LIFE SKILLS TEACHERS' VIEWS TOWARDS THE TEACHING OF SEXUAL AND REPRODUCTIVE HEALTH (SRH) CONCEPTS AT JUNIOR PRIMARY SCHOOL LEVEL

MASTER OF EDUCATION (CURRICULUM AND TEACHING STUDIES (SOCIAL STUDIES EDUCATION))

BENEDICTO MACKINGTON MELAMELA

UNIVERSITY OF MALAWI

NOVEMBER, 2024

LIFE SKILLS TEACHERS' VIEWS TOWARDS THE TEACHING OF SEXUAL AND REPRODUCTIVE HEALTH (SRH) CONCEPTS AT JUNIOR PRIMARY SCHOOL LEVEL.

M ED.(CURRICULUM AND TEACHING STUDIES (SOCIAL STUDIES EDUCATION))

By

BENEDICTO MACKINGTON MELAMELA

Bachelor of Arts (Education) - Catholic University

Submitted to the Faculty of Education, in partial fulfilment of the requirements for the degree of Master of Education in Curriculum and Teaching Studies **(**Social Studies Education)

UNIVERSITY OF MALAWI

NOVEMBER, 2024

DECLARATION

I the undersigned, hereby declare that this thesis is my own original work, which has not been submitted to any other institution for similar purposes. Where other people's work has been used, acknowledgements have been made.

BENEDICTO MACKINGTON MELAMELA

Full Legal Name

Signature

2nd NOVEMBER 2024

Date

CERTIFICATE OF APPROVAL

The undersigned certify that this thesis represents the student's own work and effort and has been submitted with our approval.

Signature: _____ Date: _____

Annie F. Chiponda, PhD (Senior Lecturer)

Main Supervisor

Signature: _____ Date: _____

Esthery Dembo Kunkwenzu, PhD (Associate Professor)

Co-Supervisor

DEDICATION

I dedicate my thesis to my family. A special feeling of gratitude to my loving wife, Victoria, whose words of encouragement and push for tenacity ring in my ears. My children Wycliffe and Lilian have never left my side and are very special.

ACKNOWLEDGEMENTS

I wish to register my profound gratitude to Almighty God for the guidance and grace throughout my life.

In addition, my special gratitude goes to my supervisor, Dr Annie Chiponda for her immense contributions throughout my study. I also thank my co-supervisor, Dr. E. Kunkwenzu for her support towards this study.

My gratitude also goes to my research participants who participated in this study and provided me with precious data. To the entire MEd Students, I am grateful for your support rendered to me. Thank you for sticking by me.

ABSTRACT

Malawi is grappling with a number of social problems including teenage pregnancy, HIV/AIDS and child abuse. In order to address these problems, the Government implemented a curriculum intervention strategy; integrating Sexual and Reproductive Health (SRH) concepts into Life Skills as a subject in primary schools. SRH concepts are important because they tackle issues which have for a long time been considered culturally sensitive, secret and meant for adults only in society. The aim of this study was to explore the views of Life Skills teachers towards the teaching of SRH concepts at junior primary school level. The study was conducted in three primary schools in Nkhotakota district. Guiding questions for the study focused on two aspects: the challenges which teachers encounter when teaching SRH concepts and the coping strategies in the teaching of the aforementioned concepts. The study used a qualitative research design and employed phenomenology as methodology. The major findings of this study indicated that although teachers are generally supportive of SRH concepts as a means of assisting learners with making informed choices, there are some challenges in teaching the subject. Such challenges include the fact that some teachers are not comfortable to teach the content at junior primary level since the learners are too young for SRH concepts. What was prevalent throughout the study was the need for Life Skills teachers to receive support from the Ministry of Education, Science and Technology, the community and the school in order to teach SRH concepts effectively.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF APPENDICES

CHAPTER ONE

INTRODUCTION

1.1 Chapter overview

This chapter introduces the study on Life Skills Teachers' views towards the teaching of Sexual and Reproductive Health Issues at Junior Primary School Level. It highlights the background to the study, states the research problem; purpose of the study and; research questions. It also explains the rationale and motivation for the study, significance of the study, provides definitions of key terms and outlines the organisation of the thesis.

1.2 Background to the study

The formal education system in Malawi follows the 8-4-4 structure which comprises eight years of primary education, four years of secondary and four years of tertiary education (MOEST 2000). The primary level runs from Standard 1 through Standard 8 (grades 1-8). This level is divided into three sections, namely, infant section which comprises Standards 1 and 2; junior section, comprising Standards 3 and 4 and senior section comprising Standards 5, 6, 7 and 8.

This study focuses on the junior level. Learners at this level are young, ranging from eight to ten years of age. Life Skills is one of the subjects that is offered in the primary school curriculum. Learners in primary school begin to be exposed to Life Skills education from the junior level and continue with it up to the senior level (i.e. from standard 3 to 8). Life Skills was introduced in the primary education circle (Standards 1-8) as a non-examinable subject in 1999 by the Ministry of Education Science and Technology (MoEST) (Malawi Institute of Education, 2005). The subject was introduced due to the change from the one-party political system to multiparty. Another contributing factor to the introduction of the subject was as a way of creating a responsive curriculum

that would incorporate was of addressing HIV and AIDS pandemic (Ministry of Education, 2000). Life Skills was later extended to all public secondary schools as a core, non-examinable subject in 2003. Later in 2010, the subject was made examinable in both primary and secondary schools. This was done so as to encourage teachers and learners to take the subject seriously as it was deemed to be very important in children's socio-educational development. When Life Skills was introduced, Sexual and Reproductive Health (SRH) issues were not part the curriculum. SRH was a new development which was introduced later in the Life Skills curriculum.

The Malawi Government introduced the theme of Sexual and Reproductive Health issues in the Life Skills Curriculum in 2002. SRH provides learners with the necessary information that will enable them to have a positive perception of their sexuality. SRH clarifies and teaches learners about values and skills necessary to make informed decisions relating to sex and sexuality (Kishindo *et al* 2006, Barnet *et al* 1995). SRH is more than just the physical relationships between girls and boys. It is about choosing healthy life styles, knowing how to keep safe and protect the body from harm.

The inclusion of SRH issues in Life Skills education in both primary and secondary schools in Malawi was received with mixed reactions with some people in favour of it while others were strongly against it. For instance, some people complained that the teaching of Sexual and Reproductive Health issues in Life Skills might lead to an increase in sexual activity among the youth. Some mission schools believed that the subject was against moral teaching (Centre for Social Research, 2011). Rural communities considered SRH issues as education that could estrange their children from cultural roots by discouraging them from attending initiation rites (Kunje, Chimombo & Dzimadzi, 2001). Parents in rural communities opposed the use of illustrations on sexual development in the learning material and discouraged their children from reading such content. The parents were of the view that the materials used in the teaching of SRH arouse the learner's sexual feelings, which could end up in the learner having sexual relationships and getting pregnant (Kalanda, 2010). On the other hand, some people supported the introduction of SRH on the basis that knowledge gained from it helps

learners to delay in indulging in sexual activity, and in the learner practising safer sex (MIE, 2005, Naidoo, 2014; Sprinthall, 1995).

1.3 Statement of the problem

Since its introduction in 1999, a number of studies have been conducted on Life Skills Education in Malawi. Such studies have included evaluations of Life Skills implementation, whether there has been behavioural change as a result of Life Skills, and student teachers' practices of teaching Life Skills. However, the focus has not been on Life Skills teachers' views on the teaching of SRH at junior primary school level. This therefore creates a gap and justifies the study on Life Skills teachers' views towards the teaching of SRH at junior primary school level.

1.4 Purpose of the study

The purpose of this study was to explore life skills teachers' views towards the teaching of Sexual and Reproductive Health issues at junior primary school level in Malawi.

1.5 Research questions

The study was guided by the following main research question:

How do life skills teachers view the teaching of Sexual and Reproductive Health issues at junior primary school level in Malawi?

The following sub-questions were used to help answer the main question:

a) What are the views of Life Skills teachers towards the teaching of Sexual and Reproductive Health issues at junior primary school level?
b) What challenges do Life Skills teachers face in the teaching of Sexual and Reproductive Health issues at junior primary school level?
c) How do Life Skills teachers cope with the challenges they face in the teaching of Sexual and Reproductive Health issues at junior primary school level?

1.6 Rationale and motivation of the study

The drive for this study originated from the researcher's 10 years' experience of teaching in primary school after noting how SRH issues were not given priority in comparison to other topics. Teachers often complained about teaching SRH issues in junior primary school level but other topics in Life Skills were taught without any complaints. Furthermore, the researcher opted to study life skills teachers' views towards the teaching of SRH at junior primary level because there has been little or no study conducted specifically for this level in Malawi.

1.7 Significance of the study

This study will contribute to the enrichment of existing literature on sexual and reproductive health issues in Malawi. Such literature will be useful as there is scanty research on SRH issues in Malawi. Findings from this study will also enable heads of schools to appreciate the views of teachers towards the teaching of sexual and reproductive health issues. Such information will help head teachers in both subject and class allocation of their teachers. In addition, the study will shed more light on innovative approaches to the teaching of Sexual and Reproductive Health Issues. Furthermore, the research findings may also inform all stakeholders in primary teacher education sector about some constraints in Life Skills Education so as to improve practice for effective teaching and learning of SRH issues in junior primary schools in Malawi. In addition, the findings of this study may be used to help facilitate effective training of Life Skills teachers to enable them handle SRH not only at junior level but also at infant and senior levels.

1.8 Definitions of key terms

The meanings of many commonly used terms can be interpreted in different ways. In this study, the key terms as used in the thesis have been defined as follows:

1.8.1 Life Skills

Life Skills are the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life (Glynn, 1989).

1.8.2 Sexual and Reproductive Health

Sexual and reproductive health is a broad concept encompassing health and well-being in matters related to sexual relations, pregnancies, and births. It deals with the most intimate and private aspects of people's lives, which can be difficult to write about or discuss publicly (Stan, 2006).

1.8.3 Sexuality Education

Sexuality Education is the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. It is also about developing young people's skills on sex issues in order to enable them to make informed choices about their behaviour and feel confident and competent about acting on their choices (Forest, 2004).

1.8.4 Sexuality

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviour, practices, roles and relationships (World Health Organization, 2004).

1.8.5 Adolescence

Adolescence is also the stage when young people extend their relationships beyond parents and family and are intensely influenced by their peers and the outside world in general (Stan, 2006).

1.9 Organisation of the thesis

This thesis is organised into five chapters. Chapter One is the introduction of the study. It highlights the background to the study states the research problem, purpose of the study and, research questions. It also explains the motivation for the study, significance of the study and the meanings of key terms. Chapter Two reviews empirical literature and explains the theoretical framework which guided and underpinned the study. Chapter Three elucidates and justifies the research design and methodology which were used in

the conduct of the study. It highlights the research design and methodology, methods for data generation, sampling and data analysis as well as issues of ethical considerations and trustworthiness. Chapter Four presents and discusses findings of the study in light of literature and theoretical framework. Finally, Chapter Five concludes the study and outlines implications as well as areas for the further research.

1.10 Chapter summary

This chapter provided the introduction to the study. It explained the background to the study, motivation for the study and stated the problem of the study. It also stated the purpose of the study, research questions and elucidated the significance of the study and definition of key term. Finally, the chapter highlighted the organisation of the thesis. The next chapter reviews literature related to the study and explains the theoretical framework that guided the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Chapter overview

.

This chapter reviews literature related to Life Skills teachers' views towards the teaching of SRH issues in Life Skills at junior primary level in Malawi. The aim is to identify gaps and locate the study in this body of knowledge. The literature review is divided into three sections. The first section reviews literature on views of various stakeholders towards the teaching of SRH issues such as parents and society; religious people and Life skills teachers. The second section reviews literature on challenges which Life skills teachers face in the teaching of SRH issues and the last section reviews literature on strategies for coping with the challenges faced in the teaching SRH issues.

2.2 Views of various stakeholders towards the teaching of SRH issues

The inclusion of SRH in Life Skills makes the subject controversial among stakeholders such as parents, religious groups as well as teachers. This is because SRH issues are culturally sensitive as they tackle issues which have for a long time been considered secretive and meant for adults in society. Controversial issues are topics of public debate which usually cause much argument or disagreement among people (Longman Dictionary of Contemporary English, 1987). Topics that constitute SRH issues include issues of sex, sexuality and sexually transmitted diseases including HIV and AIDS. Various stakeholders such as parents and society, religious people and teachers have differing views towards the teaching of SRH issues in Life Skills at junior level primary schools. This section focuses on the views of these stakeholders.

2.2.1 Views of parents and society

According to Khathide (2003) schools represent a wide diversity of cultures. Some information may seem to challenge the values of some cultures that hold particular values in high esteem. This could place some teachers in a very difficult situation when it comes to teaching about SRH Culture. In most African cultures, talking about sex in public is considered as a taboo (Kathhide 2003). Some adults feel that information about sexuality may encourage sexual activity. Sprinthall and CoIlins (1995) suggest that it may be that African parents feel that by not discussing the issues and making it seem as if sexual activity is wrong, the problem will disappear. In agreement with Sprinthall and Collins (1995), other studies on Sexual Education in schools have shown that open discussion between adults and children on sex related issues actually encourages children to delay their sexual activity and to practise safer sex once they are active (Evans, Rees, Okagbue & Tripp, 1998).

Sprinthall and Collins (1995) also reported research findings that contradict the belief that Sexuality Education is likely to encourage sexual behaviour. Furthermore, Sprintall and Collins (1995) argue that ignorance is not a barrier to sexual activity.

On the part of the community, literature indicates that parents think that SRH would teach children to practise sex at a young age, for instance, eight to ten years (Visser, 2004). Community members also criticise SRH education saying it is immoral (UNESCO, 2010). A study by Visser (2004) in SA reveals that teachers in rural and urban schools reported that some African cultures are against open discussions of SRH Education issues and it is difficult to deal with sexuality topics in classes. For instance, there was a notion that parents should not openly discuss sexual matters with their children, which implies that parents and even teachers have to be passive even if they see that their children are ignorant in such issues (Visser, 2004). As a result, the children ultimately end up indulging in sexual relationships prematurely (Visser, 2004). Another study conducted in Malawi found that cultural beliefs as taught in initiation schools affect the implementation of Life skills (Chirwa, 2009). Teachers and their head teachers believe that the cultural beliefs of communities passed on to children through initiation

rites and ceremonies dilute what learners are taught in schools about SRH. For example, initiation rites and ceremonies encourage learners to engage in sexual relationships, the very issues which Life Skills Education confronts. The communities believe Life skills Education estrange children from their cultural roots by discouraging the children from attending initiation schools (Chirwa, 2009). Furthermore, in Zambia, content for those aged 14 and below does not include topics on sexuality because the learners are considered sexually inactive (UNESCO, 2010). Similarly, in Malawi, some parents, religious and independent schools registered their concerns over condom related information in SRH. This resulted in the reduction of condom related information in SRHs' teaching and learning materials (Centre for Social Research 2011).

What the above literature review has highlighted that some parents and society members resist the teaching of SRH issues in schools for fear of encouraging premature sex among children, diluting cultural practices and exposing sensitive information about sex which society regards as secretive to children. This is due to cultural traditions and beliefs which may discourage talking about sex and sexuality in the public domain. As the literature above has shown, discussing such topics is thus regarded by many communities as a breaking of taboos.

2.2.2 SRH in a religious context

Views on the teaching of sexual and reproductive health (SRH) issues by religious people vary and it is important to avoid making generalisations about religious groups. According to Olowu (2015, the religious beliefs of a particular community are likely to shape socio-cultural norms and attitudes towards school-based sexuality education programmes. Similarly, the teaching of some religious organisations triggers distrust of key messages of the school-based sexuality education curriculum like contraception, gender diversity, and gender equality, which are offensive to their beliefs and doctrine.

Influential religious groups can also mobilise societal resistance to the implementation of school-based sexuality education, as was the case in Uganda where policymakers were pressured to remove curriculum contents that were deemed offensive to their religious

beliefs (Ninsiima et al., 2019). Such religious stances and practices hinder young people from accessing SRH services and undermine the effectiveness of school-based sexuality education. Wekesah et al. (2019) argue that contradictory messages from religious groups undermine key sexuality information received by learners and put pressure on teachers to promote sexual abstinence over other contraception methods and avoid sensitive topics like, condoms, abortion, gender equality, gender diversity, and sexual identity in lessons.

The faith community finds it difficult to discuss sex and sexuality-related issues. This is particularly so because some churches regard sex and sexuality as belonging to the devil (Akpama,2013). It is something that is associated with darkness, evil and wickedness, and as a result it remains a taboo subject (Eko *etal* 2013).

Societal and religious views which dominate Africa have concluded that topics such as sexual orientation, sexual practices and condom use which collectively are referred to as SRH must be avoided in the curricula (Awusabo-Asare, 2015; Esohe & Inyang, 2015; van der Geuten et al, 2015; Akpama, 2013; Eko et al, 2013). However, abstinence, chastity and marital sex must not only be taught but emphasized (Awusabo-Asare, 2015; Esohe & Inyang, 2015; van der Geuten et al, 2015; Akpama, 2013; Eko et al, 2013). From the religious perspective point of view children should only be taught about abstinence and chastity.

2.2.3 Teachers' perspectives regarding SRH education

Studies which have been conducted internationally on the views of teachers towards the teaching of SRH issues reveal that some teachers are in favour of the teaching of SRH issues.

For instance, Peltzer, Karl, Promtussananon and Supa, (2003) conducted a state-wide survey of teachers views towards the teaching of SRH issues in California and found that generally teachers felt comfortable presenting sexual related topics in schools. Still in the USA, a study conducted earlier by Pardini (2002) examined primary school teachers' views related to HIV and AIDS prevention education among 141 primary school teachers

teaching health and Physical Education, Humanities, Industrial Arts, Mathematics and Science. The findings of the study suggest that teachers' views towards SRH issues were generally positive. The study found nearly universal support for reproductive health education, with almost all participants stating they would support SRH issues at their schools (Pardini, 2002).

Since the introduction of SRH in schools in China in 2002, teachers and communities haveresponded positively to implementing various SRH programmes for adolescents (Wang, Hertog, Meier, Lou, & Gao, 2005). The majority of the efforts were aimed at increasing adolescents' knowledge of anatomical and physiological facts of human reproduction. However, because teachers, policymakers and education administrators were concerned about the potential of carelessly overlooking or encouraging adolescent sexual behaviour, topics related to contraceptive methods were often excluded (Wang et al., 2005).

Despite continental differences, studies conducted in Africa reveal similar results of teachers being comfortable with teaching SRH issues. For instance, a study conducted in South Africa by Lokotwayo (1997), reveals that Life skills teachers have positive attitudes towards the teaching of SRH issues**.** Seventy-seven percent of the teachers believed that Sexuality Education empowers children to deal effectively with sexual matters. Eighty-three percent of the sample was of the opinion that Sexuality Education minimizes unwanted pregnancies and the spread of HIV/AIDS (Lokotwayo, 1997). Sixty-five percent were positive with regard to the inclusion of sexuality education in the primary school curriculum. Another study in South Africa was conducted by Peltzer, Karl, Promtussananon and Supa (2003) to assess primary school teachers' (including Life skills teachers) comfort in teaching students about SRH topics and HIV /AIDS behavioural control and teacher knowledge about HIV and AIDS. Like the other studies, findings of the study revealed that most primary school teachers felt comfortable teaching students about sexual related topics (Peltzer, Karl, Promtussananon & Supa, 2003).

However, according to Naidoo (2006), the teaching of Sexual and Reproductive Health issues can create anxiety for some teachers while for others it can be embarrassing. Thus, some teachers are not comfortable to teach the subject matter of SRH issues. Some teachers therefore skip certain topics such as condom demonstration that are against their religious beliefs (Hilton, 2001). Milton (2003) discovered that teachers were concerned about what the parents might think about the teaching of SRH issues. A further concern was that educators did not know how far they should go into SRH topics, as well as how to manage individual maturity, knowledge and comfort among the learners. The same study indicated that although some teachers felt that they were experienced in teaching the subject, others expressed their feeling of inexperience and a lack of special training, geared towards the teaching of SRH issues.

A further view is associated with whether boys and girls should be taught in the same class or be separated in SRH lessons. Lenderyou & Ray, (1997) and Hilton, (2001) supports the view that girls and boys should be taught separately when it comes to SRH issues, so that they can explore the effects of sexuality in a more comfortable environment. A further research study conducted by Halstead & Waite (2001) supports the single sex approach when dealing with certain parts of the program. This is because some people believe that girls may feel embarrassed to discuss some topics with boys and would feel much more comfortable discussing these topics with fellow girls and vice versa.

According to Logan (1991) teachers may be reluctant to be seen to challenge values that may be held within some learners' families. In most African cultures, talking about sex in public is considered as a taboo. Those people who talk about it are usually called bad names. The issue of culturally sensitive topics is a controversy that needs careful consideration as different communities feel differently about the inclusion of such topics in Life Skills. This is normal considering the fact that culture is not only universal but also general and particular (Kottak, 1991).

Stonewall (2009) conducted a study in the United Kingdom and found that less than half of the teachers felt confident about providing learners with information on SRH issues while the rest of teachers feel uncomfortable to provide learners with such information. According to a study conducted in South Africa by Lokotwayo (1997), a relatively high percentage of the teachers indicated that they would be uncomfortable with the topic of masturbation. Thirty percent of the respondents indicated that they would be uncomfortable with topics such as "sexual intercourse" and "erection" (Lokotwayo, 1997).

Mbananga (2004) conducted a study aimed at improving the integration of culture in the development of Sexual and Reproductive Health Information and to assess the dissemination, acceptability of and perceptions about SRH among teachers living in Mthatha in the Eastern Cape Province of South Africa. The findings of the study suggested that teachers believe that education around AIDS epidemic and reproductive health was perceived as an unethical issue since it involved talking to children about sexual intercourse which may cause promiscuity to learners and can spread of HIV/AIDS and unwanted pregnancies (Mbananga, 2004). In addition, teachers argued that education which compelled them as teachers to discuss sexual topics with learners impacted upon their value system and they found it uncomfortable. Although there is an Abortion Act in South Africa, which allows people to make choices about terminating pregnancy, the teachers reported that they were not sure what to advise girls. The teachers explained that in their language, Xhosa, genital organs are not called by their real names and explicit words related to sexual intercourse are not used (Mbananga, 2004). They explained that it was not their culture to use direct language. Teachers felt that if they were to teach the children about AIDS, sexuality, STIs, and abortion, they themselves needed to attend courses related to these topics. The discomfort, with talking about sexual intercourse reported by the teachers, reveals the inherent silence surrounding sexuality and sexual intercourse among the teachers (Mbananga, 2004).

Furthermore, a study done in Ghana by Adamchak (2005) established that teachers were reluctant to talk about and demonstrate the use of condoms**.**

In addition, Kachingwe, Norr, Kaponda, Norr, Mbweza and Magai (2005) investigated the views of primary school teachers in Malawi regarding their potential role in the teaching of HIV and AIDS. The study indicated that teachers were reluctant to discuss sex issues with young children in primary schools because culturally these issues are secretive and sensitive to be discussed with young ones.

Sieg (2003) argues that teachers feel overloaded by the expectation of delivering good sexual and reproductive health education since their traditional role is one of teaching and assessing knowledge. The role of teachers might make it difficult for them to establish a relationship with the pupils that would allow for more open communication about sex and relationships to take place. Teachers are warned to make sensible decisions about when to avoid the answering of personal and sensitive questions within the whole class setting (Sieg, 2003). Teachers therefore do not feel comfortable and confident about teaching sex and relationship issues. Teachers felt uncomfortable when tackling topics which require explicit mentioning or discussion of male and female reproductive organs (Sieg, 2003).

Some studies have shown that Life skills teachers are uncomfortable to teach SRH issues to young learners. A study done in China by Ling (2006) indicates that the task of offering Sex Education to young children became an ever-more-challenging attempt to primary school teachers (Ling, 2006). In addition, a study by Selwyn and Powell (2006) in the United Kingdom, revealed that young people's sexual health was formally recognized as an area of concern. Teachers observed that providing children and young people with access to services and education about sexual health is now considered to be a concern in the society. Furthermore, the Government's Office for Standards in Education (Ofsted) (2010) stated that SRH must start in primary school and be taught in an age-appropriate manner, starting with topics such as personal safety and friendships. Both primary and secondary school pupils, particularly girls, said that they need SRH to start earlier (Ofsted, 2010).

Rice (1995) reveals a gap between what teachers believe should be taught at different grade levels and what was actually being taught. All teachers believe that Sexuality Education should cover sexual decision making, abstinence, birth control methods, prevention of pregnancy and AIDS. Over 82% of the school covered these topics, but generally not until the ninth or the tenth grade. Teachers believe that the topics should be covered by grade seven, or eight at the latest. Only about half of the schools provided information about the services of birth control (Rice, 1995). Sexuality Education starts before young people reach puberty and before they have developed established patterns of behaviour. In Rice's study, teachers were of the view that the exact age at which information should be provided depended on the physical, emotional and intellectual development of the learner as well as their level of understanding (Rice, 1995).

Another study done in South Africa by Mbananga (2004) reveals that teachers felt that HIV and AIDS information should be part of the subject matter of Biology, especially for older children. Teachers therefore accept sexual discourse for older children at school, but believe that this should be contained within the accepted medium of Biology (Mbananga, 2004).

In Malawi the young age of the learners made some teachers feel that sexual content is not suited to the age of the children. Teachers would thus omit content on sexual relationships, and leave out the most critical issues which Life Skills Education is supposed to address (Chirwa, 2009). Another study done in Malawi by Kachingwe, Norr, Kaponda, Noor, Mbweza and Magai (2005) identified many personal and system barriers concerning the teaching of SRH issues including: risky personal behaviours which made some teachers poor role models, negative societal attitudes of stigmatization, denial and reluctance to discuss sex with young children, and inadequate teacher training and ongoing support. In addition, young learners find it uncomfortable to discuss sexuality issues in the presence of the opposite gender. This is because the learners are worried that they may regarded as promiscuous if if they discuss such such issues in the presence of fellow learners of the opposite sex (Baillie, 1991). Derby Primary School in the UK

found that, where beneficial, students were divided into single gender groups for a part of the lesson or whole lessons.

However, these views of teachers are not universal as they apply to those countries where the studies were conducted. Little or nothing at all is known about the views of teachers in junior primary schools in Malawi with regards to the teaching of SRH issues at that level, hence the need for this study.

2.3 Challenges of teaching Sexual and Reproductive Health issues in Life Skills

Literature has identified several challenges that teachers are faced with when teaching Sexual and Reproductive Health issues in Life Skills (Chirwa & Naidoo 2014, Kadzamira et al 2001, Chamba, 2009, Bwayo 2014). Some of the challenges encountered are; cultural barriers, the use of teaching methods in Life Skills; lack or shortage of teaching and learning resources; Lack of Life Skills teacher's guides in mother tongue language; poor training of Life Skills teachers**.**

The teaching of culturally sensitive topics poses a major challenge. Culturally sensitive topics include those that require explicit mentioning or discussing of human sexual and reproductive organs (Centre for Social Research, 2011). The topics are considered culturally sensitive because of the culture of silence that has prevailed in the Malawian society for a long time. Culturally sensitive topics are a challenge because they affect learners, teachers, and the community at large.

Prinsloo (2007) found that many teachers in South Africa were unable to handle HIV/AIDS concepts and avoided engaging learners on HIV/AIDS concepts because they felt uncomfortable to teach what affected their learners. Chirwa and Naidoo (2014) observed that in Malawi mixing boys and girls undermined the teaching of culturally sensitive topics since learners were reluctant to discuss sexual experiences in the presence of the opposite sex (Centre for Social Research, 2011). Rijsdijk *et al.,* (2014) found that in Uganda learners became unruly and made silly comments during discussion of sexual and reproductive health issues.

Some studies in Malawi recommended teaching Sexual and Reproductive Health issues to boys and girls separately (Centre for Social Research, 2011; Chamba, 2009; Chirwa & Naidoo, 2014). However, this may not be feasible in Malawi considering resources on the ground.

On the part of teachers, literature asserts that there is a conflict between teaching HIV/AIDS concepts in Life Skills and the HIV and AIDS status of teachers. This made it difficult for teachers to handle HIV and AIDS topics in Life Skills in Malawi (Chirwa & Naidoo, 2014), sub-Saharan Africa (James-Traore, Finger, Ruland & Savariaud, 2004) and other countries in the world (Wood *et al.*, 2012). Yet failing to address HIV and AIDS and other SRH issues in Life Skills undermines the implementation of Life Skills programme (Wood *et al*., 2012).

Several studies have established that teachers felt uncomfortable to handle sexual and reproductive health topics due to their personal, religious, and cultural beliefs. This was observed in Malawian studies by Centre for Social Research ((2011; Kadzamira *et al.*, 2001), in Uganda (Bwayo, 2014), Eastern and Southern Africa (Gachuhi, 1999; UNESCO, 2014b; UNFPA, 2010), sub-Saharan Africa (James-Traore et al., 2004), Africa (Yankah & Aggleton, 2008) and other developing countries (USAID, 2004).

2.3.1 Teaching methods

Another challenge reflected in literature concerns the use of teaching methods in Life Skills. Several studies indicate that teachers did not use appropriate methods when teaching Life Skills (Bwayo, 2014; Chamba, 2009; Chirwa & Naidoo, 2014; Centre for Social Research, 2011; UNESCO, 2010; UNESCO, 2014a; Wood et al., 2012). This was due to a number of factors such as large classes as observed in Uganda (Bwayo, 2014) and Malawi (Centre for Social Research, 2011). Large classes undermined the use of participatory approaches in teaching Life Skills because enrolment in most schools in sub-Saharan Africa exceeds the World Bank recommendation of 40 learners per classroom (Lowe, 2008). However, it can be argued that, to a larger extent, failure to use participatory methods due to large classes denotes failure of teachers to select participatory methods that are suitable for large classes.

Chirwa and Naidoo (2014) found that Life Skills teachers in Malawi overly depended on the group discussion method at the expense of other participatory teaching methods. This challenge is typical of teachers who just follow the methods suggested in the teacher's guide without considering other equally useful participatory methods. It is important that teachers explore equally other interactive methods that will give more room to learners to air their views other than being passive learners.

2.3.2 Teaching resources

Literature has reflected teaching and learning resources as another challenge undermining the teaching of SRH (Lowe 2008, Kadzamira 2006). Studies indicate that in some schools teaching and learning resources were either lacking or inadequate due to several factors (Shani 2016, Njragoma, 2016, Chamba, 2009). For instance, the Centre for Social Research (2011) found that the teaching of SRH in Malawi was challenged by lack of teaching and learning resources due to large classes.

Large classes do not only affect Life Skills but all other subjects in primary schools in Malawi. Similarly, Lowe (2008) and Kadzamira (2006) in their separate studies found that in Malawi the schools lacked textbooks for teaching Life Skills. Lowe (2008) states that the learner to textbook ratio was high in the schools under his study. However, the fact that some teaching and learning resources were available in the schools entails that the schools did not completely lack resources but had inadequate supplies of resources.

Likewise, Chamba (2009) in his study evaluating the implementation of Life Skills programme in public secondary schools in the South Eastern Education Division (SEED) of Malawi found inadequate teaching and learning materials as one of the major factors that hampered effective implementation of the programme. Similarly, Rijsdijk *et al.*, (2014) found that lack of teaching resources hindered the teaching of Life Skills in Uganda. In the wake of inadequate resources, Chamba (2009) recommended use of supplementary reading materials to curb shortage of textbooks.

2.3.3 Lack of Life skills guides in local language

Lack of Life Skills teacher's guides in local languages made it difficult for teachers to translate some concepts for lower classes. In her study, Thodi (2010) found that teachers in Malawi had challenges in translating Life Skills concepts and terminologies into the mother tongue in lower classes due to their complexity. This is because the teacher's guides are written in English despite the school language policy stating that lower primary school classes should be taught in the learner's mother tongue (Chilora, 2000).

Although it does not make much sense to provide teacher's guides in English and expect teachers to translate them to local languages when teaching in lower classes, it would also be difficult to produce and provide a teacher's guide in different local languages considering resource constraints facing Malawi as a developing country. This, therefore, implies that Life Skills teachers should have a thorough conceptualisation of Life Skills terminologies and concepts in the vernacular to avoid translation problems. Otherwise, there is evidence that use of local languages greatly increases the learners' participation in lesson activities (Kaphesi, 2001) while using English reduces learners' active participation in lesson activities (Mhango, 2008).

2.3.4 Training of life skills teachers

Another issue reflected in literature concerns training of Life Skills teachers. Some teachers were not adequately trained to teach Life Skills while others were not trained at all. It can be argued that the likelihood of trained teachers to teach Life Skills effectively would be very high as compared to untrained teachers. A study by the Centre for Social Research (2011) found that inadequate trained teachers challenged the teaching of Life Skills in Malawi. This confirms what several studies found that untrained or inadequate teacher training was among the major factors that hindered effective implementation of Life Skills Education programme in Malawi (Chamba, 2009; Chendi, 1998; Chirwa & Naidoo, 2014; Kadzamira *et al.,* 2001; Kasambara, 2010). If the teaching of Life Skills will be effective, it is crucial to adequately train the teachers in pedagogical and content knowledge of Life Skills.

In Malawi, the issue of training has been solved by incorporating Life Skills Education into the primary school teacher training curriculum. This implies that unlike in the past pre-service teacher programmes, Initial Primary Teacher Education (IPTE) student teachers are being trained in the pedagogical and content knowledge of Life Skills to ensure effective teaching of Life Skills in primary schools. Despite the training, primary school teachers still find it difficult to handle SRH in Life Skills. This perhaps could be attributed to their attitude towards the teaching of SRH issues. Studies on Life Skills have focused on other aspects and not on life skills teachers' views towards the teaching of SRH issues to junior primary school learners.

Despite the encounters that Life Skills teachers face in the teaching of SRH issues to young children, they still teach the subject by devising strategies to deal with the challenges. The proceeding section reviews literature on Life skills teachers' ways of Coping with the challenges.

2.4 Life skills teachers' strategies of Coping with the challenges

Life Skills teachers employ some strategies to cope with the challenges of teaching SRH issues to young children. The strategies include: holding back information, promoting abstinence only and dropping topics. These are elaborated below.

2.4.1 Withholding information

SRH is treated in an arbitrary manner, leaving much room for the teachers to decide how, when and what to teach as well as what to leave out (Rasing 2003). With very little guidance, these choices ultimately depended on the individual teacher's judgement on what would be appropriate to teach considering the time available, the age of the learners and the local norms about sex and sexuality education (Mhlauli & Muchado 2015). Teachers are being selective about which SRH material to teach and what to leave out.

Moore and Rienzo (2000) examined topics taught in Sexuality Education in classrooms in Florida discovered teacher's omission of topics in their curriculum based on their own sense of what was important. Some topics were thought controversial or difficult to teach

to students. In addition, a teacher's personal experiences and beliefs influence his or her handling of sexuality education subject matter (Moore & Rienzo, 2000). Although curriculum designers may plan that all the content they put in the curriculum document should be taught to learners, the actual implementation of the curriculum may not necessarily be as planned. Both teacher and learner factors may lead the teacher to either radically change what was initially planned or even drop some content (Prinsloo, 2007). Investigations have revealed that the difficult language and overload in the Teachers' Guide negatively affect the teaching of Life skills Education particularly SRH issues (Moore & Rienzo, Prinsloo, & Chirwa 2000). Teachers omit any sections in the Guide that they do not like or understand. Naezer, Rommes & Jansen (2017) revealed that some teachers in the Netherlands would withhold a few selected pieces of the SRH issues, others would only agree to teach very limited fragments of it according to what they deemed to be appropriate for learners The teacher's beliefs make her/him to skip the content dealing with sexual matters as she feels that the material is not suited to the age of her learners. This results in the teacher not addressing the very issues that Life Skills programme has identified as most crucial (Chirwa, 2009).

Contrary to the philosophy of the SRH issues in Life skills of making information available to adolescents in order to prevent pregnancy, some teachers believed that such information would be counterproductive and decided only to teach one method (Svanemyr, Amin, Robles & Greene 2015). In the school setting, when teachers teach about preventing pregnancy, the main message is only about abstinence (UNESCO 2016). Hence, most of the time available is dedicated to abstinence and the benefits of abstaining from sexual activities. The very strong moral message on abstinence is put across in several ways. Proponents of abstinence-only sex education argue that this approach is superior to Sexual and Reproductive Health education because it emphasises the teaching of morality that limits sex to that within the bounds of marriage and that sex before marriage and at a young age has heavy physical and emotional costs (Kelly 2013).

Some topics on Sexual and Reproductive Health can create anxiety while others can be very embarrassing to life skills teacher. On the other hand, some teachers drop certain

topics that are against their religious beliefs (DePalm 2015). This takes different forms within and between the schools. Teachers substitute the whole SRH topic, which they are not comfortable teaching, with other topics which they believe are more appropriate for learners (Shaw & Bailey 2009). In some cases, when teachers have already taught the topics in the SRH issues they were comfortable with or felt were appropriate, they turn to teaching a completely different subject matter with little relevance to the SRH issues. Teachers who are reluctant to teach SRH issues could even take a more radical step to avoid teaching SRH (Francis, DePalma 2015). When it is time for them to teach SRH, they send learners to do outdoor activities which are not related to SRH. In Malawi, until 2010, private school proprietors had been reluctant to accommodate LSE in their curricula, regarding it as an 'unimportant' subject (Kasambara, 2010).

2.5 Locating the study in the literature

From the reviewed literature, it is clear that SRH is widely implemented in the worldwide; for instance, in Uganda (Bwayo, 2014); South Africa (Prinsloo, 2007; Mbananga, 2004); China (Ling, 2006) and the United Kingdom (Selwyn & Powell, 2006). The literature review has shown that some teachers are comfortable teaching SRH topics while others are uncomfortable.

The limited studies done on life skills in Malawi focused on how cultural beliefs (initiation schools) affect the implementation of Life skills (Chirwa, 2009) and an investigation of the views of primary school teachers in Malawi regarding their potential role in the teaching of HIV and AIDS (Kachingwe, Norr, Kaponda, Norr, Mbweza and Magai, 2005). Shani (2016) investigated student teachers' practices of teaching Life Skills in primary schools in Malawi during teaching practice. In addition, Njiragoma (2016) explored teachers' views on the teaching of SRH in primary schools in Lilongwe urban. However, none of the studies conducted in Malawi focused on the views of Life skills teachers towards the teaching of SRH topics at junior primary school level. This study therefore seeks to address this gap.

2.6Theoretical Framework

This study was guided by the Concerns-Based Adoption Model (CBAM). The Concerns-Based Adoption Model provides focuses on the parallel process of change that teachers go through whenever they engage in something new or different (Horsely and Loucks-Horsley, 1998, p. 1). The theory was used in this study to explore the various views of Life skills teachers towards the teaching of SRH issues. The theoretical framework assumes that teachers have concerns that need to be addressed in order for them to proceed to higher levels of curriculum implementation, during which process they may ignore, resist, adopt and adapt change depending on the support given to them (Sweeny, 2003; 2000).

The Concerns-Based Adoption Model is a theory precisely developed for teachers. CBAM is primarily used in reference to the teaching profession, although it can be used outside academic settings (Straub, 2009). The theory is largely concerned with describing, measuring, explaining and understanding the process of change experienced by teachers attempting to implement the curriculum material and instructional practices (Sweeny, 2003; Anderson, 1997). It was developed by researchers at the University of Texas in Austin. The model was later adapted to measure concerns and views expressed by teachers as they learned to use new practices and the extent to which they implemented the new innovations. The Concerns-Based Adoption Model can also apply to anyone experiencing change, that is, policy makers, parents, students (Hall and Hord, 1987).

Further, George et al. (2006) assert that the CBAM is a conceptual framework that describes, explains, and predicts probable behaviours throughout the change process, and it can help educational leaders, coaches and staff developers facilitate the change process. The CBAM is comprised of three levels: the Stages of Concern (SoC), Levels of Use (LoU) and Innovation Configurations (IC). This study is based on the SoC level which describes the sensitive side of change in Life skills teachers towards the teaching of SRH issues.

The Stages of Concern is a framework that focuses on individual characteristics and pertains to teachers' views about the implementation of new issues (Straub, 2009; Anderson, 1997. As a process, it includes interviews, observations and open-ended statements and enables leaders to identify staff members' views and beliefs toward a new programme or initiative (Anderson, 1997). With this knowledge, leaders can take actions to address individuals' specific concerns. SoC focuses on the affective dimension, how teachers feel about doing something new or different, and their views as they engage with a new programme or practice (Horsely and Loucks-Horsely, 1998). Stages of Concern involves the concerns teachers have as they progress through the adoption of topics. One such topic, in the context of the present study, would be SRH issues at junior level primary schools.

According to Anderson (1997), the Stages of Concern represents a developmental progression in implementing an innovation. Hall and Hord (2001) suggest that the stages are not mutually exclusive and teachers may show concerns of all stages at any given point during the innovation implementation process. In fact, many teachers do not reach the highest Stages of Concern. The Stages of Concerns are also not hierarchical, and as a teacher moves out of one stage, he or she still may have concerns consistent with previous stages (Straub 2009) Hall and Hord (2001) add that "concerns" are defined as the composite representation of the feelings, worry, thought and consideration given to a particular issue or task The process of change can be more successful if the 'concerns' or views of the individual teacher as identified in the Concerns-Based Adoption Model, are considered. This means that the views of life skills teachers in the teaching of SRH issues should be addressed in order to yield intended outcomes.

In this study, the Stages of Concern of the CBAM relate directly to how life skills teachers feel about the teaching of SRH issues, which they are tasked to implement. Stages of Concern have three phases. The three phases are: self-concerns, task concerns and impact concerns. These three stages are further expanded into seven dimensions of concerns that can vary in intensity. The table below illustrates the three stages and their seven dimensions.

Table 1: CBAM Phases and Stages of Concerns (Adapted from Hall and Hord, (1987)

Phase of Concerns	Stages of Concerns	Expressions of Concerns
Self-Concerns Phase	Stage 0: Awareness	I am not concerned about it
	Stage 1: Informational	I am concerned about relating what I am doing with what my co-workers are doing.
	Stage 2: Personal	How will using it affect me?
Task- Concerns Phase	Stage 3: Management	I seem to be spending all of my time getting materials ready.
Impact- Concerns Phase	Stage 4: Consequence	How is my use affecting clients?
	Stage 5: Collaboration	I am concerned about relating what I am doing with what my co-workers are doing.
	Stage 6: Refocusing	I have some ideas about something that would work even better.

During the Unconcerned or Awareness stage, teachers have little concern and knowledge about or interest in the teaching of new topics. (Anderson, 1997). For example, if one applies this stage to the present study, then this would be the stage where the teaching of SRH issues in schools might not seem to be affecting the teachers. There may thus be an indication of little involvement with the teaching of SRH issues. In the second stage, Informational, teachers may have general or unclear awareness of the SRH content. Teachers may begin some information-seeking to gain additional knowledge about the subject area. The teacher is interested in learning more about the SRH issues and the implications of its implementation. The person seems to be unworried about self in relation to the innovation or change (Straub, 2009). Hall and Hord (2001) pose that in

implementing an innovation, the teacher is interested in practical features of the innovation such as general characteristics, effects and requirements for use.

The Personal stage typically reflects strong anxieties about the teacher's ability to implement the issues. Such anxieties might include the appropriateness of the curriculum, and the personal cost getting involved (Anderson, 1997). Teachers thus focus on how a particular innovation will change the demands or conflict with existing understanding of what they do (Straub, 2009). An individual is uncertain about the demands of the innovation, his or her inadequacy to meet those demands and his or her role with the innovation.

The Management stage is reached when the teacher begins to experiment with application of the innovations or new concepts.. At this stage, teacher concerns intensify around the logistics and new behaviours associated with putting the change into practice (Straub, 2009; Anderson, 1997). Issues related to efficiency, organising, managing, scheduling and time demands are important to the teacher. At the Consequence stage, teachers' concerns focus mainly on the impact of changes or innovations on learners in their classrooms and on the possibilities for modifying the innovation or their use of it to improve its effects. Hall and Hord (2001) contend that, at this stage, attention focuses on the relevance of the SRH for learners and changes needed to increase learners' outcomes.

The next stage, Collaboration, reflects a teacher's interest in working with other teachers in the school to jointly improve the benefits of the changes or innovations for learners. At some point in the change process, teachers may reach the highest stage – Refocusing. At this stage, the teacher is thinking about making major alterations in the use of the innovation, or perhaps replacing it with something else (Anderson, 1997, p. 334). It enables teachers to begin to have concerns about how they compare to their peers and how they can work with their fellow teachers on an innovation. In the context of the present study, such innovations would include SRH issues. The focus is on partnership, coordination and cooperation with others regarding use of the innovation. Teachers explore more universal benefits from the innovation, including the possibility of major

changes or replacement with a more powerful alternative for effective curriculum implementation.

The Stages of Concern have major implications for teachers' practice. They point out the importance of identifying where teachers are and addressing their concerns at the time they indicate them (Hall and Hord, 1987; 2001). School management tends to focus on student learning and outcomes before teachers are comfortable with an innovation and its components, such as objectives, content and strategies (Loucks-Horsley, 1996). It implies that they focus on how-to-do-it before addressing the teacher's self-concerns. The Concerns-Based Adoption Model emphasises the importance of paying attention to a sufficient period during the implementation of an innovation, in order for teacher concerns or challenges to be addressed (Newhouse, 2001; Loucks-Horsley, 1996). This is because it takes time for teacher concerns to be resolved, especially when teachers are implementing a new curriculum for the whole year where new approaches to teaching are expected and when each topic in the innovation brings new surprises (Sweeny, 2008; Hall and Hord, 2001).

Fullan (2007) has described change as a process, not an event. Although this sounds like an over-simplified phrase, it suggests that change takes time. Studies that examine change over time reveal the change process at work and are important in understanding factors that bring about successful change. In general, it takes between three to five years to fully implement change at a high level (George, 2000; Fullan, 2001, 2007). Despite this factor, when changes are introduced, many boards of education, schools, and parents are impatient and expect to see significant results in short periods of time. This places teachers under significant pressure and can cause teachers to be reluctant or be doubtful about change (Berlin and Jensen, 1989).

2.7 Chapter summary

This chapter has reviewed literature related to Life skills teachers' views towards the teaching of SRH issues in primary schools with the aim of identifying gaps and locating the study in the wider body of knowledge. The review has shown that a number of studies

on views of Life skills teachers towards the teaching of SRH issues have been conducted both in Africa and beyond. The review shows that some teachers are comfortable teaching SRH topics while others feel uncomfortable. Furthermore, the chapter has explained and justified the Concerns-Based Adoption Model as the theoretical framework that guided and underpinned the study. The CBAM was used in the study because of its potential to uncover the concerns that teachers have when implementing a new phenomenon and show how they adapt to the change process.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Chapter overview

The previous chapter presented the literature review and the theoretical framework underpinning the study. This chapter gives an overall picture of how the research was conducted in terms of the research design and methodology. The explanations, clarifications, and the justifications for the choice of various options that were followed are also provided. This is followed by sections on trustworthiness of the study, ethical consideration and the limitations of the study.

3.2 Research design

Qualitative research design was dominantly used in this study in order to capture relevant information about Life skills teachers' views towards the teaching of SRH concepts at junior primary school level. A research design is a strategic framework for action that bridges research questions and the execution of the research to ensure that comprehensive conclusions are arrived at (Blanche, Durrheim & Painter, 2006). This agrees with what Yin (2009) states that a qualitative research design is the logic that connects data to be gathered and the conclusions to be drawn to the research questions. Research design provides the glue that binds the research project together (Trochim, 2006) as it explains how data will be generated, what instruments will be used, how the instruments will be used, and how data will be analysed.

A qualitative design helped to derive meaning from the research participants' perspective (McMillan and Schumacher, 2010). The study intended to explore a phenomenon in which there was little information and this required the use of qualitative research design because qualitative methods offer a dynamic approach, where the researcher has an

opportunity to follow up on answers given by respondents in real time, generating valuable conversation around a subject; something which is not possible with structured survey (Creswell, 2012).

3.3 Research Methodology

The study employed phenomenology as its methodology to explore the teachers' views towards the teaching of SRH issues at junior primary level. In defining phenomenology, Van Manen (1984) observes:

> Phenomenology asks for the very nature of a phenomenon, for that which makes a some - thing‟ what it is - and without which it could not be what it is. Thus, phenomenology seeks to explore the meaning, structure and essence of the lived experience of a phenomenon for a particular person or a group of people (Van Manen, p.38).

It helps to illuminate how research participants perceive a social phenomenon, "describe it, feel about it, remember it, make sense of it, and talk about it with others" (Patton, 2002, p. 104). Therefore, this study used phenomenology to understand and describe the views of Life skill teachers towards the teaching of SRH issues at junior primary school level. Commenting on the justification for a phenomenological design, Lodico, Spaulding and Voegtle (2006, p. 271), observe that: 'Wanting to understand the human experience and how experiences are interpreted differently by different people would certainly be an appropriate reason to conduct a phenomenological study". The process of categorising the world is subjective since it depends on the opinions of the observer. As such, the most that phenomenology can do is to understand the meaning that individuals give to particular phenomena. "The end product of phenomenological research is an understanding of the meanings employed by members of the society in their everyday life" (Haralambos & Holborn, 1991, p. 20). It was for this reason that this methodology was employed in exploring life skills teachers' views towards the teaching of SRH concepts at junior primary level.

One of the features of phenomenology is ‘bracketing’. Bracketing was used in this study as a methodological device that involved deliberately setting aside the researcher’s own beliefs and knowledge about the issue being explored prior to and throughout the study period (Carpenter, 2007; Creswell, 2013; Denzin & Lincoln, 1998b). Bracketing was used to mitigate the possible harmful effects of unacknowledged preconceptions related to the research (Tufford & Newman, 2010), which the researcher might have had. In this study, bracketing was achieved by presenting findings as reported by the life skills teachers about their views towards the teaching of SRH issues (Drew, 2004). This involved the researcher suspending his biases, presuppositions, assumptions, or previous experiences of teaching SRH issues throughout the study period (Gearing, 2004). As such, nothing in this study was predicted but the researcher attempted to enter the conceptual world of life skills teachers to understand the meaning that they make around their practice of teaching SRH (Bogdan & Biklen, 2007). Although the researcher is a Quality Assurance Officer, who was once a primary school learner and teacher, in this study, he acted as if he does not know what the life skills teachers’ attitudes mean and studied them to find out what actually was taken for granted by life skills teachers (Bogdan & Biklen, 2007). This was because in bracketing, researchers acknowledge their previous experiences, attitudes, and beliefs, but set them aside for the duration of the study to see the object of study anew (Creswell 2013). In this study, the only source of information on life skills teachers’ views towards the teaching of SRH issues at junior level primary schools were the teachers themselves.

3.4 Sampling method

According to Blanche *et al.,* (2006) sampling is the process of identifying research participants from the target population. The selection of participants for this study was through purposive sampling. Creswell, (2009) defines purposive sampling as judgmental sampling that involves the conscious selection by the researcher of participants with desired characteristics to include in the study.

Merriam (2009), argues that purposive sampling assumes that the researcher wants to discover, understand and gain insight and therefore must select a sample from which the

most can be learned. In this case, Life Skills teachers who teach SRH issues were the participants. In addition, convenience sampling which Etikan, *et al.*, (2016) defines as a type of non-probability sampling where members of the target population that meet certain practical criteria are included for the purpose of the study were employed. In this study, the research site was conveniently sampled basing on the fact that the research participants were within the proximity of the researcher, hence it was easy for the researcher to generate data from the research participants. The research also became cost effective since the schools were within reach of the researcher

3.4.1 Sample and sample size

The sample size for the study included six Life Skills teachers from three selected primary schools who were purposively and conveniently drawn from the selected schools. The teachers taught in Standards 3 and 4. The teachers were from the junior primary school section Teacher selection for the study was based on the number of years of teaching experience, ranging from 10 to 15 years. The reason for this criterion was that Life Skills teachers, having taught for a long period of time would have had more experience of working with various policies and curricula, as well as with teaching Sexual and Reproductive Health issues at junior level. It was therefore anticipated that these teachers would be able to provide more insight than younger, less experienced teachers. Of the six teachers selected 4 were females and 2 were males because the junior section in Malawi tends to have more female teachers as compared to male teachers. All the sampled schools were public primary schools.

3.4.2 Study site/ location

The study was conducted in Nkhotakota district at Kasipa Zone primary schools. This site was conveniently sampled because of ease of access by the researcher (Cohen, 2000) who lives/stays within the area. Convenience sampling was important to allow for easy follow-up of issues during the study period.

3.5 Methods and instruments for data generation

This study used semi-structured interviews, lesson observation and focus group discussions to generate data on the views of Life Skills teachers regarding the teaching of SRH issues.

3.5.1 Semi-structured Interviews

There were three types of semi-structured interviews for the study. These were initial interviews, teacher interviews and post-lesson observation interviews. The interviews were individual face-to-face semi-structured interviews. The interviews used in this study were characterized as being "semi-structured" because they were open-ended and flexible (Cohen & Manion, 2000). In the semi-structured interviews, the researcher started with some defined questioning plan, but pursued a more conversational style, thus following the procedure described by Cohen and Manion (2000) which gives the interviewee the freedom to say whatever comes to mind.

Semi-structured interviews are commonly used to corroborate data from other data sources (Nieuwenhuis, 2007). This provides opportunities for both interviewer and interviewee to discuss some topics in more detail (Cresswell, 2009). The interviewer has the freedom to probe the interviewee to elaborate on the original response. It is in this respect that interviews helped the researcher understand the views of Life skills teachers towards the teaching of SRH issues at junior level primary school.

Initial interviews with Life skills teachers were used to capture teacher's views. Availability of teaching records such as Life Skills schemes and records of work and Life skills lesson plans were checked. Teachers were asked some questions concerning their lessons which they prepared to teach and observed. The data was captured through tape recordings which were then transcribed. Field notes during interviews were taken using paper and a pencil and a recorder was used to record the proceedings.

Immediately after completing lesson observations, follow up interviews with the teachers were conducted. Teachers were asked to discuss their lessons with the researcher in order for the researcher to probe their interpretations of what happened in the lesson. The researcher carried out a total of three face-to-face interviews with each participant lasting 10 minutes (see appendices E and F). The follow-up interview data were compared with pre-lesson observation interview data to increase the trustworthy of the data of the study.
An advantage of generating data through semi-structured interviews is that it helps to "gain insights into things like people's opinions, feelings, emotions and experiences" (Denscombe, 2008, p.174). As Life Skill teachers' views about the teaching of Sexual and Reproductive Health issues at junior primary school level in Kasipa zone were not known, the semi-structured interviews gave the Life Skills teachers the space to discuss their views freely from their own perspectives. The researcher did not force anyone to participate in the study.

3.5.2 Lesson observations

Observation is an important and highly reliable method in all qualitative inquiry. Cohen, Manion and Morrison (2011) observe that observation offers the investigator the opportunity to gather live data from naturally occurring situations. These natural situations are the classrooms where teachers and learners interact without creating an artificial situation. Therefore, classroom observations helped me as a researcher in getting insights of the study in addition to the information the researcher got from the participants through interviews.

Observations of two lessons per teacher were conducted. In the classrooms, timed and detailed notes were made about what the teacher and the learners were doing during lesson presentation. For instance, I observed the introduction of the lesson, development and the closure of all the lessons to be presented. I captured everything that happened during the lesson presentations using a lesson observation tool. (Appendix F shows a sample of lesson observation tool). The schools in this study were informed in advance of the visit to observe lessons and so teachers could stage lessons for the researcher. The lessons observed may therefore not be a true reflection of the normal practice in teaching

SRH in Life Skills Education. It is possible that teachers did not show their actual attitude when teaching SRH issues because they were being observed. The observer tried to solve this problem by observing Life Skills teachers more than once. Furthermore, data from lesson observations was triangulated with interviews.

3.5.3 Focus Group Discussions

Another method of data generation that was used was Focus Group Discussions (FGDs). According to Frey and Fontana (2012), FGDs are organised group discussions led by a mediator who is a researcher. It is the way of getting information about attitudes, feelings and emotional reactions of participants. Morgan (2018) argues that when combined with observations, FGDs are especially useful for gaining access to in-depth information and checking tentative conclusions. Furthermore, Morgan (2018) states that FGDs are relatively low cost as they provide quick results and they increase the sample size of qualitative studies by interviewing more people at one time. During the FGDs, only the six Life Skills teachers who were the participants were involved because qualitative studies require small samples. The researcher included all the participants in order to hear the views from the whole group. The FGDs were conducted twice for all the participating schools using FGD guides lasting about 10 minutes each (Refer to FGD guide used in appendix G).

3.6 Data management methods

Data management is an important process in research. Denzin and Lincoln (2005) define data management as procedures required for a systematic and coherent process of data generated storage and retrieval. Data generated in this study was transcribed, typed and stored in a flash and computer. The same data was printed and kept in hard copies. Once this was done, the data had to be analysed as explained in the proceeding

3.6.1 Data analysis

Data analysis involves making sense out of text and image data (Creswell, 2014). Data generation and analysis were done simultaneously to avoid forgetting important ideas

(Creswell, 2014). The transcripts of the interviews, lesson observations and FDG were analysed by engaging in an interpretative process. In order to capture and do justice to the meanings of the respondents, to learn about their mental and social world, a sustained engagement with the text was carried out by reading and re-reading the transcripts (Creswell, 2014). The researcher followed the analysis procedure outlined by Marshall and Rossman (2006), who divide the procedure into seven phases namely; organizing the data, immersion in the data, coding the data, generating categories and themes, offering interpretations through analytical memos, searching for alternative understandings and writing the thesis.

3.6.2 Organising the data

The data was organised according to interviews, lesson observations and FGD notes. I outlined the process of transforming raw data into an organised and meaningful dataset.

3.6.3 Immersion in the data

In this phase, the researcher read the data several times in order to be familiar with the depth and coverage of the content.

Furthermore, the recordings were listened to several times while reading through the interview notes for correctness. The researcher also read several times the observation and FGD notes to have a thorough understanding of the data. In addition, the researcher took simple notes and marked some ideas which were deemed important to use in generating codes.

3.6.4 Coding data

Coding can be described as a process of assigning codes in form of numbers to clustered data or categories. In this phase, the researcher used codes such as Teacher 1, 2, 3, 4 and 5 to generate categories and themes. Strauss and Cobin (2015) state that coding helps in the breakdown of the original data to conceptualize it and to rearrange it in new ways. Coding was utilized during interview transcript review and observation review as well as FGD. Coding was done in several interactive steps. Initially, the transcript was read to

obtain an overall sense of the data. In an attempt to describe and interpret the data, the text was summarised with codes.

3.6.5 Generating categories, themes and patterns

Once coding had been finalized, the coded data was critically analysed for differences and similarities. Then categories were generated from the codes by organizing similar codes together and giving them a new name. Finally, the categories were subjected to higher analytical level to generate themes. Thus, similar categories were put together to form themes. These themes were used for reporting the findings.

3.7 Risks and strategies of obviating them

Broadly, risk refers to a potential harm or the potential of an action or event to cause harm (Hillbrant, 2002) It is the prediction of a probable outcome based on evidence from previous experience. It is the responsibility of the researcher to ensure that the research does not entail any procedures that can cause harm to respondents. In this study the researcher faced some risks in the conduct of the research. Below is a table summarizing the risks and ways followed to deter them:

Table 2: Illustrating risks and ways used to prevent them during the study.

Risk	Ways of deterring the risk
Sickness of the teacher to be observed	A make-shift class was arranged
Unwillingness of Life Skills teachers to disclose information as they doubted the identity of the researcher, how the information would be used and being afraid of their job security if they gave the information.	Showing IDs and permission letters from the Dean of Education and the Chief Education Officer.
Demand for payment/incentives by the participants	Explaining to the participants who the researcher was and the aim of the study.

3.8 Research dissemination strategy

The findings of this study will be disseminated using the following strategies: publishing in various journals, writing on education platforms, distributing to Ministry of Education, submission of a library copy in the University of Malawi Library, and another copy will be submitted to the School of Education at the University of Malawi for reference by academic staff and students.

3.9 Credibility and trustworthiness of the study

Trustworthiness of a study refers to the degree of confidence in data interpretation and methods used to ensure the quality of a study (Pilot & Beck, 2014). With crystallisation, data generated with one procedure or instrument was confirmed by data collected using a

different procedure or instrument (Creswell, 2007). In this research, crystallisation was achieved through data generation from the interviews, FGDs and lesson observations. By designing a study that make use of multiple data-gathering methods, the researcher strengthened the study's trustworthiness.

Other methods used to ensure trustworthiness of results were the use of member checks. Member checking, also known as respondent validation, is a qualitative research technique where researchers and study respondents collaborate to ensure data accuracy (Stahl&King, 2020). Throughout data generation, teachers in the study were given summaries of data collected and were asked to validate if the data was a true reflection of the interviews and FGDs.

Furthermore, different methods were used to check the effectiveness of the instruments used to generate data. For instance, a pilot study was conducted before the interview and FGD questions were put into final form. The participants for the pilot study were also Life skills teachers in a primary school. The pilot aimed at determining the following: the time spent in an interview; whether the phrasing of the questions was clear; and to solicit any useful comments from the pilot group. The aim was to check whether the study was achievable. As a result of the pilot study, useful changes were made to the semi-structured interview questions and FGD questions. Adjustments were made on some of the questions. Vague questions were amended to obtain the required information.

3.10 Ethical Consideration of the Study

This study was conducted after seeking clearance from the University of Malawi Research and Ethics Committee (UNIMAREC) (refer to Appendix A). Furthermore, informant consent was obtained from the Nkhotakota District Education Manager, the head-teachers of the researcher's school and the participants (refer to Appendix B for Nkhotakota Education Manager and Appendix C for Head-teachers). The participants gave informed consent to the researcher.

Participants were assured of their confidentiality and anonymity in the study. Participants were informed that their confidential information would only be accessed by the researcher. They were assured that any identifying details such as transcripts and the final report would not reflect the participant's identifying information such as their names, work place and descriptions. After transcribing the interviews and FGDs, the tapes were kept in a safe lockable place. Samples of Consent forms have been attached as appendix D. The participants' right to withdraw at any time during the process of the research was also guaranteed. To ensure confidentiality, all participating teachers and school were referred to with pseudonyms. For instance, teachers were given names using numbers and the schools were given names using letters. The numbers for teachers started from Teacher 1 to Teacher 6 representing three schools which were under study and letters the schools began from School A to School C.

3.11 Limitations of the study

This study was conducted in only three selected primary schools in Kasipa Education Zone in Nkhotakota district. Therefore, the findings are applicable to these schools only. As such the findings of this study reflect the views of Life Skills teachers towards the teaching of SRH issues in only the three selected primary schools and not elsewhere. This is because qualitative studies do not aim at generalisation (Creswell, 2006). However, it is critical to emphasise that although the views, to a large extent, reflect the six teachers and the contexts of those schools, there are many learning opportunities and sharing of ideas and experiences for other teachers in similar situations in Malawi and beyond. This study provides detailed descriptions of the study process to ensure that transferability to other Life Skills teachers in similar situations is possible (Merriam 2000).

3.12 Chapter summary

This chapter has described and justified the research design and methodology used in the study. It started by explaining the research design, then the methodology was discussed, covering the study sample, sampling methods and the sample used. This was followed by the discussion of the research instruments, data generation methods and ways of ensuring

rigor and trustworthiness of results. The next chapter presents and discusses the research findings.

CHAPTER FOUR

RESULTS AND DISCUSSION OF THE FINDINGS

4.1 Chapter overview

This chapter presents and discusses findings of the study on Life skills teacher's views towards the teaching of SRH issues at junior primary school level. The findings are presented based on themes from each research question. The following were the research questions that guided the study: What are the teachers views towards the teaching of SRH issues at junior primary school level? What challenges do life skills teachers face when teaching SRH issues? What strategies do life skills teachers employ to cope with the challenges of teaching SRH issues at junior primary school level? The themes generated for research Question One focus on teachers' levels of comfort teachers being with teaching SRH issues. The themes generated for research Question Two include the targeted age group for SRH issues as well as community reactions. The themes generated for research Question Three include withholding of information and deliberate omission of topics. These are the themes that summarise the findings of this study, based on the three specific research questions presented in Chapter One.

4.2 Characteristics of the sampled teachers

This study generated data from six teachers from three schools. The study had three male teachers and three female teachers. All the teachers were teaching Social studies and SRH topics to form three students. Table 3 presents a summary of the sampled teachers in this study.

Table 3: Characteristics of Sampled Teachers

Teacher characteristics	School 1		School 2		School 3	
	Teacher 1	Teacher 2	Teacher 3	Teacher 4	Teacher 5	Teacher 6
Age of teacher	32	27	25	27	30	28
Gender	F	M	F	F	M	M
Educational qualifications	MSCE	MSCE	MSCE	MSCE	MSCE	MSCE
Teaching experience	12	2	6	4	4	4
Current teaching class	STD4	STD3	STD3	STD4	STD4	STD3

4.3 Teachers' views towards the teaching of SRH issues at junior primary school level

This section presents and discusses life skills teachers views towards the teaching of SRH issues at junior primary school levels. As stated above, the themes in this section focus on teachers' levels of comfort.

The findings of the study revealed that some teachers felt comfortable teaching SRH issues. For instance, four Life Skills teachers, Teachers 1, 3, 4 and 6 said that they were comfortable teaching SRH concepts and added that the content was appropriate and relevant to be taught at junior primary school level. They also agreed on the importance of teaching SRH concepts to learners at junior primary school level and expressed that such topics as: *Sexual harassment in the school and community, HIV and AIDS related diseases, Demands and challenges of physical development and morals and values in the family and* community would benefit the learners. Teachers 1, 3, 4 and 6 rated SRH concepts as "very important" and were willing to teach the content. In support of teachers being comfortable with teaching SRH issues, T 6 from the interviews said:

> I have a positive attitude on the teaching of SRH issues at junior primary school level because learners will be aware of STDs, teenage pregnancies and may reduce the spread of HIV and AIDS (Teacher 6, School A).

On a similar issue, Teacher 4 said:

> Since we are aware that some learners engage in sexual intercourse, we are comfortable teaching SRH issues. It also provides guidance to learners on how to approach such issues when confronted (Teacher 4, School B).

Teacher 3 from FGD had this to say:

> These are our own children, if we do not tell them the truth about SRH issues, at this tender age it will come back to us and we will feel the pain because we did not do our job as teachers as well as parents. (Teacher 3, School A).

After a lesson observation, a teacher had this to say to show that she was comfortable to teach SRH issues:

> As you have rightly observed my lesson, I mentioned words like sexual intercourse (*kugonana*) to the learners and the learners are used to those words. They do not show that it's something unusual. To them they take those words as normal. (Teacher 4, School B).

In addition, most teachers were of the opinion that the teaching of SRH issues at junior primary school level is a good move. They indicated that orphans or learners who did not have someone in the family to provide the information would also have an opportunity to acquire the information at school from the teachers. For instance, during FGD some teachers had this to say:

> You know what, some learners are orphans and some parents or guardians are shy to talk to their learners about SRH issues. So, it works to their

> advantage to learn those issues during Life skills lessons (FGD, School A).

Furthermore, other reasons given by Teachers 1, 3, 4 and 6 were that SRH issues may help to reduce teenage pregnancies as well as the spread of HIV and AIDS, and that the issues also prepare the learners for adolescent stage and adult life in which this knowledge would be mostly useful.

In support of the above, Teacher 6 had this to say:

> Since we started teaching about SRH issues in Life skills at junior primary school level, we have seen that the number of girls who drop out of school because of orphanhood has been reduced. Girls have acquired skills on how they can protect themselves to avoid early pregnancies and STIs. This is the evidence that learners are following what is being taught in SRH issues (Teacher 6, school B).

From the evidence gathered above, it can be concluded that teacher 1, 3, 4 and 6 interviewed and observed were comfortable to teach SRH issues at junior primary school level in these identified topics: *the demands and challenges of physical development, morals and values in the family and community, sexual harassment in the school and community and HIV and AIDS related diseases*. This finding corroborates the findings from previous studies. Lokotwayo (1997) conducted a study on attitudes of teacher trainees towards SRH issues. The results of the study suggested that teacher trainees had positive views towards the teaching of sexuality. Another study by Peltzer (2003) was done to assess secondary teachers comfort in teaching adolescents about SRH, and HIV/AIDS behavioural control revealed that some teachers felt comfortable teaching students about HIV and AIDS related topics and sexuality. The results of my study also resonate with the findings of Ntuli, Mkhwanazi and Harrison (2000) who examined high school teachers views related to HIV and AIDS prevention education. The findings of this study suggested that most of the teachers' views towards HIV and AIDS education were generally positive.

As regards the CBAM Theory, change is about how teachers implement a new practice in their classrooms (Hall and Hord, 2001). According to CBAM theory, teachers are willing to implement SRH issues in their teaching. At some point in the change process, teachers may reach the highest stage – Refocusing. At this stage, the teacher is thinking about making major alterations in the use of the innovation, or perhaps replacing it with something else (Anderson, 1997). Since teachers are comfortable in the teaching of SRH issues at junior primary school level, they are eager to find new ways on how they can implement SRH issues in their teaching. This may suggest that the college adequately trained the teachers to teach Life Skills in primary schools. Again, this entails that teachers' cultural beliefs and personality had a positive impact on their learning to teach Life Skills. This agrees with what CBAM contends that Life Skills teachers bring into the teaching profession such as personal beliefs and values which have both positive and negative impact on teaching.., However, some teachers were uncomfortable to teach SRH issues at junior primary school level. Such teachers stated that SRH issues would promote promiscuity to the learners. For example,, one participant from FGD had this to say: "I feel uncomfortable to teach learners about sexual intercourse because learners can go out and practice (FGD, School A)."

In support of the same point, Teacher 2 had this to say during the interviews:

> Religion and culture teach that the only safe sex before marriage is no sex, there is no need for us to teach learners about safe sex because it can cause promiscuity among learners. (Teacher 2, School B)

Teacher 5 had this to say after lesson observation:

> I feel that when I teach leaners about sexuality, learners will be eager to practice. In so doing, learners can drop out of school because of early pregnancies. (Teacher 5, school A).

In addition, some Life Skills teachers revealed that learners get excited with the issues of sexuality, especially those learners who are learning the issues for the first time. They get

excited and they want to practise what they have learnt in Life skills lessons. For example, one teacher had this to say during interviews:

> Learners will always want to practice what they have learnt. So, with the teaching of SRH issues, at junior primary school level, learners get excited and they go out and practise what they have learnt in class. (Teacher 2, school B).

Another teacher had this to say in an FGD:

> Learners will get excited and they will choose to get married so that they can practise what they have learnt in Life skills lessons especially girls (FGD, School B).

Furthermore, the study established that Teachers 2 and 5 were not comfortable in mentioning names of sexual organs in local languages. This was exposed through interviews, lesson observations and FGDs with teachers. In addition, some teachers indicated that the SRH issues were not suitable for junior section learners since the learners were still young. This is similar to Mbananga's findings (2004) whereby teachers in the Eastern Cape Province in South Africa were of the view that SRH issues should be taught in secondary schools because learners in primary schools were too young to learn about SRH issues.

According to CBAM theory, teachers display different profiles of their concerns within the Stages of Concerns (SoC) which validates the point that concerns are individual and personalized. In this study, participating teachers seemed to be at varied Self Stages with some straddling each: Awareness, Personal and Informational. Though they seemed to be interested in the Informational Stage and wanted to learn more, Teacher 3 expressed reflective thinking that SRH issues may not help learners "make proper and sound decisions", but was fearful and sceptical that the learners may also "do their own way". Teacher 4 felt "it couldn't hurt teaching SRH issues", while also expressing fear at the

growing number of teenage pregnancies. Teacher 6 felt that the problem was an HIV "epidemic".

Some of the discomfort that teachers felt was related to age. Participants shared similar ideas as to the appropriate age for learners to receive SRH education with four of the six agreeing that it should be from eleven years and above.

Teachers had this to say during interviews:

> SRH education should start during adolescent stage because learners start experiencing some changes and sexual desire. So, it is appropriate to teach them such topics at that stage. (Teacher 3, School A).

In support of the issue of age of learners, one teacher during interviews went further to say:

> SRH education is good for older learners because nobody knows when learners will start engaging in sexual intercourse, so enlightening them keeps them ready (Teacher 2, School A).

On a similar issue on age of learners, another teacher during FGD said:

> SRH education is informative, especially when the learners know when they are abused. It prepares learners for adulthood. So, it should be taught to older learners. (FGD, School A).

In addition, one female teacher in the study felt that there was a mismatch between the age of learners and some content of SRH issues. For example, Teacher 1 felt that the material on sexual relationships is not suited to 8–10-year olds and it is against her culture to talk of human sexual reproductive organs and sexual intercourse with young children. She has therefore chosen not to teach about sexual relationships as she remarked during FGD:

> It is not good for an adult person like me to be talking about sexual relationships and sexual intercourse to small children like these. I skip the content which deals with sexual intercourse. This material is not suited to the age of the primary school children (Teacher 2, School A).

The evidence highlighted indicates that some teachers are against the idea of teaching SRH to younger children. They are of the view that SRH should be taught to elder learners. This finding agrees with results of studies done elsewhere. For example, a study done in China by Ling (2006) indicates that the task of offering Sexuality Education to young children became an ever-more-challenging attempt to primary school teachers. Furthermore, a study by Selwyn and Powell (2006) in the United Kingdom, revealed that young people's sexual health was formally recognized as an area of concern when it was taught in primary schools. Teachers expressed the view that providing children and young people with access to services and education about sexual health is not recommended by the society. Another study done in South Africa by Mbananga (2004) revealed that teachers felt that HIV and AIDS information should be part of the subject matter of Biology, especially for older children.

The feelings of concerns expressed by the participants on the age of learners reflect that the teachers might be in their Stages of Concerns of Information of Hall and Hord's (1987; 2001) Concerns-Based Adoption Model (CBAM). In the Informational stage, teachers want to know more on the SRH content. Teachers may begin some information seeking to gain additional knowledge about the subject area so that it suits the age of learners.

4.4 Challenges that Life Skills teachers face in the teaching of Sexual and Reproductive Health issues at junior primary school level

Whenever change is being implemented, it is likely that challenges will be present. Throughout this study, it was discovered that there were several challenges which teachers face when teaching SRH issues at junior primary school level. The Concerns-Based Adoption Model (CBAM) theory states that, regardless of the origin of the change,

teachers have been found to experience certain feelings and reactions whenever changes in curriculum, instruction, or policies occur (Hall and Hord 2011). Participants discussed the challenges that they face during interviews, and focus group discussions but some challenges were noted even during lesson observations. The common challenges were: inadequate instructional materials, prevalence of HIV and AIDS in the community; lack of skills for teaching SRH issues, large classes; fear of parents and community reaction and language use in junior primary school level.

4.4.1 Inadequate instructional materials

Cheung (2002) in the Concerns-Based Adoption Model (CBAM) theory states that concerns are indicative of the type of support teachers require before, during and after the change process. This means that when there is an implementation of change, all the necessary materials should be available for effective outcomes. Primary education faces a lot of challenges because sometimes the new curriculum is introduced in primary schools without the necessary materials. One of the challenges is inadequate instructional materials. From the lesson observations, only Teachers 1 and 10 used instructional resources other than a textbook. For example, Teacher 1 used a picture of a man touching a girl's breast.

All the classes observed had inadequate text-books. Teachers wanted to maximize the use of the few books which they had by allowing learners to read in groups. All the participants complained about the shortage of the textbooks. It was difficult for them to manage the groups since some groups had fifteen learners against one text book. One teacher stated:

> To copy the whole passage on the chalkboard for the learners to read from the chalkboard becomes difficult for me. It is time consuming as well. Learners are also interested in reading from the books not from the chalkboard. Even some pictures in the textbooks are difficult for a teacher to draw them. Learners will love to see those pictures direct from the books not from the chalkboard or from the charts.

The issue of inadequate instructional materials thus posed a big challenge to teachers. Therefore, SRH issues could not be well developed because learners had no access to textbooks and other instructional materials. Inadequate resources impact on teachers' decisions in the implementation of active participatory approaches. Research studies in the world indicate that a lack of resources forces teachers to use direct methods such as lecturing during most of their classroom time (Chapin and Messick, 2002; Hooghoff, 1993). For example, Luykx (1999) noted that lack of resources in Bolivia made teachers dependent on lectures, with students copying notes and reciting facts. Kaambakadzanja (2001), based on the findings of the University of Malawi's Centre for Educational Research and Training, noted that lack of resources is a hindrance to the preparation of effective lessons.

Evaluating the result of this study and others about inadequate instructional materials against Hall and Hord's (1987; 2001) Concerns-Based Adoption Model (CBAM), resources such as curriculum, learning materials and teacher support were critical external factors for the effective implementation of SRH in Schools. According to Hall and Hord (1987), one of the Concerns-Based Adoption Model's basic assumptions is that to attain curriculum change, the teacher had to change first. In order for the teacher to change, it was important that there be adequate knowledge and an enabling support system or structure in place. The effectiveness of the implementation of SRH depended on whether teachers and the school management seriously considered the subject area (Sweeny, 2008). It implies addressing teacher concerns through the provision of resources, professional development and general or specific administrative support as key to effective implementation of the SRH (Hall and Hord, 1987; 2001; Loucks- Horsley, 1996).

4.4.2 Lack of Knowledge and skills for teaching SRH issues

An analysis of data revealed that another challenge the teachers faced in teaching SRH was lack of knowledge and skills for teaching SRH issues. This was evidenced from the teachers' responses in the interviews and FGD. For instance, during interviews, teachers had this to say:

> Because we are dealing with very important and controversial topics such as sexual intercourse, orientation was necessary for all the Life skills teachers. The children want to know more and yet we do not have enough knowledge to teach such topics. Now how do we go about it? (Teacher 1, School A).

Another teacher had this to say during FGD:

> The government needs to take teachers into intensive training to prepare them and those who are adequately prepared can then go and teach SRH issues (FGD, School A).

In support of this reason on lack of skills for teaching SRH issues, two teachers from FGD said:

> You know what, the children ask you some very awkward questions. And what happens when a learner asks you "why we are growing hips earlier nowadays?" I mean I am not be in a position to answer the question because I do not have knowledge on the SRH issues (FGD, School B).

On the same vein, another teacher had this to say during interviews:

> We talk to them about adolescence, growing up, and private parts. So, as I said, that is why we need the training. The government must provide training to all life skills teachers so that they gain knowledge on how to handle such topics (Teacher 6, School A).

All the participants were of the view that they were willing to teach SRH issues. However, the teachers said that they wanted enough knowledge on these topics so that they teach the right content using the right methods. This finding of lack of knowledge and skills for teaching SRH agrees with Mangrulkar, Whitman and Posner (2001) who also revealed insufficient arrangement for teacher training, lack of quality teaching materials and participatory methods as some of the barriers to the success of SRH and Life skills education. They argued that trained teachers are more likely than those who

are not specifically trained in a given learning area to implement the programme using effective high-quality teaching and learning methods (Mangrulkar *et al*., 2001).

Measured against Hall and Hord's Concerns-Based Adoption Model (CBAM), such teachers who lack knowledge and skills are stuck at the initial stage of Unconcerned/ Awareness, Informational and Personal level, where the individual shows little concern and lack of knowledge, is not ready to accept change and may therefore ignore or resist implementation of the subject area. Zimmerman (2006) observes that teacher knowledge and skills are affected by psychological factors such as teacher feelings, values and attitude when teachers are required to teach a subject outside their desire. Hall and Hord (2001) state that psychological factors are embodied in teachers' espoused concerns during implementation of a prescribed innovation (such as the SRH issues).

Hall and Hord (2011) illustrate the Concerns-Based Adoption Model (CBAM) theory as a tool used to describe, measure and explain the process of change experienced as teachers attempt to implement change. From the findings, it was clear that nearly all the teachers had problems in teaching SRH issues because they were not sufficiently oriented on how to teach SRH issues. Knowing that teachers are central to the change of ideas, which is vital according to Hall and Hord (2001), teacher training must be rigorous in order to give high quality of learning for the learners. Chapin and Messick (2000) highlight that quality of a teacher is the most critical factor in children's learning in school and a teacher makes a difference in the implementation of new innovation like SRH issues in Life skills. Therefore, teachers were supposed to have an intensive training in order to prepare them on how to handle SRH issues successfully.

4.4.3 Fear of parents and the community reaction

The study revealed that fear of parents and community reaction was another challenge that teachers faced in the teaching of SRH issues. People's opinions, religious beliefs and society's taboos and the embarrassment people feel were thought to be some barriers to the teaching of SRH education. This was evidenced from FGDs conducted with the teachers. For instance, one teacher had this to say through FGDs:

> Parents might be the biggest barrier because they might want to teach their children themselves. On the other hand, they may not want their children to be exposed to sex education at all (Teacher 5, School B).

On the same issue, another teacher added, "Ignorant and outdated ideas and beliefs where sexuality is concerned and close-mindedness are a challenge to SRH education (Teacher 6, School B).

Another teacher expressed anxiety about the reaction of parents when learners report that their teacher was mentioning sensitive words like sexual intercourse (*kugonana*) (Teacher 6, School A).

Furthermore, emphasizing on the same, one teacher said:

> On cultural issues, some issues are very sensitive to the learners. As a result, learners get confused and the reaction of the community to Life Skills teachers become bad (Teacher 4, School B).

Furthermore, the fear also concerned the mentioning of abusive words like sexual intercourse (*kugonana*) to a primary school learner. One participant told the researcher that a parent came to her classroom and asked her about the content of SRH after realizing that her child had sensitive words in his exercise book.

Emphasizing on the same, the teacher had this to say through FGDs:

> When parents check what their children have written in their exercise books concerning SRH issues on sexuality, they always come and question us about the content. Parents need to be sensitized about SRH. Otherwise, we face challenges with the parents. (Teacher 6, School B).

This finding of the study concurs with Rooth (2005) who revealed that Sexuality Education in Life Orientation (Life Skills) in South Africa conflicts with traditional values. Consequently, this negatively affects the implementation of the programme in

schools as it receives resistance from the community. Her study showed that the communities consider that Life Orientation Education disconnects children from their cultural roots by discouraging the children to attend initiation schools (Rooth, 2005). Parents in the communities were also opposed to illustrations on sexual development in the learning materials and discouraged learners from reading such materials (Rooth, 2005).

Teachers with such an approach are stuck at the initial stage of Informational (stage 1) of SoC, where the teacher would like to know more about what culture and religion is saying about the teaching of SRH issues in primary schools. Teachers are concerned about the reaction of the parents and the community because of the content of SRH. As such, teachers omit sensitive topics which are also beneficial to the leaners**.** The challenge of fear of parents and the community reaction might be overcome by sensitizing the entire stakeholders who are concerned (parents, communities, teachers and religious leaders) on the issues of SRH issues.

4.4.4 Language use in junior primary school level

The mentioning of sexual organs or private parts proved to be a major challenge to teachers when teaching SRH. This was particularly the case at the junior primary school level where SRH is taught in local languages. At junior primary level, teachers were not comfortable to mention private parts in local language. Teachers revealed that it was culturally obscene to mention private parts by using their real names. Teachers stated that English was not a vernacular language in Malawi so when teachers were mentioning private parts in English, it sounded like the words were not obscene. In junior primary school level, teachers could even borrow English words to refer to the sensitive words. For instance, the words like menstruate, it was translated to "*kupanga menstruate"* other than to say bleeding from the woman's birth canal "*kukha mwazi kuchiwalo choberekera cha mzimayi*".

To testify to this, one teacher said:

> I am comfortable to teach SRH issues. But when it comes to mentioning sensitive words in Chichewa, it becomes hard for me. Sometimes I just mention the words in English although I teach at junior primary school level where I'm supposed to teach in the local language (FGD, School A).

Emphasizing the same reason, another teacher during interviews said:

> I do not know how best I can translate the obscene words from English to local language. Sometimes I ask myself, should I mention the obscene words the way they are to a standard three learner or should I skip the topic? That is why we are demanding an orientation on SRH issues
> (Teacher 3, School A)

Commenting on the issue of language use, it seems teachers in junior primary school level are the ones having a big challenge because they teach Life skills in local Language. To mention explicit terms is something that the teachers as well as their communities regard as taboo.

The challenge of language use as revealed in this study corroborates the findings of the study by Mbananga (2002) who found that teachers were uncomfortable to mention sexual organs in their value system. The teachers pointed out that in their language, Xhosa, genital organs were not called by their real names and explicit words related to sexual intercourse are not used (Mbananga, 2002). Teachers felt that if they were to teach the children about AIDS, sexuality, STDs, and abortion, they themselves needed to attend courses related to these topics otherwise they could not teach SRH topics. The teachers' discomfort with talking about sexual intercourse reveals the inherent silence surrounding sexuality and sexual intercourse among the teachers not only in Malawi but in other countries as well. Measured against Hall and Hord's (1987; 2001) Concerns-Based Adoption Model (CBAM), teachers with such an approach are stuck at the initial Informational stage (stage 1) where the teacher would want to know more about the appropriate language which could be used when mentioning sensitive words related to

SRH issues in primary schools. Teachers are concerned about the reaction of the parents and the community because of the content of SRH. As such, teachers borrow English words when mentioning sensitive words. In summary, some teachers are not comfortable teaching issues that concern the sexual body parts to the young ones.

4.5 Strategies for coping with the challenges

The study revealed that SRH is treated in an arbitrary manner, leaving room for the teachers to decide how, when and what to teach as well as what to leave out (Rasing 2003). With very little guidance, these choices ultimately depend on the individual teacher's judgement on what would be appropriate to teach considering the time available, the age of the learners and the local norms about sex and sexuality education (Mhlauli & Muchado 2015). Based on the encounters discussed in the preceding section, the study revealed that teachers developed some strategies to cope with the challenges. These included selecting which SRH issues to teach and what to leave out, teaching completely different subject matter with little relevance to SRH issues and holding back information, promoting abstinence only and dropping some topics. This was evidenced from interviews and FGDs conducted with the teachers. For instance, during FGD, one teacher had this to say:

> I skip some topics for fear of what my pastor would think of me once he hears that I teach the young ones about sexuality, they may end up excommunicating me (Teacher 4 School B).

4.5.1 Teaching completely different subject matter with little relevance to SRH issues

The study revealed that in some cases, when teachers had already taught the topics in the SRH issues they were comfortable with or felt were appropriate, they turned to teaching completely different subjects with little relevance to the SRH issues. In support of this, another teacher had this to say during the Focus Group Discussion: "When it is time for SRH, I send learners to do outdoor activities which are not related to SRH" (Teacher 3, school B).

Measured against Hall and Hord's (1987; 2001) Concerns-Based Adoption Model (CBAM), teachers with such an approach are stuck at the initial Informational stage, where the teacher would like to know more about what culture and religion is saying about the teaching of SRH issues in primary schools. This results in the teacher not addressing the very issues that the Life Skills programme has identified as most crucial (Chirwa, 2009).

This suggests that Life Skills teachers' norms, beliefs or behaviour may sometimes be in conflict with those advocated in the Life Skills syllabus. As such, Life Skills teachers are expected to set aside any contrary norms and behaviours and adapt to those promoted by Life Skills (Borg, 2006). In addition, considering that Life Skills teachers have their own personalities, norms, beliefs, behaviours, and values, it would be difficult to bury some of them for the sake of teaching Life Skills effectively.

4.6 Chapter summary

This chapter presented and discussed findings of the study based on literature and theoretical framework. The presentation and discussion of the findings were organized thematically according to each research question. It was found in this study that the views of teachers towards the teaching of SRH and the challenges they face are not unique to Malawi as exemplified by studies referred to in this chapter, including the study done in South Africa by Rooth (2005). The next chapter concludes the study by highlighting the main findings, implications and areas for further study.

CHAPTER FIVE

CONCLUSION AND IMPLICATIONS OF THE STUDY

5.1 Chapter overview

The purpose of the study was to explore Life skills teachers' views towards the teaching of SRH issues at junior primary school level. Six teachers from three primary schools were selected for the study in Nkhotakota district. The schools were all public primary schools. This chapter presents the conclusions and implications of the study and suggestions for further research.

5.2 Conclusion of the study

The main research question regarding the study was: How do life skills teachers view the teaching of SRH concepts? This was elaborated by the following sub-research questions; (1) what are the views of Life Skills teachers towards the teaching of SRH concepts at junior primary school level? (2) What challenges do Life skills teachers face in the teaching of SRH concepts at junior primary school level? (3) How do life skills teachers cope with the challenges in the teaching of SRH concepts at junior primary school level?

With the first research question, the study found that teachers had different views towards the teaching of SRH issues in Life skills. It was found that some teachers felt comfortable with the teaching of SRH issues. Such teachers believed that SRH issues are important and therefore have to be taught to learners in primary schools. However, it was also found out that some teachers felt uncomfortable with the teaching of SRH issues. They believed that SRH issues can lead learners to be promiscuous as they learn in class. It was also found that other teachers felt that SRH issues, though important, were not meant for younger learners but for older learners. They emphasized that SRH issues should be taught in senior classes in primary schools and not junior classes. Based on the literature reviewed, these views of teachers in Malawi but resonated, for example, with findings

carried out in the United States of America by Moore and Rienzo in 2000, in South Africa by Prinsloo (20006), and in the Netherlands by Naezer, Rommes and Jansen (2017). The different views of teachers reflected different stages of the Concerns-Based Adoption Model (CBAM) that the teachers were in.

In view of the second research question, the study found out that teachers face many challenges in the teaching of SRH issues. These challenges included inadequate instructional materials, prevalence of HIV/AIDS in the community, lack of knowledge and skills for teaching SRH issues, large classes, fear of parents and community reaction and use of language. These challenges reflected the different stages of concerns (SoC) of CBAM that the teachers were in. Furthermore, with regard to the third research question, the study found out that teachers use different strategies to cope with the challenges they face in the teaching of SRH issues. These strategies were holding back information, promoting abstinence only and dropping topics. These strategies are reflected in the stages of concerns (SoC) of CBAM that the teachers were in.

The study findings have shown the need for specific training in SRH issues for effective teaching of the subject. This could take the form of pre-service teacher training, in-service training, workshops and seminars.

Furthermore, the study has shown that there is a gap in terms of the resources used in the teaching of HRS. Although resources such as Life Skills text books have been supplied to teachers, there is lack of additional resources. Such resources include the model of the human body and appropriate DVDs available to teachers for effective teaching of SRH issues. Sometimes a textbook is the only source of reference for learners, and even distribution of those textbooks shows that not every learner can access a book for himself/herself. This further perpetuates the challenge mentioned above, whereby a teacher withholds information and the learner has no chance to find that information in books.

Given the aspect of what are considered taboo subjects, and how these subjects may affect a teacher's willingness to teach SRH issues, the study has highlighted the need to engage stakeholders at planning and needs assessment stages. This includes teachers and parents. This promotes a sense of ownership as opposed to thinking that the new topics are strange and counterproductive. Parents play a central role in the education of their children and would thus be instrumental in encouraging their children to be more receptive to topics learnt at school.

The question of strangeness is also one that is emphasised by having Teachers' Guides written only in English. Guides written in local languages would be user-friendly for teachers in the junior primary school level whose understanding and command of English is low. A Teachers' Guide in local language would also match with the text-book in local language.

In conclusion, although the teaching of Sexual and Reproductive Health in primary schools presents challenges as demonstrated through the study, the cause is not due to the content, but rather to the approaches and attitudes to that content. This is why the study has highlighted aspects such as specific training, teaching and learning materials and community involvement. With the incorporation of these aspects, there is a high possibility of changing attitudes towards SRH, even to the extent of the topic become one whose relevance both teachers and learners appreciate.

5.3 Implications for further research

Taflinger (2011) states that the purpose of any research is to depict the reader to what occurred, what occurs and what should be. A researcher has to acquire something or collect proof for specific things to add to the existing knowledge. There are still more areas that require further studies to give answers regarding SRH issues at junior primary school level. Further studies could focus on the views of the learners themselves towards the learning of SRH issues at junior primary school level. It would also be possible to carry out studies based on the views of parents towards the teaching of SRH issues at primary school level. Moreover, a study in the domain of teaching SRH could include

comparative aspects in terms of results in different districts or regions in Malawi, or even extend those comparisons to the country's direct neighbours, such as Zambia, Mozambique and Tanzania.

REFERENCES

Adamchak, S.E. (2005). *Findings of a survey of teachers: Strengthening HIV/AIDS partners in education*. Accra, Ghana: World Education.

Akpama, E. G. (2013). Parental perception of the teaching of sex education to adolescent in secondary school in Cross River State, Nigeria. IOSR *Journal of Research & Methods in Education,* 1 (3), 31-36

Alldred, P., David, M.E.& Smith, P. (2003). Teachers' views of teaching sex education: pedagogy and methods of delivery. *Journal of Educational Enquiry*, A(l) , 80-96.

Anderson, S. E. (1997). Understanding teacher change: Revisiting the concerns based adoption model. *Curriculum Inquiry, 27*(3), 331-367.

Awusabo-Asare, K. (2015) *Evidence-Based Sexuality Education in Ghana: A review of the teaching of sexual and reproductive health in junior and senior high schools*. Paper presented to UNFPA (Ghana Office).

Bailie, R. S. (1991). *We have it,* we *sit on* it: *A formative evaluation of a high school sexuality education programme (*Master's thesis). University of Cape Town, South Africa.

Bandawe C, Forster P (1996). AIDS related Beliefs, Attitudes and Intentions among Malawian students in three secondary schools. *AIDS Care,* 8(2), 223-232.

Berlin, B., & Jensen, K. (1989). Changing teachers. *Education and urban society,* 22(1), 115-120.

Borg, R. W., & Gall, P.G. (1996). *Educational research; an introduction*. New Longman Publishers.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3* (2), 77-101.

Cheung, D. (2002). How science teachers' concerns about school- based assessment of practical work vary with time: The Hong Kong experience. *Research in Science and Technological Education,* 22(2), 153-169.

Chirwa, G. & Naidoo, D. (2014). Structural and social constraints in the teaching of Life Skills for HIV/AIDS prevention in Malawi primary schools. *South African Journal of Childhood Education*, 4(1), 61-79.

Chirwa, G.W. (2009). *Implementation of Life skills education in primary schools in Malawi* (Masters' thesis). Witwatersrand University: Johannesburg.

Cohen, D., Manion, L., & Morrison, K. (2007). *Research Methods in Education.* Routledge.

Cohen, L., & Manion, L. (2000). *Research methods in education.* Routledge.

Cohen, L., Manion, L. & Morrison, K. (2002). *Research methods in education*. (5th ed.). Routledge.

Cresswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions.* Sage publications, Inc.

Cresswell, J. W. (2009). *Research design*: *Quantitative qualitative and mixed method approaches.* Sage Publications Ltd.

Creswell, J.W. (2003). *Qualitative inquiry and research design, choosing among five approaches.* Sage Publication.

Daria, M.P.& Campbell, KJ. (2004). Schools need sexuality education programs: *Electronic Journal of Human Sexuality,* 7. ww\v.ejhs.org retrieved on 27 May 2021.

Denscombe, M. (1998). *The good research guide for small scale social research projects.* Open University.

Eko, J. E., Abeshi, S. E., Osonwa, K. O., Uwanede, C. C. &Offiong, D. A. (2013). Perceptions of students, teachers and parents towards sexuality education in Calabar South Local Government Area of Cross River State, Nigeria. *Journal of Sociological Research,* 4 (2), 225-240.

Elbaz, F. (1983). *Teacher thinking, a study of practical knowledge*. Nicols Publishing Company.

Epstein, D., O'Flynn, S. & TeJford, D. (2003). *Silent Sexualities in Schools and Universities.* Trenthan Books Limited.

Evans, D., Rees, J., Okagbue, O. &Tripp, J. (1998). Negotiating sexual intimacy. *Health Education,* 6(1), 220-229.

Evans, D., Rees, J., Okagbue, O., & Tripp, J. (1998). Negotiating sexual intimacy. *Health Education, 6(1),* 220-22.

Forrest, S. (2004). *Sex education that works.* Retrieved from http://www.avert.org/sexedu.html

Frey, J., & Fountana, A. (1993). The group interview in social research. *In Morgan (Ed), successful focus groups: advancing the state of the art, pp. 45-51*. Sage Publications.

Fuller, F. F. (1969). Concerns of teachers: A developmental conceptualization. *American Educational Research Journal*, 6(2), 207-226.

George, A. A., Hall, G. E., & Stiegelbauer, S. M. (2006). *Measuring implementation in schools the stages of concern questionnaire*. Southwest Educational Development Laboratory.

Greenberg, l. S. (1989). Preparing teachers for sexuality education. *Theory into Practice,* 28(3): pp 227-232.

Hall, G. E., & Hord, S. M. (2001). *Implementing change: patterns, principles, and potholes*. Allyn and Bacon.

Hall, G.E., & Hord, S.M. (1987). *Change in schools: Facilitating the process*. State University of New York Press.

Halstead, J. & Waite, S. (200 I). Living in Difficult Worlds: gender differences in the developing sexual values and attitudes of primary school children. *Sex Education*, I, 59-76.

Hord, S.M., Rutherford, W., Huling-Austin, & Hall, G. (1987). *Taking charge of change*. Association for Supervision and Curriculum Development.

Horsley, D. L., & Loucks-Horsley, S. (1998). CBAM brings order to the tornado of change. *Journal of Staff Development, 19*(4), 17-20.

Human Sciences Research Council. (2005). *South African National Prevalence, HIV Incidence, Behaviour and Communication Survey*. Human Sciences Research Council Press.

James-Traore, T. A., Finger, W., Ruland, C. D., & Savarioud, S. (2004). Teacher training: Essential for school-based reproductive health and HIV/AIDS Education. *Family Health International*, 12(4), 15-9.

Kachingwe, S. I., NOIT, K., Kaponda, C. P. N., NOIT, J., Mbweza, E. & Magai, D. (2005). Preparing Teachers as HIV/AIDS prevention Leaders in Malawi: Evidence

from focus groups. *The International Electronic Journal of Health Education*, 8, 193-204.

Kalanda, B. F. (2010). Life skills and reproductive health education changes behaviour in students and teachers: Evidence from Malawi. *Educational Research and Reviews*, 5(4), 169 174.

Kasambara, J. (2010). *Facts and figures on Life skills and sexual and reproductive health education*. Malawi Institute of Education.

Kehily, MJ. (2003). *Sexuality, Gender and Schooling.* Routledge.

Khathide, A.G. (2003). *Human Sexuality and HIVIAIDS Teaching and Talking about our sexuality: A means of combating HIVIAIDS.* Geneva: WCC Publications. http://www.oikoumene.org/fileadmin/fi les/wcc-mai n/documents/ p4/backgrouncl-e.pdf accessed on 17 May 2021

Kishindo (2011) *Life Skill Education and Reproductive Health Education*. Centre for Social Research.

Kishindo, E., Mzumara, P. & Katundulu, M. (2006). *Monitoring and Evaluation of the teaching of Life skills Education in Standard 5, 6, 7 and 8 in the Southern- Eastern Education Division.* Malawi Institute of Education.

Kishindo, E., Mzumara, P.S., & Katundulu, M. (2006). *Monitoring and evaluation of Life skills education in standards 5,6,7 and 8 in South East Education Division (SEED*). Zomba: Malawi Institute of Education.

Kunje, D., & Lewis, K.M. (2000). *The costs and financing of teacher education in Malawi*. Center for International.

Lenderyou, *G. & Ray, C. (1997).* Why is sex education work with boys important? In: G. Lenderyou, & C. Ray (Eds) *Let's hear it f or the boys! Supporting sex and relationships education for boys and young men.* Sex Education Forum.

Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic inquiry*. Sage.

Ling, L. (2005). *The birds and the bees.*Beijing Review. Retrieved from http://www.bjreview.com.cnl

Logan, G. (1991). *Sex education in Queensland: A short history of the debate since 1900.* University of Sydney School of Public Health.

Lokotwayo, N. (1997). *An investigation into the attitudes of teacher trainees: towards the inclusion of sexuality education in the primary school curriculum (*Master's Thesis*).* University of Transkei, Mthatha, Eastern Cape, South Africa.

Longman Dictionary of contemporary English (1987). MacMillan.

MacLachlan M, Namangale JJ (1997). Tropical profiles illness: the psychology of illness perception in Malawi. *Public Health*: 111(4), 211-213.

Maganga, J. (2010). *Monitoring the teaching of Life skills in secondary schools in Malawi.* Malawi Institute of Education.

Maganga, J. (2011). *Report on the orientation of female secondary school teachers to Life skills/sexual and reproductive health education*. Malawi Institute of Education.

Malawi Ministry of Education, Science & Technology. (2000c). *Life skills Education Learners" Books for Standards1- 4.* Malawi Institute of Education.

Manley, J. (1986). Teacher selection for sex education. *SIECUS Report,* 15: ppI0-I I.

Marshall, C., & Rossman, G.B. (2006*). Designing qualitative research* (4th ed). Sage Publications.

Mbananga, N. (2004). Cultural clashes in reproductive health in schools. *Health Education,* 104(3), 152-162.

McAulliffe E, Ntata P (1994). *AIDS: The Barriers to Behaviour change*. Centre for Social Research.

McMillan JH, Schumacher S. (1997) *Research in education*: A conceptual introduction. 4th ed. Longman.

McMillan, J. H. & Schumacher, S. (2010). *Research in Education: Evidence Based Enquiry* (6thed). Pearson Education Inc.

Merriam, S.B. (1995). What can you tell from an N of 1?: Issues in validity and reliability in qualitative research. *PAACE Journal of Lifelong Learning,* 4, 51-60.

Merriam, S.B. (2009). *Qualitative research. A guide to design and implementation***.** Jossey-Bass.

MIE, (2005). *Life skills and sexual reproductive health education. Paper presented to heads of secondary schools.* Malawi Institute of Education.

Milton, 1. (2000). Sexuality education for the future. *Primary Educator,* 6(2), 3-12.

Ministry of Education Science & Technology (MOEST*)* (2002). *Senior secondary*

curriculum: Life skills and HIV education training manual. Lilongwe: MoEST.

Ministry of Education. (2000). *Life Skills Education teachers' guides for standards 2-8.* Malawi Institute of Education.

MoEST. (2000). *Policy Investment Framework*. MoEST.

Moore, M. J., & Rienzo, B. A. (2000*).* Utilizing the SIECUS guidelines to assess sexuality education in one state: Content scope and importance. *Journal of School Health*, 70, 56- 60.

Morgan, D. L. (1998). *Focus groups as qualitative research*. London: Sage Publications.

Mukoma, W., Flisher A.J., Ahmed, N., Jansen, S., Mathews, C., Klepp, K.I. & Schaalma, H. (2009). Process evaluation of a school-based HIV/AIDS intervention in South Africa. *Scandinavian Journal of Public Health*, 37(2), 37–47.

Naidoo M. (2006). An evaluation of the sexuality education programme being implemented in South African schools. Unpublished doctoral thesis. University of Zululand.

Ngaiyaye R (2000). *Sexuality and Reproductive Health Education for primary schools in Malawi*: Baseline Report. Ministry of Education Sports and Culture.

Nieuwenhuis, J. (2007*).* Qualitative research design and data gathering procedures. In Maree, K. (Ed.). *First steps in research*. Vanschaik Publishers.

Ofsted (2010) *Personal, social, health and economic education in schools*. London: Ofsted.

Ninsiima, A. B., Coene, G., Michielsen, K., Najjuka, S., Kemigisha, E., Ruzaaza.G.N.,

Nyakato, V. N., & Leye, E. (2019). *Institutional and contextual obstacles to contextual obstacles to sexuality education policy implementation in Uganda*. *Sex Education, 20*(53), 1–16.

Olowu, D. (2015). Responses to the global HIV and AIDS pandemic: A study of the role of faith-based organisations in Lesotho. *SAHARA-J: Journal of Social Aspects of HIV/AIDS* 12(1), 76–86.

Paechter, E. (2003). *"Mens sana in corpe sano:* Cartesian dualism and the marginalisation of sex education" Paper presented at conference on Sex! Sexuality and Relationships in Education, Institute of Education, London. 29th May 2003.

Pardini, P. (2002). *The history of sexuality education.* Retrieved from http://www.rethinkingschools.orgCmdex.shtml

Peltzer, K., & Promtussananon, S. (2003). *HIV/AIDS education in South Africa: teacher knowledge about HIV/AIDS: Teacher attitudes about and control of HIV/AIDS education.* Retrieved from http://findarticles.com.

Prinsloo, D. J. (2007). Implementation of Life Orientation programs in the new curriculum in South African schools: perceptions of principals and Life orientation teachers. *South African Journal of Education, 27(1), 155-170.*

Prinsloo, D. J. (2010). Implementation of Life Orientation Programmes in the New Curriculum in South Africa Schools: Perception of Principals and Life Orientation Teachers. *South African Journal of Education*, 27(1), 155 – 170.

Rice, F. P. (1995). *Human development: A life span approach (2nd* ed.). Prentice Hall Inc.

Rossman, G. B., & Rallis, S.F. (2003). *Learning in the field: An introduction to qualitative research*. Sage Publications.

Rule, 1. (1979). *Teaching Sexuality. The Body Politic,* 53. www.clga.ca!?A:Teaching%20sexuality.htm retrieved 22 May 2021.

Sarantakos, S. (2005). Social research (3rd ed.). Palgrave MacMillan.

Selwyn, N., & Powell, E. (2007). Sex and relationships education in schools: The views and experiences of young people. *Health Education,* 107(2), 219-231.

Sieg, E. (2003). Sex education and the young: some remaining dilemmas. *Health Education,* 103(1), 3440.

Sprinthall, N. A., & Collins, A. W. (1995). *Adolescent psychology: a developmental view.* McGraw Hill.

Stake, R. (2005). *Multiple Case Study Analysis*. Champaign.

Stan, B. (2006). *Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals.* Millenium Project

Stonewall (2009). *The teachers' report*. Retrieved from http://www.equitycampaign.org/i/a/document/12557_EquityMattersVol6_Web03082010.pdf

Stonewall, (2009). *The teachers' report*. Retrieved from http://www.equitycampaign.org/i/a/document/12557_EquityMattersVol6_Web.pdf

Straub, E. T. (2009). Understanding technology adoption: Theory and future directions for informal learning. *Review of Educational Research*, *79*(2), 625-649.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: technique and procedures for developing grounded theory* (2nd ed.). Sage Publications.

Sweeny, B. (2003). *The CBAM: A model of the people development process. Best Practice Resources*. Retrieved from http://www.mentoringassociation.org/membersonly/CBAM.html

Sweeny, B. (2008). *The CBAM: A model of the people development process. Best practice Resources*. Retrieved from http://www.mentoring-association.org/membersonly/CBAM.html

UNESCO (2010). *Media and HIV/AIDS in East and Southern Africa*. UNESCO.

UNICEF & WHO (1997). *School health education to prevent AIDS & sexually transmitted diseases.* Geneva.

UNICEF, (2006). *School teachers awarded for importing knowledge on HlV/AIDS amongst students.* Retrieved from http:/lwww.unicef.org./school-teachers.pdf

UNICEF. (2001). *Early marriage: Child spouses.* United Nations International Children's Emergency Fund.

UNICEF. (2002). *Life skills and Sexual Reproductive Health for HIV and AIDS Education in Malawi*. Malawi Institute of Education.

University of Malawi Faculty of Education, (2010).*Assessment of Life skills education in Malawi.* Chancellor College.

Van Manen, M. (1982). Practicing phenomenological writing. *Phenomenology +Pedagogy* 2(1), 1-69. DOI: https://doi.org/10.29173/pandp14931

Vergnani, T. & Frank, E. (1998). *Sexuality Education for Intermediate Phase Teachers.* Heinemann.

Vergnani, T. & Frank, E. (1998). *Sexuality Education for Intermediate Phase Teachers.* Heinemann.

Visser, M. (2004). *The impact of individual differences on the willingness of teachers in Mozambique to communicate about HIV/AIDS in school and communities (*(Doctoral thesis). The Florida State University College of Communication.

Wang, B., Hertog, S., Meier, A., Lou C., and Gao, E. (2005). The potential of comprehensive sex education in China: Findings from suburban Shanghai. *International Family Planning Perspectives,* 31(1), 45-51.

Weeks, J. (1997). Invented Moralities: Sexual Values in an Age of Uncertainty. New York: Columbia University Press.

Wekesah, F. M., Nyakangi, V., Onguss, M., Njagi, J. & Bangha, M. (2019). *Comprehensive sexuality education in Sub-Saharan Africa.* Africa Population and Health Research Centre (APHRC).

WhyId, J. (1993). *Sexism in the secondary school curriculum.* Harper & Row Publishers.

World Health Organization (2006) *Defining sexual health: Report of a technical consultation on sexual health. Geneva*. World Health Organization .

World Health Organization (2014). *Sexual and reproductive health.* Retrieved from http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

Zainal, Z. (2007). Case study as a research method. *Journal Kemanusiaan*, 9,1-6.

Yingying, H. (2005). *Social construction and meanings of sexuality education in Chinese context.* Retrieved from http;//www.sexstudy.org/english/index.

Zimmerman, J. (2006). Why some teachers resist change and what principals can do about it. *National Association of Secondary School Principals* (*NASSP)* B*ulletin*, 90(3), 238-249.

APPENDICES

APPENDIX A: PERMISSION LETTER TO THE CHIEF EDUCATION MANAGER

TO: The Chief Education Officer
Nkhotakota DEM
Post Office Box 20
Nkhotakota

FROM: Benedicto Mackington Melamela
P.O Box 119
Dwangwa

Date:……

Dear Sir

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH IN SELECTED PRIMARY SCHOOLS IN KASIPA EDUCATION ZONE.

I am Benedicto Mackington Melamela a Master of Education in Curriculum and teaching studies (Social Studies) student at the University of Malawi. I am conducting a research study as part of the requirements for the Master's degree in Curriculum and teaching studies (Social Studies). The title of my research is: Life skills Teachers' Views towards the teaching of Sexual and Reproductive Health (SRH) Issues at junior primary school level in selected primary schools in Kasipa Education Zone.

The aim of the study is to explore Lifeskills teachers' views towards the teaching of Sexual and Reproductive Health Issues at junior level primary school.

The study is qualitative and will use phenomological. Three primary schools will be involved. At each school, I will carry out interviews and also Focus Group Discussions with Lifeskills teachers. I will also observe Sexual and Reproductive Health Issues lessons.

I hereby ask your permission to approach the institutions to provide participants for this study.

If you may require more information, you can contact the Chairperson of University of Malawi Research Ethics (UNIMAREC) Dr Victoria Ndolo, UNIMAREC Chairperson, P.O Box 280, Zomba. Phone: +265995042760. E-mail unimarec@unima.ac.mw

Yours Faithfully,

BENEDICTO M. MELAMELA

melamelab@gmail.com

Phone: 0888 372146/0999178425

APPENDIX B: INTRODUCTORY LETTER FROM THE DISTRICT EDUCATION OFFICERS

4th January, 2023

FROM: The Chief Education Officer
Nkhotakota DEM
Post Office Box 20
Nkhotakota

TO: The Headteacher
Kasipa Zone Schools

INTRODUCTORY LETTER

May you welcome Mr. Benedicto Mackington Melamela who is on research on his studies pursued at the University of Malawi (CHANCO)

Your assistance will be appreciated

H.D. Ngalande
For the CEO (Nkhotakota DEM)

APPENDIX C: INTRODUCTORY LETTER TO THE HEAD TEACHERS

University of Malawi
P.O. Box 280
Zomba
Malawi

January, 2023.

The Head Teacher
Kasipa Zone Primary Schools
Nkhotakota
Malawi.

Dear Sir/Madam,

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN YOUR SCHOOL IN JANUARY-MARCH, 2023.

My name is Benedicto Mackington Melamela, a Master of Education student (in Social Studies) at the University of Malawi, Chancellor College. I want to conduct a research on the life skills teachers' views towards the teaching of sexual and reproductive health issues at junior primary school level.

I hereby wish to request permission to conduct my study in your school. My study will involve observing Standards 3 and 4 Life skills lessons on the sexual and reproductive health issues, then interviews with the same life skills teachers will follow. I will request you and the teachers to sign a consent form accepting involvement in my research. I have also sought the permission of the District Education Manager to conduct research in your school. I intend to protect the anonymity of your school, the teachers' anonymity and yourself. I will do this by using fictitious (not real) names for your school, the teachers and yourself.

Yours sincerely,

BENEDICTO MACKINGTONE MELAMELA (REG. NO. MED/SED/03/19)

INFORMED CONSENT FORMS

APPENDIX D a: LIFE SKILLS TEACHER'S CONSENT FORM

TO: Life skills teacher

FROM: Benedicto Mackington Melamela

C/O Post Office Box 119

Dwangwa

Date:……..

LIFE SKILLS TEACHERS'VIEW TOWARDS THE TEACHING OF SEXUAL AND REPRODUCTIVE HEALTH ISSUES AT JUNIOR PRIMARY SCHOOL LEVEL

I am Benedicto M. Melamela, studying for a Master of Education in Curriculum and Teaching Studies (Social Studies) at the University of Malawi. I am requesting your participation in my research study.

The aim of the study is to explore Teachers' views towards the teaching of Sexual and Reproductive Health Issues at junior primary school level in Nkhotakota district. This study therefore seeks to explore the attitudes of Life skills teachers towards the teaching of SRH issues at junior primary school level. It is expected that the Ministry of Education will benefit from the study through its findings and recommendations which will provide feedback on how SRH Issues is being approached in the teaching and learning process, and the challenges teachers face when implementing SRH Issues. In addition, the information will help the teachers to emulate good practices done by their fellow teachers. It will further enable the MoE to find ways of enhancing or supporting the policies put in place for the benefit of the schools, teachers, students as well as the community.

You are therefore asked to participate because you are a Life skills teacher who is directly involved in the implementation of SRH Issues. You will be interviewed, observed during lessons and FGD sessions.

Your participation is voluntary, you may decide to take part or not. In addition, you will be asked to sign a consent form if you may decide to participate.

As a way of ensuring that accurate information is generated from you, the interviews will be tape recorded and later be destroyed after use. This is to ensure that the information generated is used solely for the purpose of this study. The information generated will be treated as confidential as no part of it will be shared. It will only be for the purpose of this study. The school's identity as well as your identity will be concealed. This will be ensured through the use of codes.

If you may require more information in regards of the study you may contact the Chairperson of University of Malawi Research Ethics Committee (UNIMAREC) on the following contact details: Dr Victoria Ndolo UNIMAREC Chairperson, P.O Box 280, Zomba, Phone: +265995042760. E-mail unimarec@unima.ac.mw

Benedicto M. Melamela
Research student
University of Malawi

0888 372146/0999178425

APPENDIX D b: INTRODUCTION AND INFORMED CONSENT

Dear Participant,

My name is Benedicto Mackingtone Melamela, a Master of Education student at the University of Malawi, Chancellor College. I am conducting a research project for my thesis. The purpose of my study is to explore life skills teachers' views towards the teaching of Sexual and Reproductive Health issues at junior primary school level.

I am requesting you to participate in this study. However, the following information is provided for you to decide whether you wish to participate in the present study.

1. You should be aware that you are free to decide not to participate or to withdraw at any time, without affecting your relationship with the researcher or the University of Malawi.

2. The activities you will be involved in are participating in an interview. The second activity is that I will observe **one** of your Life skills Education lesson on the topic of sexual and reproductive health.

3. The last activity is for you to participate in is a post-lesson interview after I observe your lesson. This interview will take a maximum of **30minutes**.

4. For the sake of protecting your identity, your name will not be associated with the research findings in any way and only the researcher will know your identity as a participant.

Your benefits as a participant will be information that the study is to generate as we discuss the subject of the teaching of Life skills Education in sexual and reproductive health topics at your school and the opportunity to participate in the study.

You have been selected because you have the information that I am looking for since the study is targeting Life Skills teachers at junior primary school level. To ensure maximum confidentiality, all data gathered will remain private and will not be released to any third party. Instead of your name, a code name will be used to maintain the anonymity. Again, your school name will be hidden throughout the study period. This data will be used for the purpose of this study only and will be destroyed once the thesis is produced.

Should you, at any time have questions regarding this study, my contact details are as follows:

Name: Benedicto Mackington Melamela

Email: melamelab@gmail.com

Facebook: Benedicto Melamela

Cell/Whatsapp: +265888372146/+265999178425

Should you have concerns about this study and wish to contact someone independent, you may wish to contact my supervisors using details below:

Main supervisor	Co-supervisor:
Dr. A Chiponda.	Dr. E. Kunkwenzu.
School of Education	School of Education
P.O. Box 280	P.O. Box 280
Zomba	Zomba
Cell: 0 999 205 598.	Cell: 0 993 425 995.
Email: achiponda@cc.ac.mw	Email: ekunkwenzu@cc.ac.mw

Before signing this consent form, please, read the following statements:

• I have read and understood the information above.

• I understand what the study is about, and what the results will be used for.

• I know that my participation is voluntary and that I can withdraw from the project at any stage without giving a reason.

• I am aware that my results will be kept confidential and destroyed after producing the final thesis.

Name of participant:_____

Signature:_____ Date: _____

Name of researcher:_____

Signature:_____ Date: _____

APPENDIX D: LIFE SKILLS TEACHER'S CONSENT FORM (KALATA YA CHIVOMEREZO)

KUPITA KWA: Aphunzitsi a Life skills

KUCHOKERA KWA: Benedicto Mackington Melamela

Private Bag 2

Benga

Nkhotakota

Date:……..

KUFUFUZA MAGANIZO APHUNZITSI OMWE AMAPHUNZITSA PHUNZIRO LA LUSO LA MOYO WABWINO PA MUTU WOKHUZA ZIWALO ZOBISIKA KOMANSO UCHEMBERE WABWINO M'MAKALASI A 3 NDI 4

Ndine Benedicto Melamela, amene ndikuphunzira maphunziro adigiri pa sukulu ya ukachenjede ya Chancellor College.

Ndikukupemphani kuti mutengeko mbali pakafukufuku amene ndikupanga.

Cholinga chakafukufukuyu ndikufuna ndidziwe ndi kumvetsa bwino maganizo aphunzitsi omwe amaphunzitsa phunziro la Luso la moyo wabwino pa mutu wokhuza ziwalo zobisika komanso uchembere wabwino m'makalasi a 3 ndi 4

Mukupemphedwa kutenga mbali mukafukufuku ameneyu. Komabe, uthenga otsatirawu ukuthandizirani inu kuti muganize ndi kumvetsa bwino zakutengapo gawo kwanu pakafukufuku ameneyu.

i Zindikilani kuti ndinu ololedwa kuchita chisankho chosatengapo gawo kapena kulekezera panjira kutengapo gawo kwanu mosasokoneza ubale wanu ndiwochita kafukufuku kapena sukulu ya ukachenjede ya Malawi

ii Ntchito yanu yaikulu yomwe mutengepo gawo ndikuyankha mafunso. ntchito ina ndi kuphunzitsa phunziro limodzi la Luso la moyo wabwino pa mutu wa 'ziwalo zobisika komanso uchembere wabwino'. Nthawi yophunzitsa ine monga ochita kafukufuku ndikawonera phunzirori

iii Ntchito yanu yomaliza ndiyakuti mudzafunsidwa kuyankha mafunso omwe mudzafunsidwe nditadzawonera phunziro lanu.kukambirana kudzera mmafunso kudzatenga mphindi zosachepera makumi atatu

iv Posamala za umunthu wanu, dzina lanu silidzagwiritsidwa ntchito mwanjira iliyonse ndipo ochita kafukufuku yekha ndamene adzadziwe za inu ngati mtenga mbali wake.

Kufunika kwanu pakafukufukuyu ndi uthenga womwe inu mudzapeleka pamene tidzakambirana kuchokera pazomwe mudzaphunzitse pa mutu wa ziwalo zobisika komanso uchembere wabwino ndikupeleka mpata kwainu ochita nawo kafukufukuyu.

Zindikilani kuti inu mwasankhidwa chifukwa muli ndi kuthekera konse kopeleka uthenga omwe ine ndikufuna pozindikila kuti kafukufuku wanga akukhudza kwambiri aphunzitsi omwe amaphunzitsa phunziro la Luso la moyo wabwino m'makalasi a 3 ndi 4 msululu zapulaimale. posamalitsa za chisisi ndi umunthu wanu, zones zomwe zidzachitike ndikulankhulidwa pakafukufuku ameneyu sizidzaulitsidwa kwa aliyense ndipo zidzasungidwa motetezeka. Mwachitsanzo zizindikiro zamalembo zidzagwiritsidwa ntchito m'malo mwa dzina lanu ndipo sukulu yanu idzabisidwa dzina pakafukufuku yese. Uthenga omwe ndikufuna ndifufuze udzagwiritsidwa ntchito pa maphunziro anga ndipo udzafufutidwa maphunziro anga akadzatha.

Ngati mungafune kufusa zambiri zokhudza maphunziro anga kudzera m'kafukufukuyu tingathe kulumikizana kudzera mu imodzi mwa njira izi:

Name: Benedicto Mackington Melamela

Email: melamelab@gmail.com

Facebook: Benedicto Melamela

Cell/Whatsapp: +265888372146/+265999178425

Mwinanso mutha kukhala ndi nkhawa ndipo mukufuna kupeza uthenga wina kapena kufunsa kwa munthu wina kupatula ine pankhani ya maphunziro anga kudzera mukafukufukuyu, mungathe kutelo polumikizana ndi m;modzi mwa anthu awa:

Main supervisor

Dr. A Chiponda.

Faculty of Education

Chancellor College

P.O. Box 540

Zomba

Cell: 0 999 205 598.

Email: achiponda@cc.ac.mw

Co-supervisor:

Dr. E. Kunkwenzu.

Faculty of Education

Chancellor College

P.O. Box 540

Zomba

Cell: 0 993 425 995.

Email: ekunkwenzu@cc.ac.mw

Musanasindikize kupyolera m'kulemba chonde welengani mfundo zotsatilazi:

-Ndawerenga ndi kumvetsa bwino uthenga uli m'mwambamu.

-Ndamvetsa bwino cholinga cha maphunziro anu kudzera mkafukufuku ndi nmomwe zotsatira zake zidzagwilire ntchito

-Ndizindikilanso kuti kutengapo mbali ndi chisankho change ndipo nditha kusiya kutenga nawo mbali nthawi ina iliyonse osapeleka chifukwa chilichonse.

-Ndikudziwa bwino kuti zomwe ine ndingathandizile pakafukufukuyu zidzasungidwa motetezedwa ndi mwachisisi ndipo zidzafufutidwa maphunzirowa akadzatha.

Dzina la mtengambali_____

Sayini (kusimikiza)_____ tsiku_____

Dzina la ochita kafukufuku ____

Sayini (Kutsimikiza ____ tsiku____________

APPENDIX E: INTERVIEW QUESTIONS FOR LIFE SKILLS TEACHERS

1. What do you understand by the term “Sexual and reproductive health”?

2. How do you feel about teaching sexual and reproductive health issues?
3. Describe the teaching methods you use to teach sexual and reproductive issues.

4. Do you think that sexual and reproductive health is appropriate for your learners? Why?

5. What do you think is the appropriate age for students to receive sexual and reproductive health education? Why?

6. What do you feel is the biggest challenge to the introduction of sexual and reproductive health education at junior primary school level?

7. How do you cope with the various reactions learners display during the sexual and reproductive lessons?

8. What are some of the criteria used by your school management to select teachers to teach sexual and reproductive issues?

9. Have you undergone sufficient orientation or training in life skills education to enable you to be an efficient performer of your role? Explain?

10. What do you think the government can do to promote the teaching of sexual and reproductive health education?

Thank you for taking part in this interview.

Namulondola wa Mafunso omwe Aphunzitsi a Luso la moyo wabwino afunsidwe.

Dzina la mphunzitsi/Nambala yachinsinsi ya Mphunzitsi……..

Dzina/Nambala yachinsinsi ya sukulu……

Mamuna/Mkazi …….

Tsiku……

1 Kodi kunena kuti "upangili wa uchembere wabwino kumatanthaudza chani kwa inu?

2 Inu ngati m'mphunzitsi mumachimva bwanji mukamaphunzitsa mutu umenewu wa ziwalo zobisika ndi uchembere wabwino?

3 Tafotokozani momveka bwino njira zomwe mumagwiritsa ntchito pophunzitsa mutu umenewuwa ziwalo zobisika ndi uchembere wabwino

4 Mukuganiza kuti nkofunikiradi kuti ophunzira anu aziphunzira nkhaniyokhudza ziwalo zobisika ndi uchembere wabwino

5 Mukuganiza kuti ndi ophunzira apakati pa zaka ziti omwe ayenera kumaphunzitsidwa nkhani yokhudza ziwalo zobisika ndi uchembere wabwino?

6 Mukuganiza kuti ndinmavuto ati omwe angakhalepo kapena angadze kamba kophunzitsa nkhani yokhudza ziwalo zobisika ndi uchembere wabwino?

7 Muthana nawo bwanji makhalidwe omwe ophunzira amaonetsa kudzera m'mafunso ndi mayankho kapena chidwi zomwe ana amaonetsa mukamaphunzitsa nkhani yokhudza ziwalo zobisika ndi uchembere wabwino

8 Ngati sukulu, kodi ndondomeko ziti zomwe mumagwiritsa ntchito posankha aphunzitsi omwe angaphunzitse nkhani yokhudza ziwalo zobisika ndi uchembere wabwino?

9 Kodi inu mudaphunzitsidwa ndikuphunzira mokwanira phunziro la Luso la moyo wabwino kuti mukhale namatetule wa phunziroli? Fotokozani mwachidule.

10Mukuganiza kuti Boma lichite chiyani kuti nkhani yokhudza ziwalo zobisika ndiuchembere wabwino ipite patsogolo?

Zikomo kwambiri kamba kotengapo mbali poyankha mafunso amenewa

APPENDIX F: LESSON OBSERVATION TOOL FOR LIFE SKILLS TEACHERS

School: …… Class: …….. Number of learners in class…….

Teacher's pseudonym……Gender:……. Teacher Qualification: (a) Academic…… (b)Professional……(c) Number of years as a life skills teacher: ……

Date of lesson observation: …….

A. Lesson preparation (Scheming and Lesson Planning)

(To be completed before the lesson)

1. Is Life skills Education time-tabled? Yes/No

2. Number of period allocation per week…. ……

3. Are schemes and records of work:

(a) Available? .....

(b) Updated? .....

4. Lesson plan:

(a) Is it available? .....

5. (a) What is the topic of the lesson

(b) Does the lesson topic appear in the scheme for that week? Yes/No

6. What are the success criteria of the lesson?

7. What learning activities are to be used in the lesson?

8. What teaching methods/pedagogy are to be used in the lesson?

9. What teaching and learning resources are to be used in the lesson?

10. How will learners be assessed?

B. Observation (apprehending what really happened in the lesson, that is what a teacher will be doing, saying and writing on the chalk board in his/her teaching and what the learners will be doing and saying in the lesson)

Post-lesson Observation Interview Protocol

1. Please tell me about your lesson which you have just taught today, what are the things that you liked about it? What are the things that you did not like?

2. Can you tell me more about the strategies you used in the lesson, how did they help your learners to learn what you wanted them to?

3. Where did you learn the strategies you used in your lesson?

4. Did you achieve your success criteria of the lesson? Explain

5. What challenges did you experience in your lesson presentation?

APPENDIX G: FOCUS GROUP DISCUSSION INTERVIEWS WITH TEACHERS

1. What are your attitudes about the teaching of sexual reproductive health issues?

2. Do you think the government should continue offering sexual and reproductive health topics? Give reasons

3. What do you think is the appropriate class to receive sexual and reproductive health topics? Give reasons

4. What strategies should the government put in place to promote the teaching of sexual and reproductive health topics?

5. How do you teach about sexual and reproductive health topics?
6. Why do you teach sexual and reproductive health topics in the way you do?

7. What challenges do you face in the teaching of sexual and reproductive health issues in Life skills in primary schools?
8. How do you cope with the challenges you face in the teaching of SRH issues?

THANK YOU VERY MUCH FOR THE GOOD TIME WE HAVE BEEN TOGETHER. IT HAS BEEN REALLY GOOD TO CHAT WITH YOU. I WISH YOU ALL THE BEST IN YOUR TEACHING. THANK YOU.