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THE LEADERSHIP ROLE OF HEAD TEACHERS IN PROMOTING ACCESS TO ADOLESCENT SEXUAL REPRODUCTIVE HEALTH SERVICES IN SECONDARY SCHOOLS IN ARUSHA CITY, TANZANIA

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Abstract*: Despite being declared a right, the sexual reproductive health (SRH) needs of adolescent girls compared to adult women are largely ignored. Cognizant that majority of adolescent girls are in schools, school head teachers have an important role to ensure information and services are availed to help adolescents understand their sexuality and be protected from sexually transmitted infections (STI), and early and unintended pregnancies which force them to drop out. Evidence shows that head teachers lack competencies to set clear SRH goals, motivate teachers and students, provide resources and partner with stakeholders. The purpose of the study was to establish the role of head teachers in directing, motivating teachers and students and engaging stakeholders to promote access to SRH services among schoolgirls in Arusha City, Tanzania. A mixed survey design gathered perceptions from 4 head teachers; 15 teachers and 355 schoolgirls at Elerai, Sinoni, Olasiti and Mkonoo secondary schools through questionnaires and interviews. The study revealed that the leadership of school head teachers have a significant and positive relationship ($p < 0.001$). The pseudo r-square analysis showed that head teacher stakeholder engagement is the highest predictor and describes 11.9% (Pseudo R^2, .119) while head teacher-led teacher motivation predicts and explains 9.3% (Pseudo R^2, .093) of the variance in the access to adolescent SRH services. Leadership influence on access to SRH services is homogenous among schools in peri-urban and rural areas. Overall the extent to which the study variables explain the increase in access to SRH services among schoolgirls is very low 26.4% (Pseudo R^2, 0.264) and additional variables are needed to increase the power of the model. Cognizant of the increasing autonomy of school leadership in the 21st Century, and the study's grounding in transformational leadership and stakeholder theories, the study gives insight on strategies to stimulate the SRH agenda at the local level.*

Keywords*: adolescent sexual reproductive health, secondary schools, leadership role, promoting access, regression*

Background

For them to better fulfill their procreation role, women and girls need a good health and wellbeing. Sexual reproductive health (SRH) is thus critical for the women and girls' ability to make choices and decisions about their lives including whether to or not to consider having children. Among many reasons, the United Nations International Conference on Population and Development (ICPD), 1994 declared SRH for girls and women a right of which each is entitled. Since the ICPD, 1994 declarations, world leaders then initiated efforts to promote SRH access as a human right through ratifying the ICPD 20-year Programme of Action and committed funding. From the Millennium Development Goal (MDG) of year 2000 and the subsequent Sustainable

Development Goal (SDG) 3, strategic aim at ensuring healthy lives and wellbeing for all including access to universal reproductive health by 2030 was spelt (United Nations, 2015). Following the ICPD, 1994, in 2009 UNESCO led the release of the International Technical Guidance on Sexual Education (United Nations Educational, Scientific and Cultural Organisation, 2018), regional strategies were adopted, and country leaders then ratified these instruments to local contexts worldwide (Rew, 2005).

Besides SRH services being a right as articulated in the global and local level policy instruments, sexually transmitted infections (STI) such as HIV and AIDS, unintended and early pregnancies, and unsafe abortions are increasingly driving girls out of school. Low coverage or access to family planning messages among adolescent girls results in early pregnancy, increases chances of maternal mortality rate, early marriages forcing girls to drop out of school (Cherry, Dillon and Baltag, 2017). Several factors contribute to the lack of access to sexual reproductive health at both school and community levels. Particularly in schools, school leaders may have little literacy and have low competencies and negative attitudes towards health services among students (Dadaczynski, Rathmann, Hering and Okan, 2020).

Although SRH behaviors can propagate across generations through parents and peer modeling and influence of national, sub-national and local level leaders, teachers can also create a good amount of awareness among youth regarding the SRH and ultimately aid positive impact on the social development of the country (Archaya, Shabiha, Hariharan, Gupta and Athavale, 2014). Among others, the strategies and policies adopted in Tanzania call for schools to design, plan for, implement and evaluate SRH interventions and importantly disseminate information, and provide support systems (Ministry of Health and Social Welfare, 2013). This is consistent with the recommendations from earlier studies in which effective integration of health education within schools and communities improves uptake of health services among adolescents (Auld, Allen, Hampton, Montes, Sherry, Mickalide, Logan, Alvarado-Little and Parson, 2020).

With this understanding, schools become ideal places to empower skills and knowledge on SRH since adolescents aged 10 to 19 years spend significant amount of their time in schools where they idolize head teachers and teachers as role models. Dedicating ample time to school health programs, peer to peer support, parent involvement and presence of school level policies and strategies will improve health seeking behaviors (Barnett, Koning and Francis, 1995). There is an increased need for school leaders to adopt transformational leadership styles to clearly set goals and advance these organizational goals (Khan, Bhat and Hussanie, 2017). Similar to some schools in the United States, schools can collaborate with stakeholders such as local health service providers, workplaces and parents through a health improvement plan that enhances delivery of health services (Auld, Allen, Hampton, Montes, Sherry, Mickalide, Logan, Alvarado-Little and Parson, 2020). Kolbe (2019) argues that school health is an inter-disciplinary intervention and appropriate stakeholders should be engaged. With great understanding of the adolescent SRH needs, school head teachers need to provide clear guidance and leadership, motivate the teachers and students and engage stakeholders critical for the delivery of adolescent SRH services. It is thus important for school head teachers as leaders to properly define and institutionalize guidelines to promote SRH services by ensuring adolescents have the right to access information, skills and services and grow up in safe and supportive environment.

Study problem

Similar to other countries in East Africa and beyond, the roles of leaders in supporting adolescent sexual reproductive health (SRH) services at all levels including schools are provided for and stipulated in global and national guidelines and protocols. Despite the clear overall path, leadership efforts of school head teachers in the 26 public secondary schools in Arusha City, Tanzania, towards implementation of the SRH programs

remains oblivious. Lyimo, Masinde and Chege (2017) reported minimum collaboration among government, partner organizations, schools, parents and communities on sex education and the available content is limited and yields unsatisfactory results among students in Arusha City. Also, teachers were seen as specialists who can deliver SRH information without training. In Arusha region alone, 252 secondary school students got pregnant between 2016 and 2017 (The Citizen, 2018, March 12). The Tanzania Demographic Health Survey and Malaria Indicator Survey report revealed that 35.4% of adolescent girls (15-19 years) never heard or saw a family planning message in the mass media or from community sources like health facilities and schools in the past 6 months besides 12.6% of girls having sexual debut before their 15th birthday (National Bureau of Statistics, 2016). Schools are thus expected to provide SRH information and services that are increasing becoming protective and safeguards schoolgirls from falling pregnant and shattering the girls' education dreams. The need becomes direr with the President of the Republic of Tanzania, Dr. Joseph P. Magufuli and government disapproving the re-admission of young mothers into public schools.

Although there is greater need to design and manage complex school operating environments only 60% of head teachers attended leadership training in Tanzania (Oduri and Dachi, 2010). Disturbingly, leadership qualities among school head teachers also contribute to teachers' commitment and their willingness to work harder to realize the school's common vision (Nyamubi, 2018). Elsewhere, 58% of teachers in a study by Manaseh (2016) in Tanzania, cited absence of school goals that would track progress and ensure teachers deliver on time. At least 96% of teachers and students in the study reported that head teachers do not follow up and observe the teaching and learning. In a separate study in Dar es Salaam, Musa (2014) observed that lack of support from school leaders, lack of recognition and lack of teaching and learning materials de-motivates school teachers leading to poor results. Cognizant of these pressures, school head teachers can adopt transformative leadership styles that are recommended to transform adolescents, and help them meet their SRH rights by encouraging new approaches, engagement and problem solving (Anantatmula, 2010). From the available evidence and similar to other school initiatives, school driven adolescent SRH services are not promoted as expected and the role of the school head teachers is unclear.

Purpose of the Study

The study purpose was to establish the leadership role of school head teachers in promoting access to SRH services among adolescent schoolgirls in Arusha City, Tanzania. Head teachers' efforts in providing guidance and leadership, motivating teachers and students, and engaging stakeholders as main factors influencing access to SRH services were studied.

Study Methodology

A mixed survey study design that combined both descriptive and explanatory research designs was adopted. The quantitative method helped deduce the associations of the study variables (Mbeba, Mkuye, Magembe, Yotham, Mellah, and Mkuwa, 2012) while the explanatory design helped gather beliefs, opinions, attitudes, motivations and behavior of school head teachers and their leadership role in directing, motivating teachers and adolescents and engaging stakeholders.

Using a self-administered closed ended questionnaire, quantitative data was collected from both adolescent schoolgirls and teachers. However, the close ended design ignored independent thoughts outside those already highlighted in the questionnaire (Saunders, Lewis and Thornhill, 2009). For an open-ended interview guide was administered to school head teachers through one to one interviews. Through stratified random proportionate sampling, 374 participants aged 10-19 years across Forms 1 to 4 from four schools were covered

from a total of 13,322 schoolgirls in 26 secondary schools in Arusha City, Tanzania. Also, 4 school head teachers and 16 health focal teachers participated in the study.

The questionnaires were pilot tested in one secondary school, and the Cronbach's Alpha was used to test the internal consistency of the variable statements, leadership direction and guidance (alpha, 0.796), head teacher's efforts to motivate school teachers (alpha, 0775) and adolescent girls (alpha, 0.790), Cronbach's Alpha which is widely regarded as adequate (Tavakol and Dennick, 2011). The score for stakeholder engagement statements was low (alpha, 0.501) which can be increased by increasing the sub-items (Taber, 2016). To ensure internal validity in the study an adequate sample size of adolescent schoolgirls was covered at 95% confidence level and 5% confidence interval (Drost, 2011) and questionnaires were translated to Kiswahili for easier comprehension.

Through SPSS version 20, data was processed and analyzed using descriptive statistics, correlation, and regression. Correlation helped quantify the degree of relationship between the variables under study. Spearman rank correlation coefficient (Spearman's rho) established the significance of the relationship between ordinal scale variables that were not normally distributed. Ordinal regression analysis helped ascertain the relationship between the school head teachers' leadership role and the degree of accessibility of adolescent sexual reproductive health among schoolgirls. Qualitative data was analyzed manually into themes and helped to triangulate the observations from the descriptive analysis.

Results and Analysis

In the study, a total of 355 or 94.9% of the targeted 374 schoolgirls from across four secondary schools in Arusha City, Tanzania completed the self-administered survey. About 51% of the respondents were from peri-urban secondary schools with the remainder from peri-urban to rural schools. The majority of the study participants were Form 4s (26.2%) with the least represented being Form 3s (24.2%). Form 1s and 2s were 24.5% and 25.1% respectively of the sample. A total of 15 out of 17 targeted teachers responded. All 4 intended school head teachers participated in the study.

School Head Teachers' Leadership Direction and Access to Adolescent Sexual Reproductive Health

The first objective of the study sought to determine the effect of leadership direction and guidance on adolescent schoolgirls' access to sexual reproductive health services and it included aspects such as the importance of SRH among school head teachers, clarity of the SRH vision, and the associated implementation plans and identification of passionate and capable teachers to steer the SRH activities.

Per study findings, 65.8% of the adolescent girls (mean score 3.83 out of 5) and 86.7% of the teachers agreed that head teachers are cognizant of the importance and value the adolescent sexual reproductive health services. The study also revealed that 54.4% of schoolgirls were aware of the school head teachers' vision and strategies that influence access to SRH services. Proportionally more teachers 72.1% accented that head teachers have a significant role in defining clear vision and direction on SRH services within schools. Understandably, teachers can easily differentiate and interpret if school head teachers have set SRH vision and goals. This was further confirmed by 37.6% of schoolgirls agreeing to knowing the vision. Besides little knowledge on the school SRH vision, the schoolgirls are also not very aware of the schools SRH implementation plans with 47.0% and a mean score of 3.07 out of 5 schoolgirls reporting to know these plans. Teachers respondents 63.4% reported knowing the implementation plans. Although some SRH plans may be available, they remain at the administrative level and are not widely disseminated to the students. Majority of the schoolgirls 66% and a

mean score of 3.74 out of 5 revealed that school head teachers are identifying and appointing skilled and passionate teachers to promote and oversee SRH activities within the schools.

The study of the school leadership role on SRH vision and direction involved sub-items that responding schoolgirls were asked to indicate the extent to which they agreed. From the findings presented on Table 1 below, on average 54.4% of schoolgirls agreed that school head teachers' leadership and direction impact on the SRH services among students.

Table 1: School Head Teachers Leadership Vision and Direction

Statement/Item	Strongly Disagree F (%)	Disagree F (%)	Neutral F (%)	Agree F (%)	Strongly Agree F (%)	Mean
Importance of SRH	8 (2.3%)	43 (12.5%)	66 (19.1%)	142 (41.2%)	86 (24.6%)	3.83
Vision clarity	26 (7.4%)	98 (28.1%)	59 (16.9%)	98 (28.1%)	68 (19.5%)	3.23
Implementation plan clarity	26 (7.4%)	115 (32.6%)	79 (22.4%)	76 (21.5%)	57 (16.1%)	3.07
Identification of passionate teachers	8 (2.3%)	56 (15.9%)	56 (15.9%)	102 (28.9%)	131 (37.1%)	3.74
Average	**17 (4.8%)**	**78 (22.2%)**	**65 (18.5%)**	**105 (29.9%)**	**86 (24.5%)**	

Source: Author, 2020

Respondents revealed that school head teachers are interested to effect changes and promote access to SRH services within their school environments, schoolgirls (61.4%) and teachers (76.9%). Table 2 below summarizes the scores on the head teachers' readiness to instigate change.

Table 2: School Head Teachers interest in change and directing the change

	Not interested (%)	Slightly Interested (%)	Interested (%)	Very Interested (%)
Adolescent school girls	56 (15.8%)	81 (22.8%)	106 (29.9%)	112 (31.5%)
School teachers	3 (23.1%)	0 (0%)	6 (46.1%)	4 (30.8%

Source: Author, 2020

Findings from the one on one interviews with head teachers concurred with the response of the schoolgirls (65.8%) and teachers (86.7%). Head teachers attested to acknowledging and valuing the adolescent SRH needs among students, however, all interviewed heads from the four secondary schools, lack dynamic sexual reproductive health curriculum and promotion and fear developing and sharing SRH vision and implementation plans citing lack of budgets to do so. Despite this acknowledgement, the study also revealed that school level SRH goals are not clear and remain with the individual head teacher.

"*There is no shared SRH vision yet – but as the head teacher I thrive to make each girl express her feelings on SRH at any moment comfortably and to be confident especially during their menstrual period."* Female head teacher from a peri-urban school

The schools rely on the integrated SRH topics in Biology and Civics subjects and only focuses on puberty and pregnancy. In one school, NGO supplementary SRH content is used. Head teachers do not proactively promote SRH services among students and school head teachers are not clear of their leadership roles. Female head

teachers (2 of 2 interviewed) could easily relate to SRH issues and are taking extra initiatives to support schoolgirls. Male head teachers (2 of 2 interviewed), felt schoolgirls need to take care of themselves and not fall pregnant otherwise they will be expelled.

From the study, 3 of the 4 school head teachers felt they are champions of change citing some reduction on the reported cases of pregnancy between 2018 and 2019 academic years and the consistent pregnancy testing and time allocations for SRH sessions.

"I think due to my direct talk and involvement in the SRH discussions I contributed to reduction of pregnancy from 7 recorded in 2018 to 3 in 2019. There are no reported sexually transmitted infections among adolescent girls this year." Male head teacher from a peri-urban school.

"I cannot say I am a champion but I aspire to be one. During my time, we installed an incinerator to safely dispose used sanitary pads, and set up safe change rooms for menstrual hygiene management. The continued sessions will help promote good SRH behaviours among schoolgirls." Female head teacher from a peri-urban school.

The findings from the study, resonate with those from earlier studies, Whitehead, Boschee and Decker, (2013) allude that without a shared vision within the school, the service delivery outcomes and daily progress is compromised. Mombourquette (2017) also contends that high performing learners that produce the anticipated outcomes are in schools where head teachers had clear vision, direction and implementation plans.

The willingness shown by head teachers in this study to effect changes is consistent with findings from other scholars where school head teachers take up leadership role with the main mandate of creating a new future and clarifying how everyone in the school will realise that new future (Bolea and Atwater, 2015) and in this transformation, head teachers help schools navigate through presenting challenges (Leithwood, 1994). Despite this will, the study findings do not show the school head teachers commitment to improve SRH services among schoolgirls and thus do not support findings from Dadaczynski and Paulus (2015) who conclude that school head teachers are responsible for the school health development process from start to the end.

In their study, Mohrottra (2005) also underlines the significance of identifying teacher talents and appropriately engaging them to maximize productivity. The finding on the head teachers' bystander stance is consistent with earlier studies which revealed that school head teachers, teachers and parents are limited by norms that prevent sex education (Muhwezi, Katahoire, Banura, Mugooda, Kwesiga, Bastien, and Klepp, 2015). The study findings on integration of SRH in other subjects are consistent with those from Mkumbo (2009) who reports that through UNFPA support, Tanzania integrated sexual reproductive health within the Science, Civics and Home Economics subjects. Lyimo, Masinde and Chege (2017), revealed that about 46% of participants felt the sex education being delivered in schools is ineffective, yields unsatisfactory results and is limited to components on reproductive system, and anatomy and excludes practical skills to deal with STIs and teen pregnancy.

School Head Teacher-led Motivation and Access to Adolescent Sexual Reproductive Health

The study also ascertained the extent to which school head teachers to motivate teachers and adolescent schoolgirls to increase the access to SRH services.

School Head Teacher-led Teacher Motivation and Access to Adolescent Sexual Reproductive Health

The school head teacher-led teacher motivation was investigated through teacher trainings, recognition of high performing teachers, time and SRH materials provision, supported teacher to teacher guidance and regular head and teacher meetings sub-items.

From the findings, 50.2% of the schoolgirls (mean score 3.43 out of 5) can attribute the influence of head teacher-led praise and recognition of high performing subordinates on access to SRH services among students. About 53.3% of teachers agreed with the findings from the schoolgirls. The low appreciation of the teacher motivation towards improved SRH services can be attributed to lack of effort by the school head teachers to promote these services. Although half of the teachers agreed that teacher training on SRH increases services and support, 67.8% of schoolgirls with a mean score of 3.72 out of 5 agreed that training teachers will not only increase knowledge and skills but will also motivate teachers to increase delivery of SRH services through schools.

Despite being important, the study also revealed that teacher engagement during the planning and review of the school SRH program is minimal and not clearly visible. Of the respondents, 43.9% of schoolgirls with a mean score of 3.46 out of 5 and 76.9% of teachers agreed that the effort to engage teachers when reviewing SRH activities is happening and is assisting in the availability of the services. Where plans are happening, to a large extent these plans are not known by the schoolgirls. About 42.6% of adolescent girls mean score of 3.11 out of 5 and 50% of interviewed teachers agreed that the provision of the right materials and resources is important and improves SRH services. Despite this importance attached, only a few teachers and schoolgirls attested to head teachers facilitating and providing the required materials and resources. According to the study, 38.7% of schoolgirls with a mean score of 2.93 out of 5 and 40% teachers agreed to efforts to promote senior to junior teacher mentoring. From the study Table 3 below, 48.8% of the schoolgirls agreed that when school head teachers motivate teachers, students will better access SRH education and services.

Table 3: School Head Teacher-Led Teacher Motivation for adolescent SRH services

Statement	**Strongly Disagree F (%)**	**Disagree F (%)**	**Neutral F (%)**	**Agree F (%)**	**Strongly Agree F (%)**	**Mean**
Teacher trainings	10 (2.9%)	55 (16.0%)	46 (13.4%)	144 (41.9%)	89 (25.9%)	3.72
Recognizes high performing teachers	13 (3.7%)	74 (21.2%)	87 (24.9%)	99 (28.4%)	76 (21.8%)	3.43
Time and materials allocation	39 (11.1%)	96 (27.4%)	63 (17.9%)	84 (23.9%)	69 (19.7%)	3.11
Supports senior teacher to junior teacher guidance	44 (12.5%)	117 (33.3%)	54 (15.4%)	90 (25.6%)	46 (13.1%)	2.93
Meets teachers on SRH regularly	15 (4.3%)	98 (28.3%)	81 (23.4%)	87 (25.1%)	65 (18.8%)	3.46
Average	**24 (6.9%)**	**88 (25.3%)**	**66 (19.0%)**	**101 (29.0%)**	**69 (19.8%)**	

Source: Author, 2020

The interviews with school head teachers revealed that they do not adequately support school teachers to deliver SRH education and services. Head teachers do not have control over SRH education and two head teachers underlined the important role played by the Biology teachers in delivering SRH topics. One in four of

the interviewed school head teachers reported training of teachers to promote SRH services. The study showed that school head teachers rely on self-appointed, volunteering and self-motivated teachers who want to see students doing well, facilitate SRH services based on their life experiences and self-sought knowledge. There is minimal effort by school head teachers to complement the self-drive among voluntary SRH teachers. Some head teachers reported that they do recognise and praise teachers verbally only.

"I praised the Biology female teacher for the SRH education in front of the students during morning assembly. I advocated for all teachers to attend and benefit from an NGO training on adolescent SRH." Female head teacher from a peri-urban school

The study revealed that head teachers do not have systematic ways of recognizing the efforts of teachers on SRH. Head teachers hardly slot the SRH education on the school timetable and cited very little budgets from the ministry to support the school SRH initiatives hence reliance on Biology, and Civics in delivering SRH education.

The study results also resonate with those from earlier research. In their study, Lyimo, Masinde and Chege (2017) revealed that teachers lack training on SRH but are often viewed as specialists which leads to low quality SRH education and services in schools in Arusha City. In the same study, lack of SRH teaching resources and textbooks was cited by respondents as a major weakness and hindrance to the delivery of SRH in schools. Tomsic, Markic and Bojnec (2016) reiterate that subordinates can be motivated towards achieving the desired goals through recognizing and awarding good performances. Also, Barasa (2015) highlights the importance of holding teacher achievement fairs to reward better performers. Subordinates who are involved and whose opinions are directly incorporated in improving activities through participatory approaches feel recognized resulting in better achievements (Jackson, Davidson and Hutchinson, 2014). This finding on teacher to teacher mentoring also corroborates recommendation for school principals to identify and delegate mentorship roles to senior and experienced teachers as part of motivation towards ongoing support (Whitehead, Boschee and Decker, 2013).

School Head Teacher-led Student Motivation and Access to Adolescent Sexual Reproductive Health

In addition to investigating the effect of the school head teacher-led teacher motivation, the study also assessed the extent to which school head teacher-led student motivation impact the access to SRH education and services. Generally, 37.4% of the schoolgirls who responded agreed that school head teachers are trying to motivate adolescents (Table 4). Almost half of the interviewed teachers (53.5%) reported some effort from the school head teachers to promote access to SRH services. Further analysis of the responses shows that the appetite for collaborative and inclusive teaching and learning in schools is large with 72.3% of the schoolgirls mean score of 3.95 out of 5 and 92.9% of teachers agreeing to its importance in motivating and enhancing access to SRH services. Further the study shows that one to one school leader and adolescent girl engagements on SRH was reportedly low with 23.3%of schoolgirls (mean score 2.53 out of 5) and 35.7% of teachers which shows little practice and acknowledgement of student and school leader engagements. School head teachers least share experiences from other school on SRH activities. From the study, 25.8% of the schoolgirls (mean score 2.31 out of 5) and 21.4% of the teachers agreed that school head teachers share SRH experiences from other schools to promote learning and adaptations. This also showed that school head teachers are not privy to SRH efforts in other schools and where information is available hardly pass it on to the students. The findings on the investigated statements on collaborative and inclusive safe school environments for SRH education and services, head teacher-student engagements on the SRH agenda, and sharing of experiences from other schools are detailed on the Table 4 next page.

Table 4: School Head Teacher-Led Student Motivation for adolescent SRH services

Statement	Strongly Disagree F (%)	Disagree F (%)	Neutral F (%)	Agree F (%)	Strongly Agree F (%)	Mean Score
Collaborative inclusive environment	14 (4.2%)	50 (15.1%)	28 (8.4%)	88 (26.5%)	152 (45.8%)	3.95
Engages girls to review program	53 (15.3%)	130 (37.5%)	57 (16.4%)	59 (17.0%)	48 (13.8%)	3.36
Shares SRH experiences from other schools	77 (22.1%)	158 (45.3%)	59 (16.9%)	40 (11.5%)	15 (4.3%)	2.31
One-on-one engagements	85 (24.8%)	107 (31.2%)	71 (20.7%)	47 (13.7%)	33 (9.6%)	2.53
Safe environments for SRH	39 (11.0%)	74 (21.0%)	76 (21.5%)	78 (22.1%)	86 (24.4%)	3.27
Average	**54 (15.7%)**	**104 (30.1%)**	**58 (16.8%)**	**62 (18.0%)**	**67 (19.4%)**	

Source: Author, 2020

From the study findings, school head teachers had little innovations to motivate students to take up SRH activities. Some school head teachers felt SRH being a Biology content which is examinable motivates students enough. One male head teacher cited constant reminders on and the fear of being expelled from school when one gets pregnant and the pregnancy testing every 3 months as some form of motivation for adolescent girls. All female head teachers (2 out 2) reported leveraging the Always sanitary pads received from government as motivation for adolescent girls to attend SRH sessions. One head teacher revealed that SRH education is facilitated through peer to peer learning so that adolescents become more empowered and participatory.

The findings in the study corroborate the observation that active participation of adolescents in formulating and reviewing the programs is limited and mostly non-existent (Whitley, 2010). Also, Mahrotra (2005) underlines the role head teachers play to identify and embrace group passion of teachers, learners and other school staff into a supportive environment which can help head teachers achieve their set goals. Studies in East Africa including Muhwezi, Katahoire, Banura, Mugooda, Kwesiga, Bastein and Klepp (2015) and Bayissa (2017) reveal that teachers were not comfortable engaging and teaching students on sexual reproductive health which they felt contradicts social norms. Elsewhere, Harris (2008) posit that talk to engage students and the actual meaningful engagement of students on some extra-curriculum activities remain distant and vague and needs to be clarified from policy and strategic level and also dispel the assumption that teachers can naturally engage students without being trained. The low involvement of schoolgirls and teachers on SRH activities in the study was inconsistent with Boonstra (2015) who reveals the importance of meaningfully engaging adolescents to create safer or adolescent friendly environments which promotes access to sexual reproductive health services. Also, Jackson, Davidson and Hutchinson (2014) recommends that leaders who continuously engage direct program beneficiaries during review and design of programs have higher chances of motivating and promoting access and consumption of services.

School Head Teacher-led Stakeholder Engagement and Access to Adolescent Sexual Reproductive Health

The role of school head teachers in engaging stakeholders like the health care facilities, NGOs, community and religious leaders, parents or guardians and District Education Office to promote access to adolescent SRH services in Arusha City was also investigated in the study.

The study revealed that 58.5% of the schoolgirls and 93.1% of teachers agree that school head teachers are taking initiatives to establish, maintain and utilize appropriate stakeholders to provide SRH services. 80.2% of schoolgirls and 86.7% of teachers concurred that the school refers students particularly girls to health care facilities. Often school head teachers share the school SRH program plans with stakeholders as reported by 67.1% of the schoolgirls and 100% of school teachers. Beyond sharing plans with the nearby local health clinics in response to the government's stipulated quarterly pregnancy screening for all schoolgirls, in one school, SRH activity plans are shared with an NGO and local groups who are supporting SRH activities in the school. The findings also indicated an information gap between the teachers and students with 26.8% of schoolgirls against 92.9% of teachers reporting that students receive SRH services from health facilities. From the study, 55% of schoolgirls revealed that teachers are responsible to follow-up and monitor whether students receive the SRH services they were referred for. Also, 17% of schoolgirls reported that school head teachers' follow-up on referrals. School prefects also follow-up as reported by 5.1% schoolgirls. 2.9% of the schoolgirls revealed that no one follow-up on referrals for SRH services. The study also showed that 26.8% of the schoolgirls report actual visits to health care facilities for SRH services. Despite the expectation, school head teachers and teachers are not following up with students to better understand if those referred actually receive the SRH services. Table 5 below shows the schoolgirls responses to the head teachers efforts towards stakeholder engagement.

Table 5: School head teachers' stakeholders' engagement

Statement	Yes F (%)	No F (%)
Visits health facility to receive sexual reproductive health services	95 (26.8%)	260 (73.2%)
The head teacher invites health facilities or NGOs/volunteers to support SRH activities	207 (60.0%)	138 (40.0%)
The head teacher shares plans on SRH programs with stakeholders	237 (67.1%)	116 (32.9%)
The school refers students particularly girls to access sexual reproductive services	283 (80.2%)	70 (19.8%)
Average	**206 (58.5%)**	**146 (41.5%)**

Source: Author, 2020

From the study, 36.5% and 14.2% of schoolgirls revealed health care facilities and NGOs as the major stakeholders with which the schools engage and share with the SRH activity plans respectively. However, teachers revealed NGOs as the major stakeholder (26.3%) followed by the district school health program office (21.1%). Only 5.3% of the teachers agreed that school head teachers share SRH plans with health facilities. Schools also share SRH plans with community leaders, faith leaders, parents and other stakeholders as reported by schoolgirls and teachers on Table 6 below.

Table 6: Distribution of stakeholders that schools engage with and share plans

Stakeholders engaged with school SRH plans	Adolescent schoolgirls (%)	School teachers (%)
Health care facilities	129 (36.5%)	1 (5.3%)
District school health program officers	0 (0%)	4 (21.1%)
NGOs and other civil society groups	50 (14.2%)	5 (26.3%)
Community/local leaders	4 (1.1%)	1 (5.3%)
Faith/religious leaders	6 (1.7%)	2 (10.5%)

Parents/guardians	42 (11.9%)	2 (10.5%)
Other stakeholders	6 (1.7%)	4 (21.1%)
School does not share SRH plans	116 (32.9%)	0 (0%)

Source: Author, 2020

The findings from school head teacher interviews show that during graduation ceremonies and parents' meetings, schools engage and educate parents and adolescents on SRH particularly the risk of being expelled out of school due to pregnancy. One head teacher revealed that parents "discourage and scare" adolescents from accessing SRH services if they do not have adequate knowledge themselves. One head teacher reported utilizing parents who are health counsellors to sensitize and educate peers (parents/guardians) on parenting skills and how to communicate and support adolescents.

"*Parents see sexual reproductive health as taboo and are mostly shy and lack skills to discuss with adolescents. We should continue engaging and educating the parents and with time the shyness will disappear."* female head teacher from a peri-urban to rural school.

Two female head teachers revealed partnerships with nearby health care centres, Ngarenaro and Levolosi health care centres during schoolgirls pregnancy testing, vaccinations and other health screening activities every 3 months. However, these visits do not only focus on SRH but other health issues. Two schools reported ongoing partnerships with NGOs like ICOS, CASEC and Young Life and community peer groups to engage adolescents on SRH programs. In two secondary schools, it was revealed they receive little funding from government through District Education Office towards hygiene products (Always sanitary pads) for most needy adolescent girls and in emergencies. Despite reporting to specific programs, schools do not provide feedback to the communities yet and among others due to the lack of appreciation of adolescent SRH activities by the communities.

The findings resonate earlier emphasizes on the importance of collaboration of all stakeholders for effective service delivery in schools, and school leaders should engage, consult and share ideas with surrounding communities, activist groups, NGOs, relevant government departments for enhanced outcomes (Lyimo, Masinde and Chege, 2017 and Tmsic, Markic and Bojnec, 2016). Barasa (2015) also argues for promoting community and civil society involvement in education overall and in specific areas which may include adolescent sexual reproductive health services. Although the referrals don't indicate access to SRH services in the study, the high confirmation of referrals is consistent with findings from a study by Hacker, Weintraub, Fried and Ashba (1997), whereby 75% of all referrals made by schools to specialist health care facility services were completed.

Correlation

In the study, Spearman's rho revealed positive small to moderate relationships between adolescent schoolgirls access to sexual reproductive health services and composite sub-statements of; school head teachers' direction and guidance (rho, 268, $p < 0.01$, 2 tailed); head teacher-led teacher motivation (rho, .227, $p < 0.01$, 2 tailed) and schoolgirls motivation (rho, .248, $p < 0.01$, 2 tailed) and; head teacher stakeholder engagements (rho, .339, $p < 0.01$, 2 tailed). The variables were measure on ordinal scale.

Regression Analysis

The outputs of the test of parallel lines in the study revealed that the school head teacher leadership direction and guidance independent variable (X^2, 10.862, $p < 0.285$) supports the null hypothesis therefore the

distribution of leadership direction towards access to SRH services among adolescent schoolgirls is uniform. Also, school head teacher-led teacher motivation (X^2, 7.443, $p < 0.827$) and student motivation (X^2, 9.326, $p < 0.675$) reveal an even distribution of the head teacher-led motivation towards outcome categories. The head teacher stakeholder engagement (X^2, 5.375, $p < 0.146$) is evenly distributed towards the outcome categories.

In the study model, the pseudo r-square analysis showed that school head teacher stakeholder engagement was the highest predictor and describes 11.9% (Pseudo R^2, .119) while school head teacher-led teacher motivation predicts and explains 9.3% (Pseudo R^2, .093) of the variance in the access to adolescent SRH services among schoolgirls. Overall the extent to which the study variables, school head teachers' direction, head teacher-led motivation of teachers and schoolgirls and stakeholders' engagement explain the access to SRH services among schoolgirls is very low 26.4% (Pseudo R^2, 0.264) and more independent variables are needed to increase the power of the model to better predict the extent to which access to SRH services increases.

Conclusions

The study demonstrated that the students can access more adolescent sexual reproductive health services through purposive school head teachers' leadership. With a contribution of 26.4% of the variances in access to SRH services among schoolgirls in Arusha City, the role of the school head teachers is significant. The study findings show that the more "visible" or support on these school head teachers roles the greater the impact on the access to sexual reproductive health services among schoolgirls. However, the study concludes that additional predicators or characteristics that are related to leadership roles should be identified and included to increase the influence of the model.

School head teachers' personal beliefs affects their decision and efforts to formulate and implement SRH activities. In the study, female head teachers were more resourceful towards SRH interventions. For enhanced impact, school head teachers, teachers, support staff and students should have a common understanding and interpretation of SRH activities within the school ecosystem. Also, school head teachers exercise instructional leadership styles similar to the academic discourse and do not embrace participatory culture that involves students especially on matters of sexual reproductive health that conflict with their beliefs and norms.

Head teachers lack budgets and systematic ways of motivating teachers and students to promote SRH services. Self-motivated teachers and students support and access SRH services respectively. The study explains the stakeholder theory by demonstrating the interrelationships and influence between the school actions and the actions of the SRH service providers within the communities and vice versa towards access to SRH services. School head teachers depend and only report and provide feedback to the stakeholders who are supporting them financially. There is no intentional feedback and reporting to the communities and other potential stakeholders who may help support sexual reproductive health services. Schools will go to great length to comply with the President and government's decrees hence stricter measures to identify schoolgirls who fall pregnant.

Recommendations

The study was helpful in identifying some school leadership roles that need to be strengthened and associated needs for successful delivery of SRH awareness and services among students in Arusha City. At policy level, the Ministry of Education, Science and Technology and Ministry of Health should empower school head teachers through cross-learning and stakeholder engagement abilities through conducive policies, facilitation and monitoring to help individuals see and consider issues beyond their personal beliefs and norms for the benefit of all students and teachers. Instruments and mechanisms should be put in place to rigorously support

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head teachers in promoting non-academic activities and non-examinable learning. Similar to the President and government's policy on pregnancy, clear efforts and strategies to prevent early pregnancy (including SRH education and services) among students should be provided and equally funded and monitored. At managerial or school level, school head teachers should embrace their leadership roles and better manage the schools they are entrusted with. This includes forging partnership and mobilize both monetary and non-monetary local resources. Head teachers must adapt and apply different leadership styles appropriately and desist from applying one leadership style even in contexts it doesn't fit. The study also recommends that school head teachers utilize the quarterly pregnancy testing to advance the sexual reproductive health services agenda for adolescent schoolgirls. At study model design level, additional leadership roles such as people management skills, conflict resolution, self-management, and those not related to leadership such as availability of SRH choices, religion, family background, and SRH service providers' attitude need to be added into the model to improve the predictability from 26.4%.

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