

Provision of Sex Education to School Adolescents: A Review of “Kilio Chetu” (A Swahili Play)

Noverty Deograthias

Ruaha Catholic University

novertydeograthias@gmail.com

Abstract

This article reviews a Swahili play named “Kilio Chetu” on the provision of sex education to school adolescents. Adolescents raise their voices against parents, guardians and administrators who don’t want this cry heard, which continues to take their lives. They demand the right to education on matters affecting their lives. They want open and true discussions from the parents, guardians and administrators. Nevertheless, adolescents want walls preventing communication between them and their parents or guardians be demolished. For that matter, the discussions on sex education should be conducted timely and effectively. Also, the role played by school counsellors and/or psychologists in addressing particularly sexual behaviours and sex education in general should not be enfeebled. In so doing, problems related to pregnancy, sexually transmitted diseases (STDs) and moral decay in the society can be reduced if not solved. Above all, the provision of sex education to adolescents is imperative as it brings about knowledge on adolescents’ health.

Keywords: Adolescents, School Adolescents, Sex Education

1.0 Introduction

In the society in which we live, there are young people (in-school and out-of-school) whose age ranges between 10 and 19/20 years. Such people are perceived as children. However, they are no longer in the children’s category, because they have already crossed the line of children. For psychologists, these young people should be called adolescents. “Adolescence” comes from the Latin word *adolescere*, which means to grow up or to grow into maturity. Adolescence is one of human development phases taking place between childhood and adulthood. At this phase, the young people or adolescents are challenged to decide who or what they want to be in terms of occupation, beliefs, attitudes, and behaviour patterns.

It should, however, be noted that adolescence begins at puberty – a rapid change to physical maturation involving hormonal and bodily changes that take place primarily during early adolescence (Santrock, 2017) – when a young person is capable of reproducing as a result of increased production of sex hormones (Deogratias, 2016). Normally, the sex hormones are produced by pituitary gland. When that happens, females are said to have controlled largely by estrogens, whereas males are controlled largely by testosterone. Apart from that, the secretion of sex hormones affects adolescents’ physical, social, cognitive and emotional changes.

One would agree with me that, it is from this same phase when adolescents start initiating a variety of social behaviours such as finding company or friends out of their family settings, trying to establish relationships (i.e., sexual activity and other positive relationships) and many more. Additionally, the way

adolescents perceive things change – they start thinking abstractly. This is largely attributed by the growth of pre-frontal cortex – an area located at the frontal lobe, which is special for decision making, planning, thinking, reasoning, to name just a few (Santrock, 2014).

This article is based on *Kilio Chetu*, which is a Swahili play. However, the translated word *Our Cry*, which is an English translation, is used in this article than the original Swahili word (Kilio Chetu). On top of that, the review is based on the thirteenth version, which was written in 2017 by Medical Aid Foundation. As the name of play itself suggests, *Our Cry* tries to reveal the existing silence associated with sex education in the society. Basing on this article, sex education is defined as a transfer of knowledge and skills pertaining to relationship between female and male in order to understand sexual health.

However, sex education is perceived differently. For example, pessimists believe that sex education is directly related to sexual intercourse. Whenever sex education is addressed, especially in public, pessimists perceive about the act of sex and not the education which is addressed. This makes adolescents who are reared by such people to be prone to sexual behaviours and related sexual diseases because their parents have no time to discuss the matter with them. Taking visible examples from the play, Mama Suzi and Baba Joti have negative attitudes towards the provision of sex education to their adolescents. For them, sex education activates sexual activity, because [in their views] adolescents are still young to receive such kind of education. One would describe Mama Suzi

and Baba Joti as extremists, who believe and view things myopically.

On contrary, optimists view sex education as something educative and useful to adolescents. For them, every adolescent has to be educated sexually for the benefit of knowing himself or herself (Komba, 2017; Santrock, 2014). Thus, one would say that, optimists perceive positively about the provision of sex education to adolescents. If that being the case, therefore, adolescents (be they in-school or out-of-school) who receive sex education become aware of the physical health.

1.1 Sex Education and HIV/AIDS

In the play (*Our Cry*), there is a tale narrated about monster – unknown gigantic thing (i.e., HIV/AIDS) – which changed the lives of people. Basically, it had no name in its initial arrival to the society. If connected with what happened in Tanzania in 1983/4, many understand it was the time that the first HIV/AIDS patient became known. There were many myths regarding the disease (AIDS) that the patient had. Some connected the disease with witchcraft, whereas others did not know what brought the disease. As a result, the number of infection increased within short period. Coming back to the play, the authors notify that whoever touched to the monster was affected as it brought about pimples, diarrhea, hair loss and death as well. Had it been taken seriously for the first time when the disease started, lives of people would have been saved simply because precautions would be the matter of emphasis. Failure to do that, it indicates that ignorance people had engineered their demise easily.

At first, people did not recognize the source of death as they predicted many things. Some said it was a ghost. And that misconception did not stop the spread of death. This indicates that in the society normally people tend to develop certain assumptions when they face something new. If going back to the play, adults took care of themselves, while young adolescents were left dying. Under normal circumstances, the sexual health experts insist people not to have sharing tools (i.e., toothbrush, syringes, etc.), unprotected sex, not to have experienced accidental needle stick injuries, not to have received unsafe injection and blood transfusions, etc. However, the same line of thinking adults used – as recounted in the play – if it were shared to adolescents, the lives of adolescents could have been saved.

1.2 Approaches to the Provision of Sex Education

In her study, Komba (2017) identified two approaches used to provide sex education to adolescents, namely: abstinence approach and comprehensive-based approach respectively. Basically, the abstinence approach is focusing on prevention from engaging in sexual matters, whereas comprehensive-based approach covers abstinence and other methods, such as contraception instruction, and sexual intercourse education, to name a few components. For sex educators, comprehensive-based approach is very practical than the abstinence approach because the former approach offers people, especially adolescents an exploration of their values as well as the values of their families and society (Komba, 2017). Extremists, on the other hand, hypothesize that comprehensive-based approach is best possible in Europe than in Africa. To them,

comprehensive-based approach offers adolescents a loophole to start early sexual activity.

Going back to *Our Cry*, adults received education through written books and other information disclosed to them, whereas children had no useful information to save them. It also implies that in the society, there are some classes of people as some entitled to hold certain information than others. This makes those who are inaccessible to information to look for other ways of getting the information they need. This is vividly explained by authors in the play – there were times when adolescents learn sexuality from X film. Jumbe, Joti, Choggo and Mwarami agree to go watching X film. Jumbe: “*Is it not today the day of watching X film? Forgotten?*” (p. 20). While agreeing to go watching X film, at first, Mwarami seems not to know what X film means. Joti puts in plain words to him that X film portrays sexual relationship of man and woman who practice sexual intercourse explicitly. In their view, previously, the X film was reserved for adults because young people were informed that they would dream on it when they watch such film.

However, adults commented that children were not allowed to know about sex because traditions and religions prohibited them. Komba (2017) asserts that there is a strong doctrine for Christian believers that sex is for married persons. Moreover, the true education on sex education is lacking among adolescents about knowledge and skills to use when they are sexually aroused. This endangers adolescents’ sexual health as displayed in *Our Cry* where the death of Fausta and Joti appear. As authors describe, “*Fausta died of HIV/AIDS, and she was a*

standard five pupil” (p. 6). It means that she was in puberty, but she was not given sexual and reproductive health education that would help her understand the proper time of indulging in sexual activity when seduced by her age-mates. Similarly, Joti learns from X film and took the lesson negatively by demonstrating what was depicted instead of knowing that sex education is a complete knowledge, which is helpful to people and adolescents in particular.

On top of that, Mama Suzi is astonished that some parents watch nude pictures or ‘*porno*’ with their children. The reason for such astonishment is based on morality. To her, it is unethical to watch such nudity. In the society in which we live, however, experience shows that there are people like Mama Suzi and those who are very liberal – doing whatever they want. However, it is better to learn good things with adolescents because whatever we see affect our thinking and behaviour. Similarly, parents are responsible to speak to their adolescent girls and boys on matters that are considered to perpetuate immorality in the society so that they learn and distance themselves from those matters.

1.3 Discussing with Adolescents on Sex Education

Mama Suzi finds P2 – contraceptive pills – in her daughter’s skirt, Suzi. She beats her daughter (Suzi) for possessing those contraceptive pills because she is still young. The questions are many, but these few to ask: who teaches her to use P2? When is the right time for Suzi, a young woman and primary schoolgirl, to know more about sex education? Who is supposed to discuss with her on sexual issues? Moreover, Mama Suzi thought that a schoolgirl should not be exposed to sex education until she

becomes an adult. This is also the case for many people to think that adolescents are still children, therefore; adolescents are excluded from a grown-up group. However, this leaves many questions (if we are to think bout adolescents) including: when, how and who should provide sex education to adolescents? Why keeping them uninformed until they indulge in sexual affairs? In his study, Deogratias (2016) asserts that it is far much better for parents to guide their adolescents. Such guidance can be done in many ways. One of the ways is through holding talks with adolescents, something which is described clearly in the following sub-section. In addition, Komba (2017) affirms that sex education can take a variety of forms including teaching, discussion, seminar, story telling and the like. All of the forms explained in Komba’s study should be taken into consideration to help adolescents understand their sexual and reproductive health.

1.3.1 Holding talks with adolescents about sex education

In *Our Cry*, Mjomba, Baba Anna, and Anna represent people who apprehend well sex education. Anna, an adolescent, is a schoolgirl who avoids sex traps from her age-mate, Mwarami and adults who seduce her. Mwarami needs her sexually, however, Anna tells Mwarami the truth that she is not ready to start practicing sexual activity, because it is not the proper time for them to do so. *“You are still young. Where are you heading? Study, my brother. Young man why do you need all these things? Why do you need to die? As you mature, you will get all these things. You will marry, and I will marry someone. Things are out there”* (p. 28). She dares to speak openly to Mwarami. This is the kind of adolescents wanted in the society. In real sense, Anna represents those adolescents who have been

taught well by their parents on sex education. As a result, taking Anna as an example, they speak confidently.

Joti is portrayed as a sex mania. He has many sexual partners. He represents all boys who start early sexual activity. He is having a sexual relationship with Chausiku, Suzi, and Gelda. Chausiku heard that Joti has sexual affairs with other girls; therefore, she becomes furious. Chausiku says to Joti: *“I have your information. You want every girl. I am buying for you T-shirt for gym, but you give it to that lady – Gelda”* (p. 25).

Suzi and Joti represent adolescents who do not have enough information regarding sex education. What they practice is associated with what they hear from the street. Parental role in the provision of sex education is missing. This is why they engage in sexual practice without realizing the likely dangers of pregnancy, STDs and death. Mama Suzi is not ready to talk openly to her daughter regarding sex education. Similarly, Baba Joti is not ready to speak to his son with regard to sex education. Both parents think that once their adolescents know or get educated on sex, they practice early automatically – something that has no reality because adolescents keep finding the information even if adults, who are to be responsible to teach them, hide such information.

2.0 Conclusion and Recommendations

Generally, adolescents need to be guided and educated on sex education. Teachers and parents, who are the education stakeholders, have to make sure that they discuss with their adolescents a variety of topics regarding adolescents’ health and sexual matters in particular. This will enable adolescents not to seek other unuseful information from their peers. Also,

discussion based on sexual affairs should be done timely and effectively. Such a discussion needs to allow adolescents to ask a variety of questions to stimulate it. On the other hand, schools need to conduct debate on sex education every time. At the school level, it is also important for the school management to invite sexual health experts in a myriad of times to educate adolescents on sexual health. Moreover, there is a need to consider the role of school counsellors and psychologists on the provision of sexual behaviour because some of the adolescents would need to stop practicing sexual behaviour, but they find trouble preventing themselves from doing it. Under such situations, the role of psychologists should not be enfeebled when it comes to behaviour changes. Additionally, the Ministry of Education and Vocational Training (MoEVT) through Tanzania Institute of Education (TIE) needs to prepare a compartmentalized package for school adolescents on sex education that will help both primary school adolescents and secondary school adolescents know more about their sexual health to reduce pregnancy, sexually transmitted diseases (STDs) and moral decay.

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