature to thinking like adults on aspects related to sex. In contexts whereby there is a limited or no freedom of expression of children when interacting with parents or adults in general, some of the children may hypocritically (pretend to) behave well before their parents or elders (as most of them often do) by keeping themselves away from sex related talks or practices. But when securing an opportunity for being away from their parents/other adults as their caretakers, they may be interacting with their peer groups somewhere and use this chance to actually behave in different manners exposing them to risky sexual practices. So, it is better to consider a certain degree of flexibility when dealing with children as long as the flexibility allowed does not indicate (or is not intended to) any deliberate breach of the law or violation of social dignity including the respect of children or adults constitutional rights.

Referring to literature, Khalfani [10] comments that when children find it hard to access basic health information on reproductive health issues including the facts about sex and sexuality from the parents and other elders (e.g. teachers), they definitely get it from other sources. We add to this comment by arguing that children may get information either automatically from other sources or through their own initiatives since they are generally curious and investigative when they come across a sensitive topic. Experience from several other countries in SSA shows that most of the youths do initiate sexual relations while they are still at school; and they sometimes or commonly get information on sexuality in environments outside the school compounds. Therefore, failure to educate them on sexual health aspects becomes a grave mistake that can be regrettable later. These two facts are supported by Bilinga and Nkuba [7] who suggest the need for (a) training teachers on

how to teach pupils on sexuality issues; (b) improving the content and methodology for teaching sexuality education, continued sensitizing parents, religious leaders and teachers to continue regularly holding open discussions with children (including pupils) on sexuality education; (c) keeping dialogue with policy makers on the topic of sexuality education in schools and how the contents should be; and (d) further research on issues relating to knowledge and skills of pupils about how to protect them from sexual risks. We had similarly recommended almost the same things in the paper published recently [17,18] and now finish our observations by agreeing with the conclusion made by Kapinga and Hyera who in their recent article [26] concurred with previous authors' comments that children have right to better education including education informing them on the importance of prevention themselves from STIs. This is because they undergo rapid development both cognitively and socially when they reach the period of adolescence. But, as some of the development may be painful, traumatic, excruciating and disappointing, schools provide an ideal place setting for sex given the fact that a large number of children can be reached there. To this end, the perception that teachers are forced to educate school children on sexual matters, a requirement seeming to make some of them do so while having reservations in their hearts cannot be underrated or ignored, and therefore the authorities concerned should strive to ensure that this notion is worked out and eventually removed. Nonetheless, thanks to the evidence from other studies indicating that in the rest of the places in Tanzania, people (including teachers and pupils) are very happy with the government policy and curriculum guideline implementation [26]. All in all, the picture obtained from the present study findings brings us to the conclusion that it remains important for all stakeholders including parents, students/pupils, teachers, religious leaders and other community groups to appreciate the truth that children and youths are biologically victims of sexual desires or sexual stimulants emerging in their environments. Therefore, children like adults need to be educated on how to contain their desires by avoiding entrance into risky sexual practices and that is why in 2009 the United Nations Scientific and Cultural Organization (UNESCO) published an 'international technical guidance on sexuality education', urging both developed and developing countries to ensure that all children and young people aged between five and eighteen to learn about HIV, contraception, human sexuality and relationships, and specifying what should be included in the curriculum [27,28].

Authors' Contributions

GMM conceived the study idea, lead the team to improve it and take it to a full research proposal; executed implementation of the study through its successful completion as the principal investigator (PI); drafted the present manuscript (MS) and finalized it with comments from co-investigators namely JM, AKM, SEM, JKI, AE and several others. All the mentioned co-authors/investigators also assisted the PI in the shaping of the research proposal, implementation of the study, study report and present manuscript writing. AKM was a co-PI. AE assisted the PI in the management of data, with some help from SEM.

Competing Interests

All authors read, commented and approved this MS for submission to a journal and declare no competing interest.

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***Corresponding author:** Godfrey M. Mubyazi, National Institute for Medical Research (NIMR), Headquarters, 3 Barack Obama Drive, P.O Box 9653, 11101 Dar es Salaam, Tanzania. E-mail: gmubyazi@nimr.ortz

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