

Empowering teachers, health care workers and parents in providing sexual and reproductive health education in Tanzania

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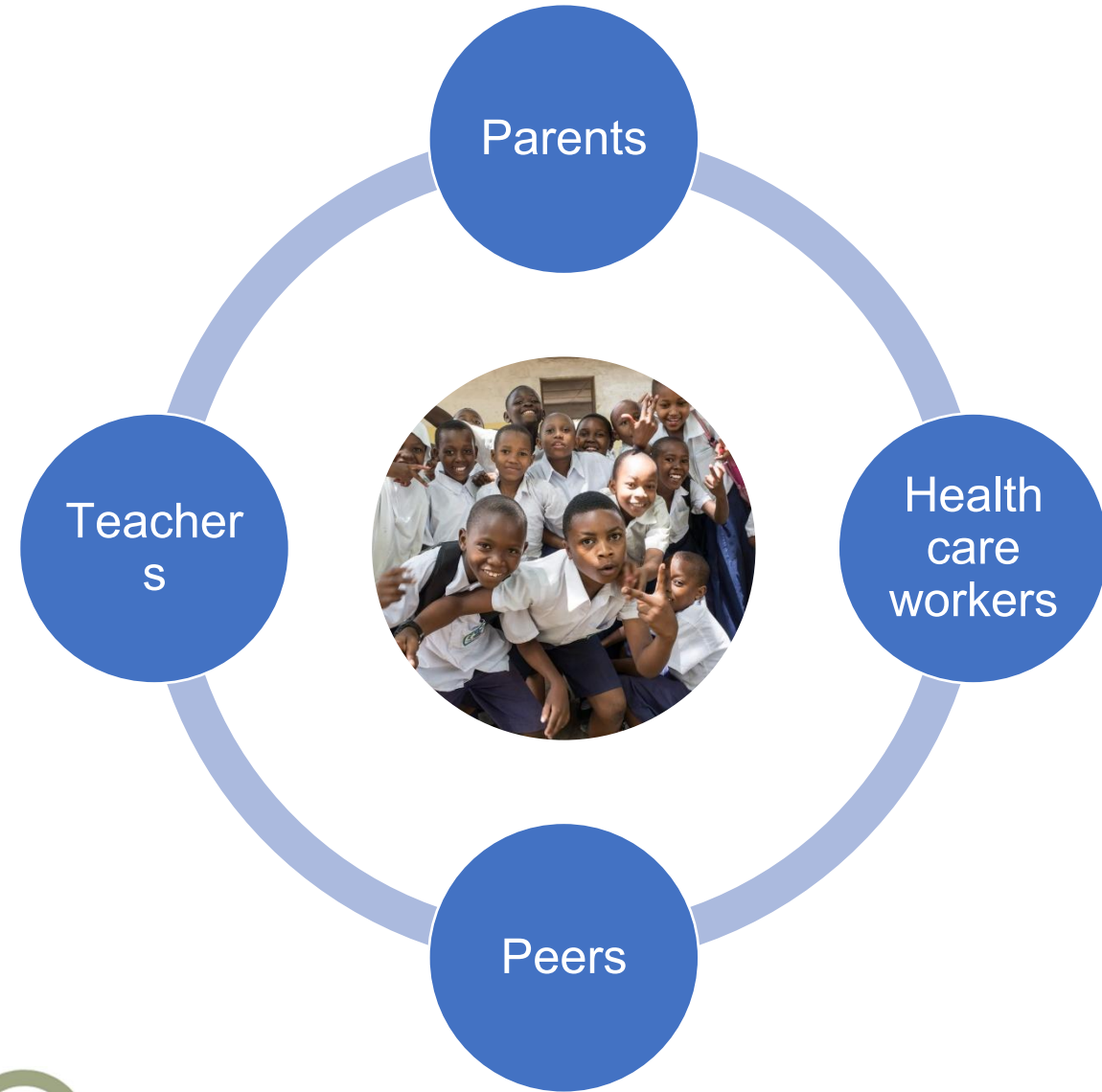
Context: Key Challenges in SRH Education

- Gender inequality: unplanned pregnancies & early marriages among girls → high dropout rates in secondary education
- Limited SRH education in schools: focus mainly on biology; lacks practical & social dimensions; teachers think their knowledge & skills in SRH education is not sufficient
- Peers as SRH information source: often incomplete or inaccurate
- Little collaboration between teachers & health professionals
- Lack of involvement of parents: need for collaboration between home and school

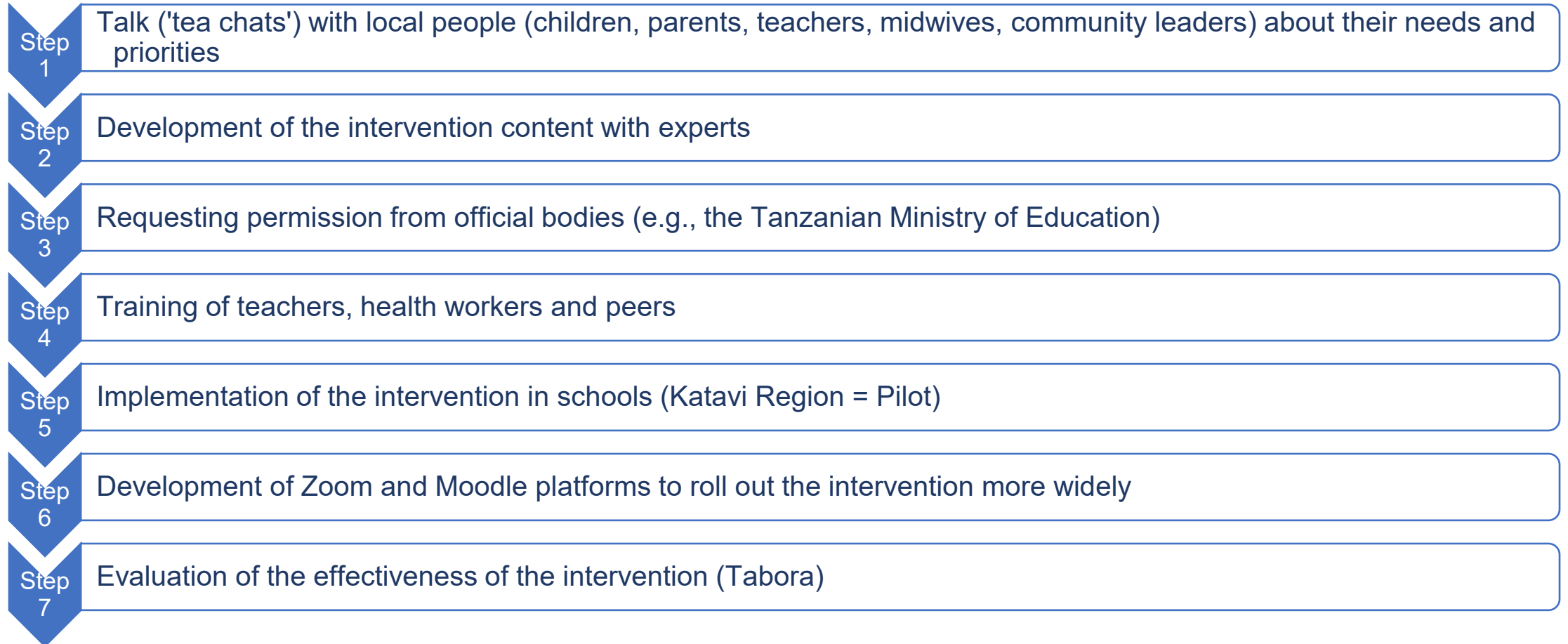


Intervention-specific accents

- VLIRUOS Project (2023–2025):
 - In two rural regions with high % teenage pregnancies 43% in Tabora, 45% in Katavi
- Multi-level strategy: four key groups
 - Getting stakeholders on the same page
 - Inclusion of trained peers (fellow students) as reliable confidants
- Addressing soft skills, not only knowledge



Project steps



Intervention components: 17 modules

Introduction to sexual and reproductive Health (SRH) issues

Livelihood and SRH linkages

Gender-Based Violence (GBV) and Violence Against Children (VAC) in SRH

Friendly SRH services

Social inclusion in SRH education

Rights of adolescents in SRH

Mental health and SRH

Teenage pregnancy prevention and support

Partnership in SRH delivery



Networking and social media in SRH education

Communication and life skills for SRH

Nutrition and SRH

Body changes during adolescence

Menstrual cycle education

STI prevention and HIV care (HIVC)

Behaviours affecting SRH (risk and protective factors)

Reproductive organs and reproductive health basics

Outcomes: Tabora Evaluation – Key Results



Professionals: Significant improvement in facilitation, SRH goals, perceived benefits, self-efficacy, and comfort; stronger teacher-student relationships and mutual trust between teachers and health workers.



Parents: Shift toward shared responsibility for SRH education; increased comfort discussing SRH; reduced misconceptions (e.g., “SRH talk leads to early sex”).



Students: Greater confidence in responsible choices, peer self-efficacy, and sexual health domains (health care, relationships, safer sex, consent); more frequent SRH conversations with peers and partners; stronger perception of adult support.



Peers: Peer-led sessions normalized SRH discussions, reduced stigma, and created safe spaces for questions.

Challenges & Pitfalls

- Intervention-specific:
 - Professionals: tight schedules: limited attendance in online sessions
 - Parents: shame or fear of judgment when discussing sensitive topics
 - Students: how to define equity in gender; gender-specific challenges
- Broader context:
 - Country & culture: certain topics taboo (e.g., homosexuality)
 - Policy: teachers follow Ministry of Education rules; health care workers follow Ministry of Health rules
 - Influence of religious organizations

Thank you, Merci, Dankjewel, Asante!

