SEXUAL BEHAVIORS AND PERCEIVED RISKS OF HIV INFECTION AMONG OUT OF SCHOOL YOUTH IN MPIMBWE DISTRICT COUNCIL KATAVI REGION TANZANIA

Amini Nassoro Mtimbo, BscE

Master of Public Health Dissertation
Muhimbili University of Health and Allied Sciences
October, 2020

Muhimbili University of Health and Allied Sciences

School of Public Health and Allied Sciences

SEXUAL BEHAVIORS AND PERCEIVED RISKS OF HIV INFECTION AMONG OUT OF SCHOOL YOUTH IN MPIMBWE DISTRICT COUNCIL KATAVI REGION TANZANIA

By

Amini Nassoro Mtimbo

A Dissertation Submitted in (Partial) fulfillment of the Requirements for the Degree of Master of Public Health of

Muhimbili University of Health and Allied Science
October, 2020

CERTIFICATION

The undersigned certify that they have read and hereby recommend for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled: **''Sexual behaviors and Perceived risks of HIV infections among out of school youth in Mpimbwe Districts-Katavi Region'',** in (partial) fulfillment of the requirements for the degree of Masters of Public health of the Muhimbili University of Health and Allied Sciences.

_____

Dr. Emmy Metta

(Supervisor)

_____

Date

_____

Prof. Melkizedeck T. Leshabari

(Co-Supervisor)

_____

Date

DECLARATION AND COPYRIGHT

I, **Amini Nassoro Mtimbo**, declare that this **dissertation** is my own 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……. **Date**……

This dissertation is a copyright material protected under the Berne Convention, the Copyright Act 1999 and other international and national enactments, 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 the written permission of the Directorate of Postgraduate Studies, on behalf of both the author and the Muhimbili University of Health and Allied Sciences

ACKNOWLOGMENTS

First and foremost, I would like to thank the Almighty God for his guidance and leadership throughout my life and as a post-graduate student at the Muhimbili University of Health and Allied Science.

I am also glad to take this opportunity to express my sincere appreciation to my very supportive supervisor Dr. Emmy Metta who unconditionally and tirelessly sacrificed a lot of her time and efforts to guide and advise me throughout the period of preparing my dissertation. I also extend my sincere appreciations to Prof. Melkizedeck T. Leshabari, the co-supervisor, for his diligent support and guidance during proposal preparation and dissertation writing.

I would like to thank staff of the School of Public Health and Social Sciences, particularly Prof. Phares Mujinja, Prof. Method Kazaura, Prof. Daudi Simba, Prof. Rose Mpembeni, Dr. Candida Moshiro, Dr. Bruno Sunguya, Dr. Gasto Fulmence, Dr. Ananiel Amani and Dr. Nathanael Sirili for their constructive inputs in proposal development.

Again, I would like to extend special thanks to my family for their outstanding inspiration and encouragement during the entire study particularly my mumy (Kessy Nassoro), my brother, Amani Mtimbo, my sisters Jema Nassoro, Sauna Nassoro and Batuli Nassoro, my fiancé Mary Manyama who have been very generous with their time and patience with me during proposal development and report writing.

I would like to thank the Muhimbili University of Health and Allied Sciences particularly the School of Public Health and Social Sciences for providing me the privilege to undertake this course and for their moral support and encouragement throughout my training including this work. I believe that this academic attainment will broaden my capability to practice as a better Public Health Specialist anywhere in the world.

Gratitude is also extended to the District Executive Director and the District Medical Officer of Mpimbwe District Council for their support in carrying out the study. I gained a lot from their expertise in research, data collection and analysis skills and knowledge. I acknowledge

my research assistants Mr. Benard Gemba and Ms. Jackline Vicent for their enthusiasm and dedication during data collection exercise.

Finally, but not the last, I would like to thank the Village Chairperson of Usevya, Msadya, Mamba, Kabunde Kibaoni and Mirumba, the study respondents and all the individuals whose efforts have resulted in the completion of this study.

Lastly, my very special thanks go to my classmates, my friends and colleagues who have supported me in one way or another during my studies.

DEDICATION

To my late father**,** Mr. Shabani Nassoro Mtimbo**,** for laying a strong foundation of what I am achieving in my academic journey.

ABSTRACT

Background: There is limited information on Sexual behaviors and Perceived risks of HIV infections among out of school youth especially in rural settings. It is of public health importance to investigate this topic in Mpimbwe DC in Katavi region, to inform policy makers, prevention and intervention programs.

Objectives: To determine Sexual behaviors and perceived risks of HIV infections among out of school youth in Mpimbwe DC.

Methods: A cross-sectional study design was adopted using structured interview questions to collect data from a total of 320 unmarried out of school youths aged 15-24 years. Data was analyzed using the statistical package for Social Sciences (SPSS) software. Descriptive statistics were used to analyze demographic data, mean and standard deviation was computed for continuous data. A p-value of less than 0.05 was used as a cut-off point for assessing statistically significant.

Results: A total of 320 participants with mean age of 18.9 (SD±2.17) years were interviewed. About 52.8% were above 18 years and 51.6% were males. More than a quarter 26.6% did not attend schools, 55% had primary education. Nearly all study participants (97.8%) had practiced vaginal sex, while fairly few (2.5%) reported to have practiced frotteurism. The majority (76.9%) of respondents reported pleasure as the main reason of having sex for the first time followed by induced by gifts and money. The perception of risk to HIV infection in the study was fairly low, more than a third (34.1%) of the study participants perceived to at no risk of HIV infection and only 14.1% believed their risk was high. The large proportional (70.3%) of the respondents reported that the partners of first sexual experiences were friends (lovers).

Conclusion: The study findings revealed that out of school youths in the study area practiced different types of sexual behaviors such as oral, vaginal, while their perception of risk to HIV infections is low.

There is a need for targeted interventions to address inaccurate perception of risk to HIV infections and bring about sexual behaviors change among these out of school youth so as to protect them from acquiring HIV.

TABLE OF CONTENT

CERTIFICATION i
DECLARATION AND COPYRIGHT ii
ACKNOWLOGMENTS iii
DEDICATION v
ABSTRACT vi
TABLE OF CONTENT viii
LIST OF TABLES xi
LIST OF FIGURES xii
ABREVIATION xiii
DEFINITION OF TERMS xiv
CHAPTER ONE 1
1.0 INTRODUCTION 1
1.1 Background of the Study 1
1.2 Statement of the problem 4
1.3 The conceptual framework of the study 5
1.4 Rationale of the Study 6
1.5 Main Research Question 6
1.5.1 Specific Research Questions 6
1.6 Broad Objectives of the study 6
1.7 Specific Objectives 6
CHAPTER TWO 7
2.0 LITERATURE REVIEW 7
2.1 Types of Sexual behaviors 7
2.2 Motives for Different Sexual behaviors 8
2.3 Perceived risks to HIV 9
2.4 Relationship with their Partners of the first sexual experiences 11

CHAPTER THREE 12
3.0 METHODOLOGY 12
3.1 Introduction 12
3.2 Study Design 12
3.3 Study Area 12
3.4 Study population 13
3.4.1 Inclusion Criteria 13
3.4.2 Exclusion Criteria 13
3.5 Sample Size Determination 13
3.6 Sampling Technique 14
3.7 Study Variables 14
3.7.1 Dependent Variables 14
3.7.2 Independent Variables 14
3.8 Data Collection Method and Techniques 14
3.9 Validity and reliability of the study 15
3.10 Recruitment and Training of research assistants 15
3.11 Data analysis plan 15
3.12 Ethical issues and Consideration 16
CHAPTER FOUR 17
4.0 RESULTS 17
4.1 Socio – demographic characteristics of respondents 17
4.2 Types of Sexual Behaviors Practiced 19
4.3 Motives for first Sexual experience 21
4.4 Perceived risk of HIV infection 23
4.5 Partners of the first Sexual Experiences 24
CHAPTER FIVE 25
5.0 DISCUSSION, CONCLUSION AND RECOMMENDATION 25
5.1 Discussion 25
5.1.1 Types of sexual behaviors 25

5.1.2 Motives for different sexual behaviors..... 26
5.1.3 Perceived risks to HIV 26
5.1.4 Relationship with their partners of the first sexual experiences..... 26
5.2 Study Limitations and Mitigation 27
5.3 Conclusion 27
5.4 Recommendation 28
REFERENCES 29
APPENDICES 33
Appendix 1A: Structured Interview Questions (English Version) 33
Appendix 1B: Dodoso (Swahili)..... 44
Appendix 2A: Information leaflet and informed consent Form for Parents/Guardians of youth under 18 and youth. 55
Appendix 2B: Taarifa kuhusu utafiti na ushiriki wa hiari kwa wazazi / walezi wa Vijana wenye umri chini ya miaka 18 naVijana..... 58
Appendix 2C: Assent Form (English Version)..... 61
Appendix 2D: Assents Form (Swahili Version) 63
Appendix 3A: Approval of ethical clearance..... 65
Appendix 3B: Introductory Letter 66

LIST OF TABLES

Table 1: Study respondents' Socio – demographic characteristics 18

Table 2: Perceived risk of HIV infections among Respondents by sex 23

Table 3: Perceived risk of HIV infections among Respondents by age 24

Table 4: Variation of types of Sexual Behaviors Practiced by sex 20

Table 5: Variation of Different Types of Sexual Behaviors Practiced by age 20

Table 6: Variation of Motives for the first sexual experience by age 22

Table 7: Variation of Reasons for the First Sexual Experience by with Whom They were Living with. 22

Table 8: Partners of the first sexual Experiences by sex 24

LIST OF FIGURES

Figure 1: Conceptual framework 5

Figure 2:Variation of the types of Sexual behaviors 19

Figure 3: Variation of Motives for the first sexual experience by sex (n = 320) 21

ABREVIATION

AIDS	Acquired Immunodeficiency Syndrome
DC	District Council
HIV	Human Immunodeficiency Virus
MoHCDGEC	Ministry of Health Community Development Gender Elderly and Children.
RAs	Research Assistant
SPSS	Statistical Packages for Social Sciences
STIs	Sexual Transmitted Infections
SSA	Sub Saharan Africa
TDHS	Tanzania Demographic Health Survey
THIS	Tanzania HIV/AIDS Indicator Survey
UNAIDS	United Nations Program on HIV/AIDS
UNICEF	United Nations International Children Emergency Fund
WHO	The World Health Organization

DEFINITION OF TERMS

Motives - Is an inner state that energies, activates or moves (hence motivation), that directs or channels the behavior towards the goals (Kelli Burton,2012)

Perception - According to the concise Oxford Dictionary, Perception refer to a way of regarding, understanding or interpreting something. Perception is also defined as an organized process in which an individual interprets situations from an environment and draws subjective and personal inferences and conclusions from these in order to take certain actions or behaviors.

Out of school youth - An individual who is not attending any school, not younger than age of 16 or older than age 24 and has got one or more of the following a school dropout, an eligible youth who has received a secondary school, diploma or its equivalent but is basic skills deficient ,unemployed or underemployed(WIOA,2015)

Risky sexual behaviors - Is any behaviors which increases the probability of negative health consequences associated with sexual contact including HIV/AIDS and other Sexually transmitted diseases (STDs), abortion, and unplanned pregnancy (SAGE journal,2019)

Youth - Are those persons between the ages of 15 and 24 (UN, 2007)

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background of the Study

One of the global challenges in the prevention and control of HIV/AIDS efforts, is the prevention of the infection among youth aged 15-24. More than a half of all new HIV infections in the world occur in this population group (Chandra et al, 2014). This situation is worse in Sub Saharan Africa where preventive measures including condoms are hardly used and many young people indulge in risk sexual behaviors (UNAIDS,2014). In the region, three in four new infections are among girls aged 15-19 years and young women aged 15-24 are twice as more likely to be living with HIV than men (THIS, 2017). Thus, monitoring the sexual behaviors of this vulnerable age group is important in the efforts for preventing and controlling the pandemic

The situation in Tanzania is not different compared to the rest of the African countries .For instance in Uganda HIV among individual aged 15-24 was 3.7% and more than twice as high among female than male(Mafigiri et al., 2017). During the year 2016 the prevalence of HIV among youth aged 15-24 in Tanzania was 1.4%; 2.1% for females and 0.6% for males (MoHCDGEC, 2017). Young women of the same age are especially at risk of HIV with around 7,000 new infections occurring each week (AVERT, 2018). In 2016, more than 25,000 women aged 15-24 years became infected with HIV, compared to around 20, 000 men of the same age (AVERT, 2018). Women tend to become infected earlier, because they have older partners and get married earlier. They also experience difficulties in negotiating safer sex because of gender inequality. The ‘sugar daddy’ culture is widespread in Tanzania (AVERT, 2018). Women are often accepting the sexual advances of older men for a variety of reasons including money, affection and social advancement. Intimate partner violence (IPV) is also an issue with more than 30% of married or partnered women aged 15–24 experiencing physical or sexual violence from a male partner (AVERT, 2018) and thus increasing their risks to contacting the condition.

HIV is a generalized epidemic in Tanzania with heterosexual transmission being the main route of transmission. Sexual risky behaviors include engaging in unprotected penile vaginal intercourse, early sexual debut and having multiple sexual partners (Kazaura,et al 2009). Sexual debut among youth in Tanzania similar to the SSA countries start earlier (Masatu,et al 2009)). In Tanzania, it was estimated that 9% of females and 10% of males aged 15-24 years had sexual intercourse for the first time before the age 15 (UNICEF (2013). Further, the same study reported that 50% of women and 43% of men aged 18-24 years have had sex before age 18. Engaging in early sex is the entry point to subsequent risk behaviors. Early age at sexual debut has been associated with higher numbers of lifetime sexual partners, increased risk of papilloma virus infections, and death due to abortion and teenage pregnancies (Mmbaga, et al 2012).

The developmental, physiological and behavior changes that take place during adolescence can contribute to an increased risk of contracting HIV and other sexually transmitted infections (STIs) and of experiencing unplanned pregnancy (Mwale, et al 2017).

Despite high HIV prevalence and high rates of risks sexual behaviors in Sub Saharan African countries, young people in these countries often perceive themselves as being at low risk of HIV infection, One explanation for this was that youth may underestimate risks in general because of feeling invulnerability .(Brown, et al 2007)

Human sexual practices are normal, healthy part of life (Kamazima,et al 2018) .The available evidence suggests that youth engage in different types of sexual behaviors such as vaginal sex, oral sex, anal sex, masturbation, kissing as well as touching of genitals and breast (Laddunuri, 2013). Other kinds of sexual practices which are performed also among youths are dry and wet sex where by dry sex involves having sexual intercourse without vaginal lubrication (Definition.net). In Zambia, for example, women are reported to use a variety of drying agent to dry vagina before having sex a practice also reported to be common in Southern Africa (Sandala et al 1995). Studies conducted in Zambia indicate that 10% of women who used cloth or leaves to help shrink their vagina experienced vaginal swelling (Sandala et al 1995). Wet sex was reported as a common sexual practice prevalent in Rwanda (Lewson, 2017).

The study on youth and adult's sexuality behavior suggested that the motives for having sex are associated with a greater or lesser likelihood of sexual risks (Dawson, et al, 2008). For example, having sex for pleasure motives has been linked to sexual behaviors that increase the risk of sexually transmitted infections (STIs) such HIV. (Moor et,al 2008). A study conducted in the urban settings in Dar es salaam Tanzania on the motives for having sex among youths revealed that 77.7% wanted pressure; 11.8% wanted money, 9.7% were raped and a few were playing with their fellow peers or they tried it after watching a video (Leshabari,et al, 2013). Those who had their first anal sexual experiences before the age of 15 years were significantly more likely to report rape (Mmbaga et al., 2013). While these studies were conducted in urban settings it is not clear what would be the motives for the first sexual experience among male and female youth in rural settings.

Knowledge of sexual behaviors and related factors is important for understanding the perception of HIV infections among youth. However, previous studies in Tanzania were concentrated among youth in school and little was known among out of school youth, even though consequences such as HIV infections and school age pregnancies were quite a public health challenge in the society. Therefore, this study aims to assess perceived risks of HIV infections and sexual behaviors among out of school youths.

1.2 Statement of the problem

About 3.5 million school aged children and youth in Tanzania were not in school in 2017 (Woods, et al 2017) and in the same year about 1.4% of youths aged 15-24, including out of school youths, were living with HIV (MoHCDGEC, 2017). Although out of school youths are among the affected youth population, this group has been abandoned as most HIV prevention studies and intervention have been targeting in-school youths (Tarkang et, al 2018). This could be because in school youths are easier to reach and are less complex to engage in terms of research logistics. Given the established role of behavioral change in countering HIV/AIDS, disregarding the out of school youth is no longer an option. Studies have shown that youth engage into different types of sexual behaviors including: vaginal sex, oral sex, wet and dry sex as well as masturbation (Laddunuri, 2013).

It also shows that youth sexual practices are motived by the desire to get pressure, money, playing with peers, and trying it after watching a video game. However, these studies were conducted in urban settings focusing on in school youths and little is available about perceived risks of HIV infections and sexual behaviors of out of school youths in rural settings. This study is timely to yield useful information for informing targeted interventions on safe sex and HIV prevention among out of the school youths.

1.3 The conceptual framework of the study

The conceptual framework illustrates multiple factors of Sexual behaviors among out of school youth, such as Perceived risk, Motives like pleasure, wanted money and given gift. Sexual partners like friends (lovers), relatives and fellow students.

The modified model adapted from socioecological framework a theory-based framework for understanding the multifaceted and interactive effects of personal and environmental factors that determine behaviors. The conceptual framework demonstrated the aim of this study to determine sexual behaviors and perceived risks of HIV infections among out of school youth. The study focused on Sexual behaviors as the outcome of interest.

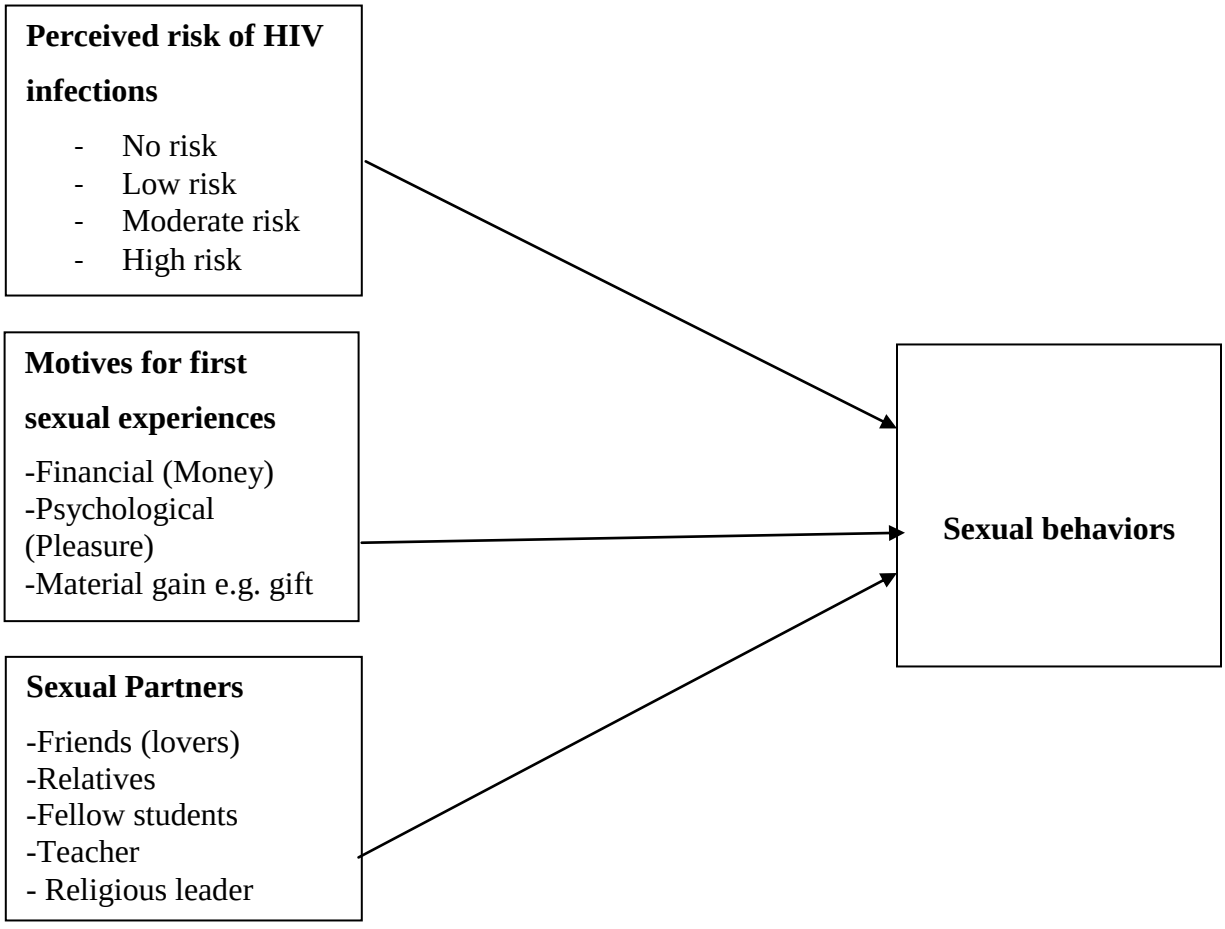


Figure 1: Conceptual framework

Conceptual framework illustrates sexual behaviors among out of school youth.

1.4 Rationale of the Study

The study findings will contribute knowledge and information on sexual behaviors and perceived risks of HIV infections among out of school youth in Mpimbwe District -Katavi Region. Such information can help in informing policies and targeted interventions towards preventing the spread of HIV among out of school youth in the district and in other areas with similar context.

1.5 Main Research Question

What types of Sexual behaviors practiced among out of school youth in Mpimbwe DC and how they perceived to be on risk of contracting HIV infections?

1.5.1 Specific Research Questions

1. What are the sexual behaviors practiced among out of school youth?
2. What are the motives for the sexual behaviors among out of school youth?
3. To what extent do youth perceive themselves to be at risk of HIV infections?
4. What relationship did out of school youth had with the partners of their first sexual experience?

1.6 Broad Objectives of the study

To determine the sexual behaviors practiced and perceived risks of HIV infections among out of school youth in Mpimbwe DC.

1.7 Specific Objectives

1. To determine sexual behaviors practiced among out of school youth in Mpimbwe DC.
2. To determine the motives for sexual behaviors practiced among out of school youth in Mpimbwe DC.
3. To assess perceived risk of HIV infection among out of school youth in Mpimbwe DC
4. To determine relationship of out of school youth had with the partners of the first sexual experience in Mpimbwe DC.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Types of Sexual behaviors

Among public health concerns are some of the reported types of sexual behaviors practiced in Sub Saharan Africa that increase the risk for adverse health outcomes. Unfortunately reporting of sexual behaviors in heterosexual relationships in Sub-Saharan Africa have focused on penile-vaginal sex and associated negative health outcome, for example a study conducted in Zimbabwe indicated that the most common type of sexual practices is penetrative vaginal sex and other forms were reported to be rare.(Masatu,et al 2009)., But the role of these rare sexual behaviors such as heterosexual oral, anal, dry and wet sexual acts within the spectrum of sexual behaviors needs to be documented within the sub-Saharan region, so as to influence sexual health policies and programmes within countries.

In America adolescents tends to engage in oral sex prior to vaginal sex. Reports from studies conducted by Kropp et al (2005) and Halpern-Felsher et al (2005) show that the most common form of sexual behavior among adolescents is oral sex, at least 20% of adolescents have had oral sex by the end of ninth grade, and over 50% of high school students report having had oral sex.(Kropp, et al 2005) Youths are more likely to have had oral sex than vaginal sex, between 14% and 50% of adolescents had oral sex prior to vaginal sex, and both sexual behaviors were more prevalent than anal sex. This is similar to Africa, even though it is difficult to draw a conclusion due to cultural diversities, but oral sex is preffered than anal and vaginal during pre-marital sexual intercourse , youths thought it is less risk in contracting HIV and other STI's.

Moreover, study from Kinshasa Congo, among HIV Voluntary Counseling and Testing 718 participants who are sexually active participants reporting heterosexual sex, 59% had oral sex, 22% anal sex and 18% both practices. Among participants reporting "not" having had sex, 6% reported oral sex, 3% anal sex and 1% both.

Oral sex was associated with a daily use of the Internet/mobile phone, perceiving low community HIV risk, reporting HIV-related behaviors (multiple partners, inconsistent condom use, anal, paid and forced sex) and having been pregnant. Being married-monogamous was inversely associated with oral sex. Anal sex was directly associated with having other risky sexual behaviors(Carlos et al., 2019).

A study by Levin, (2007) on wet and dry sex , claimed that women in those male oriented cultures that practice dry sex undertake various genital treatments not to dry their vaginas per se but to make them tight and hot in order to give enhanced pleasure to their partners and sometimes to themselves. In fact, the treatments can make sex very painful for women. This kind of sex was common in Zambia and Zimbabwe. In Zambia women for example, drink a porridge that is believed to cause drying of the vagina (Sandala et al, 1995). Dry sex increases the risk of HIV infections.

However, study from Rwanda explains about wet sex which was very common (Lewson, 2017), in his study the joy of Kunyaza; women's pleasure comes first. Wet sex this was the sexual practice which was common in Rwanda**.** In this kind of sex, the man holds of his penis and use the head to tap the woman's clitoris, labia and vaginal opening. Another kind of sexual practice was masturbation, from the studies it showed that a large majority (93.8%) they were aware of many people who enjoyed sex by masturbation, and 83.4 % they have friends who practiced it(Mmbaga et al., 2013).

While such studies were conducted elsewhere and in urban settings it is not clear whether the same sexual behaviors are practiced among out of school youth in rural areas.

2.2 Motives for Different Sexual behaviors

The reason of having sex by youth differ from one individual to another, from geographical location such as for those who found in Urban and rural areas. According to Leigh (1989), for example, documented seven reasons for sex: peer pleasure, to express emotional closeness, to reproduce, because a partner wants it, to please a partner, to make a conquest, and to relieve sexual tension.

According to (Bogale et al, 2014)in his study among in school youths, he found that the reason for having sex among in school youth commonly are fall in love(48.4%),15.9% forced ,12.1% desire to have sex,10.2% peer pressure,8.9%drunk and 4.5% material gain.

Other study from Dare salaam Tanzania showed that 77.7% of youth first tried anal sex because they wanted pressure and 11.8% did it because they wanted money. About one out of every ten (9.7%) raped and a few said they were playing with their fellow peers or first tried it after watching a video game. Those who had their first anal sexual experiences before the age of 15 years were significantly more likely to report rape (Leshabari et al, 2013) . (Vannier,et al 2012) in their study mentioned pleasure, experience seeking, and stress reduction are among the motives for practicing oral sex among men and women aged 18 up to 24.

Furthermore, there could be numerous reasons for having sex, for example, sex might be used to reward a partner or as a favor in exchange for something the partner has done. Sex might be used to punish a partner, such as when someone engages in a retaliatory affair in order to exact revenge on a partner for having committed some violation within the relationship (Greiling et al, 2000). Also, within an ongoing relationship, sex might be used to intensify the relationship, escalate the level of commitment within the relationship, or turn a short-term relationship into a long-term relationship (Buss et al, 2003). Moreover, (Basson et al, 2000) described how women may engage in sexual intercourse for the ‘‘spin-offs’’ they receive, such as emotional closeness, bonding, commitment, love, affection, acceptance, tolerance, and closeness.

However, it is not clear what would be the motives for the different sexual behaviors among out of school youths in rural settings. The current study is geared towards addressing such knowledge gap.

2.3 Perceived risks to HIV

Despite high HIV prevalence and high rates of sexual risk behaviors in Sub-Saharan African countries, young people in these countries often perceive themselves as being at low risk of HIV infection. One explanation for this was that youth may underestimate risks in general because of a feeling of invulnerability (Anderson et al., 2007)

There was evidence that young people are aware of the perception of risks of HIV transmission associated with unprotected sexual intercourse. A study in Ibadan among urban dwellers established that they have a high-risk perception of contracting the virus (Awusabo-Asare,et al 2016). However, perception of sexual and reproductive health risk has not been consistent with behavior in a number of studies. Gender differentials have been noted in perception of risk of HIV among youth, for instance, (Akwara et al 2003) established that males had a higher risk perception than females while others have shown the reverse. Studies have also, identified other correlates of HIV risk perception. For instance, a study in the slums of Nairobi, established a relationship between schooling and HIV risk perception with young people in school living in slums being less likely to perceive themselves at risk of HIV(Darteh et al., 2016).

Perceived risk to HIV infections is also reported by Mmbaga et al,2013, from Studies of Men Who had sex with men in Dare salaam. In his study he reported that when the respondent was asked the probability that he may be infected with HIV, a majority 62% reported their self-perceived risk as high, while one out of five reported a small risk or no risk at all. Among respondents who felt they had no risk of HIV infections, about 71.7% used condoms during last sex whereas only 42% of those who felt they had a high risk reported to have used condoms during last sex. A higher proportional of those who reported to use lubricants reported to be at high risk of HIV infection.

Furthermore, among women who had sex in the last 12 months, 7.6% (15–19) and 3.8% (20–24) years had 2 or more sexual partners.(Prata et al) highlights the relationship between young people's assessments of their HIV risk with assessments based on current and past sexual behavior, where more male than female who considered themselves to have no risk or a small risk of contracting HIV were actually at moderate or high risk in relation to unprotected sex (Kibombo, et al, 2010)

Although the above studies focused on perceived risks to HIV infections, none of them was conducted in rural areas and to among out of school youths. This study focused on exploring the same and specifically in rural settings and among out of school youth.

2.4 Relationship with their Partners of the first sexual experiences

First sexual intercourse was an important experience in the young adult life course. According to the studies it showed that females youth having sex at first time with older partners, this was associated with negative outcomes for youth. Females who engage in sex prior to age 16 with an older partner are three times as likely to give birth before turning 20 as are adolescents who have sex with a similar aged partner were less likely than others to use condoms or other contraceptives. (Mindy et al 2011), For similar reasons having an older partner may also increase like hood of acquiring an STD (Mindy et al 2011), this is also concluded in a study conducted by (Senn et al, 2007), having an older first sex partner during adolescence was associated with sexual risk behavior in adulthood.

In Tanzania it was reported that friends were the most common initial partner (68.8 %), followed by fellow students (8, 9%) and neighbors (7.7%). Other initial anal sex partners mentioned include prison remaindees, bosses at workplace, strangers, relatives and street children. Respondents who were younger than 15 years at first anal sexual experience had higher proportions reporting the first partner to be a fellow student (17%) and close relative (11.2%) compared to their older counterparts (Mmbaga et al 2013).

Having sex with relatives is extremely prevalent yet vastly underreported in sub-Saharan Africa, family composition and other cultural practices continue to be potent forces of sexual relationship between relatives, a study conducted by (Bowman et al, 2014) in Zambia reported massive number of younger adolescents having family member as their first sexual partner, the situation is similar to India, as reported by (Chowdhury et al, 2014) underreported intrafamilial sexual relationship is prevalent due to families tend to hide the situation so as to protect the good reputation of the family.

None of the reported studies was conducted in rural settings and information on the relationship that out of school youths in the rural areas had with the partners of their first sexual experiences was limited, this study addressed the gap.

CHAPTER THREE

3.0 METHODOLOGY

3.1 Introduction

This section presents the research design, areas covered, the scope of the study, and the population of the study, the sample size, sampling techniques and data analysis methods that were used. Data collection tools, data processing and data interpretation.

3.2 Study Design

The study was descriptive cross-sectional design.

3.3 Study Area

The study was conducted at Mpimbwe DC in Katavi Region. Mpimbwe DC is located in Southwest Region of Tanzania with an area of 7,704.84 square Kilometer. It has nine wards which are Mirumba, Usevya, Majimoto, Ikuba, Chamalendi, Mwamapuli, Mbede, Mamba and Kasansa. The council was established in 2016/2017 after the division of the former Mlele District.

According to 2012 national population census, Mpimbwe DC has 117,539 people involving themselves in various income generation activities including agriculture, Livestock keeping and business. The population of youth in Mpimbwe DC was 32,098 where males are 14,411 and females 17,687. During 2017, the prevalence of male youths having HIV was 0.6% and female youths was 1.2% (Mpimbwe District Health profile 2017/2018),The choice of this district is triggered by the fact that despite of being a new established district ,Mpimbwe DC has higher HIV prevalence of 5.7%.(Tanzania HIV Impact Survey (THIS), 2017)**.** Therefore, with such high HIV prevalence, thus the youth who found in this district were at risk of contracting HIV/AIDS.

3.4 Study population

The study population was unmarried out of School youth at Mpimbwe DC aged between 15 to 24 years.

3.4.1 Inclusion Criteria

Unmarried out of school youth aged 15-24 years.

3.4.2 Exclusion Criteria

Unmarried Out of school youth but has mental disorders.

3.5 Sample Size Determination

Since this study was descriptive, the formula for minimum sample size estimation for descriptive studies was be used.

The sample size of this study was obtained by using the formula below.

$$n = \frac{(Z)^2 p\,(100- p)}{\sum^2}$$

Where by

n-required sample size

Z-point on standard normal distribution

P-estimated proportion

E-margin of error

n=?

Z=1.96

P=25% (The results of a previous study conducted in Tanzania which showed perceived risk of HIV infections among youths (Maswanya et al., 1999)

$\sum = 5$

$$n = \frac{(1.96)^2 \times 25(100-25)}{5^2}$$

$$n = \frac{3.84 \times 25(100-25)}{25}$$

n=288

This provides a minimum sample of 288 out of school youths. However, with the 10% of non-response rate provides a minimum sample of 320 respondents. Therefore, sample size for this study were 320 out of school youths.

3.6 Sampling Technique

A multistage sampling method was used in this study to arrive at the desired number of respondents. On the first stage a researcher listed 9 wards and picked randomly 3 wards. After picking 3 wards, the list of villages which are found in each ward were listed and in each ward 2 villages were picked randomly making a total of 6 villages. The third stage involved randomly selecting 53 out of school youths from each of the 6 villages leading to a total of 320 youth in the study. During the selection of the 53 out of school youths in the specific settings, the Village leader were asked to provide a list of households with out of school youths. The researcher listed all the households by name, each on a separate piece of paper and randomly picked the households from which youths in the study were recruited.

3.7 Study Variables

3.7.1 Dependent Variables

In this study dependent variable were Sexual behaviors

3.7.2 Independent Variables

The independent variables in this study was perceived risks of HIV infections, motives such as financial, Social and biological and Sexual partners such as friends (lovers), relatives, fellow students, teachers, religious leader.

3.8 Data Collection Method and Techniques

Data for this study was collected using structured questionnaire. These structured questions were developed in English and translated into Kiswahili; the language spoken by all the study respondents and the research team.

The structured interview questions were designed to collect information on the types of sexual behaviors practiced among youth, motives of practicing sexual behaviors, partners for the first sexual experiences and perceived risk of HIV infections among out of school youth in Mpimbwe DC.

3.9 Validity and reliability of the study

For the purpose of achieving validity and reliability, questions were designed in such a way that they captured relevant information for the research objectives. Validity explains the accuracy and truth of the data in research, while reliability means that if the research is repeated by the respondents or independent observers with the same methods, they will acquire the same results or data. The research instruments were pre-tested so as to ensure the questions were acceptable, answerable and well understood. The pretested instruments helped to identify questions which might have caused ambiguity and contradictions.

3.10 Recruitment and Training of research assistants

Two research assistants (RAs) were recruited to assist the researcher in data collection. RAs were one male and one female each with a Diploma in Nursing. Research assistants were trained regarding the objectives of the study, population inclusion/exclusion criteria, study respondents enrolment procedures, data collection techniques, interaction with the study respondents, how to obtain informed consent, confidentiality, ethical guidelines in data collection including respondent rights, and data quality issues.

3.11 Data analysis plan

Analysis was done using the Statistical Package for the Social Sciences (SPSS) version 22.0. Descriptive statistics and frequency tabulation were used to describe demographic characteristics of respondents. A p-value of less than 0.05 was used as a cut-off point for assessing statistically significant.

3.12 Ethical issues and Consideration

Ethical approval from the Ethical Board of Muhimbili University of Health and Allied Sciences (MUHAS) was obtained for the study before conducting data collection. The permission to carry out the study was obtained from Mpimbwe DC. The purpose of the study was explained to participants and written informed consent were obtained from participants who are 18 years and above and assent was obtained from their parents/ guardians (for those below 18 years).

Study participants were informed about the study in detailed and were insured about the anonymity and confidentiality of collected information. The participation in this study was voluntary and participants were given a right to refuse to consent and If the participant consented to participate, they had rights to withdraw from the study at any time if they wish to do. No personal identities were collected during the interviews; data was kept using unique identifiers.

CHAPTER FOUR

4.0 RESULTS

4.1 Socio – demographic characteristics of respondents

The study involved 320 respondents. Their age ranged from 15 to 24 years with a mean of 18.9 **(**SD± 2.17) years. About half of them (52.8%) were above 18 years and 51.6% were males. More than a quarter (26.6%) had not attended school while 55% had primary education. Most respondents had a father (90.9%) and mother (94.7%) who was alive at the time of the study. Many of them (63.4%) were living with both parents, 21.9% were living with single parent and few of them (7.2%) had their own living arrangements. The rest were staying with other relatives. The demographic characteristics of the study sample was as shown in table 1.

Table 1: Study respondents' Socio – demographic characteristics

Characteristics	Number(n=320)	Percent
Age		
Below 18	152	47.5
18 years and Above	168	52.5
Sex		
Male	165	51.6
Female	155	48.4
Education Level		
Did not attend school	85	26.6
Primary education	176	55
Secondary education or higher education	59	18.4
Occupation of the Father		
Farmer	190	59.4
Employed in Government Sector	29	9.1
Employed in Non-government Sector	14	4.4
Fishermen	09	2.8
Business man	31	9.7
Education Level of the Father		
No Formal education	84	26.3
Primary School Education	139	43.4
Secondary School Education	36	11.4
Occupation of the Mother		
Farmer	227	70.9
Employed in Government Sector	33	10.3
Employed in Non-government Sector	02	0.6
Business woman	34	10.6
Education Level of the Mother		
No Formal Education	117	36.6
Primary School Education	150	46.9
Secondary School Education	19	5.9
With whom do you Live		
Both parents	203	63.4
Mother alone	61	19.1
Father alone	09	2.8
Other relatives	24	7.5
Alone	23	7.2

4.2 Types of Sexual Behaviors Practiced

Nearly all study participants (97.8%) had practiced vaginal sex, while fairly few (2.5%) reported to have practiced frotteurism as summarized in figure 2.

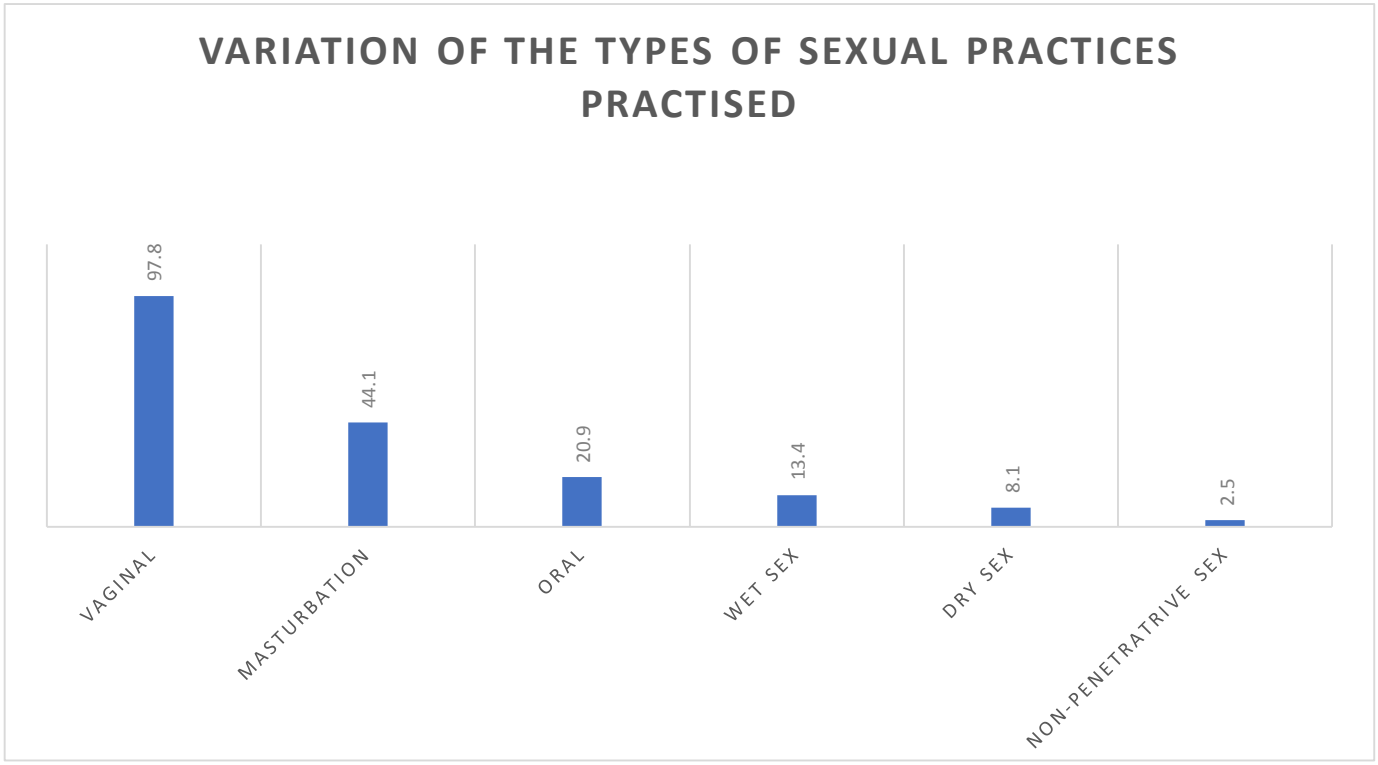


Figure 2: Variation of the types of Sexual behaviors

There were interesting variations in the type of sex practiced by selected demographic characteristics of the youth. A large proportional of males (70.9%) had practiced masturbation compared to females (15.5%). Practice of dry sex was more common among females (11.6%) than males (4.8%) as summarized in the table 2.

Table 2: Variation of types of Sexual Behaviors Practiced by sex (n=320)

Type of Sexual behaviors	Sex		Total
	Male (%)	Female (%)	
Vaginal	161(97.6)	152(98.1)	313
Oral	37(22.4)	30(19.4)	67
Masturbation	117(70.9)	24(15.5)	141 *
Dry Sex	8(4.8)	18(11.6)	26
Wet Sex	18(10.9)	25(16.1)	43
Non – penetrative sex (Frotteurism)	6(3.6)	2(1.3)	08

* Statistically significant p = 0.001

Male study participants were more likely to say they had practiced oral sex (22.4%) compared to females (19.4%) and practice of wet sex was more common among females (16.1%) compared to the male respondents (10.9%).

When types of sexual behavior practiced were examined across age groups the pattern summarized in table 3 emerged. The proportion of youth over 17 years who had practiced different types of sexual behavior was higher than that of adolescents below 18 years in all types of sex except among those who practiced masturbation and non-penetrative sex.

Table 3: Variation of Different Types of Sexual Behaviors Practiced by age

Type of Sexual Behaviors practiced	Age		Total
	Below 18	Above 18	
Vaginal	145(95.4)	168(100)	313
Oral	23(15.1)	44(26.2)	67
Masturbation	89(58.5)	52(30.9)	141
Dry Sex	11(7.2)	15(9.0)	26
Wet Sex	10(6.6)	33(19.6)	43
Non – penetrative sex	6(3.9)	2(1.2)	08

4.3 Motives for first Sexual experience

One of the objectives of this study was to find out the motive for the first sexual experience of the study participants. More than three-quarters of respondents (76.9%) said that pleasure was the main reason for trying sex for the first time followed by been induced by gifts and money.

Initiation of sex for pleasure was more common among males (98.1%) compared to females (59.2%) while gifts as a reason for the first sexual experience was more prominent among the female study participants (37.5%) compared to males (0.6%) as summarized in figure 2.

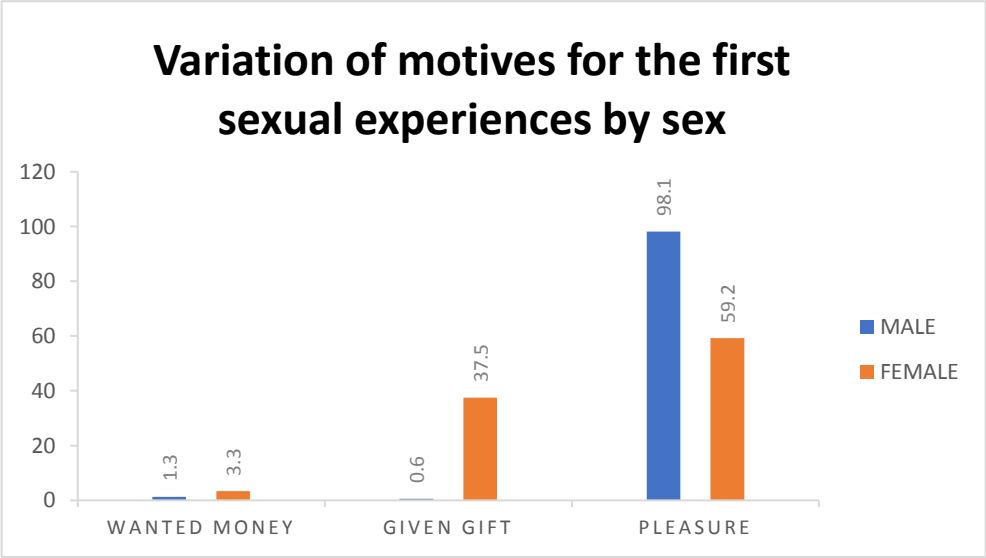


Figure 3: Variation of Motives for the first sexual experience by sex (n = 320)

Sex for pleasure was slightly higher among study participants above 18 years (84.6%) compared to those who were younger (72.5%). Initial sex induced by gifts was more common among adolescents aged below 18, (24.6%) compared to those who were older (13.6%) as shown in table 4.

Table 4: Variation of Motives for the first sexual experience by age

Motives of first sex experience	Age		
	Below 18 N=152(%)	Above 18 N=168(%)	Total (%)
Wanted money	4(2.8)	3(1.8)	7
Given a gift	35(24.6)	23(13.6)	58
Pleasure (wanted to feel nice)	103(72.5)	143(84.6)	246
Total	142(100)	168(100)	311

When the association between who a study participant lived with was examined across motives for the initial sexual experience the pattern summarized in table 5 emerged. Initial sex for pleasure and gifts was most common among those who were staying with both parents while money as a motive was more prominent among the youth who were staying with single parents or other relatives.

Table 5: Variation of Reasons for the First Sexual Experience by with Whom They were Living with.

With whom do you live with	Motives for the first sexual experience			
	wanted money	Given gift	Pleasure	Total
Both parents	0(0)	38(65.5)	153(63.2)	191
Father or Mother	3(42.9)	11(19.0)	55(22.7)	70
Other relatives	3(42.9)	5(8.6)	16(6.6)	24
Alone	1(14.3)	4(6.9)	18(7.4)	23
Total	7(100)	58(100)	242(100)	308

4.4 Perceived risk of HIV infection

Generally perceived risk to HIV infection by the study participants was fairly low. More than a third (34.3%) were of the opinion that they were at no risk of HIV infection and only 14.1% believed their risk was high. However, 28.1% had low perception of risk and 23.4% had medium perception of risk.

Female study participants were more likely to say they were at no risk of HIV infection (37.4%) compared to males (31.5%). as summarized in table 6.

Table 6: Perceived risk of HIV infections among Respondents by sex (n = 320)

Perceived risk of HIV infections among an Individual	**Sex**		
	Male N=165 (%)	**Female N=155 (%)**	**Total**
No Risk	52 (31.5)	58(37.4)	110
Low Risk	48 (29.1)	42(27.1)	90
Medium Risk	41 (24.8)	34(21.9)	75
High Risk	24 (14.5)	21(13.5)	45
Total	165(100)	155(100)	320

Adolescents who were under 18 years were more likely to report they were at no risk of HIV infection (40.1%) compare to the youth who were over 18 years old (29.2%) as summarized in table 7.

Table 7: Perceived risk of HIV infections among Respondents by age (n = 320)

Perceived risk of HIV infections among an Individual	Age		Total
	Below 18 N=152(%)	Above 18 N=168(%)	
No Risk	61 (40.1)	49 (29.2)	110
Low Risk	39 (26.6)	51 (30.4)	90
Medium Risk	33 (21.7)	42 (25)	75
High Risk	19 (12.5)	26 (15.5)	45
Total	152(100)	168(100)	320

4.5 Partners of the first Sexual Experiences

Friends were reported to be the first sexual partner to 70.3% of the study participants and very few (2.8%) had relatives as partners.

Friends were more likely to be the partner for the first sexual experience among females (74.5%) compared to males (69.8%) while fellow students were reported as first sexual partners by more males (28.3%) compared to females (21.6%) as summarized in table 8.

Table 8: Partners of the first sexual Experiences by sex (n=320)

Partners of the first sexual Experiences	Sex		Total
	Male %	Female %	
Friends (Boyfriend/Girlfriend)	111(69.8)	114(74.5)	225
Relative	3(1.9)	6(3.9)	09
Fellow Students	45(28.3)	33(21.6)	78
Total	159(100)	153(100)	312

CHAPTER FIVE

5.0 DISCUSSION, CONCLUSION AND RECOMMENDATION

5.1 Discussion

5.1.1 Types of sexual behaviors

The study findings showed that, masturbation was done by 70.9% of males and 15.5% females, this was contrary with the findings reported by (Kazaura,et al 2009) whereby 35.6% of males and 17.0% of females practiced masturbation, the study done by (Mwakagile et al., 2001) on sexual behavior among youth at high risk for HIV-1 infection in Dar es salaam found that only 8.8% of males reported masturbation, this difference might be triggered by study population used, the current study used unmarried out of school youth, while the previous study combined unmarried and married youth. The findings from the current study imply that, the proportion of male who practiced masturbation in Mpimbwe DC was higher compared to female, these results showed that masturbation was common sexual practice among males in the study area and common way of getting sexual satisfaction among youth which also serves as a preventive measure against HIV infections.

A study conducted by (Kazaura et al 2009) revealed that oral sex was practiced by72 participants out of 885,of which 9.4% were male and 5.9% were females, these findings are contrary to current study, we found that 67 participants out of 320 of which 22.4% males and 19.4% females practiced oral sex, Moreover (Mwakagile et al., 2001) reported that about 55 participants out of 380 youth of which 7.4% of males and 22.7% of females practiced oral sex, the difference between current and previous studies was triggered by the time factor as the current study conducted in a period of advanced technology .These findings imply that, oral sex is fairly common even in rural setting and therefore, public health interventions on oral sex should be directed to rural areas, as oral sex is no longer a typical urban sexual practice.

5.1.2 Motives for different sexual behaviors

Sex for money was not common among the study participants. Only 7 out of 320 participants had received money in exchange for sex. The prevalence of out of school youth reported having ever exchanged sex for money in current study was 2.2%. Sex for money was slightly higher in females (3.3%) compared to males (1.3%), This findings are contrary to a survey done in Burkina Faso, Ghana, Malawi and Uganda by (Moore ,et al 2007) revealed that ,sex for money was common among unmarried adolescents. However,(Hallfors,et al 2006) from their study on prevalence and correlates of exchanging sex for drugs or money among adolescents in United States of America revealed that, prevalence of having sex in exchange for money among adolescent was 3.2%. The low percentage of out of school youth reporting ever received money in exchange for sex both in previous and current study might be contributed by cultural issues, in many settings out of school youth particularly girls tend to under report if they ever had sex for money, because an exchange of sex for money is considered as prostitution in many societies.

5.1.3 Perceived risks to HIV

Out of school youth in this study manifested low perception of risk of contracting HIV and practiced different types of sexual behaviors. Only 14% of the respondents in this study perceived themselves at high risk of HIV infection. This percentage is lower than that obtained by (Komesuor, et al 2018) in Cameroon (20.7%) and it is higher than that reported by (Negeri, 2013) in Ethiopia, (7.5 %).This disparity could be due to cultural differences in relation to sexual activities between the study areas. Out of school youth may perceive their risk of HIV/AIDS to be low even though behaviors which make them susceptible are fairly prevalent. The low level of perception of risk of contracting HIV/AIDS in this study shows that there is inefficiency in the health education programmes targeting out of school youth in the study area.

5.1.4 Relationship with their partners of the first sexual experiences

In this study an attempt was also made to find out who was the partner during their first sexual experiences. The findings revealed that 69.8% males and 74.5% females reported that their

partners of first sexual experience were friends(lovers**).** This findings is similar to a studies conducted by (Mmbaga, et al 2013),in Tanzania, it was reported that friends were the most common initial partner (68.8 %), and (Awotidebe et al 2014) on factors contributing to the risk of HIV infections in rural school going adolescents and young adults in South Africa revealed that friends are the common partner for the first sexual experiences was 83.8 % for males and 87.2% females.

5.2 Study Limitations and Mitigation

Firstly, some aspects of the study required participants to recall information about events that happened in the past that may have been difficult for some participants, thus potentially introducing recall bias. To overcome this bias question were asked in a simpler way, which was easy for the respondents to recall.

Secondly, due to the sensitivity of some of the questions asked some respondents were not able to tell the truth regarding their sexual experiences, for example males exaggerate the number of partners they have had and females underestimate them due to cultural reasons this introducing misclassification bias. To minimize this researcher were to building rapport to respondents to give the true information.

Lastly, the use of cross-sectional study limited the study because it did not allow the establishment of causality.

5.3 Conclusion

The findings of this study have shown that, out of school youth in Mpimbwe District in Katavi region of Tanzania manifested low perception of contracting HIV/AIDS, with youth having low perception, are likely to engage in different sexual behaviors such as penetrative and non-penetrative sexual behaviors with different sexual partners and therefore are at high risk of contracting HIV/AIDS.

5.4 Recommendation

Based on the study findings, I recommend the following:

1. Out of school youth experiences several sexual practices that include penetrative and non-penetrative. We advocate for a more enhanced approach of reproductive health education that includes safer sex to these youth.
2. Since the majority out of school youth engaged in Sexual behaviors because of pleasure, Health promotion on condom use should be implemented for this vulnerable group in order to prevent them from the risk of acquiring HIV.
3. HIV education should be intensified in order to equip out of school youth particularly in rural areas with knowledge and information on HIV so as to enable them make an accurate risk perception of contracting HIV and hence adopt healthy life style.

REFERENCES

Anderson, K. G., Beutel, A. M., & Maughan-Brown, B. (2007). HIV Risk Perceptions and First Sexual Intercourse Among Youth in Cape Town South Africa. *International Family Planning Perspectives*. https://doi.org/10.1363/3309807

AVERT. (2018). HIV and AIDS in Kenya Key affected populations in Tanzania Women and HIV in Tanzania. *AVERT*, (2019), 1–6.

Bogale, A., & Seme, A. (2014). Premarital sexual practices and its predictors among in-school youths of shendi town, west Gojjam zone, North Western Ethiopia. *Reproductive Health*, *11*(1), 1–9. https://doi.org/10.1186/1742-4755-11-49

Bowman, C. G., & Brundige, E. (2014). Child sex abuse within the family in sub-Saharan Africa: Challenges and change in current legal and mental health responses. *Cornell International Law Journal*, *47*(2), 231–297.

Carlos, S., López-del Burgo, C., Ndarabu, A., Osorio, A., Rico-Campà, A., Reina, G., … De Irala, J. (2019). Heterosexual oral and anal sex in Kinshasa (D. R.congo): Data from OKAPI prospective cohort. *PLoS ONE*, *14*(1), 1–14. https://doi.org/10.1371/journal.pone.0210398

Carson, D. K., Foster, J. M., & Chowdhury, A. (2014). Sexual Abuse of Children and Youth in India. *The Oriental Anthropologist: A Bi-Annual International Journal of the Science of Man*, *14*(2), 343–364. https://doi.org/10.1177/0976343020140212

Chandra-Mouli, V., McCarraher, D. R., Phillips, S. J., Williamson, N. E., & Hainsworth, G. (2014). Contraception for adolescents in low and middle income countries: Needs, barriers, and access. *Reproductive Health*. https://doi.org/10.1186/1742-4755-11-1

Darteh, E. K. M., Kumi-Kyereme, A., & Awusabo-Asare, K. (2016). Perception of Risk of HIV among Adolescents' Living in an Urban Slum in Ghana. *African Journal of Reproductive Health*, *20*(1), 62–70. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/29553178

Dawson, L. H., Shih, M. C., De Moor, C., & Shrier, L. (2008). Reasons why adolescents and young adults have sex: Associations with psychological characteristics and sexual behavior. *Journal of Sex Research*, *45*(3), 225–232. https://doi.org/10.1080/00224490801987457

Edwards, J. M., Iritani, B. J., & Hallfors, D. D. (2006). Prevalence and correlates of exchanging sex for drugs or money among adolescents in the United States. *Sexually Transmitted Infections*, *82*(5), 354–358. https://doi.org/10.1136/sti.2006.020693

Halpern-Felsher, B. L., Cornell, J. L., Kropp, R. Y., & Tschann, J. M. (2005). Oral versus vaginal sex among adolescents: Perceptions, attitudes, and behavior. *Pediatrics*. https://doi.org/10.1542/peds.2004-2108

Kamazima, S. R., Cv Kakoko, D., Mosha, I. H., Kakoko, D. C. V, & Mosha, I. H. (2018). Types of Sex Practiced among Selected Communities in Tanzania: Implications to HIV and AIDS Interventions. *An Open Access Journal*, *5*, 40.

Kazaura, M. R., & Masatu, M. C. (2009a). Sexual practices among unmarried adolescents in Tanzania. *BMC Public Health*, *9*, 1–6. https://doi.org/10.1186/1471-2458-9-373

Kazaura, M. R., & Masatu, M. C. (2009b). Sexual practices among unmarried adolescents in Tanzania. *BMC Public Health*, *9*, 1–6. https://doi.org/10.1186/1471-2458-9-373

Kibombo, R., Neema, S., & Ahmed, F. H. (2010). Perceptions of Risk to HIV Infection among Adolescents in Uganda: Are They Related to Sexual Behaviour? *African Journal of Reproductive Health*, *11*(3), 168. https://doi.org/10.2307/25549738

Levin, R. J. (2007). *influence in modifying vaginal function Wet and dry sex — the impact of cultural influence in modifying vaginal function 1*. (October 2012), 37–41. https://doi.org/10.1080/14681990500396568

Lewson, T. (2017, December). *The joy of kunyaza_ why women's pleasure comes first in Rwanda _ New Internationalist*. Retrieved from https://newint.org/features/web-exclusive/2017/12/15/kunyaza-rwanda-sex-equality

Mafigiri, R., Matovu, J. K. B., Makumbi, F. E., Ndyanabo, A., Nabukalu, D., Sakor, M., … Wanyenze, R. K. (2017). HIV prevalence and uptake of HIV/AIDS services among youths (15-24 Years) in fishing and neighboring communities of Kasensero, Rakai District, South Western Uganda. *BMC Public Health*, *17*(1), 1–10. https://doi.org/10.1186/s12889-017-4166-2

Maswanya, E. S., Moji, K., Horiguchi, I., Nagata, K., Aoyagi, K., Honda, S., & Takemoto, T. (1999). *Knowledge , risk perception of AIDS and reported sexual behaviour among students in secondary schools and colleges in Tanzania*. *14*(2), 185–196.

Mmbaga, E. J., Dodo, M. J., Leyna, G. H., Moen, K., & Leshabari, M. T. (2013). *Sexual Practices and Perceived Susceptibility to HIV Infection among Men : ho have Sex with Men in Dar Es Salaam , Mainland Tanzania AIDS & Clinical Research*. 1–6. https://doi.org/10.4172/2155-6113.S1-012

Moore, A. M., Biddlecom, A. E., & Zulu, E. M. (2007). Prevalence and meanings of exchange of money or gifts for sex in unmarried adolescent sexual relationships in sub-Saharan Africa. *African Journal of Reproductive Health*. https://doi.org/10.2307/25549731

Mwakagile, D., Mmari, E., Makwaya, C., Mbwana, J., Biberfeld, G., Mhalu, F., & Sandström, E. (2001). Sexual behaviour among youths at high risk for HIV-1 infection in Dar es Salaam, Tanzania. *Sexually Transmitted Infections*, *77*(4), 255–259. https://doi.org/10.1136/sti.77.4.255

Mwale, M., & Muula, A. S. (2017). Systematic review: A review of adolescent behavior change interventions [BCI] and their effectiveness in HIV and AIDS prevention in sub-Saharan Africa. *BMC Public Health*, *17*(1), 1–9. https://doi.org/10.1186/s12889-017-4729-2

Negeri, E. (2013). Assessment of Sexual Behaviour, Attitude and Risk Perception about HIV/AIDS among Out-of School youths, Ilu-Abba-Bora Zone, Western Ethiopia. *Science, Technology and Arts Research Journal*, *1*(2), 18. https://doi.org/10.4314/star.v1i2.98780

Senn, T. E., Carey, M. P., Vanable, P. A., Coury-Doniger, P., & Urban, M. (2007). Characteristics of sexual abuse in childhood and adolescence influence sexual risk behavior in adulthood. *Archives of Sexual Behavior*, *36*(5), 637–645. https://doi.org/10.1007/s10508-006-9109-4

Tanzania HIV Impact Survey (THIS). (2017). *Summary Sheet: Preliminary Findings 2016-2017*. (December 2017), 2016–2017.

Tarkang, E. E., Pencille, L. B., Dadah, E., Nzegge, M. M., & Komesuor, J. (2018). Highly prevalent at-risk sexual behaviours among out-of-school youths in urban Cameroon. *Pan African Medical Journal*, *30*, 1–12. https://doi.org/10.11604/pamj.2018.30.254.15775

Vannier, S. A., & O'Sullivan, L. F. (2012). Who gives and who gets: Why, when, and with whom young people engage in oral sex. *Journal of Youth and Adolescence*, *41*(5), 572–582. https://doi.org/10.1007/s10964-012-9745-z

Woods, B., Alliance, V., & Government, T. (2017). *UNICEF Annual Report 2017 Republic of Guinea-Bissau (the)*. 1–46.

APPENDICES

Appendix 1A: Structured Interview Questions (English Version)

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

STRUCTURED INTERVIEW QUESTIONS ON SEXUAL BEHAVIORS AND PERCEIVED RISKS OF HIV INFECTION AMONG OUT OF SCHOOL YOUTH IN MPIMBWE DISTRICT COUNCIL KATAVI.

Structured interview Schedule-English Version.

Questionnaire ID…….

SECTION A: SOCIO-DEMOGRAPHIC CHAARACTERISTICS

The purpose of this section is to grasp information about socio demographic characteristics of an Individual. An Individual is required to give their information about socio demographic characteristics by answering the questions below. (*Circle the correct responses*) Let us start by talking a bit about yourself

1. **Circle the sex of the respondent**
    1. Male
    2. Female
2. **How old are you?.....**
3. **Which level of education did you attained?**
    1. Not attended school at all
    2. Incomplete primary
    3. Primary
    4. Incomplete secondary

5. Secondary
6. Other, specify……

4. **Is your father alive?**
    1. Yes
    2. No →QU 7

5. **What is his occupation**
    1. Farmer
    2. Fishermen
    3. Business man
    4. Other, specify…….

6. What is his level of education?
    1. No formal education
    2. Incomplete primary education
    3. Completed primary education
    4. Incomplete secondary education
    5. Completed secondary education
    6. Incomplete higher education
    7. Completed higher education

7. **Is your mother alive?**
    1. Yes
    2. No (→ QU 11)

8. What is her occupation?
    1. Farmer
    2. Employed in Government Sector
    3. Employed in Non-government Sector
    4. Business woman
    5. Other, Specify

9. What is her level of education?

1. No formal education
2. In completed primary education
3. Completed primary education
4. Incomplete secondary education
5. Completed secondary education
6. Incomplete higher education
7. Completed higher education

10. **With whom do you live?**

1. Both parents
2. Mother alone
3. Father alone
4. Other relatives
5. Alone
6. Others specify……...

11. **Are you interested in sports?**

1. Yes
2. No→ QU13

12. If yes, which one?

1. Football
2. Netball
3. Traditional Dances
4. Modern Dances
5. Other, specify…….

13. **Do you drink Alcohol?**

1. Yes
2. No → QU 15

14. Have you drunk until you lose mind?

1. Yes
2. No

15. Do you know Cigarette?

1. Yes
2. No→ QU 18

16. Do you have a friend tried it?

1. Yes
2. No

17. Have you tried it?

1. Yes
2. No

18. Do you know Marijuana?

1. Yes
2. No→ QU21

19. Do you have a friend tried it?

1. Yes
2. No

20. Have you tried it?

1. Yes
2. No

21. Do you know heroine?

1. Yes
2. No→ QU24

22. Do you have a friend tried it?

1. Yes
2. No

23. Have you tried it?

1. Yes
2. No

24. Do you know cocaine?

1. Yes
2. No→ QU27

25. Do you have a friend tried it?

1. Yes
2. No

26. Have you tried it?

1. Yes
2. No

SECTION B: TYPE OF SEXUAL BEHAVIORS, MOTIVES OF SEXUAL BEHAVIORS AND PARTNERS OF FIRST SEXUAL EXPERIENCES.

The purpose of this section is to grasp information about Sexual behaviors, Motives of Sexual behaviors and the relationship between the youth and partners of the first sexual experiences. (*Circle the correct responses and fill the blanks in those open questions*)

Youth like usually enjoy sex., they use different ways in doing sex. Let us talk a bit about what you know about this issue.

27. Have you heard about vaginal sex?

1. Yes
2. No→ QU 41

28. Do you have a friend tried it?

1. Yes
2. No

29. Have you tried it?

1. Yes
2. No

30. If yes, how old are you when you tried it……

31. What was the motives for the first experiences?

1. Wanted Money
2. Given a Gift
3. Pleasure (wanted to feel nice)
4. Was raped
5. Ritual (any prescription by traditional healers)
6. Wanted to have a baby

32. What relationship did you have with your first sexual partner

1. Fellow peers
2. Relatives
3. Teacher
4. Other, specify……

33. What was the venue of your first sexual experience?

1. At the partners' home
2. At my home
3. Guest house
4. In bushes
5. In abandon houses
6. Hostel/school compound

34. So far how many sexual partners have you had?

……

35. Have you had sex in the last 3 months?

1. Yes
2. No

36. Have you had sex in the last 30 days?

1. Yes
2. No

37. The first time you had sex; did you take any precaution against pregnancy?

1. Yes
2. No

38. Which method did you use

1. Abstinance
2. Condoms
3. Withdrawal
4. Diaphragm
5. Spermicide
6. Contraceptive pills
7. Injection
8. Natural family planning (Calendar methods)

39. The first time you had sex, did you take any precaution against Sexual transmitted infections (STI'S)

1. Yes
2. No

40. Which method did you use

1. Condoms
2. Other, specify

41. Have you heard about Oral sex?

1. Yes
2. No→ QU 45

42. Do you have a friend who has ever tried it?

1. Yes
2. No

43. Have you tried it yourself?

1. Yes
2. No

44. If yes, what motivate you for the first experiences.

1. Wanted pleasure
2. Wanted money
3. Raped
4. Playing with fellow peers
5. Trying doing it after watching a Video game

45. Due to globalization, youth enjoy sex by practicing different things including anal sex. Have you heard about anal sex?

1. Yes
2. No (→ QU 48)

46. Do you have a friend tried it?

1. Yes
2. No

47. Have you tried it?

1. Yes
2. No

48. Do you heard about Masturbation?

1. Yes
2. No→ QU 51

49. Do you have a friend tried it

1. Yes
2. No

50. Have you tried it?

1. Yes
2. No

51. Have you heard about Dry sex?

1. Yes
2. No→ QU 54

52. Do you have a friend tried it?

1. Yes
2. No

53. Have you tried it?

1. Yes
2. No

54. Have you heard about Wet sex?

1. Yes
2. No→ QU 57

55. Do you have a friend tried it?

1. Yes
2. No

56. Have you tried it?

1. Yes
2. No

57. There is a tendency of some youth to practice rubbing, usually one's pelvic area or erect penis against a non-consenting person for sexual pleasure, usually in crowded area. This practice is known as frotteurism. Have you heard about this practice of enjoying sex by young people?

1. Yes
2. No→ QU 60

58. Do you have a friend tried it?

1. Yes
2. No

59. Have you tried it?

1. Yes
2. No

SECTION C: PERCEIVED RISK OF HIV INFECTION AMONG OUT OF SCHOOL YOUTH

This section needs to seek information on how youth perceived to be in risks of contracting HIV (*Circle the correct responses*)

Finally let talk about the perception of youth on risks of contracting HIV.

60. Do youth fear generally perceive themselves to be at risk of getting HIV?

1. Yes
2. No

61. What about your friends?

1. Yes
2. No

62. According to you what do you think would be the chance of getting HIV

1. No risk
2. Small risk
3. Medium risk
4. High risk

Appendix 1B: Dodoso (Swahili)

CHUO KIKUU CHA AFYA NA SAYANSI SHIRIKISHI MUHIMBILI KITIVO CHA AFYA YA JAMII

DODOSO LA UTAFITI KUHUSU TABIA ZA NGONO NA MTAZAMO KUHUSU HATARI YA MAAMBUKIZI YA VIRUSI VYA UKIMWI (VVU) KWA VIJANA AMBAO HAWAPO MASHULENI WILAYA YA MPIMBWE MKOA WA KATAVI

NAMBA YA DODOSO--------

SEHEMU A: TAARIFA ZA UTAMBULISHO

Kwa kuanza naomba tuzungumze kidogo kuhusu wewe.

1. Jinsia [Zungushia Jinsia ya Mhusika)

1. Mwanaume
2. Mwanamke

2. Una umri wa miaka mingapi?.....

3. Je, unajua kusoma na kuandika? Kama ndiyo, umesoma mpaka darasa la ngapi?

1. Sikusoma kabisa
2. Sijamaliza elimu ya msingi
3. Nimemaliza shule ya msingi
4. Sijamaliza elimu ya sekondari
5. Nimemaliza Elimu ya sekondari
6. Sikumaliza Elimu ya chuo
7. Nimemaliza Elimu ya chuo

4. Je, Baba yako yupo hai?

1. Ndio
2. Hapana →swali7

5. Anafanya kazi gani?

1. Mkulima
2. Ameajiriwa serikalini/Mashirika ya Umma
3. Ameajiriwa na Mashirika binafsi
4. Mvuvi
5. Biashara

6. Je, anajua kusoma na kuandika? Kama ndiyo amesoma mpaka darasa la ngapi?

1. Hana elimu iliyo rasmi
2. Hajahitimu elimu ya msingi
3. Amehitimu elimu ya msingi
4. Hajahitimu elimu ya sekondari
5. Amehitimu elimu ya sekondari
6. Hjahitimu elimu ya juu
7. Amehitimu elimu ya juu

7. Je, Mama yako yupo hai

1. Ndio
2. Hapana →swali 10

8. Anafanya kazi gani?

1. Mkulima
2. Ameajiriwa serikalini/Mashirika ya Umma
3. Ameajiriwa na Mashirika binafsi
4. Mvuvi
5. Biashara

9. Je, anajua kusoma na kuandika? Kama ndiyo amesoma mpaka darasa la ngapi?

1. Hana elimu iliyo rasmi
2. Hajahitimu elimu ya msingi
3. Amehitimu elimu ya msingi
4. Hajahitimu elimu ya sekondari
5. Amehitimu elimu ya sekondari
6. Hajahitimu elimu ya juu
7. Amehitimu elimu ya juu

10. Je, unaishi na nani?

1. Wazazi wote
2. Mama pekee
3. Baba pekee
4. Naishi na ndugu
5. Peke yangu

11. Je, unajihusisha na michezo?

1. Ndio
2. Hapana→swali 13

12. Kama ndiyo, nimichezo gani?

1. Mpira wa miguu
2. Mpira wa pete
3. Ngoma za asili
4. Muziki wa kisasa
5. Mingine, itaje…….

13. Je, unakunywa/unatumia pombe?

1. Ndio
2. Hapana→swali15

14. Je, umeshawahi kunywa mpaka ukalewa

1. Ndiyo
2. Hapana

15. Je, unaifahamu sigara?

1.Ndio
2.Hapana→swali18

16. Je una Rafiki ambae anatumia?

1. Ndio
2. Hapana

17. Je, umejaribu kutumia?

1. Ndio
2. Hapana

18. Je, unaifahamu Bangi?

1. Ndio
2. Hapana→swali21

19. Je, una Rafiki ambae anatumia?

1. Ndio
2. Hapana

20 .Je, umeshawahi kujaribu kuitumia?

1. Ndio
2. Hapana

21. Je, unaifahamu heroini?

1. Ndio
2. Hapana→swali24

22. Je, una Rafiki ambae anatumia?

1. Ndio
2. Hapana

23. Je, umeshawahi kujaribu kuitumia?

1. Ndio
2. Hapana

24. Je, unaifahamu kokaine?

1.Ndio
2. Hapana→swali27

25. Je una Rafiki ambae ameshawahi kutumia?

1. Ndio
2. Hapana

26. Je, umeshawahi kujaribu kuitumia?

1. Ndio
2. Hapana

SEHEMU B: AINA ZA TABIA ZA NGONO, SABABU ZA KUJIHUSISHA NA MAPENZI NA MAHUSIANO YA KWANZA WAKATI WA KUJIHUSISHA NA MAPENZI KWA MARA YA KWANZA.

Zungushia machaguo yanayohusika na jaza/andika maelezo kwenye vipengele vinavyohitajika

Vijana wengi wanafurahia mapenzi kwa kutumia njia mbalimbali wakatiwa kufanya mapenzi. Naomba tuongee kidogo kuhusu nini unafahamu kuhusu suala hili.

27. Je umeshawahi kusikia kuhusu vijana kufanya mapenzi kwa kutumia njia ya uke?

1. Ndio
2. Hapana→swali41

28. Je, una Rafiki ambae ameshawahi kutumia njia hii?

1. Ndio
2. Hapana→swali30

29. Je, umeshawahi kujaribu kutumia njia hii?

1. Ndio
2. Hapana

30. Kama umeshawahi, ulikuwa na umri gani ulipojaribu kwa mara ya kwanza?

31. Je, nikitu gani kilichokushawishi kufanya mapenzi kwa mara ya kwanza

1. Nilihitaji Pesa
2. Nilifanya kama Zawadi
3. Kupata furaha
4. Maelekezo kutoka kwa mganga wa kienyeji
5. Ili kupata mtoto
6. Sababu nyingine, Zitaje…….

32. Je, ulikuwa na uhusiano gani na mtu uliyefanya nae mapenzi kwa mara ya kwanza

1. Rafiki yangu
2. Ndugu yangu
3. Mwalimu
4. Kiongozi wa Dini
5. Mwanafunzi mwezangu

33. Kwa mara ya kwanza ulipofanya mapenzi mlifanyia sehemu/ gani

1. Nyumbani kwa mpenzi wangu
2. Nyumbani kwangu/kwetu
3. Nyumba za wageni
4. Vichakani
5. Kwenye nyumba/majengo yasiyomalizika
6. Hosteli/Mazingira ya shule

34. Mpaka sasa, umeshawahi kuwa na wapenzi wa ngapi?.....

35. Je, ulifanya mapenzi ndani ya miezi 3 iliyopita?

1. Ndio
2. Hapana

36. Je, umefanya mapenzi ndani ya siku 30 zilizopita?

1. Ndio
2. Hapana

37. Kwamara ya kwanza kufanya mapenzi, je ulichukua tahadhari kujikinga na kupata/mimba?

1. Ndio
2. Hapana ─>Swali39

38. Njia gani ulitumia?

1. Mpira wa kiume/kike (kondomu)
2. Kumwaga mbegu nje
3. Kiwambo
4. Dawa za kuulia mbegu za kiume
5. Dawa za kunywa
6. Sindano
7. Kwa kufuata kalenda ya mzunguko wa hedhi

39. Kwa mara ya kwanza kufanya mapenzi, je ulichukua tahadhari kujinga na magonjwa ya zinaa?

1. Ndio
2. Hapana ─>Swali 41

40. Njia gani ulitumia?

1. Mpira wa kiume/kike (kondom)
2. Njia nyingine, zitaje ……

41. Je umewahi kusikia kuhusu kufanya mapenzi kwa njia ya kinywa/mdomo?

1. Ndio
2. Hapana→swali45

42. Je, una Rafiki ambae amejaribu kutumia njia hii?

1. Ndio
2. Hapana

43. Je, wewe umewahi kujaribu?

1. Ndio
2. Hapana

44. Je, nikitu gani kilichokushawishi kufanya mapenzi kwa mara ya kwanza?

1. Kupata furaha
2. Nilihitaji Pesa
3. Nilibakwa
4. Tulikuwa tunacheza na vijana wenzangu
5. Nilijaribu baada ya kuona kwenye Video

45. Kutokana na utandawazi, Vijana wengi hufurahia mapenzi kwa kutumia njia mbalimbali. Je umewahi kusikia kuhusu mapenzi kwa kutumia njia ya haja kubwa

1. Ndio
2. Hapana→swali48

46. Je una Rafiki ambae amewahi kujaribu?

1. Ndio
2. Hapana

47. Je wewe ulishawahi kujaribu?

1. Ndio
2. Hapana

48. Je umeshawahi kusikia kuhusu punyeto?

1. Ndio
2. Hapana→swali51

49. Je una Rafiki ambae ameshawahi kujaribu?

1. Ndio
2. Hapana→

50. Je umeshawahi kujaribu?

1. Ndio
2. Hapana

51. Je umeshawahi kusikia kuhusu wasichana wanaokausha uke na kuwa mkavu wakati wa kufanya mapenzi?

1. Ndio
2. Hapana→swali54

52. Je una Rafiki ambae ameshawahi kujaribu?

1. Ndio
2. Hapana

53. Je umeshawahi kujaribu?

1. Ndio
2. Hapana

54. Je umewahi kusikia kuhusu katerero?

1. Ndio
2. Hapana→swali57

55. Je una Rafiki ambae amewahi kujaribu

1. Ndio
2. Hapana

56. Je umeshawahi kujaribu?

1. Ndio
2. Hapana

57. Umewahi kusikia kuhusu kufurahia mapenzi kwa kujibana kwenye mwili wa msichana au mwanamke bila kuingiza uume ukeni au kwenye tundu la hajakubwa?

1. Ndio
2. Hapana→swali60

58. Je una Rafiki ambae alishawahi kujaribu?

1. Ndio
2. Hapana

59. Je wewe umeshawahi kufurahia mapenzi kwa njia hii?

1. Ndio
2. Hapana

SEHEMU C: MTAZAMO WA VIJANA KUHUSIANA NA MAAMBUKIZI YA UKIMWI

Katika sehemu hii nahitaji kupata taarifa kuhusiana na jinsi gani Vijana wanavyofikiria kupata maambukizi ya ugonjwa wa Ukimwi. (*Zungushia machaguo yanayohusika*)

Mwisho naomba tuzungumze kuhusu mtazamo wa vijana katika kupata maambukizi ya Ukimwi.

60. Je, Vijana kwa ujumla wanafahamu kuwa wapo katika hatari ya kupata maambukizi ya Ukimwi?

1. Ndio
2. Hapana

61. Vipi kuhusu Rafiki zako wanafahamu kuwa wapo hatarini kupata maambukizi ya Ukimwi?

1. Ndio
2. Hapana

62. Kwa mtazamo wako, je unafikiria ni kwa kiasi gani kuna uwezekano wewe ukaambukizwa vidudu vinavyosababisha ugonjwa wa Ukimwi.

1. Haiwezekani
2. Uwezekano mdogo
3. Uwezekano wa wastani
4. Uwezekano mkubwa

Asante kwa muda wako

Appendix 2A: Information leaflet and informed consent Form for Parents/Guardians of youth under 18 and youth.

SEXUAL BEHAVIORS AND PERCEIVEDRISKS OF HIV INFECTIONS AMONG OUT OF SCHOOL YOUTH IN MPIMBWE DISTRICT KATAVI.

INVITATION:

Hello

You are invited to participate in the above-mentioned study. The leaflet you are reading is to provide information about this proposed study Sexual behaviors and perceived risks of HIV infections among out of school youth. Together with this leaflet is the Informed Consent Form. Please read carefully the information in the leaflet, and in case you agree to participate please put your signature or your name at the designated area in the Informed consent form. In case you need additional information or clarification you are welcome to ask for more explanation.

The principal Investigator of this study is Mr.Amini.N. Mtimbo who is pursuing studies in Masters of Public Health at Muhimbili University of Health and Allied Sciences.

Purpose and description of the study

This study aims to determine Sexual behaviors and Perceived risks of HIV infections among out of school youth. Results obtained from this study will lead to recommendations to the Government and Stakeholders on establishing various health interventions on controlling sexual behaviors among youth and preventing HIV infections among youth. You will be informed of the results at the planned means of research results dissemination.

The study results will be disseminated through a publication and through dissertation for academic purpose.

Study procedure

The questionnaire will be prepared containing questions regarding this study which you will be supposed to answer them according to instructions given to each question. Questions will involve matters pertaining you on sexual behaviors and how you perceive the risks of contracting HIV.

Voluntary participation

Please note that your participation in this study is voluntary and you have a right to refuse to consent. If you consent to participate you have the right to withdraw from the study at any time if you wish to do so.

Benefits

There are no direct benefits for participating in the study. The information which will be acquired from this study will help us to use in establishing interventions for fighting against HIV among youth and reproductive health for youth at all.

Alternatives

The alternative of participating in the study is to decline to take part.

Risks and discomfort

There are no risks associated with this type of data collection.

Compensation for time

Your participation in the study will hopefully help to extract information which will be useful in making youth aware of being in risks of contracting HIV infections which in turn will reduce the prevalence of HIV infections among youth in our communities.

Confidentiality

Your names will not appear on the questionnaire and no record of your participation as individuals will be kept.

Review and approval

The review and approval of the study has been done by the Ethical committee of Muhimbili University of Health and Allied Sciences (MUHAS).

Results

The results of the study will be made available to you through a planned means of research results dissemination. Results of this study will also be compiled in a research paper for publication and as part of a partial fulfillment of a master's degree.

Contacts for further information

In case you have any questions concerning the nature of this study, please contact:

Dr. Bruno Sunguya,

Director of Research and Publication,

Muhimbili University of Health and Allied Sciences,

P.O. BOX 65001,

Dar es Salaam.

Office Tel: 022-2152489

If you agree to participate please keep this leaflet for more information during the study.

Consent form

I confirm that I have read carefully and I have understood the information provided in the Leaf let and I here consent to participate in the study. I am aware that I can freely withdraw from this study any time I wish to do so.

Signature: _____

Date: _____

Signature _____ (Research assistant)

Date_____

Appendix 2B: Taarifa kuhusu utafiti na ushiriki wa hiari kwa wazazi / walezi wa Vijana wenye umri chini ya miaka 18 naVijana.

TABIA ZA NGONO NA MTAZAMO KUHUSIANA NA HATARI YA MAAMBUKIZI YA VIRUSI VYA UKIMWI (VVU) KWA VIJANA.

CHUO KIKUU CHA AFYA NA SAYANSI SHIRIKISHI MUHIMBILI

Habari

Unaalikwa kushiriki katika utafiti tajwa hapo juu. Kipeperushi hiki unachosoma kina maelezo kuhusu utafiti huo na kimeambatanishwa na fomu ya uhiari wa kushiriki katika utafiti. Tafadhali soma kwa makini kipeperushi hiki na kama utaridhia kushiriki, weka sahihi yako au majina yako kwenye fomu ya uhiari wa kushiriki. Kama unahitaji maelezo ya ziada au ufafanuzi zaidi una karibishwa kuniuliza.

Mtafiti anaitwa Amini. N. Mtimbo, ambaye ni mwanafunzi wa shahada ya uzamili kwenye afya ya jamii (Master of Public Health) katika chou kikuu cha afya na sayansi shirikishi Muhimbili.

Dhumuni na maelezo kuhusu utafiti

Utafiti huu unalenga kuangalia Aina za tabia za ngono na Mtazamo kuhusiana na hatari ya Maambukizi ya Virusi Vya Ukimwi (VVU) kwa Vijana Wasio mashuleni. Unaweza kupata majibu ya utafiti huu kupitia njia za kutoa taarifa ya utafiti huu zilizopangwa.

Jinsi utafiti utakavyofanyika

Maswali yameandaliwa kwenye karatasi, mtafiti atakuuliza maswali na kujaza kwenye karatasi. Utatakiwa ujibu kulingana na maelezo ya kila swali. Maswali yatahusisha mambo yanayokuhusu wewe kuhusiana na tabia za ngono na mitazamo kuhusiana na hatari ya kupata maambukizi ya virusi vya ukimwi.

Uhiari wa kushiriki utafiti huu

Tafadhali elewa kwamba ni hiari yako kushiriki ama kutoshiriki katika utafiti huu. Kama ukihiari kushiriki, una haki ya kujitoa katika ushiriki katika hatua yoyote ile ya utafiti kama utaamua hivyo.

Faida za kushiriki

Hautapata faida za mojakwamoja kwa ushiriki isipokuwa majibu ya utafiti huu yatasaidia kwenye mapambano dhidi ya ugonjwa wa Ukimwi kwa Vijana pamoja na Kuanzisha Miradi mbalimbali itakayohusiana na Afya ya Vijana kwa Ujumla.

Mbadala

Mbadala ni kutoshiriki

Madhara ya kushiriki au kujisikia vibaya

Hakuna madhara yoyote utakayo yapata kwa kushiriki utafiti huu.

Usiri wa ushiriki wako na taarifa utakazotoa

Jina lako halita onekana mahala popote katika dodoso hili, ushiriki wako na taarifa utakazotoa ni siri.

Mapitio na kibali cha utafiti

Mapitio ya andiko la utafiti huu na utoaji wa kibali cha kufanya utafiti vimefanywa na kamati ya utu katika masuala ya utafiti ya chou kikuu cha afya na sayansi shirikishi Muhimbili.

Majibu ya utafiti

Taarifa ya utafiti huu itachapishwa katika jarida la kisayansi kwa madhumuni ya kitaaluma pekee. Itapatikana pia katika kitabu cha utafiti kitakachopelekwa katika chou kikuu cha afya na sayansi shirikishi Muhimbili kama hitaji la kupata shahada ya uzamili katika sayansi ya afya ya jamii.

Mawasiliano kwa maelezo ya ziada

Kama una maswali zaidi kuhusu namna utafiti huu unavyofanyika tafadhali wasilianana: -

Dr. Bruno Sunguya,

Mkurugenzi wa Tafiti na machapisho,

Chuo kikuu cha afya na sayansi za afya Muhimbili,

S. L. P 65001,

Dar es Salaam.

Simu: 022 -2152489

Kama umehiari kushiriki, baki na kipeperushi hiki kwa maelezo zaidi wakati wa utafiti.

Fomu ya uhiari wa kushiriki

Nadhibitisha kwamba nimesoma/somewa na nimeielewa taarifa iliyo kwenye kipeperushi na ninakubali kwa hiari kushiriki katika utafiti huu. Naelewa kuwa nina haki ya kuacha kushiriki wakati wowote nitakapoamua kama nitaona kuna haja ya kufanya hivyo.

Saini_____

Tarehe_____

Saini_____ (mtafiti/mtafiti msaidizi)

Tarehe_____

Appendix 2C: Assent Form (English Version)

ID NO……

Consent to participate in a study about Sexual behaviors and perceived risk of HIV infections among out of school youth in Mpimbwe DC.

To the Youth

Foreword Greetings!

I'm Amini Nassoro Mtimbo, from Muhimbili University of Health and Allied Sciences, pursuing Master of Public Health, conducting a study aiming at assessing sexual behaviors and perceived risk of HIV infections among out of school youth.

Purpose of the Study

The study has the aim of determining Sexual behaviors and perceived risk of HIV infections among out of school youth in Mpimbwe DC.

How to participate

If you agree to this study, the researcher will give you an interview questions to complete some of the questions related to the study.

Risks

We do not expect you to be subjected to any harm or discomfort during the course of participation in this study.

Confidentiality

We would like to ensure you that all the information that you will provide will remain confidential and will be used for research purpose only. No one will be allowed to see or go through your answers except the principle investigator only.

Rights to withdrawal and Alternatives

Participation in the study is completely voluntary. Refusal to participate or withdrawal from the study will not involve any drawback or loss of any benefit to which to which you are otherwise entitled. You can stop participating in this study at any time even if you have already given consent.

Benefits

There are no direct benefits for participating in the study. The information which will be acquired from this study will help us to use in establishing interventions for fighting against HIV among youth and reproductive health for youth at all.

Who to Contact?

If you have any questions about this study you should contact the Principal Investigator, Mr. Amini Nassoro Mtimbo, P.O.BOX 65001 Dar es salaam, email; aminimtimbo@yahoo.com. If you have any question about your rights as a participant you may contact Prof Melkizedeck. T Leshabari, P.O.BOX 65001 Dar es salaam. Tel 0783287062.

In case you have any questions concerning the nature of this study, please contact:

Dr. Bruno Sunguya,

Mkurugenzi wa Tafiti na machapisho,

Chuo kikuu cha afya na sayansi za afya Muhimbili,

S. L. P 65001,

Dar es Salaam.

Simu: 022 -2152489

Consent Do you agree? YES/NO

I have read and understood the explanation of the study.

I agree to participate in this study.

Signature of the youth……..

Date of signed consent…….

Appendix 2D: Assents Form (Swahili Version)

Namba ya Fomu…….

Idhini ya kushiriki katika utafiti kuhusu tabia za ngono na Mtazamo kuhusiana na hatari ya maambukizi ya Virusi Vya Ukimwi (VVU) kwa Vijana Wasio mashuleni.

Kwa Vijana

Utagulizi Habari! Jina langu ni Amini Nassoro Mtimbo, kutoka chuo kikuu cha Afya na Sayansi Shirikishi Muhimbili kada ya Afya ya jamii. Ninafanya utafiti kuangalia Mitazamo ya Vijana wasio mashuleni kuhusu maambukizi ya Virusi Vya Ukimwi na tabia za ngono.

Malengo ya Utafiti

Utafiti huu unaangalia kuhusu tabia za ngono na Mitazamo ya vijana wasio mashuleni kuhusu maambukizi ya Virusi vya Ukimwi. Majibu yatakayopatikana yatasaidia kwenye mapambano dhidi ya Ugonjwa wa Ukimwi kwa Vijana pamoja na kuanzisha miradi mbalimbali itakayohusiana na Afya ya Vijana kwa Ujumla.

Jinsi ya kushiriki

Ukikubali kushiriki katika utafiti huu, utapatiwa dodoso lenye maswali yanayohusiana na mtafiti na kupaswa kuyajibu.

Madhara

Hatutegemei utafiti huu kusababisha madhara yoyote kwako.

Utunzaji wa Siri

Tunapenda kukuhakikishia kwamba, maelekezo yote utakayo yatoa yatakuwa siri na yatatumika kwa utafiti tu. Hakuna mtu yoyote atakayeruhusiwa kusoma majibu yako isipokuwa mtafiti mkuu.

Haki ya Kushiriki na mengineyo

Kushiriki kwenye Tafiti hii ni hiari, Kukataa au kujitoa kwenye kushiriki katika Tafiti hii hakutasababisha kupoteza faida yeyote ambayo ni haki yako. Unaweza kuacha kushiriki wakati wowote ule katika Tafiti hii hata kama tayari umeshatoa idhini ya kushiriki.

Faida za Kushiriki

Hautapata faida za mojakwamoja kwa kushiriki, isipokuwa majibu ya utafiti huu yatasaidia kwenye mapambano dhidi ya Ugonjwa wa Ukimwi kwa Vijana pamoja na kuanzisha miradi mbalimbali itakayohusiana na Afya ya Vijana kwa Ujumla.

Mawasiliano

Kama una maswali juu ya utafiti huu unaweza kuwasiliana na mtafiti mkuu Amini Nassoro Mtimbo, S.L.P 65001 Dar es salaam, simu 0715699930, barua pepe aminimtimbo@yahoo.com. Kama una swali juu ya haki zako kama mshiriki unaweza kuwasiliana na Prof. Melkizedeck. T Leshabari, S.L.P 65001 Dar es salaam, simu 0783287062.

Kama una maswali zaidi kuhusu namna utafiti huu unavyofanyika tafadhali wasilianana: -
Dr. Bruno Sunguya,
Mkurugenzi wa Tafiti na machapisho,
Chuo kikuu cha afya na sayansi za afya Muhimbili,
S. L. P 65001,
Dar es Salaam.
Simu: 022 -2152489

Kukubali unakubali? NDIYO/HAPANA

Nimesoma na kuelewa madhumuni ya utafiti huu na nimekubali kushiriki katika utafiti huu.

Sahii ya Kijana…….

Tarehe……

Appendix 3A: Approval of ethical clearance

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

OFFICE OF THE DIRECTOR OF POSTGRADUATE STUDIES

P.O. Box 65001
DAR ES SALAAM
TANZANIA
Web: www.muhas.ac.tz

Tel G/Line: +255-22-2150302/6 Ext. 1015
Direct Line: +255-22-2151378
Telefax: +255-22-2150465
E-mail: dpgs@muhas.ac.tz

Ref. No. DA.287/298/01A/

02nd August, 2019

Mr. Amin Nassoro Mtimbo,
MPH-Regular Truck,
MUHAS.

RE: APPROVAL OF ETHICAL CLEARANCE FOR A STUDY TITLED: "SEXUAL BEHAVIOURS AND PERCEIVED RISKS OF HIV INFECTIONS AMONG OUT OF SCHOOL YOUTH IN MPIMBWE DISTRICT-KATAVI REGION "

Reference is made to the above heading.

I am pleased to inform you that, the Chairman has, on behalf of the Senate, approved ethical clearance for the above-mentioned study. Hence you may proceed with the planned study.

The ethical clearance is valid for one year only, from **02st August, 2019 to 01st August 2020.** In case you do not complete data analysis and dissertation report writing by **01st August, 2020,** you will have to apply for renewal of ethical clearance prior to the expiry date.

Dr. Emmanuel Balandya
ACTING: DIRECTOR OF POSTGRADUATE STUDIES

cc: Director of Research and Publications
cc: Dean, School of Public Health and Social Sciences, **MUHAS**

Appendix 3B: Introductory Letter

THE UNITED REPUBLIC OF TANZANIA
PRESIDENTS OFFICE
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT AUTHORITY
MPIMBWE DISTRICT COUNCIL

website: **www.mpimbwedc.go.tz**
E-mail : **ded@mpimbwedc.go.tz**

District Executive Director's Office,
P.O.BOX 245,
MPANDA-KATAVI.

(***on reply please quote***):
Ref. No. KTV/MPDC/T.40/2/VOL II/29

09th August 2019

MR.Amini Nassoro Mtimbo
Muhimbili University Of Health And Allied Sciences,
P.O. BOX 65001,
Dar- es-Salaam-Tanzania.

RE: **APPLICATION FOR CONDUCTING RESEARCH WORK ON SEXUAL BEHAVIOURS AND PERCEIVED RISKS OF HIV INFECTIONS AMONG OUT OF SCHOOL YOUTH AT MPIMBWE DISTRICT COUNCIL IN KATAVI REGION**

Please refer to the heading above

I would like to inform you that your application has been granted as per your request letter with **reference number No. HD/MUH/T.560/2018** dated **2nd August 2019.**

The researcher is advised to report to the Head of Department for Human Resources Officer at Mpimbwe District Council on **13th August, 2019**.

When being at Mpimbwe District Council as a researcher you're supposed to obey all the rules, regulations and procedures laid down for civil servants as per their standards.

Kny: MKURUGENZI MTENDAJI
HALMASHAURI YA (W) MPIMBWE

Hussein N. Lufulondama
For District Executive Director
Mpimbwe District Council

Copy to:

The Dean, Schooll of public health and social sciences
P.O.Box 65001
Dar-es-salaam

DMO/DCDO
Mpimbwe district Council - For Information

Ward and Village Executives
Mpimbwe District Council - For Information