

Dodoma AIDS Prevention and Control Association  
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Dodoma In-School Youth Behaviour Survey:  
Executive Report



Dodoma AIDS Prevention and Control Association  
PO Box 3283  
Dodoma  
Tanzania

# **Dodoma In-School Youth Behaviour Survey**

## **Executive Report**

### **1 Background**

Very little is known about the sexual health related behaviour of in-school youth in Dodoma city. This research is part of the effort to better understand their behaviour and provide appropriate programming to meet their needs and effectively fight the HIV epidemic in Tanzania. This is the first behavioural surveillance survey undertaken in Dodoma city. The research was undertaken by Dodoma Aids Prevention and Control Association (DAPACA) with technical assistance provided by a VSO volunteer.

DAPACA intends to undertake further behavioural surveillance in Dodoma region amongst other target groups.

### **2 Methodology**

The research followed guidelines for standardised behavioural surveillance surveys as published by Family Health International (FHI).<sup>1</sup> Various methods are prescribed for surveying youth, including using teams of interviewers and selection and randomisation processes. This research was, however, extremely limited in resources, ultimately our sampling frame was limited to how many questionnaires could be printed. We decided not to use interviewers, and instead used a self-administered questionnaire. This had a number of logistical advantages: a lot of information could be collected in a short period of time, students could be quickly and easily found, and interviewers were not required. Methodologically, also, questionnaires had the advantage that respondents could be more candid in their answers. The main disadvantage was that some questions appeared to confuse some students and some answers were contradictory.

Because there was no previous research in behavioural surveillance in Dodoma in-school youth, there was no guide for the number of questionnaires that we needed completed to answer fundamental questions. As noted above, we were also limited with how many we could print. Ultimately our sample was based on selecting approximately 10% of the school population from each school. Students were randomly selected, and schools were mostly very helpful in providing time and space for the students to complete the questionnaires. Ultimately the sample universe was those students attending school at the time the survey was scheduled.

The questionnaires themselves were based on standardised youth target group questionnaires as provided by FHI. While the language of instruction in Tanzania secondary schools is English, Kiswahili is more commonly used in Dodoma, and the questionnaires were translated into Kiswahili by DAPACA staff. The questionnaire was piloted with a small number of male students. A small number of errors remained in the questionnaire as it went to print, and some students gave some inconsistent answers

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<sup>1</sup> Family Health International (2000): Behavioural Surveillance Surveys: Guidelines for Repeated Behavioural Surveys in Populations at risk of HIV.

which means that further surveys undertaken should re-examine the questionnaire and make changes as appropriate. In particular, the questionnaire should be re-translated back into English from the Kiswahili to examine consistency and further pre-testing undertaken by both male and female students. Ultimately, however, confusion was only apparent regarding a few questions. The questionnaire itself is available as an appendix in the full report.

The data collected was processed using entirely open-source software packages. Data from the completed questionnaires were entered into a MySQL 5 database with PHP interface and statistical analysis completed using pre-programmed equations using PHP. These databases and interfaces are commonly used in internet applications and are widely known for their stability and speed.

<i>School</i>	<i>Approximate Number of Pupils</i>	<i>Sample Frame</i>
Dodoma Secondary School	1200	149
Nuru	45	6
Meriwa	350	43
Kiwanja cha Ndege	350	43
Jamhuri	1000	124
Central	550	<i>Not Sampled</i>
Msalato	750	93
Hijira	900	111
Nkuhungo	600	74
Kikuyu	450	56
	6195	699

Table 1: Sampling Framework

The logistical exercise of surveying 10% of Dodoma in-school youth highlighted a number of challenges that face DAPACA. Firstly finding the resources to undertake the survey was a struggle. DAPACA also encountered hostile opposition. On approaching Central school we were told in no uncertain terms that our approach had to be strictly limited. We were told that no questions on condoms could be asked. We returned to see if we could persuade our case, with a sample copy of the questionnaire. The headmaster refused to be convinced and Central school was excluded from our survey, due to our inability to ask questions about condoms.

This does, however, highlight the need for specific intervention at Central school. Given this level of opposition and strength of opinion of the headmaster, students at Central school are likely to be even less aware of how to protect their sexual health than other students in Dodoma region. Ultimately, the refusal to discuss the crucial tool in combating the spread of HIV will cost lives.

However, the remainder of Dodoma school staff – of all religions and beliefs – were extremely helpful in implementing the survey, and making themselves, their classrooms and their students available immensely facilitated the process. In total we collected some 683 completed questionnaires.

### 3 Findings

#### Demographics

The survey collected basic demographic information. Sixty percent of the sample were female, which reflected the fact that a girls-only school was included. The mean age was 16 ½ years old.

Response	Number	Percent
Never   Sijawahi	391	64.9
Very Often   Mara Kwa Mara	68	11.3
Often   Inapotokea	102	16.9
Sometimes   Mara Nyingine	30	5.0
Don't know   Sijui	9	1.5
Didn't want to answer   Sijisikii kujibu	3	0.5
No answer	80	
Total (No answer not included in calculation for percentages).	683	

Table 2: How often, if at all, have you missed school because you did not have enough money for school fees, lunch money or bus fare?

Ninety four percent of students' school fees were paid by family members, with fathers (56.8%) most often quoted. A small minority were on scholarships (2.5%) and fewer still had their fees paid for by their partner (1.5%). A third of students had missed school because of lack of resources to pay their fees. Five percent were also working. Many appeared to be fairly new to the city, with a third having lived in Dodoma for three years or less. Religious beliefs featured prominently, the majority being Christians (68.3%) followed by Muslims (30.2%) and small minority of traditional (*kimila*) belief and none at all (0.6% together). In terms of ethnic group, there was a vast array of groups represented. The largest was Wachaga, who were 11.7% of the total sample.

Response	Number	Percent
With Family   Na Familia	497	82.0
With school   Wanafunzi	51	8.4
Other   Mengineyo	19	3.1
With friends   Marafiki	17	2.8
Alone   Pekeyangu	15	2.5
Don't want to answer   Sijikisii kujibu	7	1.2
No answer	77	
Totals (No answer not included in calculation for percentages).	683	

Table 3: Current housing arrangements. Do you currently live..

Eighty-two percent lived with family members, and 8.4% stayed at school. Just over five percent stayed with friends or by themselves.

#### Knowledge and Belief

Knowledge on sexual health matters was inconsistent, particularly with regard to HIV prevention. There are three methods of preventing HIV infection. These are the now well-known ABC – abstinence, be faithful, and use a condom. Amongst students in Dodoma, only 28.8% believed that a condom used correctly would prevent HIV infection. Given that these students are at the stage of beginning their sex lives, this low level of belief in condoms as preventative method is particularly worrying. In total 53.3% were able to name

two prevention methods. Faithfulness was cited as a method by 55.5% of students and abstinence by 72.8% of students.

<i>Prevention Possible by... (%)</i>	<i>...Abstaining</i>	<i>...Being Faithful</i>	<i>...Using Condoms</i>
Yes   Ndio	72.8	55.5	28.8
No   Hapana	15.2	23.3	29.7
Don't Know   Sijui	5	14.8	32.7
Don't want to answer   Sijisikii kujibu	0.7	0.7	1.61
Null or blank	6.15	5.71	7.17

Table 4: Possible methods of preventing HIV.

Nearly 6% thought that HIV could be spread by mosquito bites, and 8.5% thought that the virus could be transmitted by having a meal with an HIV positive person. However, 93.1% correctly identified getting injections with a needle already used by someone else as a means of transmission, and 94.1% thought that someone could look healthy while also being infected with HIV.

78.8% knew someone infected with HIV or had died of AIDS, and for 21.9% (of the whole sample), this was a relative.

## Alcohol and Drugs

Despite the lack of knowledge about prevention methods, there was little use of alcohol or drugs amongst students. Less than one in twenty (4.8%) reporting drinking alcohol at least once a week or more. Fewer had tried marijuana (3.4%) and fewer again (1.5%) said they had injected drugs.

	<i>Gender (Percentages)</i>		
	Female	Male	Total
Have you tried marijuana?			
No   Hapana	98	93.9	96.5
Yes   Ndio	1.9	6.0	3.5
Total	100	100	

Table 5: Marijuana use by gender

Males were more likely to have tried marijuana than females; there were no significant differences in alcohol consumption.

## Sexual Behaviour

The median age at first sex was 17 years old. Sexual debut, was for many students, yet to commence, however boys were far more likely to report having had sex than girls. Overall 19.5% had had sex at least once, and this increased with age. Eleven percent were currently sexually active. Very few reported multiple sex partners, however, this was higher amongst boys than with girls. Half of one percent of girls had had sex with more than one person in the past 12 months, however, 2.7% of boys reported more than one partner in the past 12 months. 9.5% of boys had had male sexual partners, although 1.1% of boys had had anal intercourse.

<b>Response</b>	<b>Number</b>	<b>Percent</b>
No   Hapana	311	45.5
Yes   Ndio	135	19.8
Don't want to answer   Sijisikii kujibu	21	3.0
Don't Know   Sijui	3	0.4
Null or blank	213	31.2
Totals	683	

Table 6: Have you ever had sexual intercourse?

Condom use was inconsistent. On first sex, 43.3% reported using a condom, and only 43.6% reported consistent condom use. In total, at the last time they had sex 64.6% used a condom with a non-commercial partners.

There was little by means of commercial sex, although 3.8% of young men had paid for sex.

Some of the results were contradictory. While many had not had sex, many more reported going for an HIV test, without apparently being at risk. In total, 72.5% said they had been for an HIV test. Either this means that the question was not properly understood, or that sexual behaviour was considerably under-reported in the survey. Equally many claimed symptoms of Sexually Transmitted Infections (STIs): 30.4% claimed to have had genital discharge in the past 12 months and 38.6% claimed a genital sore or ulcer. Again, either the question was not properly understood, sexual behaviour was under-reported, or the symptoms themselves were misunderstood – i.e. may not be related to STIs, rather to infections such as *candida* or other problems. It may be helpful to corroborate this information with clinics in the region.

### **Stigma and Discrimination**

With so many students knowing someone infected with HIV, often within their families, is unsurprising that there was little stigma or discrimination. 76.5% said they would be willing to have a meal with someone with HIV/AIDS. If relatives became ill, 91.5% would be prepared to care for that person in their household. 5.6% of students felt that if a fellow student had HIV they should not be allowed to come to school, however, if this was a teacher 8.9% felt the teacher should not be allowed. Shopkeepers fared less well, however – 26.0% said they would not buy food from a shopkeeper who had HIV. A quarter (25.3%) would want the infection status of relatives with HIV to remain secret.

### **Conclusions and Recommendations**

The findings of this survey point to the need for urgent intervention amongst in-school youth in Dodoma region. At the point in their lives where beginning sexual behaviour is part of their development, youth in Dodoma appear to be ill-prepared. Knowledge of transmission methods and prevention is not enough given the generalised epidemic in the area, and knowledge, attitudes and behaviour would appear to put students at risk of HIV infection. In particular, the low levels of belief in condom use and the low consistency of use amongst sexually active youth present particular problems which need to be addressed.

Some of the findings are inconsistent and point the need for examining the survey design and the questionnaire. In particular, high rates of reported symptoms of STIs and high levels of testing for HIV when not apparently at risk pose particular questions.

There is need for programming in Dodoma secondary schools to inform and educate young people about the risks to their sexual health and lives. The behavioural surveillance survey will need to be repeated to confirm changes in behaviour and improve the consistency of data.