IMPLEMENTATION OF THE TEACHERS GUIDE FOR LIFE SKILLS EDUCATION BASED ON REPRODUCTIVE HEALTH, HIV AND AIDS, AND GENDER IN SECONDARY SCHOOLS IN DODOMA CITY COUNCIL, TANZANIA.

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By

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A Dissertation Submitted in Partial Fulfillment of the Requirements for Degree of Master of Public Health in Implementation Science of Muhimbili University of Health and Allied Sciences

October, 2024

CERTIFICATION

The undersigned certify that they have read and hereby recommend for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled ***Implementation of the Teachers Guide for Life Skills Education based on Reproductive Health, HIV and AIDS, and Gender in Secondary Schools in Dodoma City Council, Tanzania,*** in (Partial) fulfillment of the requirements for the degree of Master of Public Health in Implementation Sciences of Muhimbili University of Health and Allied Sciences.

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Date:

DECLARATION AND COPYRIGHT

I, Asmaa Khamisi, hereby declare that this is my original work under the guidance and supervision of my supervisors. It has not been submitted and will not be presented to any other university for a similar or any other degree award.

Signature…… Date……..

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DEDICATION

I dedicate this work to my beloved parents, Mr. Khamisi P. Khamisi and Ms Mwajuma R. Suleiman, for their endless love, prayers, and unwavering belief in my potential. Your belief in me and your encouragement has been a source of strength and motivation for my success.

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ABSTRACT

Introduction: Comprehensive Sexuality Education (CSE) is globally acknowledged as a pivotal measure for mitigating HIV infection transmission, other sexually transmitted infections (STIs), and teenage pregnancies among adolescents and youth. In Tanzania, CSE is embedded within the educational curriculum, with government-issued guidelines to assist teachers in delivering life skills education comprehensively. Despite these efforts, the actual implementation of the guidelines remains underexplored.

Objective: This study explored the implementation of a teacher's guide for teaching life skills education by secondary school teachers in Dodoma City Council.

Material and Methods: This study employed a qualitative case study to explore and evaluate the guide's implementation. Twenty-four respondents were interviewed, of which twenty were secondary school teachers, and four were education officers in Dodoma City Council. Twenty IDI and four KII were conducted using a semi-structured interview guide. Data was audio recorded, transcribed verbatim, translated, and stored in Google Drive. With the help of Dedoose software, thematic analysis was used to analyze the data

Results: The study revealed that secondary school teachers in Dodoma City Council use the life skills guidelines by integrating them into classroom lessons and during extracurricular activities, such as club time and school gatherings. While teachers generally adhere to the teaching methods outlined in the guide, they occasionally modify them to fit their specific contexts. They also reported that they sometimes encounter challenges following the steps stipulated in the guide. Additionally, several factors influencing implementation were identified, including administrative support, availability of resources, compatibility of the guide with existing teaching practices, and the presence of incentives and reward mechanisms.

Conclusion: The teacher’s guide is being implemented in Dodoma City, although it is inconsistent among schools. Few trained teachers, financial constraints, and a lack of incentives and resources hinder effective implementation. Improved support and structured integration strategies are essential to maximize the effectiveness of implementation.

Recommendations: The Dodoma City Council, in collaboration with other stakeholders, should enhance teacher training, resource allocation, and supervision to improve adherence and effective implementation.

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ABBREVIATIONS

AIDS	-	Acquired Immune Deficiency Syndrome
CFIR	-	Consolidated Framework for Implementation Research.
CSE	-	Comprehensive Sexuality Education
CEO	-	City Education Officer
HIV	-	Human Immunodeficiency Virus
IDI	-	In-Depth Interview
IRB	-	Institution Review Board
KII	-	Key Informant Interview
MUHAS	-	Muhimbili University of Health and Allied Sciences
PI	-	Principal Investigator
PLHIV	-	People living with HIV
RH	-	Reproductive Health
SRH	-	Sexual and Reproductive Health
STIs	-	Sexually Transmitted Infections
TACAIDS	-	Tanzania Commission for AIDS
UN	-	United Nations
UNESCO	-	United Nations Educational, Scientific, and Cultural Organization
WHO	-	World Health Organization

DEFINITIONS

Adolescent: Adolescents refer to individuals aged between 10 and 19. In this study, adolescents refer to those in secondary school in Dodoma, Tanzania.

Comprehensive Sexuality Education (CSE): This is a sex education instruction method based on a curriculum that aims to provide learners with the knowledge, attitudes, skills, and values to make appropriate and healthy decisions in their sexual lives (1). In this study, the CSE term is used interchangeably with life skills education, which in Tanzania includes the components of Reproductive Health, HIV, AIDS, and Gender issues.

Youth: Generally refers to individuals aged between 15 and 24. In Tanzania, youth are considered individuals aged between 15 and 35. This study considered youth aged between 15 and 24 (1).

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background Information

Comprehensive Sexuality Education (CSE), which is also referred to as life skills education, is an educational intervention endorsed by the World Health Organization (WHO) and other United Nations (UN) agencies to enhance knowledge and awareness of sexual and reproductive health among adolescents and youth. The United Nations Educational, Scientific, and Cultural Organization (UNESCO) defines CSE as delivering the social, emotional, physical, and cognitive aspects of sexuality through a curriculum-based approach (2). It is primarily recommended for adolescents and youth in school settings, as schools are where they are predominantly found and spend most of their time. The aim is to address the high prevalence of HIV and other sexually transmitted infections (STIs) among adolescents and youth, as well as teenage pregnancies.

Reports indicate that in 2022, approximately 3.1 million adolescents were living with HIV, predominantly in Sub-Saharan Africa, where over 80% of affected adolescents reside (3). Other sexually transmitted infections (STIs) are estimated at 374 million new cases globally, with nearly 93 million occurring in Sub-Saharan Africa, where adolescents aged 15 to 24 are the most affected demographic (4). Additionally, there are approximately 21 million adolescent pregnancies annually in low- and middle-income countries, with Sub-Saharan Africa experiencing high rates (4). As one of the Sub-Saharan African countries, Tanzania is affected by these three sexual health concerns: a large number of new HIV infections occurring among adolescents, as well as other STI cases, and a high prevalence of teenage pregnancies (5–7).

UNESCO provides that an adequate CSE provision should be based on the curriculum and tailored to provide age-appropriate content based on the contextual factors in each implementing country (8). The CSE curriculum has to cover various topics, including relationships, values, rights, culture, violence and staying safe, skills for health and

development, sexual behavior, and reproductive health, as proposed by the International Technical Guidance on Sexuality Education (8). Evidence to support the effectiveness of CSE primarily stems from a review indicating that, when implemented effectively in schools, it can positively influence adolescent sexual behaviors (9). It can also contribute to the reduction of STI and teenage pregnancy problems (10)

CSE program implementation varies from comprehensive to non-comprehensive in developed countries, especially in European countries, where some countries lack a program. This variation may be attributed to the absence of common reinforcing mechanisms and guidance across the countries (11). In Sub-Saharan African countries, CSE is implemented in many nations, often integrated into career subjects with few exceptions where it is a standalone subject (12). The policy and framework for CSE implementation vary accordingly; for example, the successful implementation of the Nigerian National Policy for CSE across the entire country was attributed to the clarity of the CSE component, effective and committed leadership, and stakeholder involvement (13).

Similar to other countries, Tanzania has a longstanding tradition of sex education, historically passed down informally by family members based on societal norms, cultural traditions, and religious beliefs (14). However, with the rise of sexually transmitted infections, including HIV, and increasing globalization exposing children to advanced information, CSE was introduced in the education system of the country. Tanzania's education system has been discussed in another study (15). CSE is also termed life skills education, and its implementation within the country was harmonized by guidelines for implementing HIV/AIDS and life skills education programs in 2004 (16). The aim of introducing this guideline was to advocate teaching life skills education in schools and educational institutions while regulating the types and contents of materials allowed on school premises. The CSE topics integrated into secondary school into the Biology and Civics curriculum are shown in Table 1 on page 4 of this document.

However, the country's ongoing implementation of CSE faced challenges, and its effectiveness remains unsatisfactory (17). In response, the government updated the guideline

to develop a new teacher's guide for life skills education to deliver Reproductive Health, HIV, and Gender components for primary-level education in Tanzania to make implementation more comprehensive. The new guide is being implemented in 5 regions of Tanzania's mainland, and the rest continue with the normal integration of these topics in specific subjects. Based on the literature reviewed, there is a noticeable gap in research on implementing the CSE teacher's guide in secondary schools. No study was conducted to assess the implementation of CSE using the CFIR framework. Exploring it is crucial to document how it is implemented.

Overview of the Teachers's Guide to Teaching Life Skills Education.

The Teacher's Guide to Teaching Life Skills is a teaching tool developed by the government of Tanzania through the Tanzania Institute of Education in collaboration with UNESCO and other stakeholders under the coordination of TACAIDS. Its purpose is to assist teachers in delivering life skills topics/subtopics effectively by making them more comprehensive and well-elaborated. The guideline is developed to be used parallel with curriculum contents, enhancing clarity through demonstration.

The primary implementers for secondary schools are teachers who teach Civics and Biology. The guidelines cover CSE topics with detailed methods, approaches, steps, tools, materials, and allocated time for each topic. They stipulate that teachers should integrate the guideline contents into relevant subjects. They are also required to use participatory teaching methods to enable students to engage in learning the appropriate topic. Some methods recommended for teaching include demonstrations, questions and answers, role-playing, discussions, case studies, and field trips.

The guide stipulates the methods and steps to facilitate the teaching and learning of relevant competencies in each lesson. This process involves a sequence of actions and methods to enable the teaching and learning activities.

The guide is currently being implemented as a pilot program in 18 districts within five regions of Mainland Tanzania: Morogoro, Dodoma, Singida, Tanga, and Geita.

Table 1: CSE topics/sub-topics covered in the secondary school curriculum.

SUBJECT	TOPIC IN CURRICULUM
BIOLOGY	Concept of health and immunity
	Personal hygiene and good manners ((Prevention of HIV and STIs)
	Infectious diseases
	Human immunodeficiency virus (HIV), Acquired immunodeficiency syndrome (AIDS), Sexually Transmitted Infections (STIs), Sexually Transmitted Diseases (STDs) (meaning, causes, symptoms, mode and transmission and effects)
	Care and support for people living with HIV and AIDS (PLHIV)
	Risk behavior and proper decision-making about HIV and AIDS
	Growth and developmental stages in human beings (physical, psychological, and behavioral changes during adolescence) –Puberty
	HIV prevention (counseling &testing, male medical circumcision, First Aid, and Condom use)
	Sexuality and media
	Sexuality and sexual health and responsible sexual behaviors
	Human nutrition (Nutrition requirement for PLHIV)
	Human reproduction
	Family planning and contraceptives
	Drugs and drug abuse
	Human rights and HIV and AIDS (includes the right of young people not to engage in sex)
CIVICS	Family: Concept, rights, and responsibilities of family members, courtship, and marriage
	Gender
	Positive and Negative aspects of Culture and values

1.2 Problem Statement and Justification

Comprehensive Sexuality Education (CSE) is introduced in schools to equip adolescents and youth with the knowledge and skills necessary to make informed decisions regarding their sexual and reproductive health. It aims to contribute to the reduction of the problems of sexually transmitted infections (STIs), including HIV and teenage pregnancies, while promoting healthy behaviors. Many African countries, including Tanzania, have integrated CSE into their curricula. The guideline to harmonize the provision of CSE in schools in Tanzania was established in 2004. Upon assessment of the implementation of the CSE provision in schools, studies revealed unsatisfactory provision due to the significant challenge of teachers lacking adequate training in delivering CSE. This contributes to gaps in their abilities and confidence to convey essential information effectively when teaching (17–19).

Based on this, the government updated the guidelines in 2021. It introduced a teacher's guide to teaching CSE/life skills education in schools to equip teachers with the knowledge and skills to teach CSE topics effectively. The Teacher's Guide for Teaching Life Skills Education on Reproductive Health, HIV and AIDS, and Gender in Schools for Tanzania Mainland is a tool that adds impactful topics and ensures effective delivery. It is now piloted in eighteen districts within five regions of the Tanzanian Mainland.

Studies documenting the implementation of this CSE teaching tool are lacking, particularly in Tanzania. The literature highlights a significant gap in the effective implementation of the integrated CSE program, primarily due to the lack of teacher training reported in previously cited studies. Sexual risk behaviors among adolescents and youth are also noted to be high in some regions, particularly in Dodoma (20). This study aimed to explore the implementation of the teacher's guide designed to enhance CSE teaching and learning in Tanzania and improve sexual health outcomes among adolescents and youth. The study documents how the guidelines are integrated into practice, adherence to the methods and steps outlined, and the internal factors influencing implementation in Dodoma City Council, using relevant domains from the Consolidated Framework for Implementation Research (CFIR).

1.3 Conceptual Framework for Implementing Teachers Guide for Teaching Life Skills Education.

This study utilized selected domains of the Consolidated Framework for Implementation Research (CFIR) developed by Damschroder in 2009(21) and updated in 2022. CFIR is a comprehensive framework designed to guide the evaluation and understanding of the contextual factors that may influence the implementation of an intervention and its effectiveness. It comprises five significant domains, each containing multiple constructs representing key factors influencing implementation success. The first domain, Intervention Characteristics, focuses on the attributes of the intervention itself, such as its complexity, adaptability, and evidence strength and quality. The second domain is the Outer Setting, which considers the external context in which implementation occurs, including factors such as patient needs and resources, external policies, and external networks and collaborations. The third domain is the Inner Setting, which examines the organizational context of implementation, such as culture, leadership engagement, and available resources. The fourth domain, Characteristics of Individuals, explores the individual characteristics of those involved in implementation, such as their knowledge, beliefs, and attitudes toward the intervention. Finally, the fifth domain, Process, considers the implementation process, including planning, engaging, executing, reflecting, and evaluating factors.

Adaption of CFIR in this Study: The study evaluated the implementation of the Life Skill Education Guideline by applying two domains of the Consolidated Framework for Implementation Research (CFIR): The intervention characteristics domain, represented by the attributes of the life skills guideline investigates its complexity, as the guidelines involve several steps, methods, and the inner setting domain, which encompasses internal factors that are studied to understand better the implementation climate around schools and District settings.

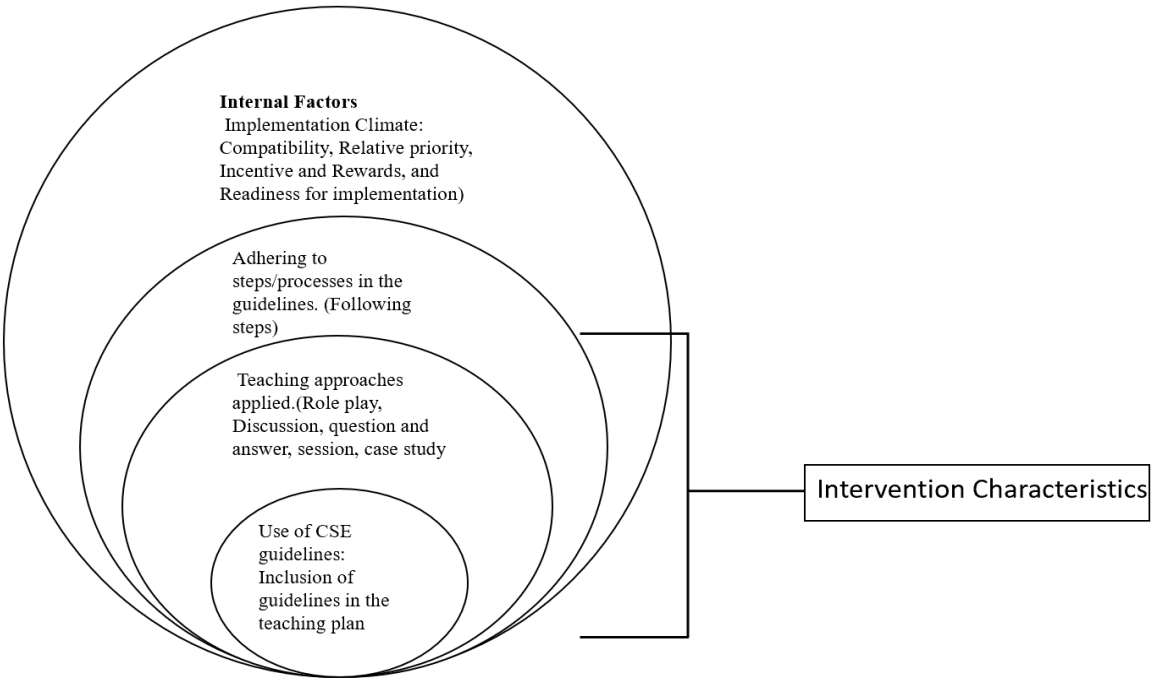


Figure 1: Conceptual Framework to explore the implementation of the Teacher's Guide for Teaching Life Skills Education, adapted from CFIR by LJ Damschroder.

1.4 Rationale

The implementation of the life skills education guidelines aims to equip teachers with the necessary skills to deliver comprehensive education on sexual and reproductive health, HIV and AIDS, and gender to students in secondary schools within Tanzania's Mainland. The goal is to enhance students' awareness and understanding of these areas. However, the effectiveness of its implementation has not been adequately documented to guide implementers and policymakers in improving the delivery of these guidelines to achieve desired outcomes.

This study aimed to address the observed knowledge gap by exploring the implementation of the guidelines and documenting how topics are integrated into teaching practices, adherence to prescribed methods and steps, and the internal factors influencing implementation (both barriers and facilitators) among teachers in Dodoma. The findings of this study shed light on

the areas needing improvement in the delivery of Comprehensive Sexuality Education (CSE) topics. Accordingly, it provided valuable insights to enhance implementation effectiveness, inform future policy decisions, and contribute to the broader discourse on life skills education in Tanzanian secondary schools. Furthermore, the findings may be transferable to other parts of the world, with a context similar to Tanzania's as a new knowledge.

1.5 Research Questions.

1.5.1 The Main Research Questions.

How is the teacher's guide for teaching Life skills-based Reproductive Health, HIV and AIDS, and Gender being implemented in Secondary schools of Dodoma city council?

1.5.2 Specific Research Questions:

i. How do secondary school teachers in Dodoma City Council use the teaching guide to teach life skills education?

ii. How do secondary school teachers in Dodoma City Council adhere to the teaching Methods?

iii. How do secondary school teachers in Dodoma City follow the teaching steps stipulated in the guidelines?

iv. What internal factors influence the implementation of teachers' guide for life skills education in the Dodoma City Council?

1.6 Research Objectives.

1.6.1 Broad Objective

To explore the implementation of a Teacher's Guide for Life Skills Education based on Reproductive Health, HIV and AIDS, and Gender among Secondary School Teachers and City Education Officers in Dodoma City Council.

1.6.2 Specific Objectives

i. To explore the use of life skills education guidelines among secondary school teachers in Dodoma City Council.

ii. To explore the adherence of secondary school teachers in Dodoma City Council to the teaching methods stipulated in the Life Skills Education guidelines.

iii. iii. To explore how secondary school teachers in Dodoma City Council follow the steps outlined in the life skills teaching guide.

iv. To explore the internal factors that influence the implementation of the life skills education guidelines in Dodoma City Council.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This chapter provides information on the reviewed literature to understand the available knowledge concerning the study area. This study has four specific questions to answer the main question: It inquires about the incorporation of a life skills guideline with content for delivering curriculum topics/subtopics, explores the teaching methods used by teachers, adherence to the steps/teaching procedures stipulated in the guideline, and internal factors that facilitate the implementation of the guideline in Dodoma. The following provides detailed existing information for each question.

2.2 The Use of a Teaching Guide in Delivering the CSE Topics

Using the guideline involves implementing its instructions and incorporating its contents into the relevant topics within the curriculum subjects as intended. For a Comprehensive Sexuality Education (CSE) program to be effective, it should cover a range of topics, including sexuality, sexual and reproductive health, HIV and other STIs, and gender-based issues that are often provided in the guidelines. These topics should be sequentially arranged across all levels of education, from primary to secondary. Teachers must know these topics and possess the skills to deliver them in class. Research indicates that teachers with knowledge about CSE, compared to those without knowledge, are more likely to deliver its content effectively (11). UNESCO and its partners have guided the content of CSE programs. Still, it is up to each country to adapt these guidelines through national-level frameworks, policies, and guidelines. Teaching guidelines are essential for classroom teaching and learning by teachers and students (22). The theories and practices related to its implementation have been explained (23), and its content must be based on knowledge, attitudes, values, skills, and relationships.

While numerous countries acknowledge the significance of delivering comprehensive sexual health education to young individuals, the degree and effectiveness of implementation vary

considerably. Disparities are evident in the legal and policy frameworks supporting implementation, with some nations having established robust legal structures in support while others lack such provisions. For example, England has enacted laws mandating the teaching of relationship skills in all secondary schools. (24). The level, contents covered, and teaching guidelines vary between countries. CSE is allowed only in secondary schools in some countries compared to lower education levels. (11).

In African countries, policies and frameworks guide the implementation of CSE, determining the scope of its contents. For example, the CSE programs in Ghana appear efficient, but the content is often limited to sex abstinence-only education. Furthermore, at advanced levels, some CSE contents are incorporated into elective curriculum subjects, potentially causing students who do not opt for these subjects to miss out on important information (25) Most studies conducted in developed and African countries examine the implementation of the CSE curriculum and its contents but do not directly examine teachers' utilization of teaching guidelines.

Most of the reviewed studies, both within and outside Africa, limited the application of CFIR and used frameworks other than CFIR to evaluate implementation. For example, one study conducted in the US identified barriers and facilitators of school-based reproductive health programs (26), but it focused on school-based referral systems for reproductive services rather than solely on sexuality education provision.

In Tanzania, CSE topics are integrated into curriculum subjects. Assessment reports on CSE in Tanzania show that its contents concentrate on providing knowledge rather than skills, attitudes, and values. Furthermore, these subjects are often taught by unskilled teachers (15). The guideline has been revised and newly introduced to ensure comprehensive and effective delivery of CSE, which can be achieved through its effective utilization by teachers. However, little is known about how teachers use these guides with the curriculum topics to ensure the comprehensiveness and effectiveness of teaching and learning.

2.3 Teaching Methods Adhered by Teachers.

In sex education, the teaching process in the classroom plays a crucial role in shaping students' understanding and attitudes toward sexuality and relationships. It begins with establishing a safe and inclusive learning environment where students feel comfortable discussing sensitive topics. Teachers must foster respect and open-mindedness, encouraging students to ask questions and express their thoughts without fear of judgment. Creating ground rules for discussions and ensuring confidentiality can help maintain a supportive classroom environment conducive to learning.

In this context, teaching approaches refer to the methods outlined in the guidelines for delivering specific topics or subtopics. The teacher's guide for life skills education outlines recommended approaches and methods for effectively delivering topics, aiming to facilitate optimal teaching and learning outcomes. These approaches emphasize learner-centered techniques and interactive methodologies designed to engage students in critical thinking when discussing sexual and reproductive health topics. The guideline proposes approaches like role play, discussions, question-and-answer sessions, case studies, and study tours. The approaches align with the UNESCO guidance, underscoring the importance of teachers employing various means to interact with students, promoting understanding and skill acquisition. (8). CSE teaching lacks interactive methods that hinder learners from developing skills and values that are intended to be acquired (27) for them to be able to protect from sexual risk behaviors. Also, failure to actively involve students in class participation may stem from a lack of knowledge. (28).

Studies show that, while teaching sexuality education, teachers tend to avoid using interactive methods like questions and answers due to a lack of adequate knowledge on CSE topics or the consideration that some topics are sensitive (27), although some are conducted in primary schools. Since limited studies were conducted globally and in Tanzania specifically to explore the CSE teaching guides, this study aims to fill the gap by exploring adherence to the teaching methods stipulated in the CSE teaching guidelines.

2.4 Following of the Outlined Steps by Teachers.

In facilitating life skills topics, the guidelines outline specific processes and steps for teachers to follow when delivering the content. These steps are organized in a sequence of actions and techniques to enable students to understand and acquire skills and knowledge essential to their lives. To ensure the success of evidence-based interventions, fidelity to such interventions must be maintained. Research indicates that adherence to fidelity in teaching sex education curricula positively impacts students' behavior (9,10). However, adherence to fidelity is often lacking, leading to the omission of specific topics. This is attributed to various factors, including teachers' lack of knowledge and confidence. Little is known about the adherence to the steps in delivering CSE through the utilization of teaching tools, but this study aims to address this knowledge gap.

2.5 Internal Factors Influencing the Implementation of the Teacher's Guide

Globally, many countries adopted the CSE implementation in schools to address HIV and other STI infections among young persons as well as adolescent pregnancy. Schools provide an ideal platform for delivering CSE, given that most young people spend a significant portion of their time there. Research indicates that students are more likely to seek information from their teachers compared to parents regarding sex and HIV-related matters(29,30). Interventions targeting in-school have shown positive outcomes, such as delaying sexual initiation, promoting condom use, and utilizing peer-led education(31,32). The teaching of sex education in schools increases knowledge and awareness among adolescent and facilitates acquiring positive sexual behaviors for them to experience their full potential (33).

The successful implementation of school-based Comprehensive Sexuality Education (CSE) is contingent upon various facilitators that contribute to creating an environment conducive to the delivery and receiving of comprehensive and age-appropriate sexual education. The WHO, UNESCO, and other UN agencies recommend the availability of government policies to enhance the establishment of well-organized curricula that allow CSE teaching, teachers' training, teaching facilities, and delivery of societal and culturally accepted curricula. Studies in middle- and low-income countries show that factors such as CSE's contents, delivery

methods, teaching material availability at all levels, and teachers' training are believed to facilitate its implementation(34). Teacher competence and efficacy play an excellent role in successful CSE implementation as the classroom delivery of knowledge and information heavily depends on the competency of who is delivering it(35). In some Sub-Saharan African countries, it is witnessed that the success of CSE implementation was facilitated by the integration of it into the National Curriculum, making the contents and activities clear for teachers who deliver it, and strong collaboration among stakeholders (12), the opposite of which hinders the implementation.

Most of the reviewed literature examined individual or external environmental factors, primarily focusing on CSE as an intervention rather than a specific teaching tool. This study aims to fill that gap by exploring the implementation climate as an internal environmental factor affecting the effective implementation of the tool.

CHAPTER THREE

3.0 MATERIALS AND METHODS

3.1 Study Design

A qualitative case study design was used to explore the implementation of life skills education guidelines for teachers in Dodoma. The case study design is chosen because it allows for an in-depth exploration of the intervention in its real-life setting (36). The case study approach is applied to answer the why and how questions. This approach also allowed for data triangulation through multiple data collection methods and respondents (37). The design allowed for an in-depth exploration of implementing the guidelines among teachers in Dodoma City Council. It provided rich, detailed insights into the practices and experiences of teachers and other informants.

3.2 Study Setting

This study was conducted in Dodoma city council, situated within Dodoma Region, the central region of Tanzania, which also serves as the country's Capital City. The Manyara Region borders it to the north, the Iringa Region to the south, the Singida Region to the west, and the Morogoro Region to the east. The region covers an area of approximately 41,311 square kilometers. It has eight districts: Kongwa District, Mpwapwa District, Kondoa Town, Kondoa District, Bahi District, Chemba District, Chamwino District, and Dodoma City. According to the 2022 Census report, the Dodoma region has a population of 3,085,625, with a growth rate of 3.9%, with the majority residing in the City Council (1). The area is among those with a high Prevalence of teenage Pregnancies (20). It is also among the five regions that have implemented the life skills education guidelines in Tanzania.

The City Council has a substantial population estimated at 765,179, constituting 24.8% of Dodoma's total population, surpassing other districts in number. Moreover, it hosts a significant proportion of schools, with 42 out of 234 government schools in the Dodoma Region. Four of these 4 are boarding schools, the rest are day schools, and almost all are coeducational, except for two exclusively for girls and boys. The city had 16,780 secondary

school students and 828 teachers in government-owned schools (38). The purpose of the city's selection is attributed to its large and diverse population, which has urban and peri-urban distribution, abundant schools compared to other districts, and convenient logistical considerations.

3.3 Study Population

The study population comprised secondary school teachers and City Education Officers from selected government secondary schools. The secondary school teachers were chosen because they directly implemented the guidelines and were expected to provide rich information about the study. Education officers from the wards responsible for overseeing academic issues at the ward level were chosen for their expected in-depth knowledge of the issues surrounding the implementation of the guide. They have been trained and obligated to oversee the implementation compared to the headteacher, who were intended to be involved during proposal writing. The City Education Officer was selected to provide information about implementation at the district level. This study considered the internal environment from the school to the city council level.

3.4 Sample Size

A total of 24 participants were interviewed, of which 20 were teachers and 4 were education officers. The participants included civics teachers and biology teachers from the 14 visited government day schools. Four education officers two were from the City Council office, and two were ward education officers. The number was determined in the field after reaching saturation in data collection. For it is a case study, researchers recommend incorporating between 15 to 30 individuals during interviews to ensure information richness (39).

3.5 Sampling and Selection Technique.

The non-probability purposive sampling approach was employed in selecting schools based on the criterion that they were government-day schools in the Dodoma city council. Only government day schools were chosen due to both time constraints and the assumption that day students are more at risk than borders because of the distance they walk to and from school;

hence, they need to be knowledgeable to protect themselves from risks associated with sexual relationships. The urban and rural criteria were used to ensure the heterogeneity of schools selected based on geographical location to capture information from both contexts. Wards at the city center were considered urban, and those at the periphery were regarded as rural. Twenty-one schools were selected from among other government secondary schools. Only fourteen schools were visited, and that number was attained after information saturation. Six schools provided two teachers for each subject, and eight provided one subject teacher.

Twenty Civics and Biology teachers were purposively chosen from selected schools as participants. Only Civics and Biology teachers trained in using the Life Skills Guide were selected to ensure the richness of the information they provided. Other criteria, such as having at least six months of work experience and considering gender, were also observed to ensure maximum variation among respondents and to collect comprehensive information.

Additionally, four education officers were purposively selected as informants, two from the City Council office and two from the ward level. The Ward Education Officers (Ward Education Coordinators) were chosen from two different wards. Participants in this category were selected based on their mandate to oversee the education sector, including the implementation of the teachers' guide at either the district or ward level. All participants were able to finish the interview.

3.6 Data Collection Methods and Tools

The data was collected through In-depth Interviews (IDIs) and Key Informant Interviews (KIIs). Twenty IDIs were conducted on individual teachers to gather their experiences in implementing the guidelines. The method was chosen for its ability to provide comprehensive insights into personal experiences and opinions (38). Four Key informant interviews were conducted with the District Education Officers and the ward education coordinators. KIIs were used to gather expert insights about implementing the guidelines in the city. Both methods were included to make the information more comprehensive and give insights into both angles.

The semi-structured interview guides (see Appendix IV and VI) were prepared and utilized as a data collection tool. The questions in the interview guide were formulated based on specific inquiries per the research questions and CFIR constructs selected for this study; probing was incorporated where necessary. These questions primarily focused on comprehending the utilization of guidelines, teaching methods, and steps employed for their delivery. Additionally, factors influencing their delivery were also explored.

3.7 Pre-Testing of the Tool.

The data collection tools were pretested in a secondary school in Dodoma City, which was not part of the primary study sample. This pretesting process enabled the researcher to identify and address weaknesses associated with the tool and ensured that only relevant questions were asked during official data collection. The modified tool was used to collect data.

3.8 Data Collection Procedures

Data were collected between May and June 2024 after obtaining ethical clearance and permission from relevant authorities. An introduction letter was sent to the Dodoma Regional Office, the Dodoma City Council, and the city education officer. Finally, permission to collect data was granted by the City Education Officer, who introduced the research team to the selected schools. The principal investigator has a Bachelor of Environmental Health Science and a research assistant with a master's degree in Development studies and experience of 7 years working in the research field are those who collected the data.

After obtaining a permission letter from the City Education Office, the data collection team visited an education coordinator who assisted in communicating with the selected schools, confirming the availability of the intended teachers, and making appointments. The team then visited the specific schools, introduced themselves to the headteachers, and arranged interviews with the participants. The interviews were conducted in teachers' offices or classrooms, as data collection coincided with periods when students were preparing to close schools or during school closures. The interviews were conducted in Swahili, with each

participant interviewed separately at their respective school. For the key informants, interviews were conducted at the City Council office.

Data collection continued until information saturation was reached at twenty-four (24) interviews, within the range suggested by some researchers, which should be between 15 and 30 (39). The saturation point was reached when no new information was added during data collection.

3.9 Data Management

Data collected during this study were audio-recorded and reviewed daily to ensure clarity and completeness and to familiarize the research team with the content gathered. The Principal Investigator (PI) securely uploaded the audio recordings to her Google Drive for safekeeping. Each recording was transcribed verbatim to maintain the accuracy of the data, and the transcripts were stored on Google Drive. To ensure the confidentiality and security of the data, access was strictly limited to the research team members only. This rigorous management process was critical to maintaining the quality and privacy of the data throughout the research.

3.10 Data Analysis

After collection, data was transcribed verbatim and translated from Swahili to English. The six steps of thematic analysis with a deductive approach were used. The steps observed in this study, as outlined in another study (40), are as follows;

The analysis began with familiarizing the data, allowing the team to engage with the content and understand the overall context deeply. This step generated ideas for coding. Initial codes were developed based on the conceptual framework and reviewed literature, guiding the identification of relevant themes. Next, themes were searched for within the coded data, with related ideas grouped into potential themes. Experts were involved to ensure intercoder reliability.

The themes were then reviewed and refined to ensure they captured meaningful patterns in the data. Both individual themes and sub-themes were checked for validity across the entire dataset. Upon reviewing the codes, no new theme emerged from the data analysis. The themes

were defined and named, as they appear in the results section of this document, resulting in four main themes, each with two to five sub-themes. The study findings were then reported based on these themes, providing concise and logical explanations that engage the reader. This analysis was facilitated using NVivo software, version 9.2.6.

3.11 Trustworthiness of the Study

The four aspects proposed by Lincoln and Guba were considered to ensure this study is believable. These aspects, Credibility, Dependability, Confirmability, and Transferability (38), are addressed as explained below.

Credibility

Credibility refers to the trustworthiness of research in accurately representing the experiences and perspectives of participants. In this study, credibility was ensured by selecting appropriate individuals involved in Comprehensive Sexuality Education (CSE) implementation, such as CSE teachers. The study participants received sufficient information before data collection to ensure they understood the study's purposes and actively engaged in sharing their experiences. The research assistant was trained and given the document to read to ensure competency and proficiency in conducting the study. Triangulation of data was done by including expert opinions from the key informant interviews, ie, through various data collection from different types of respondents. Regular debriefings with key study team members were conducted to address emerging issues for probing in subsequent interviews and to clarify any concerns.

Dependability

Reliability denotes the stability and consistency of the research process and its outcomes over time, ensuring that findings can be replicated. To uphold reliability, a detailed description of the research process, including the methods employed, is provided. Additionally, an audit trail was established to meticulously record and track all processes while ensuring accurate coding through collaboration involving multiple researchers.

Confirmability

This pertains to the degree to which research findings accurately reflect participants' perspectives and the data collected rather than being influenced by the researchers' biases or preconceived notions. In this study, participants were triangulated, and the findings are supported with individual quotes.

Transferability

This refers to the capability of applying the research findings to different settings or groups of people. To enhance transferability, comprehensive descriptions of study participants, contextual factors, methods, timelines, data collection techniques, analysis procedures, and all other study details are provided. Furthermore, a purposive sampling technique was utilized to select samples, and data collection continued until saturation was reached.

3.12 Ethical Issues

This study rigorously adhered to all research ethical practices. Approval for conducting research was obtained from the MUHAS Institutional Review Board (IRB) with Reference No. DA.282/298/01C/2247 (see Appendix VII). Permission to collect data was also sought from the Dodoma Regional Office, Dodoma City Council, City Education Office, and relevant school administrations (see Appendix IX, X, and XI).

Each participant was given a written Swahili version of the consent form (see Appendix II) to read and understand. Any questions they posed were responded to before they signed their consent to participate. All participants were aware of their participation voluntariness and could choose not to answer if some questions made them uncomfortable or withdraw from the study without adverse repercussions. Confidentiality and anonymity were upheld by safeguarding the collected data and assigning numbers to the participants instead of using names. A secure and comfortable environment was provided for data collection. All interviews were conducted in Swahili to ensure the comfort and effective participation of the respondents, with a commitment to avoiding abusive language. Respondents also had the option to halt the interview at any point during data collection.

CHAPTER FOUR

4.0 RESULTS

4:1 Introduction

This chapter presents the findings from the qualitative analysis of the implementation of Comprehensive Sexuality Education (CSE) guidelines in secondary schools within Dodoma City Council. This chapter is structured around the key research questions, examining how teaching approaches are adhered to, the adherence to stipulated processes and steps, internal factors affecting implementation, and the usage of teachers' guides.

4.2 Characteristics of the Participants

These findings are from twenty-four (24) participants who were interviewed in this study. Twenty (20) participants were secondary school teachers, and four (4) were female education officers. Among the secondary school teachers, nine (9) were male, and eleven (11) were female, with eleven teaching biology and nine teaching civics. Two of the four education officers worked in the city council education office; the other two were ward education coordinators. As summarized in Table 2, the age range for all participants was between thirty and fifty-four years, more than 70% of whom were 40 or younger. Participants' working experience ranged from three to thirty-one years. Their levels of education included three respondents with diplomas, nineteen with bachelor's degrees, and three with master's degrees. All the teachers worked in government-owned schools within the Dodoma City Council.

Table 2: Participants Characteristics

Characteristics		**Frequency (n)**	**Percentage (%)**
Age	30-40	17	70.8
	41-50	5	20.8
	Above 51	2	8.3
Sex	Male	9	37.5
	Female	15	62.5
Education level	Diploma	3	12.5
	Bachelor	19	79.2
	Masters	2	8.3
Type of subject	Civics	11	45.8
	Biology	9	37.5
	None	4	16.7
Years of experience	1-10	9	37.5
	11-20	11	45.8
	Above 20	4	16.7

4.3 Key Emergent Themes and Subthemes.

Four themes and ten sub-themes were identified through thematic analysis, providing a comprehensive understanding of how the life skills teaching guideline is implemented and the challenges and successes teachers encountered. The themes included the Utilization of Life Skills Teaching Guidelines with four sub-themes, the application of teaching methods emerged as a second theme with three sub-themes, adherence to the teaching processes, which had two sub-themes, and the internal factors affecting the implementation of life skills teaching guidelines with five sub-themes as summarized in Table 3. The results are supported by direct quotes from participants, offering insights into their experiences and perceptions regarding the integration of CSE guidelines into their teaching practices.

Table 3: Themes and sub-themes developed

No	Specific Objectives	Theme	Sub-theme
1.	To explore the use of life skills education guidelines among secondary school teachers in Dodoma City Council.	Use of Life Skills Teacher's Guide	Awareness and Understanding of the Guide
			Teachers' Training and Support
			Strategies to implement the guide
			Perceived Benefits by teachers
2	To explore the adherence of secondary school teachers in Dodoma City Council to the teaching methods stipulated in the Life Skills Education guidelines.	Adhering to the teaching methods	Familiarity with the methods
			Practicing and Flexibility
			Student Engagement and Outcomes
3	To explore how secondary school teachers in Dodoma City Council follow the steps outlined in the life skills teaching guide	Following the outlined steps	Understanding and following the steps
			Challenges and Barriers to Implementation
4.	To explore the internal factors that influence the implementation of the life skills education guidelines in Dodoma City Council.	Internal Factors Influencing Implementation of Teacher's Guide	Administrative support
			Availability of Resources
			Compatibility with teaching practices
			Teachers' Competence and confidence
			Incentives and rewards

4.3.1 Use of Life Skills Teacher's Guide

The study explored whether and how teachers use the teacher's guide. Since the guide is an extracurricular resource, some teachers might avoid using it altogether, leading to ineffective implementation. The findings indicate that teachers use the guide in various ways, finding it helpful and user-friendly due to its accessible language and straightforward structure. This usefulness is attributed to the training they received and their confidence in the value of life skills education for students. Each school has two trained teachers, one for civics and one for biology, who are given guidebooks and soft copy materials for reference. However, only the trained civics and biology teachers consistently used the guide, while others did so partially or not. Even among trained teachers, implementation varied depending on the school timetable and individual teacher preferences. Participants also encountered challenges with some content despite their efforts. Four sub-themes emerged: awareness and understanding of the guide, teacher training and support, strategies for implementation, and perceived benefits by teachers, as described below.

4.3.1.1 Awareness and Understanding of the Guide.

Awareness and understanding are crucial in the implementation of any intervention. This study aimed to determine whether teachers were aware of the presence of this guideline and if they understand it thoroughly. The study shows that participants are aware of the guide and understand it, as one participant said:

> *"The guide provided to us, including myself as a biology teacher, is well-structured for teaching children life skills and about HIV/AIDS. It effectively instructs on how to protect themselves from HIV and AIDS, making it a very helpful guide for educating children." (*Teacher, No 8)

It was observed that teachers find the guide well-structured and user-friendly, which facilitates effective content delivery and comprehension among students. One participant described the quality of the guideline and said:

> *"Firstly, it is concise, allowing the reader to deliver the content easily. Secondly, it includes pictures and videos. For instance, discussions on condoms or diseases like*

> *syphilis are supported with clear images of the symptoms. This visual aid is beneficial in teaching sensitive topics like sexual harassment, as it provides realistic depictions that clarify the concepts being taught."* (Teacher, No 3)

Furthermore, it was noted that the guides provide detailed explanations and illustrations to enhance understanding. It uses simple language and illustrative teaching, which aids in engaging the users and facilitates effective utilization. One participant explained:

> "*The guide is more comprehensive than the classroom syllabus, primarily focused on examination preparation. It delves deeper into topics beneficial for students' future lives, not just for examination. For instance, when teaching about reproductive organs, I use the guide to present diagrams of male and female organs, explain disease causes, maintenance of cleanliness, and protective measures against diseases."* (Teacher No. 16)

4.3.1.2 Teachers Training and Support

Training and support are crucial for effectively utilizing the life skills education guideline. These initiatives equip teachers with essential knowledge and skills to competently address topics related to Reproductive Health, HIV and AIDS, and Gender. The study investigated whether teachers received adequate training to deliver these topics effectively. It was found that initial training sessions were held, during which teachers were acquainted with the guideline's content and teaching strategies. One participant said:

> *"Before beginning to teach, we underwent a week-long training facilitated by knowledgeable instructors. This training helped us grasp the guide thoroughly. It enhanced my understanding, allowing me to follow the curriculum better and teach more effectively. It particularly complements subjects like biology, enriching my teaching skills."* (Teacher No. 1)

Despite the initial training provided, it was observed that no refresher training has been offered to teachers since the start of implementation in 2021. Participants then highlighted the need for further refresher training to motivate them to teach. Highlighting the need for continuous training, one participant stated:

"The initial training was adequate for starting with the guide, but education is dynamic and requires constant updates. For instance, if asked today, you might not recall everything from form one. Regular refreshers help keep us informed and motivated. Continuous education is essential, and I wish there were more opportunities for ongoing professional development to stay abreast of new resources and methods, ensuring we meet all educational goals set for our students." (Teacher No. 17)

4.3.1.3 Strategies to Implement the Guide

The strategies encompass various approaches that teachers in Dodoma use to integrate life skills/CSE guidelines into their teaching. It was found that teachers used adaptive techniques such as selectively incorporating guide content into existing syllabus topics in class, utilizing the guide during special school activities like clubs or health days, and blending guideline content in other school meetings. Teachers tailor these strategies to the unique needs and constraints of their educational settings, balancing curriculum requirements with the flexibility offered by the guide to address sensitive topics effectively. One participant said:

"In education, there is the issue of integration. A mathematics teacher can integrate learning into writing. , A Swahili teacher can teach mathematics by integrating so similarly, HIV topics are integrated when teachers teach various subjects or topics in the classroom." (Key Informant, 1)

While integrating the guide into teaching, teachers tend to focus more on elaborating on specific topics or emphasizing particular issues to enhance student understanding and engagement. One participant said:

"In civics, I often use examples to reinforce knowledge. Sometimes, topics in the syllabus overlap with the guide's content, so I use the guide to enhance understanding where the topic fits into the syllabus. For instance, when teaching about HIV and AIDS, I use the guide to reinforce the lessons where they align with other subjects." (Teacher No. 3)

Despite this integration in class, teachers revealed that they do not incorporate the guide into their lesson plans but instead integrate its components during classroom instruction. Teachers

also set aside extra time according to the school schedule to teach life skills lessons. This is done by gathering students in the classroom or outside and forming groups from different classes to participate in clubs, debates, or other school activities. It was noted that teachers either established new clubs or revitalized existing ones to provide more time to engage with students on life skills topics. The HIV Club and Timiza Malengo Club were formed, while others utilized the existing FEMA Club. In these clubs, only the lessons from the guides are used to instruct the students. The frequency of club meetings, the duration of each session, and the number of students participating vary from school to school, with reports indicating only a few students join the clubs. Teachers hoped that those few who attended would disseminate the knowledge to their peers. One respondent said:

> *"I use it to teach during club time because it is not part of the formal curriculum, although it appears in life skills lessons. So, I use it as an unofficial reference during club activities in our health and life skills club. The clubs were already there, like the health club and human rights club, but with the addition of these topics, we continue to expand. The clubs existed, but we are extending the new topics we learned from this program." (*Teacher No. 9)

Furthermore, the findings indicated that only Civics and Biology teachers who received training implemented the guide, while others did so partially or not. This issue was particularly notable in schools where a trained teacher was absent due to illness or transfer, leaving only the remaining trained teacher to implement the guide. Additionally, when other Civics or Biology teachers were asked about using the guide, they reported not using it as effectively. They attributed this to not being involved in the training and not receiving incentives such as payments or tablets, which demotivated them from using the guide in their classrooms. One participant said:

> *"Honestly, the other Civics teachers do not use the guide much. They only listen to us during club sessions. I have not had the chance to distribute it for their use, but if they leave their class periods to me in an emergency, I try to integrate the guide into the*

lessons. As the head of the Civics department, I visit almost all the classes, so I try to inform all students about the guide's content." (Teacher No. 9)

4.3.1.4. Perceived Benefits

The findings present a guide as a tool to achieve goals in teaching. Furthermore, the guide has provided opportunities to structure teaching sessions as stipulated in the curriculum, addressing important areas such as gender-based violence. The presence of the teaching guide offers wide-ranging benefits that would otherwise be missed in its absence. One of the participants said:

"*The guide has been very helpful. Without it, achieving our goals would be challenging. It covers everything needed; for example, today we might discuss the impact of HIV/AIDS, and tomorrow we will talk about how young people can avoid HIV to achieve their goals. The guide also helps us address gender-based violence. It has significantly benefited my teaching compared to not having it.*" (Teacher No. 11)

Teachers noted that, compared to the regular classroom syllabus, the guide offers more detailed explanations and illustrations, which make teaching and understanding easier. It also includes vital information that benefits students beyond their studies. For instance, the guideline provides comprehensive insights into teaching life skills such as building relationships or proper conduct. One respondent said:

"While some topics in the guide go beyond the syllabus, they are invaluable for students' lives. The guide delves deeper than the classroom syllabus, which mainly focuses on examination preparation, offering useful insights beyond examination." (Teacher No. 16)

Further, some participants believed that the students represent the nation's future workforce and should be equipped to live healthy lives. Teachers feel the guide is beneficial for enhancing their understanding, enabling them to teach students effectively. Given the current era where children access advanced information from the internet, media, and other informal sources, providing formal and comprehensive CSE in schools is crucial. One respondent said:

> *"Life skills education has been beneficial. As we continue educating students, we have uncovered many issues and provided guidance. Students often admit to engaging in harmful behaviors out of ignorance, like drug use, but our educational efforts have made a significant difference." (*Teacher No. 2)

Despite acknowledging the benefits, teachers also raised concerns about culturally sensitive content in the given reference books. They believe some content is inappropriate for children. They highlighted parts they deemed unsuitable for Tanzanian children, leading them to avoid teaching and said:

> "*Most of the contents are morally sound. The few flaws are only briefly mentioned. We were told during the seminar that it is intended for broad audiences, not just schools, and could be used in public gatherings with permission. However, I can not teach some of these topics." (*Teacher No.9)

It was also noted that teaching some lessons from the guidelines is notably challenging in peri-urban areas because of the cultural beliefs. Topics that require demonstrations, such as male anatomy, family planning methods, and discussions on masturbation, are difficult. One participant highlighted this and said:

> *"In our setting, which is akin to a village, many children are raised with rural values. Thus, we need to adapt our teaching methods for growth-related issues to align with the local culture. For instance, teaching in communities with strong religious beliefs differs significantly from teaching in communities without."* (Teacher No. 14)

4.3.2 Adhering to the Teaching Methods

This is one of the main themes that emerged during the analysis. The life skills education guide recommends that teachers employ participatory approaches, such as role-play, discussions, debates, drawings, questions and answers, and case studies, in delivering these topics. The study findings indicate that teachers in Dodoma City Council were familiar with the teaching methods outlined in the guide, practiced them flexibly, and appreciated the students' engagement and the resulting outcomes. The details of these sub-themes that emerged from the analysis will be presented in the following order.

4.3.2.1 Familiarity With the Teaching Methods

Familiarity with the methods and competence in applying them is crucial for their practical use. The study revealed that teachers were well-acquainted with the teaching methods outlined in the guide, such as role-play, discussion, question and answers, study tours, and case studies. They recognized the guide's emphasis on using participatory methods to deliver its topics. Teachers generally held a positive view on the effectiveness of participatory teaching methods for delivering Comprehensive Sexuality Education (CSE) topics, noting that these methods encourage student interaction and enhance understanding compared to non-participatory methods. One teacher explained:

> *"We use various methods, such as discussions, role plays, and songs, but mostly, we engage in one-on-one conversations and discussions due to our school's environment. We give students topics to discuss, and they share their opinions in a debate format. This interactive approach helps to engage students more effectively.*" (Teacher No. 20)

4.3.2.2 Practicing and Flexibility.

The study revealed that teachers employed the methods outlined in the guidelines to enhance topic comprehension. Common methods include discussions, debates, role-play, drama, songs, and question-and-answer sessions. They said other methods, like study tours, are less frequently used due to financial constraints. Teachers may also prefer different methods; for instance, one might use question and answer, while another combines several methods. One participant explained:

> *"I find participatory methods beneficial for the children. For example, in lessons on relationships, HIV/AIDS, or reproductive health, we engage in role-play and discussions. We avoid purely lecture-based methods to encourage a more interactive learning environment where students can share their experiences and learn from each other.*" (Teacher No.13)

Despite efforts to follow the guidelines, the findings illustrate that teachers also employed flexibility and adaptability in applying the stipulated methods. They adapt to cater to the environment and class needs. One respondent said:

> *"The number of students in a class can make it difficult to group them in a way that facilitates discussion. Our classrooms and the number of students pose a challenge. It can be difficult to group them for easy discussion."* (Teacher No. 18)

4.3.2.3 Student Engagement and Outcomes

Teachers reported increased student engagement and improved comprehension when using participatory methods. During interviews, they emphasized the effectiveness of these interactive approaches compared to traditional lecture-based teaching. They noted that students were more active and involved during lessons, contributing to better understanding. One teacher mentioned how the participatory methods fostered a more dynamic learning environment, helping students grasp concepts more effectively. One of the participants said:

> *"In regular classes, I incorporate the life skills content into my lessons. Sometimes, I start discussions to make the lesson more engaging, as students prefer discussions over lectures. The guideline is in Swahili, so teaching in Swahili helps them participate more, they understand and enjoy it.*" (Teacher No. 7)

Teachers noted significant improvements in student engagement and understanding when using participatory methods such as group discussions, role-plays, and interactive activities. However, these methods rely on certain facilities's availability to be fully effective. Many teachers reported a lack of necessary equipment, like projectors and televisions, which hinders the visualization and application of some methods.

The results also revealed that interactive teaching methods, particularly group discussions, significantly enhance student engagement and comprehension. These methods promote active participation and foster a deeper understanding of the topics discussed. For instance, some teachers highlighted the effectiveness of discussions in making students more active and lively, noting that this approach is superior to others in encouraging students to share information and engage with the content. Furthermore, the teacher emphasized the added value of visual aids used during training sessions to depict diseases and enhance awareness. For example, one teacher stated:

*"Well, these methods seem to help many children. Even those who might have had different understandings benefit from meeting in groups, discussing, and sharing information. They become more active and participate more in discussions, making them livelier. The discussion method is better than all others. However, it would be enhanced if we could use visuals. During our training, they showed us pictures of diseases, which helped build awareness and instill a sense of the dangers of diseases in the children. Teaching verbally without visuals slightly diminishes the impact of understanding." (*Teacher No. 18)

4.3.3 Following the Outlined Steps

The Life Skills Guide for Teachers includes specific steps and processes for each lesson. The study aimed to determine whether these steps were followed as outlined and to identify any challenges encountered during the process. The findings revealed that while teachers understood and generally followed the outlined steps, they faced challenges and barriers. These two sub-themes that emerged from the analysis will be described in detail in the order below.

4. 3. 3.1 Understanding and Following Steps

Teaching steps are clearly outlined in the guidelines for each topic and subtopic, providing detailed, step-by-step instructions for addressing specific subjects. For example, the reproductive system section instructs teachers to divide students into groups of no more than six, provide each group with a flip chart to identify and discuss reproductive organs, select a student from each group to present their findings, lead discussions among groups, display informative charts, and conclude the lessons. Teachers have acknowledged awareness of these steps and reported following them. One of the teachers described the process and said:

"First, you introduce the topic you want to teach, such as life skills. You explain various aspects related to the topic, like the types of life skills, their benefits, and drawbacks, and then you create scenarios for role-plays, highlighting the advantages and disadvantages, and you conclude." (Teacher No. 12)

4. 3. 3.2 Challenges and Barriers to Implementation

The study found that teachers faced issues like time constraints that significantly hindered their ability to follow the prescribed steps thoroughly, as the school curriculum is already dense and leaves little room for additional content reported. Moreover, a lack of resources, such as adequate teaching materials and proper training, was also noted. Some participants expressed frustration with the rigidity of the steps, which do not always align well with the dynamic and varied classroom environments or the specific needs of their students. They reported simplifying or modifying the steps in the guide to better cater to their students' comprehension levels and attention spans. One participant said:

> *"Sometimes, the steps in the guide are too complex for my younger students. So I break them down into simpler concepts that are easier for them to grasp."* (Teacher No.3)

It was also noted that time and class size challenges sometimes limit teachers' ability to adhere to the steps. Despite these obstacles, teachers continue to apply the highlighted steps, as One teacher said:

> *"The only challenge is a large number of students, but that does not stop you from following the steps by entering the classroom, greeting, doing reinforcement for the students, and asking questions. It does not prevent you from doing that."*(Teacher No. 3)

Further, it has been reported that not all steps are applied in every lesson; this varies depending on the class level. For instance, teaching advanced topics to form one students might lead to confusion, as the guide does not specify which levels should receive certain content. Consequently, teachers are tasked with making these decisions. They typically select simpler topics for form one but introduce more complex content in form two and above. This differentiation is guided by the recommendations within the guide.

4.3.4 Internal Factors Influencing the Implementation of the Teacher's Guide

The study aimed to explore the influence of internal factors on implementing the life skills teacher's guide. It revealed several factors that positively or negatively affect its implementation in secondary schools in Dodoma City Council. These factors, which emerged as sub-themes in this main theme, include administrative support, resource availability, compatibility with teaching practices, teachers' competence and confidence, and incentives and rewards. These elements play crucial roles in determining how effectively the guidelines are integrated into daily teaching practices, ultimately affecting the outcomes. The details of these sub-themes are explained in the order below.

4.3.4.1 Administrative Support

It was evident from the findings that most schools were noted to have supportive administration, which aided implementation by providing space, time, freedom, and materials where available. Space was allocated for specific venues, and teachers were permitted to use other suitable environments. They also provided extra time for teachers and students to meet beyond regular class hours. When asked about administrative support, one teacher stated:

> "*The school administration recognizes and allocates time for these lessons, which is a significant advantage. Without such support, it would be difficult to bring this education to the students. The school provides ample time for this subject, making it easier to implement."* (Teacher No. 11)

A study also found that certain head teachers did not support integrating the guidelines into classroom activities in some schools, emphasizing adherence to the standard curriculum. When this happens, the teachers may struggle to integrate the guidelines into classroom lessons effectively. One of the participants said:

> *"One obstacle depends on how the head of the school manages their schedule and whether they give the teacher freedom. Sometimes, they might tell the teacher to focus only on their subjects and keep up with the topics. But if they allow it, there are opportunities for students to engage in discussions outside the classroom. Some*

> *teachers, albeit few, say that the school heads are strict and only want to stick to the scheduled periods.*" (Key Informant 4)

Additionally, it was observed that no school headteachers were involved in the training or the handover of tablets to subject teachers, which made them feel disconnected from the implementation process and lacking ownership.

Despite support from school administrators, teachers reported challenges with overlapping timetables, especially during club times. On some days, other school programs may take precedence, or teachers who facilitate clubs might be assigned different duties, which disrupts the club schedule. Conflicts such as biology teachers serving as laboratory managers can sometimes interfere with the timetable. One participant highlighted this, said:

> *"The main issue is scheduling conflicts within the school. Everyone is busy, and sometimes new issues disrupt our plans, requiring us to find additional time to address these topics adequately."* (Teacher No. 10)

4. 3.4.2 Availability of Resources.

Resources must be available to implement this guideline to be effective. These resources include financial, physical, and human resources. The study found that some resources are available, although some are inadequate. The availability also varies from one school to another.

Some basic teaching materials, such as textbooks and general guides for teachers, were available to the schools. The two trained teachers were given soft copy materials on tablets and a textbook. One teacher said:

> *"We were given two books; we gave one to the guidance counselor and kept one with us so that any guidance counselor who needed it could easily get it from them and use it. We were also given the tablets that included the full guide."* (Teacher No.16)

The tablets provided include short videos used to enhance lessons. They also facilitate sharing notes, making materials accessible to all teachers and students through the school

computer lab when available. The availability of these tablets was also noted to serve as a significant motivation for teachers, as one teacher said:

> *"The biggest motivation was receiving the tablet. If it were just a book, it would not be as effective. The tablet allows us to view videos and understand the lessons more deeply than books."* (Teacher No. 15)

Regarding the accessibility and sufficiency of teaching materials, tools, and facilities, such as sanitary pads, family planning methods, television sets, and projectors, participants reported varying availability across schools. Some had these materials, especially pads, which they mainly received externally from stakeholders, while others did not, affecting the practical demonstration of lessons and hindering students' understanding. Additionally, it was noted that schools had inadequate educational materials like projectors, television sets, and other aids essential for life skills lessons, particularly those on reproductive health and HIV, which could be used for illustrating some video shows as one said:

> *"In schools, we do not have Television or computers, and some schools do not even have these facilities. But in the training, we were shown pictures of infections, maybe on male private parts, for example, and it was very enlightening. We wish it were possible to have even just the pictures if not the soft copies from computers, as shown in the training. It would be more effective. We also saw testimonials from people through audio recordings, which was very impactful. Hearing someone's story about overcoming challenges through these lessons is also very effective. Such testimonials from students or young people who faced certain challenges and received help through training are very impactful."* (Key Informant 4)

Furthermore, the study found inadequate funding, which severely limits the availability of necessary resources, affecting the quality of CSE delivery. Some schools can access these resources externally, while others depend on the school budget. With many priorities competing for limited funds, it becomes challenging for them to purchase materials or repair tablets when damaged. Even at the council level, there is insufficient funding to provide

training for teachers not initially trained by the program. One participant expressed frustration and said:

> "*Our school struggles with limited funds, so we can not purchase updated CSE teaching materials or bring in experts for better training. This makes it difficult to teach the topics as comprehensively as we would like."* (Teacher No. 10)

Regarding human resources, each school was observed to have two trained teachers responsible for implementing the guide. These teachers were expected to train their colleagues upon returning from training, enabling a more comprehensive application of the guide in their teachings. However, despite the sufficient number of teachers, only a few received training, limiting comprehensive implementation across the school. Also note that Challenges such as illness, death, or transfer of trained teachers further threaten the program's sustainability. One teacher highlighted this issue and said:

> "*Honestly, if I left, it would be difficult for students to benefit because I was the only one trained in civics. Others might find it challenging to implement without participating in the training."* (Teacher No. 18)

4.3.4.3 Compatibility with the Teaching Practices

The study revealed that the CSE guide is integrated with existing teaching practices and educational goals. There is a general alignment between the CSE guidelines and broader educational objectives that promote the holistic development of students. This compatibility is evident in the topics covered and the methods used to deliver these topics, which are integrated into existing curriculum lessons or supplemented through extracurricular club activities and school meetings. This integration facilitates smoother implementation compared to unrelated topics. One teacher said:

> *"The guide helps me implement my topics well. For example, the guide's chapter on building friendships aligns with civics topics on positive relationships, making it easier to teach both effectively." (*Teacher No.18)

However, compatibility issues arose due to the tightly packed curriculum schedule. Teachers, especially biology ones, reported difficulty fully integrating the guide's lessons due to extensive syllabus requirements within limited class periods. They find it challenging to cover all their content and integrate additional topics from the guide. One of the KII said:

> "*When you talk to the teachers, they say they are implementing it, but their main challenge, especially for science teachers, is time. They have 40 or 80 minutes for two periods, and within that time, they have to cover a lot of content. For example, biology has many notes and various topics to teach. So, they find it challenging to incorporate these additional topics without delaying their scheduled lessons. They often struggle with time management because they have so much to cover. They have expressed that addressing these topics during club time rather than classroom time would be easier. However, they are doing their best to incorporate them."* (Key Informant 4)

4.3.4.4 Teachers Competence and Confidence

The findings revealed teachers are knowledgeable and confident in teaching life skills lessons, a confidence that stems mainly from the training they received before implementing the guideline as they reported. This training provided them with the necessary knowledge and skills to handle sensitive topics effectively within their classrooms compared to when they were not trained. Teachers expressed that such preparation equipped them with educational content and boosted their confidence in engaging students meaningfully during life skills lessons through participatory methods. One said:

> *"One key reason is the benefits I have personally experienced. I feel well-prepared and confident after the specialized training sessions. They gave us the necessary skills and knowledge to handle sensitive topics effectively. The guide has given me confidence, and I can teach topics like HIV and reproductive health more freely. I feel assured that what I teach is valuable."* (Teacher No. 10)

This also was commended by one of the KIIwhen asked about the importance of the life skills guideline to the teacher in his council, and she said:

> *"First, it eliminates misinformation and boosts the teacher's confidence. The guide provides teachers with the courage and ensures students get the required knowledge.*" (Key Informant 3)

4.3.4.5 Incentives and rewards

The findings revealed nuanced perspectives on the motivational strategies employed to enhance the adoption and implementation of life skills education guidelines. Varied experiences regarding the presence and effectiveness of incentives and rewards in promoting guideline adherence were observed. It was noted that no monetary incentives were given to teachers for implementing the guide rather, they were self-motivated to teach as part of their duty. One of the KII explained:

> "*Teachers are encouraged in the usual way, by motivating them to work hard for the benefit of Tanzanian children. There are no additional incentives beyond verbal encouragement and moral support. We motivate and encourage them verbally to ensure the work continues smoothly, even in challenging environments."* (Key Informant1)

It was also found that teachers, having been trained and provided with guides for reference, feel a sense of responsibility toward educating students for their benefit. This self-awareness and understanding of their job responsibilities serve as motivational factors for them to implement the teacher's guide for life skills education. One participant said:

> *"You know, we say there is something called responsibility. If you attended the training, got paid, and received materials and a tablet, you feel responsible for fulfilling your duty. Inspectors come, but I have never heard them following up specifically on guide implementation.*" (Teacher No. 18)

Additionally, there reported informal benefits that teachers viewed as incentives or motivation to teach. These benefits are directed at students, educating them and safeguarding them from unhealthy behaviors. Improvements in students' engagement with the topic and positive

reception of the lessons were observed as motivating factors for teachers. For instance, one teacher mentioned:

> *"Even though there is no formal reward system, I feel that using the guide effectively improves student engagement and understanding, reflecting positively on our teaching evaluations. So, I mainly focus on helping the children, many of whom face serious issues like abuse and drug addiction. It is also about contributing to the nation by shaping responsible future citizens* ." (Teacher No. 17)

Furthermore, the absence of specific incentives and rewards was identified as a barrier to effective implementation. It was noted that any form of incentive or recognition could positively influence implementation and boost performance, especially since implementing these guidelines requires extra effort. One participant emphasized this gap and said:

> *"Implementing these requires additional effort, but there are no specific incentives or rewards for doing so, which can be demotivating. There are no formal rewards or recognition for those who go the extra mile to incorporate these guidelines into our teaching. It is mostly a personal commitment rather than something the school officially acknowledges or rewards."*(Teacher, No.20)

CHAPTER FIVE

5.0 DISCUSSION

5.1 Introduction

The study aims to explore the implementation of the teacher's guide for teaching life skills education in Dodoma, Tanzania. Four themes relating to guide use, application of the teaching methods, adherence to processes, and the internal factors influencing the implementation were identified. The implications of these findings are discussed below.

5.2 Use of Life Skills Teacher's Guide

This study revealed that teachers employ the life skills guideline in various ways within their instructional practices. They commonly integrate the guidelines into curriculum topics, enhancing lesson clarity and depth and teaching during extra time. The integration of the guideline into regular teaching is attributed to the teachers' knowledge and their perception of the benefits for both themselves and their students. Teachers believe that the guidelines provide beneficial knowledge and instill confidence to address life skills topics in class. This contrasts with a previous study in Tanzania, which indicated that most teachers are not well-prepared to teach these topics and are somewhat uncomfortable discussing topics related to sexual and reproductive health (18,19). There are some other findings that teachers face challenges integrating the CSE topics because of cultural conflicts and religious beliefs (41–43).

Additionally, it was found that the guides are not consistently incorporated into formal lesson planning but are instead dynamically utilized within classroom settings to address relevant topics as they arise or in extra time. This dynamic usage suggests that the implementation of the guidelines may largely depend on the individual's discretion and the availability of time. This result is similar to another study conducted in Zambia, which shows that teachers decide what to teach in sexuality education topics, resulting in avoiding some topics (44). The lack of formal integration into lesson plans highlights a need for greater structural support or training

on systematically incorporating these guidelines into daily teaching practices. Also, a need to ensure all the subject teachers are incapacitated to fully benefit all the students, unlike the situation observed with this study in which only two teachers were trained per school.

Effective monitoring, which could involve regular evaluations and feedback sessions, would help identify any challenges in implementation and areas where teachers might need further support or resources (34). This continuous oversight would ensure that the guidelines are integrated more consistently across different classes and adapted effectively to the evolving educational context and student needs. As one study suggested (40), the lack of an effective monitoring system can hinder the effective implementation of the guideline.

Life skills education guidelines that are primarily supplementary instructional tools rather than integral components of lesson planning highlight a potential need for enhanced teacher training and support. Such support could involve workshops effectively integrating these guidelines into the everyday curriculum and ensuring their consistent use in educational delivery. The findings suggest that teachers value the training they received, noting it increased their knowledge and confidence in classroom teaching and also served as an incentive. This observation is consistent with other studies indicating that training can improve teaching strategies and effectiveness and improve teachers' capacities (45).

5.3 Adhering to the Teaching Methods

The findings revealed that teachers displayed varying levels of compliance when utilizing the teaching methods. While some meticulously followed the prescribed methodologies, ensuring thorough coverage of all essential topics, others adapted the strategies to suit their classroom dynamics better or selectively implemented approaches they deemed most relevant. This variety in how teachers follow the guidelines shows a balance between strict rules and flexible teaching practices. It suggests that teachers often use their professional judgment to adjust the curriculum to engage better and help students understand the material.

Despite the adherence to diversity, most respondents were shown to use participatory methods in addressing the lessons. The preference for participatory methods aligns with other studies showing that teachers favor these approaches (46). The methods effectively engage students

and enhance their understanding and retention of critical health information(47,48). As the teachers explained, these methods, including role-playing, group discussions, and interactive activities, encourage active learning and help students apply knowledge in practical contexts. This observation aligns with Studies that have shown that participatory teaching methods can lead to increased understanding and positive attitude changes among students(49). Another study demonstrated that interactive approaches to SRH education significantly improve students' knowledge and ability to make informed decisions compared to traditional lecture-based methods(50).

The effectiveness of these participatory techniques also extends to enhancing communication skills, promoting empathy, and fostering a supportive classroom environment, which is crucial for comprehensive SRH education. This aligns with findings from UNESCO's comprehensive sexuality education guidelines, which advocate for active, student-centered learning to address SRH issues among youth effectively.

While teachers appreciated using the teaching approaches outlined in the guide, they also pointed out several challenges associated with adhering to participatory approaches. They cited class size, time constraints, and a lack of resources as significant obstacles to implementing these methods effectively. These findings align with a study conducted several years ago, which showed that participatory approaches often face challenges related to space, materials, and time(51).

To foster a more engaging and responsive educational environment, teachers should also be encouraged and trained to adapt guidelines to fit their specific classroom contexts. Efforts should also be made to provide supportive environments and materials.

5.4 Following the Outlined Steps

The study uncovers varied levels of compliance in applying the prescribed steps outlined in the life skills guidelines among teachers. Teachers follow the steps described in the guidelines, and sometimes, they modify them to mitigate challenges while ensuring the content is being delivered. These findings are contrary to other results, which revealed that teachers were

unwilling to follow the guidelines despite the training they received. This reluctance was due to the cultural beliefs of their community (52).

Teachers generally recognize the utility of these structured steps, acknowledging that they enhance the systematic delivery of life skills education as they disintegrate the topic into small parts which make it easy to understand. When teachers strictly adhere to these steps, it promotes consistency and standardization in teaching practices, ensuring that all students receive the same level of education regardless of the teacher or the school they attend. This adherence also helps in achieving the desired learning outcomes, as the steps are designed based on educational research and best practices in teaching life skills. This is insisted also by the UNESCO Technical Guidance on Sexuality Education, emphasizing the importance of adherence to established steps and processes in teaching while allowing for flexibility to meet local needs(8).

However, strict adherence alone is not always sufficient and sometimes not applicable. Teachers often need to modify and adapt the prescribed processes to fit the unique needs of their classroom environment and the diverse learning styles of their students. Modifying teaching and learning techniques can enhance students' engagement and understanding, as suggested by another study (53). This flexibility is essential for making the lessons more relevant and engaging for students while ensuring they do not compromise the intended program (54). For instance, a teacher might need to spend more time on certain topics that are particularly relevant to their students' context or use different teaching aids to make complex concepts more understandable. While following the guide's steps provides a strong foundation, the ability to adapt these processes ensures that the education delivered is both comprehensive and accessible to all students. Thus, a balance between adherence and adaptation is key to the effective implementation of life skills education.

5.5 Internal Factors Influencing the Implementation of the Teacher’s Guide

Complex interplay factors influence the successful implementation of guidelines (34). The study identified several key elements within schools' internal environments that significantly

impact the extent to which CSE guidelines are implemented. These include administrative support, resource availability, and the presence or absence of incentives and rewards.

Administrative Support

School leadership in the study schools generally supported implementing the CSE guidelines. This support often involved allocating additional time for learning about CSE and providing the necessary facilities and materials to facilitate lessons where available. However, a few leaders preferred to emphasize adherence to the standard syllabus, not fully supporting the implementation of the guidelines. In schools where leaders were supportive, teachers reported greater ease and effectiveness in implementing the CSE guidelines. This finding aline with another study highlighted that leadership support in educational initiatives not only enhances teacher motivation but also improves the consistency of program implementation(3,13)

Conversely, despite the program's administrative support and acceptance, some challenges cannot be addressed within its mandate. The challenge of having a robust timetable compacted with the curriculum syllabi impairs the integration of these topics, as observed in this study and reported in previous studies (51). Limited time for life skills topics can lead to these subjects being marginalized or only partially addressed, reducing the effectiveness of the education provided. The education authorities should provide more time for students to learn life skills topics.

Availability of Resources

One predominant finding from this study is the critical role of resource availability in effective implementation. Many teachers reported the availability of teaching materials in terms of the general guide and reference books, which helped them facilitate the topics. These findings are similar to those of another study that reported the availability of teaching manuals to support facilitators in the implementation of life skills education (47). The availability of these materials provides educators with comprehensive and detailed information on various topics(54). They offer in-depth explanations, practical strategies, and examples that help teachers effectively convey the content to students.

The results also indicate that the insufficiency of teaching resources, such as tools and facilities, along with financial constraints, hindered the ability to fully adopt life skills lessons.

These findings align with another study that reported the lack of essential resources impacting the effective classroom implementation of life skills education in and outside classrooms (27,55). The inadequacy of resources was often compounded by inadequate refresher training, which left teachers feeling underprepared to address sensitive topics comprehensively and confidently. Additionally, as reported in another study, the lack of audiovisual resources could help students learn and better understand some aspects of life skills education (56). Teachers mentioned the absence of these resources in their schools as a factor that hinders the effective implementation of the guidelines.

In this study, we identified that teachers point to the unavailability of resources as a significant challenge in the effective implementation of the guide. One key informant suggested that schools could use the education-free funds allocated to each school to meet their needs. However, this is seen as impractical because the funds allocated for schools are insufficient to cover all requirements. Ensuring resource availability and continuous teacher training will enhance the implementation of the guidelines.

Incentives and Rewards

The presence and absence of incentives and rewards play a crucial role in the implementation of the life skills guidelines. The study findings revealed no formal incentives for teachers who implement the guidelines. Teachers are mainly self-motivated by assuming responsibility for educating children for a better life. Also, they see the importance of life skills education as going beyond school life. This is causing some of them to not fully implement because they feel the burden of additional work without any financial or formal rewards. This result aligns with other studies conducted in Tanzania which found that teachers at public secondary schools are often unhappy and do not receive any additional compensation (57).

Other studies revealed that incentives and rewards positively correlate with teachers' performance (58,59). However, the absence of such incentives may result in minimal engagement with the guidelines by the subject teachers. This lack of incentives might result in the sporadic or superficial implementation of the guidelines, as there is no extrinsic motivation

to enhance teaching practices or innovate within the classroom. Incentivizing those who implement the guide is crucial for better results.

5.6 Strengths and Limitations of the Study

The study presents several strengths in conceptualization and execution. It employed rigorous qualitative methods and was particularly successful in involving the teachers, who were the direct people involved in implementing the life skills guide, with their experiences, providing in-depth insights into it.

The study triangulated information from different schools and different levels of respondents, including teachers and educational officers, allowing for more reliable information.

The study used CFIR, which provided a comprehensive and structured approach to understanding the various factors influencing the implementation of the life skills teacher's guide. This framework enhances the study's rigor and provides a clear lens through which the findings can be understood and compared to similar research in other contexts.

Some of the limitations of this study include the excluded opinion of headteachers, who are directly involved in the administration of day-to-day school activities. This happened primarily because they did not participate in the training related to the guidelines used. Their perspectives could have provided valuable insights into administrative decisions and policy implementations affecting the use of the guidelines in schools. To mitigate this issue, we included ward education coordinators as quality checkers for the schools, who provided information similar to what could be obtained from the head teachers.

Another challenge was the participants' social desirability bias, mitigated by ensuring the confidentiality and anonymity of the data collected and the respondents. The data collection team also built rapport with participants, fostering a comfortable and trusting environment that encouraged honest and open responses.

Deployment changes of trained teachers due to illness, transfers, or, in some cases, death limited the continuity and consistency of CSE guideline application in schools, affecting the

study's ability to capture two teachers from one school. This was mitigated by interviewing teachers from other schools who also provided relevant information.

The study interviewed only trained teachers, excluding non-trained teachers, due to their insufficient knowledge of the guidelines. Future research should document the concerns of non-trained teachers regarding implementing the guidelines.

Further, the study only included teachers' voices and some district-level implementers. So, to have a broad perspective, another study shall be conducted to document the insight from students and, possibly, other national-level implementers.

Lastly, the potential for researcher bias presents a limitation, particularly given the researcher's inexperience with qualitative methodologies. This could influence the framing of interview questions or the interpretation of the data, potentially skewing the study results. To mitigate this bias, the researcher engaged with other researchers who reviewed and critiqued the research process and findings throughout the process. Also, the researcher established a reflexive journal to document her thoughts and experiences. A well-experienced research assistant was employed and involved in the process.

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATION

6.1 Conclusion

It is positive to note that secondary school teachers in Dodoma City Council are utilizing the life skills guidelines in their teachings, although there is inconsistency among schools and teachers. They also apply and modify the prescribed steps to meet the class requirements. The teachers are adhering to the participatory methods recommended in the guide. Significant challenges such as limited time and resources were observed despite implementation. These difficulties underline the necessity for adaptable application of the guidelines to ensure their effective delivery.

Furthermore, training only one subject teacher per school was noted and observed as insufficient to ensure the students' integration of the guidelines. Training multiple subject teachers and health and moral education teachers is essential for comprehensive implementation. This broader approach will benefit students in the whole school compared to the current situation, where trained teachers reach few students.

Finally, Critical internal factors including administrative support, teacher confidence, the compatibility of the guide with the existing syllabus, and the availability of incentives, together with sufficient resources are essential for successful implementation. Given the challenges teachers encounter, there is an urgent need for enhanced support and better resources to reinforce the structured delivery of life skills education.

6.2 Recommendation

1) TACAIDS and Dodoma City Council should mobilize resources to ensure that all civic and biology subject teachers have been trained to benefit all students equally in schools.

2) The Dodoma City Council should allocate additional resources such as teaching materials, technological tools, and facilities to support the implementation of life skills education.

3) The city education office should ensure that the school administration provides a supportive environment that facilitates the implementation of the guidelines. This can be ensured by supervising and setting feedback mechanisms from the subject teachers.

4) The Tanzania Institute for Education, other guideline developers, and the city council should establish a systematic monitoring and evaluation framework to regularly assess implementation progress, identify challenges, and adjust strategies accordingly. This would ensure continuous improvement and sustainability of the life skills education program.

5) Subject teachers should ensure the use of guides in their classes to educate students despite other factors. They all have the responsibility to educate Tanzanian Children about health and well-being.

6) The Ministry of Education should ensure life skills education is integrated into the formal curriculum as a subject rather than being treated as an extracurricular activity. This will ensure that life skills education is consistently and effectively taught.

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APPENDICES

Appendix I: Consent form – English

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

MUHAS ETHICAL COMMITTEE.

Identification Number: .....

Hello, my name is Asmaa Khamisi. I am a master's student in Public Health specializing in Implementation Science at the Muhimbili University of Health and Allied Sciences (MUHAS). I am seeking your consent to participate in a study aimed at investigating the implementation of the Teacher's Guide for Life Skills Education focusing on Reproductive Health, HIV and AIDS, and Gender in secondary schools.

SECTION A: INFORMATION ABOUT THE STUDY

Objective of the Study

The objective of this study is to collect information related to the implementation of the aforementioned guide to assess the current effectiveness. As an implementer of this guide, we believe you have sufficient information for this research.

What the study involves

Your participation in this study will involve answering specific questions based on your knowledge and perspective about the implementation of this guide in secondary schools here in Dodoma City. The interview is expected to last approximately 30 minutes to one hour, and your responses will be recorded on an electronic audio device, with additional notes taken in a

special data collection notebook. Please feel free to answer the questions as you see fit, and know that there are no right or wrong answers.

Risks of participating in this study

There are no anticipated risks associated with your participation in this study.

Benefits of participating in this study

Your participation will help uncover important, previously unknown information about the implementation of this guide and identify the factors that facilitate or hinder the implementation of life skills education for secondary schools in Dodoma. The findings of this study will enable the guide's implementers at various levels, educational supervisors, reproductive health education stakeholders, and policymakers to ensure the effective delivery of life skills education in schools to help reduce HIV infections, other sexually transmitted diseases, and teenage pregnancies. There will be no personal rewards, gifts, or money provided for participating.

Voluntary Participation

Your participation in this study is voluntary. Refusing to participate will not result in any punishment or denial of services or other entitlements at your school/office. You may withdraw from the study at any time if you feel uncomfortable.

Confidentiality

We assure you that all information collected from you will only be used by the researchers of this study and will be kept confidential (private). Your identification as a participant in this study or the school where you teach will not be disclosed. In rare cases where your information may need to be revealed, it will only be due to legal requirements or if the MUHAS Ethics Committee requires personal participant information in case of individual complaints or for audit purposes.

Results

Upon completion of this study, a report will be prepared and stored at the Muhimbili University of Health and Allied Sciences. A copy of the report will also be submitted to the regional and city authorities of Dodoma. The findings may be presented at various stakeholder meetings on education and life skills education, including the Ministry of Education, the Ministry of Health, the Tanzania Commission for AIDS, and other relevant stakeholders as needed.

Contact Information

For any inquiries regarding this study, you may contact me, Asmaa Khamisi, the Principal Investigator and a Master's student in Public Health specializing in Implementation Science at Muhimbili University, by mail at P.O. Box 65001, Dar es Salaam, or by phone at 0652555091.

Additionally, suppose you have any complaints or issues related to rights matters. In that case, you may contact Dr. Nahya Masoud, Chairperson of the MUHAS Research Ethics Committee, at P.O. Box 65001, Dar es Salaam, or by phone at +25521503026.

SECTION B: CONSENT TO PARTICIPATE

I confirm that I have been provided with sufficient information about this study. I have read the written information provided to me in its entirety. I have also been allowed to ask for clarification on any part of the study information that I did not understand, and I am fully satisfied.

I agree to participate in this study voluntarily and without any coercion or undue influence.

Participant's Signature: .....

Date: .....

Signature of Consent Supervisor: .....

Date: .....

Appendix II: Consent form: Swahili.

CHUO KIKUU CHA AFYA NA SAYANSI SHIRIKISHI MUHIMBILI

KAMATI YA UDHIBITI WA MAADILI YA UTAFITI, MUHAS

Namba ya Utambulisho: …….

Utambulisho:

Habari, Naitwa Asmaa Khamisi ni mwanafunzi wa shahada ya uzamili ya Afya ya jamii katika sayansi ya utekelezaji chuo kikuu cha Afya na Sayansi Shirikishi Muhimbili (MUHAS). Ninaomba ridhaa yako ya kushiriki katika utafiti unaolenga kuchunguza utekelezaji wa Mwongozo wa Mwalimu wa Kufundishia Elimu ya Stadi za Maisha zinazolenga Afya ya Uzazi, VVU na UKIMWI na Jinsia kwa shule za sekondari.

SEHEMU A: TAARIFA KUHUSU UTAFITI

Lengo la Utafiti

Lengo la utafiti huu ni kukusanya taarifa zinazohusiana na utekelezaji wa Mwongozo tajwa hapo juu ili kubaini ufanisi uliopo katika utekelezaji. Ukiwa mtekelezaji wa Mwongozo huu tunaamini unazo taarifa za kutosha kwa ajili ya utafiti.

Nini kinafanyika katika utafiti huu:

Ushiriki wako katika utafiti huu utahusisha wewe kujibu maswali maalumu kulingana na ufahamu pamoja na mtazamo wako kuhusu utekelezaji wa mwongozo huo unaotekelezwa katika shule za sekondari hapa Jijini Dodoma. Mahojiano haya yanatarajiwa kuchukua takribani dakika 30 hadi saa moja na majibu yako yatarekodiwa katika kinasasauti cha kielectroniki pamoja na daftari maaalumu ya kukusanyia taarifa.

Jisikie huru kujibu maswali kwa namna unavoona inafaa kujibu pia tambua kuwa hakuna jibu sahihi au lisilo sahihi.

Hatari ya kushiriki katika utafiti huu:

Hakuna hatari yoyote inayotarajiwa kutokea kwa wewe kushiriki katika utafiti huu.

Faida za kushiriki utafiti huu:

Ushiriki wako utasaidia kung'amua taarifa muhimu zisizofahamika juu ya utekelezaji wa mwongozo huu na kujua vichocheo vinavosaidia au kukwamisha utekelezaji wa mwongozo wa elimu ya stadi za maisha kwa shule za sekondari hapa Dodoma. Matokeo ya utafiti huu yatawezesha watekelezaji wa mwongozo kwa ngazi mbalimbali, wasimamizi wa elimu sambamba na wadau wa elimu ya afya ya uzazi nchini na watunga sera kuhakikisha ufanisi wa utolewaji wa elimu ya stadi za Maisha mashuleni ili kusaidia kupunguza maambukizi ya VVU, magonjwa mengine ya ngono pamoja na mimba za utotoni . Hakutakuwa na mafao binafsi ya zawadi au pesa itakayotolewa kwa wewe kuamua kushiriki.

Ushiriki ni hiari

Ushiriki wako katika utafiti huu ni wa hiari, hivyo kukataa kushiriki hakutafanya upewe adhabu yoyote au kunyimwa fursa au stahiki nyinginezo unazohitajia hapa shuleni/ofisini. Hivyo unaweza kusitisha kushiriki muda wowote endapo utajisikia kufanya hivyo.

Usiri:

Nakuhakikishia kuwa taarifa zote zitakazokusaswa kutoka kwako hazitatumika ila kwa watafiti wa utafiti huu na zitatumika kwa matumizi ya utafifi pekeyake (siri). Pia utambulisho binafsi wako kama mshiriki wa utafiti huu au shule unayofundisha hautawekwa wazi. Mambo machache ambayo hutokea kwa mara chache, yatakayolazimisha taarifa zako kujulikana ni hitajio la kisheria au Kamati ya maadili ya kiutafiti ya MUHAS kuhitaji taarifa binafsi za mshiriki endapo kutakuwa na malalamiko binafsi au katika kuzingatia matakwa ya kiukaguzi.

Matokeo: Baada ya kumalizika zoezi la ukusanyaji wa taarifa za utafiti huu, taarifa itaandaliwa na kuhifadhiwa katika chuo kikuu cha Afya Muhimbili. Nakala ya taarifa pia

itawasilishwa katika mamlaka ya Mkoa na ya Jiji la Dodoma, Vilivile itatolewa kupitia mikutano ya wadau mbalimbali waelimu na elimu ya stadi za Maisha kama vile Wizara ya Elimu, Wizara ya Afya, Tume ya Kudhibiti UKIMWI Tanzania na wadau wengineo pale itakapohitajika.

Taarifa za Mawasiliano: Kwa kukuwezesha mshiriki kupata taarifa zozote kuhusu utafiti huu unaweza kuwasiliana nami Mtafiti Mkuu naitwa Asmaa Khamisi Mwanafunzi wa Shahada ya Uzamili ya ya Afya ya jamii katika Sayansi ya Utekelezaji Chuo Kikuu cha Muhimbili kwa sanduku la barua 65001 Dar es salaam au simu Namba 0652555091.

Vilevile endapo ikitokezea unamalalmiko au shida yeyote inayohusiana na maswala ya haki Unaweza kuwasiliana na Daktari Nahya Masoud, Mwanyeketi ya kamati ya maadili ya utafiti chou cha Afya Muhimbili kupitia Sanduku la Barua 65001 Dar es Salaam au kupitia nambari ya simu +25521503026.

SEHEMU B: RIDHAA YA USHIRIKI

Ninathibitisha ya kwamba nimepewa taarifa za kutosha juu ya utafiti huu. Nimesoma taarifa ya maandishi niliyopewa kwa ukamilifu wake. Nikapewa fursa pia fursa ya kupata ufafanuzi wa kina juu ya taarifa za utafiti huu katika mahala ambapo sijapaelewa na nimejiridhisha vya kutosha.

Nimekubali kushiriki katika utafiti huu bila ya kulazimishwa au aina yoyote ya shuruti.

Sahihi ya Mtoa taarifa: ……

Tarehe: ……..

Sahihi ya Msimamizi wa Ridhaa: ……

Tarehe: ……

Appendix III: In-Depth Interview Guide for Secondary School Teachers – English

Implementation of the Teacher's Guide for Life Skills Education Focusing on Reproductive Health, HIV and AIDS, and Gender in Secondary Schools.

CONSIDERATIONS FOR THE INTERVIEWER:

1. Privacy will be respected.
2. The interviewee will be assigned an identification number after the interviewer introduces.
3. The interview will last between 30 minutes and one hour.
4. All interviews will be recorded on an audio device, and additional notes will be taken to ensure comprehensive information is captured.

Participants Information	
Identification Number	Education Level:
Gender:	Experience:
Age:	Time in Current Position:
Subject:	Interview Date:
Start Time of Interview:	End Time of Interview:

Interview Questions

SECTION A: CHARACTERISTICS OF INTERVENTION

1. What is your perspective on teaching life skills education focusing on Reproductive Health, HIV and AIDS, and Gender (CSE) in schools?
2. How do you understand the guide for teaching life skills education focusing on Reproductive Health, HIV and AIDS, and Gender?
   - Probe: Have you had the opportunity to review the life skills training guide?
   - Probe: What are your thoughts on its quality and ease of understanding?
3. How do you use this guide in your teaching of life skills education content?
   - Probe: Are there any other ways you use the guide?
   - Do other teachers of your subject also use this guide? How do they use it? Please explain briefly.
4. What teaching methods do you use to present life skills education content?
5. How do you use these methods to teach students about life skills?

- How would you describe students' understanding of the relevant content when using these methods?

6. In your opinion, do you think the teaching steps outlined in the guide are beneficial?

- Explain briefly why.
- Probe: How do you use them?
- Probe: Do you think there are challenges you encounter in following these steps? What are they?
- (Probe about time and classroom space)

7. Can you provide examples of how this guide has influenced your teaching of life skills content?

- What different outcomes do you observe in the students you teach?
- (Probe the relationship between outcomes and the guide)

SECTION B: INTERNAL ORGANIZATION OF THE INITIATIVE

8. How do the contents of the life skills guide align with the curriculum content?

- Does using the guide add to the workload or simplify it? How so? Please explain briefly.

9. What reasons motivate you to use the life skills guide?

- Probe: Have you received training? Does it help you implement the guide? Do you have alternative ways to refer back and continue learning?
- Other reasons: Is there any motivation? What kind? (Recognition, gifts, position, follow-up from higher management (council), personal benefits?)

10. How does the school environment help you implement this life skills guide?

11. What are the factors that hinder or obstruct the implementation of the Guide?

- Probe: (Availability of resources, teaching tools, time, space)

12. Do you think the current implementation of the guide meets the needs of all students in the school to benefit? Why? Please explain briefly.

- Probe: Do you have any recommendations to improve the overall implementation of life skills education?

Appendix IV: In-Depth Interview Guide for Secondary School Teachers – Swahili

Utekelezaji wa Mwongozo wa Mwalimu wa Kufundishia Elimu ya Stadi za Maisha zinazolenga Afya ya Uzazi, VVU na UKIMWI na Jinsia kwaShule za Sekondari.

MAELEZO MUHIMU KWA MUHOJAJI

1. Zingatia usiri wa eneo la mahojiano
2. Jitambulishe binafsi na onesha kitambulisho chako kwa muhojiwa
3. Toa taarifa kuwa mahojiano haya yatachukua muda takribani dakika 30 hadi saa 1
4. Mahojiano haya yatarikodiwa kwa njia ya kinasa sauti pamoja na maelezo ya kuandika pia yatanukuliwa

Taarifa za mshiriki	
Namba ya utambulisho	Kiwango cha elimu
Jinsia	Uzoefu kazini
Umri	Muda wa kufanya kazi kituo/shule hii.
Somo	Tarehe ya mahojiano
Muda wa kuanza mahojiano	Muda wa kumaliza mahojiano

Maswali ya mahojiano

SEHEMU A. SIFA KUU ZA AFUA HII

1. Ni upi mtazamo wako juu ya kufundisha elimu ya stadi za Maisha zinazolenga Afya ya uzazi, VVU na UKIMWI na jinsia (CSE) shuleni?
2. Ni upi ufahamu wako juu ya mwongozo wa kufundishia elimu ya stadi za Maisha zinazolenga Afya ya uzazi, VVU na UKIMWI na jinsia?

Dodosa: Je umewahi kupata fursa ya kuupitia mwongozo wa mafunzo wa stadi za Maisha?

: Je ni yepi maoni yako juu ya ubora wake na wepesi wake katika kueleweka?

3. Ni kwa namna gani unautumia mwongozo huu katika ufundishaji wako wa maudhui ya elimu ya stadi za Maisha.

Dodosa kama kuna namna zaidi anatumia mwongozo.

Je na waalimu wengine wa somo lako wanatumia mwongozo huu?

Kwa namna gani, elezea kigogo.

4. Ni mbinu gani za ufundishaji unazotumia katika kuwasilisha maudhui yahusuyo stadi za Maisha?
5. Je unazitumiaje mbinu hizo kufundisha wanafunzi masuala yahusuyo stadi za maisha?

Unauzungumziaje uelewa wa wanafunzi katika maudhui husika unapotumia mbinu hizo?

6. Kwa maoni yako, unadhani hatua za ufundishaji zilizoainishwa katika mwongozo zina tija/manufaa katika kufundishia?

Eleza kidogo kwa nini?

Dodosa: Ni kwa namna gani unazitumia?

Dodosa: Je unadhani kuna changamoto unazokutana nazo kwenye kufuata hatua hizo? Ni zipi?

(Dodosa kuhusu muda na nafasi ya darasa)

7. Unaweza kutoa mifano ni kwa namna gani mwongozo huu umetoa msukumo kwenye ufundishaji wako katika maudhui ya stadi za maisha.

Na je ni matokeo yepi ya tofauti unayaona kwa wanafunzi unaowafundisha?

(Dodosa uhusiano wa matokeo na mwongozo)

SEHEMU B. MPANGILIO WA NDANI WA AFUA

8. Je, ni kwa namna gani maudhui ya mwongozo wa stadi za Maisha yanawiana na maudhui yaliyo katika mtaala?

Je matumizi ya mwongozo yanaongeza mzigo wa kazi au yanarahisisha? Ki vipi, eleza kidogo.

9. Je, ni sababu zipi zinazokupelekea kutumia mwongozo wa stadi za Maisha?

Dodosa: amepata mafunzo? Yanakidhi wewe kutekeleza mwongozo? Je unayo namna mbada ya kurejea na kujiendeleza kupata maalifa?

Sababu nyingine :kuna motisha? Ipi? (recognition. Gift, position, ufuatiliaji kutoka uongozi wa juu? (halmashauri), manufaa binafsi?

10. Je, ni kwa namna gani mazingira ya shule yanayokusaidia kuutekeleza mwongozo huu wa stadi za Maisha?

11. Je ni sababu zipi zinazozuia/kwamisha utekelezaji wa Mwongozo?

Dodosa (Rasilimali zinapatikana, zana za kufundishia, muda, nafasi)

12. Je unadhani namna mwongozo unavotekelezwa sasa unakidhi haja kwa wanafunzi woto shuleni kunufaika? Kwa nini, eleza kidogo.

Dodosa: Je una mapendekezo yoyote yanayoweza kuboresha utekelezaji wa elimu ya stadi za Maisha kwa ujumla wake?

Appendix V: Key Informant Interview Guide for City Education Officers – English

Implementation of the Teacher's Guide for Life Skills Education Focusing on Reproductive Health, HIV and AIDS, and Gender in Secondary Schools.

CONSIDERATIONS FOR THE INTERVIEWER:

1. Privacy will be respected.
2. The interviewee will be assigned an identification number after the interviewer introduces.
3. The interview will last between 30 minutes and one hour.
4. All interviews will be recorded on an audio device, and additional notes will be taken to ensure comprehensive information is captured.

Identification Number	Education Level:
Age:	Experience:
Gender:	Time in Current Position:
Interview Date:	
Start Time of Interview:	End Time of Interview:

Interview Questions:

Section A: Characteristics of the Initiatives

1. How would you describe the Teacher's Guide for Life Skills Education focusing on Reproductive Health, HIV and AIDS, and Gender for Secondary Schools?
   - Probe: Do you think it is beneficial? In what ways? Please elaborate.
2. How are subject teachers utilizing this guide in their teaching?
   - Probe: How do you assess the level of understanding and adherence of teachers to the guide to ensure its use?
3. From your experience, do teachers incorporate the guide into their lesson plans? How do you confirm this?
   - Probe: What infrastructure is in place within the Council to ensure teachers incorporate the guide into life skills education subjects?
4. In your opinion, are the teaching methods recommended in the guide suitable for teaching the relevant skills?

- Probe: Please explain briefly how they are appropriate (list the methods).

5. How do you ensure that teachers use the specified methods from the guide when teaching the relevant content in the classroom?

6. Have teachers received any specialized training to ensure they use the teaching methods competently?

7. Can you describe any challenges or obstacles that teachers encounter when following the teaching methods and steps outlined in the guide? How have these issues been addressed?

SECTION B: FACTORS AFFECTING THE IMPLEMENTATION OF THE GUIDE

8. How does the Council support the implementation of the Guide?

- Probe: Availability of resources, teaching materials, etc.

9. Have teachers received training on how to teach the content in the guide? In your opinion, has this training met the needs of teachers in understanding the relevant content?

- Probe: How are teachers motivated to use the guide?

10. What are the factors hindering the implementation of the guide? Is there monitoring of its implementation? How often? What methods are used to address these hindrances?

11. Do you have any recommendations to enhance the effective implementation of the teacher's guide for life skills education and the teaching of life skills in secondary school?

Appendix VI: Key Informant Interview Guide for City Education Officers – Swahili

Utekelezaji wa Mwongozo wa Mwalimu wa Kufundishia Elimu ya Stadi za Maisha zinazolenga Afya ya Uzazi, VVU na UKIMWI na Jinsia kwa Shule za Sekondary.

MAMBO YA KUZINGATIWA NA ANAYEHOJI.

1. Faragha itazingatiwa
2. Mhojiwa atapewa namba ya utambulisho baada ya anayehoji kujitambulisha
3. Mahojiano yatadumu kati ya dakika 30 hadi saa moja
4. Mahojiano yote yatarekodiwa katika kinasa sauti na maelezo mengine yataandikwa ili kuhakikisha kupatikana kwa maelezo yote.

Taarifa za Mshiriki	
Na. ya Utambulisho:	Kiwango Chako cha Elimu:
Jinsi:	Uzoefu:
Umri:	Muda wa cheo cha sasa:
Tarehe ya Mahojiano:	
Muda wa kuanza Mahojiano:	Muda wa kumaliza mahojiano:

Maswali ya Mahojiano:

Sehemu A: Sifa za Afua

1.Je unazungumziaje kuhusiana na Mwongozo wa Mwalimu wa Kufundishia Elimu ya Stadi za Maisha zinazolenga Afya ya Uzazi, VVU na UKIMWI na Jinsia kwa Shule za Sekondari?

Dodosa: Je unadhani unamanufaa? Kivipi? eleza kidogo.

2. Ni kwa namna gani waalimu wa masomo husika wanautumia mwongozo huu katika kufundishia?

Dodosa: Namna gani unapima kiwango cha uelewa wa waalim na ufuasi wa mwongozo katika kuhakikisha matumizi ya mwongozo?

3. Dodosa: Je kwa uzoefu wako, waalimu wanahusianisha mwongoza katika mipango yao ya kufundishia? Eliza namna unavolithibitisha hili.

Dodosa: Je kuna miundombinu gani iliyopo katika Halmashauri kuhakikisha waalim wanahusisha mwongozo katika kufundisha masomo ya Stadi za Maisha?

4. Kwa mtazamo wako, je njia za ufundishaji zilizopendekezwa katika mwongozo zinafaa kufundishia stadi husika?

Dodosa: Tafadhali eleza kidogo kivipi? (zitaje njia)

5.Namna gani mnahakikisha waalimu wanatumia hizo njia zilizoainishwa katika mwongozo pindi wanapofundisha maudhui husika darasani?

6. Je kuna mafunzo maalum wamepewa waalimu ili kuhakikisha wanatumia njia za kufundishia kwa weledi?

7. Unaweza kutueleza changamoto au vikwazo ambavyo waalim wanakutana navyo wanapofundisha kwa kufuata njia na hatua za ufundishaji zilizo ainishwa katika mwongozo. Je ni kwa namna gani zimetatuliwa?

SEHEMU B: SABABU ZINACHANGIA/KUATHIRI UTEKELEZAJI WA MWONGOZO

8. Namna gani Halmashauri inasaidia utekelezaji wa Mwongozo?

Dodosa: upatikanaji wa rasilimali, zana za kufundishia n.k

9. Waalimu wamepata mafunzo ya kutumia kufundisha yaliyo katika mwongozo?

Kwa maoni yako, je yamekidhi haja ya waalim kufahamu maudhui husika?

Dodosa: Je ni vipi waalimu wanapewa motisha/hamasa ya kutumia mwongozo?

10. Je ni sababu zipi zinazokwamisha utekelezaji wa mwongozo?

Je ufuatiliaji wa utekelezaji unafanyika? Kila baada ya muda gani?

Ni njia zipi zinatumia ili kutatua hivo vinavyokwamisha?

11. Je unamapendekezo gani ya kusaidia utekelezaji mzuri wa matumizi ya mwongozo wa mwalimu kufundishia stadi za Maisha na ufundishaji wa stadi za Maisha katika shule za sekondari?

Appendix VII: Ethical Clearance

UNITED REPUBLIC OF TANZANIA
MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY
MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR – RESEARCH, PUBLICATIONS AND INNOVATIONS

Ref. No.DA.282/298/01.C/2247 Date: 17/05/2024

MUHAS-REC-05-2024-2247
ASMAA KHAMISI
SCHOOL OF PUBLIC HEALTH AND SOCIAL SCIENCES
MUHAS

RE: APPROVAL FOR ETHICAL CLEARANCE FOR A STUDY TITLED: IMPLEMENTATION OF THE TEACHERS GUIDE FOR LIFE SKILLS EDUCATION BASED ON REPRODUCTIVE HEALTH, HIV AND AIDS, AND GENDER IN SECONDARY SCHOOLS IN DODOMA CITY COUNCIL, TANZANIA.

Reference is made to the above heading,

I am pleased to inform you that the Chairperson has on behalf of the University Senate, approved ethical clearance of the above-mentioned study, on recommendations of the Senate Research and Publications Committee meeting accordance with MUHAS research policy and Tanzania regulations governing human and animal subjects research.

APPROVAL DATE: 17/05/2024
EXPIRATION DATE OF APPROVAL: 17/05/2025

STUDY DESCRIPTION:
Purpose:
The purpose of this Cross-sectional qualitative case study is to explore the implementation of a Teacher's Guide for Life Skills Education based on Reproductive Health, HIV and AIDS, and Gender among Secondary School Teachers and City Education Officers in Dodoma City Council.

The approved protocol and procedures for this study is attached and stamped with this letter, and can be found in the link provided: https://irb.muhas.ac.tz/storage/Certificates/Certificate%20-%2015526.pdf and in the MUHAS archives.

The PI is required to:

1. Submit bi-annual progress reports and final report upon completion of the study.
2. Report to the IRB any unanticipated problem involving risks to subjects or others including adverse events where applicable.
3. Apply for renewal of approval of ethical clearance one (1) month prior its expiration if the study is not completed at the end of this ethical approval. You may not continue with any research activity beyond the expiration date without the approval of the IRB. Failure to receive approval for continuation before the expiration date will result in automatic termination of the approval for this study on the expiration date.
4. Obtain IRB amendment (s) approval for any changes to any aspect of this study before they can be implemented.
5. Data security is ultimately the responsibility of the investigator.
6. Apply for and obtain Data Transfer Agreement (DTA) from NIMR if data will be transferred to a foreign country.
7. Apply for and obtain Material Transfer Agreement (MTA) from NIMR, if research materials (samples) will be shipped to a foreign country.
8. Apply for and obtain permission to publish the results from National Institute for Medical Research. The application should be before submitting to a publisher and not concurrently through the email publications@nimr.or.tz.
9. Any researcher, who contravenes or fail to comply with these conditions, shall be guilty of an offence and shall be liable on conviction to a fine as per NIMR Act No. 23 of 1979, PART III section 10 (2)
10. The PI is required to ensure that the findings of the study are disseminated to relevant stake holders.
11. PI is required to be versed with necessary laws and regulatory policies that govern research in Tanzania. Some guidance is available on our website https://drp.muhas.ac.tz/.

Dr. Nahya Salim Masoud,
Chairperson, MUHAS Research and Ethics Committee



Appendix VIII: Muhas Introduction Letter

UNITED REPUBLIC OF TANZANIA
MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY
MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR – POSTGRADUATE STUDIES

In reply quote;
Ref. No. HD/MUH/T.782/2022

21st May, 2024

The Regional Administrative Secretary.
P.O. Box 914,
DODOMA

Re: INTRODUCTION LETTER

The bearer of this letter is Asmaa Khamisi (HD/MUH/T.782/2022), a student at Muhimbili University of Health and Allied Sciences (MUHAS) pursuing MPH-Implementation Sciences

As part of her studies she intends to do a study titled: **"Implemention of the Teachers Guide for Life Skills Education Based on Reproductive Health, HIV and AIDS, and Gender in Secondary Schools in Dodoma City Council, Tanzania."**

The research has been approved by the Chairman of University Senate.

Kindly provide her the necessary assistance to facilitate the conduct of her research.

We thank you for your cooperation.

Mr. Sebe Mohamed
For: DIRECTOR, POSTGRADUATE STUDIES

c.c. Asmaa Khamisi

Appendix IX: Introduction Letter from Regional Office

JAMHURI YA MUUNGANO WA TANZANIA
OFISI YA RAIS
TAWALA ZA MIKOA NA SERIKALI ZA MITAA

Mkoawa Dodoma
AnwaniyaSimu REGCOM
Simu Na: 2324343/2324384
E.Mail No. ras@dodoma.go.tz
Baruapepe:ras@dodoma.go.tz
Fax Na.255 026 2320046
Unapojibutafadhalitaja:



Ofisi ya Mkuu wa Mkoa,
Jengo la Mkapa,
2 Barabara ya Hospital
S.L.P. 914,
41103 DODOMA

Kumb.Na. CA.73/84/014/36

28 Mei, 2024

Mkurugenzi wa Jiji,
Halmashauri ya Jiji,
S.L.P 1249,
DODOMA.

Yah: KUMTAMBULISHA NDUGU ASMAA KHAMISI KWA *AJILI YA* KUFANYA UTAFITI

Husika na mada tajwa hapo juu.

2. Ofisi ya Katibu Tawala Mkoa wa Dodoma imepokea barua yenye Kumb. Na. **HD/MUH/T.782/2022** ya tarehe **21 Mei, 2024** kutoka Chuo cha Afya Muhimbili kuhusu mada tajwa hapo juu.

3. Kwa barua hii, unaelekezwa kumpokea na kumpa ushirikiano ndugu **Asmaa Khamisi** ili aweze kufanya utafiti huo.

4. Ninakushukuru kwa ushirikiano.

Sophia Mbeyu
Kny: KATIBU TAWALA MKOA
DODOMA

Scanned with MOBILE SCANNER

Appendix X: Introduction Letter from Dodoma City Council

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JAMHURI YA MUUNGANO WA TANZANIA

OFISI YA RAIS

TAWALA ZA MIKOA NA SERIKALI ZA MITAA

HALMASHAURI YA JIJI LA DODOMA

Unapojibu tafadhali taja:

Kumb. Na. HJD/F.10/701 27 Mei, 2024

Mkuu wa Divisheni,
Divisheni ya Elimu Sekondari,
Halmashauri ya Jiji,
S.L.P 1249,
DODOMA.

YAH: KIBALI CHA KUFANYA UTAFITI

Husika na somo tajwa hapo juu.

2. Nawatambulisha kwako Ndg. **Asmaa Khamisi** mwanafunzi toka MUHAS kuja kufanya utafiti katika Halmashauri ya Jiji la Dodoma. Utafiti **"unaolenga kutathmini utekelezajiwa Mwongozo wa Mwalimu wa kufundisha Elimu ya Stadi za Maisha zinazolenga Afya ya Uzazi, VVU na UKIMWI"** Utafiti huo utafanyika kwa muda wa mwezi mmoja kuanzia tarehe 27 Mei, 2024 hadi tarehe 27 Mei, 2024.

3. Kwa barua hii, naomba apokelewe na kupatiwa ushirikiano *ili* aweze kufanikisha utafiti wake kama ilivyoelezwa hapo juu.

4. Ahsante.

Lucy W. Kayombo
***Kny:* MKURUGENZI WA JIJI**
DODOMA.

Kny: MKURUGENZI WA JIJI
HALMASHAURI YA JIJI LA DODOMA
S.L.P. 1249,
DODOMA

1 Mtaa wa CDA, S.L.P. 1249, 40477 Dodoma, Simu: +255(026) 234917, Nukushi: +255(026)-23211550, Barua Pepe: cd@dodomacc.go.tz, Tovuti: www.dodomacc.go.tz

Scanned with MOBILE SCANNER

Appendix XI: Introduction letter from City Education Officer

JAMHURI YA MUUNGANO WA TANZANIA
OFISI YA RAIS
TAWALA ZA MIKOA NA SERIKALI ZA MITAA
HALMASHAURI YA JIJI LA DODOMA

Unapojibu tafadhali taja:

Kumb.Na.HJD/ED/0033/VOL IV/09 28/05/2024

Wakuu wa Shule,
Shule ya Sekondari Ngh'ongh'ona, Kikombo, Mbalawala, Iyumbu, Mbabala, Mpunguzi, Chigongwe, Chikole, Makutupora, Nala, Kikuyu, Makole, Kizota, Itega, Umonga, Kisasa, Nzuguni, Miyuji, Mkonze, Mnadani na Lukundo,
S. L . P 1249,
DODOMA.

YAH: KUMTAMBULISHA NDG. ASMA KHAMISI

Tafadhari husika na mada tajwa hapo juu.

2. Namtambulisha kwenu **Ndugu ASMA KHAMISI** *mwanafunzi* kutoka MUHAS kuja kufanya utafiti katika Halmashauri ya Jiji la Dodoma. Utafiti huo unahusu "***KUTATHMINI UTEKELEZAJI WA MWONGOZO WA MWALIMU WA KUFUNDISHA ELIMU YA STADI ZA MAISHA ZINAZOLENGA AFYA YA UZAZI, VVU NA UKIMWI".***

3. Kwa barua hii mnaelekezwa mumpokee na kumpa ushirikiano ili aweze kufanikisha zoezi hilo ambalo litafanyika kwa muda wa mwezi mmoja (01) kuanzia tarehe 27 Mei, 2024 hadi tarehe 27 Juni, 2024.

4. Nawatakia utekelezaji mwema.

Mwl. Zainabu M. Abdallah
Kny: MKURUGENZI WA JIJI
DODOMA.

Kny: MKURUGENZI WA JIJI
HALMASHAURI YA JIJI LA DODOMA
S.L.P 1249,
DODOMA

Nakala: *Mkurugenzi wa Jiji,*
DODOMA.

1 Mtaa wa CDA, S.L.P. 1249, 40477 Dodoma, Simu: +255262354817, Nukushi: +255262321550
Barua Pepe: cd@dodomacc.go.tz, Tovuti: www.dodomacc