

**PRE-FINAL**

**ADOLESCENT SEXUALITY AND HIV/AIDS IN MTWARA RURAL  
AND MAKETE DISTRICTS:**

**A REPORT OF A STUDY COMMISSIONED BY UNICEF-TANZANIA OFFICE**

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Any research is a collaborative undertaking even if only one person assumes the role of the Investigator. This one is no exception. Nevertheless I alone am responsible for any deficiencies of the study.

Many people have participated in this study in different capacities and I do acknowledge their contribution.

The adolescents who took part as informants, discussants and respondents were the major players. Without their participation all previous efforts would have been in vain. They understood that they were participating in the study on behalf of all the adolescents in their communities and schools, and most of them willingly performed that role admirably. I thank them very much.

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The people who served as research assistants are in a special category. They worked under very difficult conditions and some of them succumbed to illnesses, but they persevered to

## EXECUTIVE SUMMARY:

This study of adolescent sexual behaviour was done in Mtwara and Makete districts between September 1998 and March 1999. It had the goal of obtaining information which could be used in designing HIV/AIDS prevention interventions targeting adolescents in the two districts.

The study was undertaken in two phases. The first phase used the qualitative methodologies of in-depth interviews with Key Informants and Focus Group Discussion and formed the basis for the Social Survey which was done during the second phase.

Both methodological approaches have produced complimentary findings and provided a better understanding of the factors associated with the reported expressions of adolescent sexuality.

Even though the primary objective of the study was to determine the forms of high risk sexual behaviour for infection with HIV/AIDS, STIs and with conception the study adopted a broader perspective and explored all forms of sexual behaviour in which the adolescents get involved. This in effect provides a firmer basis for HIV/AIDS prevention intervention in that it makes it possible to adopt a positive approach towards HIV/AIDS prevention by promoting alternative forms of sexual behaviour with which adolescents are familiar.

The survey covered both in-school and out-of-school adolescents selected from twenty rural communities (both districts are rural) and a similar number of primary schools.

In-depth interviews were held with 27 adolescents comprising 13 boys and 14 girls. Focus Group Discussions involved 42 adolescents in seven groups of six members each. Three groups were of boys and four groups were of girls.

Qualitative methodologies revealed that adolescents start having children when they are still young children. The survey in turn obtained reports which provide the following Means and Medians of age at sexual debut:

>	Boys in Mtwara:	13.01,	14
>	Girls in Mtwara:	18.8,	14
>	Boys in Makete:	13.17	14
>	Girls in Makete:	14.33,	15

Furthermore 81.3 per cent of the sexually experienced adolescents reported to be sexually active, in that they had had sex within the last 6 months. The figure for Makete was 64.1 per cent. 52 per cent of Mtwara adolescents reported having had two or more partners during the last one month, as did 24.4 per cent of Makete adolescents.

Even though most adolescents reported having sex with a partner of the same sex when they had sex for the first time, 34.7 per cent of girls in Mtwara and 44.8 per cent of girls in Makete said they had sex with an older person.

Most boys reported that their first sexual experience was wanted. But this was not the case for 44.8 per cent of the girls in Makete and 31.6 per cent of the girls in Mtwara.

Other forms of high risk sexual behaviour reported included anal sex and homosexual relations.

Low/no risk sexual activities reported included use of condoms, with the highest user rate being 36.6 per cent among boys aged 15 - 19 in Makete district. It should be noted however that this was reported use during the most recent act of sexual intercourse. And given another finding

that knowledge about correct condom use was generally low these figures do not amount to much in terms of protection against infection.

Other forms are (intercrural sex) reported by a highest proportion of 19.8 of 15 - 19 years old boys in Mtwara. Masturbation was reported by a highest proportion of 26.7 15 - 19 year old boys also in Mtwara.

A great deal of involvement in flirtation was also found. Flirtatious activities ranged from the perfunctory touching of covered breasts and buttocks to higher levels of intimacy - involving mutual masturbation and ultimately intercrural sex. Thus while 19.8 per cent of the 15 - 19 year old boys in Mtwara was the highest rate for intercrural sex to orgasm, the figure from those who reported engaging in genital contact without penetration only came to 26.9 per cent for this population group;. For girls the figure was 15.8 per cent for Mtwara girls.

The nature of the sex in which the adolescent involve themselves in is transactional but not commercial. Girls expect to receive presents or money, and boys expect to give presents or money. Threats and coercion are used, but because the norms for establishing partner relations require that a girl should resist sexual advances even when she welcomes them, with the corresponding requirement that a boy should not take a girl's "No" for an answer; rather he has to persist until he "wins her over", a "game" that extends into the bedroom, as a girl should not be seen to be eager for sex but has to be "forced" there is a thin line between coercive and consensual sex. These norms, in effect, do not augur well for negotiation of safer sex.

Girls and boys are under pressure not only from their peers but also from their older siblings including parents to get involved in sexual relations.

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There does not seem to be much in term of deterrence for involvement in sexual activities. The majority of respondents reported that girls who are unmarried are not expected to be chaste: 73.8 per cent of Mtwara boys, 54.3 per cent of Mtwara girls. The figures for Makete were much smaller: 46.6 per cent for boys and 36 per cent for girls.

The sources from which the adolescents in Mtwara reported that they learned what they know about sex can be ranked in the following order:

1.	Peers	<u>(71.2%)</u>
2.	Video shows	(57.4%)
3.	Trial and error	(53.4%)
4.	Initiation rites of Jando and Unyago	(71.2%)
5.	Magazines	(34.7%)
6.	Older sexual partners	(28.1%)

For Makete the situation is:

1.	Peers	(60.0%)
2.	Magazines	(38.4%)
3.	Video shows	(25.4%)
4.	Trial and error	(23.7%)

Parents, the school and religious institutions were mentioned only in so far as they provide injunctions against involvement in sexual activities as opposed to providing the knowledge and information which adolescents can use in their decision making in sexual matters.

A fairly high level of knowledge about HIV/AIDS was found even though some disturbing finding such as the following were there:

A person can be infected with the HIV and not have symptoms of AIDS: Only

36.1 of Mtwara girls knew this!

A person can be infected with the HIV by donating blood for transfusion: Only

30.2 per cent of Makete girls knew that this was not true.

It was particularly worrying that the efficacy of condoms for preventing HIV infection did not appear to be common knowledge. It transpired from the qualitative methodology however that this might be the results of the strong opposition to condoms by religious institutions.

Lack of AIDS prevention interventions targeted to adolescents coupled with religious opposition may help to account for the fact that most respondents did not have what could be regarded as a functional level of knowledge about condoms.

Even such knowledge as to when in the course of a sexual encounter condoms should be put on, or when a man using a condom should withdraw, were not common knowledge.

A most disturbing finding was that most adolescents could not make a realistic assessment of their risk for HIV infection.

A number of indicators against which interventions can be assessed are proposed. These include the classical trio for behaviour change: sexual debut, multiple sexual partners and protected sex. They also include indicators for the intermediate stages in the process which leads to behaviour change, in particular knowledge about HIV/AIDS and of preventive methods, but



also changes towards creating a supportive environment for making and sustaining behaviour change.

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## INTRODUCTION:

Surveillance data published by the national AIDS Control Programme (NACP 1997) show that adolescents in Tanzania have not been spared by the HIV/AIDS epidemic. The cumulative AIDS cases between 1987 and 1996 show that boys and girls aged between 10 - 14 had case rates of 6.0 per 100,000 and 8.6 per 100,000 respectively while those between 15 and 19 had rates of 34.6 and 120.5 respectively. Although when these rates are placed within the context of case rates for all age groups they are very low - the case rates for the boys aged between 10 and 14 are the lowest - the fact remains that adolescents are getting infected with HIV. This is also demonstrated by the high HIV prevalence among young adult blood donors some of whom must have contracted the infection during adolescence years. The data show that the 20 - 24 age group among blood donors has the highest HIV prevalence.

HIV transmission in Tanzania is largely by the heterosexual mode. Studies done in different parts of Tanzania show that adolescents and youth in general are sexually active, and that they start having sex at an early age. Some of them report either multiple sexual partners or a high rate of changing sexual partners. Much of their sexual activity is also unprotected. (TANESA, 1995, Kessy 1996, Leshabari et al, 1997, TDHS 1997). In other words the risk of HIV infection for the adolescents in Tanzania stems from the fact that they are involved to some extent in high risk sexual behaviour. Risky sexual behaviour for HIV infection, however, is also risky for infection with sexually transmitted infections (STIs), and conception. It is not surprising that the youth in Tanzania also suffer from STIs, (Kessy 1996 and teenage pregnancies are not uncommon (Leshabari 1996). Some girls resort to abortion when they have unwanted or mistimed pregnancies (Mpangile et al 1996).

It has been argued that because adolescents are yet to get set in their behavioural patterns their risk for HIV infection can be averted through appropriate and concerted interventions which specifically target adolescents.

A good understanding of the “predisposing, enabling and reinforcing factors: (Green et al 1991) for adolescent involvement in high risk sexual behaviour is a prerequisite for the design and implementation of such interventions.

The concern about the increase in the number of young people in Tanzania getting infected by HIV through high risk sexual behaviour, and the hope that many young people can be protected from HIV infection through appropriate interventions has led to the expansion of the scope of UNICEF country support programme for Tanzania to encompass HIV/AIDS prevention among young people.

This report presents the findings of a study which was conducted among adolescents in two districts in Tanzania in order to provide the basis for UNICEF support for HIV/AIDS interventions in these districts.

Even though it is the risk for HIV infection and the need for empirical data to inform the design of HIV/AIDS prevention strategies in order to protect adolescents which gave impetus to this study, the study, however, took a broader view of adolescent sexuality. Sexuality is expressed in different ways, and not all of them carry the risk for infection or conception. The study sought to explore for the different forms of sexual behaviour in which adolescents are involved in and not just those which expose them to the risk of infection or conception. Furthermore the study was informed by the view that sex is not an isolated function which one can indulge in at will as long as one takes preventive measures against infection and conception. Adolescents need to grow into adults with positive, comfortable and responsible attitudes toward sexuality and intimacy (Paxman 1993). This study therefore sought to explore for the gender and

sex roles, the social contexts and cultural norms which guide adolescent sexual expression in the two districts.

The tendency for men to expect their partners who do not want to get pregnant to do something about it in ways which do not involve them (Muhondwa 1997), or for men to be concerned about their own sexual pleasure, sometime at the expense of their sexual partners, (Adeokun 1990) are not consonant with the promotion of reproductive and sexual health rights of all parties concerned. This study, sought in effect to broaden the scope of the agenda beyond HIV/AIDS prevention to the promotion of not only sexual and reproductive health but also of sexual and reproductive health rights - which adolescents also have (ICPD 1994).

#### **HIV/AIDS in Makete and Mtwara districts:**

The districts chosen for this study are not necessarily the worst affected areas. Indeed while Makete has experienced a large number of deaths resulting in a considerable problem of orphans Mtwara may be said to be at a very early stage of the epidemic. These districts were chosen because they are among the focal districts for UNICEF country support programme. UNICEF plans to support HIV/AIDS interventions in these districts.

Iringa and Mtwara regions where these focal districts are located ranked 7th and 13th respectively among the 20 regions of Tanzania Mainland in terms of the rate per 100,000 population of cumulative AIDS cases for the years 1991 - 1996 (NACP 1997).

#### **The Goal of the Study:**

The study sought to obtain information which is to form the basis for formulating HIV/AIDS interventions, as well as the baseline data against which the interventions will be monitored and their impact evaluated.

**The Research problem:**

The research problem for this study was multi-faceted. It entailed the following questions:

- What is the pattern and magnitude of high risk sexual behaviour for HIV infection and infection with STIs as well as for conception among adolescents in the two districts?
- What other forms of sexual behaviour of low or no risk for infection and conception do adolescents in the two districts get involved in?
- What beliefs, norms, and circumstances underlie the involvement of adolescents in different forms of sexual behaviour?
- What indicators can be used to monitor and evaluate interventions aimed at bringing about change in the sexual behaviour of relevance for HIV/AIDS transmission?

**Research Objectives:**

The ultimate objective of the study was to contribute towards the development of intervention for HIV/AIDS prevention targeting adolescents in Mtwara and Makete districts.

**The Immediate objectives were:**

1. To determine the types, pattern, and magnitude of high risk sexual behaviour for infection with HIV/AIDS and STIs, as well on for conception.
2. To measure the level of knowledge about, and use of, methods for preventing HIV/AIDS, STIs and conception.

3. To determine the types, pattern, and magnitude of sexual behaviour of, low or no risk for infection with HIV/AIDS, STIs and for conception.
4. To determine the prevailing norms, beliefs and circumstances which are associated with involvement in different types of sexual behaviour
5. To develop indicators of knowledge, behaviour and beliefs whose changes can be monitored periodically to gauge the effectiveness of interventions.

## **THE STUDY POPULATION AND SAMPLE SELECTION**

The study focused on adolescents - defined as young persons between the age of 10 and 19, of both sexes, those in school and those out of school.

Two parameters guided the process of sample selection. These are the type of settlement or community in which adolescents live and the schooling status of adolescents- ie. whether the adolescents were in school or out of school.

A major study in Tanzania involving the youth - the TANESA Project in Mwanza Region has shown that the type of community in terms of whether it is urban, trade centre, or remote and rural is associated with social interaction which result in different patterns of sexual behaviour among the youth (TANESA 1995). Selection of communities in which to carry out this study was therefore on the basis of whether they were trade centres to which many visitors from other areas are attracted on a regular basis, or remote communities which did not have an influx of visitors from other areas.

In Tanzania school enrollment is not universal. Furthermore many pupils drop out of school before completing primary school for various reasons. Very few primary school leavers proceed to secondary school. Being in or out of school means that one is either bound or not bound by rules and regulations about social conduct. For instance primary school pupils are not expected to get married or to get pregnant.

The in-school adolescents were selected from one primary school in the community, and the out-of-school adolescents were selected from the non-school going adolescents in that community.

The selection of communities and schools was done in collaboration with the District Administrative Authorities and the Divisional Administrative Leadership.

## **RESEARCH METHODS:**

This study used a multi-method approach and was conducted in two phases.

Phase I entailed a qualitative study using in-depth interviews with Key Informants and Focus Group Discussions. For Mtwara this was done in September 1998, and for Makete it was in October 1998.

Phase II entailed a social survey using a highly structured interview schedule. The survey was done in Mtwara in January 1999 followed by Makete in February.

The primary purpose of the qualitative studies during Phase I was to obtain information about the diverse forms of sexual behaviour within the youth subcultures of the two districts. These methods are exploratory by nature and they are 'disarming' in that they do not focus on the individuals being interviewed. The results were used in formulating the interview schedule which was used during Phase II.

Key Informant interviews were organised with 27 youths comprising 13 boys and 14 girls, while FGDs involved a total of 42 youths in seven groups of six members each. Three groups were of boys and four were of girls.

Only one community was visited in each division for these qualitative methodologies. Key Informant interviews and FGDs were organised in alternating communities rather than in each community. Consequently Key Informant interviews were conducted in six communities while FGDs were conducted in 5 communities.

For the survey a sample size of 1200 adolescents from each district was decided on, the assumptions being that the total population of adolescents in each district was large, and that at least 50 percent of the adolescents are sexually active - which is the referent phenomenon for the survey.



The survey covered two communities in each division of the two districts. A total of 22 communities and 22 schools were therefore involved, as Mtwara district has six divisions while Makete district has five divisions.

The qualitative studies were facilitated by three research assistants: two young men and one young woman. One of them had previous experience of doing qualitative research, and all of them were supervised by the Investigator. These were joined by four more research assistants: two young men and two young women, during the second phase when the survey was undertaken. The Investigator also supervised operation.

The survey covered only pupils in Std VI and VII. In most cases - particularly in the schools within remote communities all of the Std VI and VII pupils were covered. In most cases however coverage was not total due to absenteeism.

Only in very few schools in the divisional centres which had large numbers of pupils were sample taken.

For each community a sample of out - of school adolescents was taken. The Village Government facilitated our access to and selection of respondents.

Both the Interview Guide for in-depth interviews with Key Informant and Themes for FGDs focused on norms, beliefs and factors associated with involvement in sexual behaviour which the youth in the area were reported to engage in.

The interview schedule used in the survey was highly structured. It included open - ended questions as well as questions which required respondents to choose responses from alternative responses put to them.

Each respondent was interviewed by one interviewer in private. Confidentiality and anonymity were guaranteed by the privacy of the interview setting, and by the fact that respondents were not asked for their names. Interviews in schools were preceded by a session

which was attended by Std VI and VII pupils and their teachers. During this session a standard presentation was made about the objective and nature of the study. The presentation also stipulated that the interviews would be carried out in privacy, and that the completed interview schedules would not be made available to the teachers.

In addition the interview with each respondent was preceded by a request for the consent of the respondent. A very small number of pupils exercised their right to withhold consent and were allowed to go. Others withdrew their consent in the course of the interview and they too were allowed to go. Quite a few were relevant to answer some questions their decisions were respected.

As far as the out-of-school respondents were concerned the importance of the study was impressed upon them by the Village Leadership with whom discussions about the study had been held earlier on. Their own consent was sought before proceeding with the interview. Similarly in a few cases prospective respondents withheld their consent and were left alone.

In-depth interviews with Key Informants and discussions with Focus Group participants were also conducted in privacy. Only those who were willing to be interviewed or to participate in discussions were involved.

The study did not face any opposition from teachers or community leaders. Some school teachers however expressed concern about the highly personal and sensitive nature of the information sought. These concerns were overcome by their own knowledge that some of their pupils were sexually active and were therefore at risk of serious health problems and about the expected use of the information for designing appropriate preventive strategies. The fact that only pupils in Std VI and VII who are relatively older and may be pubescent also helped to allay their fears that the study might raise issues about which much younger pupils might have no clue.

The survey covered a total of 1715 adolescents or 71.5 per cent of the expected sample size. A major contributory factor was the small number of pupils in the schools especially in remote communities. Very rarely did a class have 40 pupils which was the predetermined sample size for each class.

1083 or 63 per cent of the sample population was of in-school adolescents while the out-of-school adolescents constituted the other 37 percent. Furthermore 914 or 53 per cent of the sample were boys while girls made up other 47 per cent.

The number of respondents interviewed in Mtwara district was 876 or 51 per cent. That for Makete district was 839 or 49 per cent.

## RESEARCH FINDINGS:

### IN-DEPTH INTERVIEWS WITH KEY INFORMANTS

As indicated in the Methodology Section interviews with Key informants sought to explore for norms governing involvement by adolescents and the youth generally in sexual activities. The Interview guide used for these interviews was therefore designed to facilitate such exploration.

### SEX AS A FORM OF PASTIME

As an icebreaker informants were asked about popular pastime, forms entertainment, and what the youth in their communities did for relaxation.

It emerged that having sex or making love is a major form of pastime - more so for the youth in Mtwara but also for those in Makete. This ranked second and fifth among male and female informants respectively in Mtwara. It emerged as first and third among the responses of male and female informants respectively in Makete.

This was expressed in various ways including the following.

*"Making love is the main activity" [RMtIF]*

*"It is sex only. There is no employment in this community. Therefore boys and girls hang out in groups and think about sex" [TMt 2M].*

Other forms of entertainment mentioned included playing football, participating in or just watching traditional dances, listening and dancing to pop music from the radio and audio cassettes, watching videos, hanging out with friends in such sites as street corners, and under trees in the shade. It was quite clear from the informants that many youths in their communities

have a lot of time on their hands and are very idle, leading some of them to find excitement in many ingenious ways including hanging out (pomme shops), even if they did not drink. An informant in one trade center community mentioned about a new innovation of bhang and drug abuse among some youth groups [MMt1M].

#### POPULAR TYPES OF SEXUAL ACTIVITIES

Informants were then asked about the types of sexual activities which the youth engage in.

It emerged that the youth indulge in a great deal of flirtation and sex play as well as sexual intercourse. Besides heterosexual penetrative sex the youth also engage in masturbation, homosexuality, lesbianism and bestiality. Informants also reported about oral and anal sex.

Children start off with what sociologists refer to as playing at roles. This is make believe activity, and concerns playing the role of father and mother, including conjugal relations. This moves on to friendship between boys and girls involving sex play including penetrative sex. This takes place in the context of flirtation, which involves boys and girls playing or dancing together accompanied by fondling of breasts and buttocks, as well as kissing.

Reports of these sexual activities which include both benign or low risk and high risk sexual behaviour with regard to infection with STIs, HIV as well as conception, included the following:

*"Children build small huts with twigs and coconut leaves and they hide inside and engage in sex play" [Dmt4M].*

*"There are girls who are forced to have anal sex even though some girls like it. Most of us girls have no experience of it. We just tell the boys that we are afraid of getting hurt" [RMt2F].*

*"Quite often boys resort to masturbation when the girls they pursue refuse their advances. To be turned down when one is already sexually aroused is tough. Therefore some people release the tension and excitement by masturbating"* [DMt4M].

As for bestiality we were told the following.

*"One boys was looking after cattle and goats. I dont know exactly what happened or why but the boys got hold of a goat and had sex with the goat"* [RMK1F].

An informant in Mtwara [MMt4F] told about a man who got sexually aroused when he saw cows copulating. After the bull had dismounted the man penetrated the cow. However he got stuck in there and the cow pulled him all the way back home while bleating. A veterinary surgeon was called. He gave the cow an injection and the man's organ was dislodged. Reference to this incident was made by informants in two other communities.

It is worth noting that quite often reports about anal and oral sex, homosexuality and bestiality came out after probing. And such probes evoked revulsion among some informants. One informant was maintained that such sexual activities were unhead of:

*"There is no reason why anyone should masturbate or why men should have sex with other men, let alone going after animals when there are plenty of women in the community ... Boys who have anal sex with girls simply want to humiliate them. It is not a proper way of having sex ... If a woman wanted us to have oral sex I would kick her out. Some people are just trying to imitate what they see at video shows"* [MMt5M].

## SEXUAL DEBUT:

Informants found it difficult to answer the question about the age at which the youth in their communities have their sexual debut. They wondered for example whether what they regard as sex play by children, even when it involves penetration does constitute having sex. Some thought it was, while others insisted that it was not:

Thus:

*"For children it is just as a game, not having sex. It is something they hear or see adults do. You cannot have sex before attaining puberty" [MMt3M].*

*"It is like playing football. You enjoy playing whether you score goals or not. The boy who cannot ejaculate because he has not yet attained puberty can still enjoying having sex" [DMt4M].*

The age at which the youth have their first sexual act therefore ranged from as young as 5 years if one categorised children's sexual play as sex and clustered around puberty, ie 12 to 15. A number of informants reported in reply to probes that nobody reaches the age of 18 years without having had sex!

*"Children in our community have sex for the first time when they are seven years. But boys may start having sex even at the age of five years" [TMt3F].*

The partners are usually of the same age although the boys tend to be older. But sometimes girls and boys have sex with much older persons, especially after they have been through Jando. Informants put it in the following ways:

*"Initially it is sex play among children of the same age. But as they grow older especially when the girl is around 10 years old she can even take an old man [TMt3F].*

*"An older woman could be 22 years old and the boy may be only 15 years old. A young girl of 12 years may have sex with an 18 - year old man or a much older man" [DMt4M]*

*"Boys start it with younger girls while girls are initiated into sexual activities by boys who are older than themselves" [MMt1M].*

#### FACTORS ASSOCIATED WITH INVOLVEMENT IN SEXUAL ACTIVITIES:

As to why children start having sex early and why having sex should be a major pastime, a number of factors were mentioned by informants. These ranged from lack of privacy in the homes making it possible for children at very young ages to know what adults get up to, boredom and lack of activities which could keep the children and the youth occupied, exposure to sex education during *jante*, and lack of economic opportunities for earning an income to support families. The following sentiments are typical expressions of the situation and circumstances in which early sexual debut takes place and sexual promiscuity prevails.

*"There are girls who have sex with old men who are 50 years old. Those old men provide the girls clothes and money" [RMt2F].*

*"Some girls have sex because of the sexual urge. Others decide to have sex because they think they are old enough. But others do it because they want soap, lotion and clothes" [RMt6F].*



*"Some girls are forced by economic hardship. Parents, especially mothers force them to go out and find men who can give them money" [DMt4M].*

*"You find that one is required to make contributions at school. If parents have no money then a girl is obliged to have sex with men so as to get money for the contribution" [MMt4F]*

*"There are so many of us young men. You find yourself compelled to get involved in sexual activities when every one around you is involved" [RMt5M]*

*"For a girl who has been through unyagb, ... you are not expected to ask your father to buy for you underpants, underskirt or lotion and soap." [DMt3F]*

It is worth noting that a number of informants both in Mtwara and Makete reported about young boys and girls who decide to engage in sexual activities in order to:

- > show that they are also capable,
- > be like everybody else,
- > be accepted by their peers.

Others get into sex when they feel that they have grown up especially when they have attained puberty.

Informants also mentioned about the sexual urge which becomes distinctive after one has attained puberty.

*"The boy has to have sex in order to quench his sexual urge. If he does not have sex he will end up getting boild on his body. A girl also has the sexual urge. She needs a man to help her satisfy the urge" [MMt2M]*

Boys and girls were also said to engage in sex in order to show their love to their boy friends. Some girls were reported to have sex with the specific purpose of trying to conceive and to have children.

Informants in Makete also intimated that some boys have sex with particular girls in order to spoil things for them - to give the girl a bad reputation so that men will desprize her and not want her for a wife.

As in any society however there must be those who do not indulge in sexual activities.

| How do they avoid such behaviour when this seems to be the norm?

One informant was categorical in denying that anybody can avoid indulging in such behaviour when everybody around him or her is doing it.

*"Staying without having sex? No way - Honestly it is not possible. No one reaches the age of 18 years of age without ever having sex within our social environment these days" [RMt2F]*

Another one was not so categorical, but was incredulous nonetheless:

*"I dont know if there are boys who can stay without having sex until they reach the age of 18 years. Even girls don't. I am not sure if they can wait that long" [MMt1M].*

Assuming that there people who do not go with the wind the following sentiments were expressed.

*"It might be possible for girls who are overprotected by their parents. For example some of them are prevented from moving about at night to go to traditional dances or video shows. Some are prevented from hanging out with groups in which people learn many things which can lead them to change their behaviour". [DMt3F].*

*"It is possible for those who have no problems. Many girls get involved in sexual activities because of economic difficulties [ngumu ya maisha]" [DMt4M].*

*"There are children of important people [watu maarufu]. They are kept behind tences. They do not go to traditional dances or video shows." [MMt5M]*

*"It also depends on parents. Boys and girls pick up the habits of their parents. Some parents bring up their children to be upright". [MMt5M]*

#### PARTNER SELECTION:

How are partner relations established?

Informants indicated that boys use deception. This takes the form of promising to give presents or money which they do not have. Some form of technical assistance is also involved.

*"When I was at school we used the tactic of providing assistance to girls. Some girls find arithmetic to be a difficult subject. If you help her she must agree to have sex with you". [TMt2M]*

But even though the situation in both districts seems to be one in which sex is available in plenty, informants described social norms for a process of scripted refusal on the part of the girl and attrition for the boy.

Thus:-

*"Usually when a man approaches you, you refuse his advances - why? You want him to come the second time. If he does come back you agree to his request. You do this in order to assess whether he is really serious or he was just teasing you".*

*[RMt2F]*

*"You may call a girl and she refuses, but you know that she is just pretending. You may go back the second and even the third time and then she agrees".*

*[TMt3M]*

*"A boy has to go after a girl a number of times to show that he loves her and that he is serious" [DMt1M].*

Sometime this "game" can continue up to the time when sex is about to take place:

*"Usually a girl should not give in easily - even if she wants to have sex with the man. You have to be shy, and sometimes the man has to lock you in his room while you struggle to get out, but ultimately you end up having sex". [DMt1F]*

Indeed the description of the social norms surrounding the selection of sex partners and initiation of sexual relations show that there is often a very thin line between what might be considered sexual harassment, coercion, and ultimately rape.

One informant narrated about her own plight.

*"For example in my case the first time I had sex it was more or less by force. When he approached me I refused and he beat me. He then forced me to go to his house and into the bedroom. He pushed me on the bed and undressed me. He switched on the radio and put it on very high volume. I had to agree to his demands. My cries were of no help because of the radio. But I also felt that it would be great shame if people came in response to my cries and found out what was going on". [DMt5F]*

It is not the case however that girls are always the unwilling sex partners, and neither do they always engage in sexual activities by virtue of economic hardships and the need for material gain. Informants indicated that girls have their own ways of initiating sexual relations:

*"Some girls lead the boys on [wanajitongozeshwa wenyewe]. For example if a girl has fallen in love with a particular boy she will send a child to go and tell him". [DMt2M]*

*"It is very difficult for a girl to tell a boy that she loves him directly. She can use various indirect ways of expressing her interest in the boy. But if everything fails she will put it bluntly. And if the boy does not come round she will persist in her quest. You have to be careful with a girl who is in love [ogopa sana msichana akipenda], especially one who has declared her love to you herself openly". [DMt5M]*

Informants were asked about the actual act of sexual intercourse.

Do lovers engage in fore play? Are there precursors to sexual intercourse? What are the transition stages? Are there sexual pleasure enhancing artifacts or activities? The issue here was to determine the extent to which both sexual partners are adequately physiologically prepared so that the activity is not traumatic for the "less prepared girl on the one hand, and that it is mutually pleasurable..

It emerged that in most cases prospective sexual partners have love talks, they engage in mutual stimulation which involves caressing different parts of the body, including the sex organs, and there is a lot of gyration of the waist in the course of performing the act. Girls wear beads on their waist which boys love to play with.

*"Both partners are active and do gyrate their waist in order to give each other much pleasure" But you the woman have to be even more vigorous so as to enable the man to ejaculate" [RMt2F].*

*"If a girl does not perform adequately and does not gyrate vigorously the man may never come back" [RMt5M]*

Why should the woman go the extra mile as it were?

*"It is the man who experiences great pleasure, and you must make sure that he gets it" [RMt2F]*

*"Every time a woman must give pleasure to the man. Sometime the woman does not enjoy the activity" (MMt4F)*

Do prospective sexual partners sometimes settle for less than penetrative sex?

The answer was yes and no:

*"Boys and girls in this community never settle for less than penetrative sex. It is not possible to engage in fondling, caressing, and rubbing and not go all the way" [RMt2F].*

*"This is possible if the girl is unwell. In that case you can fondle each other and stop at that. Similarly if the woman is having her period you may have to settle for masturbation". [TMt1M]*

*"Is it possible to engage in non-penetrative sex? Just fondling and caressing? No. They have to make love" [RMK2F].*

*"Proper love making is penetrative sex" [DMt4M].*

#### SAFER AND NOT SO SAFE SEX

The concept of safer sex was not easy to put across. And as was pointed out in a previous section such safer sex practices as non penetrative and masturbation sex was not regarded as sex! And when the issue of infection and conception was brought up however, informants talked about use of condoms and modern family planning methods.

One gets the impression that the idea of safer sex even when it was understood, it was not accepted. Indeed one informant was dismissive of the distinction between safer and not so safe sex:

*"All forms of sexual activities can give you one infection or another be it heterosexual penetrative sex, anal or oral sex. You can get a sexually transmitted disease through any these forms". [RMt2F]*

*Another one just maintained that "No sex is safe" [TMt1M].*

One informant, a boy, said:

*"Getting pregnant is a chance occurrence - it is just bad luck. There is no way you can prevent conception or infection" [MMt3M].*

Others however felt that anal and oral sex were especially hazardous.

Masturbation was mentioned only once to be a safe sex.

And one informant gave the following as a form of unsafe sex:

*"The style of love making in which the girl raises her legs while lying on her back. This makes the semen move inside her body faster and may lead to conception" [MMt3M].*

Forms of what might be considered to be safer sex included:

- using condoms during sexual intercourse;
- using different methods of modern family planning;
- using traditional medicine for preventing conception.
- having sex with one faithful partner.



Even though prospective sex partners engage in what seems like extensive fore play which includes dry and wet kissing, fondling and caressing including oral - genital contact most informants of both sexes when pressed would say that the woman is obliged to please the man. In other words it seems that mutuality of sexual pleasure by the sex partner is not really the norm, and the talking which goes on does not include to negotiation for mutually pleasurable sex, let alone for safer sex.

#### SOURCES OF KNOWLEDGE ABOUT SEX

Informants in Mtwara saw the puberty rites of Jando and Unyago which girls and boys undergo, sometimes at as very young age, as the main source of knowledge about sex.

Informants in both districts reported that children learned a great deal from the discussions and the sharing of experiences which on in peer groups of boys and girls.

Informants were also of the view that some boys and girls must learn from having sex with older and more sexually experienced partners.

For Mtwara video shows were another major source of knowledge. The constant refrain was that the youth do try to put into practice what they see on videos - especially with reference to anal and oral sex, as well on wet kissing.

It is noteworthy that the school, parents, religious institutions such as the mosque and the church, were not among the sources of sexual knowledge mentioned by informants in either districts. Rather all these "authorities" were said to put up injunctions against involvement in sex as opposed to providing education about sex.

## RESEARCH FINDINGS FROM FOCUS GROUP DISCUSSIONS:

As with indepth interviews with key Informants, focus group discussions delved into types of sexual activities the youth in the two districts get involved in, and the factors associated with such activities.

## SOURCES OF SEXUAL KNOWLEDGE:

All groups in Mtwara mentioned puberty rites as the main source of sexual knowledge.

Boys and girls were also said to learn from watching what adults do:

*"A small child sees what adults do, because quite often it is a child who passess messages between lovers" [TMkB]*

Traditional gomas, discos, and video shows were reported to be the contexts and venues which bring men and women together and where young boys and girls have the opportunity to observe interactions of a sexual nature between members of the opposite sexes.

Discussants in Makete also mentioned pombe drinking places as one such venue where children pick up a great deal of sexual knowledge.

*"Boys learn a lot when they start to hang around at pombe shop" [MMkG].*

Discussants in both districts expressed the view that much of the learning takes place through the discussions and sharing of experiences which goes on in peer groups.

#### SEXUAL DEBUT:

A wide range of ages was given for when boys and girls engage in sex for the first time.

Members of one group were unanimous on the point that there is no particular age at which the youth start having sex:

*"Here in our community any age is acceptable for one to start having sex. Even a young child needs to have a mate with whom he or she can have sex" [TMtB].*

Discussants tended to distinguish between the kind of sex one has before and after puberty. Sex play starts around the age of 5 while proper sex starts around the age of 10 to 12, or 15 for boys. This was often expressed in terms of school age: Classes II to IV was given as the age at which most children in Mtwara have their sexual debut.

#### SELECTION OF SEX PARTNERS:

Sex partners may be of the same age, especially during the young ages, but the usual pattern is for the girl to be younger than the boy.

Girls prefer partners who are economically better off so that they can benefit materially from them.

*"The preferred partner has money, or is involved in some business, because he can solve your problems. But it helps if he is also smart and tidy and has good manners" [DMtG]*

Boys seem to be much more concerned about the beauty of the girl. The ideal girl:

*"Appears 'fresh', has ample buttocks, is clean, wears nice clothes like those in catalogues, such as a mini-skirt which exposes her thighs, applies lotion on her*

*body, has curled hair, and she shakes her buttocks as she walks, has "standing" breasts with prominent nipples" [DMtB]*

Boys were reported to take the initiative in partner selection. They may express their desires directly to the girls [Kutongoza], or they may send emissaries - who may be young boys/girls or their own friends. Quite often they send letters.

The most girls can do is to ingratiate themselves into the favour of boys they want. But they have to wait for the boy to actually ask them.

*"A girl will get closer to the boy and ingratiate herself to the boy so that he may notice her and fall for her" [DMtG].*

*"A girl who makes advances to a boy is regarded as being loose. If she is daring she will send an emissary - but in any case this usually occurs when the girl likes the boy whose advances she rejected initially" [DMtB]*

*"It is not usual for a girl to make sexual advances. If she does that it is as if she has "no market" - (amekosa soko) [TMkB].*

Despite what appears as a climate of liberalism in matters of sex there does not seem to be sexual equality between the partners.

#### FACTORS ASSOCIATED WITH INVOLVEMENT IN SEXUAL ACTIVITIES:

Discussants claimed that boys have sex because they have the sexual urge and are attracted to particular girls. Some boys and girls are pressurized into sexual activities.

*"When you are seen to have a rough skin a friend will tell you: Look at me I get lotion and other things. You should also go out with boys and you will get these things" [DMtG].*

It is not only peers who exert such pressure. Girls may also be pressurised by their parents, grand parents and elder siblings.

*"You ask your mother - can I have ten shillings to buy something" - she tells you to go and look for men who will give you money to buy what you need. "You simply sit here and beg, who is going to give you what you want everyday?" [DMtG]*

Economic hardships appear to be a major factor behind the involvement of girls in sexual activities.

*"Some girls agree to sexual relations because they live under difficult economic conditions at home. Some may be living on their own. Some of them are only able to obtain food through sexual relations" [DMtB<sub>2</sub>]*

*"You know for many girls it is only because of problems [dhiki tu]. When she has her problems she will agree to anything on the expectation that you will help her to deal with the problems. In accepting your advances she expects that you will help her." [DMtB<sub>1</sub>].*

For boys however it seems to be the case of looking for adventure, and excitement because they are idle and bored. And of course when they are older the sexual urge becomes a major driving force.

Discussions also revealed that boys do not always have to have money in order to win girls, and neither do they have to give presents every time they have sex. In which case there is no prostitution as such.

*"Words are enough. You do not pay for it as such. If you have something you give. Because even us boys have no money, except those who are involved in fishing and business. [DMtB<sub>2</sub>]."*

Parents in both districts were reported to have permissive attitudes towards the involvement of their children in sexual activities. Not only are some said to push their children into affairs they appear not to be concerned about those affairs.

*"A boy or girl cannot be punished/beaten by parents just because he or she has had sex. Parents get involved only if the issues at hand is marriage, not sexual relations" [TMkB]*

#### FORMS OF SEXUAL ACTIVITIES:

The most popular form of sexual activity in which the youth in both districts indulge in is heterosexual penetrative sex. This is accompanied by much fondling and caressing by both partners.

Other forms of sexual activities which came up in the discussions included oral and anal sex, homosexuality and masturbation.

Coercive sex generally, and rape in particular were reported to take place

*"There are some boys who on coming from video shows assault and rape girls" [RMtG].*

*"Some boys have bad manners. If you refuse his sexual advances he grabs you and has sex with you by force. You cannot report about him [huwezi kumsemea]. You just keep quiet about it" [RMtG].*

Discussions about masturbation showed that this was more of an aberration than a normal form of sexual activity.

*"There are boys who engage in masturbation - but these are the types of boys who are too shy to approach girls" [DMtB<sub>1</sub>]*

*"Boys masturbate when they cannot get women especially for fishermen who stay away on small islands during fishing expeditions" [DMtB<sub>2</sub>]*

Even though both partners are said to enjoy sex the widely held view is that the woman is expected to give pleasure to the man.

*"The man brought you for sex. You have to do what she wants" [DMtG]*

*"The man must enjoy more. It is the duty of the girl to please him. She also enjoys but her primary concern is to give pleasure to the man" [DMtG]*

But there were dissenting views in one group:

*"It is important that the woman gets satisfied. What often happens if this does not happen is that if you do not satisfy the woman she goes and has sex with another man because she still has the sexual urge". [DMtB<sub>1</sub>]*

## SAFER AND NOT SO SAFE SEX:

Discussions were not quite conclusive about what sexual activities were safer or not so safe with regard to infection and conception. Getting infected with STIs or getting pregnant were considered to be just bad luck.

*"You can get pregnant or get infected through having sex, but not every act will give you a disease. If your blood is not compatible you can have sex with someone who has a disease and you will not get it [Kama damu hazipatani huwezi kupata ugonjwa]. And when you have sex with someone whose blood is compatible with yours you get infected. It is the same thing with pregnancy". [DMtG].*

The condom was recognised as a method for preventing infections with "AIDS and gonorrhoea". But some discussants saw no point in using condoms especially if the objective is to prevent conception.

*"Why should I wear a condom? If she gets pregnant she has her own parents. It is not easy to nail one man down because it is a path on which many people pass" [TMtB]*

*"Some boys use condoms because they are afraid of making the girl pregnant. If you are the one who has made the girl pregnant you have to support the girl during the period of pregnancy. But many boys are not bothered. Infact they are proud if they get a girl pregnant [ Wanaona fahari kumtia mimba msichana] and to be called a father [baba mtoto]. [DMtB]*



It would appear therefore that much of the heterosexual penetrative sex which goes on is unprotected. Both boys and girls tend to have many sexual partners, and they start having sex at an early age. Many girls have sex in order to get material benefits. There is a fair amount of coercive sex even though whether this is real or mere pretense with the connivance of the girls is hard to say. Non-penetrative sex does not appear to be common. Sexual partners do not stop with kissing, fondling, caressing and rubbing. All these are regarded as precursors to and not substitutes for penetrative sex.

## **RESEARCH FINDINGS:**

### **SURVEY RESULTS:**

A total of 1715 adolescents comprised the sample population covered by the survey. 876 or 51.1 per cent were from Mtwara district, and the other 839 or 48.9 came from Makete district.

Table I shows the types of community - administrative/trade centres, which are referred to as Type I, and remote villages are referred to as Type II communities, as well as the Divisions of the districts in which members of the sample population resided.

For Mtwara district Type I communities contributed 59.8 per cent to the Mtwara sub sample, while Type I communities in makete contributed 58.2 per cent to the Makete sub sample.

The per cent contribution of each division in Mtwara to the subsample ranged from 11.3 to 21.5. The range for Makete was between 19.7 per cent to 23.0 per cent.

**TABLE I: THE TYPES OF COMMUNITY AND THE DIVISIONS FROM WHICH THE SAMPLE POPULATION WAS SELECTED:**

	MTWARA DISTRICT			MAKETE DISTRICT		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
<b>A. TYPE OF COMMUNITY</b>						
TYPE 1	56.3	65.0	59.8	55.9	60.1	58.2
TYPE 2	43.7	35.0	40.2	44.1	39.9	41.8
<b>B. DIVISION</b>						
Ziwani	15.2	19.0	16.8			
Kitaya	16.2	15.4	15.9			
Nanyamba	20.8	15.4	18.6			
Dihimbwa	21.4	21.6	21.5			
Mpapura	10.4	12.6	11.3			
Mayanga	16.0	16.0	16.0			
Lupalilo				23.3	17.6	19.8
Bulongwa				17.0	17.3	17.2
Magoma				24.8	21.4	23.0
Ukwama				19.0	20.3	19.7
Matamba				17.0	23.4	20.4
<b>N</b>	<b>519</b>	<b>357</b>	<b>876</b>	<b>395</b>	<b>444</b>	<b>839</b>

Table II shows the demographic and social characteristics of the respondents:

For Mtwara male respondents constituted 59.2 per cent of the sub sample which for Makete male respondents were in the minority: 47.1 per cent.

The survey targeted adolescents aged 13 and above, and with an enrollment age of 7 years most those in school would be in Std VI and VII. But this is the ideal. Some pupils start school at a younger age while others start at an older age than 7 years.

Consequently even though only Std VI and VII were covered the survey found younger pupils as well as those who were much older. As for the out-of-school only those who were between the ages of 13 and 19 were selected. The age distribution of the respondents thus is 16.1 per cent for the 11 - 14 year olds and 83.9 per cent for the 15 - 19 year olds in Mtwara. The corresponding figures for makete are 38.6 per cent of 11 - 14 year olds and 61.4 per cent of the 15 - 19 year olds.

The actual age of the respondents ranged from 12 to 19. The Mean and Median age for different population groups were:

Mtwara Males:	16.98, 17
Mtwara Females:	15.96, 16
Makete Males:	15.85, 16
Makete Females:	14.95, 14

Furthermore the majority of respondents in Makete (58.4%) had not attained puberty while only slightly less than a half (48.5%) of the respondents in Mtwara had not attained puberty.

Adolescents in school out numbered those who were out-of-school: 52.3 per cent for Mtwara and 74.5 per cent for Makete.

Most respondents in Mtwara were Muslims (89.2%). For Makete is was Christians who were in the majority (98.0%).

A few respondents from the subsample of the out-of-school were married: 5.4 per cent from Mtwara and 1.2 per cent from Makete.

**TABLE II: THE DEMOGRAPHIC AND SOIOECONOMIC CHARACTERISTICS OF THE RESPONDENTS:**

	MTWARA DISTRICT			MAKETE DISTRICT		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
<b>A. AGE</b>						
11 - 14	13.3	20.2	16.1	25.3	50.5	38.6
15 - 19	86.7	79.8	83.9	74.7	49.5	61.4
<b>B. AGE AT PUBERTY</b>						
PREPUBESCENT	31.3	48.5	38.3	51.2	64.0	58.4
≤ 10	1.8	2.8	2.2	-	-	-
11 - 14	16.5	19.6	17.8	11.2	13.7	12.5
15 - 19	50.4	29.1	41.7	36.6	22.3	29.0
<b>C. SHOOLING STATUS</b>						
IN SCHOOL	40.7	69.2	52.3	71.6	77.0	74.5
OUT OF SCHOOL	59.3	30.8	47.7	28.4	23.0	25.5
<b>D. RELIGION</b>						
MUSLIMS	95.0	89.9	92.9	1.6	1.1	1.6
CHRISTIANS	5.0	10.1	7.1	97.8	98.6	98.0
OTHER	-	-	-	0.6	0.2	0.5
<b>E. MARITAL STATUS</b>						
SINGLE	93.8	95.8	94.6	98.7	98.9	98.8
MARRIED	6.2	4.2	5.4	1.3	1.1	1.2
N	519	357	876	395	444	839

## INVOLVEMENT IN SEXUAL BEHAVIOUR:

It can be seen in Table III that 57.4 per cent of the adolescents in Mtwara reported that they were sexually experienced, in contrast to only 24.6 per cent of the adolescents seen in Makete district.

The table also shows that among respondents who were sexually experienced 62.7 per cent of those in Mtwara started having sex before they were 15 years while the equivalent number for makete is 54.2 per cent.

It is noteworthy that overall almost all the sexually experienced respondents (96.0% for Mtwara and 95.1% for Makete) had their sexual debut before they were 18 years old.

**TABLE III: THE PROPORTION OF RESPONDENTS WHO WERE SEXUALLY EXPERIENCED, AND THE AGE AT WHICH THEY STARTED HAVING SEX:**

	MTWARA DISTRICT			MAKETE DISTRICT		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
<b>A. WHETHER SEXUALLY EXPERIENCED:</b>						
YES	73.8	66.4	57.4	35.4	14.9	14.6
NO	26.2	33.6	42.6	64.6	85.1	75.4
TOTAL	519	357	876	395	444	839
<b>B. AGE AT SEXUAL DEBUT:</b>						
≤ 10	20.6	11.8	18.5	23.7	15.2	21.0
11 - 14	43.8	45.4	44.2	36.0	27.3	33.2
15 - 19	35.6	42.9	37.3	40.3	57.6	45.8
N	379	119	498	139	66	205

## INVOLVEMENT IN HIGH RISK SEXUAL BEHAVIOUR:

Besides the finding reported in the previous section about the sizable proportion of respondents who reported to be sexually experienced [BIKIRA] - meaning that they had ever engaged in heterosexual penetrative sex, and that their sexual debut was at a very young age [DEBUTGP], the following forms of high risk sexual behaviour were also reported by some respondents.

81.3 per cent of those respondents from Mtwara district who reported to be sexually experienced were actually sexually active [ACTIVE] in the sense that they reported as having had sex within the last six months. The figure for Makete respondents is 64.1 per cent.

52.0 per cent of sexually experienced respondents from Mtwara reported having had two or more partners during the last one month [MALAYA]. The corresponding figure for Makete respondents was 24.4 per cent.

90 per cent or more sexually experienced respondents from both districts did not use condoms [PROTECT] or any other form of contraception [CONRACEPT] during their most recent act of sexual intercourse.

Table IV presents an analysis of these figures in terms of the demographic characteristics of the respondents involved. Further analysis of the responses revealed other forms of high risk sexual behaviour which are shown in Table V:

Most sexually experienced adolescents had started having sex before they had even attained puberty [STATUS].

Quite a sizable proportion had sexual debut with a partner who was older than themselves [AGELOVER].

Others reported having engaged anal sex [ANAL] oral sex [ORAL] and homosexual activities [IX.16].

**TABLE IV: PATTERN OF INVOLVEMENT IN HIGH RISK SEXUAL BEHAVIOUR BY MALES AND FEMALES WITHIN THE YOUNGER AND OLDER ADOLESCENT AGE GROUPS IN BOTH DISTRICTS:**

	MTWARA DISTRICT					MAKETE DISTRICT				
	CURRENT AGE					CURRENT AGE				
	11 - 14		15 - 19		ALL AGE/ BOTH SEXES	11 - 14		15 - 19		ALL AGES + BOTH SEXES
	M	F	M	F		M	F	M	F	
<b>1. BIKIRA</b>										
EXPERIENCED	49.3	19.4	77.3	37.5	57.4	17.0	5.8	41.8	24.1	24.6
N	69	72	449	285	875	100	224	294	220	838
<b>2. DEBUTGP:</b>										
≤ 14 Yes	49.3	18.0	47.2	19.4	35.9	16.0	6.2	22.9	6.4	13.3
N	67	72	447	284	870	100	224	293	218	835
<b>3. ACTIVE</b>										
YES	64.7	71.4	84.1	78.5	81.3	58.8	38.5	64.2	71.7	64.1
N	34	14	347	107	502	17	13	123	53	206
<b>4. MALAYA</b>										
YES	20.6	35.7	44.7	16.8	36.7	11.8	7.7	10.6	5.7	9.2
N	34	14	347	107	502	17	13	123	53	206
<b>5. PROTECT</b>										
NOT USED	94.1	92.9	87.6	90.7	88.8	76.5	84.6	63.4	77.4	69.4
N	34	14	347	107	502	17	13	123	53	206
<b>6. CONRACEP</b>										
NOT USED	94.1	85.7	83.6	81.3	83.9	76.5	92.3	64.2	69.8	68.4
N	34	14	347	107	502	17	13	123	53	206



TABLE V: OTHER FORMS OF HIGH RISK BEHAVIOUR REPORTED BY RESPONDENTS IN BOTH DISTRICTS DISAGGREGATED BY GENDER, AGE GROUP AND SCHOOLING STATUS:

	GENDER		AGE GROUP			SCHOOLING STATUS			GENDER		AGE GROUP			SCHOOLING STATUS		
	M	F	11-14	15-19	TOTAL	IN SCHOOL	O-O SCHOOL	TOTAL	M	F	11-14	15-19	IN SCHOOL	O-O SCHOOL	TOTAL	
1. STATUS:																
SEX BEFORE PUBERTY	66.3	50.4	93.8	59.3	62.7	75.3	56.1	62.7	67.1	39.4	96.7	51.7	81.2	36.2	58.3	
N	381	121	48	454	502	174	328	502	140	66	30	176	101	105	206	
2. AGELOVER																
OLDER PARTNER	16.3	33.1	20.8	20.3	20.3	21.8	19.5	20.3	14.3	53.0	16.7	28.4	18.8	34.3	26.7	
N	381	121	48	454	502	174	328	502	140	66	30	176	101	105	206	
3. ANAL																
EVER HAD ANAL SEX	6.0	2.8	2.8	5.0	4.7	3.9	5.5	4.7	0.8	0.7	0	1.2	0.5	1.4	0.7	
N	519	537	141	734	876	458	418	876	395	444	324	515	625	214	839	
4. ORAL:																
EVER HAD ORAL SEX	4.0	2.2	1.4	4.2	3.8	1.1	6.7	3.8	0.8	1.4	0	1.7	0.5	2.8	1.1	
N	519	537	141	734	876	458	418	876	395	444	324	515	625	214	839	
5. IX.16																
EVER HAD HOMOSEXUAL RELATIONS	6.0	2.8	2.8	5.0	4.7	3.9	5.5	4.7	0.3	0.7	0.9	0.4	0.3	0.9	0.5	
N	519	537	141	734	876	458	418	876	395	444	324	515	625	214	839	

#### INVOLVEMENT IN LOW/NO RISK SEXUAL BEHAVIOUR:

Respondents reported having indulged in forms of sexual behaviour which can be categorized as of low or no risk with regard to infection with either STIs or HIV or to conception. The behaviour in question were masturbation [IX.12], non-penetrative sex to the point of orgasm [ORGASM], as well as engaging in protected sex in terms of having used condoms [PROTECT] or other forms contraception [CONRACEP].

Table VI shows that 30.6 of the sexually experienced respondents of all ages and both sexes from Makete reported to have used condoms during their most recent act of sexual intercourse, while 31.6 reported using some modern contraceptive method. The corresponding figures for Mtwara were 11.2 and 16.1 per cent. It appears therefore that a slightly higher proportion of respondents used contraception for the prevention of conception compared to those who used condoms for the prevention of infections.

The Table also shows that some 20.5 per cent of all respondents from Mtwara reported engaging in masturbation while another 14.3 engaged in what amounted to non-penetrative sex to the point of orgasm. The corresponding figures for Makete were much lower. In both district males in the older adolescent age group of 15 - 19 were most likely to report having engaged in masturbation or intercrural sex, also known as thigh sex. This form of sex involves genital contact and rubbing but not penile - vaginal penetration.

**TABLE VI: PATTERN OF INVOLVEMENT IN LOW/NO RISK SEXUAL BEHAVIOUR BY MALES AND FEMALES WITH THE YOUNGER AND OLDER ADOLESCENT AGE GROUPS IN BOTH DISTRICTS:**

FORMS OF SEXUAL BEHAVIOUR	MTWARA DISTRICT					MAKETE DISTRICT				
	CURRENT AGE					CURRENT AGE				
	11 - 14		15 - 19		ALL AGE BOTH SEXES	11 - 14		15 - 19		ALL AGES/ BOTH SEXES
	M	F	M	F		M	F	M	F	
1. IX. 12 YES	18.8	11.1	26.7	13.3	20.5	1.0	0.4	15.3	5.0	6.9
N	69	72	449	285	875	100	224	294	220	838
2. ORGASM										
YES	2.9	1.4	19.8	11.6	14.3	3.0	0	8.5	6.4	5.0
N	69	72	449	285	875	100	224	294	220	838
3. PROTECT										
USED	5.9	7.1	12.4	9.3	11.2	23.5	15.4	36.6	22.6	30.6
N	34	14	347	107	502	17	13	123	53	206
4. CONRACEP										
USED	5.9	14.3	16.4	18.7	16.1	23.5	7.7	35.8	30.2	31.6
N	34	14	347	107	502	17	13	123	53	206

## FLIRTATION:

Besides involvement in what has been categorized as high risk or low/no risk sexual behaviour, the respondents reported a great deal of flirtation. This is a form of sexual expression which is pleasurable, and when carried on to high levels of intensity it may lead to orgasm for either or both partners.

The behaviour which is categorized as flirtation and reported by respondents ranged from touching some parts of the body of a girl to mutual masturbation and/intercrual sex.

The pattern of this form of sexual behaviour found among the respondents is presented in Table VII.

The table shows that males in the older adolescent age group tended to report this form of sexual behaviour more readily than other population categories. Thus for Mtwara, 70.8 per cent reported about fondling covered breasts followed by 70.2 per cent who reported about fondling bare breasts, and 69.5 per cent reporting about engaging in nude embrace. Genital contact without penetration was reported by about 30 per cent of the males in this age group.

The behavioural pattern of the female respondents is also noteworthy. An outlier of 68.4 per cent of girls in the 15 - 19 age group reported about nude embraces. The closest was the group of 33.7 per cent who reported about fondling of covered breasts. Only 15.8 reported about genital contact. Corresponding figures from Makete respondents of both sexes and all age groups were much lower than those for Mtwara. The highest proportion was that of 34.9 boys aged 15 - 19 who reported about embrace with clothing or fondling covered breasts. The highest proportion for girls was 23.6 per cent of 15 - 19 year olds who reported about fondling of covered breasts.

**TABLE VII: THE PATTERN OF INVOLVEMENT IN FLIRTATION BY MALES AND FEMALES WITHIN THE YOUNGER AND OLDER ADOLESCENT AGE GROUPS IN BOTH DISTRICTS:**

	MTWARA					MAKETE				
	CURRENT AGE					CURRENT AGE				
	11 - 14		15 - 19		ALL AGES/ BOTH SEXES	11 - 14		15 - 19		ALL AGES/ BOTH SEXES
	M	F	M	F		M	F	M	F	
<b>1. EMBRACE WITH CLOTHES</b>										
<b>YES</b>	34.8	13.9	69.7	31.2	49.8	16.0	6.7	34.9	19.5	21.1
<b>N</b>	69	72	449	285	875	100	224	295	220	839
<b>2. WET KISS</b>										
<b>YES</b>	5.8	4.2	19.4	13.3	15.1	0	0	5.8	6.8	3.8
<b>N</b>	69	72	449	285	875	100	224	295	220	839
<b>3. FONDLING COVERED BREASTS</b>										
<b>YES</b>	49.3	18.1	70.8	33.7	52.7	18.0	5.8	34.9	23.6	22.2
<b>N</b>	69	72	449	285	875	100	224	295	220	839
<b>4. FONDLING BARE BREASTS</b>										
<b>YES</b>	34.8	12.5	70.2	27.4	48.7	8.0	1.8	27.8	19.1	16.2
<b>N</b>	69	72	449	285	875	100	224	295	220	839
<b>5. FONDLING COVERED BOTTOM</b>										
<b>YES</b>	31.9	12.5	61.7	29.5	16.7	8.0	2.2	24.4	17.7	14.8
<b>N</b>	69	72	449	285	875	100	224	295	220	839
<b>6. GENITAL CONTACT WITHOUT PENETRATION</b>										
<b>YES</b>	8.7	6.9	29.6	15.8	21.6	1.0	0.4	7.1	6.4	4.4

N	69	72	449	285	875	100	224	295	220	839
7. EMBRACE IN THE NUDE										
YES	29.0	12.5	69.5	68.4	49.3	5.0	3.6	26.1	19.1	15.7
N	69	72	449	285	875	100	224	295	220	839

#### SEXUAL DEBUT:

Respondents were asked about their sexual debut. Table IX gives a summary of this information. There are significant differences between male and female adolescents, as well as between in school and out - o school adolescents both between districts and among respondents in each district.

Overall among those who were willing to report about their first sex:

- 64.7 per cent of boys in Mtwara had their sexual debut during their younger adolescent age:  $\leq 14$ , as compared to 59.2 girls. The corresponding percentages for Makete was 62.7 for boys and 50.9.
- 67.9 percent of boys in Mtwara had their sexual debut even before attaining puberty, which the figure for girls was 55.6. The corresponding percentages for Makete were 67.9 and 44.8 for girls respectively.
- In both Mtwara and Makete higher proportions of girls had their sexual debut with older partners than those of boys.

- Although much higher proportions of boys in both districts reported that they had their sexual debut at their own volition, it is worth noting that 68.4 per cent of the girls in Mtwara and 55.2 per cent in Makete also consented to having sex the first time they did it.
- The major difference between boys and girls concern their experience of the first sexual act. While the large majority of the boys reported to have enjoyed it, 53 per cent of the girls in Mtwara did not enjoy it, and neither did 69 per cent of the girls from Makete. It is worth noting that while many respondents chose not to reveal information about their sexual debut, a sizable proportion of those who did, reported that they could not remember whether that particular act was enjoyable or not!

**TABLE IX: SEXUAL DEBUT AMONG MALE AND FEMALE RESPONDENTS, AND AMONG IN-SCHOOL AND OUT-OF SCHOOL RESPONDENTS IN BOTH DISTRICTS.**

	MTWARA DISTRICT					MAKETE DISTRICT					TC
	GENDER		SCHOOLING STATUS		TOTAL	GENDER		SCHOOLING STATUS			
	M	F	IN SCHOOL	O-OF SCHOOL		M	F	IN SCHOOL	O-O SCHOOL		
<b>1. AGE AT SEXUAL DEBUT</b>											
≥ 10	20.5	11.2	22.8	15.5	18.3		24.5	18.2	37.0	4.1	22
11 - 14	44.2	48.0	51.9	40.9	45.1		38.2	32.7	44.6	26.0	36
15 - 19	35.3	40.8	25.3	43.6	36.6		37.3	49.1	18.5	69.9	41
N	312	98	158	252	410		110	55	92	73	16
<b>WHETHER HAD ATTAINED PUBERTY:</b>											
YES	32.1	44.4	23.9	42.0	35.0		32.1	55.2	21.1	64.0	40
NO	67.9	55.6	76.1	58.0	65.0		67.9	44.8	78.9	36.0	60
N	315	99	159	255	414		112	58	95	75	17
<b>3. AGE OF LOVER</b>											
OLDER	14.6	34.7	20.4	18.8	19.4		13.4	44.8	18.9	30.7	24
YOUNGER	27.9	9.2	21.7	24.6	23.5		36.6	10.3	24.2	32.0	27
SIMILAR	57.5	56.1	58.0	56.6	57.1		50.0	44.8	56.8	37.3	48
N	315	98	157	256	413		112	58	95	75	17
<b>WHETHER THE ACT WAS WITH CONSENT</b>											
YES	92.1	68.4	80.3	90.2	86.4		91.1	55.2	75.5	84.0	78
NO	7.9	31.6	19.7	9.8	13.6		8.9	44.8	24.5	16.0	20
N	315	98	157	256	413		112	58	94	75	17
<b>WHETHER THE ACT WAS ENJOYABLE</b>											



YES	74.5	43.0	59.1	71.8	66.9		72.3	25.9	53.7	60.0	56
NO	18.8	53.0	32.1	23.9	27.1		17.9	69.0	36.8	33.3	35
CANNOT REMEMBER	6.7	4.0	8.8	4.3	6.0		9.8	5.2	9.5	6.7	8
N	314	100	159	255	414		112	58	95	75	17

## HOW PARTNER RELATIONS ARE ESTABLISHED

The literature search and ethnographic interviews during the first phase of the study established a number of ways in which the youth establish partner relations. These could also be regarded as methods used by boys to seduce girls. The methods in question are :

- > Deception, mainly false promises either to do something or to give something. Sometimes these are false promises about marriage.
- > Giving presents in the form of material items of different kinds. Things given include soap, lotion, items of food, and clothing.
- > Giving money, the exact amount of which is usually not predetermined. Money is often given after a relationship has been established, and it is not necessarily given after each episode of sexual contact.
- > Assistance may be provided to the girl with particular tasks.
- > Threats, including actual violence.

Table X shows the proportion of male respondents who admitted to employing these methods, and of girls who reported that these methods had been used against them.

Payment of money, giving presents and deception were reported by the majority of the male respondents in Mtwara district. More than a third of the female respondents in Mtwara also reported that these methods of deception, money and presents were used against them.

The situation in Makete appears to be different from that in Mtwara in that no method was reported to have been used by even a quarter of the male respondents, and only the use of deception was acknowledged by slightly more than 20 per cent of the female respondents.

**TABLE X: METHODS USED FOR SEDUCTION AND THE PROPORTION OF RESPONDENTS WHO REPORTED THAT THEY USED THEM OR THAT THE METHODS WERE USED AGAINST THEM**

	MTWARA			MAKETE		
	Male	Female	Total	Male	Female	Total
Deception	55.7	43.1	50.6	24.3	22.7	23.5
Presents	58.8	35.0	49.1	20.8	11.0	15.6
Money	60.9	36.1	40.8	19.2	11.7	15.3
Assistance	47.0	26.9	38.8	17.2	9.5	13.1
Threats	20.4	28.0	23.5	6.8	10.6	8.8
N	519	357	876	395	444	839

**SCRIPTED REFUSAL OF SEXUAL ADVANCES BY GIRLS AND THE PROCESS OF ATTRITION FOLLOWED BY BOYS IN ESTABLISHING PARTNER RELATION**

Much as transactions involving the giving of different forms of presents may be the method used for establishing partner relations, the cultural norms appear to be against a straight forward procedure. Girls have to appear to be uninterested and have to be won over. This in turn means that boys should not give up easily but they have to persist in their quest and advances.

The qualitative studies during the first phase indicated that this situation prevailed in both districts.

Respondents were asked about their experiences of this phenomenon.

Table XI shows that more than one third of the male respondents in Mtwara reported having experienced it, and also 34.2 per cent of the female respondents indicated that they had ever engaged in this process. Figures for Makete were very low, indicating that this norm is not particularly salient.

**TABLE XI: PERCENT OF RESPONDENTS WHO REPORTED OF EVER ENGAGING IN A PROCESS OF SCRIPTED REFUSAL AND ATTRITION**

	MTWARA			MAKETE		
	Male	Female	Total	Male	Female	Total
Advances refused but not totally rejected	51.1	-		20.3	-	
Persistence paid off	51.1	-		19.5	-	
Girl who refused declared her love	34.7	-		8.1	-	
Succumbed to advances which were initially refused	-	34.2			12.6	
N	519	357		395	444	

**FACTORS ASSOCIATED WITH INVOLVEMENT IN SEXUAL BEHAVIOUR**

Many respondents felt that the social and cultural context in which they lived was conducive to involvement in sexual behaviour. This is reflected partly in the pattern of reaction to statements on different aspects of this social and cultural context shown in Table XII.

Makete respondents show a different pattern from that by Mtwara respondents. They endorsed only one statement - the one about girls preferring men who give money or presents - by a small majority of 52.2 per cent. Mtwara respondents however endorsed five out of the eight statements in big majorities ranging from 51.3 to 79.2 per cent.

**TABLE XII: PERCENT OF RESPONDENTS WHO ENDORSED STATEMENTS ABOUT FACTORS ASSOCIATED WITH INVOLVEMENT IN SEXUAL ACTIVITIES**

		MTWARA			MAKETE		
		Male	Female	Total	Male	Female	Total
1	Boys who have no girl friends are despised by peers	51.3	38.1	45.9	38.5	29.1	33.5
2	Girls go for men who give money/presents	86.3	68.9	79.2	59.2	45.9	52.2
3	Parents do not provide daughters with cosmetics	54.3	49.6	52.4	26.3	21.4	23.7
4	Parents accept items obtained from their daughters' lovers	60.3	47.1	54.9	17.7	15.3	16.4
5	People expected to provide moral guidance also seduce young girls	52.6	49.3	51.3	34.2	25.5	29.6
6	Parents not dismayed by daughters' premarital pregnancy	36.4	35.2	31.8	10.6	6.8	8.6
7	Both premarital pregnancy and pregnancy in marriage are approved	52.6	35.0	45.4	22.5	18.5	20.4
8	Grown up unmarried girls are not expected to be chaste	73.8	54.3	65.9	46.6	36.0	41.0
N		519	357	876	395	444	839

## FACTORS PERCEIVED TO BE FORMS OF DETERRENCE FOR INVOLVEMENT IN SEXUAL BEHAVIOUR

On the basis of the findings of the qualitative studies done during the first phase of the study eight factors were deemed to deter some adolescents from get involved in sexual activities:

- Premarital pregnancy
- Pregnancy during very young age
- STIs
- HIV/AIDS
- Complications/Death due to delivery during young age
- Expulsion from school due to pregnancy
- Severe punishment
- Bad reputation

Respondents were asked if they perceived each one as a form of deterrence to involvement in sexual behaviour by boys and girls in their communities.

Table XIV shows the result of this exercise. Most of the factors were perceived to be forms of deterrence by 50 percent or more of each group of respondents.

**TABLE XIII: PERCENT OF RESPONDENTS WHO PERCEIVED SPECIFIC FACTORS AS DETERRENCE TO INVOLVEMENT IN SEXUAL BEHAVIOUR**

FORMS OF DETERRENCE		MTWARA			MAKETE		
		Male	Female	Total	Male	Female	Total
I	Premarital pregnancy - girls	47.6	71.1	57.2	48.6	55.4	52.2
II	Pregnancy during very young age - girls	58.4	78.7	66.7	54.9	59.2	57.2
III	STIs - girls	62.3	77.0	68.3	62.0	64.6	63.4
IV	HIV/AIDS - girls	75.5	86.0	79.8	70.4	70.7	70.6
V	Complications/Death due to delivery during young age - girls	58.4	77.0	66.0	57.0	64.2	60.8
VI	Expulsion from school due to pregnancy - girls	50.3	63.6	55.7	61.0	63.3	62.2
VII	Severe punishment - girls	43.5	64.1	51.9	54.9	60.4	57.8
VIII	Bad reputation - girls	39.3	60.5	47.9	52.2	58.1	55.3
IX	Getting a girl pregnant - boys	36.6	31.4	34.5	38.2	20.5	28.8
X	STIs - boys	67.6	57.4	63.5	62.3	40.8	50.9
XI	HIV/AIDS - boys	75.3	71.7	73.9	73.7	50.5	61.4
XII	Severe punishment - boys	45.3	46.5	45.8	49.4	37.4	43.0
XIII	Bad reputation	38.2	33.9	36.4	45.8	35.4	40.3
N		519	357	876	395	444	839

## FACTORS ASSOCIATED WITH INVOLVEMENT IN SEXUAL BEHAVIOUR

Exploration was sought for associations between the different forms of deterrence to involvement in sexual behaviour and the different forms of high risk sexual behaviour. The Chi Square statistical test was used to test for the difference between those who perceived the factors to be a deterrence and those who did not in terms of whether they engaged in high risk behaviour or not.

Statistically significant differences were found only with regard to one form of high risk sexual behaviour - the one about being sexually experienced (BIKIRA).

Among Makete respondents this was the case for all the forms of deterrence, including those deemed to operate among boys. For Mtwara respondents however this did not hold true for three factors deemed to operate among boys, namely STIs, HIV/AIDS and severe punishment.

As for the social norms and situations expressed by the statements depicted in Table XII For Mtwara respondents the statistical test showed significant differences between respondents who were sexually experienced and those who were not in their reaction to all the statements. For Makete respondents however statistically significant differences were found in relation to respondents' reaction to only three statements, namely those about girls preferring men who give money/presents, moral guardians seducing girls, and grown up girls not expected to be chaste.

## SOURCES OF KNOWLEDGE ABOUT SEX:

Nine possible sources of knowledge about sex were presented to the respondents, and they were invited to indicate which of them had served as their own source. The sources in question are:

- > Jando/Unyago
- > Books/Magazines



- > Video shows
- > Peers
- > Older lovers/sexual partners
- > School
- > Mosque/Church
- > Parents/Guardians
- > Trial and error

Results are presented in Table XIV.

Five sources were indicated by a third or more of male respondents each from Mtwara

The sources selected are:

- > Jando/Unyago
- > Books/Magazines
- > Video shows
- > Peers
- > Trial and error

Only three of these were also identified by a third or more of the female respondents. These are Jando/Unyago, Video shows, and Peers.

As for Mtwara respondents, four sources were selected by a third or more male respondents each, of which only two were also selected by a third or more female respondents

The sources selected are:

- > Books/Magazines
- > Video shows

- > Peers
- > Trial and error

The two sources selected by girls are Books/Magazines and Peers.

It is worth noting that the same sources were selected by Mtwara and Makete respondents, the major difference being Jando/Unyago which is not practiced in Makete.

**TABLE XIV: PERCENT OF MALE AND FEMALE RESPONDENTS IN THE TWO DISTRICTS WHO INDICATED AS HAVING DERIVED THEIR SEXUAL KNOWLEDGE FROM THE IDENTIFIED SOURCES**

SOURCES	MTWARA			MAKETE		
	GENDER		TOTAL	GENDER		TOTAL
	Male	Female		Male	Female	
Jando/Unyago	41.8	37.3	40.0	1.8	2.7	2.3
Books/Magazines	39.3	28.0	34.7	47.3	30.4	38.4
Video shows	66.9	43.7	57.4	34.9	17.0	25.4
Exchange of information among peers	82.3	55.2	71.2	69.6	51.4	60.0
Learning from older sex partners	31.4	23.2	28.1	12.2	10.6	11.3
School education	5.2	5.0	5.1	0.3	0.7	0.5
Teaching by Church/Mosque	4.2	4.2	4.2	12.9	10.6	11.7
Parents/Guardians	7.3	8.4	7.8	9.4	10.8	10.1
Trial and Error	69.0	30.8	53.4	35.9	12.8	23.7
N	519	357	876	295	444	839

**TABLE XV: SOURCES OF SEXUAL KNOWLEDGE SELECTED BY A THIRD OR MORE OF MALE AND FEMALE RESPONDENTS IN THE TWO DISTRICTS**

SOURCES	MTWARA		MAKETE	
	Male	Female	Male	Female
I	✓	✓	-	-
II	✓	-	✓	✓
III	✓	✓	✓	-
IV	✓	✓	✓	✓
V	-	-	-	-
VI	-	-	-	-
VII	-	-	-	-
VIII	-	-	-	-
IX	✓	-	✓	-

**KNOWLEDGE ABOUT HIV/AIDS:**

A Knowledge Test comprising 15 statements was administered to the respondents.

Each statement was read out, and the respondent was required to indicate whether the statement was True or False.

The percent of the male, female, in-school and out-of-school sub-samples was scored each statement correctly are shown in Table XVI. Overall performance was acceptable. Statements which were scored correctly by less than 50 per cent of any population category are highlighted

Overall, statement X, about getting infected with the HIV through donating blood, appears to be the most problematic knowledge item. No population group had a half or more of its members who got it right.

Second most problematic knowledge item is Statement I. This is about being able to identify a person who has AIDS just by looking at him or her. Only the Mtwara male sub-sample had slightly more than 50 percent of its members who made a correct score.

Third most problematic knowledge item is Statement III about being infected with the HIV and not showing the symptoms of AIDS. Only the two sub-samples of Mtwara males and Mtwara out-of-school adolescents had more than half of their members getting it right.

It is worth noting that unlike Statement I, Statement IV - about being able to identify a person who is infected with the HIV just by looking at him or her, did not cause problems. More than 50 per cent of the members of each sub-sample got it right.

It would appear that at least on the basis of this Knowledge Test most members of the sample population are fairly knowledgeable about AIDS. The Mean and Median scores for Mtwara were:

- > Males: 8.8, and 9
- > Females: 7.2, and 8

Those for Makete were:

- > Males: 9.7, and 10
- > Females: 7.0, and 9

## List of books from UNICEF.

1. UNICEF's health support to the refugee programme in western Tanzania, 1994-2000
  2. Nutrition situation in Kakonko and Kasanda divisions Kibondo district, Baseline survey report.
  3. Submission of a report titled: Success factors in a community- based nutrition programme. Rose
  4. A proposed framework for the implementation of community based health initiatives (CBHI) in the context of reforms in
  5. Adolescent sexuality and HIV/AIDS in Mtwara rural and Makete districts. UNICEF-
  6. The 1964 Revolution: Achievements and Prospects.
  7. The food and nutrition policy for Tanzania
  8. Prevention of low birth weight. Report on the baseline survey in Hai district Kilimanjaro Region.
  9. Report on facilitation of accessing the status and usage of computers provided to the CSPD supported districts. Alex Magome, Dougals
  10. Study on the main actors for CSPD implementation at the village, ward and district levels.
  11. The legal content of the right to basic education under the legal regime of Tanzania. Ronel
  12. The girl child in Tanzania. Today's girl Tomorrow's Woman.  
Rural water policy. Ministry of
  13. Promoting Children 's Rights in Tanzania. Baseline Study on Knowledge, Attitude and Practice on Children rights. Prof. Issa K.
  14. Declining Enrolment and Quality of Primary Education in Tanzania Mainland. An Analysis of key data and documentation and review f explanatory factors. D.
  15. Report on the review of UNICEF supported women economic activities (WEA) Project Dr.
  16. Community knowledge attitudes and practices on Malaria in Tanzania. Z. Premji and M.T.
  17. Study on local women's perception of refugees and improving the status and conditions of women within CSPD programme in Kibondo.
  18. Assessment of the refugee education programme and UNICEF specific inputs. F.D.
  19. Safe Motherhood in Tanzania: An Assessment of Maternal Health and Maternity Care in 12 Districts.
  20. Safe Motherhood at the District Level: The Mufindi Experience.
-

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## PART TWO

### OTHER RELATED LAWS

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BOX I

THE STATEMENTS IN QUESTION ARE:

- I You can tell whether a person has AIDS just by looking at him/her.
- II A person can get AIDS by shaking hands with a person who has AIDS.
- III A person can be infected with the HIV and not have symptoms of AIDS.
- IV You can tell whether a person is infected with the HIV just by looking at him/her.
- V You can get infected with the HIV by having sex with a person who is already infected without taking precaution.
- VI A person can get infected with the HIV by being given infected blood through blood transfusion.
- VII There is no cure for AIDS at the moment.
- VIII You can get infected with the HIV by being bitten by mosquitoes, bedbugs and ticks
- IX You can get infected with the HIV by sharing clothes with a person who is infected with the HIV
- X A person can get infected with the HIV by donating blood for transfusion.
- XI You can protect yourself from getting infected with the HIV by using condoms when having sex.
- XII You can get AIDS by eating from utensils used by a person who has AIDS
- XIII An unborn child of a mother who is infected with the HIV can also get infected with the HIV.
- XIV The equipment which is used for vaccination, injection, ear piercing, and circumcision, can be the method by which one might get infected with the HIV.
- XV The contraceptive methods of pills, injection and norplant implants can also prevent HIV infection

TABLE XVI: PERCENT OF RESPONDENTS IN VARIOUS POPULATION CATEGORIES WHO SCORED EACH AIDS KNOWLEDGE TEST ITEM CORRECTLY

STATEMENTS	MTWARA						MAKETE							
	Gender			Schooling Status			Total	Gender			Schooling Status			Total
	M	F	Total	In School	Out of School	M		F	Total	In School	Out of School			
I	51.1	32.2	38.6	48.6	45.4	45.3	39.3	37.9	42.1	39.0				
II	63.8	64.1	68.6	58.9	63.9	62.8	52.7	54.1	67.3	57.4				
III	51.4	36.1	40.0	51.0	45.2	43.3	31.1	33.8	45.8	36.8				
IV	58.0	68.6	69.7	66.7	68.3	58.0	54.5	54.9	59.8	56.1				
V	91.1	76.5	82.1	88.5	85.2	78.0	66.0	69.4	78.0	71.6				
VI	89.8	77.0	84.1	85.2	84.6	73.7	67.0	67.4	78.0	60.5				
VII	85.9	74.2	80.1	82.3	81.2	82.3	70.7	74.9	80.0	76.2				
VIII	59.2	58.8	62.7	55.0	59.0	59.0	49.3	55.0	50.5	53.9				
IX	64.2	61.9	66.2	60.0	63.2	48.1	41.7	41.3	54.7	44.7				
X	47.8	42.3	45.6	45.5	45.5	43.5	30.9	35.8	38.3	36.5				
XI	75.7	44.3	56.3	70.1	62.9	50.9	28.7	33.3	50.0	37.5				
XII	60.3	58.0	61.6	56.9	59.4	46.6	46.3	39.3	54.7	43.4				
XIII	83.2	75.6	80.8	79.4	80.1	73.2	63.7	66.9	72.0	68.2				
XIV	81.7	66.9	75.3	76.1	75.7	71.1	59.0	63.2	69.2	64.7				
XV	57.8	44.3	50.7	54.1	52.3	46.8	36.9	38.4	50.9	41.6				
O SCORE	1.2	5.3	3.5	2.2	2.9	5.3	12.2	9.6	7.0	8.9				
15 SCORE	3.1	0.8	1.3	3.1	2.2	0.8	0.5	0.6	0.5	0.6				
N	519	357	458	418	876	395	444	625	214	839				



## KNOWLEDGE ABOUT CONDOMS

Seven statements about some aspects of condoms and condom use were used to gauge respondents knowledge about condoms. Respondents were invited to indicate whether the statements were, True or False.

Table XVII shows the proportion of Male and Female respondents as well as those of In-school and Out-of-School respondents who scored the statements correctly.

Only two statements: the first and fourth statements were scored correctly by more than a half of the male and out-of-school respondents from Mtwara. As for Makete only one statement: first statement was scored by more than a half of the Out-of-School respondents.

Female respondents and In-School respondents did not score any of the seven statements in large numbers.

An analysis of the scores showed that 55.5 per cent of Female respondents from Mtwara 43.4 per cent of In-school respondents from Mtwara were unable to score any of the statements correctly. The corresponding figures for the males and those Out-of-School were 18.7 and 23.0 per cent respectively.

Conversely only 2.3 percent of the male respondents, 1.4 per cent of the Female respondents, 1.7 per cent of In-School respondents and 2.2 per cent of Out-of-School respondents scored all the seven statements correctly.

The mean and median scores for each of the sub-groups from Mtwara is as follows:

>	Males	3.1, 3
>	Females	1.4, 0

For Makete the situation about knowledge of condoms appears to be worse than that for Mtwara.

80.4 per cent of the Female respondents were unable to score any of the statements correctly, and neither did 74.1 per cent of the In-School respondents. Similarly, 47.8 per cent were unable to make a correct score as were 38.8 per cent of the Out-of-School respondents

The Mean and Median Scores for each of the sub-groups for Makete is as follows:

- > Males 1.9, 1
- > Females 0.6, 0

21. Study on the main actors for CSPD implement action at the village, ward and district levels.
  22. Children in Need of Special Protection Measures. Summary report. Suleman Sumra and
  23. Report on the evaluation of COBET materials and learners achievement in Masasi and Kisarawe COBET centers. John Massawe, Beniel Seka, Catherine
  24. Child development policy. Ministry of community development Women affairs and children Dar Es Salaam
  25. Priority social action programme. University Press
  26. Community development policy. Ministry of community development, woman affairs and children
  27. Beyond inequalities Women in Tanzania. Tanzania gender networking programme (TGNP)
  28. The national programme of action: Achieving the goals for Tanzania children by the year 2000. By the national coordinating committee for child survival, protection and development (NCC/CSPD0
  29. Ideas for action based on the national rainwater-harvesting workshop held in Dodoma, 26-29 November 1995. UNICEF  
Child in need of special protection measures as a **summary report and the all book**
  30. A study on knowledge, attitudes and practices with a gender perspective in twelve selected districts. Dr. A.G. Nkhoma-
  31. Baseline survey on factors that may inhibit or facilitate behavior change among out of school youths (10-18 years) with regard to HIV/AIDS in two rural districts (Musoma and Kisarawe) Tanzania
  32. UNICEF Training review for 1992-1996 country programme: Analytical report and recommendations. Ms. Hidayah
  33. Child survival development programme. Field-survey evaluation of CSDP conducted in Tanga region by Mimosa
  34. Empowering communities for development
  35. "We will never go back". Social mobilization in the child survival and development programme in the United Republic of Tanzania.
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## APPENDICES

- Appendix 1:** List of Interviewees
- Appendix 2:** Old Structure of IPC
- Appendix 3:** Proposed New Structure of IPC

**TABLE XVII: PERCENT DISTRIBUTION OF RESPONDENTS WHO SCORED THE CONDOM STATEMENTS, BY GENDER AND SCHOOLING STATUS FOR EACH DISTRICT**

STATEMENTS	MTWARA						MAKETE					
	Gender			Schooling Status			Gender			Schooling Status		
	M	F	Total	In School	Out of School	Total	M	F	Total	In School	Out of School	Total
I	72.1	36.4	45.9	70.3	57.5	47.6	18.2	22.9	58.9	32.1		
II	47.2	21.3	30.1	43.8	36.6	36.7	12.8	15.7	48.6	24.1		
III	42.6	19.3	24.9	42.1	33.1	25.6	7.2	10.7	30.8	15.9		
IV	63.6	26.6	37.8	60.3	48.5	35.9	12.2	14.9	48.1	23.4		
V	33.5	15.4	22.9	29.7	26.1	27.1	7.2	10.6	34.1	16.6		
VI	23.7	11.2	15.1	22.5	18.6	9.1	2.3	3.5	11.2	5.5		
VII	24.9	10.4	14.2	24.2	18.9	9.4	1.8	4.0	9.3	5.4		
N	519	357	458	418	876	395	444	625	214	839		
O SCORE	18.7	55.5	43.4	23.0	33.7	47.8	80.4	74.1	38.8	65.1		
7 SCORE	2.3	1.4	1.7	2.2	1.9	1.3	0.2	0.3	1.9	0.7		

## BOX II

### STATEMENTS ABOUT CONDOMS AND CONDOM USE

- |     |   |
|-----|---|
| I   | A condom is put on before the boy starts touching the vagina with his penis   |
| II  | A condom is put when the boy feels that he is about to ejaculate  |
| III | Proper condom use requires that the boy withdraws immediately after ejaculation, while his penis is still erect.    |
| IV  | One condom should not be used for more than one act of penetrative sex and ejaculation with one girl                |
| V   | Condoms do not deteriorate even after they have been stored for a long time.  |
| VI  | Lubricating the vagina with Vaseline lotion reduces the protective efficacy of the condoms                          |
| VII | Applying Vaseline lotion on the condom for the purpose of lubrication reduces the protective efficacy of the condom |

### KNOWLEDGE ABOUT CONTRACEPTION

Seven statements about different ways that conception can be prevented/avoided were used to assess the extent of respondents' knowledge about contraception. These were read out, and respondents were invited to indicate whether they Agreed or Disagreed with the statements. Provision was also made for a Don't Know response.

Table XVIII shows the proportion of male and female respondents, as well as those of In-School and Out-of-School respondents from the two districts who made the correct responses to each statement.

Three statements were correctly scored by more than 50 per cent of the male respondents in Mtwara: Statements I, II and VII. Only one of these statements - Statement VII, was also scored by more than half of the female respondents in Mtwara. In school respondents scored

correctly two of these statements: Statement II and VII while the Out-of-School respondents correctly scored three - I, II, VII like the male respondents.

For Makete respondents, three statements were also scored correctly more than half of the male respondents each. The statements in question are II, VI and VII. More than half of the Female respondents scored correctly only one statement: VI. In School respondents also scored only one statement: VI while their Out-of-School colleagues scored two statements: II and VII.

The Mean and Median Scores for each of the subgroups in Mtwara are:

- > Males 3.7, 4
- > Females 2.8, 3

For Makete the Mean and Median Scores were:

- > Males 2.3, 2
- > Females 1.5, 1

**TABLE XVIII: PERCENT DISTRIBUTION OF RESPONDENTS WHO SCORED THE CONTRACEPTION STATEMENTS, BY GENDER AND SCHOOLING STATUS FOR EACH DISTRICT**

STATEMENTS	MTWARA						MAKETE							
	Gender			Schooling Status			Total	Gender			Schooling Status			Total
	M	F	Total	In School	Out of School	M		F	Total	In School	Out of School			
I	72.1	40.3	46.7	72.7	59.1	41.3	19.8	23.2	49.5	29.9				
II	78.2	47.1	55.5	76.6	65.5	51.4	23.9	28.0	62.6	36.8				
III	35.6	23.8	25.3	36.8	30.8	18.7	16.0	13.4	28.5	17.3				
IV	38.3	35.3	29.5	45.5	37.1	21.5	19.4	17.3	29.4	20.4				
V	34.9	28.3	29.9	34.7	32.2	18.7	14.6	14.4	22.9	16.6				
VI	34.7	45.9	47.8	29.9	39.3	60.3	69.4	72.8	42.5	65.1				
VII	71.7	59.7	63.8	70.1	66.8	54.4	44.4	44.0	64.0	49.1				
0 SCORE	8.9	19.3	18.1	7.7	13.1	28.4	46.4	44.6	18.2	37.9				
7 SCORE	3.9	2.8	3.5	3.3	3.4	0.8	0.9	0.81	0.9	0.8				
N	519	357	458	418	876	395	444	625	214	839				



### BOX III

#### STATEMENTS ABOUT CONTRACEPTION:

- I The chances of a girl getting pregnant are reduced if the man ejaculates outside her body.
- II The chances of a girl getting pregnant are reduced if the man uses a condom
- III The chances of a girl getting pregnant are reduced if she has sexual intercourse during the first week of her period has stopped.
- IV The chances of a girl getting pregnant are reduced if she has sexual intercourse during the second and third week after her period has stopped.
- V The chances of a girl getting pregnant are reduced if she has sexual intercourse a four days before her period starts
- VI The chances of a girl getting pregnant are reduced if she has sexual intercourse during her period.
- VII Modern contraceptive methods are to be used by married women only

#### FAMILIARITY WITH HIV/AIDS AND ASSESSMENT OWN RISK FOR HIV INFECTION

At the end of the interview respondents were asked if they had, or ever had a close relative, friend or acquaintance who had HIV/AIDS.

13.8 per cent of respondents in Mtwara answered in the affirmative, as did 26.7 per cent of respondents in Makete.

Respondents were also asked to indicate the chances that they themselves might already be infected with the HIV. Five alternative responses were presented, namely:

- > No chance
- > Some chance
- > Big chance

- > Already infected
- > Do not know

Overall 11.2 per cent of Mtwara respondents selected the Some Chance or Big Chance response categories. For Makete respondents 5.7 per cent also selected the Big Chance or Some Chance responses.

It is noteworthy that 51.5 per cent of Mtwara sample selected the "Do not know response" as did 51.8 per cent of the Makete sample.

It would appear that despite the high level of involvement in high risk sexual behaviour many respondents do not make a realistic assessment of their chances of being/getting infected,

## **INDICATORS OF CHANGE:**

HIV/AIDS prevention is concerned with bringing about changes in sexual behaviour. This concern is reflected in the indicators proposed on the basis of the findings of this study. Any interventions mounted have to bring changes in the following:

### **1. Early sexual debut:**

- The mean and median age for sexual debut:
  - (i) Boys in Mtwara: 13.01, 14
  - (ii) Girls in Mtwara: 13.8, 14
  - (iii) Boys in Makete: 13.17, 14
  - (iv) Girls in Makete: 14.33, 15
  
- The percent of adolescents who had had their sexual debut before they were 18 years old:
  - (i) 96.0% of all the sexually experienced adolescents interviewed in Mtwara.
  - (ii) 95.1% of all the sexually experienced adolescents interviewed in Makete.

### **2. Age disparity between sexual partners:**

- The per cent of sexually experienced adolescents who reported having sex with older sexual partners the first time they had sex:
  - (i) Boys in Mtwara: 16.3
  - (ii) Girls in Mtwara: 33.1
  - (iii) Boys in Makete: 14.3
  - (iv) Girls in Makete: 50.0

3. **Multiple sexual partners:**

- The per cent of sexually experienced adolescents reporting more than two sexual partners during the last one month:

(i)	Boys in Mtwara:	42.6
(ii)	Girls in Mtwara:	19.2
(iii)	Boys in Makete:	10.7
(iv)	Girls in Makete:	6.1

4. **Unprotected sexual activity:**

- The percent of sexually experienced adolescents who used condoms during their most recent act of sexual intercourse:

(i)	Boys in Mtwara:	12.0
(ii)	Girls in Mtwara:	8.3
(iii)	Boys in Makete:	35.0
(iv)	Girls in Makete:	21.2

- The per cent of sexually experienced adolescents who report use of modern contraceptives during their most recent act of sexual intercourse:

(i)	Girls in Mtwara:	17.5
(ii)	Girls in Makete:	25.8

**5. Involvement in non-penetrative sex:**

- The percent of adolescents who reported different forms of non-penetrative sex:

(a) Masturbation:

(i) Boys in Mtwara: 25.6

(ii) Boys in Makete: 11.6

(b) Intercrural sex:

(i) Boys in Mtwara: 17.5

(ii) Girls in Mtwara: 9.5

(iii) Boys in Makete: 7.1

(iv) Girls in Makete: 3.2

Behaviour change, however is a process which involves many stages. Intermediate stages include changes in levels of knowledge and skills.

The study provides the basis for the following indicators which intervention will need to change:

**6. Functional knowledge about HIV/AIDS:**

- Per cent who know that one can be infected with the HIV and not show any symptoms:

(i) Boys in Mtwara: 51.4

(ii) Girls in Mtwara: 36.1

(iii) Boys in Makete: 43.3

(iv) Girls in Makete: 31.1

- Per cent who know that one does not get HIV from donating blood:
  - (i) Boys in Mtwara: 47.8
  - (ii) Girls in Mtwara: 42.3
  - (iii) Boys in Makete: 43.5
  - (iv) Girls in Makete: 30.2
  
- Per cent who know that use of condoms during sexual intercourse protects one from getting infected:
  - (i) Boys in Mtwara: 75.7
  - (ii) Girls in Mtwara: 44.3
  - (iii) Boys in Makete: 50.9
  - (iv) Girls in Makete: 25.7

**7. Functional knowledge about condoms and condom use:**

- Per cent who know when the condom should be put on:
  - (i) Boys in Mtwara: 72.1
  - (ii) Girls in Mtwara: 36.4
  - (iii) Boys in Makete: 47.6
  - (iv) Girls in Makete: 18.2
  
- Per cent who know when after ejaculation should the man withdraw:
  - (i) Boys in Mtwara: 47.2
  - (ii) Girls in Mtwara: 21.3

- (iii) Boys in Makete: 36.7
- (iv) Girls in Makete: 12.8

- Per cent who know that condoms cannot be stored indefinitely:

- (i) Boys in Mtwara: 33.5
- (ii) Girls in Mtwara: 15.4
- (iii) Boys in Makete: 27.1
- (iv) Girls in Makete: 7.2

- Per cent of adolescents who know that oil-based lubricants can spoil condoms:

- (i) Boys in Mtwara: 23.7
- (ii) Girls in Mtwara: 11.2
- (iii) Boys in Makete: 9.1
- (iv) Girls in Makete: 2.3

**8. Functional knowledge about contraception:**

- Per cent of adolescents who know that condoms also prevent contraception:

- (i) Boys in Mtwara: 78.2
- (ii) Girls in Mtwara: 47.1
- (iii) Boys in Makete: 51.4
- (iv) Girls in Makete: 23.9

It is increasingly being realised in AIDS prevention that individuals rarely make and sustain behaviour change without a supportive environment. Social values and norms, sex role stereotypes and economic factors have to be addressed in order to remove barriers which prevent individuals from making the behaviour change they might have intended to make, and to create an environment which reinforces new behavioural patterns.

The following indicators relate to some of these social environmental factors:

**9. Transactional nature of sexual relations:**

- Per cent of girls reporting that they prefer men who give money/presents:

(i) Girls in Mtwara: 68.9

(ii) Girls in Makete: 45.9

- Per cent of girls reporting that parents do not provide them with essential toiletries:

(i) Girls in Mtwara: 49.6

(ii) Girls in Makete: 21.4

**10. Use of threats and violence for obtaining sexual relations:**

- Per cent reporting use of threats to win girls:

(i) Boys in Mtwara: 20.4

(ii) Boys in Makete: 6.8



- Per cent reporting having been the victims of threats:
  - (i) Girls in Mtwara: 28.0
  - (ii) Girls in Makete: 10.6

11. **Parents' connivance at their daughters sexual activities:**

- Per cent of girls reporting that parents accept items obtained from lovers:
  - (i) Girls in Mtwara: 47.1
  - (ii) Girls in Makete: 15.3

12. **Lack of appropriate role models:**

- Per cent reporting that moral guardians and authority figures also seduce girls:
  - (i) Boys in Mtwara: 52.6
  - (ii) Boys in Makete: 34.2
  - (iii) Girls in Mtwara: 49.3
  - (iv) Girls in Makete: 25.5

13. **Adherence to the scripted refusal norm:**

- Per cent of boys reporting persistence in pursuing girls:
  - (i) Boys in Mtwara: 51.1
  - (ii) Boys in Makete: 19.5
- Per cent of girls reporting of having succumbed to advances they had rejected:
  - (i) Girls in Mtwara: 34.2
  - (ii) Girls in Makete: 12.6

## COMPLEMENTARITY OF RESEARCH METHODOLOGIES

The main feature of this study is that all the methodologies used revealed complementary findings.

The qualitative research methods used during the first phase of the study obtained reports of a high level of involvement by the adolescents in sexual behaviour. Much of the sexual behaviour is of a high risk nature both with regard to infection with sexually transmitted infections and to conception. This was collaborated by the survey results.

Sexual intercourse was reported by Key Informants to be a popular form of entertainment. Interviews with Key Informants and discussions in focus groups revealed that sexual debut is at a very early age. The tendency by the informants and discussants to make a distinction between children's sex play - which was reported to also involve penetrative sex - and proper sex by pubescent boys and girls is particularly significant. It is possible that some respondents who reported a higher age of sexual debut during the survey interview may have disregarded their earlier sexual escapades as not constituting proper sexual experience. Nevertheless the survey results collaborated the findings of the qualitative study by revealing high levels of self reported sexual behaviour, especially by boys.

Research findings obtained by all the methods used reveal that sexual intercourse is not limited to adolescents of the same age. Reports indicate that girls have sex with older boys including older men. Boys also indulge in sexual relations with older women albeit to a much less extent. It is worth noting from the survey findings that even the so called moral custodians also seduce young girls. Furthermore given what appear as a climate of tolerance if not acceptance of children as well as adolescent sexual expression, the large discrepancy in the extent of sexual activity reported by male and female respondents in the survey may only reflect the ideal rather than the reality - in which case it is at best an understatement of the extent to which girls are

involved in sexual activities.

The liberal attitudes of parents and the general society found by the qualitative methods are also reflected in the lack of meaningful forms deterrence for involvement in sexual activities especially for boys, lack of authentic sex education and hence the reliance on trial and error and peers for education in sexual matters reported in the survey.

## DISCUSSION:

This study found what appear by any standard to be high levels of involvement in sexual activities by adolescents. The extension of the scope to include low or no risk sexual activities paints a picture of unfettered preoccupation by adolescents with sex. There is reason to believe that given the lingering disapproval of such involvement some of the figures especially those relating to the involvement by girls, may actually be a gross understatement of what actually goes on.

Even though the study was carried out in rural areas its findings compare favourably with those studies carried out in the metropolis of Dar es Salaam (Leshabari 1988, Lwihula et. al. 1996).

These results have to be put in a wider context.

The situation analysis which informs WHO's reproductive health strategy for the African Region: 1998 - 2007 (WHO 1998) points the following picture:

Adolescent boys and girls in most countries of the Region become sexually active at around the age of 12 - 13 years without any preparation about sexuality and contraception. By the age of 15 years, more than a half of them have regular, often unprotected, premarital encounters leading for unintended pregnancies and unsafe abortion, acquisition of sexually transmitted infections including HIV infection. The sources of knowledge about sexuality reported by respondents in this study point to a great need for authoritative sources of scientific knowledge about the issue.

WHO's health strategy aims at strengthening the capacity of the countries to give their people reproductive health care by providing them with the information, supportive environment and health services that they need in order to have healthy sexual relationships, achieve their objectives with regard to child bearing and free themselves from reproductive tract illnesses and

diseases. This stance is in accordance with the ICPD Plan of Action on adolescent sexual and reproductive health. Unfortunately Tanzania's own strategy falls short of addressing sexual health, sexual health rights of adolescents (MOH n.d.)

The role of Jando and Unyago in sex education was found to be great in Mtwara district.

The inadequacy, if not wrong preparation about sexuality and contraception provided by this initiation ceremony has been documented (Mbunda 1991).

Jando and Unyago continue to be important mechanism for sexual initiation and the transmission of reproductive knowledge in many ethnic groups in Tanzania (Van de Walle & Franklin 1996, Ntukula 1994).

With specific reference to the practice in Mtwara, Swantz (1998) has observed that girls are initiated at a very young age - before they start school at seven years of age. She expresses the view that early initiation rites have led to early practice of sex.

Initiation introduction do not include the anatomy of conception or preparation for delivery, not any thing about children which cannot be taught to a child, even if sex is.

What is even more fundamental about this education is that the sex education imparted during the traditional puberty rites of Jando and Unyago, put great premium on the subservience of woman for the exclusive sexual satisfaction of men (Mbunda 1991). Such form of sex education is not conducive to promotion of the sexual health of women. It makes it impossible to guarantee women a safe sex life because they are at the mercy of men for whom sexual promiscuity and disregard for a women's sexual health rights appear to be the norm.

As mentioned in the methodology section, teachers were concerned about the implication of asking their pupils the sensitive questions used by the study. This concern is showed by many people and it boils down to the erroneous belief that sex education translates into sexual experimentation and sexual promiscuity by the youth. Evidence to the contrary either has not

been widely disseminated is remains incredible to those who hear it. Some of this evidence has been compiled by UNAIDS and a summary is reproduced in the Box IV.

This fear is not unique to Tanzania teachers or Tanzania moral custodians - both religions and civic leaders.

Anke Ehrhardt (1996) in an editorial in the American Journal of Public Health says that this is a common concern in America.

According to Ehrhardt the debate revolves around the question of whether it is best to do everything to suppress teenage sexual behaviour or whether one should pragmatically accept the fact that the majority of young women and men will become sexually active with a partner during the second decade of their lives. The belief persists that sex education itself will seduce adolescents into sexual activity. Consequently schools and other educational and health channels either remain silent or discuss sexuality in a context of fear and danger that leaves no alternative to sexual abstinence. In the US, increasingly, studies on adolescent sexuality are only solely a predominantly conceptualized assessed and discussed within the context of risk behaviour: risk for pregnancy, risk for STDs, and for HIV infection. "Too rarely one finds discussions of sexual feelings or behaviour as a normal aspect of human development expressed from early childhood on and intensely experienced by many young people in their teens. Positive aspects of adolescent sexuality rarely are mentioned, nor is sexual competence considered something that needs to be learned".

This study showed that even adolescents who had not had their sexual debut engaged in various forms of flirtation. The question then arises:

## BOX IV

### SEXUAL HEALTH EDUCATION TRANSLATES INTO LOWER RISK

Young people have a right to information and education that affects their health. But what impact does sexual health education have? Is it helpful, or can it be harmful?

A WHO review of programmes around the world, recently updated by UNAIDS, found that sex education does not lead to earlier or increased sexual activity, contrary to what many parents feared. The review concluded, instead, that:

- the life skills needed for responsible and safe behaviour can be learned
- good-quality educational programmes help delay first intercourse and protect sexually-active young people from HIV, STDs and pregnancy.

Anecdotal evidence, too, suggests that sex education encourages safer sexual behaviour. "When I first came to this school in 1994, we had several drop-outs from girls who fell pregnant", says Patience Ruyeko-Miengamero, a teacher at a rural school in Zimbabwe, an hour's drive from the capital Harare. "But last year following sex education programmes in 1995 we never experienced that, and for this year as yet there are no reports of pregnancies."

A separate study of an AIDS prevention programme among high school students in the Philippines found that, though there had been little impact on condom use during sex, the programme had led to a delay in the age of first sex and increased students' understanding of HIV/AIDS. The same trend towards postponement of first sexual intercourse is now being observed in Uganda and the USA.

The UNAIDS review found that effective programmes share certain features:

- they have as specific aims both delayed first intercourse and protected intercourse
- they encourage the learning of life skills (the same skills that also help build self-confidence and avoid unwanted pregnancy, sexual abuse and substance use)
- they discuss clearly the result of unprotected sex and the ways to avoid it
- they help young people "personalize" the risk through role-playing
- they reinforce group values against unsafe behaviour, both at school and in the community

ex UNAIDS (1999) P.10

Is it a matter of sheer lack of the right circumstances which prevent them from "going all the way? Some traditional societies both in Tanzania and Kenya were able to ensure that such activities remained substitutes to penetrative sex. What would it take to inculcate the kind of self control which is necessary for this form of sexual behaviour? It is the same kind of self control which is required for the correct use of condoms - withdrawal immediately after ejaculation, and of course for coitus interruptus - which appears not to be known by the sample covered, as evidenced by their reaction the contraceptive knowledge item on this subject

Schuster and his colleagues (1996) argue that "it is important, from both a public health perspective and a clinical perspective, to show whether adolescents who have not had vaginal intercourse are participating in other sexual activities.

The fact that a sizable proportion indulging in what could be seen to have been intended as foreplay to the point of orgasm actually means that even though non-penetrative sex is problematic it can be promoted and enjoyed.

How about masturbation? This study shows that though it is practiced it is largely by default.

Owenya and Thorup (1994) also report about misgivings within the communities covered by their project in Kagera. In Kagera the main feeling seems to be that it is associated with mental health problems, or that indulging in it might reduce a man's sexual performance. It is noteworthy that students reported the practice to be fairly common in schools and that it was practiced by both genders.

The point of it all is that there is need to map out the terrain of adolescent sexual expression in order to form a basis for identifying the behaviour which adolescents should be helped to abandon and those which they can adopt. Abstinence cannot be the panacea in all situations and a goal for all adolescents.



Until the emergence of AIDS the preoccupation was with adolescent pregnancy within the context of increasing duration of maidenhood and bachelorhood due to the need for teenagers to complete their schooling before getting married (Kulin 1988).

The spotlight was on the problems of young mothers, and their children, biological issues as well as the social ones - in particular lost opportunities following dropping out school due to pregnancy. This however was a blatant disregard for the plight of the larger proportion of girl children and girls generally who are not enrolled in school!

It is noteworthy that while most of the sexually experienced males reported enjoying it the first time they had sex, this was not the same with girls.

Referring to the Latin American scene Henriques-Muller & Yunes (1993) observed that few adolescents in the Latin American culture have the necessary information and emotional structure to enjoy their sexuality. Reports about first sexual experience show gender difference. Pain, love and fear are reported by female teens, while pleasure is the overwhelming feeling among male teens. The explanation given is that guilty feelings, anxiety over risking a pregnancy, and fears of the social consequence of losing one's virginity are some of the feelings at the root of the uneasiness felt by female teens.

The results of this study seems to suggest that adolescent girls do not have the ability to enjoy sexual relations without fear of infection, unwanted pregnancy or coercion.

Economic hardships or what is popularly called poverty was indicted for such of the problems girls find themselves in. But this does not mean that there is a preponderance of sugar daddies.

Much as material gain may impel some girls into sexual activity the large majority of the girls in rural areas are not the classical sugar daddy. They are partners of the same age who are equally poor and often have to resort to empty promises if not outright deception. As Leshabar

and Kaaya (1977) observed this concept is not helpful in many situations in rural areas.

The Makete situation appears to be unique - When the young men are away and those who remain are elderly, the girls may have little room for manoeuvre.

Within the Tanzanian economy the two districts appear to be relatively deprived.

Mtwara region has historically relied on cashewnut production which has dwindled over the years. It now experiences a major out migration by its youth - who now constitute a big proportion of the vendors and petty traders - the Machinga, derived from "marching guys" - in Dar es Salaam and other major towns (Mihanjo & Luanda 1998).

Makete district on the other hand has a rather diverse economic situation. Most of the district has poor agricultural soil with very small family holdings which cannot support the population. The district also experiences the out migration of its youth.

It is noteworthy that it is not early young men in Makete who migrate. Girls also move out, and go into the domestic labour markets of Dar es Salaam and other major towns.

According to Wembah - Rashid (1998) the out-migration of Mtwara people - mainly as labourers - to Sisal Estates - were not seasonal. For "... those who managed to go outside the region, either as indentured labourers or as civil servants, getting back home is a problem, either because of lack of money for the fare, or due to mere apathy. This behaviour is a logical choice for marginalized people whom they become "liberated". It is difficult for them to go back to their underdeveloped areas of origin".

The Machinga - arrive in the city, using the Lindi-Kibiti road when it is passable during the dry season, and fail to go back because of the state of the road for a good part of the year (six months).

With specific reference to the spread of the AIDS epidemic in the country one could argue that the relative isolation of Mtwara due to bad roads has been a blessing in disguise. But this

is not likely to persist much longer as the politics of the road transport to the South appear to be coming to an end.

Major highways are the main routes through which the epidemic has spread to remote areas. Highway traffic is associated with social and sexual interactions between travellers and residents of minor settlements and trade centres (O'Connor et al 1992). And if the localized epidemics which flare up in the communities in which bridge construction camps are set up is anything to go by, the opening of the Kibiti-Lindi which extends to Mtwara is likely to bring in traffic and sex.

Makete also has its share of poverty. According to HIMA (1995), the major crops cultivated are wheat and maize. Other crops are potatoes, beans, peas, pyrethrum and fruits.

Previously pyrethrum was a fairly dependable cash crop. Poor marketing discouraged villagers from growing it and its popularity declined. Coffee is grown but it is not a major cash-crop. The tapping of bamboo wine is a widespread activity, and at least in one community located near the Iringa - Mbeya highway it is a major revenue earner. As yet no thinking has gone into trying to develop this potentially lucrative local brew industry. Rather it is largely an object of official prohibition.

Most farmers only have a small area of land on which practice subsistence farming.

Many village have large numbers of female headed households because the men have migrated out of the area.

In one village surveyed by HIMA, the total population was 525 with children comprising 48.8 per cent. Women constituted and the men trailed behind as a mere 19.6 per cent.

## BOX V

### THE LOCAL SCENE OF POVERTY IN MTWARA

A description of the local scene of a community in neighbouring Lindi district which is very similar to the communities covered in Mtwara by Bernadeta Killian (1998) is as follows:

There are three categories of people: Those who own large tracts of land for coconut and cashes cultivation who make up about 10 per cent of the population. Included in group is an upper echelon of people who keep livestock - cattle, goats and sheep. Some members of this well-off group reside in town. Those who stay in the village, live in comparatively good modern houses, and they have adequate good to sustain their families, and can also afford to try other basic necessities and pay what is demanded by the school.

The second category which make up about 70 per cent are people who engage in subsistence farming, mainly concentrating on crops such as paddy, maize, cassava, groundnuts and other cereals. They live in simply constructed houses built with poles and mud and roofed with grass or coconut leaves. Members of this group suffer from food shortages especially during dry seasons. To supplement their income they engage in petty trading, selling small quantities of coconuts and coconut oil, fresh cassava, poultry, coconut wine, local beer doughnuts etc.

The third category is made up by the 20 percent of the population and are at the bitter. They own a very small patch of land, and other have no land. Many are youths, some of whom have just finished their schooling.

Members of this category do not have food at their disposal or anything to sell. They live in poorly constructed houses. they depend on selling their labour.

Community members in general regard this category as a pathological lazy bunch who have a natural aversion to agricultural work.

The majority of community members take the view that indicates of poverty on shortage of food, lack of coconut or cashew farm and engagement in wage labour.

But according to members of this category their condition results from scarcity of land, lack of implements and capital.

Some of its members are carpenters or pottery makers. The majority of the youth are engaged in making and selling charcoal.

Poor accessibility of some villages particularly during the rainy makes the marketing even of surplus food items and fruits outside the villages very difficult, hence the abject poverty of some community members.

This is the situation in which the adolescent sexual activities take place. And it is believed that the epidemic has its origin in the sporadic return of the men who must have been infected in their places of sojourn.

## **HIGHLIGHTS:**

This study sought to attain the objectives set out in the introductory section of this report.

In this section an attempt is made to synthesize the results of the study and to gauge the extent to which those objectives have been met.

## **PREVALENCE, TYPES AND PATTERN OF HIGH RISK SEXUAL BEHAVIOUR:**

Results from both qualitative studies and the social survey show that adolescents in the two districts engage in different types of high risk sexual behaviour. The pattern of involvement varies by gender with age and schooling status.

## **LEVELS OF KNOWLEDGE AND ATTITUDES, AS WELL AS USE OF METHODS FOR PREVENTING HIV/AIDS, STIs AND CONCEPTION:**

Even though this study did not tackle attitudinal issues directly both qualitative studies provide the gist of the situation among the adolescents in the two districts. There is fatalism, and hence the perception of the inevitability of infection or conception, and hence the difficulty respondents had in categorizing sexual practices as risky or not.

The study found low levels of knowledge of methods for preventing HIV/AIDS, STIs and conception, as indicated by the low average scores as well as the proportion of respondents failing to obtain a correct score on knowledge items on these issues.

As for use of the condom and contraceptive methods the findings indicate that this is very low. It is noteworthy that the use of contraceptives was found to be slightly higher than for condoms. At least in Makete it was apparent that some members of the population have succumbed to the condom bashing message by religious institution to the point of not only believing in their efficacy but in believing that they actually cause AIDS.

These findings have to be seen against the background of lack of HIV/AIDS prevention which target adolescents. Until recently primary schools were no go areas for such interventions!

#### PREVALENCE, TYPES AND PATTERN OF LOW/NO RISK SEXUAL BEHAVIOUR

Both qualitative studies and the survey show a wide variety of these forms of behaviour which range from benign and perfunctory flirtation behaviour to intercrural sex on the one hand and masturbation, both solo and mutual masturbation. The points to the possibility of promoting these forms of behaviour substitute to penetrative sex.

#### PREVAILING NORMS, BELIEFS AND CIRCUMSTANCES ASSOCIATED WITH INVOLVEMENT IN SEXUAL BEHAVIOUR:

The study found prevailing norms which support the universal double standard of inequality between sexes: Girl cannot initiate sexual relations or they do so at great risk. Girls cannot reject sexual advances without risking assault. Boys expect to give material goods which in turn give them the exclusive right to sexual satisfaction, and conversely the girl has to perform to the satisfaction of the boy or risk rejection.

Peer pressure as well as pressure from older people, including parents plays a significant part in some girls involvement in sexual activities.

The apparent liberal attitudes towards children's and adolescent sexual activities appear to provide the backdrop.

It is noteworthy that age of sexual debut is very low - regardless of whether one makes a distinction between so - called sex play by children and proper sex after reaching puberty. It is noteworthy that STD statics reviewed at the Regional Hospital in Mtwara, and at the District hospital in Makete included gonorrhoea cases in children as young as five year old!! So one

cannot assume that this was purely from child sex play.

A major factor remains to be the lack of appropriate and correct education about sex. No authoritative sources of education were cited.



## CONCLUSION:

The threat of HIV/AIDS for adolescents is real, because they are involved in high risk sexual behaviour. This study has shown the extent to which adolescents in Mtwara district and Makete district are involved in such behaviour and the types of behaviour in question. The study has also shown the nature of the situation in which such behaviour abounds.

The study has also mapped out the terrain of adolescents sexual expression in the two districts. There is no need to import into these communities forms of low/no risk sexual behaviour for the adolescents to adopt in lieu of the unprotected heterosexual penetrative sex which appear to be the major preoccupation.

In other words the study provides a basis not just for HIV/AIDS risk reduction intervention. It anticipates what colleagues have called for - interventions for healthy psychosexual development (Leshabari & Kaaya 1997), but whose importance does not appear to be widely appreciated by the Tanzanian health and education authorities. Even Family Life Education is still an elusive reality in Tanzanian schools!

## **REFERENCES:**

1. Ehrhardt, Anke A. (1996):  
"Editorial: Our View of Adolescent Sexuality - A Focus on Risk Behaviour Without the Development Context".  
American Journal of Public Health 86 (ii).
2. Green, Lawrence W. & Marshall W. Kreuter (1991):  
Health Promotion Planning. An Educational and Environmental Approach.  
Second Edition.  
Mayfield Publishing Company - Mountain View, Toronto, London
3. Henriques-Muller, Maria, & Joao Yunes (1993):  
"Adolescence: Misunderstandings and Hopes". A Elsa Gomez (ed) Gender, Women, and Health in the Americas.  
WHO/PAHO Scientific Publication No. 541 Washington.
4. HIMA: Makete District Nature Resources Conservation and Land Use Management Project (1995).  
Holistic Study. Bulongwa Division, Makete District.  
Makete
5. Kessy, A. (1996):  
Prevalence and risk factors for HIV and other STD among youth in Moshi Rural District.  
Master of Medicine Dissertation - University of Dar es Salaam.

6. Killian, Bernadeta (1998):  
 "Villagers' perception of poverty: Kineng'ene village, Lindi district": in Pekka Seppala & Bertha Koda (eds). The Making of a Periphery.  
 Mkuki na Nyota Publishers, Dar es Salaam.
7. Kulin, Howard, E. (1988):  
 "Adolescent Pregnancy in Africa: A Programmatic Focus".  
 Soc. Sci. Med. 26(7): 727-735.
8. Leshabari, M.T. (1988):  
 Factors influencing school adolescent fertility behaviour in Dar es Salaam.  
 D.Sc. Thesis. John Hopkins University, Baltimore.
9. Leshabari, M.T. & S.F. Kaaya (1997):  
 "Bridging the information gap: sexual maturity and reproductive health problems among youth in Tanzania".  
 Health Transition Review - Supplement 3 to Volume 7: 29 - 44.
10. Lwihula, G.K., K. Nyamuryekung'e & C. Hamelmann (1996):  
 Baseline survey of sexual and reproductive knowledge, perception and behaviour among school youth in Kinondoni District, Dar es Salaam.  
 Consultancy Report - AMREF, Dar es Salaam.
11. Mbunda, Fr. Daniel (1991):  
Traditional Sex Education in Tanzania. A study of 12 Ethnic Groups.  
 Margaret Sanger Center - Planned Parenthood of New York City, New York, NY.

12. Mihanjo, E.P. & N.N. Luanda (1998):  
"The south-east economic backwater and the urban floating Wamachinga" in  
Pekka Seppala & Bertha Koda - The Making of a Periphery.  
Mkuki na Nyota Publishers, Dar es Salaam.
13. Ministry of Health (a.d.):  
Strategy for reproductive health and child survival 1997 - 2001  
Dar es Salaam.
14. Muhondwa, E.P.Y. & Naomi Rutenberg (2007):  
Effects of the Vasectomy Promotion Project on Knowledge, Attitudes, And  
Behaviour Among Men in Dar es Salaam, Tanzania.  
The Population Council - New York
15. Ntukula, M. (1994):  
"The initiation rite in Z. Tumbo-Masabo & R. Liljestrom (eds) Chelewa Chelewa:  
The Dilemma of Teenage Girls.  
Scandinavian Institute of African Studies.
16. O'Connor, P., M.T. Leshabari & G. Lwihula (1992):  
Ethnographic Study of the Truck Stop Environment in Tanzania.  
Family Health International - Durham NC.
17. Owenya, F. & H. Thorup (1994):  
A participatory community based study on changes in sexual behaviours and  
effects of Health Education.  
Tanzania Red-Cross & Danish Red-Cross.

18. Schuster, Mark A., Robert M. Bell, David E. Kanouse (1996):  
"The Sexual Practices of Adolescent Virgins: Genital Sexual Activities of High School Students Who Have Never Had Vaginal Intercourse".  
American Journal of Public Health 86 (ii).
19. Swantz, Marja-Liisa (1998):  
Notes on Research on women and their strategies for sustained livelihood in Southern Tanzania! In: Pekka Seppala & Bertha Koda - The Making of a Periphery. Economic development and cultural encounters in Southern Tanzania.  
Mkuki na Nyota Publishers - Dar es Salaam.
20. TANESA (Tanzania Netherlands Project to Support HIV/AIDS Control in Mwanza Region, Tanzania (1995):  
HIV Infection and Sexual Behaviour in Four Fishing Villages on Lake Victoria, Tanzania.  
TANESA Working Paper No. 2 - Mwanza
21. UNAIDS (1998):  
A measure of success in Uganda. The value of monitoring both HIV prevalence and sexual behaviour.  
UNAIDS Case Study - Geneva.
22. UNAIDS (1999):  
Young People and HIV/AIDS  
UNAIDS Briefing Paper - Geneva
23. ICPD: UNFPA (1995):  
Population and Development: Programme of Action of the International Conference on Population and Development: Vol. 1 - New York

24. Van de Walle, Elienne & Nadra Franklin (1996):  
"Sexual initiation and the transmission of reproductive knowledge".  
Health Transition Review - Supplement 6, : 61 - 68.
25. Wembah-Rashid, J.A.R. (1998):  
"Is culture in South-Eastern Tanzania Development - Unfriendly?" In: Pekka  
Seppala & Bertha Koda - The Making of a Periphery.  
Mkuki na Nyota Publishers - Dar es Salaam.
26. WHO (1998):  
Reproductive Health. Strategy for the African Region 1998 - 2007.  
WHO Regional Office for Africa - Harare