ASSESSMENT OF ALCOHOL DRINKING PATTERN AND KNOWLEDGE OF ITS EFFECTS ON SEXUAL BEHAVIOUR AMONG SECONDARY SCHOOL STUDENTS IN KINONDONI MUNICIPALITY

By

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A Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Public Health of Muhimbili University of Health and Allied Sciences

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CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by the Muhimbili University of Health and Allied Sciences a dissertation entitled **Assessment of alcohol drinking pattern and knowledge of its effects on sexual behavior among secondary school students in Kinondoni Municipality, Dar es Salaam Region** in partial fulfillment of the requirements for the Degree of Master of Public Health of the Muhimbili University of Health and Allied Sciences**.**

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Dr Tumaini M. Nyamhanga

(Supervisor)

Date_____

DECLARATION AND COPYRIGHT

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DEDICATION

I dedicate this work to my beloved children Gerald, Jacqueline, Jeffrey and Gillian for their encouragement, curiosity and inquisitiveness that enabled me to accomplish this research in good spirit and health

ABSTRACT

Background: Alcohol drinking is gaining prominence among young people in Tanzania. However, one wonders whether these young people are knowledgeable of the effects of alcohol drinking on their sexual behaviour. Little is known on alcohol drinking pattern and the level of knowledge of secondary school students on effects of alcohol use on their sexual behaviour.

Objectives: This study aimed to find out the alcohol drinking pattern and knowledge of its effects on sexual behaviour among secondary school students in Kinondoni Municipality and the objectives of the study were: (1). To determine the alcohol drinking patterns among students (2).To determine the pattern of sexual behaviour among students (3). To determine the level of knowledge on the effects of alcohol drinking on sexual behaviour among students and (4) To establish the relationship between level of knowledge on the effects of alcohol drinking and risky sexual behaviours among students.

Methodology: A cross sectional study was carried out on a sample of 315 students. Selection of the sample was by random sampling of students from Forms one to three in eight (8) registered secondary schools in Kinondoni Municipality. The schools were selected by random sampling from a list of registered government and private secondary schools in the Department of Secondary Education. The data was collected using self-administered structured questionnaires.

Results: A total of 315 secondary school students participated in this study. Furthermore, 150 (47.6%) students were girls, and boys were 165 (52.4%). The majority 26 (39.4%) indicated that they had their first drink of alcohol at the age between 10 – 11 years, of whom boys were 18 (69.2%) as compared to girls who were 8 (12.1%). Findings show that 237 (75.2%) of respondents had high knowledge on the effects of alcohol drinking on sexual behaviour as compared to and 78 (24.8%) who had low knowledge. In terms of patterns of sexual behavior, 37 (11.7%) of respondents admitted that they had engaged in sexual intercourse whereby 31 (18.8%) were boys, and 7 (4.0) were girls and as compared to 88.3% who had not engaged in sexual intercourse. In terms of the relationship between level of knowledge on effects of alcohol drinking on sexual behaviour and socio-demograpic variables, findings show that slightly more than half of the respondents, 119 (51%), who were aged between 15 – 16 years had high knowledge. The findings also highlight that the majority of Form 3 students 99 (41.8%) had high knowledge. There was statistical evidence to

conclude that the level of knowledge on the effects of alcohol drinking on sexual behaviour is related to the class/grade level of the students ($p = 0.018$). Moreover, there was statistical evidence to conclude that the level of knowledge on the effects of alcohol drinking on sexual behaviour is related to whether the students stayed with both parents, one parent or guardians.($p = 0.042$)

Conclusions: The study revealed that the level of knowledge on effects of alcohol drinking on sexual behaviour increased with advancing classes in secondary education.

Recommendations: Young people should be provided with alcohol prevention information, education and communication interventions. The interventions are critical in enabling them not to become engaged in underage alcohol drinking. Emphasis should be placed both in knowledge acquisition and behavior change.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
HIV	Human Immunodeficiency Virus
DALY	Disability adjusted life years
LS	Life Skills
MC	Municipal Council
MOEVT	Ministry of Education and Vocational Training
SRH	Sexual and Reproductive Health
SS	Secondary Schools
STI	Sexually Transmitted Infections
TDHS	Tanzania Demographic and Health Survey
THMIS	Tanzania HIV and Malaria Indicator Survey
TIE	Tanzania Institute of Education
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organisation

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CHAPTER ONE

INTRODUCTION

1.0 Background to the problem

Consumption of alcohol is associated with acute and chronic adverse health outcomes as well as negative social and behavioural outcomes, such as risky sexual behaviour. Alcohol consumption is an important contributor to the global burden of disease, responsible for 4% of disability adjusted life years (DALYs) (1).

In the WHO Global survey on Alcohol and Health **(1)**, the five year trend on underage drinking was assessed: out of 73 responding countries, 71% indicated an increase, 4% a decrease, 8% were stable and 16% showed inconclusive trends. The five year trend of drinking among 18 – 25 years old indicated that, out of 82 responding countries, 80% showed an increase, 11% a decrease, 6% were stable and 12% showed inconclusive trends. Overall, hazardous and harmful drinking patterns seem to be on the rise among adolescents and young adults (**2, 3**).

One of the reasons could be the use of alcoholic carbonate drinks, better known as "Alco pops" that is equated with more problematic drinking patterns, such as more frequent drinking, earlier onset of alcohol consumption, drunkenness and more alcohol related negative consequences (**4**). There is much debate in the scientific literature about the relationship between certain risky drinking patterns and sexual risk taking. It has been suggested that heavy drinking patterns may influence sexual risk taking by affecting judgment and reducing inhibitions, thereby diminishing perceived risk or excusing behaviours otherwise considered socially unacceptable **(4)**. The relationship between alcohol and poor sexual outcomes is becoming well-substantiated through an expanding evidence base **(4).**

Concern about alcohol consumption among young people has led to increased literature that seeks to understand the correlates of alcohol abuse among youth, and much of it focuses on the links between alcohol consumption, sexual behaviour and sexually transmitted diseases among adult and adolescent populations (**5)**. Young people are a key risky group. Alcohol use typically begins in the second decade of life, often in early

adolescence. It is documented that some young people begin drinking in elementary school, but the first use (defined as drinking a whole drink) typically occurs in early adolescence (13 – 14 years) and data from multiple, nationally representative surveys indicate that rates of alcohol use and binge alcohol use increase sharply between ages 12 – 21. (**5**).

Despite widespread interventions to raise awareness of the harmful consequences of alcohol use, global data suggest an increase in alcohol consumption among young people. (**6**). Existing literature on alcohol consumption among adolescents in Sub-Saharan Africa suggests a substantial proportion of adolescents have consumed or currently consume alcohol. Alcohol makes it difficult for the user to judge what is right or wrong, what is good or bad, and what is moral or immoral. Therefore it undermines judgement and reduces people's ability not to indulge in unsafe and risky sexual practices that facilitate the transmission of HIV/AIDS. (**7**). A study conducted in Zambia specifically shows that, 40.8% of adolescents (36.7% of boys and 45.2% of girls) have drunk alcohol. Furthermore, alcohol use among Zambian youth has been found to be significantly associated with suicide inclinations and physical fighting (**8**). Another study conducted among high school students in Ethiopia revealed that 8.9% of students drank alcohol on a weekly basis. (**9**).These findings indicate that alcohol use is a pressing public health issue in Africa and it is linked to other health risk behaviour as well as adverse outcomes.

Research has also shown that alcohol reduces inhibitions and increases risky behaviour. Alcohol use in conjunction with sex is associated with lower prevalence of condom use. While the disease burden is somewhat lower in low income geographic regions where abstinence in common, there is concern that urbanisation is associated with increased alcohol use (**10**). In a national survey, respondents were asked if they or their partners drank alcohol the last time they had sex (**11**). It was reported that mixing sexual intercourse and alcohol drinking is more common among women and men in their early 20s than among those age 15 – 19 years, and also more common among young women and men age 15 – 24, who have ever been married compared with those who have never married (**11**). Sexual intercourse is also more common in young women and men with no education and those in the lower wealth quintiles. It further documented that there is a strong positive

relationship between alcohol consumption and the tendency to be violent. Women (15 – 49 years) whose husbands are often drunk are twice as likely to experience emotional, physical or sexual violence as those whose spouses do not drink alcohol (81% and 39%, respectively). (**12**)

In Tanzania, little is known about young people's awareness and knowledge of the risks associated with alcohol consumption. However, there are indications that a large proportion is unaware of the health hazards arising from use of drugs, particularly narcotics (**13**). Drug and alcohol have been closely linked to increased vulnerability to unprotected sexual activity (**14**). Increase in the frequency of alcohol use by youth was reported in rural youth focus group discussion data from Southern and North-eastern Tanzania (**14, 15**). In both studies, the settings in which alcohol was used were reported to be conducive to unprotected sexual activity. In depth interviews with adults listed the following factors that increased youth vulnerability to HIV infection; alcohol use, promiscuous behaviour, and movement from one area to another during local market days (**14**).

Despite the strength of evidence linking sex and alcohol consumption with poor sexual health outcomes for young people, the impact of interventions that specifically address these issues together has been relatively unexplored. It is also documented that young people rarely seek or receive health promotion advice in general, and few health promotion approaches have been identified that are clearly effective among this age group (**16**)

1.1 Problem Statement

Misuse of alcohol among young people and students has become a public health concern in Tanzania as various studies have highlighted that alcohol drinking undermines judgement and reduces young people's ability not to indulge in unsafe and risky sexual practices. A study conducted in Moshi district, Tanzania among adolescents found that among adolescents in school, more males than females reported being alcohol drinkers (16.7% versus 9.2%). Furthermore, for out of school adolescents, the prevalence of alcohol use was 26.2% for men and 15.5% for women. (**17**). This suggests that substance abuse i.e. alcohol use is high in the country and that alcohol drinking is gaining prominence among

young people in Tanzania. However, one wonders whether these young people are knowledgeable of the effects of alcohol drinking on their sexual behaviour. Little is known on the level of knowledge of secondary school students on effects of alcohol use on their sexual behaviour. Therefore, this study intended to assess secondary school students' alcohol drinking pattern in conjunction with their knowledge of effects of alcohol on their sexual behavior.

1.2 Rationale of the study

Many risk factors that may contribute to alcohol drinking among adolescents have been identified. This includes having friends who use alcohol, tobacco or other substances; patterns of use in communities in which alcohol, tobacco and other drugs are less expensive and easily attainable; and exposure to alcohol advertising. A study conducted in Tanzania showed that 40% and 48% of Dar es Salaam youth approved or strongly approved of having five or more drinks once or twice each weekend, and between 40% and 66% of Zanzibar youth perceived; cigarettes, tobacco and alcohol as easy to obtain (**18**). Additional risk factors for adolescent alcohol use include family history of substance abuse or mood disorders, poor parental supervision and household disruption, low academic achievement, perceived peer acceptance of substance use and substance use in peers (**19**)

Researchers across discipline generally agree that a crucial relationship exists between risky sexual behaviour among young people and alcohol use. For instance, reports of early alcohol use and early sexual activity, alcohol use and the unlikelihood of condom use during sexual encounters, alcohol and teenage pregnancy etc. However, identifying more precisely how these behaviours are related has proven difficult (**20**). One explanation is that alcohol use causes youth to be riskier with respect to sexual behaviour. For example some studies have shown that alcohol use reduces social inhibition, leading people to engage in behaviours from which they would otherwise abstain. Alternative explanations highlight a strong association between alcohol use and risky sexual behaviour but that do not imply a causal role for alcohol use. (**20**).

The information from this study is expected to provide an understanding on the pattern of alcohol drinking and knowledge of the effects of alcohol consumption on sexual behaviour among young people. It will also contribute to increased understanding of underlying

factors influencing alcohol consumption among young people as well as the relationship between alcohol consumption and associated risky sexual behaviours.

Furthermore, information obtained from this study is expected to provide practical experiences as well as giving observed information on how secondary school students can be targeted in efforts to control alcohol and drug abuse.

The findings are expected to be relevant in programmes focusing on reproductive health and substance abuse among young people, whereby the findings can contribute in development of a comprehensive set of interventions on alcohol prevention education.

Based on the above, this study was designed to assess the alcohol drinking pattern and knowledge of its effects on sexual behaviour among secondary school students in Kinondoni Municipality.

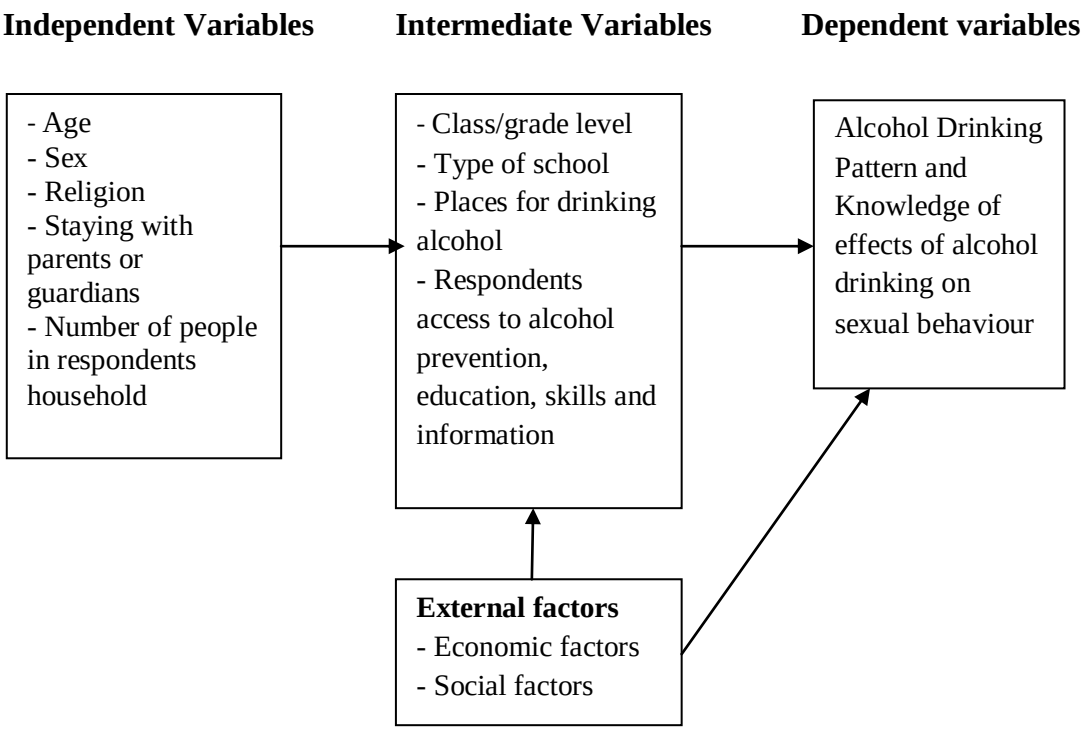
1.3 Conceptual Framework

This study was conducted based on a problem diagram shown in Figure 1 which depicts that the alcohol drinking pattern and knowledge of effects of alcohol drinking on sexual behaviour as a main outcome variables. The figure also identifies age, sex, religion, staying with parents or guardians and number of people in respondent's household as key independent variables. Age can be associated with class/grade level and respondents' access to alcohol prevention, education skills and information. Older and senior students are more likely to have more exposure to information than younger and junior students. Sex i.e. male or female can be associated with places for drinking alcohol, as boys are more likely to have used and learnt about alcohol at home than girls due to prevailing socio-cultural norms and traditions and boys are more likely to be exposed to information than girls. Staying with parents or guardians and number of people in respondents household is likely to influence respondent's access to alcohol prevention education, skills and information as the family is supposed to be the centre of learning on all social and cultural norms during the period of adolescence among students.

The intermediate variables are also influenced by the external factors such as economic and social factors prevailing around the students; whereby both poverty and economic social well-being may equally influence the intermediate variables and determine the type

of school, class/grade level of the students and places for drinking alcohol i.e. alcohol can be consumed within families or in other social settings. Economic and social factors can influence respondent's access to alcohol prevention education, skills and information. Students can be exposed to different types of information based on the economic situation within the family or the environment surrounding them. All these factors will affect the alcohol drinking pattern and knowledge on the effects of alcohol drinking on sexual behaviour among secondary school students.

Figure 1: Conceptual Framework



Source: Researcher, 2012

1.4 Research Questions

1. What is the alcohol drinking pattern among secondary school students?
2. What is the pattern of sexual behaviour among secondary school students?
3. What is the level of knowledge on the effects of alcohol drinking on sexual behaviour among secondary school students?

4. What is the relationship between level of knowledge on the effects of alcohol drinking and risky sexual behaviours?

1.5 Broad Objective

To assess the alcohol drinking pattern and knowledge of its effects on sexual behaviour among secondary school students in Kinondoni Municipality.

1.6 Specific Objectives

1. To determine the alcohol drinking pattern among students.
2. To determine the pattern of sexual behaviour among students
3. To determine the level of knowledge on the effects of alcohol drinking on sexual behaviour among students.
4. To establish the relationship between level of knowledge on the effects of alcohol drinking and risky sexual behaviours among students.

CHAPTER TWO

LITERATURE REVIEW

2.1 Alcohol drinking patterns among students.

Adolescence is a key period of growth whereby adolescents can develop patterns of substance use and abuse that can continue into adulthood. Adolescent alcohol use or under-age drinking is widely recognised as a leading public health problem (**21**). It is related to a variety of problem behaviours, including harmful alcohol use, drinking and driving, risky sex and violence (**22**). There is a global concern about drinking trends among young people. Alcohol use is a major contributor to morbidity, mortality and social harm worldwide, causing 2.5 million deaths each year (**21**). This burden is higher in high income countries and among men, accounting for 11% of all male deaths in the European Region in 2004 (**23**). Early use of alcohol and binge drinking are common among European adolescents where alcohol consumption is responsible for some 55,000 deaths among young people aged 15 – 29 years. In Germany rates of alcohol are among the highest in the world (**24**). Even though the problem is said to be increasing in the developing world, there are no sufficient data on alcohol use and its consequences within the developing countries (**21**)

Binge drinking, typically defined as drinking more than 5 drinks in an occasion is a common pattern of alcohol consumption among adolescents who drink and accounts for 90% of the alcohol consumed by 12 – 17 year old youths (**25**). Studies conducted among high school adolescents in Ethiopia have shown that about 8.9% drunk alcohol at least on a weekly basis and a prevalence of 57.7% and 19.2% respectively (**9**). Furthermore, in other Sub-Saharan countries like Kenya an ever drinking prevalence of up to 15% was found among secondary school students (**26**). A study in South Africa also highlighted an alcohol use prevalence of 39.1% among high school students (**27**).

2. 2 Pattern of risky sexual behaviour among students

In Tanzania, young people are at the centre of the HIV and AIDS crisis. Despite statistics reporting that they have substantive knowledge, they do not protect themselves, basically because they lack adequate decision making skills, social support or the ability to adopt

safer sexual behaviours (**11**). Some of the socio-cultural factors that contribute to adolescent's risk of contracting HIV infections include early initiation of sexual intercourse and poverty. Furthermore, peer pressure plays a role in initiating sexual activities that frequently ends in sexually transmitted infections (STIs) and unwanted pregnancies.

Alcohol use, particularly early usage, has also been implicated to be connected with risky sexual behaviour in general. The association of alcohol use with increased sexual behaviours in adolescents has been well documented in literature. Alcohol use can also fuel the HIV epidemic by increasing risky sexual behaviour. A study in Rwanda found that young people aged 15 – 24 who consumed alcohol were less likely to abstain from sex. In another study of adolescents in Jamaica, those who had experimented with alcohol were 2.4 times more likely to say that they had unprotected sexual intercourse than those who had not consumed alcohol (**28**).

Alcohol makes it difficult for the dependant user to judge what is right or wrong, what is good or bad and what is moral or immoral. Therefore it undermines judgement and reduces people's ability not to indulge in unsafe and risky sexual practices that facilitate the transmission and spread of HIV/AIDS. Other studies have also reported that substance abuse increases the sexual desires of users and condoms often do not get used when people are drinking or using drugs with resulting weakening of ego controls and eliciting behaviours likely to increase the probability of exposure to HIV (**7**)

Early sexual behaviour increases vulnerability to HIV infection as well as other sexually transmitted infections, early pregnancy, clandestine abortions, school dropout and other adverse consequences (**29**). Furthermore, those who initiate sex earlier generally have more partners, more frequent sex and lower rates of contraceptive use, all of which increase the likelihood of contracting HIV, Sexually Transmitted Infections and early pregnancy (**30**).

It has been reported that suffering from emotional distress (including depression) and using alcohol and drugs increases a young person's chances of engaging in unprotected sex (**31**). So this situation suggests that young people particularly students are a neglected group and hence need to be addressed critically.

2. 3 Level of knowledge on the effects of alcohol drinking on sexual behaviour among students.

Adolescents including secondary school students tend to adopt high risk patterns of alcohol use and have limited knowledge or skills to minimise alcohol related harm (**32**). Adolescents are cognitively immature and vulnerable to experimentation with drugs because of social influences and commercial marketing strategies. Furthermore, adolescents often report that drugs help them deal with anxiety and overcome depression. They believe that drug use improves coping with difficulties in their personal, social and school life (**33, 34**). It is assumed that experimentation with intoxicating and addictive substances including alcohol begins in adolescence because this is the period of life for exploration and experimentation (**35**).

There is considerable concern across many communities about the harms caused by alcohol drinking, particularly the impact on young people. The high prevalence rates of alcohol consumption along with the harm experienced by teenagers highlight the need for prevention in this area.

Young people have relatively little experience in alcohol use and lower tolerance to the effects of alcohol than experienced drinkers (**36**). Young people have less experience, knowledge and skill in minimizing alcohol related harms (**37**). More years of life, quality of life and productivity are lost from acute alcohol related harm in young people than are lost from chronic diseases caused by alcohol use in older consumers (**38**). Furthermore, the majority of adolescents who misuse alcohol lack proper screening, referral and treatment by health care providers, hence it has been recommended that even those adolescents who do not meet formal diagnostic criteria for addiction be provided with appropriate interventions from their health care providers to prevent alcohol misuse and disorders (**19**)

School programmes have played an important role in community responses to alcohol use by young people (**39**). The goal of most school drug and alcohol programmes has been solely to encourage young people not to use alcohol and to delay initial use, (**40**), often by teaching social resistance skills. However, alcohol prevention programmes in schools have shown small effects, but these findings are contentious. (**41**). If the focus of prevention efforts for alcohol use is on harm reduction and related outcomes as opposed to abstinence

or delayed use, prevention effects appear to be more sizeable (**42**). It has also been documented that taking a harm reduction approach to alcohol use by young people is in many ways the easiest to justify, because it is a drug that is legally available, socially acceptable, readily accessed and problems tend to be acute and associated with binge consumption. It has been reported widely that most young people have started to drink well before they reach the legal purchase age and abstinence oriented prevention is likely to be irrelevant to them (**43**). However, other studies have argued that a harm reduction education approach with alcohol should be considered illegal for high school students because the approach might consequently be encouraging illegal behaviour (**44**)

The 2004 Zambia Global School Based Student Health Survey report examined the prevalence of exposure to alcohol education among youth in Zambia. The findings highlighted that many youth had received alcohol education; 41% of students said that they had been taught about the dangers of alcohol and 45% reported that they knew how to refuse an alcoholic drink (**8**). Furthermore, a survey conducted in the US to examine the knowledge of students related to alcohol use and drinking patterns, reported that overall knowledge of alcohol and alcohol effects was generally low, with only 16 of 36 items answered with 51% accuracy. (**45**)

CHAPTER THREE

METHODOLOGY

3.1 Study area

The study was conducted in Kinondoni Municipality in Dar es Salaam region. Kinondoni Municipality is one of the three municipals that comprise Dar es Salaam city, the others being Ilala and Temeke. Administratively, Kinondoni has 4 divisions, 27 wards and 113 sub-wards, with a total of 46 government ward secondary schools and 100 private secondary schools. The heads of schools report to the Department of Secondary Education in Kinondoni Municipality as well as to the Ministry of Education and Vocational Training. Kinondoni Municipality was purposively selected for the research study based on the criteria of availability of both government and private secondary schools.

3. 2 Study Population

The population of this study was ordinary level secondary school students from Forms 1 – 3 in eight (8) government and private secondary schools in Kinondoni Municipality. Students from form one to three were included in the study. Form four students were not included as they had completed their final examinations and left the schools at the time of the study.

3.3 Study design

A descriptive cross-sectional study was conducted among Ordinary level secondary school students to assess the level of knowledge on the effects of alcohol drinking on sexual behaviour among secondary school students in Kinondoni Municipality. A quantitative approach was applied to gather information. The study covered both government and private secondary schools in Kinondoni Munipality.

3.4 Sample size

For the purpose of this study, the sample size was determined through the following calculation:

$N = Z*Z (P (100-P)/E*E$

Given that

N = minimum sample size required

Z = Percentage point of the normal distribution corresponding to the level of significance. For 5% level of significance = 1.96

P = **Percentage of youth with knowledge on the effects of alcohol drinking on sexual behavior which is taken to be 51%. (45)**

Q = 1 - P

E = maximum likely error taken to be 6%

Thus:

$$N = \frac{1.96 \times 1.96 \times 51 \times (100 - 51)}{6 \times 6} = 266$$

Therefore, the minimum sample size required was 266.

Anticipated Non response rate 18%: 266 x 18/100 = 47.8 (Rounded up to 48 respondents)

Minimum sample size 266 + 48 = 314 (Rounded up to 315 respondents)

3.5 Sampling technique

A multistage stratified random sampling design was employed to arrive at the desired number of respondents. Kinondoni Municipality has 46 government ward secondary schools and 100 private secondary schools, of which a few have Christian or Muslim affiliation. The list of secondary schools and respective wards where they were placed was obtained from the Department of Secondary Education at Kinondoni Municipal Council.

In order to get the 8 schools the following process was applied. First, discussions were conducted with the Municipal Secondary Education office to identify which schools were considered to be in wards near to the council headquarters hence considered schools in urban wards; and which schools were considered to be a relative distance from the council headquarters hence considered to be in peri-urban wards. Schools with a larger and smaller enrolment were considered to have an equal chance of being selected.

Thereafter, the schools were stratified into 3 groups which considered; private and government schools that were within Kinondoni urban wards; private and government schools that were within Kinondoni periurban wards and; schools with religious affiliation

that included both Muslim and Christian schools in both urban and periurban wards. Thereafter, random sampling was conducted within each stratum to select schools by preparing papers of named schools in pieces of paper, and then the papers were mixed and spread on the table where one paper was selected randomly. The papers were mixed again and spread in order to select the second school. This process went on until 8 schools were obtained. The secondary schools selected as the sample were Mugabe Secondary School in Sinza ward, Oysterbay SS in Oysterbay ward, Alpha SS in Makumbusho ward, Loyola SS in Mabibo ward, Fanaka Memorial SS in Bunju ward, Temboni SS in Mbezi ward, Kinondoni Muslim SS in Kinondoni ward and Lilian Kibo SS in Goba ward. Hence, there were 3 Government ward schools, 3 non-religious affiliated private secondary schools and 2 religious affiliated private secondary schools.

From each school selected, a sampling frame of all students in the school was obtained. In 4 schools that had a larger enrolment size, a random sampling of 48 students was applied from Form one to three. Each class produced 16 students who were selected randomly. Stratification by sex was performed by obtaining a list of both categories and a lottery procedure conducted among chosen students where the students who picked the paper written "Yes" were taken to participate in the study. In 4 schools with a smaller enrolment size, a random sample of 36 students was applied from form one to three. Each class produced 12 students who were selected randomly. Students were stratified by sex by obtaining a list of both categories and lottery procedure conducted among chosen students where the students who picked the paper written "Yes" were taken to participate in the study. However, upon administration of consent forms, not all students chosen consented to participate in the study hence the difference in numbers between boys and girls. A total of 315 students gave their consent and agreed to participate in the study. The sample size was increased, due to the sensitivity of the issues under discussion, whereby the researcher had anticipated a non- response rate of 18%, which gave an additional sample of 48 respondents (266 x 18/100 = 47.8). Therefore, the sample size 266 +48 = 314, which was rounded up to 315 respondents.

3.6 Data collection techniques and tools

Self- administered structured questionnaires consisting of open and close ended questions were distributed in a classroom setting and the students were informed about the procedures and regulations. It was also explained that the exercise was not an examination or a test hence they should not look or copy from each other. The questionnaire had a total of 76 questions, with sections 1 – 4 that had to be answered by each respondent. Section 1 was on socio-demographic data, section 2 was alcohol drinking patterns among students, section 3 was on sexual behaviours among students, and section 4 on Level of knowledge on the effects of alcohol drinking on sexual behaviour. Questionnaires were developed based on literature and adapted to fit the Tanzanian context. The questionnaires were first developed in English and then translated into Swahili for the respondents to understand well and this was done by the researcher. The design and method of administration had an influence on the response rate and quality of data that was collected. The open ended questions were used to collect a range of possible responses, and also to ensure that all intended questions were answered by the respondents. The response rate to the questions was more than 95%.

A knowledge scale with a set of 10 questions was constructed to assess the level of knowledge of the effects of alcohol drinking on risky sexual behaviours.

3.7 Pre-testing

Pretesting of the questionnaire was done randomly among secondary school students from various secondary schools in Ilala Municipality during an education fair event in order to assess the suitability of the questionnaire prior to full implementation. The pre-testing was done in the event in Ilala Municipality in Dar es Salaam in order to ensure that the absence of students from schools located within Kinondoni Municpality. The education fair was an invitation-only event for schools in Ilala Municipality and the researcher administered the questionnaire to 30 students who were chosen randomly. In this process, some of the questions were deleted and some were added to ensure consistency, not only that but some errors on spelling and options in the questions were corrected.

3.8 Recruitment and training of research assistants

Two people from the social work field were recruited as research assistants. Prior to actual field work, assistant researchers were trained for two days. The training focused on

briefing of the study, and familiarisation with the questionnaires. Research ethics and administrative issues such as work schedule and logistics was also part of the training. During fieldwork, feedback meetings between the researcher and research assistants were conducted on the same day after data collection for evaluation of what had been accomplished as well as to discuss challenges encountered. Prior to data collection, the heads of schools were contacted by the researcher to explain the objectives of the study and get their permission to conduct the research within their schools.

3.9 Data collection

The local language (Swahili) questionnaire was used to gather information for this study. The questionnaire was originally written in English and translated into Kiswahili. Data was collected on daily basis according to the work plan. Informed consent was obtained before participants started to fill the self-administered questionnaire. First, the participants read the consent form, and after agreeing to participate they signed the consent form and returned them to the research assistant. The researcher and two research assistants were involved in distribution and follow-up of the self-administered questionnaire. The respondents who agreed to fill the questionnaire in the presence of researchers, used between 45minutes to 1 hour to complete the questionnaire. The researchers were available all the time to respond to questions raised by respondents and to provide clarifications, as required.

3.10 Data processing and analysis

A database of variables was developed with intention of storing the data for immediate and subsequent analyses. Data coding was done to translate responses to numbers. Data entry was done by the researcher and that limited chances of errors. Data entry was done using SPSS 15.0 for Windows Evaluation version. Analysis of various variables (both dependant and independent) was performed and data was analysed according to the purpose of the study. Data have been presented using frequency tables and cross tabulations. Important summary statistics were obtained and association were examined using Chi square test. Significance level of 0.05 ($p< 0.05$) was used to determine the significance of associations being examined.

In order to ascertain the level of knowledge (Dependent variable), a set of 10 questions from the questionnaire were selected from the respondent's answers and analysed. For each question respondents were required to select one score among three stated. The scores were "True", "Not true" and "Don't know". The "I don't know" response had been put in the questionnaire because it was considered to be a valid response for knowledge and recall items. Furthermore, the researcher took into consideration that some respondents might not know the correct answers, and forcing them to choose a substantive response could have affected the quality of the data collected.

The questions selected for analysis were:

1. When young people drink alcohol, they may benefit by having increased confidence when communicating with members of opposite sex.
2. Alcohol drinking may cause a young person to not use a condom during a young person's first sexual encounter.
3. Alcohol drinking leads to an increased likelihood of having sex and at a younger age.
4. Alcohol drinking increases the risk of having unprotected sex.
5. Alcohol drinking can lead to teenage pregnancy.
6. Alcohol drinking increases the likelihood of contracting sexually transmitted diseases and HIV/AIDS.
7. Alcohol consumption by young people, particularly students, is more likely to make them vulnerable to being victims of sexual violence and other crime.
8. Male students are less likely to be sexually aroused, powerful or become aggressive after drinking alcohol.
9. Female students who drink alcohol are more likely to resist sexual advances.
10. Alcohol drinking increases a person's ability to make sound judgment on their sexual behaviour.

As part of the analysis, the 10 knowledge variables were changed. The variables were given different weights. For each correct answer the weight was 1, and for the wrong answer the weight was 0. In the analysis, it was found that only two (2) respondents out of 315 chose the answer "I don't know", hence the 2 responses were merged and given the same weight as wrong answers, which was 0.

Thereafter, all ten were summed up in order to get the total score and a frequency analysis was performed to get the total scores from 0 - 10. A summation of the variables was done to create the new Knowledge variable. In order to get the knowledge categories, the 10 scores were divided into 2 categories of knowledge as follows:

Low level of knowledge: 0 –6 scores

High level of knowledge: 7– 10 scores

3.11 Study variables

The study variables were:

Dependant variable: Alcohol drinking pattern and knowledge of effects of alcohol drinking on sexual behaviour.

For the purpose of this study the level of knowledge of effects of alcohol drinking on sexual behaviour was operationally defined as percentage of students who responded correctly to knowledge questions on the effects of alcohol drinking on sexual behaviour

Independent variables: Age; sex; class/ grade level; religion; whether student stays with parents or guardians; and number of people in student's house-hold.

3.12 Limitations of the study

This study had some limitations. The first limitation was that the information collected was self-reported, which was subject to reporting errors and biases. The researcher reduced this bias by clarifying on issues of concern, whenever questions were raised by the respondents and giving respondents adequate time to complete the questionnaires. Secondly, another limitation was the social desirability bias. This may have been caused by the sensitivity of the two issues being studied i.e. sexual behaviour and alcohol drinking, since students engaged in alcohol drinking and engaging in sexual intercourse are considered to have bad behaviour. This might have affected their responses. This bias was minimised by explaining to the students the procedures for ethical consent, that the research was being conducted for study purposes only and, no identifying information will be collected from the respondents and the information will remain confidential such that their responses will remain with the researcher only and that the report which will be compiled will contain references from several clients without any reference to individuals.

3.13 Ethical consideration

Ethical clearance was obtained from the Ethical Clearance Committee of Muhimbili University of Health and Allied Sciences. Permission to conduct the study was also sought from the Kinondoni Municipal Council Director's office that authorised the Department of Secondary Education to provide the researcher with research clearance. The Municipal Secondary Education Officer requested all heads of schools to assist me in this research, and the researcher explained the objectives of the study to the schools leadership in order to get their cooperation to conduct the study.

Informed consent forms were provided to the students, who were informed that they were free not to participate or not to respond to any of the questions in the questionnaire if they felt uncomfortable with the questions. The respondents were also informed that information was being collected for research purposes and hence no one else was authorised to access it except the principle investigator. Students who required more information on issues affecting young people's sexual behaviour and associated risks were advised to visit the Mwananyamala Youth centre for counselling, treatment and HIV testing.

CHAPTER FOUR
RESULTS

This chapter presents study findings. It is organized under the following sections: description of the study sample; alcohol drinking patterns among students; sexual behavior among students; level of knowledge on the effects of alcohol drinking on sexual behavior; and the relationship between the level of knowledge on the effects of alcohol drinking and risky sexual behaviours.

4.1 Description of the study sample

The socio-demographic characteristics of the study respondents are indicated in table 1. The table shows that a total of 315 secondary school students participated in this study. Furthermore, 150 (47.6%) students were girls, and boys were 165 (52.4%). Regarding level of education, the majority of participants, were form three students 122 (38.7%), followed by form two students 99 (31.4%) and form one student's 94 (29.8%). The majority of students were in the age range between 15 – 16 years (51.1%) and there was an almost equal number of participants in the age range 12 – 14 years, 75 (23.8%) and 17 – 18 years 73 (23.2%). Christian students dominated the study by 221 (70.2%) and Muslim students were 93 (29.5%) of the majority. About 194 (61.6%) of the students lived in households that had between 5 – 8 family members, while 79 (25.1%) lived in households that had between 1 – 4 members. About 190 (60.3%) of students reported that they lived with both parents, while 65 (20.6%) lived with other relatives. Furthermore, in terms of where students reside, 116 (36.8%) reported that they stayed in boarding school, while 279 (88.6%) were day school students.

Table 1: Description of the study sample

Variable	**No (%)**
Sex (n = 315)	
Boy	165 (52.4)
Girls	150 (47.6)
Age (n = 315)	
Between 12 – 14	75 (23.8)
Between 15 – 16	161 (51.1)
Between 17 – 18	73 (23.2)
More than 18	6 (1.9)
Type of school (n = 315)	
Government secondary school	125 (39.7)
Private secondary school	111 (35.2)
Christian private secondary school	46 (14.6)
Muslim private secondary school	33 (10.5)
Class (n = 315)	
Form 1	94 (29.8)
Form 2	99 (31.4)
Form 3	122 (38.7)
Religion (n = 315)	
Christian	221 (70.2)
Muslim	93 (29.5)
Others	1 (0.3)
Whether students stay with parents or guardians (n = 315)	
Student lives with both parents	190 (60.3)
Student lives with mother only	48 (15.2)
Student lives with father only	10 (3.2)
Students lives with other relatives/guardians	65 (20.6)
Student lives alone	2 (0.6)
Number of family members in student's household (n = 313)	
1 – 4 members	79 (25.1)
5 – 8 members	194 (61.6)
9 – 12 members	34 (10.8)
More than 12 members	6 (1.9)
Place of residence (n=315)	
Students stay at school (Boarding school)	
Yes	116 (36.8)
No	199 (63.2)
Students stay at home (Day school)	
Yes	279 (88.6)
No	36 (11.4)
Students live in hostels chosen by school	
Yes	70 (22.2)
No	245 (77.8)
Students live in rented houses	
Yes	41 (13.0)
No	274 (87.0)

4.2 Alcohol drinking patterns among respondents

The study explored drinking pattern of the respondents. As implied in table 2, sixty-six (21%) respondents admitted to have ever drunk alcohol. The study further examined a number of issues in relation to alcohol drinking among students, including: age at first drink of alcohol; places for drinking alcohol; types of alcohol drinks consumed; alcohol drinking effects; friend's alcohol drinking habits and reasons for liking alcohol.

Table 2: Ever drunk alcohol

Response	**Frequency**	**Percentage (%)**
Yes	66	20.9
No	249	79.1
Total	315	100

4.2.1 Age at first drink of alcohol

Table 3 shows that among students who admitted to have ever drunk alcohol (66), majority (39.4%) indicated that they had their first drink of alcohol at the age between 10 – 11 years, of whom boys were 18 (69.2%) as compared to girls who were 8 (30.8 %).

Table 3: Age at first drink of alcohol

Variable	**SEX**		
Age when respondent had first drink of alcohol	**Boys**	**Girls**	**Total**
	N (%)	**n (%)**	**N (%)**
10 – 11	18 (69.2)	8 (30.8)	26 (39.4)
12 – 13	12 (80)	3 (20)	15 (23.0)
14 – 16	14 (73.7)	5 (26.3)	19 (28.8)
Older than 16	5 (83.3)	1 (16.7)	6 (9.1)
	49 (74.2)	17 (25.7)	66 (100)

4.2.2 Places for drinking alcohol

Table 4 shows that the majority of students 37 (56.1%) had an alcohol drink at home as compared to 16 (24.2 %) who had an alcohol drink at a bar or discotheque.

Table 4: Places for drinking alcohol

Place where respondent was when he/she had a drink of alcohol	Frequency	Percentage (%)
At home	37	56.1
At school	3	4.5
At a bar or discotheque	16	24.2
At a restaurant	4	6.1
At someone else's home	6	9.1
Total	66	100

4.2.3 Types of alcohol drinks consumed

Table 5 shows some responses on the type of drinks that respondents usually drink. The results highlight that among those who drink alcohol, most respondents 32 (48.5%) drunk wine and 24 (36.4%) drink beers i.e. lager or stout.

Table 5: Types of alcohol drinks consumed

Type of alcohol drinks that respondents drink	Frequency (n = 66)	Percentage (%)
Beer, lager or stout	24	36.4
Wine	32	48.5
Local spirits such as Konyagi, Valeur or Viroba	3	4.5
Local brews	7	10.6
Total	66	100

4.2.4 Alcohol drinking effects

Table 6 shows the number of times that a student has a ever had a hangover or felt sick after drinking alcohol. The results show that 31 (47%) respondents reported that they had a hangover at least 1 – 2 times while 30 (45.4%) reported to have never had a hangover or felt sick after drinking alcohol.

Table 6: Alcohol drinking effects

Number of times that the respondents has ever had a hangover or felt sick after drinking alcohol	**Frequency (N = 66)**	**Percentage (%)**
1 – 2 times	31	47
3 – 9 times	2	3
More than 10 times	3	4.5
Have never had a hangover or felt sick due to alcohol	30	45.4
Total	66	100

4.2.5 Friends alcohol drinking habits

In table 7, respondents were asked if their friends had ever taken alcohol drinks. The majority of students, 140 (44.4 %), said that their friends used alcohol drinks as compared to 128 (55.5%) who said that their friends had never drank alcohol.

Table 7: Friends alcohol drinking habits

Whether respondents' friends have ever drank alcohol	**Frequency (N = 315)**	**Percentage (%)**
Yes	140	44.4
No	175	55.5
Total	315	100

4.2.6 Reasons for engaging in alcohol consumption

Table 8 shows that out of the 66 students who have ever taken alcohol, 25 (38%) liked taking alcohol for socialization and acceptance by peer group as compared to 27 (41%) who consider that alcohol is similar to other beverages.

Table 8: Reasons for engaging in alcohol consumption

Why respondents like drinking alcohol	**Frequency (N = 66)**	**Percentage (%)**
For socialization and acceptance by peer group	25	38
To remove anxiety, stress and relax	14	21.2
It is like any other beverage	27	41
Total	66	100

4.3 Patterns of Sexual behaviour among respondents

This study explored the patterns of sexual behavior among students. As shown in table 9, 37 (11.7%) of respondents admitted that they had engaged in sexual intercourse, of whom 31 (18.8%) were boys, and 7 (4.0) were girls. Most of the respondents, 278 (88.3%), indicated that they had not engaged in sexual intercourse. The study also explored age at first sexual intercourse; factors influencing first sexual intercourse; and condom use in the past 6 months.

Table 9: **Ever had sexual intercourse**

Response	**Boys**	**Girls**	**Total**
	n (%)	**n(%)**	**N (%)**
Yes	31 (18.8)	6 (4.0)	37 (11.7)
No	134 (81.2)	144 (96.0)	278 (88.3)
Total	165	150	315

4.3. 1 Age at first sexual intercourse

Table 10 shows the ages of respondents at first sexual intercourse. The majority 18 (48.6%) started sexual intercourse at the age between 12 – 13 years, whereby boys were 16 (51.6%) and girls 2 (33.3%).

Table 10: Age at first sexual intercourse

Age when had sex for the first time (n= 37)	**Boys**	**Girls**	**Total**
	n (%)	**n (%)**	n (%)
Between 12 – 13 years	16 (51.6)	2 (33.3)	18 (48.6)
Between 14 – 16 years	9 (29.0)	2 (33.3)	11 (29.7)
More than 16 years	6 (19.4)	2 (33.3)	8 (21.6)
Total	31 (83.8)	6 (16.2)	37 (100)

4.3.2 Factors influencing first sexual intercourse

Table 11 shows factors that influenced respondents first sexual encounter. The majority, 21 (57%), reported that friends were the main influence, whereby 18 (58%)were boys and 3 (50%) were girls. However it is also noted that 9 (29%) of boys reported that they were influenced by puberty and hormonal changes in their bodies and wanting to experiment with sex.

Table 11: Factors influencing first sexual intercourse

Factors influencing first sexual intercourse (n=37)	**Boys**	**Girls**	**Total**
	n (%)	**n (%)**	N (%)
Friends	18 (58)	3 (50)	21 (57)
Brothers or sisters	1 (3.2)	0 (0)	1 (2.7)
Video or TV	3 (9.7)	3 (50)	6 (16.2)
Puberty and hormonal changes in their bodies and wanting to experiment with sex	9 (29)	0 (0)	9 (24.3)
Total	31 (83.8)	6 (16.2)	37 (100)

4.3.3 Condom use in the past 6 months

In Table 12, respondents who acknowledged being sexually active were asked if at all they had used a condom in the past six months. The results show that among 37 respondents who had ever had sex, 18 respondents (48.6%) of whom seventeen (54.8%) were boys and only one (16.7%) was a girl had sometimes used condoms in the last six months.

Table 12: Condom use in the past six months

Condom use between respondent and partner in the last 6 months (n=37)	**Boys**	**Girls**	**Total**
	n (%)	**n (%)**	**N (%)**
Never used condoms	8 (25.8)	4 (66.7)	12 (32.4)
Sometimes used condoms	17 (54.8)	1 (16.7)	18 (48.6)
Always used condoms	6 (19.4)	1 (16.7)	7 (18.9)
Total	31 (83.8)	6 (16.2)	37 (100)

4.3.4 Alcohol drinking before last sexual intercourse (n=37)

The analysis of alcohol drinking before last sexual intercourse reported that among thirty-seven respondents who had sexual intercourse, only five (14%) had taken alcohol before last sexual encounter.

4.4 Level of Knowledge on effects of Alcohol drinking on Sexual behaviour

This study explored the level of knowledge on effects of alcohol drinking on sexual behaviour among students. As implied in Table 13, 237 (75.2%) of the respondents had high knowledge on the effects of alcohol drinking on sexual behaviour as compared to 78 (24.8%) who had low knowledge.

Table 13: Level of knowledge on effects of alcohol drinking on sexual behaviour

Variable	**Frequency**	**Percentage**
Low knowledge (0 - 6 correct scores)	78	24.8
High knowledge (7 – 10 correct scores)	237	75.2
Total	315	100

This study also explored the relationship between level of knowledge of effects of alcohol drinking and various socio-demographic variables i.e age, sex and class and respondents access to alcohol prevention education, skills and information.

4.4.1 Relationship between level of knowledge on effects of alcohol drinking on sexual behaviour and socio-demograpic variables

Table 14 below describes the relationship between level of knowledge on effects of alcohol drinking on sexual behaviour and various socio-demographic variables. The Chi-square test was used to find out this relationship. The findings highlight that the majority of Form 3 students 99 (41.8%) had high knowledge. Using 5% level of significance to find out the relationship between level of knowledge of effects of alcohol drinking on sexual behaviour and socio demographic variables, the p-value for class/grade level was found to be below the p-value 0.05 ($p = 0.018$). Similarly, the relationship between level of knowledge of effects of alcohol drinking on sexual behaviour and on whether students stays with both parents or one parent/guardians, was statistically significant ($p=0.042$).

In terms of age, the findings show that the majority, 119 (50%), of respondents aged between 15 – 16 years had high knowledge. In terms of sex; boys 131 (55.3%) have high knowledge as compared to girls 106 (44.7%). In terms of type of school, there was high knowledge among students in Government and private schools. In terms of whether

student stays with parents or guardians, students who lived with both parents 134 (56.5%) had high knowledge. However, Chi-square test for the relationship between level of knowledge of effects of alcohol drinking on sexual behaviour and these socio-demograpic variables (age, sex, type of school) indicated lack of significance ($p > 0.05$).

Table 14: Relationship between level of knowlegde on effects of alcohol drinking on sexual behaviour and socio-demograpic variables

Variable	**Level of knowledge**			**Chi-square**	**P-value**
	Low n(%)	**High n (%)**	**Total n(%)**		
Age (n=315)				0.611	0.737
12 – 14 years	19 (24.4)	56 (23.6)	75 (23.8)		
15 – 16 years	42 (53.8)	119 (50.2)	161 (51.1)		
More than 16+ years	17 (21.8)	62 (26.2)	79 (25.1)		
	78 (24.8)	237 (75.2)	315 (100)		
Class/Grade level (n=315)				8.029	0.018
Form 1	33 (42.3)	61 (25.7)	94 (29.8)		
Form 2	22 (28.2)	77 (32.5)	99 (31.4)		
Form 3	23 (29.5)	99 (41.8)	122 (38.7)		
	78 (24.8)	237 (75.2)	315 (100)		
Sex (n=315)				3.212	0.073
Boys	34 (43.6)	131 (55.3)	165 (52.4)		
Girls	44 (56.4)	106 (44.7)	150 (47.6)		
	78 (24.8)	237 (75.2)	315 (100)		
Type of school (n=315)				5.977	0.113
Government	34 (43.6)	91 (38.4)	125 (39.7)		
Private	19 (24.4)	92 (38.8)	111 (35.2)		
Christian Private	14 (17.9)	32 (13.5)	46 (14.6)		
Muslim Private	11 (14.1)	22 (9.3)	33 (10.5)		
	78 (24.8)	237 (75.2)	315 (100)		
Whether student stays with parents or guardians (n=315)				9.902	0.042
Student lives with both parents	56 (71.8)	134 (56.5)	190 (60.3)		
Student lives with mother only	12 (15.4)	36 (15.2)	48 (15.2)		
Student lives with father only	2 (2.6)	8 (3.4)	10 (3.2)		
Student lives with other relatives	7 (9.0)	58 (24.5)	65 (20.6)		
Student lives alone	1 (1.3)	1 (0.4)	2 (0.6)		
	78 (24.8)	237 (75.2)	315 (100)		

4.4.2 Respondents access to alcohol prevention education, skills and information

In Table 15, it is reported that 219 (69.5%) of respondents had been taught in class about effects of alcohol drinking, whereby 112 (67.9%) were boys as compared to 107 (71.3%) who were girls. Respondents were also asked the question: "have you ever been taught how to tell someone you did not want to drink alcohol?" It is seen that 188(59.7%) of respondents had never been taught how to refuse an alcohol drink, whereby 103 (62.4%) were boys as compared to 85 (56.7%) who were girls. Findings also show that 242 (76.8%) of respondents have never attended any after school seminar that had a topic about the dangers of alcohol drinking among young people. Respondents were asked the question: If you wanted to get information on the effects of alcohol drinking on young people, who would you, like to talk to most? The findings show that the preferred sources of information were youth counselors (40.6%), parents (27.9%) and friends/classmates (17.8%).

Table 15: Respondents access to alcohol prevention education, skills and information

Variable	**Boys**	**Girls**	
	No (%)	No (%)	Total (%)
Ever been taught in class about any effects of alcohol drinking (n= 315)			
Yes	112 (67.9)	107 (71.3)	219 (69.5)
No	53 (32.1)	43 (28.7)	96 (30.5)
Ever been taught how to tell someone <u>you did not want</u> to drink alcohol (n = 315)			
Yes	62 (37.6)	65 (43.3)	127 (40.3)
No	103 (62.4)	85 (56.7)	188 (59.7)
Ever attended <u>after school seminar</u> that had a topic on dangers of alcohol drinking among young people (n=315)			
Yes	44 (26.7)	29 (19.3)	73 (23.2)
No	121 (73.3)	121 (80.7)	242 (76.8)
To <u>get information on effects</u> of alcohol drinking to young people, who would the student like to talk to mostly (n = 315)			
Friends/ Classmates	30 (18.2)	26 (17.3)	56 (17.8)
Parents	49 (29.7)	39 (26.0)	88 (27.9)
Relatives	9 (5.5)	2 (1.3)	11 (3.5)
Religious leaders	20 (12.1)	11 (7.3)	31 (9.8)
Youth counselor	56 (33.9)	72 (48.0)	128 (40.6)
All of the above	1 (0.6)	0 (0)	1 (0.3)

4.5 Relationship between Level of Knowledge on Effects of Alcohol drinking and Risky sexual behaviours

This section adresses level of knowledge on effects of alcohol drinking and risky sexual behaviours. The level of knowledge on effects of alcohol drinking was analysed against elements of risky sexual behaviours such as age at first sex encounter; condom use in the past 6 months; and consumption of alcohol drink before having sex and the relationship between ages at first sexual intercourse and at first drink of alcohol.

4.5.1 Relationship between level of knowledge on effects of alcohol drinking and condom use in the past six months

In Table 16, it is reported that the frequency of condom use differs between respondents with various levels of knowledge whereby, only 15 (48.4%) of the respondents with high knowledge sometimes used condoms. The Chi-square test was used to find out this relationship. Using 5% level of significance to find out the relationship between level of knowledge of effects of alcohol drinking on sexual behaviour and condom use in the past six months, the p-value was found to be 0.907. It is therefore concluded that there is no significant statistical evidence to conclude that the level of knowledge of the effects of alcohol drinking on sexual behaviour is related to condom use in the past 6 months..

Table 16: Relationship between level of knowledge on effects of alcohol drinking and condom use in the past six months

Variable	**Level of knowledge**		
Condom use in the past six months (n=37)	**Low n (%)**	**High n (%)**	**Total (%)**
Never used condoms	2 (40)	10 (31.3)	12 (32.4)
Sometimes used condoms	2 (40)	16 (50)	18 (48.6)
Always used condoms	1 (20)	6 (18.8)	7 (18.9)
	5 (13.5)	32 (86.5)	37 (100)

4.5.2 Relationship between level of knowledge on effects of alcohol drinking and alcohol drinking before having sexual intercourse

Table 17 reports that 27(84.4%) of the respondents with high knowledge had not consumed alcohol before having sex as compared to only 5 (15.6%) of respondents with high knowledge who had consumed alcohol before having sex. Interestingly, none of the five students who had low level of knowledge consumed alcohol before having sex.

Table 17: Relationship between level of knowledge on effects of alcohol drinking and alcohol drinking before having sexual intercourse

Variable	**Level of knowledge**		
Consumption of alcohol drink before having sex (n=37)	Low n (%)	High n(%)	Total (%)
Yes	0 (0)	5 (15.6)	5 (13.5)
No	5 (100)	27 (84.4)	32 (86.5)
	5 (13.5)	32 (86.5)	37 (100)

4.5.3 Relationship between Age at first sexual intercourse and Age at first drink of alcohol.

Although only a small number of of 20 respondents,which does not allow application of chi square in statistical testing, table 18 shows that majority of those who started taking alcohol at an early age (12 – 13 years) also engaged in sexual intercourse for first time at a very young age (12 – 13 years).

Table 18: Relationship between Age at first sexual intercourse and Age at first drink of alcohol

Variable (n =20)	**Age at First Sexual Intercourse**			
	12 – 13 years	14 – 16 years	More than 16 years	Total
Age at first drink of alcohol	**n**	**n**	**n**	**n**
10 – 13 years	9	2	2	13
Above 14 years	2	3	2	7
	11	5	4	20

CHAPTER FIVE
DISCUSSION

5.1 Alcohol drinking pattern among students

In the study findings, it can generally be seen that 60 (91.2%) of students start drinking at quite a young age below the age of 16 years. This is a serious public health concern because alcohol consumption at a young age increases the risk of developing alcohol related problems later in life (**46).** Similarly a study done in Zambia highlighted that about 42% of students were 13 years or younger when they had their first drink of alcohol (**47**) and a study conducted in Ethopia among high school students reported that the mean age of drinkers was 17.5 years, 17.3 for males and 17.8 for females **(9)**. Various researches have been done to explore both the prevalence and etiology of adolescent alcohol use, concluding that prevalence is high among middle and high school students and that consumption increases rapidly across adolescence, as this is a period whereby alcohol consumption is often seen as signifying one growing social maturity. (**48**)

In terms of where young people access alcohol**,** the results of this study reported that more than fifty percent of the students were at home when they drank alcohol. This implies that young people have relatively easy access to alcohol with most acquring it from parents, older siblings, peers and other adults. These research findings are consistent with other studies done, whereby fifty four percent of current drinkers acquired alcohol from parents (**49)**. Underage youth usually obtain alcohol either directly or indirectly from adults (**50**) and the availability of alcohol from commercial and social sources is related to underage drinking, with family (or home) and friends being the most commonly used sources **(51).**

In this study, the number of students who drank wine was slightly higher to those who drunk beer, while very few drunk spirits. This implies that in comparison to the other alcohol drinks, wine is a socially accepted alcohol drink in the student's homes and this is in agreement with the study finding which had shown that the majority of students obtained alcohol at home. Furthermore, most respondents in this study considered alcohol to be just like any other beverage. A variety of social factors are likely to influence alcohol consumption and related problems among young people.This poses a serious situation as consumption of alcohol can impair adolescents psychological development and influence

both the leisure time and school environment negatively. These findings, however differ with other studies, that reported that the alcoholic beverage most commonly consumed by young people is beer with 44% of young drinkers having consumed beer in their last occassion, as compared with 29% who drank spirits and 8% who drunk wine (**52**). However, the findings are consistent with other research worldwide that reported that alcohol is considered a social drink, and the young people tend to abuse it. (**47**).

Findings highlight that 31 (47%) of respondents had experienced at least 1 – 2 episodes of hangovers or felt sick due to alcohol drinking. This implies that alcohol is associated with various negative effects and while in some instances there is probably minimal harm encountered, in many instances the amount and type of alcohol consumed puts the young people concerned at risk of considerable harm. This is consistent with other studies that the kinds of harms that most young people have identified included vomiting, memory loss, getting into a fight or argument, and getting into a sexual situation that they were not happy with **(53**).

The findings in this study reflected clearly that more than fifty five percent of the respondents had friends who drunk alcohol and most of them drunk alcohol for socialization and acceptance by peer group. This implies that peer groups are a key social environmental factor associated with alcohol and other drug use among adolescents. Research conducted in other countries has reported that similarity in drinking behaviour was related more to processes of peer influence than to processes of peer selection **(54)**.

5.2 Pattern of Sexual behaviour among students

Findings have shown that 37 (11.7%) of the 315 students had experienced sexual intercourse, and out of this sub-group the majority, 18 (48.6%), started engaging in sex at the age between 12 – 13 years. This implies that at this very young age of first sexual intercourse, the adolescents are at risk of aquiring sexually transmitted diseases and unwanted pregnancies as it is highly unlikely that they are well informed about HIV/AIDS and sexual and reproductive health matters. A research conducted in Uganda among students reported that in a sample of 1878 students aged 13 – 15 years, 10.9% of students initiated sexual intercourse before 13 years and male students 16.8% were significantly

more likely than female students 5.9% to have initiated sexual intercourse before 13 years (**55**).

Studies conducted in Nigeria report that adolescents, like their counterparts elsewhere engage in high risk sexual behaviour, thus encounter consequences such as unwanted teenage pregnancies, unsafe abortion, high prevalence of HIV and other sexually transmitted infection **(56)**.

This is also consistent with studies that consider early initiation of sexual intercourse as indicators of risky sexual behaviours, and many interventions are designed to delay sexual activties, such as programmes encouraging virginity pledges and delivering abstinence education (**57).** The pattern of sexual behaviour among young people is of key importance and researchers are particularly interested that in the aspect of first sexual intercourse, which often occurs during the adolescent phase in a persons life cycle. The first sexual intercourse is linked to two factors; the association between behaviours in the first sexual relationship and the establishment of behavioural patterns throughout life **(58).**

Findings have indicated that only seven out of 37 (18.9%) students who had experienced sexual intercourse always used condoms and furthermore, four out of six girls (66%) who had experienced sexual intercourse had never used condoms. This implies that condom use is relatively low among young people. Notably, young women are lacking knowledge concerning the effectiveness of condoms in preventing HIV transmission (**59**). Successive UNAIDS reports on the status of the Global AIDS epidemic have shown that adolescents and especially girls still account for most cases of new HIV/AIDS infections in Sub-Saharan Africa and less than 50% of young women have comprehensive and correct knowledge about HIV (**59**). This is consistent with other studies that have reported a high level of inconsistency in condom use among current users despite intense condom promotion messages (**60**).

Findings have shown that 21 (57.0%) of the 37 students who had engaged in sexual intercourse have reported that friends influenced them to have the first sexual intercourse. This implies that peer influence has a strong role in influencing young people to engage in sexual activities at a young age. In a study conducted among school children in Uganda, it was reported that rural school children are more likely to be influenced to have sex for the

first time by friends than urban school children (**55**). This issue was not particularly explored in this study but it is an important issue to highlight.

Evidence from existing literature indicates that whilst basic sexual health information is reported by young people to be primarily acquired from peers; information on STIs, HIV/AIDS and pregnancy prevention amongst young people in Tanzania is usually acquired in the mass media (**61).** This reflects that social support is critical, given the strong influences that the social environment exerts on adolescent sexuality (**62**). Furthermore,the tangible and influential role that peer groups perform during the adolescence period is elaborated in various literature; as young people tend to feel more comfortable discussing sexuality with their peers, though the information circulating among adolescents might not be accurate **(63)** .

5.3 Level of Knowledge on the effects of Alcohol drinking on Sexual behaviour

Findings show that out of 315 students, 237 (75.2 %) had a high knowledge on the effects of alcohol drinking on sexual behaviour. Furthermore, it has been shown that the rank of knowledge increased with advancing levels of education such that Form 3 students 99 (41.8%) had higher levels of knowledge than Form 1 and 2 student and the difference was found to be statistically significant. This suggests that senior students are more capable of seeking information than the junior students. Although literature on this particular area on knowledge of alcohol drinking effects on sexual behaviour is limited, alternative studies that adress level of HIV/AIDS knowledge among Tanzanian young people have highlighted that knowledge increases with age and educational attainment (**64**). Interestingly, there were gender differences in terms of knowledge between boys and girls whereby, 131 (55.3%) of the boys had good knowledge on the effects of alcohol drinking in sexual behaviour as compared 106 (44.7%) of girls. This is consistent with other studies whereby societal and religious taboos regarding alcohol consumption by young people especially girls may play a role in influencing experimentation with alcohol and subsequent knowledge regarding alcohol effects (**45**).

In terms of access to alcohol prevention education, information and skills, findings show that 219 (69.5%) of respondents had been taught in class about the effects of alcohol

drinking. This suggests that schools have a key role to play in providing information on alcohol prevention education to students. A school based study conducted among 2,257 students in Zambia highlighted that overall, 40.9% of students were taught in class about the dangers of alcohol use (**47**). School programmes have played an important role in community responses to alcohol use by young people (**39**). Various studies have highlighted that even brief school based interventions can influence alcohol use during adolescence, and the influence seems to be related mainly to knowledge as well as behaviour (**24**).

However, only 127 (40.3%) had been taught how to tell someone else that they did not want to drink alcohol. This implies that although not easily accessible in mainstream education curricula; refusal skills are an important factor for young people and students. Similarly, a study conducted in Zambia highlighted that only 44.4% of students were taught in any of their classes how to tell someone that they did not want to drink alcohol during the school year (**47**). School health programmes can help students acquire communication, critical thinking, refusal and other life skills needed to avoid problems associated with alcohol drinking and other drug use (**47**). However, it has been argued that although the scientific evidence on the efficacy of educational programmes conducted in schools is limited, such programmes have been designed to help reduce risks associated with alcohol use among young people (**65**).

Furthermore, the study shows that only 73 (23.2%) had attended an after school seminar that had a topic about the dangers of alcohol drinking among young people. This suggests that there are few voluntary programmes for youth that specifically target adolescent alcohol and drug use, and even fewer take place outside of class time. This is similar to other studies that highlighted only 14.5% participation of students in after school programmes that had topics on alcohol and drug use across five different schools (**66**).

In terms of access to information, findings show that majority of students 128 (40.6%) would like to talk to youth counsellors and 88 (27.9%) would like to talk to parents to get information on effects of alcohol drinking among young people.This implies that in terms of information acquistion, both peers and parents have a strong influence among

adolescents in enabling them to become aware of the dangers of alcohol drinking at a young age as compared to other groups. Studies have shown that association with peers, is thought to increase the likelihood that an adolescent may likely acquire expectations that dispose him or her to use alcohol **(67**). Likewise, other studies suggest that parental communication with children about alcohol was a common parenting technique, and such discussions focused on the need for moderation, safety, the law and health implications (**68)**

5.4 Relationship between level of knowledge on the effects of alcohol drinking and risky sexual behaviour

The relationship between level of knowledge on alcohol drinking and risky sexual behaviour was examined against two variables: that is condom use in the past six months and alcohol drinking before having sex.The findings show that 16 (50%) of respondents with high knowledge sometimes used condoms and that only 5 (15.6%) of respondents with high knowledge had consumed alcohol before having sex. However, further analysis of findings showed that there is no significant statistical evidence to conclude that the level of knowledge of effects of alcohol drinking on sexual behaviour is related to either condom use in the past six months or alcohol drinking before having sex. This suggests three things. One, high level of knowledge is not necessarily translated into appropriate behavioural change. This is consistent with other research that advocates that behavior change is complex**;** it involves knowledge, motivations and choices which are influenced by sociocultural norms, as well as risk assessment in relation to immediate benefits and future consequences as well as rational decision making (**69**) .Two, absence of evidence is not evidence of absence. All that has been shown in this study is an absence of evidence of a difference. The sample size of this study might have been inadequate, with a consequent lack of power to detect the difference in engagement in risky sexual behaviour between sexually active students who had high level of knowledge and those who were less knowledgable on the effects of alcohol drinking. A similar study with a larger sample size is recommedended. Thirdly, alcohol and drug abuse have been mentioned as key drivers of the HIV/AIDS epidemic for school youth and education providers (**70**), however an assessment conducted by education stakeholders (**71**) suggests that there is a gap in content matter related to alcohol and drug abuse prevention education in lower secondary classes.

CHAPTER SIX

6.0 CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

Generally, the results of this study have shown that students start drinking and having sex at quite a young age below the age of 16 years. This study has shown that more than fifty percent of the students were at home when they drank alcohol. The study has also found out that the level of knowledge on effects of alcohol drinking on sexual behaviour increased with advancing classes in secondary education.

6.2 Recommendations

Basing on the findings of this study, the following are recommended:

1. The Government needs to enforce public health laws governing the selling of alcohol to young people under the age of 18 years.
2. Young people need to be given comprehensive sexual education to ensure that they have the knowledge necessary to make informed choices that focus on safer behaviour patterns which do not put them at risk of underage sexual debut.
3. Parents should create a home environment that does not encourage tasting of alcohol by their sons or daughters and also enable their children to explore deeply rooted norms about alcohol drinking, imagine alternatives and practice the skills they will need to resist societal and peer pressure to copy alcohol drinking habits.
4. Schools have to put stronger emphasis on alcohol prevention education and increasing secondary student's knowledge on effects of alcohol drinking on sexual behavior. School based interventions can be an effective approach to alcohol prevention. An effective public health approach should focus on the predominance of schools in the lives of students. Schools might be used as a central coordinating institution for primary prevention, as well as creating linkages with families, community and media policies.

5. Voluntary after school programmes with a key focus on alcohol prevention information, education and communication should be established in the communities.
6. Similar studies should be done in other districts in Tanzania for validation of findings.

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APPENDIX 1: ENGLISH QUESTIONNAIRE

ALCOHOL DRINKING PATTERN AND KNOWLEDGE OF ITS EFFECTS ON SEXUAL BEHAVIOUR AMONG SECONDARY SCHOOL STUDENTS IN KINONDONI MUNICIPALITY, DAR ES SALAAM

INTRODUCTION

This questionnaire consists of 4 sections (1 - 4) and a total of 76 questions. Please read the instructions carefully before answering the questions. In case you don't understand any question, please don't hesitate to ask the researcher who distributes the questionnaires. We would also like to remind you that, your answers are confidential and no one will be allowed to go through your answers except the principal investigator and research assistants.

This is not a test and hence the answers will not affect your grades and hence please don't look or ask your fellow student for the answer. We would like to get your own personal responses.

QUESTIONNAIRE NUMBER……
DATE OF INTERVIEW……
NAME OF SCHOOL …….....**.....**

Socio-demographic characteristics

1. Type of school
   1.Public school
   2.Private school
   3.Christian Private school
   4. Muslim Private school

2. Are you a boy or a girl? (Please circle one item below)
   1.Boy 2. Girl

3. How old are you?
   1. Less than 12
   2. Between 12 - 14
   3. Between 15- 16
   4. Between 17 – 18
   5.More than 18

4. What is your tribe?.....

5. What is your Religion?
    1. Christian
    2. Muslim
    3. Others

6. In what class are you?
    1. Form 1
    2. Form 2
    3. Form 3
    4. Form 4

7. Where do students who attend your school live?
    1. They live at school (Boarding School)
    2. At home (day school)
    3. They live in hostels chosen by the school
    4. They live in rented houses

8. Do you live with your parents at home?
    1. I live with both my parents
    2. I live with my mother only
    3. I live with my father only
    4. I live with other relatives/guardian(s)

9. How many family members or other people live in your home?
(Include brothers, sisters, cousins and yourself)
Write the number in the space below
---------- people live in my house.

Objective 1: THE NEXT SET OF QUESTIONS ASKS ABOUT ALCOHOL DRINKING PATTERNS AMONG STUDENTS

Circle only one answer you mostly think it is appropriate, for questions with a blank space, please use ink to write your answers.

10. How old were you when you had your first drink of alcohol?
    1. 10 - 11 years
    2. 12 - 13 years
    3. 14 - 16 years
    4. Older than 16 years
    5. I have never had a drink of alcohol

11. During the past 30 days, on how many days did you have at least one drink containing alcohol?
    1. 1 – 10 days
    2. 11 – 20 days
    3. 21 – 30 days
    4. I have never had a drink containing alcohol

12. During the past 30 days, on the days you drank alcohol, how many glasses or bottles of alcohol did you usually drink per day?
    1. 1 – 2 drinks
    2. 3 – 4 drinks
    3. 5 drinks and above
    4. I did not drink alcohol during the past 30 days

13. Where were you the last time you had a drink of alcohol?
    1. At home
    2. At school
    3. At a bar, disco
    4. At a restaurant
    5. At some else's home
    6. I have never had a drink of alcohol

14. What type of alcohol do you usually drink?
    1. Beer, lager or stout
    2. Wine
    3. Local spirits such as Konyagi, Valeur, Viroba
    4. Some other types e.g. Local brews
    5. I do not drink alcohol

15. During your life, how many times did you drink so much alcohol that you were really drunk and lost consciousness?
    1. 1 - 2 times
    2. 3 - 9 times
    3. More than 10 times
    4. I have not drunk alcohol and lost consciousness

16. During your life, how many times have you ever had a hangover or felt sick as a result of drinking alcohol?
    1. 1 - 2 times
    2. 3 - 9 times
    3. More than 10 times

4. I do not drink alcohol

17. Do your parents or guardians know that you drink alcohol?
    1. Yes
    2. No
    3. I do not drink alcohol

18. Which of your parents or guardians drink alcohol?
    1. Neither
    2. My father or male guardian
    3. My mother or female guardian
    4. Both

19. Do you think that any of your friends have ever drunk alcohol?
    1. Yes
    2. No
    3. Don't know

20. About how many of your friends have drunk alcohol?
    1. 1 – 2
    2. 3 – 4
    3. 5 – 6
    4. More than 6
    5. None of them

21. Do you ever have alcohol or feel like having alcohol first thing in the morning?
    1. Yes, I sometimes have or feel like drinking alcohol first thing in the morning
    2. No, I do not have or feel like drinking alcohol first thing in the morning
    3. I do no longer drink alcohol
    4. I do not drink alcohol.

22. Why do you like drinking alcohol?
    1. It enables me to socialise with my friends.
    2. It makes me confident and able to approach a member of opposite sex
    3. It enables me to remove anxiety and stress
    4. It enables me to relax.
    5. Any other reason. Please mention.....

The next questions asks about cigarette use

23. Have you ever smoked?
    1. Yes
    2. No

24. If yes, how old were you when you first tried a cigarette?
    1. 10 - 11 years
    2. 12 - 13 years
    3. 14 -16 years
    4. 16 years or older
    5. I have never smoked cigarettes

25. If yes, during the past 30 days, on how many days did you smoke cigarette?
    1. 1 – 10 days
    2. 11 – 20 days
    3. 21 – 30 days
    4. I have never smoked

26. If yes, during the last 30 days, how did you usually get your own cigarettes?
    1. I bought them from a shop or from a street vender
    2. I gave someone else money to buy for me
    3. I borrowed them from someone else
    4. An older person gave them to me
    5. I did not smoke cigarettes during the past 30 days

27. Do you think that any of your friends have smoked?
    1. Yes
    2. No
    3. Don't know

OBJECTIVE 2: THE NEXT QUESTIONS ASK ABOUT SEXUAL BEHAVIOURS

Circle only one answer you mostly think it is appropriate, for questions with a blank space, please use ink to write your answers.

28. Have you ever had sexual intercourse?
    1. Yes
    2. No

29. How old were you when you had sexual intercourse for the first time?
    1. Between 12 - 13 years
    2. Between 14 - 16 years
    3. More than 16 years

4. I have never had sex

30. Who or what influenced you to have sex for the first time?
    1. Friends
    2. Brothers or sisters
    3. Aunts or uncles
    4. A video or TV
    5. Someone or something else. Please mention….

31. What is the main reason you have not had sexual intercourse?
    1. I have had sexual intercourse
    2. I want to wait until I have finished secondary education
    3. I do not want to risk getting pregnant
    4. I do not want to risk getting STI or HIV/AIDS
    5. I have not had a chance to have sex or met anyone I wanted to have sex with
    6. It is against my religious beliefs
    7. Some other reason. Please mention….

32. During the past 6 months, have you had sexual intercourse?
    1. Yes
    2. No

33. If yes, during the past 6 months, with how many people have you had sexual intercourse?
    1. I have never had sexual intercourse
    2. I have had sexual intercourse but not during the past 6 months.
    3. 1 – 2 persons
    4. 3- 4 persons
    5. More than 4 persons

34. During the past 6 months, how often did you or your partner use a condom when you had sexual intercourse?
    1. I have had sexual intercourse but not during the past 6 months.
    2. We Never used condoms
    3. We Sometimes used condoms
    4. We Always used condoms

35. If you wanted to get a condom, how would you most likely get it?
    1. I would get it from a shop or from a street vendor
    2. I would get it from a pharmacy or clinic

3. I would give someone else money to buy it for me
4. I do not know where to get condoms

36. The last time you had sexual intercourse did you or your partner use a condom?
    1. Yes
    2. No

37. Did you drink alcohol before you had sexual intercourse the last time?
    1. Yes
    2. No

OBJECTIVE 3: LEVEL OF KNOWLEDGE ON THE EFFECTS OF ALCOHOL DRINKING ON SEXUAL BEHAVIOUR

Circle only one answer you mostly think it is appropriate, for questions with a blank space, please use ink to write your answers.

38. During your life, have you ever had a hangover, felt sick, got into trouble with family or friends, missed school, or got into fights, as a result of drinking alcohol?
    1. Yes
    2. No

39. If yes, during your life, how many times have you ever had a hangover, felt sick, got into trouble with family or friends, missed school, or got into fights, as a result of drinking alcohol?
    1. 0 times
    2. 1 - 3 times
    3. 4 - 6 times
    4. 7 or more times

40. When you watch television, videos or movies, how often do you see actors drinking alcohol?
    1. I never watch TV, movies or videos
    2. 1 - 3 times
    3. 4 - 6 times
    4. More than 7 times
    5. I have not seen them

41. During the past 30 days, how many advertisements for alcohol use have you seen on billboards?
    1. 1 - 3
    2. 4 - 6

3. More than 7
4. None

42. Has an alcohol company representative ever offered you a free drink of alcohol?
    1. Yes
    2. No

43. During this school year, have you ever been taught in any of your classes the benefits of not drinking alcohol?
    1. Yes
    2. No

44. During this school year, were you taught in any of your class how to tell someone you did not want to drink alcohol?
    1. Yes
    2. No

45. During this school year, were you taught in your classes any effects of alcohol drinking?
    1. Yes
    2. No

46. Have you attended any after- school youth seminar that had a topic on the dangers of alcohol drinking among young people?
    1. Yes
    2. No

47. If you wanted to get information on effects of alcohol drinking on young people, who would you like to talk to most?
    1. Friend or Classmate
    2. Parents
    3. Relatives
    4. Religious leaders
    5. Youth counselor

48. In the last six months, have you ever had or participated in discussions on drugs and alcohol?

1. Yes
2. No

49. If yes, with whom did you discuss this topic?
    1. Friend or Classmate
    2. Parents
    3. Relatives
    4. Religious leaders
    5. Youth counselor

In the following two questions, you may provide multiple answers. Please circle them clearly.

50. Is it acceptable for you for information on effects of alcohol drinking on young people to be provided:

On the Radio/ Television?	Yes/No
In a newspaper/ magazine?	Yes/ No
By a Youth counselor?	Yes/No
By a Clinic staff?	Yes/No

51. In the last six months, have you heard any information focusing on alcohol drinking on:

On the Radio or Television?	Yes/No
In a newspaper or magazine?	Yes/No
From a poster or billboard	Yes/No
At community events	Yes/No
From youth drama	Yes/No

Please continue responding to the questions below.
In case you don't know the answer, circle the answer **Don't Know.**
Remember, this is not a test; we are interested in what you **know.**

52. When young people drink alcohol, they may benefit by having increased confidence when communicating with members of the opposite sex

1	2	3
True	Not true	Don't Know

53. Alcohol use at certain levels can increase students' feelings of sociability

1	2	3
True	Not true	Don't Know

54. Drinking alcohol as a means of celebrating and on special occasions may have positive effects for students

1	2	3
True	Not true	Don't Know

55. Students' involvement in drinking games can lead to very high levels of alcohol consumption

1	2	3
True	Not true	Don't Know

56. The most common impacts of alcohol intoxication are vomiting and coma.

1	2	3
True	Not true	Don't Know

57. Alcohol drinking may cause a young person to **not use** a condom during a young person's first sexual encounter

1	2	3
True	Not true	Don't Know

58. Alcohol drinking leads to an increased likelihood of having sex and at a younger age

1	2	3
True	Not true	Don't Know

59. Students should **rely less** on alcohol to facilitate and develop social integration with their peers.

1	2	3
True	Not true	Don't Know

60. Alcohol drinking increases the risk of having unprotected sex

1	2	3
True	Not true	Don't Know

61. Alcohol drinking can lead to teenage pregnancy

1	2	3
True	Not true	Don't Know

62. Delaying the time of a students' first drink may reduce the risk of harmful drinking.

1	2	3
True	Not true	Don't Know

63. Alcohol drinking increases the likelihood of contracting sexually transmitted diseases and HIV/AIDS

1	2	3
True	Not true	Don't Know

64. Early exposure to drinking alcohol **may increase** the risk of problematic drinking in adolescence

1	2	3
True	Not true	Don't Know

65. Heavy drinking among students may be a mechanism for coping with loneliness, stress or anxiety

1	2	3
True	Not true	Don't Know

66. Mechanisms that protect children and young people, such as excessive criticism of their drinking behavior may be harmful.

1	2	3
True	Not true	Don't Know

67. Having adults who retain good relationships with a young person, characterized by appropriate levels of support and control is likely to protect a young person from drinking alcohol.

1	2	3
True	Not true	Don't Know

68. Participation in religious services may have a protective effect against alcohol drinking on students.

1	2	3
True	Not true	Don't Know

69. Informed and supportive parental guidance about alcohol drinking is a protective factor for students.

1	2	3
True	Not true	Don't Know

70. Delay in the age of initiation into drinking buffers the adverse effects of alcohol consumption in students.

1	2	3
True	Not true	Don't Know

71. Alcohol consumption by young people, particularly students is detrimental to being able to maintain friendships, especially if consumption levels are higher than among the peer group.

1	2	3
True	Not true	Don't Know

72. Alcohol consumption by young people, particularly students, is more likely to make them vulnerable to being victims of sexual violence and other crime.

1	2	3
True	Not true	Don't Know

73. Alcohol drinking by young people, particularly students is used as an excuse for assaulting and harassing other people

1.	2.	3
True	Not true	Don't know

74. Male students are less likely to be sexually aroused, powerful or become aggressive after drinking alcohol

1.	2.	3.
True	Not true	Don't know

75. Female students who drink alcohol are **more likely** to resist sexual advances.

1	2	3
True	Not true	Don't Know

76. Alcohol drinking increases a person's ability to make sound judgment on their sexual behavior.

1	2	3
True	Not true	Don't know

KIAMBATANISHO NAMBA 2: DODOSO LA KISWAHILI

KUANGALIA MFUMO WA UNYWAJI POMBE NA KIWANGO CHA UELEWA JUU YA ATHARI ZAKE KWA TABIA ZINAZOHUSIANA NA NGONO MIONGONI MWA WANAFUNZI WA SHULE ZA SEKONDARI KATIKA MANISPAA YA KINONDONI, DAR ES SALAAM

UTANGULIZI

Hili dodoso lina sehemu 4 (1 – 4) na jumla ya maswali 76. Tunakuomba usome maelekezo vizuri ndipo ujibu swali. Kama hujaelewa swali au maelekezo usisite kumuuliza mtafiti aliyekupa dodoso hili. Tunapenda kukufahamisha kuwa majibu yako ni siri yako mwenyewe na kuhakikisha utunzaji wa siri unazingatiwa. Dodoso hii itahifadhiwa kwa usiri mkubwa na hakuna mtu atakayeweza kuona au kusoma kilichojibiwa isipokuwa mtafiti au watafiti husika.

Hili zoezi la kujaza dodoso siyo sehemu ya mazoezi ya darasa na majibu yako hayaleta athari yeyote katika matokeo yako ya maendeleo ya shule, hivyo tunaomba usiangalizie au kutafuta majibu kutoka kwa mwanafunzi mwenzio. Tunahitaji kupata mawazo yako binafsi.

Namba ya Dodoso……

Tarehe ya Usaili…….

Jina la shule …….

SOCIO DEMOGRAPHIC CHARATERISTICS

Zungushia mduara jibu moja tu unalokubaliana nalo na kwenye nafasi zilizoachwa wazi jaza jibu kwa kutumia kalamu ya wino.

1.Aina ya Shule

1. Shule ya serikali
2. Shule ya binafsi
3. Shule ya binafsi ya Kikristu
4. Shule ya binafsi ya Kiislamu

2.Jinsia yako

1. Mvulana
2. Msichana

3.Umri wako ni miaka mingapi?

5. Chini ya miaka 12
6. Kati ya Miaka 12 - 14

7. Kati ya Miaka 15- 16
8. Kati ya Miaka 17 – 18
9. Zaidi ya miaka 18

4. Kabila lako ni lipi**?**.....

5. Je wewe ni muumini wa Dini gani?
   1. Mkristu
   2. Muislamu
   3. Mengineyo. Tafadhali litaje……..

6. Je unasoma kidato cha ngapi?
   1. Kidato cha kwanza
   2. Kidato cha pili
   3. Kidato cha tatu
   4. Kidato cha nne

7. Je wanafunzi wanasoma katika shule yako wanaishi wapi?
   1. Wanaishi shuleni (boarding school)
   2. Wanaishi nyumbani (day school)
   3. Wanaishi hosteli iliyochaguliwa na shule
   4. Wanaishi nyumba za kupanga za wenyeji jirani na shule

8. Iwapo unaishi nyumbani, je unaishi na wazazi wako?
   1. Naishi na wazazi wote wawili i.e. mama na baba
   2. Naishi na mama tu
   3. Naishi na baba tu
   4. Naishi na ndugu wengine i.e Mjomba, Shangazi n.k. Tafadhali taja……

9. Je unaishi na watu wangapi hapo nyumbani kwenu? (Zingatia uwepo wa kaka,dada, binamu na wewe mwenyewe n.k.)

Taja idadi katika nafasi iliyoko wazi hapo chini.
Ninaishi na watu…… nyumbani.

LENGO LA 1: MASWALI YAFUATAYO YANATAKA KUFAHAMU MFUMO WA UNWAJI POMBE MIONGONI MWA WANAFUNZI.
Tafadhali zungushia kwa kalamu ya wino jibu ambalo unafikiri ni sahihi, na iwapo sehemu iko wazi tafadhali andika jibu kwa kalamu ya wino.

10. Je ulikuwa na umri wa miaka mingapi ulipoonja pombe kwa mara ya kwanza?

1. Kati ya miaka 10 – 11
2. Kati ya miaka 12 – 13
3. Kati ya miaka 14 – 16
4. Zaidi ya miaka 16
5. Sijawahi kunywa pombe

11. Katika siku 30 zilizopita, je ni siku ngapi umekunywa kinywaji angalau kimoja ambacho kina kilevi?
    1. Kati ya siku 1 – 10
    2. Kati ya siku 11 – 20
    3. Kati ya siku 21 – 30
    4. Sijawahi kunywa kinywaji chenye kilevi

12. Katika siku 30 zilizopita ambazo ulikunywa pombe, je ulikunywa glasi au chupa ngapi za pombe kwa siku?
    1. Kati ya 1 – 2
    2. Kati ya 3 – 4
    3. Zaidi ya 5
    4. Sijwahi kunywa pombe katika siku 30 zilizopita.

13. Ulikuwa sehemu/eneo gani mara ya mwisho ulipokuwa unakunywa pombe?
    1. Nilikuwa nyumbani
    2. Nilikuwa shule
    3. Nilikuwa bar/disco
    4. Nilikuwa kwenye mgahawa (restaurant)
    5. Nilikuwa nyumbani kwa mtu
    6. Sijawahi kunywa kinywaji chenye pombe

14. Je huwa unakunywa pombe ya aina gani?
    1. Beer – aina zote mfano Lager, Stout, Lite
    2. Wine
    3. Pombe kali kama Konyagi, Valeur, Viroba
    4. Pombe za kienyeji
    5. Sijawahi kunywa pombe

15. Katika maisha yako, ni mara ngapi umewahi kunywa pombe mpaka ukalewa na kupoteza kumbukumbu?
    1. Mara 1 – 2
    2. Mara 3 – 9
    3. Mara 10 au zaidi
    4. Sijawahi kunywa pombe mpaka nikapoteza fahamu.

16. Katika maisha yako, je ni mara ngapi umewahi kupata uchovu wa kilevi (hangover), na kujisikia mgonjwa kwa ajili ya kunywa pombe?
    1. Mara 1 – 2
    2. Mara 3 – 9
    3. Mara 10 au zaidi
    4. Sijawahi kunywa pombe

17. Je wazazi au walezi wako wanafahamu iwapo unakunywa pombe?
    1. Ndio
    2. Hapana
    3. Sijawahi kunywa pombe

18. Je ni mzazi au mlezi wako yupi anayekunywa pombe?
    1. Hakuna hata mojawao anayekunywa pombe
    2. Baba yangu au mlezi wangu wa kiume
    3. Mama yangu au mlezi wangu wa kike
    4. Wazazi au walezi wangu wote

19. Je unafikiri baadhi ya marafiki zako wameshawahi kunywa pombe?
    1. Ndio
    2. Hapana
    3. Sijui

20. Kati ya marafiki zako, ni wangapi wameshawahi kunywa pombe?
    1. 1 – 2
    2. 3 – 4
    3. 5- 6
    4. Zaidi ya sita
    5. Hakuna anayekunywa pombe

21. Je umewahi kunywa pombe au kujisikia kunywa pombe kitu cha kwanza asubuhi?
    1. Ndio, nimeshawahi kunywa pombe au kujisikia kunywa pombe kitu cha kwanza asubuhi
    2. Hapana, sijwahi kunywa pombe au kujisikia kunywa pombe kitu cha kwanza asubuhi
    3. Nimeacha kunywa pombe
    4. Sijawahi kunywa pombe

22. Je, ni kwa nini unapenda kunywa pombe?
    1. Inanipa nafasi ya kuburudika na marafiki zangu

2. Inaniondolea aibu na kunipa uwezo wa kumtongoza mtu ninayevutiwa nae
3. Inaniwezesha kuondoa mfadhaiko (anxiety) na uchovu wa akili (stress)
4. Iinanisaidia kupoteza mawazo
5. Sababu nyingine. Tafadhali itaje……

Masuala yafuatayo yanadadisi kuhusu uvutaji wa sigara miongoni mwa wanafunzi.

23. Je umewahi kuvuta sigara?
    1. Ndio
    2. Hapana

24. Kama ndio, je ulikuwa na umri gani ulipovuta sigara kwa mara ya kwanza?
    1. Kati ya miaka 10 – 11
    2. Kati ya miaka 12 – 13
    3. Kati ya miaka 14 – 16
    4. Zaidi ya miaka 16
    5. Sijawahi kuvuta sigara

25. Kama ndio, katika siku 30 zilizopita, ni siku ngapi umewahi kuvuta sigara?
    1. Siku 1 – 10
    2. Siku 11 – 20
    3. Siku 21 – 30
    4. Sijawahi kuvuta sigara

26. Kama ndio, katika siku 30 zilizopita, ulikuwa unazipataje sigara zako binafsi?
    1. Nilikuwa nanunua dukani au kwa Mmachinga.
    2. Nilimpa mtu mwingine hela ili aninunulie
    3. Niliazima sigara kutoka kwa mtu mwingine
    4. Mtu alinizidi umri alinipatia sigara
    5. Sijawahi kuvuta sigara katika siku 30 zilizopita

27. Je unafikiri baadhi ya marafiki zako wanavuta sigara?
    1. Ndio
    2. Hapana

LENGO LA 2: MASWALI YAFUATAYO YANATAKA KUFAHAMU KUHUSU TABIA ZA ZINAZOHUSIANA NA NGONO MIONGONI MWA WANAFUNZI.
Kumbuka: Tafadhali zungushia kwa kalamu ya wino jibu ambalo unafikiri ni sahihi, na iwapo sehemu iko wazi tafadhali andika jibu kwa kalamu ya wino.

28. Je umeshawahi kufanya tendo la ngono?
    1. Ndio
    2. Hapana

29. Je ulikuwa na miaka mingapi ulipofanya tendo la ngono kwa mara ya kwanza?
    1. Kati ya miaka 12 – 13
    2. Kati ya miaka 14 – 16
    3. Zaidi ya miaka 16
    4. Sijawahi kufanya tendo la ngono

30. Ni mtu gani au mazingira gani yalikusukuma kufanya tendo la ngono kwa mara ya kwanza?
    1. Marafiki zangu
    2. Kaka na dada zangu
    3. Wajomba na shangazi zangu
    4. Maonyesho ya video au TV
    5. Masuala mengine. Tafadhali tueleze……..

31. Je, ni kwa sababu gani <u>hujawahi</u> kufanya tendo la ngono?
    1. Nimeshawahi kufanya tendo la ngono
    2. Nataka kusubiri hadi niwe nimemaliza masomo ya sekondari
    3. Naogopa kupata mimba
    4. Naogopa kupata maambukizi ya magonjwa ya ngono na UKIMWI
    5. Sijapata nafasi ya kufanya ngono au kukutana na mtu ninayetaka kufanya nae ngono
    6. Ni kinyume na maadili yangu ya kidini
    7. Sababu nyingine. Tafadhali tufahamishe……
    ……

32. Je, katika miezi sita (6) iliyopita, je umeshawahi kufanya tendo la ngono?
    1. Ndio
    2. Hapana

33. Kama ndio, katika miezi sita iliyopita, ni watu wangapi umewahi kufanya nao tendo la ngono?
    1. Sijwahi kufanya tendo la ngono
    2. Nimewahi kufanya tendo la ngono, ila sijafanya ngono katika kipindi cha miezi sita iliyopita.
    3. Kati wa mtu 1 – 2

4. Kati ya watu 3 – 4
5. Zadi ya watu 4

34. Katika miezi sita iliyopita, ni mara ngapi wewe na mpenzi wako mmetumia condom wakati wa tendo la ngono?
    1. Sijwahi kufanya tendo la ngono
    2. Nimewahi kufanya tendo la ngono, ila sijafanya ngono katika kipindi cha miezi sita iliyopita.
    3. Hatujwahi kutumia condom
    4. Tunatumia condom mara kwa mara
    5. Siku zote tunatumia condom

35. Je, Iwapo ungehitaji kupata condoms, je ungechukua njia gani kuzipata?
    1. Nitazipata dukani au kwa muuzaji barabarani (Mmachinga)
    2. Nitazipata duka la dawa au kwenye clinic
    3. Nitampatia mtu mwingine pesa ili aninunulie
    4. Sijui nitazipata kwa njia gani

36. Je, mara ya mwisho ulifanya tendo la ngono, je wewe au mpenzi wako mlitumia condom?
    1. Ndio
    2. Hapana

37. Je, mara ya mwisho kabla ya kufanya tendo la ngono, ulikunywa umekunywa pombe?
    1. Ndio
    2. Hapana

LENGO LA 3: MASWALI YAFUATAYO YANATAKA KUFAHAMU UELEWA WAKO KUHUSU ATHARI ZA UNYWAJI POMBE KWA TABIA ZINAZOHUSIANA NA NGONO MIONGONI MWA WANAFUNZI.
Kumbuka: Tafadhali zungushia kwa kalamu ya wino jibu ambalo unafikiri ni sahihi, na iwapo sehemu iko wazi tafadhali andika jibu kwa kalamu ya wino

38. Katika maisha yako umewahi kupata hangover, kuwa mgonjwa, kugombana na familia au marafiki, kutofika shule, au kupigana kutokana na unywaji pombe?
    1. Ndio
    2. Hapana

39. Kama ndio, ni mara ngapi umewahi kupata hangover, kuwa mgonjwa, kugombana na familia au marafiki, kutofika shule, au kupigana kutokana na unywaji pombe?

1. Sijawahi hata mara moja
2. Mara 1 – 3
3. Mara 4 – 6
4. Zaidi ya mara 7

40. Je, wakati unaangalia TV, video au tamthilia, ni mara zipi unaona waigizaji wanakunywa pombe?
    1. Huwa siangalii TV, video au tamthilia
    2. Kati ya mara 1 – 3
    3. Kati ya mara 4 – 6
    4. Zaidi ya mara 7
    5. Sijawahi kuona

41. Katika siku 30 zilizopita, ni matangazo mangapi ya utumiaji wa pombe umewahi kuona kwenye mabango ya matangazo?
    1. 1 – 3
    2. 4 – 6
    3. Zaidi ya 7
    4. Sijawahi kuyaona

42. Je umewahi kupewa pombe bila malipo na mwakilishi wa kampuni inayotengeneza pombe?
    1. Ndio
    2. Hapana

43. Katika mwaka huu wa shule, je umewahi kufundishwa darasani kuhusu <u>faida za kutokunywa</u> pombe?
    1. Ndio
    2. Hapana

44. Katika mwaka huu wa shule, je umewahi kufundishwa darasani <u>jinsi ya kumweleza mtu kwamba hutaki kunywa pombe?</u>
    1. Ndio
    2. Hapana

45. Katika mwaka huu wa shule, umewahi kufundishwa darasani kuhusu <u>athari</u> za kunywa pombe?
    1. Ndio
    2. Hapana

46. Je, nje ya shule, umewahi kuhudhuria semina yeyote ya vijana iliyokuwa na mada kuhusu athari za unywaji pombe miongoni mwa vijana?
    1. Ndio
    2. Hapana

47. Iwapo ungehitaji kupata taarifa kuhusu athari za unywaji pombe miongoni mwa vijana, ni nani ambae ungependa kuzungumza nae?
    1. Rafiki au mwanafunzi mwenzangu
    2. Wazazi wangu
    3. Ndugu zangu i.e kaka au dada
    4. Viongozi wa kidini
    5. Mshauri wa vijana

48. Katika miezi sita iliyopita umewahi kushiriki katika mjadala unaohusiana na matumizi ya pombe na dawa za kulevya?
    1. Ndio
    2. Hapana

49. Kama ndio, ni nani ulijadiliaana nae kuhusu matumizi ya pombe na dawa za kulevya?
    1. Rafiki au mwanafunzi mwenzangu
    2. Wazazi wangu
    3. Ndugu zangu i.e kaka au dada
    4. Viongozi wa Dini
    5. Mshauri wa vijana

KATIKA MASWALI MAWILI YAFUATAYO UNAWEZA KUTOA <u>JIBU ZAIDI YA MOJA</u>. TAFADHALI ZUNGUSHIA MAJIBU KWA USAHIHI

50. Je unakubali kuwa ni sahihi kwamba taarifa za athari za pombe miongoni mwa vijana zinaweza kutolewa kwenye:
    1. Radio au Televisheni Ndio Hapana
    2. Gazeti au Jarida Ndio Hapana
    3. Mabango ya matangaz Ndio Hapana
    4. Mshauri wa Vijana Ndio Hapana
    5. Na Mfanyakazi wa Kliniki Ndio Hapana

51. Katika miezi sita iliyopita, umewahi kusikia taarifa zozote zinazohusiana na unywaji pombe kwenye:
    1. Radio au Televisheni Ndio Hapana

2. Gazeti au Jarida Ndio Hapana
3. Mabango ya matangazo Ndio Hapana
4. Katika mihadhara ya kijamii Ndio Hapana
5. Katika maigizo ya vijana Ndio Hapana

ASANTE KWA USHIRIKIANO WAKO HADI HAPA. TUNAINGIA SEHEMU YA MWISHO YA DODOSO NA TUNAKUOMBA UENDELEE KUJIBU MASWALI YANAYOFUATA KWA USAHIHI

Iwapo hufahamu jibu, tafadhali zungushia jibu SIJUI

Kumbuka hili dodoso siyo mtihani wa majaribio, tunapenda kufahamu uelewa wako.

52. Wanafunzi wanapokunywa pombe, wanafaidika na kuongezeka kwa kujiamini wakati wanawasiliana na wenzao wa jinsia tofauti.
    1. Kweli 2. Si Kweli 3. Sijui

53. Unywaji pombe kwa kiasi kunaongezea hisia za uchangamfu miongoni mwa wanafunzi.
    1. Kweli 2. Si Kweli 3. Sijui

54. Unywaji pombe wakati wa sherehe na katika matukio maalum inaweza kuwa na faida.
    1. Kweli 2. Si kweli 3. Sijui

55. Ushiriki katika michezo ya kunywa pombe unaweza kusababisha unywaji wa pombe kupita kiasi miongoni mwa wanafunzi.
    1. Kweli 2. Si kweli 3. Sijui

56. Athari za hatari za pombe ni kutapika na kupoteza fahamu.
    1. Kweli 2. Si kweli 3. Sijui

57. Unwaji pombe unaweza kusababisha mwanafunzi asitumie kondomu wakati anafanya tendo la ngono kwa mara ya kwanza.
    1. Kweli 2. Si kweli 3. Sijui

58. Unywaji pombe unaongeza uwezekano wa kufanya tendo la ngono na katika umri mdogo.
    1. Kweli 2. Si kweli 3. Sijui

59. Wanafunzi wanatakiwa wapunguze kutegemea pombe katika kujenga mahusiano na wenzao.

1. Kweli 2. Si kweli 3. Sijui

60. Unywaji pombe huogeza hatari ya kufanya ngono isiyo salama.
    1. Kweli 2. Si kweli 3. Sijui

61. Unywaji pombe unaweza kupelekea upatikanaji wa mimba za utotoni.
    1. Kweli 2. Si kweli 3. Sijui

62. Kutoanza kunywa pombe katika umri mdogo,kunapunguza hatari ya unywaji pombe hatarishi.
    1. Kweli 2. Si kweli 3. Sijui

63. Unywaji pombe huongeza uwezekano wa kupata maambukizo ya magonjwa ya zinaa na UKIMWI.
    1. Kweli 2. Si kweli 3. Sijui

64. Unywaji pombe mapema huongezea hatari ya unywaji pombe kupita kiasi katika kipindi cha kupevuka miongoni mwa wanafunzi.
    1. Kweli 2. Si kweli 3. Sijui

65. Unywaji pombe kupita kiasi miongoni mwa wanafunzi inaweza kuwa ni njia kupambana na upweke, mfadhaiko au msongo wa akili.
    1. Kweli 2. Si kweli 3. Sijui

66. Mbinu zinazotumika kuwalinda watoto na wanafunzi, kwa mfano kuwagombeza na kuwakosoa kupita kiasi kwa sababu ya kunywa pombe zinaweza kuwa na athari mbaya.
    1. Kweli 2. Si kweli 3. Sijui

67. Watu wazima wanapokuwa na mahusiano mazuri na wanafunzi, na vilevile kutoa msaada na kuwasimamia kwa viwango vinavyokubalika wanaweza kumlinda mwanafunzi asinywe pombe.
    1. Kweli 2. Si kweli 3. Sijui

68. Ushiriki katika shughuli za kidini kunamlinda mwanafunzi na hatari za kuanza kunywa pombe.
    1. Kweli 2. Si kweli 3. Sijui

69. Maelezo sahihi na uhusiano ulio imara baina ya kijana na mzazi hupunguza uwezekano wa kujihusisha na unywaji pombe miongoni mwa wanafunzi
    1. Kweli 2. Si kweli 3. Sijui

70. Kutoanza kunywa pombe katika umri mdogo hupunguza athari za pombe miongoni mwa vijana.
    1. Kweli 2. Si kweli 3. Sijui

71. Unwywaji pombe hasa kwa wanafunzi unaweza kuharibu mahusiano na urafiki baina yao hasa inapotokea kwamba mmojwapo ya wanafunzi anakunywa pombe kupita kiasi wanachokunywa marafiki zake.
    1. Kweli 2. Si kweli 3. Sijui

72. Unywaji pombe miongoni vijana, hasa wanafunzi unaweza kuwasababisha wao kuwa wahanga wa vurugu za kingono (sexual violence) na majanga mengine.
    1. Kweli 2. Si kweli 3. Sijui

73. Unywaji pombe miongoni mwa vijana, hasa wanafunzi hutumika kama kisingizio cha kunyanyasa na kushambulia wanafunzi wengine
    1. Kweli 2. Si kweli 3. Sijui

74. Wanafunzi wa kiume wanapokunywa pombe hawapati ashiki ya ngono, hawajisii kuwa na nguvu au kuwa wagomvi wanapokunywa pombe.
    1. Kweli 2. Si kweli 3. Sijui

75. Wanafunzi wa kike wanapokunywa pombe huongeza uwezo wa kujizuia na matakwa ya kingono
    1. Kweli 2. Si kweli 3. Sijui

76. Unywaji pombe humwongezea mtu uwezo wa kufanya maamuzi sahihi kuhusu tabia yake ya ngono.
    1. Kweli 2. Si kweli 3. Sijui

APPENDIX 3: CONSENT FORM (ENGLISH VERSION)

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES, DIRECTORATE OF RESEARCH AND PUBLICATIONS

ID-NO ☐☐☐

INFORMED CONSENT

Consent to participate in this study

To participate in sharing your knowledge on the study titled "Alcohol Drinking Pattern and Knowledge of its Effects on Sexual Behavior among Secondary School Students in Kinondoni Municipality" by filling prepared questionnaire.

Greetings! My name is JOYCE O. TESHA. I am a student at Muhimbili University of Health and Allied Sciences pursuing a Master of Public Health degree.

Purpose of the study

We are conducting this study in Kinondoni Municipality so as to assess the level of knowledge on the effects of alcohol drinking on sexual behavior among secondary school students. By knowing this, the study will provide increased understanding on underlying factors influencing alcohol consumption among young people that will contribute in designing specific alcohol prevention education interventions.

What Participation Involves

If you agree to participate in this study the following will occur:

1. You will be with a trained research assistant and he/she will give you a questionnaire which you will be required to respond to every question. In case you will need some clarification we will be there to guide you on how to continue
2. No identifying information will be collected from you during this interview, except your age, level of education, Religion, only numbers will be used for identification and not your name
3. You will be given enough time to respond to the questions

Confidentiality

I assure you that all the information collected from you will be kept confidential. Only people working in this research study will have access to the information. We will be compiling a report, which will contain responses from several clients without any reference to individuals. We will not put your name or other identifying information on the records of the information you provide.

Risks

I don't expect any harm to happen to you because of joining this study. Remember it is only the information you are giving and it will not be associated with you after you have given it.

Rights to Withdraw

Taking part in this study is completely your choice. You can stop participating in this study at any time, even if you have already given your consent. Refusal to participate or withdrawal from the study will not involve penalty or loss of any benefits to which you are otherwise entitled.

Benefits

If you agree to participate in this study, you will get a chance to participate in reflecting student's problems concerning knowledge on the effects of alcohol consumption on their sexual behavior. Furthermore, you will contribute to increased understanding on underlying factors influencing alcohol consumption that will contribute in designing specific interventions on alcohol prevention education

Who to contact

If you ever have questions about this study, you should contact the Study Coordinator or the **Principal Investigator, Joyce O. Tesha,** Muhimbili University of Health and Allied Sciences (MUHAS), P.O. Box 65001, Dar es Salaam (Tel. no. 0754 571671). If you ever have questions about your rights as a participant, you may call **Prof. M. Aboud Chairman of the University Research and Publications Committee,** P. O. Box 65001, Dar es Salaam. Tel: 2150302-6 and **Dr T Nyamhanga who is the supervisor** of this study.

Signature

Do you agree?
Participant Agrees [__]
Participant disagree [__]

I _____ have read/understood the contents in this form. My questions have been answered. I agree to participate in this study.

Signature of Participant _____

Signature of witness (if participant cannot read) _____

Signature of research assistant _____

Date of signed consent _____

ANNEX 4: CONSENT FORM (KISWAHILI VERSION)

MUHIMBILI CHUO KIKUU CHA AFYA NA SAYANSI YA TIBA, KURUGENZ I YA UTAFITI NA MACHAPISHO

FOMU YA IDHINI

NAMBA YA UTAMBULISHO

RIDHAA YA USHIRIKI KATIKA UTAFITI

Maombi ya kupata idhini ya kushiriki katika utafiti huu unaohusu "Mfumo wa Unywaji pombe na kufahamu uelewa wako kuhusu athari zake kwa tabia zinazohusiana na ngono miongoni mwa wanafunzi katika Manispaa ya Kinondoni kwa kujibu maswali yaliyoulizwa katika dodoso lililoandaliwa."

Habari! Jina langu ni Joyce O. Tesha. Mimi ni mwanafunzi wa Shahada ya Uzamili ya Afya ya Jamii kutoka katika Chuo Kikuu cha Afya na Sayansi Jamii, Muhimbili.

Kusudi la utafiti:

Tunafanya utafiti huu kwa lengo la kufahamu uelewa wako juu ya juu ya athari za unywaji pombe kwa tabia zinazohusiana na ngono miongoni mwa wanafunzi wa shule za sekondari katika Manispaa ya Kinondoni. Tutakapopata taarifa zako, utafiti huu utaongeza uelewa kuhusiana na sababu zinazopelekea unywaji pombe na athari zake kwa tabia zinazohusiana na ngono miongoni mwa vijana. Vilevile hizi taarifa zitachangia katika utengenezaji wa mikakati ya elimu ya kuzuia unywaji pombe miongoni mwa vijana.

Utafiti utahusisha maswala gani:

Iwapo utakubali kushiriki katika utafiti huu, yafuatayo yatatokea:

1. Utakuwa unaongozwa na mtafiti msaidizi na atakupatia dodoso ambalo utatakiwa kujibu maswali yote yaliyo andaliwa. iwapo utakuwa na swali lolote, mtafiti msaidizi atakuwa tayari kukujibu na kukuongoza jinsi ya kuendelea.

2. Tafiti hii haitahitaji taarifa zako zozote binafsi zinazokutambulisha zaidi ya umri wako, jinsia, aina ya shule unayosoma, kiwango cha elimu na dini yako. Tutatumia namba kukutambulisha na siyo jina lako.

3. Utapewa muda wa kutosha kujibu maswali na Ikiwa utakubali kushiriki katika utafiti huu utahitajika kujibu maswali yote yalioulizwa katika dodoso la utafiti kwa ukamilifu

Usiri: Taarifa zote zitakazo kusanywa zitakuwa ni siri na namba zitatumika kutunza kumbukumbu katika kompyuta. Watu pekee watakaokuwa na idhini ya kusoma hizi taarifa ni watu wanaohusika na utafiti huu. Tutaandaa taarifa, ambayo itatambulisha majibu ya washiriki, bila kuhusisha mshiriki aliyejibu hayo maswali. Majina yawashiriki hayata tumika kabisa ili kudhibiti usiri wa taarifa.

Hatari:

Hatutegemei kuwa na hatari zozote kwa mshiriki utakaotokana na ushiriki wako katika utafiti huu. Kumbuka hizi taarifa ni kwa ajili ya utafiti na hazitahusishwa na wewe mara utafiti utakapokamilika.

Haki ya kughairi ushiriki na Mbadala wake:

Ushiriki wako katika utafiti huu ni kwa ridhaa yako, ikiwa utaghairi kushiriki hautalazimishwa wala kuchukuliwa hatua zozote. Unayo ridhaa ya kughairi ushiriki wakati wowote utakapoona inafaa.

Faida za Ushiriki:

Mshiriki ataweza kufaidika kwa kupata nafasi ya kuelezea uelewa wake kuhusiana na athari za matumizi ya pombe kwa tabia zinazohusiana na ngono miongoni mwa vijana. Vilevile utachangia katika kuongeza uelewa kuhusianana sababu zinazosababisha uywaji pombe ambazo zitasaidia kutengeneza mikakati ya elimu ya kuzuia unywaji pombe miongoni mwa vijana.

Nani wa Kuwasiliana nae:

Ikiwa utakuwa na maswali yeyote kuhusu utafiti huu, unaweza kuwasiliana na Mratibu au **mtafiti kiongozi wa utafiti** huu kwa anuani zifuatazo: **Joyce O. Tesha**, Muhimbili Chuo Kikuu cha Afya na Sayansi Jamii, S.L.B. 65001, Dar-es Salaam. (Simu No. 0754 571671). Ikiwa utakuwa na maswali kuhusu haki zako ukiwa mshiriki, unaweza kupiga simu kwa **Mwenyekiti wa Baraza la Utafiti na Machapisho. Prof. Saidi Aboud** S.L.P. 65001, Dar –es salaam. Simu: 2150302-6 na **Dr T. Nyamhanga ambaye ni Msimamizi wa Utafiti huu.**

Sahihi:

Je umekubali kushiriki?

Mshiriki amekubali…….

Mshiriki hakubaliani……

Mimi……..Nimesoma na kuelewa maelezo katika fomu ya ridhaa. Maswali niliyokuwa nayo yamejbiwa. Ninakubali kushiriki katika utafiti huu kwa ridhaa yangu mwenyewe.

Sahihi ya Mshiriki……..

Sahihi ya shuhuda (iwapo mshiriki hajui kusoma)……

Sahihi ya mtafiti msaidizi…….

Tarehe ya ridhaa ……..

ANNEX 5: LIST OF GOVERNMENT SECONDARY SCHOOLS AND RESPECTIVE WARDS IN KINONDONI MUNICIPALITY- DEPARTMENT OF SECONDARY EDUCATION

	NAME OF SCHOOL	WARD
1	Boko	Bunju
2	Bunju "A"	Bunju
3	Fahari	Goba
4	Goba	Goba
5	Goba Mpakani	Goba
6	Gogoni	Kibamba
7	Hananasifu	Hananasifu
8	Hondogo	Kibamba
9	Kambangwa	Mwananyamala
10	Kawe Ukwamani	Kawe
11	Kibamba	Kibamba
12	Kibwegere	Kibamba
13	Kibweheri	Kibamba
14	Kigogo	Kigogo
15	Kiluvya	Kibamba
16	King'ongo	Kimara
17	Kinzudi	Goba
18	Kisauke	Kunduchi
19	Kondo	Kunduchi
20	Kwembe	Kibamba
21	Londa	Kawe
22	Luguruni	Kibamba
23	Mabibo	Mabibo
24	Mabwe	Bunju
25	Maendeleo	Kunduchi
26	Makoka	Makuburi
27	Makumbusho	Makumbusho
28	Makurumla	Makurumla
29	Malambamawili	Mbezi
30	Manzese	Manzese
31	Matosa	Goba
32	Mbezi Inn	Mbezi
33	Mbopo	Kunduchi
34	Mburahati	Mburahati
35	Mbweni	Mbweni

	NAME OF SCHOOL	WARD
36	Mbweni Teta	Mbweni
37	Mpigi Magohe	Mbezi
38	Mtakuja	Kunduchi
39	Mugabe	Sinza
40	Njechele	Kunduchi
41	Oysterbay	Msasani
42	Salma Kikwete	Kijitonyama
43	Temboni	Mbezi
44	Turiani	Ndugumbi
45	Twiga	Kunduchi
46	Y.R.Makamba	Makuburi

ANNEX 6: LIST OF PRIVATE SECONDARY SCHOOLS AND RESPECTIVE WARDS IN KINONDONI MUNICIPALITY- DEPARTMENT OF SECONDARY EDUCATION

	NAME OF SCHOOL	WARD
1	Academic International	Mikocheni
2	Actas	Sinza
3	Africana Sec School	Kunduchi
4	Alpha	Makumbusho
5	Andrew Faza Memorial	Kunduchi
6	Anitha Greenland Sec	Makuburi
7	Aureke Sec	
8	Anne Marie	Kimara
9	Babro Johnsson	Kibamba
10	Brilliant	Kimara
11	Bakili Muluzi	Mbweni
12	Bethsaida Sec School	Mbezi
13	Bunju Sec School	Bunju
14	Cannosa Sec School	Kunduchi
15	Cornelius Girls	Kunduchi
16	Dar es Salaam Independence	Msasani
17	DSM Baptist	Magomeni
18	Destiny	Bunju
19	DSM Prime	Mikocheni
20	Dynamic Sec School	Kunduchi
21	EDP Royal Sec School	Kimara
22	EMET Dar Sec School	Kibamba
23	Esacs Sec School	Kawe
24	Faith SS	Bunju
25	Fanaka Memorial	Bunju
26	Feza Boys	Kunduchi
27	Feza Girls	Kawe
28	French Sec School	Msasani
29	G.G.Shulua	Kimara
30	George Washington Sec Sch	Kawe
31	Georgius Sec Sch	Mabibo
32	Ghomme	Kunduchi
33	Glenrons Memorial Girls	Kibamba
34	Good Samaritan Sec	Msasani
35	Green Light Sec	Kunduchi
36	Green Acres Sec	Kunduchi

	NAME OF SCHOOL	WARD
37	Haven of Peace Sec	Kunduchi
38	Helen's Sec Sch	Mbezi
39	Heri Sec Sch	Kibamba
40	International School of Tanganyika	Msasani
41	John the Baptist	Mbezi
42	Jordan Sec School	Kunduchi
43	Kenton Sec School	Kijitonyama
44	Kifai Modern School	Kibamba
45	Kijitonyama Sec	Kijitonyama
46	Kinondoni Muslim	Kinondoni
47	Kosiryam Sec School	Kunduchi
48	Kunduchi Girls	Kunduchi
49	Laureate Sec School	Kawe
50	Liberty Sec School	Kimara
51	Lilian Kibo Sec Sch	Goba
52	Loyola High School	Mabibo
53	Luqman Sec School	Sinza
54	Lyceum Sec	Bunju
55	Macmillan Sec	Ubungo
56	Magomeni Sec Sch	Magomeni
57	Makongo Sec Schol	Kawe
58	Masjid Qubah Sec Sch	Kijitonyama
59	Matangini Islamic	Kimara
60	Mawengi Sec Sch	Kunduchi
61	Mbezi Beach Sec	Kunduchi
62	Mbezi High School	Kunduchi
63	Midlands Sec	Kimara
64	Mivumoni Islamic	Kunduchi
65	Mji Mwema Sec	Kijitonyama
66	Makange Sec	Kimara
67	Msigani Sec	Mbezi
68	Mwambao Sec Sch	Kawe
69	Mwenge Open Academy	Kimara
70	Nur Islamic Seminary	Mzimuni
71	One Stop Sec	Bunju
72	Paradigms Sec	Kimara
73	Patrick Mission Sec	Kunduchi
74	Perfect Vision Sec Sch	Ubungo
75	Peace Land	Kimara

	NAME OF SCHOOL	WARD
76	Peters Sec	Kimara
77	Rising Star Sec	Kimara
78	Ridhiwaa Seminary	Mwananyamala
79	Saviack Sec	Kimara
80	Shree Hindu Mandal	Makumbusho
81	Sierra Sec School	Msasani
82	Sinza Iteba Sec	Sinza
83	Sinza Towers Sec	Sinza
84	St Joseph Millenium	Goba
85	St Maria Salome	Bunju
86	St Ann's	Mbezi
87	St Mary's Sec School	Kawe
88	St Gasper	Tegeta
89	St Magreth Sec School	Kimara
90	St Thomas Moore Macrina	Kimara
91	Tegeta Sec School	Kunduchi
92	Totera Sec	Kimara
93	Temboni Sec School	Kimara
94	Theophilo Ngowi Sec	Kimara
95	Ubungo Islamic Sec	Ubungo
96	Ubungo Modern Sec	Ubungo
97	Ununio Boys Sec	Mbweni
98	Wazo Hill Sec	Kunduchi
99	Whitelake Sec	Kawe
100	Zuhura Islamic Seminary	Kijitonyama

Appendix 7: Muhimbili Univeristy of Health and Allied Sciences Ethical Clearance Approval

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
DIRECTORATE OF POSTGRADUATE STUDIES

P.O. Box 65001
DAR-ES-SALAAM
TANZANIA
Telefax: 255-022-2150465
Telegrams: UNIVMED

E-MAIL dpgs@muhas.ac.tz
TEL: (255-022)-2150302-6 Ext. 207
Direct line: 2151378

Ref. No. MU/PGS/SAEC/Vol. VI/

27th August, 2012

Joyce O. Tesha,
MPH
MUHAS.

RE: APPROVAL OF ETHICAL CLEARANCE FOR A STUDY TITLED "KNOQWLEDGE OF EFFECTS OF ALCOHOL DRINKING ON SEXUAL BEHVIOUR AMONG SECONDARY SCHOOL STUDENTS IN KINONDONI MUNICIPALITY"

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.

Thus ethical clearance is granted and you may proceed with the planned study.

Please liaise with bursar's office to get your research fund.

Prof. Z. Premji
DIRECTOR, POSTGRADUATE STUDIES

/emm

c.c. Vice Chancellor, MUHAS
c.c. Deputy Vice Chancellor – ARC, MUHAS
c.c. Dean, School of Public Health and Social Sciences - MUHAS

Appendix 8: Muhimbili University of Health and Allied Sciences Introduction Letter

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
DIRECTORATE OF POSTGRADUATE STUDIES

P.O. Box 65001
DAR-ES-SALAAM
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Telefax: 255-022-2150465
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E-MAIL dpgs@muhas.ac.tz
TEL: (255-022)-2150302-6 Ext. 207
Direct line: 2151378

Ref. No. HD/MUH/T./2011

17th September, 2012

Director,
Kinondoni Municipal Council
P.O. Box 31902,
DAR ES SALAAM.

Re: INTRODUCTION LETTER

The bearer of this letter Ms. Joyce O. Tesha is a student at Muhimbili University of Health and Allied Sciences (MUHAS) pursuing in MPH Executive Track.

As part of her studies she intends to do a study titled: "***Knowledge of Effects of Alcohol Drinking on Sexual Behavior among Secondary School Students in Kinondoni Municipality.***

The research has been aproved by the Chairman of MUHAS Research Ethics Committee.

Kindly provide her the necessary assistance for her to conduct the research.

We thank you for your cooperation.

Tija Ukondwa
DIRECTOR, POSTGRADUATE STUDIES

/emm

cc: Ms. Joyce O. Tesha
cc: Dean, School of Public Health and Social Sciences

Appendix 9: Kinondoni Municipal Council Research Permit

KINONDONI MUNICIPAL COUNCIL
ALL CORRESPONDENCES TO BE ADDRESSED TO THE MUNICIPAL DIRECTOR

Tel: 2170173
Fax: 2172606

In reply please quote:

Ref. KMC/ED/SS/R.18/1

MUNICIPAL DIRECTOR
KINONDONI MUNICIPAL COUNCIL
P. O. BOX 31902
DAR ES SALAAM

Date: 16/10/2012

TO WHOM MAY CONCERN
Headmistress/Headmaster,

REF: RESEARCH PERMIT

Ms. Joyce O. Tesha is a student at Muhimbili University is conducting a research on **"Knowledge of effects of Alchohol Drinking on Sexual Behavior among secondary School students in Kinondoni Municipality".**

Has ben permitted to under take a research in your school.

By this letter you are asked to give the required assistance to the said researcher.

O. S. Sanga
SECONDARY EDUCATION OFFICER
KINONDONI MUNICIPAL COUNCIL

MUNICIPAL SECONDARY EDUCATION OFFICER
KINONDONI MUNICIPAL COUNCIL
P. O. Box 31902
DAR-ES-SALAAM