LIFE SKILLS TEACHERS' VIEWS TOWARDS THE TEACHING OF SEXUAL AND REPRODUCTIVE HEALTH ISSUES IN PRIMARY SCHOOLS

Master of Education (Primary - Social Studies Education) Thesis

By

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DECLARATION

I hereby declare that the text of this thesis entitled: LIFE SKILLS TEACHERS' VIEWS TOWARDS THE TEACHING OF SEXUAL AND REPRODUCTIVE HEALTH ISSUES: THE CASE OF LILONGWE URBAN PRIMARY SCHOOLS is substantially my own work.

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CERTIFICATE OF APPROVAL

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

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DEDICATION

To my beloved husband, James Richard Njiragoma for spending most of his precious time taking care of our kids especially the young one who was a year and half when I left him for three years to study for my first degree in America. As if that was not enough, James tirelessly continued sacrificing his time taking care of the same kids during my Master's Degree at Chancellor College. You sacrificed so much for my success. Thank you for your patience and dedication.

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ABSTRACT

Malawi is faced with the social problems of teenage pregnancy; HIV/AIDS, child abuse just to mention but a few. In order to address these problems, the government implemented a curriculum intervention strategy namely; combining Sexual and Reproductive Health in Life skills to learners in primary schools. SRH issues are important because they are culturally sensitive as they tackle issues which have for a long time been considered secret and meant for adults in society. The aim of the study was to explore the views of Life skills teachers towards the teaching of SRH issues in primary schools. The research was conducted in two primary schools in Lilongwe Urban. The study was guided by the following questions: The views of Life skills teachers towards the teaching of SRH issues, how SRH is taught, and challenges which teachers encounter when teaching SRH issues. The study used qualitative design and employed phenomenology as a method. Data for the study was generated using lesson observations, semi-structured interviews and focus group discussions. The sample for the study consisted of standard three, four, six and seven Life skills teachers and the sample was selected using purposive sampling technique. The major findings of this study indicated that teachers are supportive of SRH issues as a means of assisting learners with making informed choices. However, some teachers are not comfortable to teach the content in junior section since the learners are very young for SRH issues. It could be recommended that Life skills teachers need support from the MoEST, the community and the school in order to teach SRH issues effectively.

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LIST OF ACRONYMS AND ABBREVIATIONS

ACET	:	Aids Care and Education Trust
ARVs	:	Anti-retrovirals
CBAM	:	Concerns-based Adoption Models
CTC	:	Child to Child
DCE	:	Domasi College of Education
DEM	:	District Education officer
FGD	:	Focus Group Discussions
HIV/AIDS	:	Human Immuno Deficiency Virus and Acquired Immune Deficiency Syndrome
IC	:	Innovation Configurations
IPTE	:	Initial Primary Teacher Education
JCE	:	Junior Certificate of Education
LOU	:	Levels of Use
LKS	:	Life skills
LSE	:	Life Skills Education
MoEST	:	Ministry of Education Science and Technology
MANEB	:	Malawi national Examinations Board
MIE	:	Malawi institute of Education
MSCE	:	Malawi School Certificate of Education
PIASCY	:	Presidential Initiative on AIDS Strategy for Communication to Youth

PSLCE	:	Primary School Leaving Certificate
PT	:	Primary Teacher
SOC	:	Stages of Concern
STIs	:	Sexual Transmitted Infections
TDC	:	Teacher Development Centre
UN	:	United Nations
UNESCO	:	United Nations Educational Science and Culture Organizations
UNICEF	:	United Nations International Children's Education Trust

CHAPTER ONE

INTRODUCTION TO THE PROBLEM

1.0 Chapter overview

This chapter, gives an overview of the study on Life skills teachers' views towards the teaching of sexual and reproductive health issues (SRH) in Life skills in primary schools. It first gives the background of the study in which the context of the problem under investigation is highlighted. Then the chapter explains the motivation for the study and illuminates the research problem. Furthermore, the chapter elucidates the purpose for the study and states the main research question and sub-questions which guided the inquiry. The chapter also explains the significance of the study and the meanings of the operational terms used. Last but not least, it outlines the organisation of the thesis.

1.1 Background to the study

The education system in Malawi consists of four levels: primary education, secondary, vocational technical and tertiary education (MoEST, 2000). The primary education levels which is the focus of this study consists of eight classes namely, standard one to eight. At the end of the eighth grade, students sit for Primary School Leaving Certificate of Education (PSLCE) examination which upon successful completion, qualify them for secondary education.

The primary school curriculum in Malawi offers a variety of subjects, namely; English, Chichewa, Mathematics, Science, Religious Education, Social Studies just to mention but a few. Initially, the primary school curriculum did not offer Life skills education. However, in 1999 the Ministry of Education Science and Technology (MoEST) introduced Life skills in the primary education circle (Standards 1-8) as a non-examinable subject (Malawi Institute of Education, 2005).

The subject was introduced to help the youth in Malawi address social difficulties which they face including HIV/AIDS and other sexually transmitted diseases, drug and substance use and abuse, violence and delinquency, harmful cultural practices, human rights (Children's rights) and gender issues (Malawi Institute of Education, 2005). The subject was later made compulsory and examinable in 2011 to enable both teachers and learners to take it seriously because of its importance.

The Ministry of Education Science and Technology later decided to include Sexual and Reproductive Health (SRH) issues in Life Skills Education (LSE) to ensure a more integrated delivery of closely related topics. The ultimate goal was to develop and sustain positive behaviours in the youth through their active involvement in the learning process (Malawi Institute of Education, 2005).

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). These issues usually take a long time being debated among those who are involved. SRH issues, among others deal with issues of sex and sexuality and sexually transmitted diseases including HIV and AIDS. Therefore, as a controversial subject, both parents and teachers have differing views towards the teaching of SRH issues in Life Skills in schools.

Some adults feel that sexuality information 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 clear that sexual activity is wrong, by encouraging ignorance, the problem will disappear. Furthermore, Sprintall and Collins (1995) argue that ignorance is not a barrier to sexual activity.

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 practice 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. In a national survey conducted in South Africa in 1981, fifteen and sixteen year olds were questioned confidentially about their sexual behaviour and about how much information they had obtained about sex and from what sources. Of this group, only 17% of those who had had Sexuality Education courses have had sexual intercourse, whereas 26% of those who had not taken Sex Education courses

had intercourse. This study therefore shows that children with knowledge of SRH engage in sexual intercourse less than those without knowledge. This implies that girls and boys can proceed with education if they have knowledge of SRH because they will not drop out of school due to early pregnancies and HIV/AIDS.

This therefore shows that adults have different attitudes towards open discussion of SRH issues with children. This study therefore seeks to investigate the views of Life skills teachers towards the teaching of SRH issues in primary schools.

1.2 Motivation for the study

Having taught Life skills at Teacher Training Colleges, there is always a debate that arise on SRH issues among the lecturers about the issues being obscene. Some lecturers being in favour of SRH issues for primary schools while others against it. Their views about the subject motivated me to find out the views of Life skills/SRH teachers towards the teaching of SRH issues in primary schools. These are the teachers who interact with the young ones in primary schools and the researcher wanted to find out if the issue also arouses controversy to the Life skills teachers.

In addition, the researcher was motivated to investigate the views of Life skills teachers towards the teaching of SRH issues in primary schools because HIV and AIDS and teenage pregnancy continue to increase despite the inclusion of SRH topics in the Life skills curriculum. Such investigation may lead to an improvement in the way the SRH issues are taught and learnt for the HIV and AIDS and teenage pregnancy to be reduced.

1.3 Statement of the problem

As pointed out above, Life skills especially SRH in it tends to be controversial among many stakeholders and adults in the society. This applies not only to Malawi but to other countries as well. For instance, when Life skills was introduced in some countries such as Ghana with its emphasis on SRH issues, people in the society had conflicting views concerning the teaching of such controversial topics in schools (Moore & Rienzo 2000). However, since the introduction of Life skills in Malawi in 2002 there has been no study done to investigate the views of teachers on the teaching of SRH issues in primary schools. The limited studies done on life skills in Malawi focused on the effectiveness of the subject in educating the youth on alcohol, tobacco and other drug abuse, nutrition, and prevention of STIs including HIV and AIDS (UNICEF, 2000). Another study focused on the challenges which standard four Life skills teachers face in the implementation of life skills in general (Chirwa, 2009). A related study was carried out by Mbweza and Magai (2005) who investigated the attitudes of student teachers in Malawi regarding their potential role in the teaching of HIV and AIDS in Life skills and this study was done in teacher training colleges. This therefore shows that there is no study which focused on the views of teachers towards the teaching of SRH issues in Life skills in primary schools. It is in light of this background that this study aims at investigating the views of primary school teachers on the teaching of SRH issues in Life skills in primary schools in Malawi.

1.4 Purpose of the study

The purpose of this study was to investigate the views of Life skills teachers towards the teaching of sexual and reproductive health issues in Life skills in primary schools.

1.5 Key research question

The study is guided by the following key research question:

What are the views of Life skills teachers towards the teaching of sexual and reproductive health issues in Life skills in primary schools?

Sub-research questions

Specifically the study will be guided by the following sub-questions

a) What are the beliefs of Life skills teachers towards the teaching of SRH issues in Life Skills in primary schools?

b) What strategies do life skills teachers use in teaching Sexual and Reproductive Health topics in primary schools?

c) What challenges do Life skills teachers face in the teaching of sexual and reproductive health issues in primary schools?

1.6 Significance of the study

The findings of this study will help teachers, curriculum developers and planners and the entire Ministry of Education Science and Technology on the teaching of SRH issues in

Malawi schools by planning the Life skills curriculum according to the needs of Life skills teachers in primary schools.

In addition, the findings of this study will shed more light on how Life skills teachers relate with this new invention. The study will also help by finding the strategies on how to handle SRH issues especially its terminologies. This will be done by the government through in-service programs that will take into account the challenges which are experienced by Life skills teachers when teaching SRH issues.

1.7 Definitions of key terms

The meanings of many terms commonly used can be interpreted in different ways. To ensure clarity for the reader, the following definitions are provided below:

Life skills

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

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).

Sexuality Education

Sexuality Education as the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy (Forrest, 2004). 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.

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 (The World Health Organization, 2004). Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviour, practices, roles and relationships.

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).

1.8 Organization of the thesis

This thesis is organised into five chapters. Chapter one is the introduction of the study. It covers the background to the study and motivation for the study, states the problem, purpose of the study, research questions and explains the significance of the study and the

definition of key terms. Chapter reviews 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 approach and design, 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 recommendations as well as areas for the further research.

1.9 Chapter summary

This chapter provided the introduction to the study. It explained the back ground to the study, motivation for the study and 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 organization 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

2.0 Chapter overview

This chapter reviews literature related to Life skills teachers' views in the teaching of SRH issues in primary schools with the aim of identifying gaps and locating the study in this body of knowledge. The review shows that a number of studies on views of Life skills teachers on the teaching of SRH issues have been conducted both in Africa and the Western World. Furthermore, the chapter explains and justifies the Concerns- Based Adoption Model (CBAM) as the theoretical framework that guided and underpinned the study. The review in this chapter is divided into five sections. The first section reviews literature on the importance of Life skills and SRH Education. The second section reviews literature on Life skills teachers' views towards the teaching of SRH issues. This is followed by a section on how Life skills teachers teach SRH issues in primary schools. The fourth section reviews literature on challenges which Life skills teachers face in the teaching of SRH issues. Last but not least, the chapter elucidates the theoretical framework underpinning the study.

2.1 Importance of Life skills and Sexual Reproductive Health Education (SRHE)

SRH 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 (Bernstein, 2006). Furthermore, SRH encompasses the right of all individuals to make decisions concerning their sexual activity and reproduction free from discrimination, coercion, and violence. Specifically, access to SRH ensures individuals are able to choose whether, when, and with whom to engage in sexual activity; to choose whether and when to have children; and to access the information and means to do so (Bernstein, 2006).

According to WHO (2014), SRH includes the right of all persons to: Seek, receive, and impart information related to sexuality; Receive Sexuality Education on HIV/AIDS; Have respect for bodily integrity; Choose their partner; Decide to be sexually active or not. Furthermore, SRH issues include the right of people to have consensual sexual relations; Have consensual marriage; Decide whether or not, and when, to have children; and Pursue a satisfying, safe, and pleasurable sexual life (World Health Organization, 2014). Consequently, SRH encompasses a number of critical health related issues for the young child and growing adolescent. SRH is a key area for ensuring the total well-being of children. This is why it is becoming a growing area in school programs (Fawele, 1999).

UNICEF and WHO (1997) state that Life skills can generally be applied in various aspects of life. In health, Life skills can be utilised in many content areas, such as; the

prevention of drug and substance abuse, sexual violence, teenage pregnancy, and prevention of HIV and AIDS and other sexually transmitted diseases (STDS). Life skills Education programs can also be effective in preventing school dropout and violence among young people and can lay the foundation for skills demanded in today's job market (UNICEF and WHO, 1997). Glynn (1989) found that teaching and understanding of Life skills was considered to be a necessary component of effective programmes for the prevention of smoking, while Kirby (1994) found that the most effective programme to reduce sexual activity devoted some time to the development of communication, negotiation and refusal skills. Dryfoos (1990) asserts that Life skills approaches typically work to promote self-esteem and self-efficacy. Dryfoo (1990) contends that self-esteem and self-efficacy are mediating factors in behaviour related to health and social problems. He further observed that low self-esteem is being associated with alcohol and drug use, crime, teenage pregnancy and suicidal thoughts (Choquet, 1993).

The above observations not only spell out the importance of Life skills Education but more specifically point out the relevance of particular Life skills in reducing some unhealthy behaviour in people. They also point out the need to identify unhealthy behaviour and use appropriate Life skills to reduce it. This is supported by Kirby (2001) who noted that effective programmes focus narrowly on a small number of specific behavioural goals and give a clear health content and health-promoting stance on these behaviours. Tillman (1997) noted that education is practically useless unless it offers practical solutions for everyday problems and situations. He contends that education should include strategies which focus on resolving all sorts of issues in order to

encourage the students' self-confidence, self-esteem, and independence. These skills would help the students grow up and develop as individuals with sound values. Life skills education helps to develop creative thinking thus building capacity for reasoning and analysis and a sense of caring for self and others (Tillman, 1997).

Botvin (1995), reported about a school based drug abuse prevention programme carried out in the USA using general Life skills and skills for resisting social influences for use of drugs, noted that drug abuse prevention programs conducted during Junior high school, yielded significant and durable reductions in tobacco, alcohol and marijuana use. Furthermore, Botvin (1995) observes that a significant reduction was noted for both drug and poly drug (tobacco, alcohol and marijuana) use in groups that received the prevention program.

In a similar study, on SRH and HIV Education in the USA, was conducted in four schools among the 9th and 11th grade students, with the focus on imparting correct information about SRH and HIV/AIDS a decrease in intercourse with high risk partners and increase in monogamous condom use among the intervention group (Vanghan, 1993). Thus skills based health education and Life skills have been shown by research to delay the onset age of using alcohol, tobacco and other drugs (Griffin, 1992).

Fawole (1999) conducted a study on Health Education programs focussing on HIV/AIDS prevention were carried out in schools in Nigeria. The study revealed a greater knowledge and increases tolerance of people with HIV and AIDS, a decrease in the

number of sexual partners and an increase use of condoms among participants**.** Similarly, in Uganda, Life skills have been applied in various programmes at different educational levels awareness among the youth (Glynn, 1989). The proceeding paragraphs therefore show that the teaching of Life skills and SRH in schools is important among the youth. However, many adults including teachers hold different views on the teaching of SRH issues to the youth.

2.2 Teachers' views on the teaching of Sexual and Reproductive Health Issues in Life skills and other Subjects

This section reviews studies on the views of Life skills teachers towards the teaching of SRH issues internationally. The review is presented in four themes namely; teachers being comfortable with teaching SRH issues; teachers being uncomfortable with teaching of SRH issues; SRH meant for elder learners and SRH should be taught in schools.

2.2.1 Teachers being comfortable with teaching SRH issues

Studies which have been conducted internationally on the views of teachers towards the teaching of SRH issues revealed that teachers feel comfortable with the teaching of SRH issues. For instance, Peltzer, Karl, Promtussananon and Supa, (2003) conducted a state wide survey of teachers towards the teaching of SRH issues in California and found that generally teachers felt comfortable presenting sexual related topics in schools. Still in USA, a study conducted by Pardini (2002) in the Journal of School Health, 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).

In another geographical settings, in China, since the introduction of SRH in schools in 2002, teachers in schools and communities responded 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. Because teachers, policymakers and education administrators were concerned about the potential for carelessly overlooking or encouraging adolescent sexual behavior, topics related to contraceptive methods and alternatives were often excluded (Wang et al., 2005).

Despite continental differences, studies conducted in Africa reveal similar result of teachers being comfortable in 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 was positive about 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 suggested that most primary school teachers felt comfortable teaching students about sexual related topics (Peltzer, Karl, Promtussananon & Supa, 2003).Teachers felt that students will not indulge in unprotected sex which can result in early pregnancies and contracting HIV.

2.2.2 Teachers being uncomfortable with teaching SRH issues

One of the teachers' duties is to impart knowledge to the learners. However, there are some topics in Life skills especially SRH issues which teachers feel uncomfortable to teach. Many studies revealed that some teachers feel uncomfortable to teach such topics. For example, a United Kingdom survey conducted by Stonewall (2009) found that less than half of teachers feel confident about providing learners with information on SRH issues while the rest of teachers feel uncomfortable to provide learners with information on SRH issues. Another study done in South Africa by Lokotwayo (1997), revealed that 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 "sexual intercourse" and "erection" (Lokotwayo, 1997).

Another study conducted in South Africa by Mbananga (2004) 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 was conducted 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 were perceived as an ethical 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 advice 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 (i.e. the use of real names is prohibited by culture (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, STDs, 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.

Finally, Sieg (2003) argues that teachers feel overloaded by the expectation of delivering good sexual and reproductive education since their traditional role is one of teaching and assessing knowledge. The role of the teachers might make it difficult for teachers 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. Discomfort felt when teaching topics which require explicit mentioning or discussion of male and female reproductive organs (Sieg, 2003).

2.2.3 Sexual and Reproductive Health issues should be taught in Schools

Teachers believe that providing children and young people with access to services and education about sexual health is now considered to be a pressing public health priority (Selwyn & Powell, 2006). School based Sexuality Education can be an important and effective way of improving young people's knowledge, views and behaviour. In many countries of sub-Saharan Africa, the AIDS epidemic has spread to the general population, with up to half of all new HIV infections occurring among youth under 25 coercing teachers to teach about this HIV/AIDS issues though sensitive (James-Traore, Finger, Ruland & Savarioud, 2004). Since most youth attend school, teachers believe that school based programmes are a logical place to reach young people.

However, according to two reviews of studies by the World Health Organization (WHO) and the United States (US) National Campaign to prevent teenage pregnancy, sexuality educational programmes do not lead to an increase in sexual activity among young people. The reviews found that effective sexuality education in schools can result in delaying first intercourse or, if young people are already sexually active, increasing the use of contraception (James-Traore et al, 2004). There is evidence that sexually active teenage girls who have taken sex education courses are less likely to be pregnant. (Kaplan, 1998) states that students who receive school based contraceptive education are more likely to talk to their parents (Gorrnly & Brodzinsky, 1989). Teachers believe that health education for young people has the potential to reduce unwanted outcomes of coital activity.

A study conducted not only show that behaviour may be modified by HIV and AIDS and sexuality education, but that changes that occur are in the desired direction. The argument that these types of education encourage promiscuity or heightens coital activity is not supported. A number of successful programmes have achieved delays in the initiation of intercourse, reduction in unwanted pregnancies, birth and abortion rates, and increased use of contraception and condoms (Grunseit & Aggleton, 1998). An evaluation of four effective SRH education found that the role of teenage sexual initiation fell by as much as 1% during the year or two following participation in such education Frost (Kaplan, I998). Teachers believe that Effective SRH education are focused on reducing sexual risk taking behaviours that lead to HIV and other sexually transmitted diseases (STDs) as the best way to avoid unintended pregnancies and STDs, or urge adolescents to delay intercourse.

Others emphasize specific methods of contraception and how to obtain them. All successful SRH issues emphasize Life skills which is taught by teachers in primary and secondary schools not by health personnels, which involves helping students to set goals for their lives, to learn to say no to sex and most importantly to negotiate and communicate within relationships (Kaplan, 1998). They also teach resistance skills, which are associated with delayed coital activity.

Lastly, Ndauti and Wambui (1997) in their evaluation report on the HIV/AIDS prevention in schools strongly recommend the use of a school as agents of behaviour change. They noted that schools have been shown to increase the adolescent knowledge about HIV/AIDS and to a greater extent promote healthy behaviour. They further assert that schools have been shown to be successful in reducing substance abuse, like use of alcohol, drugs, tobacco, and reduction in risk behaviour: schools are desirable because they are more credible source of information. They communicate in a language that can be understood by the learners: they serve as role models that dispel normative concepts that all youth are involved in the risky behaviour.

2.2.5 Sexual and reproductive issues being meant for older learners

Some studies have shown that Life skills teachers are uncomfortable to teach SRH issues to young learners. For example, 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 expressed 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) states 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, have said they need SRE to start earlier (Ofsted, 2010).

In addition, a study by 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. Teachers believe that the exact age at which information should be provided depends on the physical, emotional and intellectual development 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 make some teachers feel that some content (sexual matters) is not suited to the age of the children; teachers omit content on sexual relationships, and teachers 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, 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 (Kachingwe at el, 2005). In addition, young learners find it uncomfortable to discuss sexuality issues in the presence of the opposite gender because they feel shy to discuss such issues in the presence of fellow learners of the opposite sex as they may be considered as promiscuous (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.

To conclude, the related literature to the study revealed studies concerning teachers' views towards the teaching of SRH issues internationally. In Africa, a lot of studies were done in South Africa and the literature indicated only one study which was done in Malawi. The study was about the views of student teachers regarding their potential role in the teaching of HIV/AIDS. These studies show that in Malawi there is a gap which shows that not much has been done on the teaching of SRH issues in primary schools.

That is why the researcher thought of making a research to find out the views of Life skills teachers towards the teaching of SRH issues in primary schools.

2.3 The Teaching of Sexual and Reproductive Health Issues in Life skills and other Subjects

This section reviews the teaching of SRH issues in Life skills and other subjects. The review is presented in three major themes namely; Omission of topics, Inconsistency in in teaching Life skills and Life skills taught by both trained and untrained teachers.

2.3.1 Omission of topics

Moore and Rienzo (2000) examined topics taught in Sexuality Education classrooms and discovered teachers omission of topics in their curriculum based their own sense of were important. Some topics were thought controversial or difficult to teach to students. A teacher's personal experiences and beliefs influence his or her handling sexuality education materials (Moore & Rienzo, 2000).

In addition, 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. Teachers omit any sections in the Guide that they do not understand. Some crucial issues learners are supposed to learn are not taught. The overload of the Teachers' Guide makes

the teachers to go through teaching and learning activities quickly attempting to cover the content of the Guide by the end of a school year. This compromises the quality of teaching and learning of Life skills Education (Chirwa, 2009). The teacher's beliefs makes her 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 program has identified as most crucial (Chirwa, 2009).

2.3.2 Inconsistency in teaching Life skills

An observation was made in the recent evaluation of LSE by the Faculty of Education of the University of Malawi (University of Malawi Faculty of Education, 2010). Although LSE is a core and examinable subject the findings reveal that the subject is not consistently taught in some schools; not taught in others; and taught after classes in still others. A number of reasons were given as follows: Some church run schools believed the subject went against the church's moral teaching; Overcrowded timetables especially in secondary schools; Absence of willing teachers to take up what is perceived to be a 'useless' subject that does not feature in University College programmes (Maganga, 2011). On the other hand, until 2010 private school proprietors had been reluctant to accommodate LSE in their curricula regarding it as an 'unimportant' subject (Kasambara 2010).

2.3.3 Life skills taught by both trained and untrained teachers

Maganga (2010) reports that at Nyungwe Catholic Secondary School Life skills was taught after classes due to timetable congestion. Where a subject is taught after normal

classes students are likely to get the impression that it is not important and not worth their serious attention. While most of the primary and secondary school LSE teachers had been trained in its content and methods, there are still others who had not been trained. Kasambara (2010) concedes that standard 6 and 7 LSE teachers had not yet been trained by June 2010. Out of the 20 primary school teachers interviewed five reported teaching without any training but they knew 2-5 others who were not trained within their zone; while three secondary teachers reported teaching without prior training, and knew 1-3 others who had not received appropriate training. The teachers who, despite their lack of training, took up the subject did so because they either felt it was an important subject that had to be taught or were compelled to do so by their head teachers.

2.4 Challenges in the teaching of Sexual and Reproductive health issues

"Change is a process not an event."(Fullan, 2007). Change is always accompanied by challenges. The introduction of SRH issues in Life skills brought a lot of challenges in schools because of its controversial topics. Some of the challenges encountered are; fear of parents and community reaction, cultural barrier, lack of skills for teaching SRH issues and discomfort by learners.

2.4.1 Fear of parents and the community reaction

Teaching in communities that have concerns about SRH issues is a fact of life for many teachers. Such communities can be influenced by traditional social norms in rural or other areas, by religious beliefs and by cultural customs. Some religions do not accept specific sexual behaviours or activities such as contraception but this does not necessarily mean

that those religions will excommunicate young people, parents or teachers that still provide information about those behaviours. In South Africa for example, Rooth (2005) indicates that Sexuality Education in Life Orientation/Life skills receives resistance from certain religious groups. Numerous letters to the media and public comments on the Revised National Curriculum Statement indicate resistance to HIV/AIDS and Sexuality Education.

Similarly, Prinsloo (2007) indicates that there is lack of parent involvement in their children's learning process to ensure successful implementation of Life Orientation, a Life skills program. The major problem teachers faced was negative pressure from parents, the community or the school administration as a result, some teachers do not teach some sensitive topics on SRH (Rice, 1995). Though the majority of parents favoured the provision of sexuality, some parents were against it.

In addition, Visser (2004) interviewed some teachers on the issue of fear of parents and community in the teaching of SRH issues. Teachers claimed that they could not properly implement the programme for fear from offending parents (Visser, 2004). Furthermore, some parents are not comfortable with sex education being taught in schools because they believe that educators will give their children the information that will contradict what they tell their children at home, and in turn go against their culture (Visser, 2004). Others believe that telling children about the use of condoms is to encourage them to have sex (Visser, 2004).

2.4.2 Cultural barrier

A study In SA by Visser (2004) reveals that teachers in rural and urban schools reported that some African culture are against Sexuality Education open discussions and 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 (Visser, 2004). Furthermore, teachers in rural and urban schools reported that some African culture are against sexuality education open discussions and 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. They ultimately end up indulging in sexual relationships (Visser, 2004).

In another study done in Malawi by Chirwa (2009) found that cultural beliefs (initiation schools) affect the implementation of Life skills. Teachers and their principals believe that the cultural beliefs of communities dilute what learners are taught by the teachings of initiation ceremonies – encouraging 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 to attend initiation schools (Chirwa, 2009).

2.4.3 Lack of skills for teaching SRH issues

A study by (Prinsloo, 2007) in South Africa on challenges facing the implementation of Life skills program indicates that many teachers were not able to handle issues of HIV/AIDS and they avoided engaging pupils on the subject. Teachers failed to engage the learners on HIV/AIDS content in the curriculum because they feel that it is sensitive to teach that which affect their learners.

Therefore, the findings suggests that, teachers are given seminars and short trainings on the strategies of teaching sexuality education in schools, it can help them in terms of attitude, confidence, communication skills and hence enhance their teaching skills. Opposite to training teachers may remain ineffective in their teaching the situation which can results in failure in provision of intended school sexuality education (URT, 2001). Furthermore, absence of effective training can also hinder the implementation of SRH issues in Tanzania institute of education with the focus of helping in teaching Sexuality Education in schools as instructed by the government (URT, 2005). Hence, the current inadequacy in terms of teachers training for Sexuality Education suggest a failure to resolve the question of high rate in teenage pregnancy and sexual risks as reported previously by (URT, 2001).

Again, the lack of knowledge on Sexuality Education coupled with lack of training, which cause ineffective in terms of teaching should be resolved by introducing short courses and training for teachers. This is because the lack of adequate knowledge, affected teachers in an attempt to meet the challenges imposed by learners and sometimes

they felt shy addressing Sexuality Education concepts. Such findings were also observed by Visser (2004) which observed that teachers failed to teach Sexuality Education topics such as HIV and AIDS, condom use and other sexuality topics due to lack of training. It was explained that because of this, teachers cannot implement the programme well. O-saki and Pendael (1995), for example, argue that one cannot expect teachers to provide quality education if they are not given enough knowledge and skills on how, why, when and to whom to give the required knowledge and at the required level.

In addition, Kanu (1996) also argues that no educational progress can be completely successful without instructors who are fully competent in the art of teaching. This was reflected in the present study. Thus, because of inadequate knowledge to handle the topics, teachers failed to properly impart knowledge in terms of content and methods. They mostly used teaching methods ineffectively, implying that, no matter how good the school is and how good the physical materials are, there is a possibility that poorly trained teachers might wrongly interpret the programme. This observation imply also that pupils are more likely to continue suffering with several sexual risks and end up in diseases or death, hence increase in school dropout for girls as noted for several years.

2.4.4 Discomfort by learners

Another noted issue of concern was that, though schools provide pupils with stipulated topics that focused on reducing sexuality risks, society provides this knowledge based on their agreed norms. This leaves learners in a state of confusion with parents and relatives not ready to discuss with children issues related to sexual education (Kanu, 1996). For

example, while at school pupils are provided with knowledge to handle various risks, but traditional knowledge about sexuality is added at home. In this situation pupils are subjected to confusion on sexual risks, including HIV and AIDS. Again, while at school they are encouraged to abstain till marriage or use safe measures, but at home mature girls are indirectly exposed to information that encourages them to indulge in sex to get sexual pleasure with multiple partners (Kanu, 1996). It is this combination of messages that leads to wrong thinking about sex and poor decision-making, thus leading to high rates of teenage pregnancy and HIV and AIDS. The findings concur with Holgate (2007), who maintained that the health needs of young people are not being sufficiently addressed, leading them to be at risk of early pregnancy, unsafe abortion and STDs. The implication with this situation learners will remain under confusion on what guidelines to follow in their daily life and finally find themselves in sexual risks.

In addition, a UK study by Baillie (1991) found that most learners wanted to discuss issues which they regarded as important, rather than have topics imposed on them, and that they should have the opportunity to ask questions. They wanted teaching to be done in the form of small discussion groups, of boys and girls. They also expressed a need to ask questions in a private and confidential setting. They requested the use of more visual aids, and expressed their dislike of lectures (Bailie, 1991). Almost all the learners felt that SRH issues should take place during normal school hours and that the time allocated to this subject was insufficient. In addition, young learners find it uncomfortable to discuss sexuality issues in the presence of the opposite gender. They prefer to be taught as a single group (Baillie, 1991). The 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.

Furthermore, the study done in Malawi by Chirwa (2009) reveals that teachers feel that teaching sexual development to boys and girls together affects the quality of class discussions and consequently the quality of learning of Life skills Education. Teaching boys and girls separately is viewed by some teachers as a way of promoting learning in Life skills lessons. This would require the Ministry of Education's permission for teachers to implement their idea of teaching boys and girls separately in Life skills (Chirwa, 2009). The health status of some learners (HIV/AIDS infected and affected) makes some teachers choose not to teach that which affects their learners (Chirwa, 2009).

Most learners are shy to discuss sexual matters in mixed classes of boys and girls. This affects the quality of class discussions and affects the quality of learning of Life skills Education. Mixed classes of boys and girls learning issues of sexual development in Life skills together seems to pose a challenge to the teaching and learning of the program at the school(Chirwa, 2009). In addition, some girls and boys feel shy to express themselves openly on issues of sexual relationships. This seems to affect the quality of class discussions and learning of Life skills Education at the school when learners are reluctance to discuss their sexual experiences in the presence of the opposite sex (Chirwa, 2009).

2.5 Locating the study in the literature

From the reviewed literature, it is clear that SRH is widely implemented in the world. However, each cited study is limited to specific areas of research, which the researcher thought were important to her study. For instance, the limited studies done on life skills in Malawi focused on the effectiveness of the subject in educating the youth on alcohol, tobacco and other drug abuse, nutrition, and prevention of STIs including HIV and AIDS (UNICEF, 2000) and on the challenges which standard four Life skills teachers face in the implementation of Life skills in general (Chirwa, 2009). Mbweza and Magai (2005) investigated the attitudes of student teachers in Malawi regarding their potential role in the teaching of HIV and AIDS and this study was done in Teacher Training College. The literature however, show that in Africa, many studies where done in South Africa. Only one study was done in Malawi and the study neither tackle the SRH issues in primary schools nor in secondary schools. The literature did not show any study which was done in Malawi regarding the views of Life skills teachers towards the teaching of SRH issues. This is the gap which the study sought to address.

2.6 Theoretical Framework

The theoretical framework used in this study is Concerns-Based Adoption Model (CBAM) advocated by Hall and Hord's (1987; 2001). The Concerns-Based Adoption Model provides a different perspective on facilitating adoption of change or an innovation. It is about the parallel process of change that teachers go through whenever they engage on something new or different (Horsely and Loucks-Horsley, 1998, p. 1). This theory has been 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). In this study, the views which were investigated were related to the teaching of SRH issues in primary schools.

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 at 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). Fuller's Concern Theory evolved from the need to resolve the misconception by George, Hall and Stiegelbauer (2006) which posits that in educational change, "Teachers only had to adopt an innovation to achieve the desired outcomes". Fuller believed that change began with the teacher and that it was important to understand how teachers were affected by change in the teaching of SRH issues.

In addition, educational change is about how teachers implement a new practice in their classrooms (Hall and Hord, 2001). Teachers have concerns or perceptions as a result of implementing an innovation like SRH issues in Life skills Fuller (2001). (Cheung, 2002) defines concerns as the questions, uncertainties, and possible resistance that teachers may have in response to an innovation. Concerns are indicative of the type of support teachers require before, during and after the change process. These concerns and views of teachers make Life skills teachers to teach SRH issues the way they teach because they have different concerns in the application of SRH issues to a primary school learner.

Teachers are central to the change of ideas about SRH issues. In an effort to facilitate implementation, change facilitators sometimes try to alter beliefs to match that of the innovation. Since changing beliefs may prove difficult, addressing concerns is a more possible option (Hord, Rutherford, Huling-Austin & Hall, 1987). Straub (2009) maintains that teachers' views about an innovation have a significant effect on their implementation of this innovation. If teachers' views towards the teaching of SRH issues remain unaddressed, implementation is more likely to be unsuccessful.

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 facets: 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. SoC refers to how teachers perceive an innovation, their views about it and uses a standard set of stages to describe teacher's concerns and views in the teaching of SRH issues (Harry, 2008).

The Stages of Concern process, which includes interviews, observations and open-ended statements, enables leaders to identify staff members' views and beliefs toward a new program or initiative like SRH issues (Anderson, 1997). With this knowledge, leaders can take actions to address individuals' specific concerns. 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). SoC focus 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). It describes the concerns and motivations a teacher might have about teaching the new concept (Anderson, 1997). Stages of Concern involve the concerns teachers have as they progress through the adoption of topics like SRH issues in primary schools.

According to Anderson (1997), Stages of Concern represent 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) The concept of 'concerns' is defined as the composite

representation of the feelings, worry, thought and consideration given to a particular issue or task (Hall and Hord, 2001). 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 an intended outcomes.

In this study, the Stages of Concern of the CBAM relate directly to how primary school teachers feel about the teaching of SRH issues, which they are tasked to implement (Hall and Hord, 2001). Fuller (1969) describes some of these reactions. She describes unrelated concerns among teachers who had yet to experience a change and was largely unaware of it. Self-concerns tended to be personal in nature and related to teacher anxiety about abilities to take on new demands. In the Stages of Concerns (SoC) there are seven stages of feelings experienced in a change process (Anderson, 1997). 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. Self-concerns consist of three stages: Stage 0 – Unconcerned/Awareness; Stage 1 – Informational; and Stage 2 – Personal. Task concerns are Stage 3 – Management; and Impact concerns are in Stage 4 – Consequence; Stage 5 – Collaboration; and Stage 6 – Refocusing.

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 SRH issues (Anderson, 1997). The teaching of SRH issues in schools is seen not to be affecting the teachers at this stage. Hence, little involvement with the teaching of SRH issues is indicated. In the second stage, Informational, teachers 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 SRH

issues – 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 in a selfish manner such as general characteristics, effects and requirements for use.

The Personal stage typically reflects strong anxieties about the teacher's ability to implement the SRH issues for schools, the appropriateness of the curriculum, and the personal cost getting involved (Anderson, 1997). Teachers focus on how a particular innovation, SRHE in primary schools, 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 inadequacy to meet those demands and his role with the innovation.

The Management stage is reached when the teacher begin to experiment with application of the SRHE. 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 utmost important to the teacher. At the Consequence stage, teachers' concerns focus mainly on the impact of the SRH issues 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 relevance of the SRHE for learners and changes needed to increase learners' outcomes.

The high stage – Collaboration, reflects teacher interest in working with other teachers in the school to jointly improve the benefits of the SRH application 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 – SRH issues. The focus is on partnership, coordination and cooperation with others regarding use of the innovation. In the last stage – Refocusing, teachers' concerns focus on how to improve implementation of the SRH issues – the innovation (Straub, 2009, p. 635). 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 tend 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 teacher self-concerns. Concerns-Based Adoption Model emphasises the importance of paying attention to a sufficient period during 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).

"Change is a process, not an event" (Fullan, 2007). 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).

Hall and Hord's (2011) stages of concern served as a framework for examining views of teachers as they began to teach SRH issues. Berlin and Jensen (1989) describe how those involved in change need to be encouraged to view change as urgent and important. They suggest that a guiding team creates a clear vision with strong communication lines in order to effectively support those involved in the change. Consequently, it was felt that this framework was ideal for exploring the views of Life skills teachers towards the teaching of SRH issues in primary schools in Malawi.

2.7 Chapter summary

This chapter reviewed literature related to Life skills teachers' views in the teaching of SRH issues in primary schools with the aim of identifying gaps and locating the study in this body of knowledge. The review showed that a number of studies on views of Life skills teachers towards the teaching of SRH issues have been conducted both in Africa and the Western World. Furthermore, the chapter explained and justified the Concerns-Based Adoption Model (CBAM) as the theoretical framework that guided and underpinned the study. The review in this chapter was divided into five sections. The first section reviewed literature on the importance of Life skills and SRH Education. The second section reviewed literature on Life skills teachers' views towards the teaching of SRH issues. This was followed by a section on how Life skills teachers teach SRH issues in primary schools. The fourth section review literature on challenges which Life skills teachers face in the teaching of SRH issues. Last but not least, the chapter elucidated the theoretical framework underpinning the study.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.0 Chapter review

The previous chapter presented a review of literature related to the study. This chapter gives an overall picture of how the research was conducted in terms of the research design and methodology. Explanations and clarifications are given where necessary, and the justifications for the various options followed are also provided. This is followed by a section on trustworthiness of the study, ethical consideration and the limitations of the study.

3.1 Design and Methodology

Qualitative research design was dominantly used in this study in order to capture relevant information and understand Life skills teachers towards the teaching of SRH issues in primary schools. This study required a qualitative design to provide a description of the views of teachers towards the teaching of SRH issues. A qualitative design also derived 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 use of qualitative research design (Creswell, 2012).

The study took a phenomenological methodology. According to Van Manen (1990), 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 employ the meaning, structure and essence of the lived experience of a phenomenon for a particular person or a group of people (Van Manen, 1990). Therefore, this study used phenomenological viewpoint to understand and describe the views of Life skill teachers towards the teaching of SRH issues in primary school

3.2 Sampling procedures

Sampling refers to the process of selecting a portion of population under study (Nieuwenhuis, 2007). The selection of participants for this study was through purposive sampling in order to select the teachers that best presented the desired characteristics (Borg and Gall, 1996). Purposive sampling refers to judgmental sampling that involves the conscious selection by the researcher of certain participants to include in the study (Cresswell, 2009).

The study was conducted in Lilongwe urban primary schools because of ease of access by the researcher (Cohen, 2000). The study used purposive sampling to sample Life skills teachers; two teachers in junior primary school section and two teachers in senior section in order to compare teachers' views in these two sections since junior section uses Chichewa when teaching Life skills Education, while senior section uses English. The study wanted to find out if the use of words mattered when in Chichewa and/or in English

Language. One of the sampled schools was a public primary school while the other one was a private primary school.

Purpose sampling was used in this study to ensure rich data. By purposively selecting the two different primary schools (public and private), the researcher considered different types of circumstances in order to check for ideas in different types of classroom settings (that is public primary school with high enrolment and private primary school with low enrolment). I addition, at the private primary school, all participants in the study were men as there were no female teachers for Life skills on the targeted classes. In contrast, at the public school, only female Life skills teachers were involved in the study as there were no male teachers for Life skills.

3.3 Methods and instruments for data generation

This study used interviews, lesson observation and Focus Group Discussions to generate data on the views of Life skills teachers regarding the teaching of SRH issues.

3.3.1 Semi-structured interviews

There were three types of interviews conducted in the study. These were initial interviews (conducted before lesson observation), 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 and Manion, 1986). In semi-structured interviews, the interviewer generally starts with some defined questioning plan, but pursue a more

conversational style that may see questions answered in an order merely natural to the flow of conversation. The interviewee on the other hand has the freedom to say whatever comes to mind (Cohen and Manion, 1986). I followed the procedure of semi-structured interviews as described by Cohen and Manion (1986) above in interviewing the teachers.

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 in primary schools.

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

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 follow up interview data triangulated with the pre-lesson observation interview data to increase the reliability and validity of the data of the study.

The advantages of using interviews are that it allows the clarification of points, probing and elaborating of responses. In addition, interviews make it possible to measure what a person knows, what a person likes or dislikes and what a person thinks. As such, interview is a useful way of getting large amount of data. However, interview has got some challenges. For instance, respondent may not be interested in the research topic. In addition, interviewing offers less anonymity than other methods since the interviewer knows the identity of respondent (Sarantakos, 2005). In order to elude these challenges, the researcher did not force anyone to participate in the study. The researcher carried out a total of three face to face interviews with each participant (see appendices E and F).

3.3.2 Lesson Observations

Although a great deal of attention is rightly given to what is said in the classroom, there are many other messages put out by teachers and learners to one another during communication that are worthy of note. These communications are in form of nonverbal which includes gestures, body language, posture, movement, eye contact and facial expression (Wragg, 1999). When making decisions about what to do, both teachers as well as learners rapidly scan faces and body postures searching their memory for information and then decide how to act out (Wragg, 1999). Observation is essential and highly important method in all qualitative inquiry. According to Cohen, Manion and Morrison (2007), 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 in getting insights of the study in addition to the information the researcher got from the participants through interviews.

Observations of three lessons per teacher were conducted. In the classrooms, timed and detailed notes were made about what the teacher and the learners were doing. This part included lesson presentation. For instance, I observed the introduction of the lesson, development and the closure of all the lessons presented. I captured everything which happened during the lesson presentations. (Appendices F shows a sample of lesson observation tool).

3.3.3 Focus Group Discussions

Another method of data generation that was used was Focus Group Discussions (FGDs). FGDs are organised group discussions led by a mediator who is a researcher (Frey and Fontana, 1993). It is the way of getting information about attitudes, feelings and emotional reactions of life skills teachers. Although FGD is time consuming, it was used because it is socially oriented and participants are studied in an atmosphere which is natural (Morgan, 1988). When combined with observations, FGDs are especially useful for gaining access and checking tentative conclusions (Morgan, 1988).

In addition, 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 (Morgan, 1988). Interviewing many people at one time provided as many answers as possible knowing that there is no right or wrong answer. Frey and Fontana (1993) note that FGDs can be used for exploratory purposes. I explored more using FGD since Life skills

teachers were in a relaxed mood which was created for them. Morgan (1988) stress the use of group discussions as an exploratory tool as it can be useful for orienting oneself to new field and open ways for further research. During the FGDs, four Life skills teachers who were the participants were involved. The researcher included all the participants per school in order to hear the views from the whole group. The FGD was conducted twice per participating school. (Refer to FGD guide used in appendix G).

Finally, lesson observation guide, interview guide and focus group guide were developed to collect word and textual data. Interview guide was used to collect data from the participants as it provided chance for clarification, probing of responses (McMillan and Schumacher, 1997). Focus group discussion guide was preferred because they are less time consuming and capitalizes on the sharing and creation of new ideas that sometimes do not occur if participants are interviewed individually (Hancock & Algozzine, 2006). Further, lesson observation guide was used to observe lessons as it was to provide data to compliment the data that was obtained through interviews and FGD (Mack, Woodsong, MacQueen, Guest, & Namey, 2005). (Refer to appendices E, F and G for the guides).

3.4 Data analysis

Data analysis involves making sense out of text and image data (Creswell, 2009). Data was generated from the participants via lesson observation, semi-structured interviews, and FGD. The transcripts of the interviews, FGD and lesson observations were then 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 and a process of interpretation was carried out using thematic analysis. Two independent raters also thematically analysed the data. The common themes were then put together in the report. Data generation and analysis was done simultaneously to avoid forgetting important ideas (Creswell, 2007).

Braun and Clarke (2006) propose that data analysis as a process for any type of qualitative research is made up of six phases: familiarizing yourself with your data, generating initial codes, searching for themes, defining and naming themes and producing the report. While Mashall and Rossman (2006) explain that a typical analysis procedure falls into seven phases: 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. In this study, I followed the seven stages suggested by Mashall and Rossman (2006).

Organizing the data

The data was organized according to interviews, lesson observations and FGD notes. I then read the data several times trying to get sense of the interviews as a whole before breaking it into parts (Creswell, 1998).

Immersion in the data

In this phase, I immersed myself in the data in order to be familiar with the depth and coverage of the content. At this phase, the recordings on my phone were listened over and over again while reading through the interview notes, observation notes and FGD notes

for correctness. Besides, I took simple notes and marked some ideas which I deemed important for me to use in generating codes.

Coding data

Coding can be described as a process of assigning codes in form of numbers to clustered data or categories. In this phase, I used codes to generate categories and themes. Strauss and Cobin (1998) states that coding helps in the breakdown of the original data to conceptualize it and to rearrange it in new ways. In terms of analysing and collecting data, Strauss and Cobin (1998) describe analysis as a set of systematic procedures that help the analyst break down original data. Coding was utilized during interview transcript review, observation review as well as FGD.

Generating categories, themes and patterns

Since qualitative data was generated in this study, it was important to generate themes and categories to see patterns formed by data. In this phase, the first step was to read through responses given by the participants. Later on, the coded data was critically analysed to find out if they had some differences and similarities. Then categories were also generated as well as themes. (Lincoln and Guba, 1985).

Offering interpretations through analytical memos

On this phase, the researcher wrote memos as soon as possible after a field visit. Memos are short notes about two lines long that capture the essence of what you learned from an activity. This practice was a useful aid to a researcher to remember the key issues and to

begin the process of coding and analysis. This phase was helpful in identifying the main codes for a piece of data analysis (e.g. Language, teaching instructions).

Searching for alternative understandings

This phase tried to look for other probable clarifications knowing that alternative clarifications always occur. This was done by checking what literature says based on all my findings. Under this phase, I also went back to chapter one where I wrote the problem of the study and then I went back to my findings and checked if they were in line.

Writing the thesis

Writing a thesis is central in analytic process. In this phase, I engaged in interpreting the data, shaping and making meaning to the large mass of raw data. The report is descriptive in nature since it was a qualitative study. In some cases the report has contained some figures because I could not totally run away from numerical interpretations although the methodology used was of qualitative in nature.

Life skills teachers and schools in the study were given pseudonym names for the sake of secrecy. For instance, teachers were given names according to numbers. And the schools were given names according to letters. The numbers for teachers started from (Teacher 1) to (Teacher 8) representing two schools which were under study. And the schools started from (School A) to (School B).

3.5 Trustworthiness of the study

Trustworthiness in this study was strengthened by the employment of crystallization through the use of multiple sources of data generation (Creswell, 2007; McMillan and Schumacher, 2010). With crystallisation, data generated with one procedure or instrument was confirmed by data collected using a different procedure or instrument. In this research, crystallisation was achieved through data generation from the interviews, lesson observations and FGD. By designing a study that made use of multiple data-gathering methods, the researcher greatly strengthened the study's trustworthiness. Other methods used to ensure trustworthiness of results were the use of member checks. Throughout data collection, 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 focus group discussions.

Furthermore, different methods were used to check the effectiveness of the instruments used to collect data. For instance, pilot study was conducted before the interview questions were put into final form. The participants for the pilot study were also 'Life skills teachers in a primary school'. The interview was done to Life skills teachers who teach standards 3, 4, 6, and 7. The pilot was aimed at determining the following: the time that the pilot group spent in an interview; whether the layout of the questions were 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 interview questions. Adjustments were made on some of the questions. Vague questions

were amended to obtain the required information. This pilot process also contributed to the rigor and trustworthiness of the study.

3.6 Ethical Consideration of the Study

This study was conducted after clearance was obtained from the University of Malawi (Chancellor College) (refer to appendix A). Furthermore, informant consent was obtained from Lilongwe Urban Education Manager, the head teachers of the researcher's school and the participants (refer to appendix B for Lilongwe Urban Education Manager and appendix C for Head teachers). After the approached participants agreed to participate, informed consent was also sought from them. Participants were assured of the confidentiality in the study. Confidentiality ensures respect for the dignity of participants in the study.

Participants were informed that their confidential information would only be accessed by the researcher and the research supervisor. They were assured that any identifying details and as such, transcripts and the final report will not reflect the participant's identifying information such as their names. After transcribing, the tapes were kept in a safe locked place. Samples of Consent forms have been attached as (appendix D) of this report. The participants' right to withdraw at any time during the process was also guaranteed. To ensure confidentiality, all participating teachers and school were referred to as pseudonyms.

3.7 Limitations of the study

The schools in this study were told in advance of the visit to observe lessons and so teachers could have staged lessons for the researcher. The lessons observed may therefore not be a true reflection of the normal practice in teaching Life skills Education. It is therefore possible that teachers did not show their actual attitude when teaching SRH issues because there 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 and focus group discussion.

3.8 Chapter summary

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

CHAPTER FOUR

RESULTS AND DISCUSSION OF THE FINDINGS

4.0 Chapter overview

This chapter presents and discusses findings of the study on the views of Life skills teachers towards the teaching of SRH issues in primary schools. The findings are presented based on themes for each research question which focused on the views/beliefs of Life skills teachers towards the teaching of SRH issues, how SRH is taught and the challenges which Life skills teachers face when teaching SRH issues. The themes generated are as follows: Teachers being comfortable with teaching SRH issues; Teachers being uncomfortable with teaching SRH issues and SRH issues being meant for older learners. These three themes answered the questions on the views/beliefs of Life skills teachers towards the teaching of SRH issues. The common methods used by teachers when teaching SRH answered the question on how SRH issues are taught and prevalence of HIV/AIDS in the community; Lack of knowledge and skills for teaching SRH issues; Indiscipline of learners due to large classes; Fear of parents and the community reaction and teachers being uncomfortable using words that mention private parts answered the question on the challenges which Life skills teachers face when teaching SRH issues.

4.1 Teachers' views/beliefs on the teaching of SRH issues

The review of literature and my study on Life skills teachers' views towards the teaching of SRH issues has shown different views. It is the aim of this section to explain on what the literature is saying and what my study has revealed. There are three themes which will elucidate about the views/beliefs of teachers towards the teaching of SRH issues. These themes are as follows: Teachers being comfortable with teaching SRH issues; Teachers being uncomfortable with teaching SRH issues and SRH issues being meant for older learners.

4.1.1 Teachers being comfortable with teaching SRH issues

To begin with, some Life skills teachers interviewed and observed were comfortable to teach SRH issues and they added that the content was appropriate and relevant to be taught in primary schools. They agreed in this regard, with six out of eight participants agreeing on the relevance of SRH issues for students in primary schools and expressed hope that such topics would benefit the students. Six of the eight participants rated SRH issues as "very important" and willing to teach the content.

In support of teachers being comfortable with teaching SRH issues, two teachers from interviews said:

> I have a positive feeling on the teaching of SRH issues because children will be aware of STDs and may reduce the spread of HIV and AIDS (Teacher 8, School A).

On the same issue, another teacher said:

> Since we know that some learners engage in sexual intercourse, we are comfortable teaching SRH issues. It also provides guidance to learners (Teacher 1, School B).

Another teacher from FGD had this to say:

> These are our children, if we do not tell them the truth about SRH issues, it will come back to us and we will feel the pain because we did not do our job as teachers. (Teacher 2, School A).

In addition, after a lesson observation, a teacher had this to say to show that he was comfortable to teach SRH issues:

> As you have 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 3, School B).

In addition, most teachers were of the opinion that the teaching of SRH issues in schools is a good initiative. They cited that orphans or learners who did not have someone in the family (such as parents) to provide the information would also have an opportunity to acquire the information at school from the teachers. During FGD some teachers had this to say:

> You know what, some learners are orphans and some parents are shy to talk to their learners about SRH issues. So it is their advantage to learn those issues during Life skills lessons (FGD, School A).

Furthermore, other reasons given by the participants were that SRH issues may help to reduce teenage pregnancies and in lessening 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 needed.

In support of the above, one teacher had this to say:

> Since we started teaching about SRH issues in Life skills, we have seen that the number of girls which drop out of school because of pregnancies has been reduced. Girls are having skills on how they can protect themselves to avoid early pregnancies. This is the evidence that learners are following what is being taught in SRH issues (Teacher 8, school B).

From the evidence above, it can be argued that almost all Life skills teachers interviewed and observed were comfortable to teach SRH issues. This finding concurs with 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 conducted to assess secondary teachers comfort in teaching adolescents about SRH, and HIV/AIDS behavioral control revealed that some teachers felt comfortable teaching students about HIV and AIDS related topics and sexuality. The results of my study also concurs with the finding 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.

In addition, children have the rights to receive information. United Nations (UN) explains the thoughts regarding the Sexuality Education (SE) programme management, the deliverables required and the tirnelines for attaining the various deliverables. The 2001 United National General Assembly Special Session on AIDS sought to ensure that by 2005, at least 90% of the world's youth have access to information and education

necessary to reduce their vulnerability to AIDS. Teachers are a crucial link in providing valuable information about reproductive health and HIV and AIDS to youth. However, in order to do this effectively, the teachers need to understand the subject, acquire good teaching techniques, and understand what is developmentally and culturally appropriate. Teacher attitudes and experiences affect their comfort with, and capacity to teach about reproductive health and HIV and AIDS (James-Traore et aI., 2004).

This is in light of 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, they are eager to find new ways on how they can implement SRH issues in their teaching.

4.1.2 Teachers being uncomfortable with teaching SRH issues

CBAM theory states that "Teachers are central to the change of ideas" (Straub, 2009). Although teachers are central to change, the findings of the study showed that some teachers are uncomfortable to teach SRH issues in primary schools. The participants agreed that SRH issues would promote promiscuity to the learners. Emphasising the same reason, 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 issue, another participant 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 6, School B)

.

Another participant 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 4, 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 practice 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, learners get excited and they go out and practice what they have learnt in class. (Teacher 7, school B).

Another teacher has this to say in a FGD:

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

Furthermore, the study noted that some teachers were not comfortable in mentioning names of sexual organs in Chichewa (vernacular) Language. 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. In his study, Mbananga (2004) confirms with my findings. Mbananga found that teachers in Eastern Cape Province in South Africa, teachers agreed that SRH issues should be taught in secondary schools because learners in primary schools were still young to learn about SRH issues.

In addition, each teacher displayed different profile of their concern within the Stages of Concerns (SoC), which validated the point that concerns are individual and personalized. They seemed to be at varied Self Stages with some straddling each: Awareness, Personal and Informational. Though they seem 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 decisions maybe", but was fearful that the learners may also "do their own thing" regardless. Teacher 4 felt "it couldn't hurt", while also expressing fear at the growing number of teenage pregnancies. Teacher 6 felt that the problem was an "epidemic".

Finally, although teachers and adults are not supporting the idea of teaching learners SRH issues, I suggest that the content should be taught in primary schools because learners know the content already through the use of technologies like cellphones and computers. By using internet, learners can send messages to their friends. Messages of sexuality will reach them through pornographic sites on the internet which they can watch while their

parents are away. As a result, there is no need for parents and teachers to hide SRH issues to primary school learners since they know it all.

4.1.3 SRH issues being meant for older learners

The participants shared similar ideas as to the appropriate age for learners to receive SRH education with six of the eight agreeing that it should be from ten 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).

On the same 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 support of the issue of age of learners, one teacher during interviews added that:

> 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 7, 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 8 felt that the material on sexual relationships is not suited to 9–10 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 a grown up 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 8, School A).

The evidence presented shows 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 instance, 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 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. 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).

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 Informational 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.

4.2 How teachers teach SRH in Life skills in primary school

This question will be answered using one theme namely: common methods used by the teachers when teaching SRH issues.

4.2.1 The common methods used by the teachers when teaching SRH issues.

From the interviews, teachers mentioned teaching methods which included the use of drama, plays, debates, role plays, group discussions and use of guest speakers just to mention but a few. Teachers also mentioned that awareness campaigns needed to be used. And they mentioned bringing of volunteers who have the HIV virus to make it a reality. Teachers emphasized that they used these methods to make the lessons interesting, interactive and practical. For example, one teacher in a FGD had this to say:

> I use different teaching methods because some learners will understand the lesson better when they are working in a group while other learners will understand the lesson when they participate in a role play. That is why I use different methods when teaching SRH issues. (FGD, School B).

On the same issue of teaching instructions, another teacher during interviews had this to say:

> Learners are not interested in a lesson which do not involve them. For example, when learners are not involved in a lesson, they start making noise and other learners will start dosing. (Teacher 2, School A).

In addition, one teacher during interviews observed that:

> The use of a guest speaker is very important when teaching SRH issues because some of us do not have enough knowledge concerning other topics. So when we invite the guest speaker, learners get the right information. (Teacher 6, school A).

Below is a table showing teaching strategies mentioned by the participants:

Table 2: Strategies mentioned by LKS teachers (N = 8)

Strategy	Frequency
Question and answer	8
Group work	8
Explanation	8
Pair work	6
Story telling	4
Role play	4
Debate	2
Demonstration	2
Plays	2
Think-pair-share	1

Although teachers mentioned these different teaching methods during interviews and FGD, in the lessons observed, teachers mainly used question and answer and group work. Only one participant used pair work. Based on lesson observations, the following are examples of the lessons presented by participants and the strategies used:

Teacher 1: Lesson presentation

He was teaching about "sexual harassment in the school and community" in standard three at school A. The teacher introduced the lesson by asking oral questions. For example, he asked the learners to define 'sexual harassment'. The teacher continued to ask oral questions during the development of the lesson by asking learners to give indicators which show that someone has been sexually harassed. The teacher gave an example of sexual harassment which happen at school. For instance, a boy and a girl playing closer and touching each other's private part. The teacher concluded the lesson by asking learners oral questions on what they had learnt.

Teacher 2: lesson presentation

The teacher was teaching standard six at school A. The topic of the lesson was "Body changes which take place during adolescence". The teacher introduced the lesson by asking the learners how old were they five years ago. He developed the lesson by asking them to give the meaning of adolescence which they did. After that, the teacher told the learners to be in their groups and discuss body changes in girls and boys during adolescent. The teacher recorded the findings on the chalkboard. Some answers from the groups were: Changes in girls; pubic hair and breast enlargement. Changes in boys; wet dreams and deep voice. He concluded the lesson by summarizing the lesson.

Teacher 3: lesson presentation

She taught standard four at school B**.** The topic of the lesson was, "How personal, family and community morals and values can assist in avoiding drug, and substance abuse,

Sexually Transmitted Infections (STIs) including HIV and AIDS". The teacher introduced the lesson by asking an oral question on bad behaviors which can cause STIs and HIV and AIDS. She then developed the lesson by asking the learners to be in groups and discuss STIs and HIV diseases.

After the learners presented their findings, the teacher asked them how they can avoid getting those diseases mentioned. Some of the answers given were; they should be playing games, they should avoid touching private parts of opposite sex (mnyamata ndi mtsikana asagwirane kuziwalo zobisika), they should avoid beer drinking and parents should counsel their children.

Teacher 4: lesson presentation

The teacher taught standard three at school B**.** Her topic was, "Effective communication on sexual abuse at home". The teacher introduced the lesson by asking the learners to explain sexual abuse which they have heard. After that, the teacher developed the lesson by asking the learners to mention the indicators which show that the act of sexual abuse was done. The answers given by learners were as follows; the victim feels pain on the vagina or penis, (amamva kupweteka kumalo obisika), blood comes from the private part of the body, (kutuluka magazi kumalo obisika).

As per these examples, the teachers used group work and question and answer extensively despite quoting a variety of methods during interviews. The other lessons observed were also dominated by these same methods.

This finding of my study agrees with Mahlangu's study in which he found that teachers taught children using familiar methods, in contrast to the participatory methods which Life skills curriculum support, such as storytelling, case studies, songs, debate, role play, games and drama. Teachers taught using instructional with little discovery. Much of the class time was taken up with teacher talk interrupted with question and answer with some undeveloped group work. Questions were generally required learners to answer in one word or so, sometimes in a chorus manner (Mahlangu, 2001). In another study, MoEST (2002) reveals that the instructional approach to Life skills in Malawi is basically participatory. To ensure development and internalisation of the skills the following methods of teaching are encouraged: case studies, brainstorming, field visits, storytelling, songs and jingles, discussion, debating, panel discussion, resource persons, posters, poetry recital, role plays, games, projects, research, drama and future's goals (MoEST,2002). These are more participatory and more interesting as compared to the methods commonly used in schools such as group work and question and answer (MoEST, 2002). It is therefore apparent that despite geographical contents, teachers mostly use question and answer and group discussion methods when teaching SRH.

4.3 Challenges that Life skills teachers face in the teaching of Sexual and ` Reproductive Health issues

Whenever change is being implemented, it is likely that challenges can ascend. In a change, problems are our friend and we cannot runway from those difficulties (Fullan, 1993). Throughout this study, it was revealed that there were several challenges which teachers meet when teaching SRH issues. Concerns-Based Adoption Model (CBAM) theory state 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 unveiled the challenges they face during interviews, 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 and senior sections.

4.3.1 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 the 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 challenge being inadequate instructional materials. From the lesson observations, only Teacher one and four used instructional resources other than a text book. For example, Teacher one used a picture of a man touching a girl's breast and Teacher four displayed a poster with changes which take place during puberty.

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 revealed that:

> To write 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.

Inadequate instructional materials was thus 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 influence teachers' decisions in the implementation of active participatory approaches. Research studies elsewhere in the world indicate that lack of resources forces teachers to use direct methods like lecturing 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 lecture, with students copying notes and reciting facts. Kaambakadzanja (2001), based on the findings of the University of Malawi's Center 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), it should be noted that 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 was 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 considered the subject area seriously (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).

4.3.2 Prevalence of HIV/AIDS in the community

Teachers identified the prevalence of HIV/AIDS in the community as a hindrance to the teaching of SRH issues in Life skills. As one of the topics in SRH, Some teachers said that they were not comfortable to teach such topics effectively. For instance, Teacher two felt that presence of learners in class who are affected and infected by HIV/AIDS made the teaching of HIV/AIDS sensitive. Teacher two had his to say:

> There is prevalence of HIV/AIDS in this area. I have some learners in my class who have been rendered orphans by HIV/AIDS and they look infected themselves. Other learners have sick parents and relatives suffering from the disease. It is sensitive to teach about HIV/AIDS as the affected children become uncomfortable. I therefore do not go into details on an HIV/AIDS topic (Teacher 2, School A).

Some teachers in the sample omitted teaching issues of HIV/AIDS, as they felt that it was not appropriate to teach things that might affect learners and their families directly. This resulted in the teachers not addressing the most crucial issue in SRH. This finding corroborates results of studies by Rooth (2005) and Prinsloo (2007) in South Africa.

According to Rooth (2005), teachers omit teaching HIV/AIDS issues in the Life skills education, thus avoiding the most crucial issues. Similarly, Prinsloo (2007) found that many teachers in South Africa are not able to handle issues of HIV/AIDS and they avoid engaging pupils on the subject because they are not comfortable to teach that which affect them and their learners.

The feelings of concern expressed by the participants reflect that the teachers might be in their Stages of Concern of Awareness and Informational Stage of Concern of Hall and Hord's (1987; 2001) Concerns-Based Adoption Model (CBAM). It should be argued that for teachers to develop positive views towards the teaching of SRH issues, their needs should be considered (Benner, Nelson, Stage and Ralston, 2011; Rogers, 2003). Since the CBAM's Stages of Concern describe feelings and views that individual teachers experience during implementing an innovation such as SRH, this result shows that the composite representations of the teachers' views, preoccupations, thoughts and considerations needed to be given particular attention (Hall and Hord, 2001). Teachers expressed feelings of being uncertain and confused about the demands of the innovation, their adequacy and self-awareness (self-efficacy) to meet those demands and their expected role in implementing the subject area (Straub,2009). With such concerns, teachers were operating at the Management Stage of the CBAM's Stages of Concern (Hall and Hord, 1987). At this particular stage, the teachers were mostly experimenting and testing carrying out of the subject area without necessarily delivering effective lessons. As shown by not teaching HIV/AIDS in SRH issues.

4.3.3 Lack of Knowledge and skills for teaching SRH issues

Analysis of data revealed that another challenge 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 FDG.

For instance, during interviews, teachers had this to say:

> Because we are dealing with very important and controversial topics e.g. we talk about sexual intercourse, changes in the bodies of boys and girls when they reach puberty stage, 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 menstruating earlier nowadays?" I mean I am not in a position to answer the question because I do not have knowledge on the SRH issues (FGD, School B).

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

> We talk to them about adolescence, growing up, and the changes that are taking place in their bodies. 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 8, School A).

All the participants agreed 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 education and Life skills. 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 (Mangrulkor et al, 2001).

Measured against Hall and Hord's (1987; 2001), Concerns-Based Adoption Model (CBAM), such teachers who lack knowledge and skills are stuck at the initial stage of Unconcerned/ Awareness, Informational and Personal, 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. Training authorizes teachers, allowing them to make learning effective. In addition, teachers need continuous support to improve their skills and to keep up-to-date with present ideas and practices in education (MIE, 1998). Life skills teachers need an intensive training to tackle SRH issues because of its nature of content.

4.3.4 Large classes

Lesson observations and interviews with teachers revealed that large classes posed a big challenge to teachers in the teaching of SRH issues. For example, it was observed that at school B, all the classes had an enrolment of over 180 learners. This caused problems when it came to class management due to such a big enrolment. During the interviews after lesson observations, teachers had this to say:

> I had too many groups because of large number of learners. This made me to reduce the activities which I planned. The class was too noisy during group work since the topic was interesting to them and everyone wanted to contribute his/her ideas (Teacher 3, School B).

In addition to the same issue, another teacher said:

> Some learners lack some seriousness when they are working in large groups. They start making unnecessary comments which result in a noisy class. As a result, the specific objectives of the lesson are not achieved accordingly (Teacher 5, School B).

Furthermore, another teacher had this to say:

> Some learners in a large class do not participate in group work. Especially when I am teaching them a topic on SRH issues, sometimes they choose not to contribute in the discussions. This usually happens to girls (Teacher 6, School B).

Large classes made teachers reduce the amount of time they spent on tasks. Spending less time on tasks affected the learning from a lesson and this undermined the teaching of SRH issues. Prinsloo (2007) indicates that overcrowding in the classrooms in South Africa acted as a barrier in the process of teaching Life Orientation (Life skills). Prinsloo (2007) quoted one teacher involved in his study as arguing that, to take care of 40 or more learners at the same time in a short period is a difficult task and it leads to teachers failing to create an atmosphere of personal trust between themselves and individual learners.

This finding of this study concurs with Prinsloo (2007) who revealed that large classes are a barrier to teaching and learning of Life skills Education especially SRH issues. In this study, public schools are most affected. Large classes are particularly of concern in

Life skills Education compared to other subjects because this subject deals with development of social skills and changing of attitudes and values in learners. Development of skills and changing of attitudes requires a teacher to give each learner individual attention to ensure that the learner develops these skills (Prinsloo, 2007).

This challenge was aggravated because of lack of creativity by the teachers. I expected the participants to divide the class so that it is manageable other than teaching 190 learners in one class and yet there were two teachers in the same classroom**.** Teachers were also supposed to teach by using small group discussion, whole class discussion and debate. There was a need to use stage six (refocussing) of Stages of Concerns under Concerns-Based Adoption Model (CBAM). This stage allows teachers to have some ideas about something that would work even better in their teaching of SRH issues. The stage would have helped them to find ways on how they could handle a large class. However, the private primary school did not have the problem of large classes because the enrolment was not large. The enrolment was in the ranges of twenty learners per class. Teachers at the private primary school had all the chances to interact with an individual learner without any challenge. While in public primary school teachers had challenges in managing the class because of a large enrolment of about 190 per class. The other variation was that teachers at private primary school were open when mentioning private parts in Chichewa (vernacular language) while at the public school teachers were shy to mention private parts in Chichewa (vernacular language).

4.3.5 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 interviews and FGDs conducted with the teachers. For instance, one teacher had this to say:

> 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 had this to say:

> Ignorant and outdated ideas and beliefs where sexuality is concerned and close-mindedness is a challenge to SRH education (Teacher 6, School B).

Another teacher said:

> Reaction of parents when learners report that their teacher was mentioning sensitive words like sexual intercourse (kugonana) (Teacher 7, 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 come 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:

> 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 8, School B).

This finding of the study concurs with Rooth (2005) who revealed that Sexuality Education in Life Orientation (Life skills) conflicts with traditional values and this resulted in the implementation of the program in schools in South Africa receiving 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).

Measured against Hall and Hord's (1987; 2001) Concerns-Based Adoption Model(CBAM), 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 stake holders which are concerned (parents, communities, teachers and religious leaders) on the issues of SRH issues.

4.3.6 Language use in junior and senior sections

The mentioning of sexual organs or private parts proved to be a major challenge to teachers when teaching SRH. This was particularly the case in the junior section where SRH is taught in Chichewa (Vernacular language). In junior section, teachers were not comfortable to mention private parts in Chichewa Language. Teachers revealed that it was obscene culturally to mention private parts by using their real names. However, in senior classes where Life skills is taught in English Language, it was easy for teachers to mention words like 'penis' or 'vagina'. 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 section, 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 in junior section where I'm supposed to teach in Chichewa (FGD, School A).

Emphasizing the same reason, another teacher during interviews said:

> To say the fact, I do not know how best I can translate the obscene words from English to Chichewa. 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 way we are demanding an orientation on SRH issues (Teacher 3, School A)

Commenting on the issue of language use, it seems teachers in junior section are the ones having a big challenge because they teach Life skills in Chichewa Language. To mention

abusive words in Chichewa is not recommended culturally. Otherwise in senior section, teachers were comfortable to mention the abusive words in English because the language is not the mother tongue of a Malawian child. In addition, in junior section where learners are very young, they were not shy to mention abusive words in Chichewa (Vernacular Language). This may be because they are still young they do not know about the abusive words. While in senior section where learners are older, they were shy to mention abusive words because they knew the sensitivity of those words culturally.

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 (i.e. the use of real names is prohibited by culture (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 discomfort, with talking about sexual intercourse, reported by the teachers 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 stage (stage 1) of Informational where the teacher would like to know more about the appropriate language

which could be used when mentioning sensitive words when teaching 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 word

4.4 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 but are global. The next chapter concludes the study by highlighting the main findings, recommendations and areas for further study.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.0 Chapter overview

The purpose of the study was to investigate Life skills teachers' views towards the teaching of SRH issues. Two primary schools were selected in Lilongwe Urban Primary Schools. The schools were a combination of public and private schools. This chapter presents the, conclusions and recommendations of the study and suggestions for further research.

5.1 Conclusion of study

The main research question regarding the study was: What are the views of Life skills teachers towards the teaching of SRH issues? This was extended by the following sub-research questions; (1) what are the beliefs of Life Skills teachers towards the teaching of SRH issues in primary schools? (2) How do Life skills teachers teach SRH issues in primary schools? (3)What challenges do Life skills teachers face in the teaching of SRH issues in primary schools?

With the main 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 believe that SRH issues are

important and therefore have to be taught to learners in primary schools. However, it was found 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 that other teachers felt 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 were not unique to Malawi but worldwide. The different views of teachers reflected different stages of concerns of the Concerns- Based Adoption Model (CBAM) that the teachers were in.

In view of the second research question, it was found that like in other countries, the teachers mostly used question and answer and group discussion methods for teaching SRH issues. Furthermore, with regard to the third research question, the study found out that teachers face many challenges in the teaching of SRH issues. These challenges were 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.

5.2 Recommendations of the findings

Based on the findings of the study, the following recommendations are suggested to the teachers, The Ministry of Education, Science and Technology, the community and the school.

5.2.1 Recommendations to the Teachers

1. There are no other professional body that will be able to gather the support or trust of learners to guide them honestly and safely. Learners have so much respect and love for their teachers, who for more than a few, have come to replace parents.

2. Teachers should use resource persons if they are met able to translate sensitive words from English to Chichewa.

3. Life skills teachers can encourage students to form a student club on SRH issues.

5.2.2 Recommendations to the Ministry of Education Science and Technology

The researcher found that SRH issues are essential in primary schools as learners' benefits from them. However, some teachers felt that the government should intervene in the teaching of the content so that the challenges which they encounter when teaching SRH issues should be addressed. The researcher therefore recommends the following:

1. The Ministry of Education needs to provide the essential training for teachers for the teaching of SRH issues to be successful. Likewise, Life skills teachers need to be trained in order to deal with the various problems and needs of learners in changing times during the SRH lessons. This could take the form of in-service training, workshops and seminars. The Ministry needs to stand behind the programme and the teachers who are assigned with its implementation.

2. When hatching some policies such as the review of Life skills curriculum, the Ministry of Education needs to engage all stake holders that include teachers and parents. Parents play a central role in the education of their children.

3. Although resources like Life skills text books have been supplied to teachers, it will be helpful to make additional resources, like 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. It is therefore vital that the MoEST takes steps to ensure that every learner is provided with his or her own textbook, as this is the major resource they rely on especially with regards to SRH issues.

4. It is suggested that the MoEST become involved in the SRH issues at school level by providing knowledgeable personnel who can go out to schools and assist teachers with problem areas. They can be used to monitor and evaluate the programme on a regular basis. This will enable the Department to continuously update the programme in line with the needs of learners and teachers.

5. The MoEST needs to look at forming a partnership and working closely in conjunction with the Ministry of Health as SRH issues overlap their area. A combined effort will certainly ensure the success of the programme and be beneficial to all.

6. Teachers' Guides should be written in Chichewa Language, the national local language of instruction, to make them user-friendly for teachers in the junior section whose understanding and command of English is low. A Teachers' Guide in Chichewa would also match with the text-book in Chichewa.

5.2.3 Recommendations to the Community

1. Parents need to break the cycle of ignorance and fear about SRH issues and begin to talk to their children.

2. Parents can be more supportive and less authoritative and use the opportunity to help their children develop good, healthy habits about their sexuality by paying attention to what they say, do and fail to do.

3. There is a lot at stake in the teaching of SRH issues. The stakeholders, students, parents, teachers, schools, communities, and country must each play their part in the eradication of ignorance and fear on SRH issues.

5.2.4 Recommendations to the schools

It is authoritative for all schools to develop a SRH issues policy involving all stakeholders and incorporate the existing HIV/AIDS policy. The foundation for this is that schools serve different types of communities. The school policy can be designed to meet the local needs of the learners while at the same time encompassing the broad guidelines given by the department of education.

1. The monitoring and evaluation of the SRH topics on a regular basis is necessary to ensure its success and to update as and when required. The schools can develop and decide on a suitable mechanism for this process. They can also be engaged in building up the school collection of SRH resources for use by learners.

2. Instead of blaming the media for negatively influencing learners, the media can be engaged to work with the schools to inform helpless learners. The media can be used to spread information that is vital for learners in the area of SRH issues.

3. The school should aim at providing an environment that breaks down discrimination and stereotypes in relation to SRH issues by giving students accurate information; allowing them to explore their own values and beliefs in relation to SRH issues; doing this within the setting of complete SRH issues.

4. Where possible, schools should (through their governing body) establish a Health Advisory Committee. This committee should include teachers and other staff, representatives of learners, representatives of the parent body, and representatives from the medical or health care professions. All members of the school community will then be able to work together to provide learners with integrated and positive experiences and structures which promote and protect their health.

5. The school should organize a setting where teachers share how they approach the teaching of SRH issues should be created, and classes of teachers who demonstrate the best practice in the teaching of the subject could be visited by other teachers.

6. The school should consider some other factors such as the interest of the teacher and competence in SRH issues should be considered before allocating the teaching of Life skills Education to teachers.

5.3 Areas 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 in primary schools. After presenting the findings of the study, the following areas are suggested for further research:

1. To explore the impact of the use of Chichewa Language in the teaching and learning of SRH issues in primary schools.
2. To investigate the views of learners towards the learning of SRH issues in primary schools.
3. To explore the views of parents towards the teaching of SRH issues in primary schools.

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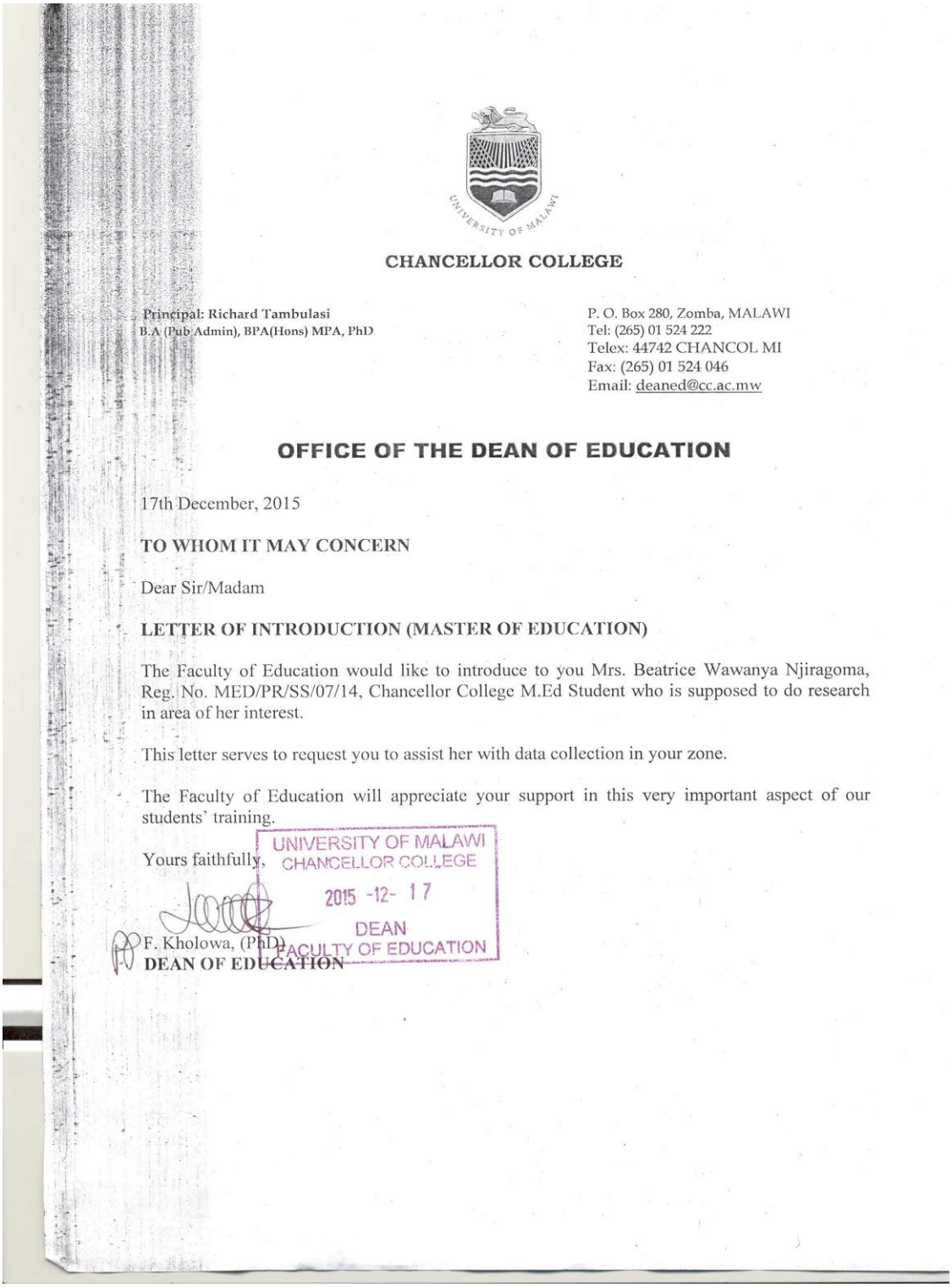
APPENDICES

APPENDIX A: INTRODUCTORY LETTER TO CONDUCT RESEARCH



CHANCELLOR COLLEGE

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OFFICE OF THE DEAN OF EDUCATION

17th December, 2015

TO WHOM IT MAY CONCERN

Dear Sir/Madam

LETTER OF INTRODUCTION (MASTER OF EDUCATION)

The Faculty of Education would like to introduce to you Mrs. Beatrice Wawanya Njiragoma, Reg. No. MED/PR/SS/07/14, Chancellor College M.Ed Student who is supposed to do research in area of her interest.

This letter serves to request you to assist her with data collection in your zone.

The Faculty of Education will appreciate your support in this very important aspect of our students' training.

Yours faithfully,

UNIVERSITY OF MALAWI
CHANCELLOR COLLEGE
2015 -12- 17
DEAN
FACULTY OF EDUCATION

F. Kholowa, (PhD)
DEAN OF EDUCATION

APPENDIX B: INTRODUCTORY LETTER FROM THE DISTRICT EDUCATION OFFICERS

28th January, 2016

FROM : THE DISTRICT EDUCATION MANAGER,
LILONGWE URBAN, P.O. BOX 192
LILONGWE

TO : THE HEAD TEACHER
LILONGWE DEMNSTRATION,
MWENYEKONDO, LILONGWE DEMO AND KABWABWA SCHOOLS

INTRODUCTORY LETTER

May you welcome Mrs. Beatrice Wawanya who is on research on her studies pursued at Chancellor College.

Your assistance will be appreciated.

THE DISTRICT EDUCATION MANAGER
LILONGWE CITY
2016 -01- 2 8
P.O. BOX 192, LILONGWE

L. Chiwala
For: DISTRICT EDUCATION MANAGER (LLU)

APPENDIX C: INTRODUCTORY LETTER TO THE HEAD TEACHERS

Chancellor College
P.O. Box 280
Zomba
Malawi

February, 2016.

The Head Teacher
Lilongwe Urban Primary Schools
Malawi.

Dear Sir/Madam,

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN YOUR SCHOOL IN JANUARY-FEBRUARY, 2016.

My name is Mrs Beatrice Njiragoma Wawanya, a Master in Education student (in Social Studies) at the University of Malawi, Chancellor College. I am working as a lecturer at Lilongwe Teacher Training College, but I am currently on study leave. I want to conduct a research on the life skills teachers' views on the teaching of sexual and reproductive health issues in junior and senior sections.

I hereby wish to request permission to conduct my study in your school. My study will involve observing Standards 3, 4, 6 and 7 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,

MRS BEATRICE NJIRAGOMA WAWANYA

REG. NO. MED/PR/SS/07/14

APPENDIX D: INTRODUCTION AND INFORMED CONSENT

Dear Colleagues,

I am a Master of Education student at Chancellor College. I am conducting a small-scale research qualitative study on the topic of "*Life skills teachers' views in the teaching of sexual and reproductive health issues."* The purpose of this study is to investigate the problems teachers may be facing in teaching these issues.

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 apt 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. Do not hesitate to ask any questions about the study, either before participating or during the time that you are participating. Please, sign this consent form with full knowledge of the nature and purpose of the study. A copy of this consent form will be given to you to keep.

Name and Signature of participants:

1. ……4……
2. ……5……

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 students? 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 in primary schools?

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.

APPENDIX F: LESSON OBSERVATION TOOL FOR LIFE SKILLS TEACHERS

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

Teacher's pseudonym……Gender:…….

Qualification of teacher: (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 objectives 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 (methods) 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, is it from Teacher Training College or elsewhere?

4. Did you reach your objectives 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?

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.