Master's thesis:

Implications of Sexual Health Education Learning & Teaching in Namibian Educational Curriculum: Natural Sciences and Life skills Teachers Perceptions

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Abbreviations

AIDS - Acquired Immune Deficiency Syndrome
CSE - Comprehensive Sexual Education
ECD - Early Childhood Development
HIV - Human Immunodeficiency Virus
IOL - Institute of Open Learning
NAMCOL - Namibia College of Open Learning
SIECUS - Sexuality Information and Education Council of the United States
SRH - Sexuality and Reproductive Health
STD - Sexually Transmitted Diseases
SE - Sex Education
UNAM - University of Namibia
UNESCO - United Nations Educational, Scientific and Cultural Organization
UNICEF - United Nations Children's Fund
UNFPA - United Nations Population Fund
WHO - World Health Organization
Implications of Sexual Health Education Learning & Teaching in Namibian Educational Curriculum: Natural Sciences and Life skills Teachers Perceptions

Namibia is currently facing various sexual related social issues such as high teenage pregnancy, high Human Immunodeficiency Virus (HIV) and Sexually Transmitted Diseases (STDs) infection rate, Sexual abuse, and gender-based violence. This indicates that more is needed in our society in the sense that we change our social norms and behaviors for us to fight all these sexual related social issues we are facing. The first weapon is changing our education curriculum to fit the current living style of our youth. This triggered the need for teaching our young people about Sexual Health Education, either in a comprehensive approach or abstinence approach.

This study main objectives was to find out the need of teaching Sexual Health Education to the Namibian children, to find out the challenges that teachers are facing in classrooms when teaching sexually related lessons, how teachers together with Namibian government could work together to harvest an effective teaching and learning of Sexual Health Education, to find the right approach suitable for teaching and learning of sexual health education and the right age Namibian children should start learning sexually related content.

A qualitative approach was carried out using an online survey as an instrument to collect data. 48 teachers from nine regions in Namibia took part in the study. Data were analyzed using content analysis. Findings based on teachers perceptions indicate that (1) sexuality education helps young people in many ways such as reducing teenage pregnancy rate, (2) challenges such as lack teaching resources and shyness among some learners was pointed out as some of the barriers in teaching of sexual health education, (3) comprehensive sex education approach was applauded by the majority of the participants as the best teaching approach in SE unlike its counterpart Abstinence-Only Sex education approach that is based on morality and (4) Senior primary was outed as the preferred phase age to start teaching SE young people.

Thus, a lot is needed in the Namibian education system for effective of teaching SE. This study can be used as a tool by on how teachers should teach SE in the classroom while on the national level it can be used by policymakers such as education planners on how they design the SE curriculum.

Keywords
Sexuality: Health Education; Namibia; Comprehensive Sex Education; Abstinence; Curriculum; In-service teacher training; sexual health; teaching approaches; teenage pregnancy
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1. Introduction

1.1 Introduction

Young generations are growing in a distinctive world compare to their older generations (United Nations Youth, 2013). More especially in developing countries they tend to face more challenges and opportunities (Boonstra, 2015). Unlike in past nowadays kids are exposed to a lot of things and they are very open and independent. Most of their time is being spent in schools. Medias such as radios and televisions together with access to the internet have captured their lifestyles (Boonstra, 2015).

Sex education fundamental fight to build and strengthen the ability of children and young people to make right, health, and satisfying choices related to their relationships for good health and emotional as well physical fit (European Expert Group on Sexuality Education [EEGSE], 2016).

Many teenagers or school going children today are disposed to sexually transmitted diseases as well as the deadly disease HIV/AIDs and with high rate teenage pregnancy specifically in Namibia (UNICEF, 2018). In Mufune (2008) study it was revealed that high teenage pregnancy is caused by insufficient information young people get about sexual behavior (Mufune, 2008). Majority of African tribes are limited to shyness when discussing sex (Mufune, 2008). Many teenagers do not get adequate information about sex from the people around them this includes parents as well as teachers. Thus, they are disposed to such social encounters. Most of the teenager's access information about sex through friends or different social media that might mislead them (Liang, 2010). Therefore, in a situation where misinformation can be life-threatening, there is an urgent need for enriching the young mind with adequate information about sex education (Mufune, 2008). Thus, this study tries to investigate the perceptions of teachers towards the teaching and learning of sexual health education in primary schools or the Namibian education curriculum in large.

Many teenagers do not get adequate grounding regarding their sexual related lives, consequently, results in suffer from abusive, teenage pregnancy as well as sexually transmitted disease and HIV (Liang, 2010).
Mufune (2008), in his 2005 statically review it shows that there were 19.7% of Namibian who were infected with HIV although promotion such as ABC (Abstinence, be faithful and Condom use) was put in place in schools to reduce this. This failure has triggered the Namibian government to think of alternative approaches to fight HIV/AIDS. One of these approaches was the introduction of SE and strengthening of Sexually and Reproductive Health (SRH) education in schools. To fit the SRH advocates all, schools were required to introduce Life skills programmes to teach young children facts about pregnancy, sexually transmitted diseases as well as HIV/AIDS. SRH also was advocated through the introduction of programmes such as Window of Hope, My Future is my Choice and Let's Talk in Primary and Secondary schools (Mufune, 2008).

Although these were introduced, they were not much efficient due to some reasons like less time was allocated to these programmes (Mufune, 2008). In 2017 Namibian Newspapers Informant (2017, November 2) reported that the government is planning to introduce comprehensive Sex Education (CSE) in primary school. The Minister of Education, Katrina Hanse-Himarwa defended the proposed course, saying that nowadays children are exposed to all sorts of sexual content, more so than ever before. She supported the curriculum being drawn up for Namibian children, which she said is aimed at comprehensive education (Namibian Newspaper, Informante, 2017, November 2).

“It's not true there is something destructive. There is nothing satanic about it. The children must continue to learn. We must know that our societies are evolving with time. Today's seven-year-old is not yesterday's seven-year-old. The children have got a lot of exposure through different media, and it's better that we educate and teach them about sexuality, instead of running away from reality and allow people from outside to influence our children wrongly," she maintained (Namibian Newspaper Informant, 2017, November 2).

EEGSE (2016) discovered that introduction of Sexuality education programmes in some Europeans countries had some positive impacts. This involves low teenage pregnancies, decreasing abortion and flat infect rate of sexually transmitted diseases as
well as HIV among teenagers. The EEGSE (2016) found that sexuality education can empower young people to develop stronger and more meaningful relationships.

With increasing of different social and technical developments such as globalization, immigration, social media, and rising concerns such as high teenage pregnancy, high rate of HIV infections and much more have triggered the need of good quality of sexual education (World Health Organization [WHO], 2010).

Ogunjimi (2006) energized that we human need acceptances in societies. He believes that everyone when or she or he grows up need the feeling of being accepted within his or her groups, beliefs such as this have turned our young generation in a way that they have to change attitudes and manners to go in a path that their peers are doing it for them to be welcomed in the group and feel appreciated. He added on, that peer pressure is a strong force that can turn any good child in an unacceptable just to please the peers. Ogunjimi (2006) believe that most education systems are not prepared to guide children in these types of challenges on how they should resist such pressure. In his discussion, he concluded that the introduction of sex education can help these young ones to resist such pressure.

WHO (2010) argues nations to address the gap in knowledge about sex among young people. In some small studies done by United Nations Educational, Scientific and Cultural Organization (UNESCO), they have assured that most people who work with the young people including teachers believe that knowledge about sex can help young people to understand their values within the community. This can also improve their decision-making approach, and other skills, which in turn can help to reduce unwanted and irresponsible sexual activities, unintended pregnancies and sexually transmitted diseases (UNESCO, 2009).

UNESCO (2009) believes that advocating knowledge related to sex education to young people inconsiderate that it is age appropriate and right is very important to the young teaching children life because it will help them to do what is right in their sexual life instead of them learning this from other sources that are not well guided. (UNESCO, 2009). UNESCO (2009) further strengthen this saying equality and respect within the relationship of young people is a result of well-imposed information's for sexual
education, it further gives them a position to recognize abusive situations as well as relationships (UNESCO, 2009).

Regardless of the precise and insistent from the various body in the world such as UNICEF for countries to offer SE most of the country is not yet made it available. This is resulted due to circumstances such as the belief towards SE cultural and religious background within the country (UNESCO, 2009). Many sources suggest that most educational stakeholders they believe that there is no need of sex education and some lack confidence to present this content to children because they feel it will be an embarrassment While some other countries believe that no teachers trained to teach sexual education with their teacher training colleges. (Mufune, 2008; UNESCO, 2009; UNESCO, 2018; WHO, 2010).

1.2 Motivation

A lot of young people are going into the maturity stage without guidance, they go into adulthood without proper guidance towards sexuality activities this is hindered either by their parents, teachers or any adult around them. Most of the parents and teachers are not open to talking about sexual issues with the children. In some countries, laws, and rights are against the talk of this type of issues at the end it will affect the young ones (Dailard, 2001).

Sex education is one of the debated subjects in different societies including my home country Namibia. Growing up as someone interested in health-related subjects I came to realize the very important role can SE play in someone's life. It became to my concern after I was trained to be a Natural Science and Health Education teacher, during my observations in schools I realized that most of the teachers skip the content related to sex due to some personal reasons such as religious and cultural belief. I come across a situation that in my school where I was teaching more learners fell pregnant at a young age ranging from 11 to 16 years old, some of these victims chose to drop out of school due to various reasons such as shyness, lack of finance to take care of their babies and some face health problems during deliveries. As a teacher teaching them Health issues and health education I was disappointed with this situation. It seems to
be an issue that some learners and teachers do not speak out. This has triggered my thoughts to have a research done within Namibian context relating to SE.

I was very fortunate to be offered the opportunity to study for a Master Degree Programs In Education at the University of Eastern Finland. Which I believed would be a perfect time to do a research concerning Sex Education to investigate teachers on how they perceive Sex Health Education teaching and learning.

1.3 Rational, objectives and questions of the study

Researchers have found that schooling going children who have to learn sexually related content tend to face life in a positive way. It is proven that these kids tend to be not more into sexual activity or if they are sexually active already they usually have that high self-esteem to use contraception and other measures to help them not to fall pregnant or contract sexually transmitted diseases (UNFPA and Population Council, 2009)

Negative and irresponsible attitude to sex has resulted in abortion, child abuse, child neglect, child abandonment, venereal disease, illegitimacy, and unhappy family life. Others include school dropout, teenage pregnancy and armed robbery (Ogunjimi, 2006). This is not only sad but dangerous to modern life. Tradition imposes sanctions in the form of taboos among other restrictions which inhibit or regulate sex and sexuality to the anguish of the youth and curious adults. Modern science and technology have over-exposed children to the experiences of sex and sexuality and many children „mate out of season (Ogunjimi, 2006).

According to Tyler (1989) parents are divided on whether sex education should be taught at the primary school level or not. Some analysts are against the implementation of Sexual education in primary school giving their views that teaching of Sex education should start at a tertiary level because they believe that this is the people who are ready to get married and have sexual intercourse not the primary school learners who do not know or ready to get married (Libby, 2008). However, the proponents of sex education believed that sex education can help inculcate sound moral attitude in the school children thus helping them to be well adjusted to the norms and values of the society
(Libby, 2008). In either case, it must be accepted that changes in human sexuality have precipitated many sexual problems for both the old and the young people (Rosen, Murray, & Moreland, 2004).
2. Theoretical Framework

2.1 Concepts Definitions

2.1.1 Sexuality Education

Ogunjimi (2006) defended the concept saying that sexuality is a broad concept that most people misinterpret. Sexuality defines us who we are, it tells us our gender, it tells us how we feel about ourselves as a human being. It guides us to know the roles we are expected to do in our respective societies as male or female. Therefore, one should not conclude that sexuality is only about sexual intercourse.

Sex education is defined by UNESCO (2009) as teaching accurate and age-related sexual and relationship information to empower decision-making in young people (UNESCO, 2009). Boonstra (2015) also elaborated that Sexuality education should not be based only on prevention of diseases or prevention of unintended pregnancy, but rather it should type of education that prepares individual as holistic human being, empowering them to make the right decision that will not have a negative impact in their lives.

Sexuality education is an endless learning content, it is something that one has to learn from cradle to grave. It contains various topics ranging from gaining information about sexual orientation, relationships, belief. While it furthers stretches to a topic such as human development, reproductive systems, gender roles, human rights as well as learning about communication skills and decision-making skills (Boonstra, 2015). Sexuality education carries three themes that are biological, psychological as well socio-cultural content (Rosen et al., 2004).

Writers such as Fields (2012) defined Sexuality education in general as a way of learning human development issues such as relationships, puberty, and sexual orientation issues in either formally or an informally away through deliberately or undeliberate ways.
2.1.2 Teaching and learning

In past teaching was something defined as teacher's duty to install skills and knowledge into students' head, meaning it was all up for the teachers to make means and ways for the students to understand the concept presented to them while students remain passive. This type of teaching was called Teacher centered approach. But over past decades the definition was transformed and teaching and learning now are working together teachers are regarded as facilitators for learning to happen. In this decade we are defining teaching as guiding, facilitating and directing students to help them learn the content and knowledge that they already possess through the interaction of the environment they live (UNESCO, 2018).

While learning is defined as a way how students construct knowledge and skills based on their interaction with the world their personal experience in life. Nowadays one can only learn when they are allowed to construct their own information while the teachers are facilitating them. Students have to be more active for them to learn new concepts (UNESCO, 2018).

2.1.3 Implications

Implications can be used into two situations, first implications in plural refers to the future impacts or consequences of a certain phenomenon this can be negative or positive impacts. While implication can be used as being connected to something bad (Implications, n.d)

2.1.4 Perceptions

Perception is believed as someone's ability to sense and comprehend things that are not noticeable to other people, in different word perception is a belief of individual view towards a specific concept (Perception, n.d)

2.2 International Background of Sexual Health Education

Sexual Health Education mainly started in the United States, before it heated Western countries (Huber, 2009). A lot of issues have triggered the US government to
implement SE. These issues involve the high rate of STD infections as well HIV with cultural beliefs changes (Huber, 2009).

Narrated by Cornblatt (2009) In the late of 1800s and early 1900s most of the American start to move from farms to cities with a reason of getting better services such as job opportunity, health service, and education as access to clean water. This urbanization broad pressure to the increases of social issues such fast spreading of STDs infections, high teenage pregnancy as well raping. This has to force the government to start teaching people about facts of life to help them gain information's on how to protect themselves from some of the issues they were facing. In 1892 the National Education Association proposed the introduction of Moral Education in schools, it was a debatable resolution until in 1913 that is when it was implemented in schools. Although it was implemented, this program was just based on morality living out some critical content that supposed to be taught to learners (Cornblatt, 2009).

However, after World War One the infection rate was increasing among the US soldier this forced the federal government to come into the board of SE. An act called The Chamberlain-Kahn Act was passed on in 1918, this act was about giving money to teach the armies about STDs mainly on how they should protect themselves from it and also measures they should take if they are infected with STDs. Instructors were trained as well as machines were bought to enhance the learning of STDs by the armies (Cornblatt, 2009).

Europe was the next continent to start with SE. In Europe it was introduced basically on the same factors as the US, it was just that in Europe it was introduced after The Second World War. After the second world war most of Europeans countries especial the United Kingdom faces issues such increases of STDs infections the main carrier of these diseases were the soldiers. Due to that, SE was also introduced in Europeans country with main aims to help people prevent themselves from such diseases (Belly, 2016: Reiss, 2005).
After its introduction in the USA due to the outbreak of STDs, SE spread fast into different corners in the US. Education department in the US started to train professional teachers specializing in SE in the 1930s as well as writing materials that can be used to teach sex education-related content. Between the 1940s and 1950s US department of higher education implemented a policy of integrating Human sexuality in most of the courses in colleges. In 1964 the strongest board even currently in SE, Sexuality Information and Education Council of the United States (SIECUS) was founded by Mary Calderone. That was not the end for the US in investing in Sex education, in 1968 US education department granted New York University with finance to train teachers to teach SE in schools. In the 1940s and '50s, courses in human sexuality began to appear on college campuses (Cornblatt, 2009).

Cornblatt (2009) narrated that although the government of US was trying all best that every citizen to learn about SE controversial came in. The late 1960s and early 1970s brought a new transformation in the area of sex education in US government. SE brought divisions among US citizens more especially politicians and religious leaders. Religious were against the teaching of SE to young people in public schools. Different church leaders came together to fight against SIECUS for promoting SE as they believe it was against morality.

The outbreak of HIV and AIDs in the 1980s gave an opportunity for SE activists to strengthen the teaching of sex education since a lot of people affected by the outbreak of HIV and AIDs. In 1990s almost every state can to approve the implementation of sex education in every public school. Although it was implemented in every state religious and anti-SE introduced a movement that was fighting to change SE into Abstinence-only education. This education approach was based on teaching children how to abstain and the benefits of abstaining from sex excluding other topics such as contraceptives, masturbation and many more. In 1996 the federal government passed on the bill to sponsor Abstinence-Only Sex education approach ignoring the comprehensive approach (Cornblatt, 2009).

European history of SE began in 1955 in Sweden. Between the 1970s and 1980s, a lot of western Europeans country came on the board to introduce SE. SE spread all over
European countries, starting from Sweden, France, United Kingdom and then followed by Estonia, Spain, Ukraine, Portugal and Armenia, these were the first countries to start with SE in Europe. In the early 2000s, a lot of countries adopted the SE curriculum. Ireland was the first country to have SE compulsory in primary school in 2003 (Future of Sex Education, 2014).

Historically SE started as a weapon to prevent STDs infection and teenage pregnancy, but later it was used as a tool to prevent HIV and AIDS. In current status it is being used as a learning and teaching an individual to get aware of issues such as sexual abuse, understanding genders roles, promoting gender equality as well building someone's self-esteem (Future of Sex Education, 2014).

2.3 Theories that enhance Sexual Health Education

2.3.1 Theory of planned behaviors

Theory of Planned Behaviors (TPB) was proposed by Icek Ajzen (Jeanne, 2005). When it comes to a program development and assessment a lot of researchers had proposed TPB to be the best among others. This theory is based on an argument that the best way to predict the behaviors of an individual by looking of the intentions to involve in such behaviors. On top of that, the intention of an individual is controlled by three variables that are: Social norms, attitudes, and perceptions (Jeanne, 2005).

![Theory of Planned Behavior model](image)

Figure 1. Theory of Planned Behavior model: (Adapted from; Jeanne, 2005).

The model above is illustrating the general meaning or how TPB works,
basically, it is trying to tell that a favorable behavior or unfavorable behavior can be formed by mostly considering the consequences of such behavior either positive or negative consequences. Therefore, TPB applies in sex education in term of that if children are taught the negative impacts of some behaviors such as smoking, having unprotected sex, fighting and many more they will tend to refrain from such behaviors because they will not like it to be the victims of negative impact of such behaviors (Jeanne, 2005).

Sexual Education teachers should apply this theory in their teaching to help learners know which behaviors they will harvest something vital and which behaviors will bring them a negative impact on their life. Teachers together with parents should be encouraging good behaviors in children or expose them on consequences of certain behaviors. This theory can be taught using modeling teaching method (Dailard, 2001).

2.3.2 Self-efficacy Theory

Self-efficacy Theory is a theory that is under social learning theory founded by psychologist Albert Bandura (Rosen et al, 2004). Self-efficacy theory is a perception of an individual to control what affects one's life, it enables them to control the happenings that can result in the life they do not desire (Bandura, 1989).
Bandura (1994) motivated that Self-efficacy can be developed in an individual through motivations, thoughts, and decisions with the bits of help and acting of our role models. Efficacy is agreed to be an individual self-determination to take a decision based on his or her own perceptions. In sexual Education, it can a person self-sense to use a condom for example during sexual intercourse or not to involve into sexual activities (Rosen et al, 2004).

Various studies have found a positive coloration relationship between high self-efficacy and being responsible for sexual issues (Marijke et al, 2017). Studies found that young people who have high self-efficacy results in doing safe sex then who have low self-efficacy. High self-efficacy young people tend to use a condom, abstain and avoid sexual abuses while the counterpart does another way round (Jeanne, 2005).

Bandura (1989) maintained that self-efficacy is a tool that one can use not to fall into danger social situations such as getting unintended pregnancy or contracting diseases such as STDs.

Moreover, Marijke et al (2017) also found that teens who have high self-efficacy are more likely not to involve in social happenings that well monitored for them not to be pressured to things that they did not like to do, for example,
attending a social event which do not have security guards or adults to monitor them, highly self-efficacy students will think they will be forced to do things that they did not intend to do such as having sex or drinking alcohol because there is no one they could go to seek support at the end they will opt to attend (Marijke et al, 2017).

2.3.3 Social Learning Theory

One of the theory that talk about SE is the Social Learning Theory(SLT), by Albert Bandura (Bandura, Ross, & Ross, 1961). This theory advocates that people or children learn on social dimensions by observing attributes surround them. This can be their peers, parents, teachers, TVs and many more. Within this theory, many researchers believe that children can learn sexually related activities through imitated what they observe from different attributes and with tension it is very ideal that we guide them on the social learning theory.

Rosenstock et al. (1988) work have strengthened the value of this theory into real-life application, according to him, social learning theory works under two themes expectancies and incentives. Here is how he studied the theory:

**Expectancies**

- Expectancies about environmental cues (beliefs about how events are connected).
- Expectancies about the consequences of one’s own action (outcome expectation).
- Expectancies about one’s own competence to perform the behavior needed to influence outcomes (efficacy expectation).

**Incentives**

- Incentive (or reinforcement) is defined as the value of an object or outcome. The outcome may be health status, physical appearance, approval of others, economic gain, or other consequences. Behavior is
regulated by its consequences (reinforcements), but only as those consequences are interpreted and understood by the individual.

(Liang, 2010, p23).

2.4 Teaching approaches to Sexual Health Education

From perspectives of the sociology of education teaching and learning of Sexual education is differentiated into approaches. There are two types of teaching and learning approaches that are adopted worldwide it is therefore for each and every country to choose between the two approaches which one is to apply to their country. Each approach carries advantages and disadvantages. Thus, one cannot conclude that one is best then the other. Below are discussions of the different approaches based on their backgrounds and the challenges they bring in societies and countries that are using such approaches.

2.4.1 Abstinence-Only Sex Education

Abstinence-only sexuality education programs is an approach that advocates that sex out of marriage is a sin and students should be taught in a way that they are encouraged to abstain from sexual activities until marriage (Diamond & Beh, 2008).

According to Pittman and Gahungu (2006), Abstinence-Only Sex education activists believe that teaching young people various topic within sex education such as contraceptives will encourage children to involve into sexual activity. They believe that having sex out of marriage is unacceptable and teachers should condemn it (Libby,2008).

Pittman and Gahungu (2006) they defined abstinence-only sex education as a type of sex education that hyper abstinence as the best way to prevent teenage pregnancies as well as STDs and HIV, they added on that although abstinence-only sex education focus on abstaining mainly, it also tries to acknowledge
other contraceptive methods such as condom use. It is the main objective is not to expose young people to sex but to prepare them for safe sex when they are ready and matured. In some countries, it is referred to as Sex until marriage education programs (Pittman. & Gahungu, 2006). This approach was initiated in the US in 1981, with Federal government funding it. The main objectives of the programs were to install abstinence mentality and self-control among students. Criticism came in against it due to the fact that it was introducing to fight out teenage pregnancy, but it did not carry the real strategies to fight against teenage pregnancy since it was only talking about abstaining from vaginal sex excluding other sexual forms such as oral sex (Diamond et al, 2008). Teachers for this program were not allowed to talk other matters such as contraceptives, therefore, teachers for this program were limited in teaching the content (Brewer, Brown, & Migdal, 2007).

Stated by Diamond (2008) economically United State is one of the nations that spend much on Abstinence-Only Sex Education, it is believed that they spend almost over $ 170 million every year as subsidies for the organizations that teach abstinence-only sex education. This type of education installs in mind of a child that having sex out of marriage is morally wrong, they believe that abstaining is the only effective method that can help young people from unintended pregnancies as well as HIV and STDs (Diamond et al, 2008).

This approach of teaching sexual education became dominant over its counterpart CSE due to assistance it got from the federal government. On top of that, the Abstinence-Only Sex education was offered more than $50 million per year to train teachers and develop teaching material for it by federal block grant program called Title V (Bell, 2009).

After some years the funding was increased to $300 million per year by Title V. Regulations was there to all schools that were receiving funds from organizations such as Title V one of the regulations is teaching abstaining as the only method young ones should use to prevent themselves from unwanted pregnancy STDs infections, sexual abuse and other sexually related issues.
The teaching of contraceptives was only based on it is negate parts such as the bursting of condoms and some other effects of contraceptives, these types of regulations forced Abstinence -Only sex education to dominate sex education industry as one of the best (Bell, 2009). All through the approach dominated, it was not in favor of some several studies that were done to evaluate its effectiveness in term of preventing teenage pregnancy and reducing infection rate of HIV and STDs (Bell, 2009). Studies found that although the approach was trying to encourage students to refrain from sexual activity some students were exposed to sexual activity by other means such as Television and radio (Boonstra, 2015).

However, in 2003 studies showed that the median marriage age in the US was 27.1 for man and 25.3 for women (Fields, 2004). This brought into the conclusion that remaining assistant until marriage teaching was not practical in US society, it was just a theoretical approach (Brewer et al, 2007). Teenage pregnancy, HIV infections, sexual abuses were rising even in the presence of this approach. Students expressed themselves that lack of knowledge on how to use contraception had caused them to fall pregnant as well to contract diseases (Doortje & Melissa, 2008).

Brewer et al (2007) found that student who signed not do involve into sexual activity until marriage pledged that they did not manage to achieve it at the end they also involved in sexual activity just like others. They also found that this had caused them not to be tested for STDs since their parents believed that they were not involving into sex matters.

In general, the activists of Abstinence-Only sex education believed that their programs were working just because a lot of students signed a pledge of not involving into sexual activity until marriage. But they did not do researches to really find out that those students who signed the pledge not involving into sex until marriage. Studies done showed that only 12% of those who sighed the pledge have kept the virginity until marriage. While 88% of them broke the pledge and involve into sexual activity (Brewer, et al 2007).
Abstinence-Only program was not effective because of it impractical for to convince the whole students to abstain from sex until marriage, studies have found that puberty stage has decreased now meaning young people are facing their puberty stage at a very young age (Weaver, 2005). Based on Weaver (2005) Findings, in European counties sex until marriage is no more working it is found that it is rare to get someone getting married while she or he is a virgin.

Even in the US now statically, the young one is having their first sex at an average of 16 years old (Weaver, 2005). But with all that facts Abstinence still ignores it to move to a comprehensive approach. Practical, Abstinence Only, sex education does not help students, but it avoids them from getting the right information that they supposed to use and help themselves in life. All these denies them to make accurate decisions regarding sexually related matters (Bell, 2009).

Diamond et al (2008) criticize the approach that Some studies found that Abstinence-only sex education has many issues in term of how it manifestoes itself. Critics of Abstinence-Only sex education starts from the definitions itself (Diamond et al, 2008). Studies done show that the teachers for this approach failed to specify the meaning of abstaining relating to what should student abstain from, is its vaginal sex, oral sex, homosexual, or masturbation, because all these are a form of sex. But they only focus on vaginal sex ignoring other forms of sex which can also spread diseases such STDs. Therefore, Abstinence-Only is an approach that can let children get infected to STDs in other forms of sex that they were not emphasizing (Diamond et al, 2008).

Francis (2014) based his critics on teaching methods of the approach saying that the teaching methods of this approach are based on assumptions with no facts and it is also based on moralities. It ignores the reality that youth are facing to replace it with religious belief. Abstinence-Only is a way of hiding from the reality. If studies are showing that children nowadays are more sexually active then yesterday's children why cannot us teach them how to protect themselves instead of hiding that (Brewer et al, 2007).
2.4.2 Comprehensive Sex Education

Comprehensive sexuality education (CSE) approach is an approach that is based on research related content teaching about human development and other social issues to promote sexual health among students. In another context, this approach is called abstinence -Plus sex education. It advocates for teaching students' sexual issue in a holistic approach to prevent them from emotional and physical impacts in their lives (Brewer et al, 2007). In general, CSE helps students to gain confidence and make the right decision regarding their lives. It prepares them in form getting ready to face the real life that is in their societies (Doortje et al, 2008). This approach is carried content that is scientifically accurate, age-appropriate and it does encourage students to refrain from sex until when they are ready to do it. CSE also teachers the importance of using contraceptives as well as how to use them. It guides them to choose the right partners when it comes to relationships things. It also teaches students how to resist from outside pressure as well as their roles in societies (Brewer, 2007).

According to Boonstra (2015), he defended this approach emphasizing that low teenage pregnancy, low HIV infection and low sexual abuse is embraced in countries such as Sweden and Netherlands due to the implementation of effective CSE in their education system. He added on that in these countries young people are taught to express and enjoy sexuality without intimidations, they exposed to accurate information regarding sexuality.

Boonstra (2015) further applauded the approach stating that CSE is one of the teaching approaches in sex education that can empower young people because it teaches the truth. CSE not only helps young people to do safe sex but it installs decision-making skills, communication skills as well as critical thinking skills for them to survive the life of this century. He believes that this type of approach can harvest citizens who are independent, and they will tend to enjoy sexuality with love and pleasure without abusive (Boonstra, 2015).

Studies found that teenage pregnancy rate is found to be low in most of the Western European countries than any other part of the world since Western
Europeans countries are only using CSE as a teaching approach towards sexuality (United Nations Youth, 2013).

From UNESCO (2018) perspectives they believe that It does not only expose them to sexual matters but CSE also guides young people by replicating their cultural beliefs and social values in order to have a health communication and relationships with their elders and their societies at large.

Studies done to evaluate the effectiveness of CSE had found that CSE promotes delay of sex, it has increased the willingness of young people when it comes to the use of condoms and other contraceptives. Young people who had attended CSE have shown emotional and mental development in term of avoiding sexual abuse and respecting other peers' rights (Kirby, 2008).

Guttmacher (2018) outlined the curriculum of CSE, it covers various issues starting from biological, physical aspects, emotional as well as social aspects of sexually related issues. He further noted that this approach is more than sex education because it goes beyond sexual matters to human development and how a human can adapt in a society (Guttmacher, 2018).

By law and rights, everyone is in title to access to scientifically accurate information and knowledge. On top of that, every individual is entitled to get access to health services, therefore, teaching him about how to use the service is essential. Although counterpart of CSE, Abstinence-Only sex education advocates for morality somehow it is immoral because it hides information that is needed by an individual for a living (Brewer, et al, 2007).

Quoting Brewer et al (2007) they stated that “Comprehensive sexuality education helps youths assume responsibility for life-long sexual health by providing medically accurate information and enhancing decision-making skills at a crucial developmental stage” (p14). They further strengthen their saying narrating that sexual education should be about teaching young people how to manage their sexual life and how to cope with their personal development (Brewer et al, 2007).
Diamond, et al (2008) gave his opinion that politics and religion should refrain from the controlling curriculum for SE. He added on saying that young people are being denied getting access to the right information because of religion and politics. Young people deserve to be taught all the scientific knowledge they need for them to make accurate decisions regarding their sexual lives. CSE is the only approach which carries a message that is reliable and true for the young people to know what to do with their current and future life (Grossman, Tracy, Charmaraman, Ceder & Erkut, 2014).

Currently, there is no study that has found that teaching students' sex-related content can force them into sexual activity, it is just assumptions and opinions of individuals that say that no fact on a table so far (Boonstra, 2015).

Regardless of the differences between the two teaching approaches in sex education they both provide information that is needed by young people. They all advocates for changes in the life of the young one relating to sexual activity. They both attempts to eliminate teenage pregnancy, STDs and HIV infections, and many other social issues that come with sexuality (Fields, 2012).

2.5 Classroom Approaches of Sexual Health Education

2.5.1 Selective Class

This involves grouping of students according to their genders. Using selective class approach boys are taught in a different class while girls also are taught in a different class (Liang, 2010). This type of grouping was based on the issue that when students are being taught in the same class some students do not open up to speak out sex-related issues more special the girls because they will be laughed or stigmatized by another gender group (UNESCO, 2015).

Some studies found that this type of grouping brought some benefits in teaching and learning of Sexual Education, saying it eliminates disturbances from boys and promote effective communication (UNESCO, 2015). Others studies also found that this kind of grouping comes with disadvantages such as it does not promote gender equality and it does not stand for the truth since students mingle around together after
school in their societies, then what is the use of dividing them in classrooms (Liang, 2010).

2.5.2 Comprehensive Class

A comprehensive class is grouping type that involves getting all students together in one class regardless of their gender, race or nationalities (Liang, 2010). This approach is the most used in every education area including sex education. Studies proved that this type of grouping comes with a lot of benefits. All gender happens to learn from others about how they perceive sexually related matters. It gives them a chance to learn the roles of others in the societies and it is an approach that advocates for the reality. According to Liang (2010) Few criticisms founded for this approach including that it makes some students not participate because they are afraid to talk in the presence of another gender.

2.6 Practices of Sexual Health Education in Namibian Education Sector

2.6.1 Sexual Health education in Namibian context

Namibia is a resource-rich, arid country with a population of 2,179,000 people, growing at an annual rate of 1.8 percent with an adult literacy rate of 76.5 percent (UNESCO, 2015).

Namibia has invested about 22 percent of its annual budget in education, but the results are disappointing: learner performance is not on par with that of neighboring countries and the continuing skills gap persists, constraining growth (UNESCO, 2015).

Ministry of Basic Education, Sport and Culture released a report in 2011 which clearly addresses HIV&AIDS and Life Skills Education (LSE) as important for
Namibia. The report’s recommendations include, (a) the need to deliver an effective LSE and HIV&AIDS prevention programmes for educators, (b) the review of pre- and in-service training for educators in CSE and (c) the need to work with particularly “vulnerable” workplaces for “targeted interventions (UNESCO, 2015).

Teenage pregnancy has been an issue in Namibian schools just from the beginning. This had affected the learner's performances direct and indirect. Family, as well as teachers, also have been in the issue to help the victims of this issue (Lillian & Mumbango, 2015).

Due to this after Independence Namibia Ministry of Education, introduced a program called School Health Program. The main objective of this program was to promote health among the Namibian learners making sure that learners are getting access to information and facilities that promote health at school. These include teaching them sexually related matters (UNICEF, 2015).

UNESCO (2015) made a study regarding the teaching and learning of sexual health education in Namibia, below is a summary by UNESCO (2015) explaining the current state of Sexual Health Education in Namibian context. While Namibia does have an HIV&AIDS Policy for the Education Sector, it does not have a specific policy for the delivery of CSE. Teacher education and development is guided by the National Professional Standards for Teachers in Namibia and all those involved in training teachers align their curricula to the minimum standards. In 2011, Namibia’s MOE released a report which clearly acknowledged HIV&AIDS education and LSE as important for Namibia. The report’s recommendations include, amongst others, the need to deliver effective life skills and HIV&AIDS prevention programmes for educators, and the review of pre- and in-service training for educators in CSE. Namibia’s MOE has consequently issued a circular that states a full-time Life Skills teacher should be present in all Namibian schools with 250 or more learners (UNESCO, 2015, p31).
According to the summary above it express that Namibia currently does not have a grounded policy on teaching and learning of Sexual Health Education. The only response the Namibian government has in place, for now, is integrating the content sexual education into LSE (UNESCO, 2015).

The inclusion of Sexuality Education in Pre-Service Teacher Training in Namibia, SE in teacher training is infused in the curriculum and offered on a full-time basis to all teachers, through pre- and in-service training at all levels (pre-primary, primary and secondary). A course in SE is compulsory for all 1st-year teacher students. Guidance and Counselling 1 is a compulsory module for all third-year teacher education students. LSE is a career specialization option offered in the fourth year at the University of Namibia (UNAM) (UNESCO, 2015).

SE in teacher training is included in in-service training at all levels (pre-primary, primary and secondary). UNAM, the National Institute for Education Development (NIED) and NGOs are all engaged in providing in-service opportunities for teachers (UNESCO, 2015). The privately-owned Institute for Open Learning (IOL) offers a diploma in Pre-Primary Education, which includes a module on life skills. Early Childhood Development (ECD) qualifications offered by the Namibian College of Open Learning (NAMCOL) include a module on HIV&AIDS (UNESCO, 2015).

HIV&AIDS education is a cross-curricular goal indicated on most syllabi in curricular documents across primary and secondary schools, as well as in teacher training. HIV and AIDS are currently running from grade one up to grade twelve it is one of the topics that Namibia Ministry of Education intergraded in most of the subject to make sure that it has reached every learner (UNESCO, 2015).

Below table is illustrating content that teachers are being in trained in pre-service teacher training in different countries in Africa, if you look in the column of Namibia you can see that Namibian teachers are not trained on
content related to relationships, culture society, and human rights as well as human development and puberty (UNESCO, 2015).

**Table 1. Pre-service Teacher Training curriculum regarding sex-related content**

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<tr>
<th>Pre-Service Teacher Training Course Content Includes:</th>
<th>Angola</th>
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(Adapted from UNESCO, 2015, p33)

In teacher training, social and contemporary issues are taken in year one, introduction to inclusive education is taken in year two, guidance and counseling I feature in year three, with guidance and counseling II in year four. Life skills are also a specialized subject at UNAM and offered in year four (UNESCO, 2015).

**2.6.2 Roles of Sexual Health Education in learners**

SE is found to be vital for a very young person including adults (Brewer et al, 2007). Studies have found that children who have been through a well reached and accurate sex education tend to finish their primary education without unintended pregnancy or contracting STDs (Family Care International, 2005).
Additionally, girls who get access to quality SE tend to have high self-efficacy to control their sexual emotions and sexual health. These girls end up producing children who will again have that mentality of accessing to sexual health information (Doortje et al, 2008).

Western European countries show a decreasing in of unintended pregnancy, abortions and a decline in the infection rate of HIV and STDs among young people (EEGSE, 2016). Studies found that the results of this came from the introduction Sexuality Health Education programs. Above that, young people in these regions show to have high self-esteem, good communication skills as well as decision-making skills. SE empowers young people to developmentally in a sense that they respect other personal rights and also promoting healthy relationships among them (EEGSE, 2016).

According to UNESCO (2018) Without SE children faces a lot of challenges and end up being vulnerable to information. They end up getting information about sexuality to inform media and peers and that information sometimes is not scientifically right, age-appropriate and accurate. This will lead them to be a victim of some social issues such as sexual abuse, abortions and teenage pregnancy (UNESCO, 2018).

Rosen, Murray, and Moreland (2004) Stated that sex education is in the battle to attain a range of objectives for both sexually active youth and those that are not sexually active. They pointed out the following objectives of sex education:

• Reduced sexual activity (including postponing the age at first intercourse and promoting abstinence);

• Reduced number of sexual partners;

• Increased contraceptive use, especially use of condoms among youth who are sexually active for both pregnancy prevention and prevention of HIV/AIDS and other sexually transmitted infections
• Lower rates of infection of HIV/AIDS and other STIs; and


Sex education curriculum covers a range of content not only about sexual issues. Guttmacher (2018) pointed out the seven themes of Sexuality education that should be included in sex education curriculum and their objectives to the students' lives. Below are the themes quoted from Guttmacher (2018):

1. **Gender**: This involves learning about diligences between genders, gender roles, exploring gender roles and attributes; understanding perceptions of masculinity and femininity within the family and across the life cycle; society's changing norms and values; manifestations and consequences of gender bias, stereotypes, and inequality (including self-stigmatization).

2. **Sexual and reproductive health and HIV**: Sexuality and the life cycle (i.e., puberty, menopause, stigma, sexual problems); anatomy; reproductive process; how to use condoms and other forms of contraception (including emergency contraception); pregnancy options and information; legal and safe abortion; unsafe abortion; understanding HIV and other sexually transmitted infections (STIs), including transmission and symptoms; HIV and STI prevention, treatment, care and support; voluntary counseling and testing for HIV; antiretroviral therapy and living with HIV; prevention of mother-to-child transmission; injection drug use and HIV; virginity; abstinence and faithfulness; sexual response; social expectations; self-esteem and empowerment; respect for the body; myths and stereotypes.

3. **Sexual rights and sexual citizenship**: Knowledge of international human rights and national policies, laws and structures that relate to people’s sexuality; rights-based approach to sexual and reproductive health; social,
cultural and ethical barriers to exercising rights related to sexual and reproductive health; understanding that sexuality and culture are diverse and dynamic; available services and resources and how to access them; participation; practices and norms; diversity of sexual identities; advocacy; choice; protection; negotiation skills; consent and the right to have sex only when you are ready; the right to freely express and explore one’s sexuality in a safe, healthy and pleasurable way.

4. **Pleasure**: Having a positive approach to young people’s sexuality; understanding that sex should be enjoyable and consensual; understanding that sex is much more than just sexual intercourse; sexuality as a healthy and normal part of everybody’s life; the biology and emotions behind the human sexual response; gender and pleasure; sexual well-being; safer sex practices and pleasure; masturbation; love, lust and relationships; interpersonal communication; the diversity of sexuality; the first sexual experience; consent; alcohol, drugs and the implications of their use; addressing stigma associated with pleasure.

5. **Violence**: Exploring the various types of violence toward men and women and how they manifest, particularly gender-based violence; non-consensual sex and understanding what is unacceptable; rights and laws; support options available and seeking help; community norms and myths regarding power and gender; prevention, including personal safety plans; self-defense techniques; understanding the dynamics of victims and abusers; appropriate referral mechanisms for survivors; preventing the victim from becoming a perpetrator; men and boys as both perpetrators and allies in violence prevention.

6. **Diversity**: Recognizing and understanding the range of diversity in our lives (e.g., faith, culture, ethnicity, socioeconomic status, ability/disability, HIV status and sexual orientation); a positive view of diversity; recognizing discrimination, its damaging effects and being able to manage it;
developing a belief in equality; supporting young people to move beyond just tolerance.

7. **Relationships**: Different types of relationships (family, friends, sexual, romantic etc.); that relationships are constantly changing; emotions; intimacy (emotional and physical); rights and responsibilities; power dynamics; recognizing healthy and unhealthy or coercive relationships; communication, trust and honesty in relationships; peer pressure and social norms; that love and sex are not the same (Guttmacher, 2018, p2-3).

2.6.3 **Measures in place to enhance sexual Health Education in Namibia**

Namibia is currently facing various social issues ranging from teenage pregnancy to passion killings that are believed to be sourced due to lack of knowledge and information related to sexual education (Lillian, P., et al, 2015).

![Figure 3. Namibia Teenage pregnancy 2011 statistics](image)

*Figure 3. Namibia Teenage pregnancy 2011 statistics*: (Adapted from Lillian et al, 2015).

Various programs and campaigns have been introduced by the government as well as NGOs to try to fight these social issues (Lillian et al, 2015).
One of the programs was Health Promoting School Initiative (HPSI) and it was founded in 1998 and currently is being run by the Ministry of Education, Arts and Culture together with Ministry of Health and Social Services (UNESCO, 2015). The main objective of this program is to engage all stakeholders in education to make a school a place where learners get information related to sexual issues (UNESCO, 2015). Although this program is not yet in all regions it is only in four regions namely Thomas, Erongongo, Otjozondjupa and Omaheke, but it is in the pipeline to hit every corner of the country (Ministry of Education, Namibia, 2018).

The government of Namibia initiated HPSI extracting it from WHO as one of the ways to achieve the vision 2030 goal that state ensuring equity and access to quality education by all Namibian citizens more especially the teenagers (UNESCO, 2015). Under the same program in 2013 Namibian Ministry of Education and Ministry of Health sighed and agreements together with other delegates in SADC to improve the delivering of quality sexuality education and reproductive health services (UNESCO, 2015).

Back in 2000, the Namibian government introduces two programs also to enhance the learning of sexually related matters. The two were Window of Hopes and My Future My Choice (MFMC) (Lillian et al, 2015). Window of hope was designed for younger children starting from 10 to 14 years old, the program covers content ranging from communication skills, decision-making skills, building self-esteem and managing emotions and building healthy relationships (Lillian et al, 2015). The latter was designed for the older young people aged from 15 to 24 years old including outgoing school youth. The programs were offered after school in the afternoon by peers trained in their community. Several studies conducted found that these programs made some slight changes in youth lives. Though we're not enough due to the poor administration of the programs (Lillian et al, 2015).

Ombetja Yehinga Organisation (OYO), is also one of the youth group that does some awareness campaign in different regions to encourage youth on
how to prevent that self from sexually related issues (Legal Assistance Centre, 2017). This is an NGO group aimed for no profit. Most of the youth who run the group are volunteers. Dramas and films are one of their main teaching methods during the reach out. Childline, Red cross, stepping stones, and Tuseme are also organizations that try to give lessons to young people in the different area of Namibia (Legal Assistance Centre, 2017). Above all Ministry of education made HIV and Aids as a cross-curriculum topic in Namibian Education curriculum. Integrating sexually related topics in a subject like Natural Science & Health Education, Life science and biology was also a step made by the ministry (UNESCO & UNFPA, 2012).

2.6.4 Challenges Affecting the teaching and Learning of Sexual Health Education in Namibia

Several studies were done to find the challenges that are hindering the teaching and learning of Sexual health education in Namibia. A study by Mufune (2008) founds that one of the main barriers is that teachers who sometimes a sighed to teach the content related to sexual education are not well equipped with content or it is not their specialization during their pre-service teacher training. In Mufune study some teachers indicated that they since teaching is involving they supposed to be offered some in-service training to enhance their professional development (Mufune, 2008).

Teaching resources were also raised in Mufune (2008) study. Teachers indicated that few materials are available to teach sexually related content, while some teachers suggested that some textbooks have to translate into local language like for the programs that are the out-going school youth because some are not good in English (Mufune, 2008).

Some teachers indicated that they are not open to talking with some learners about sexually related matters due to their religious and cultural affiliations. Learners also share same sentiments, they believe that they cannot talk sexual related issues with Teacher because it is against their cultural believe (Mufune, 2008).
In subjects like life skills learners do not take the teaching of this information seriously because they find as not important because the subject is a non-promotional subject, therefore, they see it that it won't take them anywhere in life. This affects the teachers too ending up not taking the subject seriously as well. Some parents are eager to involve in this, but the problem is they do not know how to do it (Mufune, 2008).

### 2.6.5 Suggestions to overcome the challenges

A lot of studies were done on an international level to try to find a solution to the challenges that teachers are facing in teaching and learning of sexually related content (UNESCO, 2009).

According to Rosen, et al (2004) they said that Involving of traditional and religious leaders is one of the best solutions because these are the people who work with the community and are the people who talk to young people sometimes (Rosen, et al, 2004).

Effective communication is also believed to clear out the challenge. It is believed that if open communication between stakeholders more especially parents and traditional leaders together with church leaders are engaged in good communication it will tend to remove the taboo of not talking sexual issues with young people. Effective communication also can give information that can redefine our social norms and behavior (Rose, et al, 2004).

Boonstra (2015) pointed out that teacher training should be well equipped with facilities that they need. Teachers who to teach sexually related content should be specializing in those respective areas in their pre-service teacher training course. Involving Health experts such as a nurse to teach some content can also help the challenges (Boonstra, 2015).

Parents and guardian should be also involved in these programs. UNESCO (2009) found that students learn better when their parents or caregiver are involved in their learning. Behaviors and perceptions of young people are strongly influenced by parents. Therefore, involving them they will end up
redefine this behavior (UNESCO, 2018). UNESCO (2009) suggested that the best way to ensure that parents are involved in their children's work is by giving their children homework or assignment that they need to discuss with their parents (UNESCO, 2009).

Another move is making Sexually Education standalone and compulsory subject. Studies found that in countries that introduced sex education as a compulsory subject more participation is experienced from young people, while country that made it an optional subject experience lack of participation and withdrawal from some students (Rosen, et al, 2004).
3. Research objectives and Questions

3.1 Research Objectives

The objectives of this study are to

- Investigate the Significance of Sexual Health Education in Namibian education system
- Explore the challenges that Natural sciences and life skills teachers encounter in classrooms during the Sexual Health Education lessons.
- Investigate ways on how to improve the teaching and learning of Sexual Health Education in Namibia
- Find right teaching approach towards sexual health education
- Find right age learners should start learning Sexual Health Education

3.2 Research Questions

To achieve the objectives of this study as a researcher I employed the bellowed in questions all under the theme of teacher's perceptions.

What are the perceptions of teachers towards:

- The role of Sexual Health Education in a Childs life
- The challenges in Sexual Health education lessons
- Strategies to improve Sexual Health Education in Namibia
- Appropriate approaches in teaching and learning of Sexual Health Education
- Appropriate age children should start learning sexual Health Education
4. Methodology and Research Design

4.1 Research approach

The research approach was a qualitative approach. I have chosen this approach because Qualitative research is grounded in statements that every individual forms their own reality by using their own perceptions and interpretations (Ayiro, L., 2012). Bengtsson (2016) expressed that "qualitative research contributes to an understanding of the human condition in different contexts and of a perceived situation". Gavin (2008) pointed out six features that make qualitative research legitimate, these are:

- *Qualitative research uses natural settings in which to gather data.*
- *The researcher is an integral part of data collection.*
- *Analytical techniques are predominantly inductive.*
- *Reports are entirely descriptive, expository, and demonstrative and provide participants a voice.*
- *There is an emergent focus, in addition, to focus on the product of research.*
- *There is less of a focus on validity/reliability than on trustworthiness and credibility.* (Gavin, 2008, p33).

Therefore, for choosing qualitative as my research approach because was interesting in finding how teachers perceive the learning and teaching of Sexual Health Education in Namibia and the impact it has on a Namibian child life. In my opinion, using a qualitative approach gave my participants opportunity reflect their experiences and opinions towards my questions, unlike the quantitative approach that do not give a room the participants to express their opinions and ideas.

4.2 Research Methods

I used an online survey to collect my data. The online survey was composed of two types of questions.
Closed Questions within these types of questions I asked the participants to respond among the set of answers this respond will represent her/his viewpoint regarding the issue presented. Questions of this type gave choices to the participant whether to agree or not to agree to a certain issue.

Open-ended questions As Stressed by Ayiro (2014) "Open-ended or free-response questions are not followed by any choices and the respondent must answer by supplying a response usually by entering a number, a word, or a short text. Answers are recorded in full, either by the interviewer or, in the case of a self-administered survey, the respondent records his or her entire response." (Ayiro, 2014, p33). This means the respondent is given open space to express his/her view in the sense that the researcher has no influence on the answer of the respondent. I have included these types of questions in my survey because they carry a lot of advantages. Ayiro (2014) have discovered some of the advantages of using open-ended questions, such as:

- they allow respondents to express their ideas spontaneously in their own language,
- they are less likely to suggest or guide the answer than closed questions because they are free from the format effects associated with closed questions, and
- they can add new information when there is very little existing information available about a topic (Ayiro, 2014, p34).

Apart from the advantages also identifies some of the obstacles of using open-ended questions, these are:

- they may be difficult to answer and even more difficult to analyze, they require effort and time on behalf of the respondent,
- they require the development of a system of coded categories with which to classify the responses (Ayiro, 2014, p36).

4.3 Data collection process

Research population
The population of my study was the Namibian Teachers, I mainly focuses on the teachers who are teaching Naturals sciences subjects (Natural Science and Health Education, Life science and Biology) and Life skills. I have focuses on these teachers because these are the teachers who are teaching content related to Sexual Health Education in their respective subjects having them as my participants helped me to attain the objectives of my study.

**Sampling Methods**

Coming to sampling I have used Non-probability sampling. Non-probability sampling is that sampling procedure which does not involve all the populations during selection it is done based on specific criteria that the researcher wishes to use. Non-probability sampling is divided into different types we have deliberate sampling, purposive sampling, and judgment sampling (Kothari, 2004). Among the nation-probability sampling, I have used the purposive sampling, meaning among all Namibian teachers I only selected to work with teachers who are teaching natural sciences and life skills based on the reason that this is teachers who at least teaching content that related to my topic of study.

**4.4 Data analysis**

After receiving responses from my participants, first I have to go through all of the responses to rectify minor errors and also to remove incomplete surveys before sorting them into meaning units. Analyzing of my data I have used content analysis as my method to analyses my data. Content analysis is one of the analysis that is systematic and objective way which an issue can be described and quantified (Schreier, 2012). Although content analysis comes with some challenges overall it is any easy techniques that can be easily used by novice researchers (Bengtsson, 2016).

Below figure is illustrating the way I have analyzed my data.
As stated by Bengtsson (2016) content analysis can be done into two ways either latent or manifest. My study was analyzed using manifest content analysis, this type of analysis is done in a way that a researcher has to describe what the participants have said, it involves quoting same words and giving description of them. Above diagram is showing how manifest content analysis can be carried out.

4.5 Validity and Reliability

Based on Flick (2007) perspectives for a study or a research to be standard it need quality and that quality will make the audience trust the study. Flick (2007) mention some techniques that a researcher should follow for the study to be trustworthy that is consistence, transparence, credibility. Since trustworthy is important for the quality of
the study I therefore try by all means to adhere to the guidelines that is required in a qualitative study from different literatures.

My instruments were tested with my peers, that is fellow student to see if it will work the way I planned it, after testing my online questionnaires with my peers some minor corrections were made for example the open ended questions were changed to give participants motive to express more on the question because I realized that some open ended questions could not make room for more expression of the participants. Same questions were used for every participant in my study to maintain consistence in my study. In my methodology I have outline how I carry out my study and analyzing process as well my reporting of my results this was done for transparency reason.

**Ethical Issues**

This topic believes to be a sensitive topic. To assure that participants are not offended permission will be a request from the University of Eastern Finland as well as grants from the school where data will be collected. Since some participant might be not happy with the topic due to culturally and religious reasons the researcher will make clear to the participants that the research is a voluntary study.

The participation in my study is based on the willingness of the respondents. The participants were informed about the purpose of the research, the procedures, risk involved and benefits of the study beforehand. The study ensures consensus from the participants and respects their decision to take part in the study or not. The participants were allowed to quit the study if they do not feel comfortable on some issues or procedure.
5. Results

This chapter will present my results in relate that I must answer my questions for my study using the findings from my participants. The open-ended questions are analyzed using the qualitative content analysis method, while the closed questions are presented in charts. First stage of presenting my results first I must describe the nature of participants using charts. These involve gender, geographical locations, career development as well their respective subjects of specializations.

5.1 Demography

Gender and geographical locations

In total 48 participants responded to my online survey. 23 male teachers and 25 female teachers.

The participants were from nine regions (see below figure) meaning five regions could not take part, the regional distributions of my participants is shown below charts.
A higher number of participants came from two Kavango regions (Kavango West 28.8% = 10 participants and Kavango East 28% = 10 participants), Oshana region 16.7% = 8 participants, Khomas 16.7% = 8 participants, Omusati 8.3% = 4 participants, Oshikoto 6.3% = 3 participants, Ohangwena 4.2% = 2 participants, Otjozondjupa 4.2% = 2 participants and Erongo 2.1% = 1 participants.

**Professional Development and Subject specializations of the participants**

77.1 % of my participants have taught for more than one year while 22.1% of the participants have only taught for less than one year. In other word they are novice teachers. This was necessary for me to compare how novice teachers and experience teachers are perceiving Sexual Health Education.
64.6% of my participants had never gone in any in-service training relating to sex education during their teaching tenure, while 35.4% of the participants have attended various training, workshops, conferences relating to Sex education.

Regarding qualifications in the field of Sexual Health Education, 93.8% =45 participants do not have any qualifications relating to Sexual Health Education apart from their teaching qualifications, only 6.3% =3 of the participants have qualifications relating to sex education, such qualifications are two diplomas in HIV/AIDS management and a Certificate in comprehensive sex education. This question was necessary to measure the level of knowledge of my participants regarding sex education.
Among most of them are teaching Natural Science and Health Education=24, second highest subject specialization of the participants is life science with 22 of the participants, 17 of the participants are teaching Life skills, 13 of them are teaching biology and 9 of the participants are teaching or have taught programs such as window of hope, Tuseme and my future is my choice.

5.2. The role of Sexual Health Education in a Child's life

44 of my participants have agreed on that Sexual Health Education play a positive role in Child's life, they motivated their choice with various opinions. A Lot have been said regarding this question, but I have to left some to pick only issues that was opinioned by many. Using my analyses, I have themed their opinions in following themes:

- Decreases infection rate of HIV/AIDS and STI

10 of the participants have mentioned that teaching young one content relating to Sexual education will help them to take measures that can help them not to contradict diseases such as HIV and STI.

As I quote T14 he expresses that I would prefer teaching Sex related content because it equips learners with knowledge on how to protect themselves against HIV/AIDS. Apart from knowing how to prevent themselves from these deadly diseases, one of the participants gave an opinion of saying that these teaching of
sex education open up the school going children to know the impacts of these diseases. *Sex education is vital to learners because it inform them about the negative impacts of sexual related diseases*, as opinioned by T22

- **Reduces Teenage pregnancy**

About 7 of the participants sided on reduction of teenage pregnancy as one of the benefits of learning and teaching of Sexual Health Education. Most of the participants based their view on the issue that Namibia is currently facing high teenage pregnancy they believe teaching them about sexuality will help them to take measures such as abstaining and contraception for them not to fall pregnant at a young age. T32 stated that *Namibia is currently facing high rate of teenage pregnancy, therefore it is required for learners to be educated to the impact of involving in Sexual activities.*

- **Right decisions**

Majority of the participants believe that teaching of sexual health education in schools empower learners for them to make right decisions regarding issues related to sexual and life in general.

T12 expressed as *in my view for learners learning about content related sexuality It will help them make wise and appropriate decisions with regards to sexual health, marriages and contemporary social gender and sex related issues.*

T40 also added on saying that *Sexual Education help them gain confidence to make right decisions regarding Sexual relationship, it also inform them on how to protect themselves from STDs and HIV*

- **Wash away Stigmatizations**

Some of the participants pointed out that learning of Sexual Education can help young ones to accept other individual such as those are living with HIV, Lesbians and Gays, pregnancy peers. They believe that one of the reasons why stigmatizations is high in Namibia because kids are not taught that for example a
person who is living with HIV is also a normal person or in society we have gays and lesbians we should accept them.

T45 expressed this in detail as *I believe that if young one are taught about sex related lesson they tend to respect people around them regardless of their gender or sexual orientation. LGBT youth are suffering in most society, they are being discriminate and harassed because the others do not understand that we have such people in society and we need to accept them.*

- **Promote gender equality**

Other participants view sexual education as away of promoting gender equality, they believe that, when going school kids are taught the roles of women and men in society it will promote equality within the society.

T43 stated that *in my opinion the teaching of sexually related content is vital to children because it helps them understand their gender roles in the community. If learners understand the similarities and differences of genders it will help them in future to change their social norms and behaviors towards other gender. interpersonal relationship.*

- **Safe sex and Health relationships**

Others view sex education as a tool that can promote safe sex these involves the using of condoms abstaining and other measures, some participants also stated that sex education can help the young ones to establish health relationship.

### 5.2. The challenges in Sexual Health education lessons

Participants were asked to express the problems they encounter during the teaching and learning of Sexually related content in the classroom. Among the participants only 41 of them tempted to respond on part related to this question. Just like the previous question I also themed the responses into a meaning phenomenon that can contain same meaning sentiments from the responses.

- **Shyness from girls’ side and Too excited from the boys’ side**
Majority of the participants came out to say that the main challenge in the classroom of Sex related topic lesson is that girls do not fully take part in the teaching and learning, which some participant think that it avoids them to acquire the knowledge they need in life. While boys take topic that related to sex funny and they are very excited towards the lesson which sometimes disrupt the lesson. T17 said that learners are ashamed especially girls and majority of boys make a lot of noise as they put it as a funny topic. another teacher added on saying that Some learners are very shy and do not participate in this lesson, more specifically girls. So, this hinder them from gaining knowledge on sexual related issues and they end up making wrong decisions. T21.

- **Lack teaching resources**

Teaching material is believed to be one of the challenges that teachers are facing according to the participants. They opinioned that the government did not develop some teaching materials, or they are not enough to be used by the whole class. T32 said that I always like to teach the content but at certain time I have no resources such as text books and realia teaching aids such as some contraceptives to show them to learners how they look like and do some demonstration how they can be used, but I cam not.

- **Religious and cultural effects**

Another challenge that participants raises is cultural and religious, some participants pointed out that some learners tend not to participate into sex related lesson since their religious or cultural belief do not allow that. Quoting T27 Traditionally is not allowed to talk sexuality openly with small children like learners that’s why some leaners ashamed to give their opinions. T10 also added on saying that some learners are hinder by their religious to part take in lesson that talk about sex because their religious is saying that talking about sex is a sin therefore they choose to keep quiet because they do not want to sin.

- **Stigmatizations**
Some participants sided that during the teaching of sexually related content they come to realize that they offend some learners and it sometimes stigmatized them. T19 stated that *sometimes I feel ashamed teaching sexually related content because I feel as I’m offending some learners especially when I’m teaching teenage pregnancy and there is a learner who is pregnant in the classroom I really fail to express more due to that condition.* In same line T6 said *some learners stigmatize others who are for example having certain issue that you are teaching in the classroom.*

5.3. Strategies to improve Sexual Health Education in Namibia

Under this question I asked participants on how as teachers together with the government should cooperate to enhance the teaching and learning of Sexual health education. Since it was no compulsory component only 41 participants have to respond to this component. Just like in previous questions I must theme the responses from my participants into meaning units and create a meaningful topic above them below are some of the themes:

- **Involvement of all stake holders and More in-service training for teachers**

  Most of the participants believe that Sexual Education will work out if every stake holder is involved in. Focus were based on parents, church leaders, community leaders as well as learners’ representatives. On parents one of the participants pointed out that parents should be availed with workshops to train them on how they should communicate with their children regards sexual issues.

  Same goes to church leaders and community leaders, teachers believe that if church leaders and community leaders are brought into this matter it will help to clear the cultural and religious barrier that hindering the learning and teaching of sexual education.

  T18 narrated that *parents should be involved to help their children educating them on how to protect themselves from HIV and AIDS, when parents are taught it will help them being open up with their kids.*
T41 also added on that: the government need to engage parents and church leaders for them to be open up with the children and talk about sex when they are with them because they are one of the people who have more time with children apart from teachers.

- **Make it a stand-alone subject**

Some participants proposed that for effective of teaching and learning of sexual education to happen it is good that the ministry have to make it a standalone subject. They believe this will be a best a solution since more time will given to teachers to teach the content unlike its counter part integration which limit teachers. Quoting T30 *I think the government should make Comprehensive Sexual Education a standalone subject because this will give teachers as well as learners more time to learn about sexually related content.* While T41 added on saying that *in my view making it a stand-alone and compulsory will be a great solution because learners will take it seriously.* T16 also gave her view as *Make it a stand-alone subject and it should be compulsory to all learners, at least this will boost the interest of learners in the subject.*

- **Peer Mentorship programs**

Some participants believe that to wash away the shyness of learners in classroom schools should introduce mentorship programs as well as some awareness clubs so that learners can share some values of sexual education. While others opted that mentorship programs for the girls should be available for them to be open during the learning and teaching od sexual related content.

T9 gave his view saying that: *Introducing programs or organizations that can empower girls to take part in sex related lesson without fear. in most case girls are shy to take part in this lesson because of the stigma against women in our societies, if a woman express herself about sexuality society will label her as a slut. therefore, the government should make away this stigmatization towards girls.*

- **Collaboration between Ministry of Education and Ministry of Health and social services**
Another solution that participants pointed out was the collaboration between the Ministry of Education, Arts and Culture together with Ministry of health and social services. Some participants believe that if health staff are involved in teaching of sexually related issue it will bring a positive impact because these are some people who deal with this issue in practical while teachers talk about in theory only.

5.4. Appropriate approaches in teaching and learning of Sexual Health Education

This question was tackled into two-part first part was to discover the content that the teacher prefers to teach and not to teach in form of comprehensive Sexual Education or abstinence-only, Sex education and the last part is the choice of the participants of choosing the desired grouping of learners in classrooms between comprehensive class and selective class and motivating their choices.

Content approach of teaching and learning Sexual Health Education

In your own view which of the below contents should be covered in the curriculum of Sex education if it will be introduced.

48 responses

Based on the participants choices they opted for comprehensive approach which cover all the topics in sex education. They motivated their choice with various reason. The main reason was that teaching learners with comprehensive approach will prepare them to face life in a holistic manner.
T24 motivated his choice saying that, *in my view teaching children using comprehensive approach will benefit learners in many ways because not every child can abstain at least those who cannot abstain can take other measures such as using contraceptives to protect themselves from getting pregnant.*

Although they all applauded the comprehensive approach some participants rejected the teaching of some content like Masturbation, abortion and homosexual saying that it is not appropriate in Namibia even the law in the country is against it. One of the teachers who raised the issue was T13 he said that, *although I opted for comprehensive topic such as homosexual should not be entertained since our constitution do not accommodate it, there it is unnecessary to include it Sexual education curriculum.*

**Class grouping of learners’ approaches**

Participants were asked on their choices relating on how they prefer the grouping of learners into classrooms. Below is the chart showing the results of their choices:

In some countries Sex education related lesson is taught separated based on gender. Meaning boys are taught in ... Select your option and give a reason. 48 responses

5.5. **Appropriate age children should start learning sexual Health Education**
To answer this question participants were given choices to select the teaching phase that they think school going children should start learning sexual health education. And then they have to motivate their choice. Below is the table showing how the participants opted

**At what age do you think children should start learning Sex education in schools**
48 responses

79.2% =38 of the participants opted for senior primary phase that is starting from Grade 4, a lot of reasons supported their choice one of the main one was that, it is the stage children reach the puberty stage therefore it will be good to start teaching them what they have to expect in their life.

Quoting T11 *I think teaching them matters related to sexual should be from grade 4, because when they reach puberty stage they would be aware of what's happening to them and make a right decision then peer pressure that would put their lives in danger.*

Another participant T8 added on saying that *this phase is critical phase because this is the most stage where abstract feelings such affection and molestation start to develop in many learners. Again, many kids become so exposed to different nasty videos because their eyes are open.*

Do not misunderstand sex education and point fingers as if learners will be educated about sexual positions and how many times to do it or other nasty things about it. The main aim of sex education is to teach learners about the importance of abstinence, consequences of sexual intercourse, the right to say NO and the importance of safe sex practices amongst others. A child in grade 4 is old enough to be informed about these
things because they can easily fall victim of sexual abuse. The information is important for the safety of our children. The my future is my choice was a very helpful and educative programme and the very first time I attended it I was in grade 4 (quoting T34).
6. Chapter 6 Discussions

The main objectives of carrying out this study was to determine: The Significance of Sexual Health Education in Namibian education curriculum, the challenges that Natural sciences and life skills teachers encounter in classrooms during the Sexual Health Education lessons, ways how to improve the teaching and learning of Sexual Health Education in Namibia, find right teaching approach towards sexual health education and right age learners should start learning Sexual Health Education. Therefore, this discussion was divided into five themes: Significances of Sexual Health education, Challenges in teaching and learning of sexual health education, ways how to improve teaching and learning of sexual health education, Right approaches of teaching and learning sexual health education and right age appropriate for start learning sexual health education.

6.1 Significances of Sexual health education

Just like any other subject's sexual education play a vital role in young people's life. Findings of my study indicated a lot of benefits one gain from learning sexual health education. Just in line with Rosen et al, (2004) they outlined a range of positive outcomes of sexual health education such as reduction of teenage pregnancy, a low infection rate of STDs and HIV, improve decision-making skills, improve communication skills, reduce sexual abuse among young ones, and abstaining from sexual intercourse. My findings from my participants show that if young people are engaged in sexual health education it will help them to have high self-esteem to defend themselves not to involve in unhealthy relationships. Doortje, et al (2008) supported this belief, they stated that young people who attend sexual health education are more likely to have high self-efficacy that helps them to take a decision that will benefit them in future.

Reducing teenage pregnancy was one of the dominating goals of sexual health education in my findings. With Namibia facing a high rate of teenage pregnancy, my
findings concluded that teaching of this will at least reduce the rate of teenage pregnancy in Namibia. These findings are in line with the study by European Expert Group (2016) they found that in countries such as Sweden teenage pregnancy is not high because of teaching sexual education (EEGSE, 2016). Supported by UNESCO (2018) they also pointed out that if young people are not exposed to sexually related information they tend to make a vulnerable decision that will cost their life such as having unprotected sex and others (UNESCO, 2018)

6.2 Challenges in teaching and learning of sexual health education

From my findings perspectives, a lot of barriers are in place that is hindering the teaching and learning of sexually related content ranging from classroom issues to the society. Most of the participants tend to face challenges in classrooms such as shyness, hyperactive, cultural effects, cultural effects, stigmatizations, and many more. A study that was done by Mufune (2008) found similar results although he did not only focus on teachers. In Mufune (2008) findings he discovered that one of the major challenges in teaching and learning sex education is shyness among girls' learners. Similar results were found in my study too, girls are believed not to take part fully in the learning of sexually related content.

The issue of teaching resources was also part of Mufune (2008) findings. According to Mufune (2008), he founded that material that is brought for the teaching of sexually related content are not sometimes in the context of Namibia, this affects the learning since the content will not relate to a Namibian issue (Mufune, 2008). In similar case my findings were that material is not enough to be used by all learners and some concepts are not avail with some teaching materials, for example, some learners never saw some contraceptives that teachers keep teaching them in physical appearances. Ramiro, et al (2008) relate this when he pointed out that contraceptives should be taught in a way that teacher show the model or realia of that contraceptive and demonstrate how to be used (Ramiro, et al, 2008).

I have found that one of the challenges in teaching and learning sexually related matters is a lack of teacher training and professional development. My findings state that teachers who sometimes assigned to teach sexually related content are not trained in
that area during their pre-service training, therefore they lack content and confident to the assigned subject or program. Ramiro et al, (2008) were also in support of this factor, he narrated that a teacher can teach best when she or he is put in an area that she or specialized in his or her training of becoming a teacher (Ramiro et al, 2008). On top of that teachers also lack some in-service training. Teachers in Namibia are not given chance to have some in-service training, they think having in-service training will enhance their knowledge in their subject area it also gives them a chance to build up a relationship with their fellow teachers in the country or region to learn from one another. UNESCO (2015) was in a line of this finding stating that teachers in-service training is a way to empower teachers and update them with latest teaching methodology. Another challenge in my findings is stigma, participants indicated that some learners such as that are with pregnant or living with HIV find it difficult to cope within the classroom because they find it offending when a teacher is teaching issue that they are facing same time fellow learners make fun of them after the lesson or during the lesson.

6.3 Ways to improve teaching and learning sexual health education

My findings suggested quite many solutions that teachers together with the government should strive to if they want the effective teaching of sexually related content. Majority of participants suggested that all stakeholders in education more especially parents, traditional leaders and church leaders should be engaged in the teaching and learning of sexual issues programs, because these are people who influence the behaviors and social norms of young people in society, one way that was suggested to get them involved in is by introducing programs that that need to attend by teachers, parents, tradition leaders and together with church leaders and discuss roles of each party in the learning of sexual issues by young people. This solution was supported by a lot of literature, for example, Dailard (2001) he finds that parents and other leaders are the backbones of our cultural and religious belief and therefore if one wants to change someone believes and behaviors it is best that you engage these people in (Dailard, 2001). While Michael J, Itumeleng M, Ken Li, and Agnes S(2012) in their study found that youth are shy to take part in sexually related lesson due to the belief they carry
from home and churches of not talking sexually related matters with elders (Michael et al 2012).

Some suggestion came from participants stated that Sexual Health Education should be made a standalone subject unlike how it is being carried out in Namibia now as an integrated subject. The participants defended this suggestion with various reason such as it will give more time for the teachers to focus only on the subject, this reason was supported by UNESCO (2015) they view making sexual health education as a stand-alone subject will give more time for the teacher to prepare and make researches in their area. Moreover, my findings suggest that mentorship programs should be avail to girls, pregnancy learners as well as learners who are living with HIV/AIDS to mentor them on how they should cope in sexually related classrooms. This suggestion was further backed it up by Michael et al (2012) in their finds it was found that some youth drop out of school because of the stigma they face during sexually related lesson, intervention should be brought in to help these young people who are in this situation (Michael et al, 2012).

Based on works of literature provided there are theories that as SE teachers should get familiarize with and use them in the teaching of SE in form of encouraging them to believe in themselves. Teachers should design teaching methods that promote self-esteem in students. Students should be empowered to know their rights and know what measures they should take if they find that they are in a situation that is pressurizing them to do things they are not intended to do (Marijke et al, 2017)

6.4 Right approaches of teaching and learning sexual health education

The study findings opinioned that Comprehensive sex education approach should be used in Namibia since it teaches all topics that are involved in sex education. Brewer et al (2007) stated that teaching sex education in a comprehensive way is a right approach because it teaches in a holistic way, unlike its counterpart that is selective.

Besides that, participants also were in line with Doortje et al (2008) saying that comprehensive sex education teaches young people the reality that they are facing in
nowadays life. Some participants prefer this approach because it only not teaches about sex but it also teaches young people general about human development and also how to cope in society, this was also indicated in the study of Boonstra (2015).

6.5 **Right age appropriate to start learning sexual health education**

When it comes to the right age of starting teaching sexual health education the majority of my participant opted that learners should be taught sexually related content from grade 4 onwards. Michael et al (2012) study were also on the same page of my findings, they also found that children should be taught sexually related content the moment they reach the upper primary stage. My participants backed up their choice within in line of UNESCO (2015) recommendations, saying that this is the stage young people face some changes in their body, therefore, it will be appropriate to teach them what they expect in life. Learners are believed to face more peer pressure during the age from 10 to 15 years old and therefore it is appropriate to teach them on how to resist from such pressure (UNESCO, 2018). Another backup reason was that in grade 4 learners' medium of instruction switch from local languages to English, therefore, it will be a right time for them to be taught some concepts that relate in sexual issues since most of the material is written in English.
7. Conclusions, Limitations, Challenges and Recommendations

7.1 Conclusion

This study was carried out from March 2018 to August 2018. It is a qualitative study using an online survey as a tool to collect data from my participants. The participants were teachers in Namibia teaching Natural Sciences Subjects (Natural Science & Health Education, Life sciences, Biology) and Life skills teacher. The main objective of this study was to find out the value of teaching sex education, challenges teachers are facing in lessons related to sex education, ways to improve delivery of sex education, approaches to be used in teaching sex education and right age we should start teaching sex education. 48 teachers took part in my study coming teaching from nine different regions in Namibia.

Majority of my participants agreed that sex education carries a valuable role in the life of young people. Positive attributes of sex education such as reducing teenage pregnancy, a low infection rate of STDs and HIV and promoting safe sex were among the dominance values of sex education that my participants pointed out. On the side of challenges shyness, lack of teaching resources, as well as religious and cultural impacts, were raised as the main issues that are hindering the teaching and learning of sex education in Namibia. Participants proposed a comprehensive approach to the teaching of sex education. Regarding staring age majority opted grade 4 or senior primary phase as the gate for one to start learning sexually related issues.

Based on my findings and works of literature, Sex education seems to be a debatable topic from local perspectives to international perspectives. Mostly the debating is based on what to teach, how to teach it and to who should it be taught.

Relating to my findings sex education can play a big role in the education system of every nation. The study has broadened my understandings of the theories that should be used in sex education in general.
7.2 Limitations

This study was limited by various factors. The participants' number was not well distributed, I mean these study findings cannot be generalized to the whole Namibia due to the fact that some regions did not take part, only nine regions participated in the study. I was also limited because I only use teachers, it could be better if I could involve all the stakeholders within the education sector to give their perceptions on teaching and learning of sexual health education.

I believe I could gain more information if I was to use observation and oral interview as part of my instruments to collect data. Observation and interview could take me into a situation to understand what is really going on in and out the teaching of sex education. Another limiting factor was stigmatizations against some of my participants. Although it was anonymous, I believe that some participants could not be open up to speak out about sex-related issues in more details.

7.3 Challenges

Challenges came in from the start to the end of this study. Internet connections was a challenge within this study it caused to receive few participants because some of the participants who were willing to take part on the study could not get access to the internet since my research tool was based on internet connection.

Social norms such as religious and cultural affiliations caused some participants to take part in the study. Analyzing of data was a challenge for me because it was new for me to use content analysis, more time was spent on reading kinds of literature about content analysis. I was also challenged in finding related studies that were done locally, therefore it forced me to use international context in most cases.

7.4 Recommendations

Namibian government together with the Ministry Of Education, Arts and culture should at least take some of these findings in my study into considerations. Teaching materials should be made enough that every teacher together with the learners gets access to it. Regarding teacher's professional development, Teachers should be offered more in-
service training such as workshops, conferences, and seminars for the teachers to share information on how they should teach content relating to sex education. Introducing SE, as a subject on its own also is vital finding in my study. I recommend the education planners and policymakers in Namibia top implement this if SE will be a subject on its own and compulsory I believe that more learners and teachers will take it seriously, on top of that more teachers will be attracted to specialize in the area.

To the next researchers in this area, I recommend you do a comparative study, by comparing Namibian SE programs with other Nations more specifically countries that have low teenage pregnancy and HIV infections to measure the strengthens of such a country in teaching and learning SE to achieve such positive outcomes. I believe if a comparative study is done it will help readers to understand were Namibia need to improve for effective teaching and learning of sexual education. On top of that mixed method will fit this type of study. Because some of the items require a degree of measurement for a researcher to make assumptions and conclusions.
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