

Exploring Innovative Teaching Approaches to Adolescents' Sexual and Reproductive Health and Rights Education During the COVID-19 Pandemic in Oluno Circuit, Oshana Region of Namibia

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Abstract

Access to youth-friendly services is critical to ensuring Sexual and Reproductive Health and Rights (SRHR) and the psychological well-being of adolescents. This qualitative study explored the innovative teaching approaches to adolescents' sexual and reproductive health and rights education during the COVID-19 pandemic in the Oluno circuit. A sample of 10 Life Skills teachers was purposively selected and individual face to face interviews were conducted. Data was analysed using a thematic approach. The findings revealed that the radio, WhatsApp, recorded audios and handouts were used to engage learners on sexual reproductive health information when schools were closed. It is further established that WhatsApp and the radio were the mainly used methods because they were appropriate and user friendly. The findings also indicate contradictions in the Life Skills teachers' experiences on the use of social media approaches due to poor internet connectivity in remote areas. The study suggested the provision of free data to learners and teachers to enable the timely teaching and learning of the right and age-appropriate Sexual Reproductive Health and Rights information (SRHR). That underscores the urgent need for schools to adopt modern learning to be proactive in training of both teachers and learners on the use of various technological devices in case another pandemic hits the country in the future.

Keywords: Sexual and Reproductive Health, Contraceptive, Adolescents, Sexuality, Comprehensive

Introduction

Background of the study

Sexual and reproductive health and rights are critical entitlements best supported through human rights-based approaches empowering rights-holders to claim their rights and duty bearers to fulfil their obligations. McGranahan et al. (2021) believe that every person is entitled to good sexual and reproductive health. This involves being free from sexually transmitted infections, gender-based violence and maternal mortality, and being able to access essential health services. The current rapid changes happening in the world, such as urbanisation and migration, have

motivated how knowledge about sexuality is imparted to adolescents. Moreover, telecommunications of many types have expanded around the world carrying ideas about sex with unprecedented speed and quantity, which have had profoundly negative impacts on young people (Bilinga & Mabula, 2014). In 1978, several organizations such as World Health Organizations (WHO), United Nations Educational, Scientific and Cultural Organization (UNESCO) and United Nations International Children's Emergency Fund. (UNICEF) proposed various initiatives to introduce health promotion in schools. One of those initiatives was the Ottawa Charter, drawn up in 1986. That recognised the importance of health education in achieving the wellbeing of all individuals (Okoro, Takawira & Baur, 2021). Considering its significance, the promotion of health and healthy lifestyles has been promoted to prevent diseases and improve people's quality of life. As a result, schools become one of the key players leading the role in the promotion of health. That is better highlighted by UNICEF (2016) that, after the family, schools occupy a central place in the community and thus become important places of learning for children and stimulate or initiate change. In the context of SRHR, schools are entrusted to carry out activities that improve the sexual health of the entire educational community by providing knowledge and habits for comprehensive care of people's health. Various authors (Barragán-Medero & Pérez-Jorge, 2020; Pérez-Jorge et al., 2016; Pérez-Jorge et al., 2021) define health promotion strategies in the school environment as activities that focus on improving the health of the entire educational community and the need to influence the physical and social environments and policies of health promotion through the use of appropriate school programmes that promote their sexual health development.

Despite that significance, in most traditional African societies, including Namibia, sexual and reproductive health topics are seldom discussed in family settings. According to Talavera (2007), openly speaking about sexuality and sexual relationships is considered a taboo in many cultures. As a result, a lot of people grow up without having had conversations around such topics. In exception are those considered ready for marriages that are advised on how they are expected to conduct themselves in their marriages. That, in principle, relegates learning about sexual and reproductive health to being engaged in relationships with the opposite sex, through peers, public health educators, friends and to a lesser extent, relatives. That being taken out of the cultural context's risks distorting the content, form, variety and inaccuracy of sexual and reproductive health information as depicted in the different information platforms across traditional and new media. With the growing demand from adolescents for sexual and reproductive health and rights information, it is imperative that what they receive is not only comprehensive but accurate. To bridge the existing information gap, there is a need to actively avail as many trusted health-promoting channels and programmes, including those at school.

For this reason, after independence in 1990, Namibia adopted the World Health Organization's Health Promoting School Initiative (HPSI). HPSI's adoption aimed to deliver on the Vision 2030 goal of ensuring equity and access to quality education for all Namibians, especially young people (MoHSS, 2015). Namibia's School Health Programme furthermore complements the Eastern and Southern African (ESA) Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health and Rights. Such initiative strives for improved access to quality sexuality education and reproductive health services for all young people. In other words, schools are to ensure that learners are educated about the benefits and risks of engaging in early sexual activities, appropriate use of contraceptives, rights to free and informed choice in respect of sexual matters, and health care information. To attain that, it was then expected for each school to have a comprehensive plan focused on comprehensive sexuality education, teenage pregnancy prevention, physical facilities, environmental health as well as screening and physical

examination of learners.

Due to the COVID-19 pandemic, however, the provision of sexual and reproductive health and rights education was disrupted. That triggered many countries to initiate various strategies to halt the spread of the virus and ensure the continuity of education. In an attempt to contain the virus, Namibia closed all educational institutions temporarily and resorted to the distance learning programmes and platforms. For example, the government through the Ministry of Education, Arts and Culture (MEAC) had set up several guidelines and regulations to ensure the continuity of education for all learners (MEAC, 2020). As such, learning and teaching should be provided from a distance approach such as take-home workbooks, online learning, radio and television programmes and others online platforms. The purpose was to support learners to continue their education using different teaching platforms. Teachers, including those responsible for Life Skills subjects, were expected to implement strategies to support learners to continue learning. One of the strategies was for teachers to develop materials and create learning assessment activities for learners. However, due to the threat of COVID-19, schools in Namibia faced a challenge to continue providing comprehensive sexual and reproductive education while keeping the teachers and learners safe from a public health threat that was spreading fast and not well understood. As a result, the closure of schools did not only disrupt the delivery of education but it also deprived school-going children access to contraceptives and other essential services such as sexual reproductive health. The World Health Organization (WHO, 2021) defines Reproductive Health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. According to Temmerman, Khosla and Say (2014), universal access to sexual and reproductive health is vital not only to achieve sustainable development but also to ensure that this new framework speaks to the needs and aspirations of people around the world, thereby leading to the realisation of their health and human rights. It is only then that people can have a satisfying and safe sex life and that they can reproduce and have the freedom to decide if, when and how often to do so. In other words, it is a holistic sexual reproductive approach, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and process. Against that background, and to understand the teaching of sexual and reproductive health, we carry out this study in Oluno circuit. Oluno circuit is located in Ondangwa and is one of the circuits in Oshana Directorate of Education. The circuit serves schools in Okatyali, Ondangwa urban and Ondangwa rural constituencies. The circuit comprises thirty-five schools and has a population of three hundred ninety-two teachers and eleven thousand and sixty-six learners. Since Ondangwa town forms part of the important commercial hubs that provide employment opportunities for people in Namibia, the town (like others) experiences a rapid rate of urbanisation and an influx of people from different parts of the country. With urbanisation comes the risk whereby some learners become victims of being sexually exploited by people who have the means to entice them. Those that become victims risk falling pregnant and possibly drop-out of school. Worrying statistics to that effect indicate that three thousand six hundred and eighty-three (3683) school girls in Namibia became pregnant when schools were closed temporarily from March to August 2020 (Ngatjiheue, 2020). Such girls did not return to school when the schools reopened in September 2020 because of fear and stigma. Such information whether directly or indirectly attests to the importance of providing sexual and reproductive health and rights education to school-going adolescents in order to curb early and unplanned pregnancies and giving them a complete state of physical, mental and social well-being in all matters relating to the reproductive system. There are few studies in Namibia in which social media approaches or technological devices that can be used by both Life

Skills teachers and learners during the pandemic are determined. It is, therefore, thought that this study can contribute to the body of knowledge and literature on innovative responses to use during a time of crisis specifically in the teaching of SRHR. In essence, the study was conducted to find out the innovative responses, subject content and assessment tasks related to reproductive health that learners engaged with when schools were closed during the COVID-19 pandemic in the Oluno circuit, Oshana region. It is of great importance to explore the innovative teaching approaches of SRHR education in the Oshana sample because the Namibian Newspaper journalist Ndeyanale (2021) reported that close to three thousand school girls in the Oshana region did not return to school in September 2020 when the schools reopened due to pregnancy. Therefore, the findings of this study may constitute a resource for determining the best approaches to disseminate SRHR information to learners when Namibia experience another pandemic in the future.

Literature review

Innovative teaching approaches of adolescent sexual and reproductive health and rights education during COVID-19

There is a general belief that as the world faces this unparalleled challenge, the critical role that schools play in supporting the health and wellbeing of learners, and indeed the whole school community, through school health and wellbeing programmes, has become more appreciated than ever. Worldwide, ministries of education are innovating to support learners' health and wellbeing during school closures. Those include the much needed support services including health-promoting learning resources, counselling, as well as sexual and reproductive health services. So doing recognises that health and social issues impact education and demands an urgent need for the aforementioned much needed support services.

Every individual, including adolescents, is entitled to SRHR information (United Nations International Children's Emergency Fund, 2016). A central feature underlying this concept is that everyone has the right to make his or her own choices about his or her sexual and reproductive health. It also implies that people should be able to have a satisfying and safe sex life, the capability to reproduce and the freedom to decide if, when and how often to do so (UNICEF, 2016). Ensuring everyone is protected by SRHR does not have one solution, but it includes various initiatives. Those include comprehensive sexuality education, access to a range of modern contraceptives, safe abortion services, and treatment of HIV and other Sexually Transmitted Infections (STIs). In the context of this study, innovation denotes initiating new youth-friendly services to ensure sexual and reproductive health as well as the well-being of adolescents during the COVID-19 pandemic. Sexual Reproductive Health and Rights includes the different human rights related to sexuality and reproduction such as sexual health, sexual rights, reproductive health and reproductive rights. Denno, Hoopes and Chandra-Mouli (2014) view Sexual and Reproductive Health and Rights as an essential building block to achieving gender equality. Thus, access to comprehensive health care that includes sexual and reproductive health can change the course of a person's life and set them up to reach their full potential. Likewise, as Temmerman et al. (2014) underline, SRHR encompasses efforts to eliminate preventable maternal and neonatal mortality and morbidity. It further extends to cover quality sexual and reproductive health services which include contraceptives services, Sexually Transmitted Infections (STIs), violence against women and girls, as well as sexual and reproductive health needs of adolescents. In essence, reproductive rights are the rights of individuals to decide whether to reproduce and have productive health (Temmerman et al., 2014). This idea is organised around the fact that may include an individual right to plan a family, terminate a pregnancy, use contraceptives, learn about sex education in public schools and

gain access to reproductive health services. Furthermore, rights to reproductive and sexual health constitute the rights to life, liberty and the security of the person, the right to health care and information, the right to non-discrimination in the allocation of resources to health services, and their availability. On a broader spectrum, it also encompasses the rights to autonomy and privacy in making sexual and reproductive decisions, as well as the rights to informed consent and confidentiality about health services.

In their study aimed at evaluating the effectiveness of approaches to disseminating SRHR information, Denno, Hoopes and Chandra-Mouli (2014) share four approaches. Those dissemination of SRHR information as a facility-based, out-of-facility, intervention to reach marginalised or vulnerable populations, and intervention to generate demands and/or community acceptance. The study discovered that approaches that used a combination of health worker training, adolescent-friendly facility improvements and broad information dissemination via community schools, and mass media were more effective. Another study by Bhatia, Briggs and Parekh (2020) suggested six innovative approaches that schools can use to provide reproductive sexual health care services to learners during the lockdown. They recommend the use of social media and phone calls to connect with students virtually; set up a phone line to allow students to reach the clinic at any time and inquire about social and reproductive health services; use a shared line like Google Voice to allow students to reach clinic staff at their convenience; upload videos to social media outlets to educate students virtually on sexual and reproductive health; use a proxy server and video conferencing to improve the contraceptive counselling experience for students and providers and dispense hormonal contraceptive in alternate locations or via pharmacy delivery. Another study by the European Parliamentary Forum study on Sexual Reproductive Health and Rights during COVID-19 (2020) states that new technologies are also key for the provision of Comprehensive Sexuality Education (CSE). Further to this, many countries, including Sweden and the Netherlands, are strengthening the accessibility of CSE online: both by providing SRHR information and education directly on their website and through social media (Facebook, WhatsApp and Instagram), and by providing teachers with CSE packages that they can use for tele-schooling.

Correspondingly, Van Dijk (2013) emphasised a greater devotion to ensuring structured, well-funded, and adequately prepared human resources tutorial programmes, which operate in an atmosphere that accommodates ICT infrastructure. Maton (2015) supported that to enhance student engagement via tutorials, there should be support and development programmes that are comprehensible, directed and underpinned by contextually applicable theory and research to build teacher's knowledge and expertise effectively.

Programmes to promote the psychosocial wellbeing of adolescent parents

An educational programme, as described by García, Pérez, Comas, Rodríguez and Martín (2021), is a set of activities that provides knowledge, skills, abilities and competencies to learners. Programmes that promote reproductive health also have the objective of developing health in the educational community. As highlighted by Pérez-Jorge, Conzález-Lius, Rodríguez-Jiménez, and Ariño-Mateo (2021), it is a teaching-learning process in which health is worked on and the quality of life of people is promoted, letting critical thinking, affectivity, problem-solving and social relationships to develop. In addition, preventive programmes targeting adolescents are more effective if they take an integrated approach. That includes several stakeholders at the level of the broader environment (e.g., teachers, health personnel, parents), and ideally also includes action to influence macro-level factors such as policies that facilitate the implementation of programs and

promote health (Green & Kreteur, 2005). Concerning STIs prevention, a study by Ross, Dick and Ferguson (2006) reveals that interventions targeting adolescents are more effective if they target sexually inexperienced youth. Kirby, Obasi and Laris (2006) echo that interventions in general, also inclusive of STIs prevention interventions, should be research-based and evaluated in studies with rigorous research designs and data collection instruments of high quality. By the same token, recent years have seen dramatic growth in programmes designed to provide psychological and community-based support to children and families experiencing distressing situations. The study of LePlatte, Rosenblum, Stanton, Miller and Muzik (2012) on mental health in primary care for adolescent parents opine the comprehensive array of services. Those include services such as primary and mental health care, counselling and psychotherapy. Expounding on counselling, it includes parenting counselling, couples or group intervention programmes, and referrals to complementary services and social support programmes. School based-programmes on the other hand must be implemented to support teenage parents. These types of programmes have proven the potential to enhance positive outcomes for young parents and their children. On the contrary, although school-based programmes positive benefits are observed, these programmes often have no access to healthcare clinic services. In their evaluation study on students' satisfaction with the tutoring models, Perez-Jorge et al. (2020) revealed that Face to face and WhatsApp platforms were highlighted as the predominant tutoring models. Similarly, Pather, Meda, Fataar and Dippenaar (2020) mentioned tutor models in education in their study of good practices in tutoring programmes in high institutions in South Africa. It was discovered that education lecturers adapted tutor practices that best catered for the needs of students and in return enhanced students' learning. Based on the evidence on interventions in the literature, it is still critical to identify psychosocial interventions that are specifically tailored to support the wellbeing of adolescent mothers and fathers in Namibia.

Statement of the problem

When the coronavirus hits the world, Namibia was not an exception. To curb the spread of the virus, Namibia closed all public and private schools and shifted teaching and learning to home-school. The dire situation led to a division of labour. As a result, schools were tasked to develop learning materials and assessment tasks and activities for the learners. As for the parents, they had to shoulder the responsibility of collecting assessment tasks from schools, supervising children learning and completing assessment tasks at home and submitting the completed assessment tasks back to schools for marking. As shared earlier, a lot of learners countrywide fell pregnant during the school closures. In Oshana alone, close to three thousand schoolgirls in the Oshana region became pregnant when schools were closed temporarily from March to August 2020 and thus did not return to school when the schools reopened in September 2020 (Ndeyanale, 2021).

Objectives of the study

The objectives of the study are to:

- a) establish innovative teaching approaches used to disseminate adolescents' sexual and reproductive health and rights information in the Oluno circuit during the lockdown;
- b) determine programmes used to promote the psychosocial well-being of adolescent parents in the Oluno circuit during the lockdown.

Methodology

Research Design

The study used a qualitative research approach with a multiple case studies design. In essence, the study sought to explore the innovative teaching approaches to disseminate adolescents' sexual and reproductive health and rights information during the COVID-19 pandemic. The qualitative approach is deemed suitable to gain an in-depth understanding of participants' experiences in responding to adolescents' sexual and reproductive health and promoting the psychosocial wellbeing of young parents during the COVID-19 pandemic. Furthermore, Life Skills teachers were engaged to obtain a first-hand account of their innovative approaches and the programmes they deemed helpful to improve the health and well-being of learners. Qualitative research is useful in studying an occurrence within the setting in which it naturally takes place and is usually supported by collective meaning from people involved (Denzin & Lincoln, 1994). As du Plooy-Cilliers, Davis and Bezuidenhout (2014) stated, the qualitative research approach provides an opportunity for researchers to engage with participants as they express their views, opinions and ideas on the problem under investigation. A case study design enabled the researchers to fully explore within participants' natural context. So doing further gave them "a voice" to express their lived experiences concerning innovative methods they employed in responding to adolescents' sexual and reproductive health and rights during the COVID-19 pandemic. In addition, this approach provides strong insights experiences in a real-life setting and protect the anticipated meaning. Researchers van Maneen (1998) and Mahajan (2018) believe that a case study design creates knowledge of fundamental social practices and significance in a business or management environment especially which would prove problematic to produce given a qualitative research standpoint.

Sample and sampling procedure

A sample is defined as a smaller set of data that a researcher chooses or selects from a larger population by using a pre-defined selection method (Bertram & Christiansen, 2014). As such, purposeful sampling technique was used to include Life Skills teachers of the secondary phase. The chosen sample was, therefore, a total of 10 Life Skills teachers from secondary schools in the Oluno circuit. Such teachers were selected on the basis that they had been teaching Life Skills subject for two consecutive years. Furthermore, those experienced about the phenomenon of interest, available and willing to participate were afforded a chance.

Instruments and techniques

The study used interviews to collect data. The use of interviews allowed the researchers to explore the responses from the sample group while providing quality outcomes (van Esch & van Esch, 2013). One-on-one semi-structured interviews were used to elicit in-depth information from the participants. Thus, using probing and open-ended questions allowed participants to be frank and share independent thoughts and experiences, which may not be possible in a focus group setting (Harrel & Bradley, 2009).

The interview process was guided by an interview guide. The interview guide was developed to ensure that none of the important issues to be discussed is left out of the conversation. The interview guide to which Life Skills teachers responded covered the following questions: What types of innovative approaches/responses did you use to ensure continuity of Health Reproductive education of learners at your school when the schools were closed? What was your experience like in using those approaches/methods? Which approach (Mobile apps) were effective in

using/applying? Which mobile apps were mostly used by learners and why? What school-based SRHR education programme was available for learners during the lockdown? What content was covered in these programmes during a lockdown? How successful were these programmes? and any referral made to the health clinic during the lockdown?

Data Collection Procedure

Prior to conducting the interview, permission to conduct the study was obtained from the Regional Director of Education, Arts and Culture in the Oshana Region. The purpose of the study was explained to the participants before the interview took place. Further, the participants gave their prior consents to participate in the study and were informed that should they feel uncomfortable and they wanted to withdraw at any point, they were free to do so. To ensure confidentiality and anonymity, the authors did not use the real names of participants. Thus, Ls 1; Ls 2, and Ls 3 were used instead. The interviews were conducted over four weeks, from 13 September to 8 October 2021. Participants were interviewed in the office of the Life Skills teachers. Interviews were carried out after school hours and lasted for approximately an hour each. That was done to avoid disruptions to the normal school activities. The researchers opted for interviews as Bertram and Christiansen (2014) accentuate that interview is the best method of collecting data when you inquire about the ideas, beliefs, views, and opinions of the participants. The participants' answers were recorded by note-taking as no interviewee preferred to be audio-recorded.

Data analysis

The raw notes were analysed using thematic analysis. The thematic approach, which refers to identifying, analysing and reporting patterns or themes across the data deemed suitable for this study (Creswell, 2012). This involves several steps, namely: becoming familiar with the data by repeated reading of the transcripts, developing initial codes through line-by-line analysis of all statements that referred to participants' innovative approaches/responses used to ensure continuity of Sexual Health Reproductive education when the schools were closed during the COVID-19 pandemic, searching for "patterned responses" among the initial codes and grouping them into themes that speak to the phenomenon of innovative responses to SRH education, (e.g. identifying repetitions in content both within and across the interviews), and developing superordinate themes by looking for interconnections and overlaps among the themes (Bertram & Christiansen, 2014).

Findings

The analysis of data followed a thematic approach with emerging codes being clustered into themes. The themes emerging from the one-on-one semi-structured interview are the innovative teaching approaches used to ensure continuity of Sexual Health Reproductive education, experiences in using the approaches and programmes that promote the psychosocial wellbeing of adolescents' parents. These themes, thus, form the basis of the discussion of the findings in the next section of this article. Verbatim quotations are used to support findings from the study.

Theme 1: Innovative teaching approaches used to ensure continuity of Sexual Health Reproductive and Rights education during lockdown

In times of crisis, one needs to improvise and capitalise on the resources at hand. Thus, many countries in light of the COVID-19 restrictions have enacted new and precise provisions to

guarantee access to SRHR services during the crisis. Equally, numerous governments have removed procedural or administrative blockades and adapted service delivery approaches, encompassing providing counselling services through phone or online consultations. When Life Skills teachers were asked to share their views on the innovative approaches they used to communicate and disseminate SRHR information to learners when the schools were closed due to COVID-19, the most common response was WhatsApp. They attribute the high usage rate to the reason that both teachers and learners found it easy to use. Its adoption can also be linked to the reasoning that prior to the COVID 19 pandemic, WhatsApp had been being used as a convenient communication platform by families through creating WhatsApp groups. Such groups serve significant roles including discussing family matters considering COVID-19 health protocols of physical distance and number of people at a gathering. In that vein, teachers indicated that some parents shared the smartphones with their children so that they have lessons with teachers. Cementing the usage of WhatsApp, Ls 5 states that *“I used WhatsApp mostly as per the learners’ request. Learners were willing to participate by posting questions and I had to provide answers. This was easy as we created a “Club” called don’t be alone”*. Other than WhatsApp, Ls 5 mentioned usage of Zoom as well indicating that *“Sometimes I used Zoom sessions after we arranged the suitable time with the group of learners”*. Unlike Ls 5, other participants stated that they used different platforms for ease of communication, which they describe as having been more convenient to assist learners. Of those platforms include the radio, social media, animated videos, recorded audios and hand-outs. For instance, participant (Ls 7) used the radio for making announcements on when parents should collect activities for the learners at school. In her voice, *“I used the radio, but some parents failed to collect their children’s materials from school. It seemed that some of the parents were not listening to the radio for the dates they were expected to collect learning materials and assessment tasks for their children”*.

Theme 2: Experiences of participants in using innovative teaching approaches

It emerged from the interview that participants experienced the use of innovative teaching approaches differently. Some of the participants felt that it was a good opportunity for them to learn new technology skills while others were disappointed and found it as a waste of time. For example, 6 of the 10 participants claimed that it was not a good experience for them when they were trying to engage learners academically when schools were closed. For them, it was a waste of paper as learners’ assessment activities were not marked and some parents failed to collect learning materials from schools. The participants considered the pandemic as a time of change but highlighted poor internet connectivity, poor feedback from learners, access to working devices, technology, data insufficiency and learners' lack of interest in school work as bad experiences they had at the inception of virtual teaching and learning.

One participant (Ls 2) remarked: *“I think it was a waste of papers because learners did not learn anything as work were not marked”*.

Another participant’s (Ls 3) experience was that: *“Some parents didn’t listen to the radio when they were needed to come to pick learning materials from schools”*

Another one (Ls 7) claimed that: *“On one side, it was good since it was useful to some, but most learners had no access to the devices to get the information”*

On the other hand, some participants felt that it was a very good experience for both teachers and parents, as some parents were taking their children education seriously. For them, this exercise strengthened teacher-parent and parent-child relationships and communication. One key informant had this to say:

“I exchanged cell phone numbers with parents to enable frequent consultations”. [Ls 3].

Another one ([Ls 9) opined: *“All parents have my contact number and each will call if experiences any difficulties”.*

The other participants (Ls 10) stated: *“Parents are taking their children education seriously because every parent made sure to collect their activities”.*

Theme 3: School-based Sexual Health Reproduction and Rights (SHRS) education programmes and content covered during the lockdown.

Regarding the question on the programmes that were available for the learners during the school closure, the participants cited parenting counselling programmes, counselling services; social support groups, and social grant initiatives. Of the 10 participants, only 2 reported having used referral services during the school’s closure.

In terms of the content, key informants remarked that they covered COVID-19 related information, personal hygiene, alcohol and drug abuse, Sexual Transmitted Diseases (STDs) and Sexual Transmitted Infections (STIs), teenage pregnancy, gender-based violence, stress management, and road safety. One participant (Ls 6) said: *“I covered topics such as early teenage pregnancy, alcohol and drug abuse, sexual reproductive health, HIV & AIDS, and form of communication”.* Another one (Ls 9) added: *“I covered how to handle stress or how to deal with stress”.*

On the question of whether these programmes were successful or not, participants had different views. Some of the participants felt it was successful as learners were kept busy rather than walking around with no purpose.

It was very effective and successful because both parents and learners were willing to have open conversations even though credit [airtime] became a challenge to them [Ls10].

Another one (Ls 1) recalled: *“It looks simple, but learners learnt a lot which may help them”.*

However, other participants felt that programmes were only successful to learners who had access to smartphones and network connectivity. That means, those who had no access were left out.

One participant reflected on the success of the programmes and noted that: *“It was 50-60% successful. Some learners did not access the network and some learners had limited access to their parents or guardians cell phones. [Ls 8].*

Another participant (Ls 7) added: *“They were partly successful, those who had full internet access benefitted and those who were far in the remote areas were left out and neglected”.*

Discussions of findings

Innovative teaching approaches used to ensure continuity of Sexual Health Reproductive and Rights education during lockdown

The Ministry of Education, Arts and Culture tried to implement innovative ways to support learners’ health and wellbeing during school closures. That is imperative as it underscores the recognition that health and social issues impact education and connecting school families with much needed support services, from health-promoting learning resources to counselling and sexual and reproductive health services. The results revealed that Life Skills teachers used the radio, WhatsApp, recorded audios and handouts to engage learners on sexual reproductive health information when schools were closed. The study further established that WhatsApp and the radio

were the most predominantly used methods because learners found them more appropriate and user friendly. Households access to digital devices is, however, very unequal in Namibia. Thus, beyond access to mobile phones, the radio is the common device in households. That makes the findings not surprising because majorities (if not all) households in Namibia own a radio set. Equally, prominence of WhatsApp groups is dominant in various families in Namibia. That alone lends credence to Bhatia, Briggs and Parekh (2020) and Perez-Jorge et al. (2020) assertions that virtual connections with learners via social media and phone calls has the potential to allow to reach the clinic at any time and inquire about social and reproductive health services. For them, such approaches may improve the contraceptive counselling experience for learners and the distribution of hormonal contraceptives in alternate locations or via pharmacy delivery. The same view is shared by the European Parliamentary Forum study (2020) that new technologies are key for the provision of comprehensive sexuality education (CSE). That is evident in schools in Sweden and Netherlands which provide SRH information and education directly on their website and through social media (Facebook, WhatsApp and Instagram), as well as providing teachers with CSE packages that they can use for tele-schooling. Similarly, based on the opinions of Denno, Hoopes and Chandra-Mouli (2014), Van Dijk (2013), and Maton (2015), it can be concluded that approaches that used adolescent-friendly facilities in the broad dissemination of information via community schools, mass media, tutorial programmes with ICTs infrastructure and comprehensive development programme underpinned by contextuality theory were more effective.

Experiences of participants in using innovative teaching approaches

Regarding the experiences of participants in using innovative teaching approaches, the results from the study uncovered difficulties and challenges experienced by some of the participants in using innovative teaching approaches to engage learners during the lockdown. The analysis of findings revealed that while some of the Life Skills teachers experienced difficulties due to poor internet or network connectivity in remote areas, some had a positive view that they had an opportunity for regular consultations and communication with parents. The use of social media is praised for having enabled parents to have constant interactions with the teachers of their children once they encountered challenges on the materials given and/or the learning content. That was viable particularly since they did not have to meet face- to -face with teachers due to the pandemic restrictions. As a result, parent-teacher relationships improved significantly. Such sentiment resonates well with that of Bhatia et al. (2020) who note that health and social issues impact education and connect schools and families with much-needed support services, from health-promoting learning resources to counselling and sexual and reproductive health services worth recognition. Contrary, however, a lack of access to technology is indicated to having been the biggest barrier to learning during the COVID 19 pandemic. The results further revealed that learners in rural communities were the most likely disadvantaged by the use of social media approaches due to the lack of availability and affordability of connectivity. However, despite this challenge, the eLearning Africa study (2021) underscored that COVID-19 has provided a new opportunity for the education system, particularly in the integration of technology in learning. Echoing the same sentiments is an analysis by Ross, Dick and Ferguson (2006) and Kirby, Obasi and Laris (2006). In their analyses of innovative teaching responses and interventions on dissemination of SRHR information, they conclude that research-based interventions targeting adolescents are more effective if they target sexually inexperienced youth.

School-based Sexual Reproductive Health (SRHR) programme and the content covered during the lockdown.

The study revealed parenting counselling programmes, counselling services, social support groups, and social grant initiatives as the most commonly cited programmes. On social grant, it is worth highlighting that Namibia has implemented social grant programmes to help the less fortunate citizens improve their living conditions. So doing has as its aim to uplift the citizens' standards of living and creating an opportunity for them to thrive in life. Similar views were echoed by LePlatte, Rosenblum, Stanton, Miller and Muzik (2012) who opined that the comprehensive array of services such as primary and mental health care, counselling and psychotherapy, including parenting counselling, couples or group intervention programmes, and referrals to complementary services and social support programmes are crucial. In their views, school based-programmes have the potential to enhance positive outcomes for young parents and their children. In agreement, Pather, Meda, Fataar and Dippenaar (2020) study in South Africa discovered that education lecturers adapted tutor practices that best catered for the needs of students and in return enhanced students' learning. The study further found out that only a few participants used referral services during the schools' closure. It is the researchers' view that although Namibia has established inter-ministerial bodies to oversee the implementation of psychosocial programmes in the country, the referral system seemed to be dormant as line ministries still operate in isolation. Furthermore, the results revealed that Life Skills teachers covered topics on personal hygiene, alcohol and drug abuse, Sexual Transmitted Diseases (STDs) and Sexual Transmitted Infections (STIs), teenage pregnancy and gender-based violence, stress management, and road safety. In the researchers' opinions, this finding is an encouragement to Life Skills teachers that despite the notion that the majority of parents in Namibia view the information that learners are learning in the Life Skills/ Comprehensive Sexuality Education subjects negatively, some of the parents were fully involved and supportive of their children Sexual Reproductive Health (SRH) education and learning during the schools' closure.

Conclusion and recommendations

Innovation signifies initiating new youth-friendly services to ensure sexual and reproductive health as well as the psychological well-being of adolescents. Adolescence is often considered a period of relatively good health. However, adolescents (aged 10–19 years) face particular health risks, especially in relation to reproduction and sexuality. Programs that promote access to and uptake of adolescent sexual and reproductive health services are most effective when adolescent-friendly facility-based approaches are combined with community acceptance and demand-generation activities. Hence, building teacher-learner relationships to create an environment to enhance positive communication regarding sexuality among adolescents is important. Though faced with COVID-19 challenges, school programmes are providing platforms to cultivate such initiatives. With society changing rapidly and some cultural norms fading away, it is prudent that teachers and schools provide school-going children and/or adolescents with information on life skills, including sexuality. This will not only build the children's awareness of sexuality issues and decision making which often has life-long impacts but also promote safe and healthy sexual behaviours among adolescents. As a society, the effort to involve young people in sexuality education should become social if we want to achieve vision 2030 goals. The use of technological devices has become a necessity in the new normal to ensure that learning continues despite the pandemic. The usage of the radio, WhatsApp and television provision of educational programmes, effective distribution of handouts materials and assessment tasks were not being

successful used in all areas and widens the gaps in access to information and knowledge. These gaps must be viewed from a multidimensional perspective. It is, therefore, suggested that school management consult Telekom and Mobile Telecommunication (MTC) companies to provide Network Towers in remote areas. The study further suggests that school authorities be proactive in training learners on the use of various technological devices as this initiative may create lifelong opportunities and skills to deal with future crises. COVID-19 created challenges and opportunities and the education policymakers are recommended to consider how to strategically fit both opportunities and threats to ensure that Sexual Reproductive Health and Rights education is made available to adolescents. Hence, the provision of free data to learners to access educational sites and mobile data devices to teachers to enable them to share the right and age-appropriate SRHR information with learners timely cannot be emphasised. The Ministry of Education, Arts and Culture in partnership with public-private sectors such as the DREAMS project (Determined, Resilient, Empowered, AIDS-free Mentored and Safe) can meet joint priorities to empower adolescent school girls and reduce risk through youth-friendly reproductive healthcare services. To conclude, it is advisable for Namibia to adjust the current teacher training programmes so that future generations of teachers can develop the skills needed for education in the twenty-first century.

Future research directions

The study used a qualitative approach with a small sample from one circuit in the Oshana region. Therefore, the findings of this study cannot be generalised to Life Skills teachers from other circuits. However, the information can be useful to anyone. Future researchers can use a different research approach to conduct a study on a wider scale.

Research limitation

As it is for every research, this study had the following limitations.

- i) The size of the sample is relatively small-10 participants. A bigger sample would probably enhance the credibility of the research findings.
- ii) Given the nature of the study, the conclusions cannot be generalized to other circuits in the Oshana region.

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All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

This article does not contain any studies with animals performed by any of the authors.

Conflicts of interest.

The authors of this paper certify that they have NO affiliations with or involvement in any organization or entity with any financial or non-financial interest (such as honoraria; educational grants; membership, employment; affiliations, knowledge or beliefs) in the subject matter or materials discussed in this manuscript.

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