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Young People's Assessment of Their Sources of Information About Sexual Health in Rural and Urban Tanzania

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ABSTRACT

The provision of accurate sexual health information is critical in enabling young people to avoid risky sexual behaviours. Research has identified various sources of sexual health information preferred by young people in various social contexts. There is, however, a paucity of research that has examined the quality of these sources from young people's perspectives. This paper presents the results of a study that assessed the levels of satisfaction of current sources of information and knowledge about sexual health among young people in urban and rural Tanzania. The study involved 351 students aged 11-16 who completed a questionnaire assessing their levels of satisfaction about the quality of sexual health information they received from various sources. The results show that a majority of students (more than 70%) reported being most satisfied with sexual health information they had received from health workers and/or health facilities, followed by other family members and religious leaders. Less than 50 percent of students reported being satisfied with the quality of sexual health information they had received from their teachers. The paper concludes that, though there are a number of sources through which young people may be receiving sexual health information, the majority of them are not satisfied with the quality of information they get from many of such sources.

Key words: Parents, health workers, teachers, students, sexuality education, rural district, urban district.

INTRODUCTION

Research shows that young people's sexual activity in Tanzania, and elsewhere in sub-Saharan Africa, is characteristically risky, taking different forms, including early initiation of sexual intercourse, ineffective contraception and condom use and multiple sexual partnerships (Matasha et al., 1998; Muhondwa, 1999; Msemwa, 2000; Wight et al., 2005). Research has shown, for example, that a significant proportion of young people in Tanzania experience first sex before or by age 15, and that, despite high levels of knowledge about condom availability, condom and contraceptive use is still low among young people who are sexually active (Kapiga, 2005). For instance, a survey of 9,283 primary school students aged 10-16 revealed that only four percent of students who were sexually active at the time of the survey reported having used a condom in the last sexual intercourse (Todd et al., 2005). Another survey of students aged 15-24 showed that just about 25 percent of sexually active primary school children and over 50 percent of secondary school children reported having used a condom in their most recent sexual intercourse (Matasha et al., 1998).

Further, having multiple sexual partners has been observed to be common among sexually active young people in Tanzania. For example, one study revealed that nearly 50 percent of young men and 25 percent of young women aged 15-24 in 20 regions in Tanzania reported having sex with more than one non-regular sexual partner (MEASURE, National Aids Control Programme & National Bureau of Statistics, 2001). Additionally, a review of studies regarding sexual behaviours in 12 sub- Saharan African countries showed that about10 percent of young women and more than 30 percent of young men aged 15-30 had had more than two partners in the past 12 months (Bankole et al., 2001). Similarly, a survey of the predictors of condom use among secondary school students in the northern part of Tanzania revealed that between 18 percent and 20 percent of male students and seven and 36 percent of female students aged 13-21 reported having had more than two sexual partners within a period of two to four weeks (Lugoe, Klepp & Skuttle, 1996).

Risk taking sexual behaviours may have negative consequences in young people, especially by making them vulnerable to a range of sexual health problems as well as psychological and social problems. In Tanzania, for example, it has been reported that the rate of unwanted pregnancy increases from three percent at age 15 to 54 percent by age 19, and that 20 percent of the maternal deaths occur among young women below the age of 20 (Mpangile, 2003). Additionally, hospital based data show that 50 percent of gynaecological admissions in Tanzania due to abortion-related complications involve young women aged 15-24 (Rasch et al., 2004).

Apart from health related problems, unwanted pregnancies and abortions are the cause for most school dropouts in girls and subsequent psychological and social traumas, such as feelings of isolation and depression in young women in sub Saharan Africa (Taffa et al., 1999).

Furthermore, available data regarding the prevalence of HIV/AIDS in Tanzania show that, although young people have lower rates of HIV prevalence (only 15 percent of the people living with HIV/AIDS in Tanzania are aged 15-24) than older adults, about 60 percent of new infections occur among young people aged 15-24 (Tanzania Commission for AIDS, National Bureau of Statistics & ORC Macro, 2005).

Provision of accurate and age appropriate sexual health information and services is critical in enabling young people to avoid risky sexual behaviours, and the associated sexual health consequences. Research has identified various sources of sexual health information preferred by young people in various social contexts, including mass media, teachers, health workers and parents (Masatu, Kvale & Klepp, 2003; Bankole et al., 2007). Despite a plethora of studies examining the sources of sexual health information, there is a paucity of research that has examined the quality of these sources from young people's perspectives. Additionally, previous research has not attempted to examine the variation in the levels of satisfaction of the sources of information sexual health between young people in rural and urban settings. This study addressed these gaps in knowledge by assessing the levels of satisfaction of current sources of information and knowledge about sexual health among young people in urban and rural settings in Tanzania.

METHODS

Participants

Three hundred and fifty-one primary school students aged 11-16 completed a questionnaire assessing their satisfaction levels of the sources of information and knowledge about sexual health; 203 (57.8%) were recruited from12 primary schools in one urban district (Kinondoni) in the Dar es Salaam Region (the commercial capital of Tanzania), and 148 students (42.2%) were recruited from one rural district (Sengerema) in the Mwanza Region, which is located in the western part of Tanzania. Overall, 162 (47.5%) participants were male and 179 (52.5%) were female; the mean age of participants was 14 years, with a standard deviation of 2.

Procedure and measure

The study employed a questionnaire which was conducted during the summer of 2006, as part of a large survey assessing students' perspectives, needs and preferences regarding school-based sexuality education in Tanzania. The questionnaire, which was initially prepared in English, was translated into Kiswahili, which is the working language for the majority of participants in the study sites. The Kiswahili version was translated back into English to ensure that the original content in the questionnaire was preserved.

The following procedures were followed in selecting students from the participating schools. The researcher sent a letter of introduction to the head teachers of each of the participating schools. An appointment was then made regarding a suitable time and place to administer the questionnaires. A sample of 20 students was randomly selected from amongst students attending standards 5, 6 and 7 (roughly aged between 11 and 16).

In each school, the selected students were assembled in one class to complete the surveys. Prior to completing the questionnaires, students were briefed about the purpose of the study and filled out the consent forms. Participants were informed that participation was voluntary and that they could skip any question they felt uncomfortable answering. Furthermore, participants were informed that they were free to withdraw from the study any time. Upon completion of the questionnaires, the researcher re-debriefed participants about the objectives of the study and re-thanked them for agreeing to participate.

The questionnaire comprised four major sections that specifically assessed students' satisfaction of their sources of information and knowledge about sexual health. In the first section, students were provided with a list of six possible sources of sexual health information, namely teachers, health workers and/or health facilities, parents, other family members, friends and religious leaders; they were asked to indicate the extent to which they have been getting information from each of the source by choosing one of the five response options, ranging from *not at all* (1) to *very much* (5). In the second section, students were provided with the same list as above, and were asked to indicate how much they were satisfied with the quality of sexual health information they had been receiving from each of the sources, by choosing one of the five response options ranging, from *very dissatisfied* (1) to *very satisfied* (5). In the third section, students were asked to indicate the level of satisfaction with their current knowledge about sexual health using the same criteria as above. The last section of the questionnaire consisted of social demographics items, including age and sex.

RESULTS

Sources of sexual health information

In both districts, teachers, parents, other family members and health workers and/or health facilities, in that order, were the major sources of sexual health information for a majority of students. For example, as Figure 1 shows, 87.2 percent of students in the urban district (Kinondoni) reported receiving *very much* (55%) or *much* (32.2%) information about sexual health from teachers. More than 80 percent of students in the urban district reported receiving *very*

much (56.3%) or *much* (26.1%) information from parents. Eighty percent of students in the urban district reported receiving *very much* (42%) or *much* (40%) information about sexual health from other family members, whereas 71.2 percent of students reported receiving *very much* (32.8%) or *much* (38.4%) information about sexual health from health workers and/or health facilities.

Similarly, in the rural district (Sengerema), 82.3 percent of students reported receiving *very much* (55.1%) or *much* (27.2%) sexual health information from teachers and 78 percent of students reported receiving *very much* (53%) or *much* (45%) sexual health information from other family members. Seventy five percent of students reported receiving *very much* (46.4%) or *much* (28.6%) sexual health information from parents. About 72.4 percent of students in the rural district reported receiving *very much* (45.5%) or *much* (26.9%) sexual health information from health workers and/or health facilities.

In both districts, religious leaders and friends were the least preferred sources of sexual health information by the majority of students; just 50.3 percent of students in the rural district reporting receiving *very much* (23.8%) or *much* (26.5%) information about sexual health from religious leaders, and only 47.2 percent of students reported receiving *very much* (21.5%) or *much* (25.7%) information from their friends (see Figure 1). In the urban district, only 47.5percent of students reported receiving *very much* (23%) or *much* (24.5%) sexual health information from religious leaders, and just 52.5 percent of students reported receiving *very much* (22.5%) or *much* (30%) sexual health information from their friends.

Students' satisfaction of sexual health information they have received from various sources

For each of the sources of sexual health information, students were asked to indicate how much they were satisfied with sexual health information they had received from each of such sources. As Figure 2 shows, in both districts, a majority of students reported being most satisfied with sexual health information they had received from health workers and/or health facilities, followed by other family members and religious leaders. They reported being least satisfied with the sexual health information they had received from their teachers and friends.

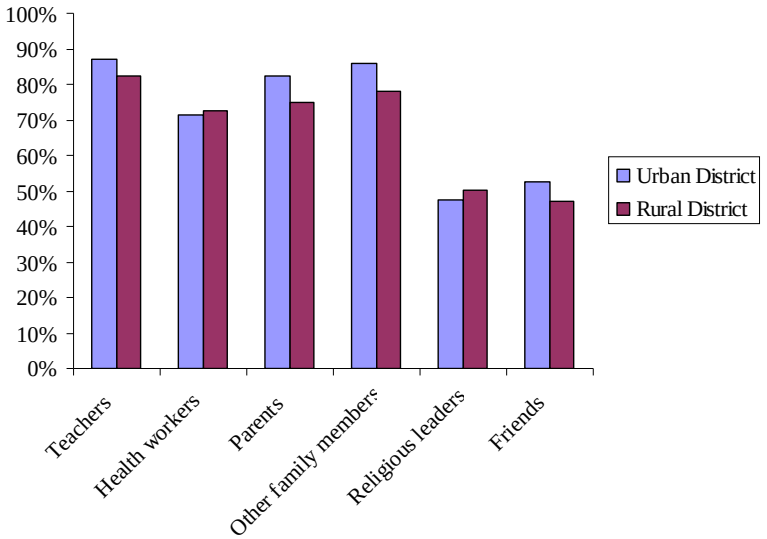

Figure 1: Percentages of students in the urban and rural districts indicating that they had been received very much or much sexual health information from various sources

For example, in the urban district, 70 percent of students reported being *very satisfied* (54.8%) or *satisfied* (15.2%) with the sexual health information they had received from health workers and/or health facilities, whereas 58.9 percent of students reported being *very satisfied* (35%) or *satisfied* (23.9%) with sexual health information they had received from other family members. About 53.4 percent of students in the urban district reported being *very satisfied* (28.8%) and *satisfied* (24.6%) with sexual health information they had received from religious leaders, compared to only 49.4 percent and 38.1 percent of students who reported being *very satisfied* or *satisfied* with sexual health information they had received from teachers and friends respectively.

In the rural district, 72.7 percent of students reported being *very satisfied* (53.8%) or *satisfied* (18.9%) with sexual health information they had received from health workers and/or health facilities, whereas 66.9 percent of students reported being *very satisfied* (46.9%) or *satisfied* (20%) with sexual health information they had received from other family members. In this district, 53.7 percent of students reported being *very satisfied* (34.7%) or *satisfied* (19%) with sexual health information they had received from religious leaders. Less than 50 percent of students reported being satisfied with sexual health information they had received from parents, teachers and friends in the rural district.

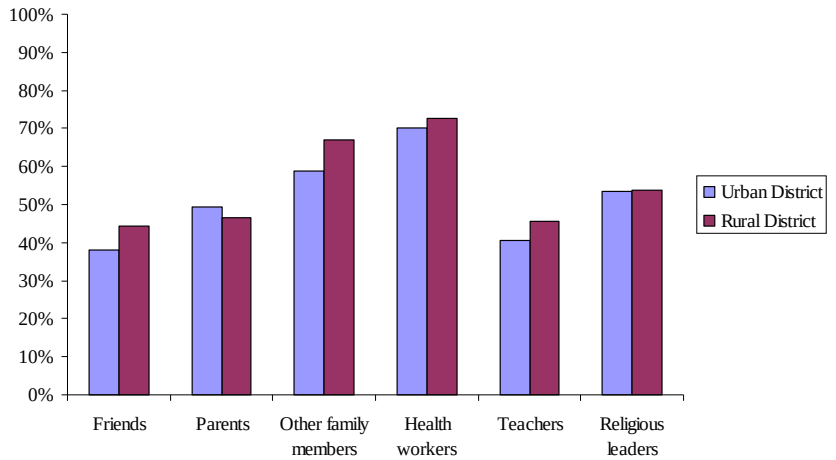

Figure 2: Percentages of students in the urban and rural districts indicating that they were very satisfied or satisfied with sexual health information they had received from various sources.

A one-way between-groups multivariate analysis (MANOVA) investigating the variation in the level of satisfaction of the sources of sexual health information, with the sources of sexual health information as dependent variables and the location of participants as independent variable, revealed no statistically significant difference between rural and urban students.: F (8,300) = 1.10, p=.360; Wilks' Lambda= .97, partial eta squared=.03.

When students were asked to indicate the level of satisfaction regarding their current knowledge of sexual health information, in both districts, less than 50 percent reported being *very satisfied* or *satisfied* with their current levels of knowledge about sexual health information (see Figure 3). For example, only 44.8 percent of students in the rural district (Sengerema) reported being *very satisfied* (26.6%) or *satisfied* (18.2%) with their current level of knowledge about sexual health, whereas only 44.4 percent in the urban district (Kinondoni) reported being *very satisfied* (25.7%) or *satisfied* (18.7%).

An independent-samples t-test was conducted to compare the levels of satisfaction about current sexual health knowledge between rural and urban students. There was no statistically significant difference in the levels of satisfaction between rural students (M=3.01, SD= 1.60) and urban students (M= 2.95, SD= 1.63); t (328) = -.38, p= .71. The magnitude of the difference in the means was very small
(eta squared= . 0004).

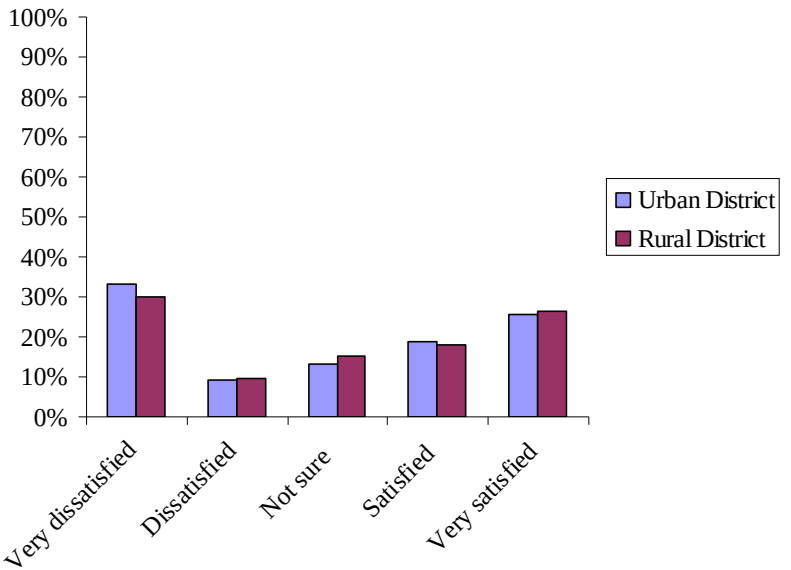

Figure 3: Percentages of students in the urban and rural districts reporting being very satisfied or satisfied with their current knowledge about sexual health information

The relationship between students' satisfaction of the current sources about sexual health information and their satisfaction of the current knowledge about sexual health was investigated using Pearson product-moment correlation coefficient. There was a weak, positive correlation between the two variables: $r = .25$, $N = 334$, $p < .0005$, indicating that students' satisfaction with a particular source of sexual health information was not necessarily associated with their satisfaction with the current knowledge about sexual health. Satisfaction with the current sources of sexual health information helps to explain only 6.3 percent of the variance in the students' scores on the satisfaction about current knowledge about sexual health.

DISCUSSION

Consistent with findings of previous studies in sub-Saharan Africa (Masatu et al., 2003; Bankole et al., 2007; McLaughlin et al., 2007), the results of this

study have shown that young people receive information about sexual health from multiple sources. In this study, teachers, parents, other family members and health workers and health facilities were identified by a majority (more than 80%) of young people as sources through which they received most of information about sexual health. On the other hand, just about 50 percent young people reported receiving very much or much information from religious leaders, whereas less than 50 percent of students reported receiving very much or much information from their friends.

There was no statistically significant variation in the preference of the sources of sexual health information between young people in rural and urban settings. This finding, however, needs to be interpreted with care given that mass media, which have been identified as the most valued sources of sexual health by young people in different countries (UNAIDS, 1999), was not included in the questionnaire for this study as part of the possible sources of sexual health information. Nevertheless, previous studies have revealed rather contradictory results regarding mass media as a valued source of sexual health information among young people in rural and urban settings. For example, one study in Uganda which investigated the variation in the sources of sexual health information between out of school and in-school youth revealed that, while only one percent of out school youth mentioned mass media as their main sources of sexual health information, almost all in-school youth mentioned mass media as their main source (Ndyanabangi et al., 1996).

The variation in the favourableness of mass media as sources of sexual health information between rural and urban youth is perhaps predictable in sub-Saharan Africa given the fact that the mainstream media such as television, magazines, movies and internet are still predominantly available in urban areas and virtually absent in rural settings. There is therefore a need for future studies to investigate the variation in the attitudes towards mass media as sources of sexual health information between rural and urban youth.

The results of this study have shown that, though young people may receive sexual health information from multiple sources, they are not satisfied with the quality of such information provided by many of the sources. For example, though 87.2 percent of students in the urban district and 82.3 percent of students in the rural district reported receiving very much or much information from teachers, only 41 percent of students in the urban district and 46 percent of students in the rural district reported being very satisfied or satisfied with the quality of sexual health information they had received from this particular source. Similarly, though 80 percent of students in the urban district and 75 percent of students in the rural district reported receiving very much or much information about sexual health from parents, only 49.4 percent of students in the urban district and 46.6 percent of students in the rural district reported being very satisfied or satisfied with the quality of information they had received from this source.

In general, while a majority of students reported receiving much of sexual health information from teachers, parents, other family members and health workers and/health facilities, in that order, the majority of them reported being satisfied with the quality of information about sexual health only from health workers and/or health facilities and other family members. Surprisingly, the majority of students were satisfied with the quality of sexual health information from the sources they indicated to have received relatively little information, namely religious leaders. This clearly raises questions about the nature of sexual health information young people may be receiving from various sources, and therefore points out the need to investigate the content and type of sexuality education young people are receiving in different settings, including schools, parents and health settings. This is particularly important given that in this study less than 50 percent of students reported being satisfied with their current levels of knowledge about sexual health.

In conclusion, the results of this study show that young people in Tanzania are receiving sexual health information from multiple sources, but the majority of them are not satisfied with the quality of information provided by many of these sources. Additionally, the results have revealed that, despite a plethora of alternative sources of sexual health information available to young people, only a small proportion (less than 50%) are satisfied with their current knowledge about sexual health. This clearly raises questions about the accuracy of sexual health information young people receive, and call for the need for the provision of sexuality education in institutional settings in Tanzania. There is particularly a need to explore the feasibility and opportunities for providing school-based sexuality education, which has been identified as one of the most appropriate and effective strategies for promoting and protecting young people's sexual health (Kirby, 2002; Kirby, Laris & Rolleri, 2005; Wellings et al., 1995; Singh, Bankole & Woog, 2005).

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