Challenges in Accessing Reproductive Health Education among Female Students in Public Secondary Schools: A Case of Magu District, Tanzania

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Abstract. Despite the Tanzanian government's efforts to enhance reproductive health education through policies such as the National Adolescent Sexual and Reproductive Health Framework and Comprehensive Sexuality Education, adolescent pregnancies remain prevalent in Magu District, Mwanza Region. This study examines the challenges female students face in accessing reproductive health education in public secondary schools in Magu District, Tanzania. Guided by the Social-Ecological theory, the study employs a parallel, convergent mixed-methods research design. Data were collected from 144 female students, 4 form four Biology teachers, 4 school heads, and 1 District Secondary Education Officer through questionnaires and interview guides. Data from questionnaires were analyzed using frequencies and percentages, while qualitative data underwent thematic analysis. Findings reveal that a large number of female students agreed and strongly agreed that factors such as family's religious belief, society values, lack of support from the parents, and limited time allocated to teach reproductive health education affect how female students receive or inquire reproductive health education in Magu district. Addressing these challenges requires stronger policy implementation and enhancement of community engagement. Strengthening these aspects can help reduce adolescent pregnancies and promote the overall well-being of secondary school female students in Tanzania.

Keywords: Reproductive health education, Adolescent pregnancies, Female students.

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S. Moebs et al. (eds.), *Proceedings of the FIREtalk Conference - Research on FIRE! (research-on-fire 2025)*,
Advances in Social Science, Education and Humanities Research 1018,
https://doi.org/10.2991/978-94-6239-705-7_2

1 Introduction

Every individual is entitled to quality education without discrimination. However, research shows that teenage pregnancy significantly contributes to school dropout rates among female students [20, 59]. Early pregnancy among secondary school female students negatively affects their educational opportunities, especially in less economically developed countries [41, 9]. Each year, about 21 million girls aged 15-19 in developing countries become pregnant, and approximately 12 million have children [58]. Early pregnancy rates vary across countries. In Sub-Saharan Africa, 1 in 4 girls aged 15-19 is either pregnant or has given birth [57]. East Africa ranks second after West Africa for girls reporting childbirth before age 19 [36]. In Eastern Africa, adolescent pregnancy rates range from 18 per cent to 29 per cent [53, 61]. In Uganda, adolescent pregnancy contributes to 22.3 per cent of female students' dropouts among girls aged 14 to 18 years [14]. In Kenya, about 10,000 female students drop out every year because of pregnancies [43].

The Tanzanian government has shown efforts to reduce adolescent pregnancies through the National Adolescent Sexual and Reproductive Health (ASRH) Framework, Comprehensive Sexuality Education (CSE), and curriculum-based Sexual and Reproductive Health (SRH) education. Health facilities in Tanzania perform well in some areas of the provision of adolescent reproductive health education, and lesser on others [51]. For example, whereas 94% of health facilities adolescents could see a medical staff without a prior scheduling, and 85 per cent had an isolated consultation area, 48 per cent were closed during the weekend and/or evening, and about 77 per cent of health facilities had staff who were older than 25 years old who offered SRH services to adolescents.

On the other hand, in Tanzania reproductive health education in secondary schools is covered in Biology and Civics subjects [18]. The topics covered reflect learners' age and developmental needs [23]. Despite the success in some aspects, findings indicate that in 2019, approximately 20 per cent of girls aged 15–19 in Tanzania had begun motherhood, which was an increase from 14 per cent in 2015 [46, 12]. The adolescent pregnancy rate in Tanzania varies by region, with particularly high rates reported in Mwanza (33.6%), Pwani (28.7%), Iringa (27.6%), Dar es Salaam (26.8%), and Singida (24.5%). In 2021, the dropout rate in Mwanza was 19.5 per cent in primary schools and 35.5 per cent in secondary schools [47]. Magu District, which is one among the eight districts in Mwanza its rate of early pregnancy among secondary school students was at 30 per cent, significantly higher than the national average of 20 per cent [33, 56] despite the fact that getting pregnancy before marriage in Sukuma community is perceived as a source of significant shame [39].

The increasing number of pregnancies among secondary school female students in Magu District, regardless of the stigma associated with pregnancy before marriage, raised concerns about their access to reproductive health education. Youth would most prefer to access reproductive health education from health service providers, school teachers, parents and guardians, friends and media (radio and television)

[13]. Although the preferred sources of information are available in the Magu District, the problem of early pregnancy persists. This created the necessity of examining the challenges that female students face in accessing and learning reproductive health education from the preferred sources. This study, therefore, examines the dynamics of challenges that female students face in accessing and learning reproductive health education.

1.1 Statement of the problem

Despite efforts by the Tanzanian government to integrate sexual and reproductive health education into primary and secondary school curricula, the rate of early pregnancies among secondary school female students in the Magu district remains alarmingly high [11]. Approximately 30 per cent of female secondary students in Magu experienced early pregnancies, significantly exceeding the countywide average of 20 per cent [56]. This trend indicates that in the future, 30 per cent of young women in the district may struggle to fully engage in crucial areas such as politics, the workforce, reproductive healthcare, and higher education due to interruptions in their education caused by early pregnancies. From both developmental and economic perspectives, this situation poses broader challenges, as a considerable portion of the female youth population risks being underrepresented and underutilized in various sectors.

Health-wise, evidence indicates that adolescent pregnancies carry increased risks of mortality, disability, and susceptibility to infectious diseases during early motherhood [24, 25]. While many studies have addressed early pregnancy among Tanzanian secondary school female students [5, 29, 34, 37, 45] and the barriers youth face in accessing reproductive health services [13, 60, 10, 19] there is still a shortage of comprehensive data on the specific barriers secondary school female students encounter when trying to access and engage with reproductive health education. This gap may be contributing to the ongoing increase in early pregnancy rates among female students in Magu district. Therefore, this study aims to examine the challenges secondary school female students face in accessing reproductive health education.

1.2 Research question

This study was guided by the following research question:

What challenges do female students face in accessing reproductive health education in secondary schools in Magu District, Tanzania?

2 Theoretical Framework

The Social Ecological Theory established by Bronfenbrenner (1979) guided this study. This theory postulates that individuals' behaviors in doing things depend on multiple layers of their environment, which are the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. At the microsystem level, the theory

proposes that female students' immediate surroundings, such as their family, have a substantial effect on their way of accessing reproductive health education. At the mesosystem level, the theory stipulates that the interactions and relationships among different microsystems, such as the interaction between parents and teachers, play a part in determining how female students access reproductive health education. The exosystem level of the theory specifies that the larger systems and structures in which a student is rooted, 1`such as their community and society, have an influence on the way they access reproductive health education. which affects how female students access reproductive health education.

At the macrosystem level, the theory advocates that cultural, historical factors and policies determine the way female students' access reproductive health education. At the chronosystem level, the theory suggests that transitions that happen within an education system and as well as the timing for the transitions, shape the way female students access reproductive health education.

3 Literature Gap

Several studies have shown that reproductive health education improves female students' understanding of reproductive health. Studies indicate that students portray improved knowledge and attitude on reproductive health as a result of the provision of reproductive and education [20, 31]. This implies that reproductive health education helps female students to learn appropriate information on reproductive health, which enhances their behaviours and decision-making about reproductive health. However, a substantial body of literature has explored the various challenges that youth face in accessing reproductive health services [13, 60, 10, 19] which implies that youth are likely to make poor decisions in relation to reproductive health since they face difficulties in receiving accurate, complete and timely information about reproductive health.

Although previous studies informed this current study on the challenges faced by youth in accessing reproductive health education and services, there remains a notable gap in research specifically addressing the dynamic of the barriers that secondary school female students encounter in accessing reproductive health education. Different from youth who are out of the education system, secondary school students have an additional value of having a sexual and reproductive health (SRH) education integrated into different school subjects, yet there is a high rate of dropouts due to pregnancy among secondary school students.

The review of empirical studies indicates that much of the existing studies tend to generalize youth as a homogeneous group or focus predominantly on access to services such as contraception, clinics, and HIV /AIDS counselling [28, 2, 22, 16]. These studies overlook aspects of age, gender, social-cultural and institutional challenges faced by adolescent female students in relation to access to reproductive health services despite the coverage of the reproductive health education school curriculum. The majority of secondary school female students are in their adolescent stage. Stud-

ies indicate that adolescence typically spans the ages of 10 to 19 [57]. Adolescence is an intermediate stage of development between childhood and adulthood, characterized, but not exclusively, by rapid physical growth and sexual maturation. Notably, sexual maturation typically begins earlier in females than in their male counterparts [42]. Furthermore, researches indicate that in sub-Saharan Africa, female adolescents are more likely to initiate intercourse at an earlier age as compared to males [7, 17, 6]. Consequently, overlooking the broader educational context, which includes, but is not limited to, curriculum content, teachers' and students' attitudes, education policies, parental involvement, and community norms, that shape female students' access to reproductive health information both in and beyond the school environment, poses a serious risk to their future. This gap is particularly significant because education shapes adolescent girls' awareness, attitudes, and decision-making around reproductive health. Analyzing the dynamics of challenges that secondary school female students face would help in developing interventions and policies that ensure equitable access to reproductive health education for secondary school female students in school settings.

4 Methodology

The study used a parallel convergent research design which facilitated the collection and analysis of both qualitative and quantitative data at the same time [4, 35]. A simple random sampling technique was used to choose four (4) out of twenty-one (21) public secondary schools in Magu District. On the other hand, a simple random sampling technique was used to sample 144 form four female students from the four (4) chosen public secondary schools, representing nearly 10 per cent of the 1321 form four female students who were present in public secondary schools in Magu District in 2023. Form Four female students were involved in this study based on their experiences of learning topics on reproductive health. The experiences enabled them to provide information on the challenges female students are facing in accessing RHE.

On the other hand, four (4) experienced Biology teachers were selected by using a purposive sampling technique since they are in charge of educating students about reproductive health education. A total of four (4) heads of schools from the sampled schools were purposively sampled in this study. The heads of the schools were included in the study since they are school administrators who supervise all school activities, which include teaching and learning of RHE. The District Secondary Educational Officer was purposively sampled in the study due to the fact that he is the overall in charge of all activities done in all schools in a District. Data were collected through questionnaires and interview guides. A questionnaire was used to collect data from female students, while interview guides were used to collect data from heads of schools, DSEO and Biology teachers.

The questionnaire consisted of seven closed-ended items on a 5-point Likert scale: 1=Strongly Disagree (SD), 2 = Disagree (D), 3 = Undecided (U), 4 = Agree (A), 5. A pilot test was conducted in two schools in Magu District to ensure the va-

lidity of the instruments. Cronbach's Alpha coefficient was used to determine the internal consistency of Likert-type items, whereby reliability was r = 0.7. Triangulation was used to establish the trustworthiness of qualitative data. Quantitative data were analyzed by sorting data in frequencies and percentages, with the aid of the Statistical Package for the Social Sciences (SPSS) version 26. Quantitative data were presented using a table. Qualitative data were analyzed by using thematic analysis through transcribing the interviews and coding, followed by developing themes. Qualitative data were presented in quotations from respondents.

5 Delimitation of the study

This study aimed to examine the challenges female students face in accessing reproductive health education in public secondary schools in Magu District, Tanzania. The study targeted secondary school female students from public secondary schools in Magu District. Female students who drop out of school were excluded from this study to manage the focus of the study on the formal education system. In this study, data were collected only from female students, teachers teaching Biology, Heads of Schools, and District educational officers. The study focuses on social and educational challenges and not medical-related challenges.

6 Results and Discussion

6.1 Challenges facing female students in accessing reproductive health education in Magu district

This study investigated the challenges secondary school female students face in seeking and receiving reproductive health education in Magu district. Table 1 summarizes the descriptive statistics of the secondary school female students' perception of the challenges they are facing in accessing reproductive health education.

Table 1: *Female Students' Perception of the Challenges they Face in Accessing Reproductive Health Education (n= 144)*

SN	Challenges	SD		D		U		A		SA	
		F	%	f	%	F	%	F	%	f	%
1.	Family's religious beliefs limit female students' access to reproductive health education	2	1.4	2	1.4	6	4.2	77	53.5	57	39.5
2.	Cultural values in society discourage female students from having open discus-	1	0.7	5	3.5	4	2.8	50	34.7	84	58.3

		F	%	F	%	F	%	F	%	F	%
	sions during reproductive health classes										
3.	Lack of parental support makes it harder for female students to access reproductive health education	2	1.4	5	3.5	10	6.9	27	18.8	100	69.4
4.	Limited class time devoted to reproductive health education limits female students' access to reproductive health education	7	4.8	5	3.5	5	3.5	57	39.6	70	48.6
5	The lack of school-based reproductive health programs creates barriers for female students to access relevant information	10	7	9	6.3	19	13.2	29	20.1	77	53.4
6.	The lack of private spaces prevents female students from seeking reproductive health information comfortably.	9	6.2	11	7.6	18	12.5	43	29.9	63	43.8
7.	Lack of age-appropriate reproductive health education materials hinder female from accessing reproductive health education	5	3.5	12	8.3	14	9.7	52	36.1	61	42.4

Source: Field Data (2023)

NOTE: 1=Strongly Disagree (SD), 2 = Disagree (D), 3 = Undecided (U), 4 = Agree (A), 5 = Strongly Agree (SA), F = frequencies, %= Percentages

Information in Table 1 indicates that a substantial number of students (93%) were in agreement that family religious beliefs limit female students' access to reproductive health education. This implies that the large number of female students come from families whose religious beliefs don't support the idea of female students seeking or receiving reproductive health information which contradict what they believe as justi-

fied by the head of school H in the following excerpts: *Most of our students are from religious families which according to their religious books children should be taught about premarital abstinence, so is difficult for female students to seek reproductive health information which outside premarital abstinence (HoS H, March 24, 2023).*

Another head of school had this to say on the same: "*Parental involvement plays a crucial role in a child's education, including reproductive health education. However, religious beliefs discourage female students from asking their parents or family members about reproductive health openly*" (HoS G, March 27, 2023).

Notably, families' religious belief determines the extent to which female students' access reproductive health education. This suggests that the majority of female students might be seeking reproductive health education, but not beyond abstinence, from different sources, including their parents or siblings, because it is regarded as inappropriate according to their religious beliefs. Since family is the immediate environment for female students, they would do what is regarded as appropriate by the family, which is not asking or engaging in conversation about reproductive health education outside of abstinence with their parents or other family members. In some religions, reproductive health education is for married women only [1, 8] so it is regarded as wrong for a female student to inquire about information on the topic.

As indicated in Table 1, the greatest number of students (93%) expressed agreement and strong agreement that cultural values in their society discourage female students from having open discussions during reproductive health classes. This implies that even when reproductive health education is available for consumption, the greater part of the female students does not benefit fully by engaging in discussion and asking questions in such educational settings due to some cultural beliefs. This suggests that the cultural belief has an impact on the implementation of established interventions. This was further expressed by the Biology teacher of school J.

> "During my lessons where I am teaching about reproductive health education, students ask questions; however, most of them are male students. Very few female students asked questions or made contributions during the discussion – I think they found the discussion around some aspects of the topic disrespectful" (Biology teacher, March 31, 2023).

Another biology teacher from school H reported that *"Few female students ask questions when teaching reproductive health education as compared to male students, however, those who are courageous to ask questions avoid using some terminologies which are correct but regarded as taboo in society* (Biology teacher of school H, March 24, 2023).

The information from the Biology teachers suggests that many female students feel uncomfortable learning reproductive health education even when offered within a school curriculum. The discomfort implies that the information which is shared during the reproductive lessons may be regarded as wrong by female students based on the societal values from where they are coming from, hence avoiding detailed discussion around the topics. In some African cultures, discussions about repro-

ductive health education, which is outside abstinence, are regarded as wrong [55, 52], so female students may be afraid that by asking questions or engaging in deep conversation around the topic, their teachers or their fellow students will suspect them of doing something wrong.

As shown in Table 1, the majority of students (88.2%) supported the statement that, the lack of parental support makes it harder for female students to access reproductive health education. This implies that the most female students face difficulties in learning about reproductive health education since parents do not help, encourage, or communicate openly with them about the topic as expressed by the head of school G "*Most parents do not initiate conversations about reproductive health education because they believe that some information about reproductive health education will damage their children*" (HoS G, March 27, 2023).

Another head of school had this to say on the same, as follows:

> "*In our community, mothers, aunties and grandmothers communicate openly on some aspects of reproductive health with girls, but only when girls are about to get married. Some aspects of reproductive health education are considered to be adult things to be communicated to children who are still at school* (HoS, March 29, 2023).

The quotations imply that many parents believe that there is a specific time to communicate about reproductive health information; therefore, their adolescent children who are still at school are not ready for some reproductive health education, hence withholding some information on the topic. Similar findings were also reported in Tanzania that only 26.7% of parents had communicated about reproductive health education with their adolescent children [21].

Table 1 indicates that the greater part of female students (82.2%) supported the statement that limited class time devoted to reproductive health education limits female students' access to reproductive health education. This implies that the amount of class time spent on teaching reproductive topics doesn't give female students enough information about the topic, as expressed by the biology teacher from school E:

> "Time allocated to cover all subtopics under reproduction in humans in form three is not enough. There are about 8 sub-topics to be covered and the number of periods allocated is only 34. Sometimes I have to teach after class hours to cover the content. (Biology teacher from school E, March 29, 2023)

Another biology teacher in school G had this to say:

> "Students like the topic of reproduction in animals; if the time allocated to cover it were enough, students could benefit a lot. Under the topic, we cover concepts such as fertilization, complications of the reproductive system, sexuality and sexual health. Such subtopics could help students to avoid risky behaviours and protect themselves from STIs and unplanned pregnancies (Biology teacher of school G, March 27, 2023)

The information from biology teachers suggests that the majority of students may fail to explore the sub-topics on reproductive health due to the limited time available to cover the topic, due to the fact that teachers cannot go into details while teaching some concepts during class time. Due to that, female students may not be exposed enough to the information regarding reproductive health education to fully understand or apply the information to real-life situations, which might affect how they make decisions on their sexual behaviour.

Table 1 indicates that the majority of female students (73.7%) agree and strongly agree that the lack of private spaces prevents female students from seeking reproductive health information comfortably. This implies that most students feel uncomfortable seeking information about reproductive health education since there are no private spaces for them to do consultations. This suggests that the majority of female students would not seek information from the reproductive health facilities where they cannot learn, ask questions or seek help without being seen, overheard or judged by others. A study conducted in Kinondoni indicates related findings that a third of adolescents reported having never used Adolescent Sexual and Reproductive Health services due to barriers such as, but not limited to, fear of being seen at the reproductive health education centre and lack of privacy [30].

As presented in Table 1, a substantial number of female students (73.5%) were in agreement and strong agreement that the lack of school-based reproductive health programs creates barriers for female students to access relevant information. This implies that the vast majority of female students face challenges in learning topics on reproductive health education beyond what is covered in the school curriculum due to a lack of supportive services provided within the school's environment. The District Education Officer had this to say regarding the presence of school-based reproductive health programs:

> "Currently, we don't have school-based programmes for reproductive health education. Students are learning reproductive health in different subjects like Biology and Civics. However, I believe the school-based productive health education program could help our students to learn more – in the future; we will have such programmes in our schools *(*DEO, March 27, 2023)

One Head of School had this to say on the same:

> "In our school, we don't have a separate programme which specifically teaches students about reproductive issues apart from what they are learning in the classroom. I think in the future we can have such a programme in our schools since our students need to be reminded about issues related to reproductive health (Biology teacher from school G, March 27, 2023)

The information from the DEO and head of school implies that currently, students learn reproductive health education from the school curriculum, since there is no supportive service provided within the school premises that covers cognitive, emotional, physical, and social aspects related to reproductive health education that can

help students make informed decisions. Studies indicate that school-based reproductive health programmes have contributed to delayed sexual initiation, reduced risk-taking behavior, and improved communication skills among youth [38, 48, 5]. This implies that if schools have school-based programmes on reproductive health education, the number of female students who drop out of school because of pregnancy will be reduced, hence, resulting in high completion rates.

Data in Table 1 shows that most students (78.5%) supported the statement that the lack of age-appropriate reproductive health education materials hinders females from accessing reproductive health education. The data indicates that the highest number of female students struggle to get learning resources on reproductive health education that are designed to suit the age, maturity and understanding level of female students. This finding was supported by the biology teacher of the school from school “J”, who claimed that:

To teach reproductive health education to secondary school students requires a variety of resources, including textbooks, teaching aids, and visual materials, all of which contain content that is not too advanced, too vague or culturally insensitive. It becomes difficult for schools to ensure that all students have access to comprehensive, age-appropriate and up-to-date information (Biology teacher from school J, March 31, 2023).

Another biology teacher from school “E” shared that:

> The lack of resources, which are age-appropriate, hinders the delivery of reproductive health education in several ways. Books in secondary school are written in English, which is the third language for most students. On the other hand, some supplementary textbooks or materials use technical terms and complicated diagrams, which might be perceived as not suitable for a female student of 10 – 14 years (Biology teacher from school E, March 29, 2023).

The information from the Biology teachers implies that the materials that female students can access easily contain information that is too advanced to female students to comprehend due to their age and language background. This implies that female students do not benefit fully from the available materials on reproductive health education due to the level of the content and language used. A study conducted in Nepal also revealed that deficiency of relevant learning resources may hinder the teaching of reproductive health education and hamper students' access to useful information [40].

6.2 Discussion

This study examines the challenges that secondary female students face in accessing reproductive health education. The study reveals that the majority of female students face challenges which range from family level to policy level. It has been noted that the family's religious beliefs, society values and lack of support from the parents in-

terfere with government efforts to integrate content on reproductive health education in the curriculum. This may be due to the fact that the highest number of female students come from religious families and a society that considers the provision of reproductive health education inappropriate. This situation might force female students to seek information from different sources, such as their peers or the internet, which gives them freedom to access information without feeling guilty or ashamed.

Studies indicate that youth are willing to talk to their peers as compared to their family members, as they feel uncomfortable discussing the topic with them [26, 15]. This situation makes female students prone to sexually transmitted diseases and early or unplanned pregnancy, since depending on their peers and the internet on matters of reproductive health increases the possibility of them getting misleading information. Notably, the study findings indicate that apart from factors which are at the micro and exosystem levels, there are other factors that are at the macrosystem level, which are policy-related, that affect how female students access reproductive health education.

Respondents also agreed that the limited time allocated to teach reproductive health education, the lack of private space to offer reproductive health education, and the absence of school-based programmes on reproductive health education affect how female students access reproductive health education. Limited time allocated to cover the topic of reproduction in animals affects the coverage of the topic and hence affects the amount of knowledge female students acquire and their utilization in real-life situations. As the Biology teacher pointed out, if the topic could be covered in detail, it could help female students to avoid risky behaviours and protect themselves from STIs and unplanned pregnancies. Study conducted in Zambia as well asserts that the time allocated for teaching comprehensive reproductive health education affects the depth of the lessons delivered, hence affects the outcome, which includes but is not limited to increasing knowledge of reproductive health and enhancing students' decision-making on related matters [27].

Further, the absence of safe spaces for providing reproductive health education and school-based programmes affects how female students receive and use reproductive health education. The presence of private spaces for providing reproductive health education and school-based programmes in schools could fill the gap that was left out in the school curriculum [48, 32]. Unfortunately, the majority of secondary schools in Sub-Saharan Africa have been reported to lack private spaces for providing reproductive health education and reproductive health school-based programmes in schools [3, 44].

In the chronosystem perspective, findings indicate that the shift in language of instruction from Kiswahili to English, which is a historically rooted policy issue, affects how female students interact with the content on reproductive health education materials. According to the Tanzanian education policy, English language as the language of instruction is mandatory as students start secondary school education [49, 50] where they learn topics on reproductive health education in detail, as compared to the primary school level. Also, the transition happens during a critical period when

female students begin to experience puberty-related changes. As the Biology teacher pointed out, the level of language used to present information in reproductive health education materials, as per requirement, does not match the level of language proficiency of most students, since for the majority of students, English is their third language. Learning topics on reproductive health education using a new language makes students fail to comprehend the content around it [54].

7. Limitation

Data for this study were collected by using a self-constructed questionnaire as well as an interview guide, which may lead respondents to interpret the questions differently, especially because the topic of reproductive health education is a culturally sensitive topic, and that may lead to inaccurate or inconsistent responses. Secondly, female students were involved in filling in the questionnaires only and were not involved in the interview, which may have resulted in their personal experiences.

7 Conclusion

This study was conducted to investigate the challenges that female students in Magu face in accessing reproductive health education. The results suggest that a large proportion of female students face challenges ranging from the family level to the policy level in relation to access to reproductive health education. Family's religious beliefs, society values, and lack of support from the parents, limited time allocated to teach reproductive health education and lack of private space to provide reproductive health education affect how the majority of female students in Magu District interact with reproductive health education. In the presence of those challenges, female students in Magu fail to learn adequately about reproductive health education to guide their decisions about reproductive health, which may result in getting STIs and unplanned pregnancies, which may lead to school dropout. Female students who drop out of school may find it difficult to develop socially, economically and politically, which in turn affects society at large on future.

8 Recommendations

The following recommendations are made based on the findings of the study;

The government and Non-Government Organizations should design and implement sensitive reproductive health programmes to educate parents, guardians and community members to empower them with tools to guide their girl children on how to access reproductive health education and make the correct choice regarding their reproductive health. The government should ensure schools have school-based programmes on reproductive health which match the needs and interests of adolescent female students, as well as private spaces where female students can access information that they did not learn in detail during the lessons.

Further research, which involves male students, parents, and community leaders, should be done to provide a complete understanding of the difficulties facing secondary school female students in accessing reproductive health education. Also, another research that will collect longitudinal data, should be done to facilitate an in-depth understanding of how the challenges evolve.

Acknowledgments. The authors sincerely acknowledge the participants for sharing valuable information regarding challenges facing female students in accessing reproductive health education.

Disclosure of Interests. The authors have no competing interests to declare that are relevant to the content of this article.

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