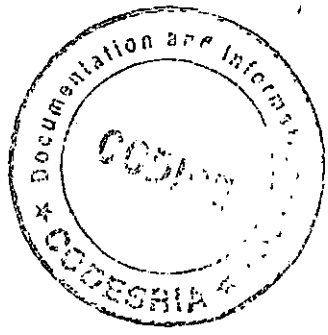
Dissertation
By Anneth Eliawony MEENA

University of Dar es Salaam

Knowledge, Use and Awareness of Reproduction Health Services among Youths: a Case Study in Secondary Schools in Dar Es Salaam Dar Es Salaam:University of Dar Es Salaam

October 2000

KNOWLEDGE, USE, AND AWARENESS OF REPRODUCTIVE HEALTH SERVICES AMONG YOUTHS A CASE STUDY IN SECONDARY SCHOOLS IN DAR ES SALAAM.

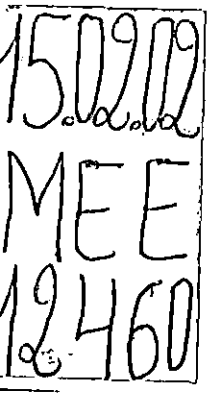


By
Anneth Eliawony Meena

Dissertation submitted in Partial Fulfillment of the requirements for the degree of Master of Arts (Demography) of the University of Dar es Salaam.

CODESRIA - LIBRARY

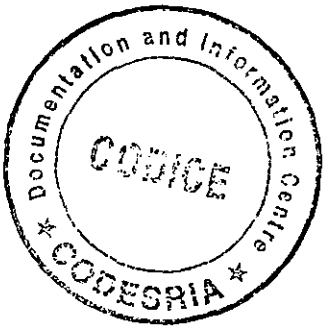
University of Dar es Salaam
October 2000.



07 MAI 2002

HJ.V2.1
ME

KNOWLEDGE, USE, AND AWARENESS OF REPRODUCTIVE HEALTH SERVICES AMONG YOUTHS
A CASE STUDY IN SECONDARY SCHOOLS IN DAR ES SALAAM.



By
Anneth Eliawony Meena

Dissertation submitted in Partial Fulfillment of the requirements for the degree of Master of Arts (Demography) of the University of Dar es Salaam.

CODESRIA - LIBRARY

University of Dar es Salaam
October 2000.

CERTIFICATION

The undersigned certifies that he has read, and hereby recommends for acceptance by the University of Dar es Salaam, the dissertation entitled: *Knowledge, Use, and Awareness of Reproductive Health Services Among Youths*, in partial fulfillment of the requirements for the degree of Master of Arts (Demography).

.....
Dr. F. J. Sichona
(SUPERVISOR)

Date: 13/10/2000

CODESRIA - LIBRARY

DECLARATION & Copyright

I, Anneth Eliawony Meena, declare that this dissertation is my original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

Signature: .....

© 2000

This dissertation is copyright material protected under the Berne Convention, the Copyright Act of 1966 and other international and national enactment's, in that behalf on intellectual property. It may not be reproduced by any means, in full or in part, except for short extracts in fair dealing, for research or private study, critical scholarly review or discourse with an acknowledgement, without written permission of the Directorate of Postgraduate Studies, on behalf of both the author and the University of Dar es Salaam.

CODESRIA - LIBRARY

ACKNOWLEDGEMENTS

I thank all the individuals and organisations that in one way or the other have contributed towards the success of this study. It is not possible to acknowledge by name all those who have influenced or helped me. I would, however, like to take this opportunity to express my special gratitude to all of them.

I am grateful to my sponsor, the United Nation's Population Fund for Population Activities (UNFPA) for its financial support throughout the whole period of my study. Also, I extend my special thanks to Council for the Development of Social Science Research in Africa the (CODESRIA) for its financial support during the period of dissertation production.

I have received valuable assistance from many people. I am grateful first to my supervisor Dr. F.J. Sichona who read and commented extensively on countless drafts. His insightful comments and criticisms have contributed to the refining of the work.

I would also like to extend my special thanks to the following lecturers for their support and advice throughout the course of study: Prof. M.C.Y. Mbago, Prof. C.L Kamuzora, Prof. S. Maghimbi, Prof. M. Mbonile, and Dr. D. Mwamfupe. Their guidance throughout the course has been invaluable.

All my colleagues in 1998/99 M.A Demography program: Anna, Deatus, Donald, Grace, Gilliard, Jacqueline, Joyce, Matovu, Mwihifadhi and Opportuna have been extremely supportive throughout the course of the study. I thank you all.

My thanks to all the members of Demographic Training Unit: Mr. R. Marombwa, Ms. Mwenda and Mr. Kibugila.

Finally I wish to express my sincere appreciation to my family. My mother Prof. Ruth Meena, for her encouragement throughout the course of study. My young brother Albert Meena deserves special thanks especially when he had to drop me off at University for the first period. It was tough but he did it. My cousin Kenneth Petro deserves special thanks as he took time to edit some of my work. Thanks so much. My young sister Ainassa Nyiti deserves special thanks, especially for those late night snacks. Thanks a lot. I am thankful to my friend Jeremia Makindara for allowing me to use his computer and printer. I wish to acknowledge with sincere gratitude the advice, comments, assistance, support and encouragement I received from all family members and friends in the process of producing this dissertation.

Their views and comments not withstanding I am finally responsible for the views and opinions expressed in this study.

CODESRIA - LIBRARY

DEDICATION

To my queen (my mother) Prof. Ruth Meena, this is for you mom.

CODESRIA - LIBRARY

ABSTRACT

This study examined the knowledge, use and awareness of reproductive health services among youths. The focus was on secondary school students and nurses from different family planning programs. In addition, the study emphasized the availability of information on sex and sexuality for youths, awareness of family planning services and finally the need for sex education. The study area was chosen to be Dar-es-salaam urban because of its heterogeneous nature. Dar-es-salaam has diversified ethnic and cultural groups that in turn influence people's behaviour, particularly youth's sexuality.

The main instruments of data collection were interview schedule using questionnaires. Other sources were informal interview, observations and documentary sources. Four secondary schools were selected that had two distinct features, namely coed schools and single sex schools. Also, three family planning programs were selected with the following features: namely local non-governmental organisation, private non-governmental organisation and government based organisation. A total of 301 students and 4 nurses were involved.

The findings revealed that young people do engage in sexual relations at a very young age. Yet most of the existing programs which are supposed to offer services to the youths are guided by the traditionalist-moral sexual ideology. The programs can not establish themselves in schools because the government has not allowed them. Thus, youths who shy away from being associated with deviant behaviour which is not approved by their parents will not be attracted to such programs.

It is therefore recommended that all the programs need to coordinate in order to achieve the very similar goal they all share.

CODESRIA - LIBRARY

TABLE OF CONTENTS

CODESRIA - LIBRARY

CODESRIA - LIBRARY

CODESRIA - LIBRARY

LIST OF TABLES

CODESRIA - LIBRARY

LIST OF MAPS

CODESRIA - LIBRARY

LIST OF APPENDICES

CODESRIA - LIBRARY

Chapter One:

INTRODUCTION

1.0 BACKGROUND TO THE PROBLEM:

Tanzania, like many African countries, has a very young population age structure. Out of the total population, 46% is below 15 years of age, resulting in a high dependency ratio of about 102. This age structure demands planning and delivering of social services which are sensitive to the needs of the young people in terms of health facilities and educational needs. And yet many of the existing plans and programs do not seem to address the specific needs and, particularly, information needs on sex and sexuality for young women and men of this nation (United Republic of Tanzania, 1996). Additionally, the young people are not actively involved in the designing of the interventions which are supposed to target them.

Youth reproductive health problems, in particular, are an area where there is paucity of information and, therefore, the nature of the health problems arising out of lack of information on sex and sexuality and their magnitude is unknown. To make matters worse, there seems to be no policies or guidelines governing sex and sexuality needs due to lack of awareness and insensitivity of the planners and key decision makers on these needs (United Republic of Tanzania, 1996).

Family Life Education was introduced in Tanzania 15 years ago with an objective of providing sex education in schools. To date, it has not been mainstreamed in the core

CODESRIA - LIBRARY

curriculum due to the public which is opinion marked by hypersensitivity and virtual hostility for sex education. When the government planned to introduce family life education in schools, for instance, members of parliament totally rejected the idea. Two positions emerged out of the debate. On the one hand, those who were supporting its introduction were arguing that Tanzanian youth are engaging in sexual activity at a very tender age, and that they have a right to be informed on its effects on their bodies. They attributed teenage pregnancy, drop out rate for girls, and sexually transmitted diseases as resulting from lack of proper sex information. Those who opposed its introduction have been taking a moralist approach by claiming that introduction of sex education will only increase promiscuity in the young and hence contribute to worsening of the moral fabric of the society. They argued that sex education is only relevant for individuals who are about to form a family. After the long debate, those who defended the inclusion of sex education won, but with a compromise on the name of the subject and the objectives. The subject was going to be called " Family Life Education" whose objective was to make Tanzanian youths aware of their cultural, social, economic and spiritual roles as responsible citizens of their communities, and to enhance the integration of family life education systematically into the Tanzanian formal as well as non-formal educational systems (Interview with Mrs. Ole Kambaine, founder of the Program). The objective of providing the young and sexually active youth with information on sex and sexuality, in order to enable them to make informed choices when they engage in sexual activity is not clearly spelt out.

CODESRIA - LIBRARY

And yet, sexually active young females are at higher risk of experiencing health complications or deaths from pregnancies and childbirth (United Nation, 1994). Also an early pregnancy, which often results in unsafe abortion, can lead to death, or school drop out. Worse still, sexually transmitted infections (STIs), including AIDS, have been threatening the lives of young people, male and female, with females carrying a higher risk of contracting such diseases. Recent data on youth sexuality and HIV/AIDS risk awareness show that HIV infection among youths in Tanzania (age 15-24 years) is on the increase (Muhimbili Medical Centre and National AIDS Control 1999). The outcome is social rejection including expulsion from school and destructive sexual relation (United Nations, 1989).

Studies and reports reveal that there is a high level of sexual activity among youths in Tanzania. Available studies reveal that 63% of the boys and 35% of the girls aged 14 years or below in primary schools were sexually active (Mabala, R. and S. R. Kamazina, 1995). Other striking findings from similar studies have shown that the level of reproductive knowledge among the youths is very low, despite the fact that they have a high level of involvement in sexual activity. Leshabari (1994), for instance, revealed that 90% of the girls did not know when, in the menstrual cycle, they could conceive. Mwateba (1997), further noted that both female and male adolescents experience some reproductive health problems which affect them psychologically, emotionally and physically, with female adolescents experiencing more reproductive health problems than male adolescents due to their biological reproductive roles.

CODESRIA - LIBRARY

Similarly, studies conducted by Mpangile and Mbunda (1992) revealed that at the age of fifteen years, about 23% of the girls have had sexual intercourse, and by the age of eighteen, 65% have had sexual intercourse. And yet, the study further noted that, among most of the girls who were sexually active only 2.9% said they ever used a modern family planning method. As a result of this, almost 60% of the young women had a child or were pregnant at the age of 19 (Bureau of Statistics: 1995: 35).

Despite the problems summarised in the preceeding sections, there seems to be very few programs that have been targeting at imparting knowledge on sex and sexuality to the young sexually active men and women in Tanzania, with a view to enabling them to make informed choices on sex and sexuality. Most of the existing programs have been focusing on fertility issues, child spacing and " family planning". Issues of safe sex, and sexuality are not part of the few existing programs which claim to be targeting youths.

Prior to formal education, the traditional societies had initiation ceremonies that differed from society to society. For example, "unyago" for women and "jando" for men was practiced among the Wamakonde and Wamasai. This practice was used as a method of passing some knowledge to the young people on issues related to sex and sexuality during puberty. In some of these ceremonies, control of pregnancies and one's sexuality was also taught (Ole Kambaine, 1989). There is very little knowledge today of what constituted traditional education on sex and sexuality. But what seems to have been carried through to date, in many cultural settings, is imparting behavioural norms to

CODESRIA - LIBRARY

daughters mainly. The norms are intended to control sexuality, rather than to give knowledge which will enable young people to practice safe sex (Harcourt, W., 1997)

With the introduction of formal education, initiation ceremonies were condemned especially by missionaries, but were never replaced in the formal education curriculum. This has created a vacuum in the development of the young generation and particularly in issues related to sex and sexuality. This is what has inspired the researcher to carry out this study which is going to focus on the problem stated below.

1.1 STATEMENT OF THE PROBLEM

This study examines what young people know about sex and sexuality in relation to their sex life. It is hypothetically assumed that the existing information on sex and sexuality is not adequate to enable young people who are sexually active to make informed choices on sex and sexuality. And that the existing strategies are not reaching the youth probably because the youths have never been part of the processes that design such strategies.

Secondly, the study will also assess the type of information which the young people have, and the various sources from which they get such information. Again, we are hypothetically assuming that the sexually active youths including those in schools do get information on sex and sexuality from sources other than the school and that such information might mislead them into practicing " unsafe sex." The rationale for conducting this study is summarised in the following section.

CODESRIA - LIBRARY

1.2 JUSTIFICATION OF THE STUDY

The increasing incidents of sexually transmitted diseases in the sexually active young people, and particularly the HIV virus which threatens the lives of a substantial number of youths, makes a study of this nature topical and relevant. There is indeed a need to educate young people with relevant information that will enable them to make informed choices on sex and sexuality during this particular period when a good percentage of the young are threatened by this killer disease.

Additionally, increasing school drop out rates for girls and its association with lack of knowledge on sex and sexuality make it necessary to provide sexually active young girls and boys with knowledge that will enable them to control their sexuality so that they are enabled to complete their schooling.

A study of this nature will therefore be a contribution to educationalists and particularly those who are designing the curriculum as they grapple with issues of mainstreaming sex education in the curriculum. It will also contribute some useful insights to policy makers and particularly those making policies which target young people in the field we are addressing.

Finally and not least, this study is a contribution to the ongoing debate on the pros and cons of mainstreaming sex education in educational programs. While we defend the need for our society to have moral standards, we argue for the right of the young people to have access to relevant information on sex and sexuality to enable them to make an

CODESRIA - LIBRARY

informed choice. We are arguing in this study that the young people have a right to know issues related to their sex and sexuality, and that denying them such knowledge is a violation of their basic human right.

It is in this context that the study intends to realise the following short term and long term objectives which are spelt out in the following section.

1.3 OBJECTIVES OF THE STUDY:

In the long run, this study is intended to contribute to a process that will facilitate mainstreaming of information on sex and sexuality in our educational programs. In the short run, however, the study will reveal some of the information gaps which exists in the existing programs, it will express the voices of the young people and hence inspire some more debates in this area as a strategy to influence policy makers and curriculum developers. This study will be guided by the following research questions.

1.4. RESEARCH QUESTIONS:

(i.) Is information on sex and sexuality available for sexually active young people who are in schools ? In what Form?

There are two scenarios which will be examined. First, whether the existing programs have information which deliberately targets youths on sex and sexuality, and whether there are any strategies targeting youths in schools. This will be done by examing secondary data, particularly program documents, and policy guidelines of the programs

CODESRIA - LIBRARY

which are being covered in this study. Discussions with principal actors in these programs will also be conducted.

(ii) The second question is whether the young people are accessing the information available. What type of information do the young people have on sex and sexuality? From what sources do they get the information? This will be done through direct interviews with the young people to have their voices and opionions on their own sex and sexuality and how they relate to the existing programs.

iii. What are the constraints and what are the opportunities for improving upon the condition of availability and accessibility? A synthesis of the major findings will enable us to summarise the problems, opportunities as a way of recommending actions to be undertaken by various stakeholders.

CODESRIA - LIBRARY

This study appreciates that some of the basic concepts which we are going to use in this study have carried different meanings, and that some of them are contested. We shall adopt our own operational definitions as provided in the section which follows.

1.5 DEFINITIONS OF CONCEPTS:

Sexuality:

Chipo (1998) has defined sexuality as a difference between the sexes, sexual character or impulses. She goes further by saying that, the young people are no longer a part of a

cultural/traditional component, but a product of cosmopolitan cities. They are collage of the present, the past and the fragments of foreign cultures.

Mwateba (1997) has defined sexuality as anyone's ability to be sexually aroused, experience sexual feelings, desire to have sex, expression of sexual interest. According to Mwateba sexuality is as part of a growing process where young people start experiencing sexual feelings, sexual expressions, and desire to have sex. One's sexuality is therefore related to the total process of growing up and engaging in sexual activities. This author considers sexuality as part of being human. Mwateba's definition is adopted as an operational definition.

Reproductive Health:

This study considers reproductive health as the state of complete physical, mental and social well-being in matters concerned with reproduction. It is not limited to merely the absence of disease. Reproductive health therefore implies that, people are able to have a statisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Reproductive health involves reproductive rights.

Reproductive Rights:

In this study the concept of reproductive rights will be used to mean the recognition of the right of an individual or couple to make an informed choice on when to relate

CODESRIA - LIBRARY

sexually, when to be pregnant and the number of children to have. It therefore entails getting information which enhances ones control over his/her sexuality.

Youth:

Is an age category between 14-18 years of age. This is the official legal definition adopted in the Tanzanian context.

Adolescence:

The WHO definition of adolescence, "the Progression from appearance of secondary sex characteristics (puberty) to sexual and reproductive maturity; development of adult mental processes and adult identity; transition from total socioeconomic dependence to relative independence" will be adopted. The age included, is the age group 10-19.

Family Life Education:

In this study, the definition of IPPF will be adopted. IPPF (1985) has defined Family Life Education as: "an educational process designed to assist young people in their physical, social, emotional, and moral development as they prepare for adulthood, marriage, parenthood, and aging as well as their social relationships in the social-cultural context of family and society".

1.6 STRUCTURE OF THE STUDY:

This report consists of five chapters: Chapter One defines the problem and its background. Also in this chapter basic concepts are operationalised, and research

CODESRIA - LIBRARY

questions are provided. This is followed by a review of existing literature. Chapter Three describes the study area as well as methodology. Data analysis is done in Chapter Four in which the major findings are discussed. A summary of the major conclusions and recommendations is included in chapter five.

CODESRIA - LIBRARY

Chapter Two:

LITERATURE REVIEW

2.0 INTRODUCTION

A review of the conventional demographic and family planning literature illustrates that the population field has neglected sexuality, gender roles and relationships, particularly on the youth. Instead, focus has largely been on outcomes such as contraceptive efficacy, unwanted pregnancy and recently, STIs and HIV/AIDS infection. Similarly, health and education policies and programs in most countries have rarely dealt with sexuality and have understood very little about youth sex and sexuality. Overall, population and health policies and programs continue to be rooted in and reinforce the existing sex ideologies that exclude youths from programs that intend to impart sex education. The following section will summarise the debates on sex and sexuality and information needs for youths in Tanzania. Four main ideological positions are summarised.

CODESRIA - LIBRARY

2.1 Medical sexual Ideology:

Brigit and Mlangwa (1997) identify four approaches to the studies on sex and sexuality namely medical, traditionalist-moral, socialisation and feminist sexual ideologies. Medical sexual ideology is the approach which has been focusing on the medical implications of teenage and youth sexuality. Such studies include those which have been focusing on age of sexual activity and implications on health, teenage pregnancy, induced abortions and health of the young mothers (Mbunda and Mpangile: 1992, Bureau of Statistics (1993) Demographic Survey 1991/1992, Leshabari *et al*: 1994).

Roemer and Paxman (1985), argue that many countries have based some of their policies, laws and regulations on sex education on this approach of medical sexual ideology. Laws of marriage, rape and teenage pregnancy are mainly related to medical sexual ideology.

Bertrand, Magnani, and Rutenberg, (1996) argue that sex education in the southern countries has been focusing on female adolescents because young women have to be equipped with the necessary information on issues related to sex and sexuality in order to prevent risk factors resulting from early pregnancy, and attempt of abortion. This ignores the very fact that some of the male adolescents might be responsible for teenage pregnancies, and hence will have to be equipped with similar information that will enable them to control their sexual behaviour. These authors further argue that "population education" and "family life education" projects have generally been promoting norms of "responsible parenthood" within marriage and abstinence outside it. Conventional education projects rarely, if ever, provide information on sexual feelings, attitudes, and behavior or on gender roles and expectations, nor do they refer young people to contraceptive and other reproductive health services (Hawkins, K and B. Meshesha, 1994). The authors further argue that many governments which base their programs on the medical sexual ideology are not likely to make any bold moves to provide sexuality and health education to individuals throughout the school system unless there are other compelling reasons for sex education, such as population pressures or increases in sexuality and fertility-related health problems among adolescents. Activists have been persuading governments to incorporate sex education by using the AIDS data to demonstrate how lack of sex education will affect the economy, and

CODESRIA - LIBRARY

the health of the population in general. The 1999 World AIDS campaign which was directed at awareness raising insisted that education about healthy sexuality is important to the young people (UNICEF/UNDP, 1999).

There are very few countries, in Southern African countries, which have adolescent programs targeting at meeting the reproductive health needs of unmarried young women who do not feel comfortable using the same services as older, mostly married women. This focus is particularly appropriate where adolescents become sexually active at a relatively early age and or marriage is postponed for educational or other purposes. Also, most adolescent programs where they exist are still in their infancy. They reach relatively small segments of the population, often limited to the major urban area(s) of the country (Bertrand, J.T., Magnani, R.J. and N. Rutenberg, 1996).

In Tanzania for instance, reproductive health services provided by non-governemental organisations such as UMATI and Marie Stopes Tanzania have proved to be more adolescent-friendly than services provided in public sector facilities. However, these interventions are typically concentrated in urban centers, especially in Dar-es-salaam, due to limited capacity and resources (United Republic of Tanzania, 1997).

Hawkins, and Meshesha (1994) state that the failure of parents and social institutions to provide information on sexuality and services that enable young people to protect themselves from harm and to develop the foundations for health, satisfaction, and

CODESRIA - LIBRARY

responsible sexuality and reproduction, not only leaves them at high risk, but also contravenes basic principles of human rights.

Additionally, Brigit and Mlangwa (1997) argue that the medical sexual ideology has a tendency to de-contexualise adolescent sexuality and teenage pregnancy and to reduce them to a mere health problem which can be technically solved through technical know how. It ignores the social cultural context while viewing women as objects whose fertility has to be controlled. Additionally, the medical sexual ideology ignores the emotional and psychological effects of sex and sexuality, and excludes young boys and young sexually active men from the analysis and interventions.

Germain, Nowrojee, and. Pyne (1994) argue that there are some beliefs and practices regarding women's bodies and sexuality which have important health consequences. Beliefs that women should not know about sexuality can result in high risk of STIs, unwanted pregnancies, and inability or reluctance to seek health care. Single women and adolescents may not approach family planning services for fear of being stigmatised.

URT (1995) on the other hand, further argues that appropriate services for young people are seriously lacking in many countries owing to controversy, ignorance and lack of recognition of the serious health consequences that affect millions of sexually active young people. The author further claims that the future of reproductive health and population stabilization will depend on today's adolescents. Adolescents make up the most undeserved segment of the population globally. The current population data indicates that there are more than one

CODESRIA - LIBRARY

billion young people between the age of 10-19, possibly the largest cohort of teenagers ever on the planet (URT, 1995). This underscores the need to provide the young with appropriate information on sex and sexuality because of the health implications. Parents and adults have to face the fact that adolescents have sexual relationships which affects their health. The reluctance of parents to teach their children about sex and sexuality quite often makes youths more enthusiastic about their sexuality which leads to getting STIs, early pregnancy and so forth (IPPF, 1994).

2.2 Traditionalist-moral Sexual Ideology:

Related to the medical sexual ideology is the " traditionalist-moral sexual ideology". This is the position which many parents take with regard to sex education. It is based on the fear of the power of knowledge. Too much information, it is assumed, will lead to sexual activity of the young people when they are not yet ready for the procreation role (IPPF, 1994). In 1984 for instance, members of parliament in Tanzania rejected the government plan to introduce family life education (FLE) in schools on moral grounds. The Members of parliament argued that sex education in schools will only increase " immoral" behaviour among the youth who were then presumed not to be ready for sexual activity (Brigit, O. and S. Mlangwa, 1997). The fact that some elderly men were engaged in sexual relations with very young and uninformed girls was ignored.

FLE has been used as a path through which youths in schools are taught about issues related to sexuality and responsible parenthood. Furthermore the model of FLE in Tanzania is more Biology related; it does not teach clearly on issues related to sex and sexuality. Instead

CODESRIA - LIBRARY

it includes human reproduction; regulating technology and its role in the process of family formation; the role of the family in the development of the individual and the society at large; the rights and obligations of the individual to society; health and sanitation, environment, laws and customs related to marriages, status of men and women in society etc. (United Republic of Tanzania, 1997). Mbunda, D. (1991) argues that Family Life Education in Tanzania is guided by a moralist approach to sex and sexuality. Similarly, Hawkins, and Meshasha (1994) support the statement, that population education and family life education projects have generally ignored sexuality and gender relations. They have, instead, been promoting norms of "responsible parenthood" within marriage and abstinence outside it. Conventional education projects rarely, if ever, do not provide information on sexual feelings, attitudes, and behaviour or on gender roles and expectations, nor do they refer young people to contraceptives and other reproductive health services. In other words these programs have taken a moralist approach.

Dixon-Muller, (1993) argues that programs for youths are constrained by moralists and hence take a medical approach. The author points out that, the design and implementation of programs for youths in many countries have been severely constrained by the norms of parents, educators, religious leaders, family planning professionals, policy makers, and politicians. In addressing adolescent sexuality, conventional population and family planning programs have, for the most part, limited their focus to the consequences of unprotected sex, especially teenage pregnancy. Tanzania is no exception. The Tanzania National Population Policy of 1997 takes a similar stand, that is, a moralist and medical approach. It identifies youths as a special group, which should be given priority. Among other measures outlined

CODESRIA - LIBRARY

in the population policy, is the provision of information and public education on responsible parenthood as well as on the consequences of both unplanned families and adolescent pregnancies (United Republic of Tanzania, 1997). With regard to what the population policy has identified, no firm move has been made. The policy in itself ignores the fact that, these youths need information on sex and sexuality. The policy should clearly define the special requirements for the so-called "special group" that does not get the special attention it deserves. Instead of the policy concentrating on population reduction, it should realize the root cause of the high population increase, one of which being lack of proper sex education among youths.

Therefore, moralists emphasize responsible parenthood, and sex is only conceived in terms of procreation. The focus on youths is on abstaining from sexual activity until age of marriage. The strategy employed is to deny them knowledge and information on sex and sexuality. Many religious teachings take the moralist position. The problem with this approach is the denial of the fact that youths engage in sex, and that they experiment with their sexuality at a very tender age. Denying them appropriate knowledge and information will only worsen the problems resulting from lack of information.

CODESRIA - LIBRARY

2.3 The Feminist Sexual Ideology:

The feminist sexual ideology considers sex and sexuality as a social construction which defines power relationships between men and women and between various socially defined groups. This approach emphasizes the power relationship between adult men and adult women. They argue that men tend to control women's sexual behaviour through imposing

norms and practices that intend to control women's sexuality. Genital mutilation is cited by feminists as one of the strategies which is utilised to control women's sexuality.

Zinaga(1996) argues that heterosexuality is constructed as a symbol of male power over women, while male sexuality is viewed as the norm and as the premise of female sexuality. She goes further by saying that the concept of sexuality for women is centered on the notion of being a "good woman", i.e. "good women are not supposed to have control over their sexuality", neither are they expected to discuss issues relating to sexuality. On the contrary, Germain, Nowrojee and Pyne (1994) argue that other beliefs and practices regarding women's bodies and sexuality also have important health consequences. Beliefs that women should not know about sexuality can result in high risk of STIs, unwanted pregnancy, and inability or reluctance to seek health care. Single women and adolescents may not approach family planning services for fear of being seen as sexually active or being refused the service. Therefore, Ramazonoglu(1989), in conjunction with Wearing(1986), argue that many intervention strategies, including the family planning programs, aim at controlling female sexuality.

Macfadden(1992), defines sexuality as the socio-cultural construction of sex, shaped and defined by the physical, language and social character of each society. Feminists have been calling upon and demanding for empowerment of women on their reproductive health. This was illustrated well during the Cairo Population and Development Conference in 1994.

CODESRIA - LIBRARY

The problem with this approach is that it tends to over emphasize the power relationship between adult men and adult women, and consider men as the problem. The power of socialisation, which is done by men and women, is not problematised. They fail to acknowledge that it is adult women who socialise girls into sex and sexuality images which dis-empower the young girls.

In many of our traditional settings, age is a very important variable which defines one's social position. Elderly women do decide what and how much information should be imparted to young girls and boys. On sex and sexuality, it is the elderly women who impart all the myths, taboos, and fears revolving around sex and sexuality. Women are considered as the moral custodian of our culture including those cultural aspects, which make it difficult for young women to control their sexuality. In other words, to some extent elderly women do exert a lot of control on young girls' sexuality, and one form of such control is through denying them information on sex and sexuality, through instilling some fear on sex, and through selecting what should be imparted.

The second problem with feminist sexual ideology is their inability to analyse the problems which young men face as they relate with older men and women in terms of sex and sexuality. In some of the traditional initiation ceremonies which demanded young men to demonstrate masculinity through killing an animal like a lion, for example, the Masai, might have had a very traumatising effect on the emotional development of men. Most of the existing programs which focuses on girls particularly on issues related to pregnancy, fail to capture the crisis which young men face during the process of physical maturity without

CODESRIA - LIBRARY

adequate information on how to control their sexual and emotional feelings resulting from physical changes. Such information gap might lead to some of the problems discussed in the first chapter such as experimenting with sexuality with younger girls or with younger boys.

2.4 Socialization Sexual Ideology:

In this approach, Germain, Nowrojee, and Pyne (1994), argue that socialization into sexuality and gender roles begins early in the family and community, and is reinforced by basic social institutions, the mass media and other factors. Confusion and double standards exist for male and female sexual behaviour under which boys are expected to be sexually aggressive and girls to be both chaste and sexually appealing. While women are expected to be submissive, they are also held responsible for sexual interaction. They are the ones expelled from schools for pregnancy, or publicly shamed for "loose" behavior.

The proponents of the socialisation sexual ideology mainly focus on the processes of differential socialisation which takes place during different stages of one's life cycle. The debate revolves around the best timing for sex education, the best strategies for each age category, and methods. The argument here is that, one has to examine specific needs of different age groups in different contexts and design a curriculum that addresses such needs. Like traditional moralists, they do fear that too much information at a tender age has a potential of leading to promiscuity among the young, but unlike the moral traditionalists, they do support incorporation of sex education in the school curriculum with some caution. Dixon-Muller (1993) argues that, without appropriate and effective programs for sexuality

CODESRIA - LIBRARY

and gender education, and without access to family planning and other reproductive health services, young people will remain at risk and, further, will be unprepared as parents to assist their children in coping with this most intimate and complex aspect of human life. While Muller emphasises the need to incorporate family life education in the school curriculum Muller does insist on the need to have special programs which will reach the youths who are out of school. The role of peer group influence is emphasised since learning does not take place in the class or in the school environment alone. Most of the negative and some of the positive messages on sex and sexuality are learnt and unlearnt out of the school environment as well.

The problem with the socialisation sexual ideology is that it does not capture the dynamics of the power relationships which influence sexual behaviour and in a way affect the content of information which is constructed by society as being relevant to the younger generation, the amount of that knowledge and the strategies of imparting such knowledge. Given the diverse ways and ideological orientation which scholars have attempted in studying issues of sex and sexuality among the young generation, and given the strength and the weaknesses of such approaches, we tend to agree with Mbunda, D. (1991) claims that there is no single ideology which can sufficiently explain this problem focus. The traditionalists for instance have a case which cannot be totally rejected when they argue that information can lead young people into experimenting with their sexuality when they are not biologically ready, and this can affect them negatively. We have argued, even though this argument is valid, it should not be taken as a means of totally denying the young people with a right to be informed about their sex and sexuality.

CODESRIA - LIBRARY

The medical sexual ideology has a very powerful message which can act as a great pressure on the governments which have resisted incorporating sex education in their core curriculum. But we have argued that this should not be the only reason why governments should act, because it means that when such medical reasons are absolute, there will be no reason to incorporate sex education in the curriculum. It is being argued in this study that sex education is a right in its own case, with or without medical justification.

The feminists on the other hand, have a very strong case, that sex and sexuality are socially constructed and in this social construction, women's sexual rights get to be more abused than those of men. Nevertheless, feminists have tended to reduce the complex problem of power relations into male /female power relationship. They ignore the age as an instrument which creates hierarchies and how such hierarchies are being used by women to control the sexual behaviour of young women. Young men's sexual rights are ignored by feminists.

The socialisation approach does give us some useful insights of various information needs for different age categories on sex and sexuality. But it fails to capture the dynamics of power relationships between the different age groups and across different social groups.

From the review of the literature, the three sexual ideologies namely, medical, feminist and socialization show that there is a high level of sexual activities among the youths and yet their level of knowledge on reproduction is very low. In all of these approaches, lack of information on sex and sexuality has been identified as the main cause of the problems.

CODESRIA - LIBRARY

Also the existing programs are either not adolescent friendly especially the public sector ones and when they are adolescent friendly like the non-governmental ogranisations, they are either concentrated in urban areas only especially in Dar-es-salaam. In addition the socialisation sexual ideology takes a more cautious approach in terms of making such knowledge accessible. The debate is on the best timing for sex education and the role of various agents of transmitting such knowledge. Contrary to that is the traditionalist-moral sexual ideology, which sees too much information on sexuality to youths is dangerous, for it will lead to immoral behaviour. For them, age is an important variable, that such information is useful to an older age category which is ready for procreation. This ideology has guided many of the religious teachings, and FLE. Many parents and guardians have taken this stand, even when they know very well that their youths do engage in sexual activities.

The current problems are:

a) Young boys and girls engage is sexual activities earlier than their parents think.
b) Sex Education is not imparted to the youths early enough, and yet the youths know more than the parents think.
c) Reproductive Health services are not provided to the youths at the right time.
d) Type of information to be imparted and sources of such information is still a problem.

Therefore, there is no single approach which will provide a solution to the mentioned problems. I do share with the medical approach on the danger of lack of information on the health and the risks involved. This researcher, however, does not see the existing programs to be the only solution. We shall therefore consider the schooling system as an agent of

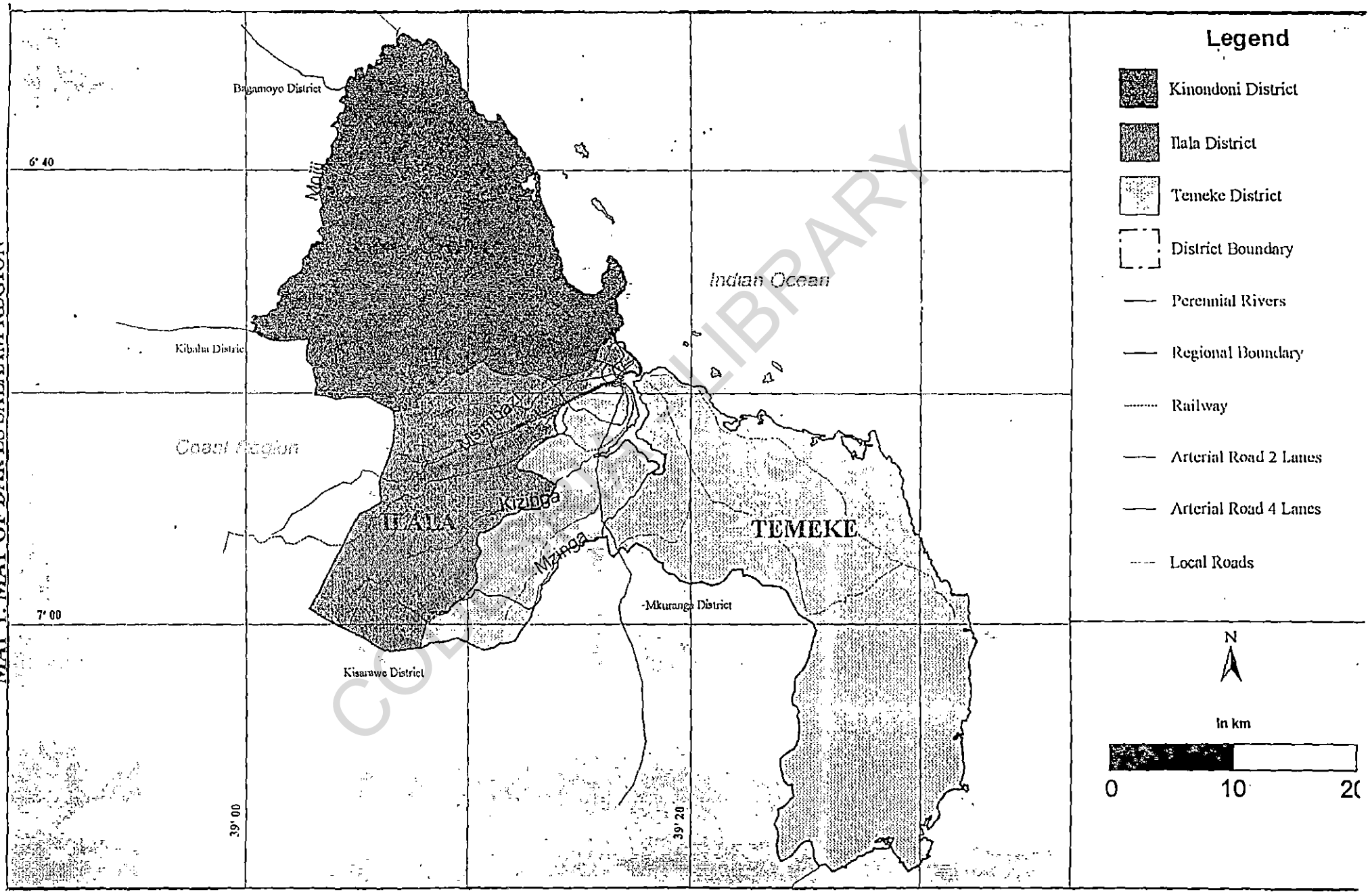
CODESRIA - LIBRARY

socialisation which can potentially provide relevant information and create awareness among the youths in schools.

Therefore, this study has been guided by feminist thinking on issues of sex and sexuality, as well as both the medical sexual ideology and the socialisation ideology. The medical sexual ideology justifies the undertaking of this study when a good number of the young and sexually active women and men, who are also in the prime years of their productive ages, are having their lives threatened due to unsafe sexual practices. We combine this with the socialisation approach which informs us about the various forces which constructs sex and sexuality. This framework has guided our methodology and data analysis resulting from the process. The following chapter is a review of the area of study which also discusses methods and techniques employed in sampling, data collection and analysis.

CODESRIA - LIBRARY

MAP 1: MAP OF DAR ES SALAAM REGION



COPYRIGHT LIBRARY

River; and varies between 5 and 8 kms in width to the southeast where the relief is more irregular and gradually merges into the more elevated headwaters of the Mzinga River. Lakes and ponds are scattered throughout this landform where rich clay soils and zero gradient impede natural drainage. Generally speaking a 3m layer of poorly graded white buff sand overlies sandy clays of varying permeability in highly variable sequences. The seaward fringe of the plain is generally formed by raised coral reef limestone.

(iii) Rivers originating from the Pugu Hills in the east dissect the Coastal Plain in a series of steep sided U-shaped valleys, culminating in creeks and mangrove swamps before entering the Indian Ocean. Indeed Dar-es-salaam's harbour, penetrating almost 10kms inland along the Kizinga and Mzinga Creeks forms the principal topographical feature of the region. These valley soils are generally poorly drained silt clays enriched with organic matter.

(iv) The deeply dissected Pugu Hills, which bound the city region to the west, average 100 to 200 m above sea level rising to some 330 m at some points. They are characterised by steep weathered slopes and well drained unconsolidated gravelly clay-bound sands. Occasional outcrops of raised coral limestone also occur around Wazo-Kunduchi.

Thus part of the city is contained within a lowland area with inlet penetrating almost 10-kilometers inland fed by Kizinga and Mzinga creeks (Konsult, 1989:1), thus providing a natural shelter for sea going vessels. This feature gives the city a natural harbour. It is

CODESRIA - LIBRARY

also characterised by a relatively flat coastal plain varying from 2 to 10 kilometers wide with hills to the west. These are low hills to the north observation hill (wazo).

3.1.2 The Climate Of The Study Area:

The climate of Dar-Es-salaam is generally influenced by a South-East Monsoon which is dominant from April to October and the North East Monsoon prevails from November to March (Konsult, 1989:2). The region has a tropical coastal climate with a mean annual temperature of 26 ^{0} and an average humidity of 96% in the morning and 67% in the afternoon (SDP, 1982:2). The average annual rainfall is about 1000mm with two peak rainfall periods, namely the "Vuli" (short rains) season with storms of limited duration during November to December providing on average 75 to 100 mm per month; and the "Masika" (long rains) season lasting from March to May where monthly averages of 150 to 300 mm can be expected. The period of June to October is dry. Therefore the potential evaporation is generally greater than rainfall with only the three months of the "long rains" having a rainfall surplus (Sustainable Development Program, 1982:2 & United Republic of Tanzania: Dar es Salaam Regional Statistical Abstract 1993). However, rainfall may occur also during the dry season.

CODESRIA - LIBRARY

Both temperatures and humidity are high. The air temperature is closely related to the sea water temperatures, cooler from July to September than during the rest of the year. Temperature drops at night and may occasionally reach 13^{0} at dawn (Konsult, 1989:2). The rainy seasons are the most humid periods, where maximum humidity occurs around dawn and minimum humidity is in the afternoon (Konsult, 1989:2).

A land breeze develops at night; a sea breeze sets in on most days during the afternoon. Mean wind speed is 2 knots, reaching 3-4 knots in the afternoon of the second half of the year. Storms are rare (Ministry of water, 1989).

3.1.3 Demographic And Socio-Economic Characteristics:

Dar-es-salaam is the most densely populated region in Tanzania mainland. According to the regional profile Dar-es-salaam, it had a population of 1,360,850 in 1988 (Bureau of Statistics, Regional Profile, 1992), while the total population of the country was 23.2 million. This comprises 5.9% of the National population. As shown in Table3.1, Kinondoni district had 627,416, Ilala had 331,663 and Temeke 401,786, making Kinondoni the most populous district and Ilala the least populous district in the region. However, Ilala is the most densely populated district followed by Kinondoni district as Table 3.1 shows.

CODESRIA - LIBRARY

Table 3.1 Population distribution by Districts:

DISTRICTS	POPULATION' 88	LAND AREA (SQ.KM)	POPULATION DENSITY
Kinondoni	627,416	527	1.191
Ilala	331,663	210	1.579
Temeke	401,786	656	612
Total	1,360,865		

Source: Bureau of Statistics: Dar es Salaam Regional Statistical Abstract 1993 & Population Census: Regional profile 1992.

Table 3.2 shows that almost 40% of the Tanzanian population constitute children and teenagers (Bureau of Statistics, Regional Profile 1992:17). This is an indicator of rapid and unchecked population growth in developing countries. High youth dependency

increases the requirements for household consumption at the expenses of savings (Mtatifikolo, 1990:11). This condition usually leads to the dependency problem, which is one of the current social problems in Tanzania (Kamuzora, 1990).

Table 3.2 Population Distribution by Age:

AGE GROUP	MALES (%)	FEMALES (%)
0-14	35.8	39.5
15-64	62.1	58.3
65+	2.1	2.2
Total	100.0	100.0

Source: Population Census: Regional Profile, 1992:2

During this century, Dar-es-salaam developed into a center of administration and trade, and after independence, it became the capital of the country. Although now the central government functions will hopefully move to Dodoma, Dar-es-salaam remains the main national harbour, the principal industrial, commercial and educational center. This economic strength has attracted Tanzanians from all over the country to the city (Darkoh, 1990). In addition, Dar-es-salaam city has a well-improved infrastructure, institutions, improved health services, education and recreation centers and good communication links with other regions. Again, this attracts migrants from different parts of Tanzania.

The city has several functions. As a political town, the city has been a capital of the region as well as the former capital of the country. As a social center, the city has educational institutions including institutions of higher learning like the University of Dar es salaam and its affiliated colleges, the Institute of Finance management, health services and numerous recreational places including night clubs, tourist hotels, as well as sports

CODESRIA - LIBRARY

grounds. As an economic center, it has the major port on the Indian Ocean, industries ranging from food processing to chemical industries. It is also a transportation terminal for the sea, air, rail and roads within and beyond the borders. It is the main gate into and out of the country, which has attracted a lot of people from its hinterland and beyond the national borders as well.

3.1.4 THE REPRODUCTIVE PROGRAMS:

3.1.4.1 UMATI

UMATI stands for "Chama cha Uzazi na Malezi Bora Tanzania" i.e. The Family Planning Association of Tanzania. This is the oldest family planning service in the country. When it started, it was considered as radical since the prevailing ideology was very conservative. It only catered for married women and certain contraceptives could only be given under permission of husbands. The government controlled its activities very closely. The emphasis was on child spacing and not fertility control. During this time it could not expand its services to youths both in or out of school. Development trends, particularly the fast population growth, forced the government to loosen up and allow UMATI to expand its services to include unmarried women, with a focus on controlling fertility. This is what made it possible for the establishment of a youth centre in 1986.

The youth centre however, was not intended to provide educational facilities to all the youths. It was essentially catering for young girls who had unfortunately fallen victims to early pregnancies, and hence forced to terminate their schooling and were therefore not

CODESRIA - LIBRARY

welcome in their respective homes. UMATI was supposed to provide them with space and services to enable them complete their schooling and counsel their respective families to take them back home. In addition, the centre was to enable the young mothers to escape the repeated pregnancies. This orientation continued until 1998 when the centre was converted into a multi purpose project catering for all youth.

3.1.4.2 Marie Stopes Tanzania:

Marie Stopès started its services in 1989 as Population Health Services. In 1996 Population Health Services was changed to Marie Stopes Tanzania (MST). It provided a wide range of services for various target groups on the basis of a one-stop clinic "supermarket approach", without losing its focus on family planning. This approach attracts many women, men and youths in need of family planning at the same time meeting their other health needs. Currently Marie Stopes is operating 14 clinics and only one is a youth center.

Although it has been in operation for over the period of about nine years, it was not until 1998 that the youth program was introduced. The program is still in its infancy, and includes one youth centre in Iringa region. The Youth and Adolescents Reproductive Health programme components are counseling, advocacy for reproductive rights to the young people, IEC and education on sexuality, Peer group counseling, Services and Recreational activities.

CODESRIA - LIBRARY

Ideologically, Marie Stopes is more progressive in approaching issues of sex and sexuality. It is not as controlled by government as UMATI, even though the government keeps an eye on its activities particularly sterialization services. It had a very difficult time to establish itself in Zanzibar (personal communication, 1998).

3.1.4.3 Family Planning Unit:

The Family Planning Unit coordinates all agencies and ministries involved in family planning. The mission of the National Family Planning Unit is to provide, promote and expand safe, effective and high quality family planning services to individuals and couples. By 1994 about 87% of all the public health facilities provided MCH services. It is recognised however by the Family Planning Unit that socio-cultural considerations limit adolescents' accessibility to appropriate and timely information. The reproductive health needs of adolescents, though recognised, have still to receive the attention they deserves. Health workers in the public sector health facilities tend to deny counseling and family planning services to adolescents on the basis of age or marital status (URT &UNFPA, 1996).

CODESRIA - LIBRARY

The Family Planning Unit has successfully advertised itself, but still does not cater for the youths. It is basically concentrating on safe motherhood, and is available in each of the public hospitals that are spread throughout the country. There is therefore a potential for the family planning unit to offer services to the youths, since it has facilities throughout the country. It only needs to change its approach of traditionalist-moral sexual ideology which argues that youths should be denied information on sex and

sexuality. These public services have been accused of denying the youths services on the basis of both their ages and marital status (United Republic of Tanzania, 1997).

3.2 RESEARCH DESIGN (METHODOLOGY):

This study was conducted between July and October 1998. The work schedule is in the appendix of this report. Included in the sample were secondary school students from selected secondary schools namely Jangwani, Azania, Shabaan Roberts and Mzizima; The main target was be students in Forms Two to Four. Also nurses from respective family planning programs namely UMATI, Marie Stopes and the Family Planning Unit were included. The schools selected had distinctive features namely government schools, private schools as well as mixed and single sex schools. Below are the descriptions of the various stages, which the researcher went through in conducting this study.

3.3 RESEARCH PERMITS:

A letter of introduction from the vice-chancellor of the UDSM was obtained as a prerequisite for obtaining other letters of introduction at the regional and district levels. This letter was later presented to the Regional Development Director (RDD) at the regional headquarters at Ilala. The RDD introduced the researcher to the District Administrator of the two sampled districts, namely Ilala and Kinondoni. The district administrators wrote letters to the headmasters and headmistresses of respective secondary schools, namely Azania, Jangwani, Shabaan Robert and Mzizima. Other letters were addressed to the offices of family planning programs, namely, UMATI,

CODESRIA - LIBRARY

Marie Stopes and the Family Planning Unit, from each of which two clinics were selected. Letters of introduction were also written to be presented at these clinics.

3.4 SAMPLE DESIGN AND SAMPLING PROCEDURE:

3.4.1 Selection of the Study area:

The city of Dar-es-salaam was chosen to be the research area for the following reasons:

(a) Dar-es-salaam city is heterogeneous in terms of ethnic and cultural groups residing in the city, which include the Asians, Arabs as well as the Africans. These different cultures influence people's behaviour, particularly youth's sex and sexuality.

(b) The city has a well-developed physical and social infrastructure that facilitates accessibility of information which in turn has an influence on the traditional culture.

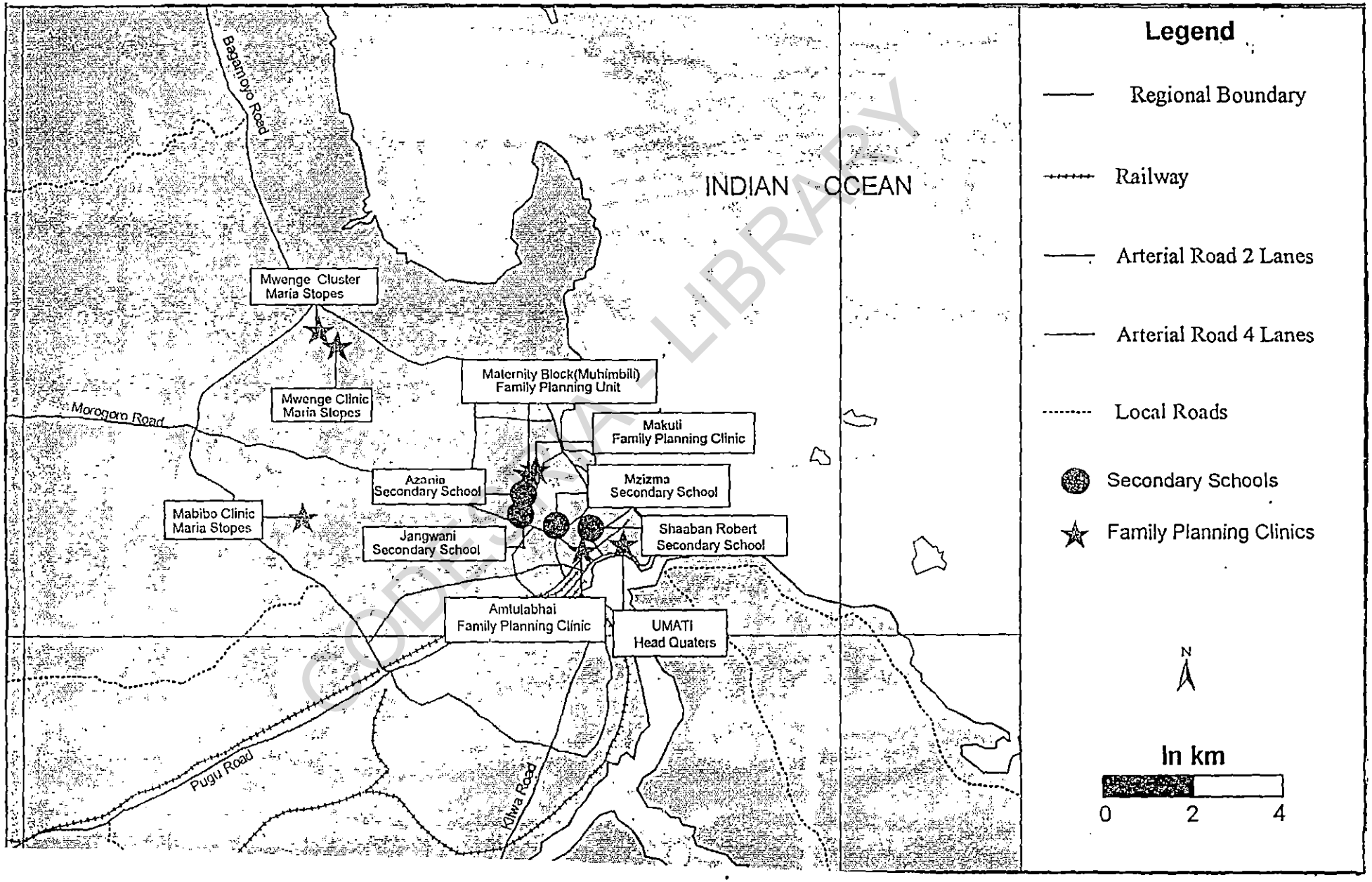
(c) Dar-es-salaam consists of three districts namely Kinondoni, Ilala and Temeke. Two districts were purposely selected namely Kinondoni and Ilala because they have well-established secondary schools as well as Family Planning Programs. For instance, the government based Family Planning Unit and UMATI headquarters are in Ilala district whereas the Marie Stopes administrative office, known as Mwenge cluster is in Kinondoni district.

CODESRIA - LIBRARY

3.4.2 Sample Selection:

As stated earlier, the target population for this study was the students in Forms Two to Four from the secondary schools. The study attempted to assess information on youth's sexuality as impacted by the existing Family Planning Programs. Nurses from Family

MAP 2: LOCATION OF STUDY AREA IN DAR-ES-SALAAM REGIONS



CODESRIA - LIBRARY

Planning Programs were part of the target population as they are necessary in the provision of information on the available services for youths.

Four schools were purposely selected with the following characteristics: single sex schools and coed schools. These characteristics were intermediate variables that could, in one way or the other, have an influence on youths' sexuality. Therefore the type of schools can have an influence on students' sexual behaviour depending on whether it is a single sex or coed school. The students in coed schools are more likely to be able to interact well with friends of opposite sex than those from single sex schools, that in turn could influence sexual behaviour accordingly. Furthermore, the selected schools were within the same proximity, which enabled easy mobility for the researcher (see map 2). Also, these schools were among the oldest schools in the city.

3.4.3 Sampling Procedure:

One distinctive feature guided the procedure for sampling, namely sex. For this reason, random sampling on sex was applied in each school. Given the amount of time left to collect data and analysis, I was only able to interview about 301 students.

In single sex secondary schools namely Azania and Jangwani, a list of students was obtained in each form from which the sample was drawn. From each list, twenty five students were randomly selected. At Jangwani for instance, there were 313 students in Form II, 317 in Form Three and 275 in Form Four. Thus from each form a sample of 25

CODESRIA - LIBRARY

School			
Shabaan Robert Secondary School	33	37	23.3
Total	152	147	100.0

NB.[1]

3.5 SOURCES OF DATA:

The main instruments of data collection were interview schedule using questionnaires. Other sources were informal interviews and observations. In the field, data was collected through interviews which were conducted using the two types of questionnaires: one for students and the other for family planning nurses. The questionnaires had 47 coded and 20 open-ended questions respectively.

A total of 301 students were interviewed from the selected schools. There were 76 students from Azania, 75 from Jangwani, 78 from Mzizima and 70 from Shabaan Robert. The sample provided 147 male students and 152 female students. The questionnaire administered to the students was divided into seven main parts: personal information, background information, sexually related awareness, reproductive knowledge and reproductive rights. Similarly there were four nurses from the reproductive health clinics. Two nurses were from Marie Stopes clinics namely, Mwenge clinic and Mabibo clinic, the other two were from UMATI clinics namely, Makuti clinic in MMC and Amtullabhai Clinic at Mnazi Mmoja. The study area was within the districts of Kinondoni and Ilala, hence the clinics visited were within the mentioned districts. Additionally, in each clinic

[1] 12 respondents were recorded as missing observation as they did not identify their schools

CODESRIA - LIBRARY

visited, the nurse in-charge of the program was able to provide the information concerning the provision of the services to the youths. Thus two nurses were interviewed from each program with the exception of Family Planning Unit at MMC. Since the Family Planning Unit in MMC clearly stated that they did not offer services for youth, the researcher was therefore advised to visit the Makuti in the same compound which was under UMATI. The key people namely, the person in-charge of the youth center under UMATI and the person in-charge of programs under Marie Stopes, were also included in the sample. They explained the constraints faced by most of these services, and how these services have improved to be more adolescent friendly, especially the non-governmental ones. The information that was obtained from these respective reproductive health services was used to complement the information gained from the nurses about the reproductive health services.

During the process of data collection some problems came up as discussed in the following section.

3.6 SCOPE OF ANALYSIS:

For a broader generalisation, this study would have required large empirical data. For instance, it would have been of interest to carry out a comparative study between the rural and urban areas. Because of the financial constraints, the research was carried out in the urban area only. Also, the schools were selected purposely to allow easy mobility and, therefore to minimise transport costs.

CODESRIA - LIBRARY

Finally, it took about two weeks to process the permission letters at the district office. This was because the responsible officer had gone away and there was no one else to replace him. This meant spending some of the field time at the Ilala district office in following up the the letters of introduction. Meanwhile, the school timetables were going on as usual.

3.7 PROBLEMS ENCOUNTERED IN THE FIELD:

This study, like any other survey, encountered some problems while in the field. These were mock/terminal examinations, reluctance from the school administration, technical problems and limited time.

3.7.1 Mock/terminal Examinations:

By the time the letters of introduction were sought at the district level, it was in mid August. This was a very busy period for schools. For instance, Form Fours were preparing for the mock examinations while the rest were preparing for the terminal examinations. It was difficult to get hold of the Form Fours. At Azania secondary school, it was decided to interview Form Twos and Threes first. The school was revisited after the midterm holidays when the Form Fours were interviewed. Similarly at Shabaan Robert secondary school, the teachers failed to administer questionnaires to Form Fours on first attempt. Later after the midterm break the questionnaires were administered to the Form Fours. The process was time consuming and yet, the researcher was pressed for time.

CODESRIA - LIBRARY

3.7.2 Reluctance from School Administration:

The administration of Shabaan Roberts secondary school, was not very comfortable with the topic. Actually the topic was considered to be too sensitive for the researcher to administer to the sampled students. The researcher was seen as a youngster, thus could not deal with such a sensitive topic. However, it was later decided by the administration that selected teachers administer the questionnaires to the sampled students.

Consequently, some students failed to understand some of the questions, as the questionnaire was in English. Students who were battling with the language had hard time in filling in the questionnaires. This was resolved as explained on the section on practical solutions.

3.7.3 Sampling Problems:

The sample provided in this study may not be representative and therefore, the conclusion that may be drawn out will apply only to the schools from which the data were collected.

3.7.4 Technical Problems:

In some instances students failed to understand certain words used in both questions 21 and 22. Also question 37 gave some problems in understanding. There was a need to translate of the questionnaires, especially those that were administered at Shabaan Robert secondary school.

CODESRIA - LIBRARY

3.7.5 Practical Solutions:

After the first few days in the field, it was observed that some questions were not applicable to the respondents, therefore were discarded. Also new codes were introduced as the process continued. In addition, more questionnaires (about 100) were given to Shabaan Robert secondary schools as a process of minimizing error. Additionally, the questionnaires were scrutinized before processing them, the ones that were found to have some of the technical problems were discarded and the rest were processed. Finally new ways of asking questions were introduced as more skills were acquired, especially in dealing with shy students. All the work was done in the field and the survey continued.

3.8 DATA PROCESSING:

Usually data collected in most surveys especially in developing countries is subjected to various errors. For example, errors may originate right from the designing of the questions, mis-reporting especially on age as well as misinterpretation of questions. Thus before coding and data entry, editing was done to scrutinize the data gathered especially the one collected from Shabaan Robert secondary school.

The Statistical Package for Social Scientists (SPSS) was used to process the raw data. Different tables were produced including frequency tables as well as cross tabulation for both univariate and bivariate analysis. Furthermore, the data was subjected to more statistical analysis such as Chi-Square tests to determine the degree of association between independent and dependent variables.

Following this chapter is Chapter Four that shows data analysis.

CODESRIA - LIBRARY

Chapter Four:

RESEARCH FINDINGS

4.0 INTRODUCTION:

In this chapter we are going to analyse the data from the field survey. The first section of the chapter is a description of the characteristics of the respondents in this survey. Variables included: Age, sex, name of the school, educational status of the respondents, recreational activities, consumption of alcohol and age at first intercourse. The variables mentioned are independent variables. Thus these independent variables influence youths' sexuality. This means that the independent variables directly influence the youths' sexuality. The independent variables constitute the characteristics of the sample surveyed and how they influence dependent variables.

The first research question was availability and use of information on sex and sexuality for youths. In this question, we studied three existing family planning programs which claim to be delivering such services to youth. These programs include UMATI, Marie Stopes and Family Planning Program Unit.

The second research question was knowledge and information which youths had on sex and sexuality and influencing factors. Therefore in this question, we analysed the data collected from the interviews with youths from our sample survey. This section will also provide cross tabulation and chi square test which will be followed by a brief discussion.

CODESRIA - LIBRARY

The final question was consequences of lack of information. In this section we synthesized responses from youths, nurses and some few adults. First we wanted to know whether the youths were aware of the consequences of unsafe sex, and what measures or precautions they were taking. Then we also wanted to get the views and opinions of some of the personnel who work on the programs.

4.1 Characteristics of Our Respondents:

The following table is a summary of the discussed characteristics:

Table 4.1 Frequency distribution of the Characteristics of the respondents:

VARIABLE NAME	NUMBER OF STUDENTS	PERCENT	CUMMULATIVE PCT.
NAME OF SCHOOL			
Azania (single sex school)	76	25.3	25.3
Jangwani (single sex school)	75	25.0	50.7
Mzizima (coed school)	78	26.0	76.7
Shabaan Robert (coed school)	70	23.3	100.0
Missing	2	-	100.0
Total	**301**	**100.0**	**100.0**
SEX			
Female	152	50.8	50.8
Male	147	49.2	100.0
Missing Variables	2	-	100.0
Total	**301**	**100.0**	**100.0**
ALCOHOLIC PREFERENCE			

CODESRIA - LIBRARY

Does not drink	263	87.7	87.7
Drinks	37	12.3	100.0
Missing	1	-	-
Total	301	100.0	100.0
Place of Alcohol consumption			
Drinks at Parents home	19	51.4	51.4
Drinks at Friend's home	6	16.2	67.6
Drinks at Bar/pub/club	12	32.4	100.0
Subtotal	37	100.0	
RECREATIONAL ACTIVITY			
Dance	14	4.7	4.7
Television	70	23.5	28.2
Visiting friends/ Relative	51	17.1	45.3
Sports	85	28.5	73.8
Reading novel/magazines	30	10.1	83.9
All of the above	48	16.1	100.0
Missing	3	-	100.0
Total	301	100.0	100.0
AGE AT FIRST INTERCOURSE			
Never had sex before	223	74.3	74.3
5-10	8	2.7	77.0
11-14	11	3.7	80.7
15-19	58	19.3	100.0

CODESRIA - LIBRARY

Missing	1	-	100.0
Total	301	100.0	100.0
FORMS			
Form II	93	31.0	31.0
Form III	106	35.3	66.3
Form IV	101	33.7	100.0
Missing	1	-	100.0
Total	**301**	**100.0**	**100.0**
AGE OF THE RESPONDENTS			
14-16	143	47.7	47.7
17-18	132	44.0	91.7
19-20	20	6.7	98.4
21-22	3	1.0	99.4
22-24	2	0.6	100:0
Missing	1	-	100.0
TOTAL	**301**	**100.0**	**100.0**

CODESRIA - LIBRARY

Table 4.1 summarises the major characteristics of our respondents. As discussed in Chapter Three, the respondents were selected from four schools, that is, Azania, Jangwani, Mzizima and Shabaan Robert. These schools were classified as single sex or coed schools. Both Azania and Jangwani were government schools with Azania being a boys' school while Jangwani was a girls' school. Both Mzizima and Shabaan Robert were private and coed schools. A total of 301 students were interviewed out of whic

25% came from Azania, 25% came from Jangwani, 26% from Mzizima and 23% from Shabaan Robert Secondary School.

The students interviewed were in Forms II, III and IV as shown in Table 4.1. The selection of forms was done from the results of a similar study carried out in Bagamoyo District in the Coast Region as a pilot study. The sample consisted of 31%, Form II's, 35% form III's and 34% form IV's.

The students interviewed were between 14 and 24 years old. In order to minimize the errors due to age mis-reporting, date of birth as well as age of respondent were asked separately. Later the ages were grouped as shown in Table 4.1.

The majority of the respondents were between 14 and 18 years of age with 48% and 44% in age groups 14-16 and 17-18; respectively. This can be explained in reference to the education system of Tanzania. As a result of the universal primary education, the school age was established at 7 to 8 years of age. Hence, students complete primary schools at the age of 13 or 14 years old. This is considered as a delicate age as some of the young people tend to experiment with their sexuality at this age. We asked respondents to state the age when they first had their sexual intercourse. Among the respondents about 19% had their first intercourse when they were between 15-19 years of age and 4% had their first intercourse between 11-14 years of age and finally 3% had their intercourse between 5-10 years of age. See Table 4.1 for more statistical breakdown. It is obvious that the youths start sexual activity at a very early age, a fact which parents do not want to face.

CODESRIA - LIBRARY

This survey shows that among the sexually active respondents, some had their first intercourse while at secondary school age (15-19 years old). Many traditionalist-moral sexual ideologists argue that too much information will lead to immoral behaviour including early sexual activities. Although these school age youths do not have proper sex education and yet they have had sexual intercourse.

The researcher was intending to have equal representation of both girls and boys. In the field, 51% of the sample were female students and the rest were male students. Table 4.1 displays the sex distribution of the respondents. The views of both sexes are important. Most of the literature and interventions for youths tend to focus on females due to pregnancy, early child bearing and the health risks associated with early child bearing. We have suggested that both males and females have the right to information access because young men do also carry the risk of sexually transmitted diseases while experimenting with their sexuality.

The students involved in this study were mainly day scholars. This means that the majority of students were still living with their parents or guardians. One would assume that living with parents at this age might influence the level of knowledge and awareness, of these young people on sex and sexuality. Parents would be considered as one possible source of information which youths need.

We probed into certain characteristics which we presumed might have affected either their level of knowledge and awareness, or influenced their sexual behaviour. The first

CODESRIA - LIBRARY

was consumption of alcohol. Our concern here is that if youths have already started to consume alcohol, they will be more likely to engage in deviant behaviour one of which being sexual activity. As illustrated in Table 4.1, the majority of the students interviewed did not consume alcohol. About 88% of the respondents did not take alcoholic drinks, whereas only 12% of them consumed alcohol. Of the 12% who consume alcohol, 51% consumed the alcohol at home, 16% at friends' place and 32% either at a bar or pub or club. Consumption of alcohol, especially outside home, could encourage dangerous behavior. For instance both young girls and boys might find themselves into sexual activities without any protection, which would leave the girls in trouble in most cases. Also both parties would be subjected to the danger of contracting STIs including HIV. UNFPA (1997) and Germain, Nowrojee and Pyne (1994) point out that it is the young women of school age who suffer the most; as a result, when they get pregnant, they are forced out of school.

The other variable which we probed into was recreational activities in which respondents were involved. We consider recreational activities as being very important in general development of young people. Sports, in particular do divert the energies of young people from dangerous behaviours including those which might lead them into practicing unsafe sex.

Recreational activities are very important in general development. Parents or guardians can control how their children spend their leisure time. Children are allowed to participate in recreational activities depending on the parents' or guardian's position on

CODESRIA - LIBRARY

that particular activity. Table 4.1 reveals that out of the students interviewed, 29% preferred sports as part of their recreational activities. Also, about 24% preferred watching television, 17% preferred visiting friends or relatives and only 5% preferred dancing. This could be because more parents allowed their children to do sports, watching television at home probably and also visiting friends and relatives, bearing in mind that other mentioned places could do more harm to their children's behaviour. We also know that television has both positive educational messages, and negative messages, particularly the type of films which attract young people. If this becomes the only source of information on sex and sexuality, then it is likely to have a negative impact on youths' sex and sexuality.

A few youths (about 5%) admit that dancing is a preferred recreational activity. Attending dance is usually at night and could encourage deviant behaviors, as these places attract people with different characters. Only a few proportion of youths go for dances perhaps because parents or guardians would not allow their children to attend such activities. Kapinga (1988) has pointed out that young girls are even more vulnerable. For instance, girls attending dances often find themselves dancing with male partners and many boys even influence them to engage in sexual activities resulting into not only early pregnancy but also contracting STIs like AIDS.

This sample constitutes the young people between age groups 14-16 and 17-18 years of age with 48% and 44% respectively. This is the age of puberty during which the young ones need education on their sexuality. This information will be helpful to the youths as

CODESRIA - LIBRARY

it might lead to healthy sex life. In other words lack of this information might result in early pregnancy and complications resulting from early pregnancy, attempt of abortion and STIs including AIDS. Many authors including Leshabari, Mpangile, Kaaya,. and Kihwele (1994) and Mabala and Kamazima (1995) support the above argument by saying that youths start sexual activities at a tender age and hence there is need of proper sex education in schools. We also observe that youths do engage in recreational activities which make them vulnerable to unsafe sex. Given such characteristics, it goes without saying that the information on sex and sexuality for youths is a matter of necessity. This is what has guided us into the first research question.

4.2 Is information on Sex and Sexuality for Youth Available:

In this section we wanted to find out whether the existing formal institutions which claim to be providing such services are also catering for the youths who are in school. As already discussed in the previous sections, the school core curriculum does not have a subject which will provide all youths with such information. Family Life Education has been on pilot and has not yet been incorporated into the core curriculum, and it is based on the traditionalist-moral sexual ideology. Even where it is being piloted, the content does not include such things as sexual feeling, attitudes and behaviour or on gender roles. Furthermore, they do not teach young people where to get contraceptives and other reproductive health services. In addition, Mbunda, D. (1991) argues that Family Life Education in Tanzania is guided by the traditionalist-moral sexual ideology. Therefore if the core curriculum is not catering for the needs, what are the alternatives? We examined three programs: UMATI, Marie Stopes and Family Planning Unit. The information

CODESRIA - LIBRARY

provided by the nurses and the key people from the respective programs was used in this analysis.

4.2.0 General Observations from the Programs:

UMATI youth center has been able to demonstrate the problem of young mothers, as it has involved children, parents and the community. It has also tried to demonstrate that pregnancy and STIs among youths can be prevented or reduced if these youths are exposed to information on sexuality and reproductive health. For this reason, the UMATI Youth Center has been awarded several international awards for its outstanding achievement including the 1995 UNESCO award. However, UMATI failed to replicate similar projects throughout the country. It has been totally depending on donors. From 1997 there were no more funds from donors due to alarming donor fatigue. UMATI needs to re-define its policy and its strategies so that it can come up with more sustainable projects.

Due to lack of funds UMATI clinics are under-staffed. For instance the Amtullabhai clinic had only two nurses out of which one was trained for youths. It was observed that there is need to have special days for youths. However, this can only be achieved when there are enough funds. The existing outreach programs can only be sustained if the involved peer counselors are supported by some allowance.

Similarly Marie Stopes had problems of funds and also core activities will not attract youths who shy away from being associated with deviant behaviour which is not

CODESRIA - LIBRARY

approved by their parents. The youth peer counseling has the potential to offer services to their fellow youths, but at the present moment the program of peer counselors is still on a small scale. Marie Stopes, like UMATI, is constrained with cultural ideologies within the parents that scare youths to the extent of not wanting to visit the clinics. Also these programs can not establish themselves in schools, because they have not been allowed by the government. The programs could have been the best avenue through which youths sexuality and reproductive needs could be achieved.

The government Family Planning Program also cannot reach out to the youths due to its orientation and bias towards married women and men. Given these limitations, we wondered as to whether youths do have any information at all concerning sex and sexuality and what could have been the possible sources of such information. This is what has guided us into our second research question:

4.3.0 Are the Youths Aware of Family Planning Services?

First some variables such as name of school, sex, age of the respondents were used in relation to sexual activity. In this case, schools were categorized according to single sex schools and coed schools. Therefore sexual activity was assessed accordingly.

Under this question, we wanted to test the existence of any association between *sexually active* and *knowledge of menstrual cycle, awareness of family planning services, attendance of family planning clinics, contraceptive use* and *knowledge of days on which a woman could conceive*. In other words, we wanted to know whether the sexually active

CODESRIA - LIBRARY

youths were aware of family planning services, and whether they were willing to attend the family planning clinics and also if they were aware of the consequences of unsafe sex.

Finally these variables were tested for association using chi-square tests.

4.3.1 Sexually Active Respondents in relation to School, Age and Sex:

In Tanzania, reproductive health services provided by the non-governmental organisations such as UMATI and Marie Stopes have proven to be more adolescent-friendly than services provided by public sector facilities (United Republic of Tanzania, 1997). This report further points out that young people in Tanzania have had sexual relationship by the time they are 15 years old. Despite their early sexual encounter, adolescents have little knowledge on reproductive health issues, and neither are there mechanisms in the public sector to provide them with counseling and family planning services. Table 4.2 shows the findings of the study.

In this study the schools were categorised as single sex namely Jangwani and Azania Secondary Schools and coed namely Mzizima and Shabaan Robert Secondary schools. This study shows that students from Azania secondary school lead in sexual activity with about 51% of them being sexually active. Following Azania was Jangwani Secondary School with about 21% of respondents being sexually active. Finally both Shabaan Robert and Mzizima had the least percentage of sexually active students (13% and 15% respectively).

CODESRIA - LIBRARY

Therefore, Azania was leading in sexual activities followed by Jangwani. Both of these schools are single sex schools with Azania being boys' and Jangwani being girls' schools. From this study, it shows that young males were more sexually active than their female counterparts. Furthermore, the study shows that both Shabaan Robert and Mzizima Secondary Schools had the least percentage of sexual activity (13% and 15% respectively). Both of these schools were coed schools. This may be because either both sexes could relate without necessarily having to engage in sexual activities or the schools were stricter compared with the single sex schools.

CODESRIA - LIBRARY

Table 4.2: Percentage of respondents showing sexual activity in relation to type of schools, sex and their ages:

NAME OF SCHOOLS	SEXUALLY ACTIVE	NOT SEXUALLY ACTIVE
Azania Secondary School	50.7 (38)	16.7 (36)
Jangwani Secondary School	21.3 (16)	27.3 (59)
Mzizima Secondary School	14.7 (11)	31.0 (67)
Shabaan Robert Sec. School	13.3 (10)	25.0 (54)
TOTAL	**100 (75)**	**100 (216)**
SEX		
Female	23.7 (18)	60.6 (131)
Male	76.3 (58)	39.4 (85)
TOTAL	**100 (76)**	**100 (216)**
AGE		
14-16	21.1 (16)	58.3 (126)

17-18	60.5 (46)	37.5 (81)
19-20	13.2 (10)	4.2 (9)
21-22	3.9 (3)	-
23-24	1.3 (1)	-
TOTAL	100 (76)	100 (216)

SOURCE: Survey of Secondary Schools in Dar-es-salaam, 1998.

This study shows that male students are more sexually active than females. More specifically, 76% of the male and 24% of the female students were found to be sexually active. This study further reveals that sexual activities among secondary school students start slowly between age 14 and 16 years in which 21% of them become sexually active. By the time they reach the age of 17 to 18 years, 61% of them become sexually active. The proportion of sexually active students drops down in age group 19-20 from 13% to 4% in age group 21-22 years old and finally to only 1% in age group 23-24 years old. Thus, the majority of the sexually active respondents were between 17-18 years of age.

Other studies have given similar results. For example, in the study carried out in Tanzania, it was observed that youths do start sexual activity at a very tender age (Mabala and Kamazina, 1995). The study shows that there is high level of sexual activity among youths in Tanzania whereby about 63% of boys and 35% of girls aged 14 years and below were said to be sexually active. These results show that the assumption that youths do not engage in sex is wrong. This means that denying the youths with information because we do not want them to be sexually active, is no longer valid. Denying them information on sex simply worsens the situation as these youths engage in sexual

CODESRIA - LIBRARY

activities with very minimal knowledge. This could lead to early pregnancies for girls, contracting STIs and in some worst cases contracting HIV/AIDS. The girls are the mostly affected as they have to face the humiliation, rejection and expulsion from schools.

In testing the association between variables, chi-square tests are used, where several questions are put forward. The questions help in making conclusions at 5% level of significance.

Whether being sexually active is independent of:

(i) Name of schools;

(ii) Sex of respondents;

(iii) Age of respondents.

See Table 4.2(a) for the summary of the tests. Following the tests are the conclusions for each question, whether to accept the independence or not. In other words to test whether there is association between variables or not by either accepting the independence or rejecting the independence of variables related.

CODESRIA - LIBRARY

Table 4.2 (a) Chi-Square Tests on Respondents who are sexually active in relation to type of schools, sex and their ages:

CHI SQUARE TEST	VALUE	DEGREE OF FREEDOM	SIGNIFICANCE
NAME OF SCHOOL			
Pearson	35.07849	3	0.00000
From the table $\chi^2_{0.005,3}$	12.84		
$\chi^2_{0.005,3}$	12.84 < 35.07849		
SEX			
Pearson	30.73862	1	0.00000
From the table $\chi^2_{0.005,1}$	7.88		
$\chi^2_{0.005,1}$	7.88 < 30.73862		
AGE			
Pearson	41.27414	4	0.00000
From the table $\chi^2_{0.005,4}$	14.86		
$\chi^2_{0.005,4}$	14.86 < 41.27414		

CODESRIA - LIBRARY

(i.) The question that being sexually active is independent of the name of school, is not accepted as Table 4.2(a) shows. We conclude that the two variables are related and we say that whether a young person is sexually active or not depends on the school s/he comes from. This means that the sexually active youths are

more likely to be coming from single sex schools than coed schools. See Table 4.2 and 4.2(a).

(ii.) Being sexually active is not independent of sex. In this case we conclude that two variables are not independent. How sexually active a young person is, depends on whether they are male or female. This study shows that male youths are more sexually active than female youths.

(iii.) Finally the question on independence of the sexually active respondent in relation to age is rejected. We conclude that the two variables are not independent. The age of secondary school youth dictates how sexually active the youth is. This study shows that by the time the youths are in their final year of secondary school, more than half are already sexually active. See Table 4.2.

4.3.2 Sexually Active Respondents in relation to Awareness and Use of Family Planning Clinics:

It is important for the youths to get the right information about contraceptive use. It is even more important when these youths use these family planning services to obtain the methods because it is through the clinics that the clients get the right knowledge. Furthermore, IPPF (1994) points out that, adolescents who do not have proper access to accurate information and services may resort to ineffective or harmful home remedies. Pharmacies are a good source of supply for contraceptives, but inexperienced adolescents need information and counseling too.

CODESRIA - LIBRARY

In this study, respondents were also asked to state whether they would be willing to attend family planning services if made available. Table 4.3 illustrates the findings of this study. This study suggests that 57% of the sexually active respondents were willing to attend the family planning programs whereas about 23% of the respondents who were not sexually active were willing to attend family planning programs. Furthermore, 38% of the sexually active respondents were not willing to attend the family planning clinics compared to 58% of those who were not sexually active. Finally, 5% of the sexually active respondents and 19% of the respondents who were not sexually active were uncertain about attending family planning services.

Generally the willingness to attend family planning clinics among the sexually active was relatively higher compared to those who were not sexually active as depicted in Table 4.3. In general, therefore, youths were willing to attend family planning clinics if appropriate arrangements were made.

Additionally, the study shows that about 54% of the sexually active and 41% of the not sexually active respondents were aware of the family planning services available for youths. Only 34% of sexually active and 51% of not sexually active respondents were not aware of the family planning services available for youths. Finally about 12% of the sexually active and 8% of the not sexually active respondents were not sure if there were any services for youths in the family planning programs. Generally the awareness was slightly higher among the sexually active respondents than on respondents that were not

CODESRIA - LIBRARY

sexually active. This may be because the family planning staff could not visit schools so as to enhance the awareness of the existing programs to all the youths at school.

On the use of contraceptives, this study shows that, among sexually active respondents about 51% were using contraceptives whereas 49% of these sexually active respondents were not using any form of contraceptives. It shows that youths engage in unsafe sex and therefore 49% of the sexually active respondents were exposed to the risks of contracting STI's including HIV/AIDS, early pregnancies and therefore dropping out of school.

Table 4.3 Percentage of respondents showing sexual activity in relation to reproductive knowledge, use and awareness of family planning services:

WILLINGNESS OF ATTENDING FP CLINICS	**SEXUALLY ACTIVE**	**NOT SEXUALLY ACTIVE**
Yes	56.8 (21)	23.3 (21)
No	37.8 (14)	57.8 (52)
Uncertain	5.4 (2)	18.9 (17)
TOTAL	**100 (37)**	**100 (90)**
AWARENESS OF FP SERVICES		
Yes	53.3 (35)	41.3 (81)
No	33.8 (22)	50.5 (99)
Uncertain	12.2 (8)	8.1 (16)
TOTAL	**99.8 (55)**	**99.9 (196)**
CONTRACEPTIVE USE		

CODESRIA - LIBRARY

Yes	51.4 (37)	1.5 (1)
No	48.6 (35)	98.5 (64)
TOTAL	**100 (72)**	**100 (65)**
KNOWLEDGE OF WOMAN'S MENSTRUAL CYCLE		
Yes	58.1 (43)	46.7 (98)
No	21.6 (16)	13.8 (29)
Uncertain	20.4 (15)	39.6 (83)
TOTAL	**100 (74)**	**100 (216)**
DAYS ON WHICH A WOMAN COULD CONCEIVE		
During her period	16.1 (9)	11.2 (14)
Right after her period	25.0 (14)	16.0 (20)
In the middle of her cycle	17.9 (10)	34.4 (43)
Just before her period	19.6 (11)	6.4 (8)
Others	5.4 (3)	8 (10)
Do not know	16.1 (9)	24.0 (30)
TOTAL	**100 (56)**	**100 (125)**

Source: Survey in Dar-es-salaam Secondary Schools, 1998.

CODESRIA - LIBRARY

Also since some of the contraceptives were available in some ordinary shops as well as in pharmacies, youths find no need to look for family planning clinics. As pointed out in URT, (1997) and Germain, A *et al*, (1994), parents or guardians often do not allow adolescents to have access to reproductive health services. Attending clinics is seen as

encouraging immoral behaviour. Although parents know that the youths are sexually active, they would not want to encourage their youths to attend family planning programs nor would they teach them issues related to sex and sexuality.

Other feminists have gone further by saying that family planning programs aim at controlling female sexuality due to the fact that when women are denied services based on their marital status and age, it is one way of controlling their sexuality (Ramazanoglu, (1989) and Wearing (1986)).

The level of reproductive knowledge among youths is very low, despite the fact that they have high level of sexual activity. This study shows that about 58% of sexually active and 47% of not sexually active respondents knew about the menstrual cycle. In addition about 22% of sexually active and 14% of not sexually active respondents did not know about the menstrual cycle. Finally about 20% of sexually active and 40% of not sexually active respondents were not certain of their about knowledge about the menstrual cycle. This study further reveals that only 18% of sexually active and 34% of not sexually active respondents were able to identify correctly the days during which a woman could conceive. See Table 4.3 for more details. The study clearly shows that sexually active youths do not even know when the girls can conceive.

The above findings confirm an earlier study by Leshabari *et al* (1994). In their study, conducted in Dar-es-Salaam revealed that 90% of the girls did not know when, in the menstrual cycle, they could conceive. Similarly, Mwateba (1997) noted that both female

CODESRIA - LIBRARY

and male adolescents experience some reproductive health problems which affect them psychologically, emotionally and physically, with female adolescents experiencing more reproductive health problems than male adolescents due to their biological reproductive roles.

The chi-square tests were used to test if there are associations between the mentioned dependent variables and the independent variable. Hence the tests will confirm the following questions at 5% level of significance.

Whether being sexually active is independent of

(i.) Being willing to attend family planning clinics;

(ii.) Awareness of family planning services available for youths;

(iii.) Contraceptive use

(iv.) Being knowledgeable of woman's menstrual cycle;

(v.) Being knowledgeable of the days during which a woman can conceive.

Table 4.3 (a) gives the chi-square tests that is followed by the discussion of the tests and finally the conclusions.

CODESRIA - LIBRARY

Table 4.3(a) Chi-square Tests on sexually active respondents in relation to knowledge on reproduction, use and awareness of family planning services:

CHI SQUARE TEST	VALUE	DEGREE OF FREEDOM	SIGNIFICANCE
WILLINGNESS OF ATTENDING FP			

Pearson	14.04965	2	0.00089
From the table $\chi^2_{0.005,2}$	10.60		
$\chi^2_{0.005,2}$	10.60 < 14.04965		
AWARENESS OF FP			
Pearson	11.61696	6	0.07108
From the table $\chi^2_{0.005,6}$	18.55		
$\chi^2_{0.005,6}$	18.55 > 11.61696		
CONTRACEPTIVES USE			
Pearson	42.35312	1	0.00000
From the table $\chi^2_{0.005,1}$	7.88		
$\chi^2_{0.005,1}$	7.88 < 42.35312		
KNOWLEDGE OF MENSTRUAL CYCLE			
Pearson	13.86819	5	0.01647
From the table $\chi^2_{0.005,5}$	16.75		
$\chi^2_{0.005,5}$	16.75 > 13.86819		
DAYS OF WHICH A WOMAN COULD CONCEIVE			
Pearson	15.01990	7	0.03575

CODESRIA - LIBRARY

4.3(a). This is probably because contraceptives can easily be obtained from ordinary shops and pharmacies.

(iv.) In addition, the question of independence of sexual activity and knowledge of a woman's menstrual cycle is accepted. We therefore conclude that the two variables are independent and say that although youths are sexually active, they do not know about a woman's menstrual cycle. This is probably the main reason why young women end up with unwanted pregnancies.

(v.) Finally the question of being sexually active is independent of one's knowledge on days of which a woman could conceive within her menstrual cycle is not rejected. This means that the young people who engage in sex do not know the days during which a woman could conceive within her menstrual cycle. This is particularly dangerous as young girls could be exposed to the risk of early pregnancy and therefore drop out of school.

4.3.3 Need for Sex Education and who should deliver the Message:

Zinagà (1996), like many other feminists, argues that the concept of sexuality for women is centered on the notion of being a "good woman" i.e. "good women are not supposed to have control over their sexuality", neither are they expected to discuss issues relating to sexuality. The author ignores the fact that it is both young boys and girls that are denied information about sex and sexuality. This leads us into discussion on sources of information and what youths say and what they want.

CODESRIA - LIBRARY

About 55% of the respondents wanted sex education in schools because parents were seen to be uncomfortable teaching their adolescents about sex education. This conclusion supports IPPF (1994)'s argument that adults do not like to discuss sex with their adolescents and too often do not want to face the fact that adolescents have sexual relations. Thus this subject is considered to be very delicate and better not touched. Furthermore, IPPF (1994) points out that sex education was most effective when given before a young person becomes sexually active. Additionally, those teachings which promoted a choice of options including postponement of sex and protected sex were better received and more effective than those which promoted abstinence alone.

Another reason for making sex education compulsory in schools given by 12% of the respondents was that only a few young people benefited from the available cultural teachings. This may be due to the fact that most of the initiation ceremonies have never been accommodated in the formal education system and modern Tanzanians also consider the ceremonies as out of date practices. However, nothing has been introduced to replace the cultural teachings.

Finally another interesting reason for compulsory sex education in schools that was brought up by only 6% of the respondents was that adolescents were caught up in a cosmopolitan culture. This means that, when parents wanted to maintain their respective cultures, the teens wanted to keep up with modern life as they were much influenced by western culture through television, magazines and so forth (Coca-Cola culture). At the same time, these very parents or guardians do not talk to their children about issues on

CODESRIA - LIBRARY

sex and sexuality. To support this argument, Mbunda (1991) and IPPF (1994) both see how parents or guardians move away from teaching their children issues on sex and sexuality. Parents would rather leave the subject to other institutions like the churches and schools. These parents are moving away from their traditional upbringings. In other words both children and parents are caught up in this cosmopolitan culture.

On the question on who should teach sex and sexuality to adolescents, about 19% of the respondents mentioned youths. However, when probed with more questions, the respondents clearly stated that these youths have to undergo training. Thus trained youths should conduct seminars and teach their fellow youths about issues on sex and sexuality. Furthermore, about 18% of the respondents wanted parents to teach them about sex.

Although parents were seen to have important contribution in teaching about sex, in actual sense, some of these parents were not doing so for the reason that they did not feel comfortable discussing the issues on sex and sexuality with their children as already discussed above.

Furthermore, about 17% of the respondents said that teachers should teach them about sex. When they were further probed, the respondents clearly stated that teachers who would be trained to teach sex education and therefore would be able to teach it more openly.

CODESRIA - LIBRARY

From the discussion of this chapter and previous chapters, the researcher is able to arrive at the following conclusions and recommendations in the chapter that follows.

CODESRIA - LIBRARY

Chapter Five:

SUMMARY OF MAJOR FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 INTRODUCTION:

This chapter presents the summary of the major research findings, main conclusions of the study and recommendations. In the summary, the findings are related to the research questions which lead to the conclusions. Recommendations are also outlined on how to deal with the level of knowledge, awareness and use of family planning services.

5.1 SUMMARY OF THE MAJOR FINDINGS AND CONCLUSIONS:

This study examined the knowledge, awareness and use of reproductive health services among youths. The focus was on secondary school students as well as nurses from the different reproductive health services in Dar-es-Salaam region. From the study, the researcher was able to make the following conclusions.

5.1.1 Is the Information on Sex and Sexuality for the Youth Available?

This study confirms the results from existing studies that have shown that young people do engage in sexual relations at a very young age. And yet most of the existing programs which are supposed to offer services to the youths are guided by the traditionalist-moral sexual ideology. This ideology is based on the fear of the power of knowledge on sex and sexuality. It is assumed that too much information will lead to sexual activity in young people who are not ready for the procreative role (IPPF, 1994).

CODESRIA - LIBRARY

This study established that UMATI has been able to demonstrate through its youth center, that early pregnancy and STIs among youths can be reduced or prevented if these youths are exposed to information on sexuality and reproductive health. However, UMATI has failed to replicate similar projects throughout the country because most of the activities depend on donor funding, a factor which makes their program non-sustainable. Consequently UMATI clinics are under-staffed and very few nurses were trained to deal with youth issues. Thus, UMATI needs to change its strategies so that it comes up with more sustainable projects over a bigger scale.

Marie Stopes, like UMATI, has youth programs which are still at their infant stages. There is only one youth center in Iringa region. Marie Stopes started with "supermarket' approach which was able to attract many people including youths. Like UMATI, it has peer counselors that are used in their outreach programs. Both of these programs will not attract youths who shy away from being associated with deviant behaviour which is not approved by their parents. Because Marie Stopes does not have special wing or special days for youths, the young clients are mixed with adults. Marie Stopes, like UMATI, is constrained by cultural ideologies within the parents/guardians that scare youths to the extent of not wanting to visit the clinics. Also these programs can not establish themselves in schools because they have not been allowed by the government. As the government lacks active commitment, the programs could have been the best avenues through which youths' sexuality and reproductive needs could be achieved.

On the contrary, the government based Family Planning Unit, does not have programs for youths. The Family Planning Unit is basically concentrating on safe motherhood, and is

CODESRIA - LIBRARY

available in each of the public hospital throughout the country. For this reason, the Family Planning Unit has the potential to offer services to the youths. But the Family Planning Unit has to change its approach so that it encourages youths to attend its clinics as the public services have been accused of denying services to youths on the basis of both their ages and marital statuses.

5.2.2 Are the Youths Aware of the Family Planning Programs?

This study established that youths engage in sexual activities with very minimal knowledge of sex and sexuality. For instance, it was observed that, about 57% of the sexually active and 23% of not sexually active respondents were willing to attend the family planning clinics compared to 38% of sexually active and 58% of not sexually active respondents who were not willing to attend the family planning clinics. This study confirms the fact that young persons who are sexually active are willing to attend family planning clinics but they are not doing so for the fear of clashing with their parents or guardians.

CODESRIA - LIBRARY

It has been revealed in this study that about 54% of the sexually active and 41% of the not sexually active respondents were aware of the family planning services available for youths. The rest were either not aware or not sure of such services. The test confirms the fact that a young person who is sexually active is not even aware of the existence of family planning services available for youths. It means that youths may engage in sex without being aware that there are family planning services available and which they can

make use of. This is very dangerous when young people engage in sex without being aware of family planning services available for their use.

This study showed that about 51% of the sexually active respondents used contraceptives compared to 49% of the same who did not use any form. The tests showed that the young person who is sexually active is more likely to use contraceptives. This is probably because contraceptives are available from ordinary shops and pharmacies. However, because a young sexually active person needs counseling upon purchase of contraceptives, family planning clinics could have been ideal places to go for such services.

It was further revealed that, about 58% of the sexually active and 48% of the not sexually active knew about a woman's menstrual cycle. The rest either did not know about it or were uncertain. The chi-square test confirmed that a young person engages in sex without having any knowledge about a woman's menstrual cycle. The lack of such knowledge may expose a girl to a high risk of pregnancy and dropping out of school. Additionally, a small proportion was able to identify correctly the days during which a woman could conceive within her menstrual cycle. For instance, only 18% of the sexually active and 34% of those not sexually active were able to identify correctly the days during which a woman could conceive. The rest could not identify correctly. It was therefore confirmed that a young person who is sexually active engages in sex without knowing correctly the days during which a woman could conceive. This could expose a young girl to high risk of unwanted pregnancies and dropping out of school.

CODESRIA - LIBRARY

able to allocate tasks in such a way that they do not compete but work together to achieve one goal.

Recommendation for Further Research:

This study was conducted in only four schools in an urban area. A similar study should be carried out in a rural area so as to have a comparative perspective.

CODESRIA - LIBRARY

BIBLIOGRAPHY:

Bertrand, J.T., Magnani, R.J., and N. Rutenberg (1996): "Evaluation of Family Planning Programs with Adaption for Reproductive Health": The Evaluation Project, USAID.

Bertrand, J.T., Magnani, R.J. and N. Runtenberg (1996): "Handbook of Indicators for Family Planning Program Evaluation": The Evaluation Project, USAID.

Brigit, O and S. Mlangwa (1997): Identifying Sexual and Reproductive Health Issues Among Young People. In Brigit (1997) Promoting Right To Health as a Human Right.

Bureau of Statistics (1992) Population Census: Dar-es-salaam Regional Profile. Dar-es-salaam, Tanzania.

Bureau of Statistics (1993): Tanzania Demographic Health Survey 1991/92. Dar-es-salaam, Tanzania.

Chipo, J. (1998): "Youth and Sexuality": Paper presented to TGNP Seminar Series (unpublished).

Darkoh, M.B.K. (1990): Tanzania Growth Center and Industrial Decentralization Stragegy. Kenyatta University, Nairobi, Kenya.

CODESRIA - LIBRARY

Dixon-Muller, R. (1993): "The Sexuality Connection in Reproductive Health Studies in Family Planning 24(5): 269-282.

German, A., Nowrojee, S. and H.H. Pyne (1994): "Setting a New Agenda: Sexual Reproductive Health, Empowerement and Rights". In Sen, G., Germain, A. and L.C. Chen (1994): "Population Policies Reconsidered Health, Empowerment and Rights". Havard series on Population and International Health.

Harcourt, W. (1997): Power, Reproduction and Gender: The Inter-Generational Transfer of Knowledge. Zed. Book.

Hawkins, K. and B. Meshesha (1994): "Reaching Young People: Ingredient of Effective Programs". In Chen, L.C., Germain, A. and G. Sen (1994): "Population Policies Reconsidered Health Empowerment and Rights". Havard series on Population and International Health.

International Planned Parenthood Federation (1985). Family Life Education: A guide for Youth Organisation. London: IPPF.

International Planned Parenthood Federation (1994): Understanding Adolescents: Report on Young People's Sexual and Reproductive Health Needs. IPPF. London.

CODESRIA - LIBRARY

Jain, A. and J. Bruce (1994): "A Reproductive Health Approach to the Objectives and Assessment of Family Planning Programs". In Chen, L.C., Germain, A. and G. Sen (1994): Population Policies Reconsidered Health Empowerment and Rights". Havard series on Population and International Health.

Kamuzora, C.L. (1990): "Critical Issues on Population and Development Inter Relationships and Policy in Sub-sahara Africa". In Eastern Africa Social Science Research Review Vol. iv No. 1 (OSSREA).

Konsult Ltd. (1989) Master Plan on Solid Waste Management For Dar-es-salaam Vol. 11: Annexes Haskoning Royal Dutch Consulting Engineers and Architects.

Kapinga, D. (1988) Adolescent Fertility in Tanzania. M.A. (Demography) Unpublished M.A. Dissertation. University of Dar-es-salaam. Dar-es-salaam, Tanzania.

Leshabari, M.T., Mpangile, G.S., Kaaya, S.F. and D.T. Kihwele (1994): From Teenage Unwanted Pregnancy To Induced Abortion: Who Facilitates Links. International Journal of Adolescence and Youth Vol(4): 195-210.

Mabala, R. and S.R. Kamazima (1995): "The Girl Child in Tanzania: Today's Girl Tomorrow's Woman". A Research report for UNICEF.

CODESRIA - LIBRARY

Macfadden, P. (1992): "Sex and Sexuality and the Problem of AIDS in Africa". In Meena, R. (1992) Ed. Gender in Shouthern Africa. SAPES Book Series.

Maria Jose Alcala (1995): "Commitments to Sexual and Reproductive Health and Rights for All. Framework for Action". Family Care International NY. USA.

Mascarenhas (1971): Agricultural Verman in Tanzania. Helneman. London.

Mbalilaki, N.K. (1995): Tanzania in Figures 1994. Bureau of Statistics Planning Commission.

Mbunda, D. and G.S. Mpangile (1992): "Adolescent Fertility in Tanzania: Knowledge, Perception and Practices Dar-es-salaam". Family Planning Association of Tanzania. (UMATI).

Mbunda, D. (1991): Traditional Sex Education in Tanzania: A Study of 12 ethnic groups in Tanzania. Unpublished Ph.D. Thesis USA: NY.

Ministry of Water (1989): Staged Action Plan on Pollution Management for Dar-es-salaam. Haskening Royal Dutch Consulting Engineers and Architects: Dar-es-salaam.

CODESRIA - LIBRARY

Mtatifikolo, F.P. (1990) Population Development Sector Review, Tanzania Report to UNFPA, University of Dar-es-salaam. Tanzania.

Mwateba, R. (1993): "Teenage Reproductive Health: A case study from Tanzania. A Paper Presented during the Regional Conference on Policy Implication on Reproductive Health Research Results in East, Central and Southern Africa. Aug. 17-18: 1988 Ed. Kimoti, N.S., Mpanju-Shumbusho, W. in Arusha, Tanzania.

Mwateba, R. (1997): "Adolescent Reproductive Health and Gender and Development in Tanzania. An Interministrerial Cross Cutting Investment left to the Donor Community.

Ngirwamungu, E. (1998): "Adolescent and Youth Reproductive Health": In Family Health International News. 1(1):6

Ole Kambaine, P. (1989): "Birth and Fertility Control Regulation:": A paper presented at Seminar on Population and Development for Members of Parliament-Arusha 10-14/1989. (Unpublished).

Omari, C.K. (1989): "Socio cultural Factors in modern Family Planning Methods in Tanzania". Studies in Africa Health and Medicine Vol. 3, NY. The Edwin Mollen Press.

CODESRIA - LIBRARY

Ramazanoglu, C. (1989) "Feminism and Contradiction of Oppression". Routleg, London.

Roemer, R. and J. M. Paxman(1985): "Sex Education Policies". Studies in Family Planning . 16(4):219.

Sustainable Dar-es-salaam Project Report (1982): Environmental Profile for Metropolitan Dar-es-salaam, Tanzania.

The Danish Family Planning Association and The Swedish Association For Sex Education (1995): "Sexual Rights of Young Women". RFSU in Denmark and Sweden.

United Republic of Tanzania and United Nations Population Fund (1996) Reproductive Health including Family Planning and Sexual Health.

United Republic of Tanzania (1995): National Programme for The Implementation of The National Population Policy.

United Republic of Tanzania (1997): The Tanzania National Population Policy.

United Nations (1994): Population and Development. Vol. 1. Cairo Population and Development Conference Report. Cairo, Egypt.

CODESRIA - LIBRARY

United Nations Population Fund (1997): " Program Evalutation". UNFPA, Dar-es-salaam, Tanzania.

UNICEF/UNDP (1999): Adolecent Reproductive Behaviour: Evidence from Development countries, Vol. 2. New York, USA.

Wearing, B. (1986): "Feminist Theory and Social Work". In Marchant, H. and B. Wearing (1986): "Gender Reclaimed" Southwood Press Pty Ltd Marrickville, NSW.

Zinaga, E. (1996) "Sexuality and Heterosexual Form: The case of Zimbabwe". In Southern African Feminist Review. 2.(1):3-6.

CODESRIA - LIBRARY

APPENDIX I
QUESTIONNAIRE FOR STUDENTS

Interviewer.....

I. PERSONAL INFORMATION:

1. Name of school .....

Codes to be used:

Azania Secondary School	1
Jangwani Secondary School	2
Mzizima Secondary School	3
Shabaan Robert Secondary School	4

2. Educational Status Form II 1
   Form III 2
   Form IV 3

3. Sex
   Female 1
   Male 2

3. Age (in years).....
Date of Birth: Month..... Year 19....

II. BACKGROUND INFORMATION

5(a) Level of education of your mother
5(b) Level of education of your father

Codes to be used:

Primary Education	1
Secondary Education	2
University Education	3

6(a) What is your mother's occupation?
6(b) What is your mother's occupation?

Codes to be used:

Employed	1
Business-person	2
Farmer	3
House-wife	4
Retired	5
Diseased	6

7. What do you do as part of your recreational activities?

Dance/music	1
Visit friends and relatives	2
Reading magazines/Novels	3
Sports	4
Cinema/TV	5
All of the above	6

8. Do you consume alcoholic drinks?

Yes	1
No	2

9. Where do you consume alcoholic drinks?

At parent's home	1
At female friend's home	2
At male friend's home	3
In a bar/pub	4
In a beer store	5
In a club	6

III. SEXUALLY RELATED AWARENESS

10. Do you have any close friend of opposite sex?

Yes	1
No	2

11. What is her/his occupation?

Working or doing business	1
Student	2
Staying idle	3
Married	4
Others (specify)	5

12. Have you ever had sexual intercourse?

Yes	1
No	2

13. How old were you when you did it for the first time?

(5-10) Years	1
(11-14) Years	2
(15-19) Years	3
Others (specify)	4

14. Have you ever used any type of contraceptive?

Yes	1
No	2

15. Are you aware that sexual intercourse could result into pregnancy?

Yes	1
No	2

16. In case you made somebody or become pregnant, what would you do?

Opt for abortion	1
Consult a worker at the FP center	2
Consult parents	3
Consult friend	4
Consult teacher	5
I do not know	6
Take care of it until birth	7
Deny it	8

17. Do you know anyone who has dropped out of school due to pregnancy?

Yes	1
No	2

IV. FAMILY PLANNING SERVICES AWARENESS:

18. Have you ever read or heard about the following?

Zinduka	1
Twende na wakati	2
Ukweli kuhusu maisha	3
All of the above	4
None of the above	5

CODESRIA - LIBRARY

19. Where did you hear such programs?
Radio 1
News paper 2
TV 3
Friends & relatives 4
In school 5
All of the above 6
20.What does Green star logo mean to you?
Family planning related 1
Not family planning related 2
Do not know 3
21. Where did you learn about the Green star logo?
Billboard & Posters 1
Leaflets 2
Radio 3
TV 4
Clinic sign 5
Service provide 6
22. Have you heard of Salama condom?
Yes 1
No 2
21.Where did you hear about the Salama condom?
Billboard & Posters 1
Leaflets 2
Radio 3
TV 4
Clinic sign 5
Service provide 6
22. Have you ever seen a condom?
Yes 1
No 2
23. Where can you get a condom?
Hospital 1
Pharmacy 2
Ordinary shop 3
Friend/neighbour/relative 4
AMREF youth center 5
All of the above 6
24. How many times can a condom be used?
Once 1
More than once 2
Until it breaks 3
Do not know 4
Others (specify) 5
25. What type of contraceptives do you know?
Pill 1
Condom 2
Injection 3
Rhythm method(counting days) 4
None of the above 5
All of the above 6
26. Mention the type you have ever used:
Pill 1
Condom 2
Injection 3
Rhythm method (counting days) 4
Other (specify) 5
Never used any 6
27.Where did you get the contraceptives?
Reproductive health clinics 1
Close friend of opposite sex 2
Pharmacy 3
Ordinary shop 4
Dispensary 5
Other (specify) 6
28. Do you think it is a good idea to introduce contraceptive services in school dispensary?
Yes 1
No 2

V.REPRODUCTION HEALTH AWARENESS

29. Have you heard about diseases that can be transmitted through sex?
Yes 1
No 2
30. Which disease do you know?
Syphilis 1
Gonorrhea 2
AIDS 3
Genital warts/condylomata 4
All of the above 5
Do not know 6

VI. REPRODUCTIVE KNOWLEDGE

31. Between the first day of a woman's period and the first day of her next period are there certain times when she has a greater chance of becoming pregnant than other times?
Yes 1
No 2
Do not know 3
32. During which times of a woman's cycle does she have greatest chance of becoming pregnant?
During her period 1
Right after her period has ended 2
In the middle of the cycle 3
Just before her period begins 4
Does not remember 5
Do not know 6
33. Who should teach adolescent about reproduction and issues related to sex and sexuality?
Youth during seminars 1
Parents 2
Teachers 3
Family planning nurses 4
School matron 5
Grandparents 6
Nurses 7
All 8

CODESRIA - LIBRARY

34. Do you feel that sex education should be made compulsory in schools?

Yes 1
No 2

35. Why should sex education be compulsory in schools?

Only few benefit from the cultural teachings 1
Parents do not feel comfortable to teach sex education to their adolescents 2
Adolescents are caught up in a cultural dilemma, modern and traditional 3
All of the above 4

VII. REPRODUCTIVE RIGHS:

36. Are you aware of the special services offered by the family planning programs for youths?

Yes 1
No 2
Do not know 3

37.If yes, mention services offered:

Counseling 1
Information on contraceptives 2
Contraceptives 3
Abortion on special cases 4

38. Would you attend the clinic for such services?

Yes 1
No 2
I do not know 3

39. Why no?

The nurses are not friendly 1
Not feeling comfortable 2
My parents would not approve 3
Clinics are far from my reach 4
Clinics do not provide adequate choice 5
No educational material 6
Cultural constraints 7
No need 8

40 Why yes?

Staffs are welcoming 1
There is information on services provided 2
Counseling is also offered 3
There is wide choice 4
There is some educational material 5
All of the above 6

****THANKS FOR YOUR TIME****

RODESRIA - LIBRARY