

**FACTORS THAT INFLUENCE EARLY SEXUAL DEBUT AMONG FEMALE
ADOLESCENTS IN MTWARA DISTRICT, TANZANIA**

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**A DISERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN PROJECT
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EXTENDED ABSTRACT

This study conducted to investigate factors associated with early sexual debut and related HIV/AIDS knowledge among female adolescents. A simple random sampling was performed to obtain 120 girls from one study district and three wards. The respondents included school-going and non-school-going young girls in the study area. Using mixed research method, this study employed a follow-up explanatory model, which allowed the use of qualitative data to explain and expound the quantitative findings. Data were collected using cross-sectional survey and interview. Chi square tests were run to assess the association between socio-demographic factors and early sexual debut among female adolescents in Mtwara District. Descriptive statistics and content analyses were employed to describe the respondents' awareness and knowledge level of HIV/AIDS and the impacts of early sexual debut. Results in this study indicated that 70 percent of the respondents had their sexual debut as minors, whereas 30 percent had not involved themselves in sexual intercourse. Results also showed that age ($\chi^2=11.315$, $df=1$, $sign=0.001$), peer pressure ($\chi^2=65.013$, $df=1$, $sign=.000$) and family members living with the respondents ($\chi^2=8.832$, $df=3$, $sign=0.032$) were significantly associated with young female adolescents' engagement in early sexual intercourse. Majority (69.2%) of the female adolescents were informed of the HIV/AIDS dynamics. Knowledge level was found to be significantly associated with engagement in early sexual debut ($\chi^2=11.613$, $df=1$, $P=0.001$). This study also showed that, 36.9 percent of young girls experienced poor academic performance, teenage pregnancy (13.1%), early marriage (8.3%), and school dropout (19%) due to their early initiation into sexual relations. Therefore, the study argues that female adolescents in Mtwara District were reported to begin sexual debut much early and some of them had little knowledge on how they should protect against HIV transmission. Hence, study

argues the importance of both (father and mother) parenting system that it may help to shape adolescents' sexual behaviour.

DECLARATION

I, Mtepa, Zulfa do hereby declare to the Senate of Sokoine University of Agriculture that this dissertation has been composed by myself and that the work has not been submitted for any other degree or professional qualification. I confirm that the work submitted is my own original report of my research.

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Mtepa Zulfa
(MA- candidate)

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Date

The above declaration is confirmed by:

.....

Dr. A.A. Mwakalapuka
(Supervisor)

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DEDICATION

This work is dedicated to the Almighty God under whose guidance I have done this study successfully. I also dedicate it to my beloved mother Halima Mohammed for her strong support towards my studies from the beginning until today, “May God bless her.”

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CBOs	Community-based Organizations
CDC	Centre for Diseases Control
GHS	Ghana Health Services
GSS	Ghana Statistical Services
HIV	Human Immunodeficiency Virus
NGOs	Non-Government Organizations
STDs	Sexual Transmitted Diseases
STIs	Sexual Transmitted Infections
TACAIDS	Tanzania Commission for AIDS
UNAIDS	United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background to the Study

Early sexual debut is commonly defined as having had first sexual intercourse at or before age 14. Early sexual debut initiation has been associated with an increased risk of acquiring sexually transmitted infections (STIs) including HIV, unwanted pregnancies and early parenting as well as school dropouts among young females in school (Mmbaga *et al.*, 2012). Globally, early sexual debut remains a recurring public health issue, as it is not without its accompanying complications, which may range from increased incidences of unprotected sex and multiple sexual partners.

Africa is the continent which is mostly affected by HIV/AIDS epidemic in the world (WHO, 2017). Studies indicate that HIV/AIDS prevalence rates among young people have been on the rise (Gupta and Mahy, 2003; WHO, 2017). It has also been observed that the rates of new infections are relatively higher among female adolescents than male adolescents (WHO, 2017). For instance, a report by WHO (2017) indicates that young women aged 15-24 and adolescent girls aged 10-19) account for up to 80 percent of new HIV infections among young people. This makes them eight times more likely to be living with HIV than adolescent boys, and it is estimated that around 50 adolescent girls die every day from AIDS related illness.

In Tanzania, studies indicate that HIV/AIDS prevalence and new infection rate relatively high among young people particularly girls (TACAIDS, 2018). While the prevalence rate among boys was 3.6 percent, the rates among girls were relatively higher at 5.8 percent (UNAIDS, 2016). Apparently, girls appear more susceptible to contracting HIV infection compared to male adolescents.

It has been observed in some previous studies that several factors are responsible for the relatively higher infection rates of HIV among girls. These factors are biological, social, economic, and behavioural (Stockl, 2013, UNAIDS, 2016). For instance, biologically young girls may be at increased risk because of immaturity of cervix where layer of cells lining their cervix might be thinner causing the possibility of decreased mucosal barriers to STDs. This is because mucosal surfaces are thought to form a natural barrier to HIV infection (McCree and Rompalo, 2007, Stockl, 2013). Apparently, behavioural factors are closely linked to social and gender norms on relationship as observed that, young girls are at higher risk for HIV infection due to various factors such as having infected multiple young partners and older partners as well as engaging in transactional sex with infected male partners (Gupta and Mahy, 2003, Coker *et al.*, 2015 and McCree and Rompalo, 2007).

It has also been observed that some of these factors have prompted female adolescents into sexual relation at young age (Zaba *et al.*, 2014). This behavioural aspect has resulted into early pregnancies, school dropouts, early single parenting, and unsafe abortions (Yadufashije, 2017). Furthermore, early engagement in sexual relationship among female adolescents may also be responsible for a higher infection rate among them compared to the male adolescents.

According to Ikamari and Towett (2008), an increase in urbanization, modernization, and exposure to western media have largely contributed to a decline of traditional values and an increase in sexual activities among young girls. In Tanzania, early sexual debut has some geographical disparities. Some regions such as Shinyanga, Mtwara, Lindi, Tabora, Mbeya and Dodoma have reported relatively higher rates of sexual activities among

adolescents particularly pupils. This is evidenced by higher prevalence of teen pregnancies and school dropouts, and early marriage (UNICEF, 2012).

The fact that most adolescents have access to information regarding HIV infection in Tanzania could make wonder as to why the problem is most severe in the coastal regions. This study thus seeks to uncover factors underlying the observed higher rates of girl-teens early sexual debut in Mtwara District.

1.2 Statement of the Problem

Early sexual debut initiation is a big problem since it is not only a health concern but also it is a moral problem., as different studies show that, early sexual debut associated with negative impacts mostly among young girls (Mmbaga *et al.*, 2012). This is partly exacerbated by the fact that young girls, as studies show, engage in sex at an earlier age than boys are. This is indicated by the apparent number of teenage pregnancies, early marriages, frequent abortions among school girls, and the girls' engagement with health clinics for family planning (UNICEF, 2012). Despite religious beliefs and the existing Swahili culture advocating for virginity until marriage, early sexual debut among young girls seems to be at high levels in the coastal regions of Tanzania particularly in Mtwara District. Many studies have focused on the impacts associated with early sexual debut including teenage pregnancy and early marriage among female adolescents in Tanzania. Nevertheless, the discussion on what are the exact reasons influencing early sexual debut is scanty. This study, thus, seeks to fill this gap by examining the underlying factors for early sexual debut in Mtwara Tanzania as a source of HIV infection and other negative impacts. A study also investigated knowledge of HIV/AIDS before early sexual debut practices among young girls.

1.3 Justification

Early sexual debut puts adolescents at high risk of contracting sexually transmitted diseases including HIV/AIDS, teenage pregnancy, unsafe abortions, and early marriages. Mtwara region is best known for early young girls' initiations and its subsequent early sexual debut. Local customary and traditions in the regions seem to be a common factor contributing to early engagement of sexual activities. For example, initiation into adulthood popularly known as *Unyago* is a prestigious event among local communities in Mtwara region whereby young girls are grouped together and tutored on how they should take care of their households and husbands.

The findings of this study are important to policy makers and development partners in developing strategies that could effectively help youth girls abstain from engaging in early sexual activities. The study is also relevant to humanitarian organisations, CBOs, NGOs and international organisations including UNICEF that are concerned with children's rights and other matters since sexual debut can be identified to have long term effects on victims, these organisations should to assist in establishing programs of reducing the problem.

1.4 Objectives of the Study

1.4.1 General objective

This study aims to investigate the influencing factors for early sexual debut and related HIV/AIDS knowledge among female adolescents.

1.4.2 Specific Objectives

- i. Assess knowledge on transmission and prevention of HIV/AIDS prior to sexual debut among female adolescents.
- ii. Examine factors associated with the early sexual debut among young girls
- iii. Assess the effects of early sexual debut on adolescent body and social and psychological development among young girls.

1.5 Research Questions

- i. What is the level of knowledge on transmission and prevention of HIV/AIDS prior to sexual debut among young girls?
- ii. What are factors associated with early sexual debut among young girls?
- iii. What are the effects of early sexual debut among young girls?

1.6 Conceptual Framework

The conceptual frame work for this study is presented in figure 1. The conceptual framework explains how the researcher perceives the relationship between variables and considers the main variable found to be important in a particular study. The conceptual framework for this study shows early sexual debut as dependent variable. The engagement in early sexual debut affected by several factors which are independent variables. These variables include socio-demographic and exposure factors such as education, religion and exposure to mass media. Furthermore, early sexual debut engagement depends on knowledge and awareness about HIV/AIDS.

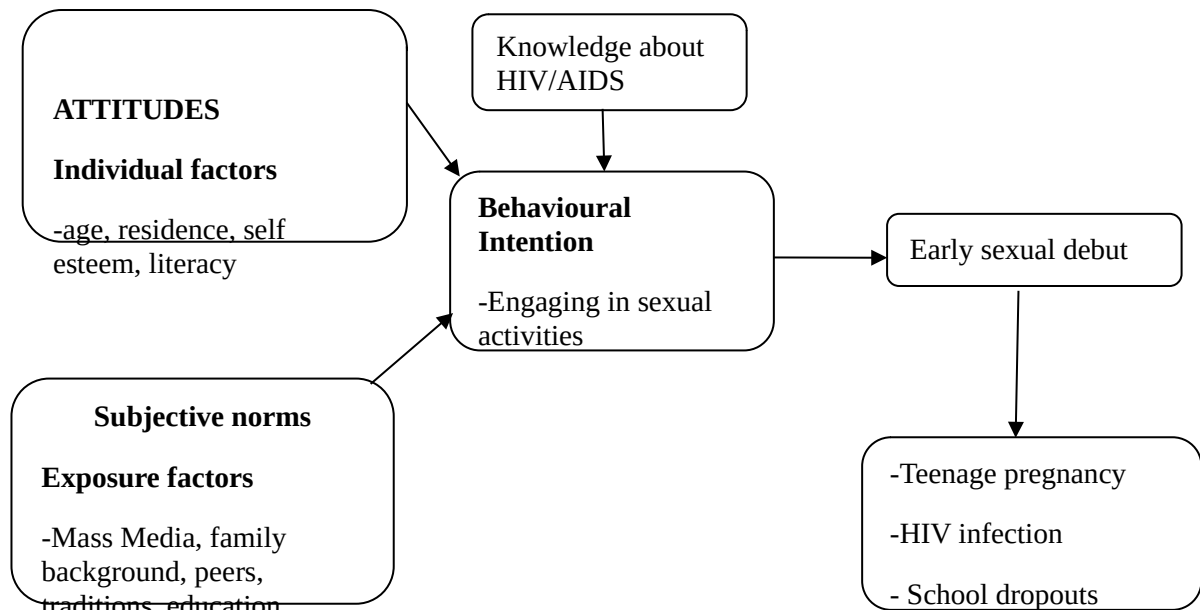


Figure 1.1: Conceptual Framework for the Study of Female Sexual Behaviour

Source: Adopted and modified from Rah, Painter & Chapman (2004). Applying the theory of planned behaviour to female sexual behaviour.

1.7 Limitation of the Study

This study was conducted in Mtwara District among young girls only. Some of the respondents were unwilling in provision of information and this was because of the study topic. The topic under discussion is a sensitive one especially to young adolescents. This was avoided by a brief talk before data collection on the need to give truthful answers. The participants were also assured that the information they gave was not be linked to them and was to be handled confidentially.

The adolescents sampled could have declined to participate in the study even after consenting. This was overcome by recruitment of new participants into the study who were randomly selected.

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CHAPTER TWO

2.0 FACTORS ASSOCIATED WITH EARLY SEXUAL DEBUT AMONG FEMALE ADOLESCENTS IN MTWARA DISTRICT. TANZANIA

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2.1 Abstract

This paper sought to examine the prevalence of and factors associated with early sexual debut among underage girls. Data were collected from 120 girls in Mtwara District. The respondents included school-going and non-school-going young girls in the study area. A simple random sampling was performed to obtain one study district and three wards. Using the mixed research method, this paper employed the follow-up explanatory model, which allowed the use of qualitative data to explain and expound the quantitative findings. Data were collected using cross-sectional survey and interview methods. Chi square tests were run to assess the association between socio-demographic factors and early sexual debut among female adolescents in Mtwara District. The results indicated that 70 percent of the respondents had their sexual debut as minors, whereas 30 percent had not involved

themselves in sexual intercourse. Results also showed that age ($\chi^2 = 11.315$, $df=1$, $sign=0.001$), peer pressure ($\chi^2 = 65.013$, $df=1$, $sign=.000$), and family members living with the respondents ($\chi^2 = 8.832$, $df=3$, $sign=0.032$) were significantly associated with young female adolescents' engagement in early sexual intercourse. Hence, early sexual debut was dependent on age, peer pressure, and household members. This paper concludes that, young girls' susceptibility to early sexual relations is slightly but constantly reduced by parenting of both parents (mother and father). The manuscript recommends that, both parents (mother and father) are important in shaping adolescents' behaviours.

Key words: Adolescents, Early sexual debut, parenting system

2.2 Background Information

Globally, early sexual debut is a recurring public health issue as it is associated with complications, which may range from an increased incidence of unprotected sex to multiple sexual partners (Doruwade *et al.*, 2017). Early sexual debut is commonly defined as having had first sexual intercourse at or before the age of 14 years (Doruwade *et al.*, 2017). It is also defined as having had first vaginal intercourse prior to fifteen (15) years of age (Magnusson *et al.*, 2012). In our local community, early sexual debut is commonly known as engaging in sexual activities before the age of 19 years (adult age according to WHO) and sometimes before marriage.

Early sexual debut is a global problem observed in both, developed and developing worlds. An estimated 16 percent of all adolescents in the US are reported to have had vaginal intercourse by the age of 15 years (Magnusson *et al.*, 2019). Reports from Asia and West Africa indicate high prevalence of early sexual debut as well (Olufemi *et al.*, 2018; UNFPA 2017). The world Health Organization (WHO) places Tanzania as the third among African countries known for early marriages among female adolescents.

This suggests that the problem of early sexual debut among female adolescents in Tanzania is undeniably prevalent.

Individual and exposure factors are closely linked to young adolescents' initiation in sexual intercourse. Individual factors include education, age, personal desire, and residence (Adongo, 2018; Djamba, 2007; Gupta and Mahy, 2003). For example, a study by Adongo (2018) in Ghana shows that, among the factors that influence adolescents' engagement in sexual intercourse include personal desire to satisfy their curiosity, social fitness whereby female adolescents desire to have friends to belong to a social group. These social groups provide avenues for adolescents to share their personal feelings, worries, and to find support from friends for pieces of advice and solutions to their perceived challenges. It is also observed that educated youth particularly females may be less likely to engage in early sexual debut than youth out of school, although a study shows that educated youth are also at risk of sexual misbehaviour (Karibu and Orpinas, 2009). Other factors that influence early sexual debut include economic constraints, poor parenting, and indecency of media content.

Also, early sexual debut associated with exposure factors as many studies explain the impact of exposure factors to the influence of early sexual debut; such factors are like mass media, religious influence, and family background (O'Hara *et al.*, 2012 Hallman, 2014). For example, a study shows low socio-economic status of the family significantly increases the likelihood of variety of unsafe sexual behaviours. This not only increases female odds of exchanging sex for money but also increases chances of experiencing forced sex among females and having multiple partners (Halman, 2014).

In addition, increased rates of urbanization, modernization, and exposure to western media are said to have largely contributed to the decline in traditional values and an increase in sexual activities among adolescents in Africa (Ikmari and Towett, 2008). Traditional systems that aimed at preparing and initiating young girls into adulthood are currently more or less dysfunctional, so are the tradition values that once regulated sexual behaviour among female youth. (Gueye *et al*, 2001)

Consequently, early sexual debut has resulted into early pregnancies, school dropouts, early single parenting and unsafe abortions among young adolescent girls (Yadufashije, 2017). Early engagement in sexual relations among female adolescents may also be responsible for higher rates of HIV infection among girls as opposed to boys. As Mmbaga *et al.*, (2012) observed, early sexual debut is closely associated with increased risks of acquiring sexually transmitted infections (STIs) including HIV, unwanted pregnancies, early marriages and school dropout among young females. Girls' early sexual debut leads to unwanted pregnancies and abortions among majority of female adolescents. These abortions reflect sexual exploitation (Guttmacher Institute, 2010 and Mbagaa *et al.*, 2012). Estimates indicate that 2.5 million unsafe abortions occur each year in developing world among adolescents due to early sexual debut (Guttmacher Institute, 2010)

Despite religious beliefs and the existing Swahili culture advocating virginity until marriage; early sexual debut among young girls seems to be at high levels in the coastal regions of Tanzania particularly in Mtwara. Many studies including Makundi (2010), Sinisa, (2018) and Guttmacher Institute, (2010) have focused on the impacts of early sexual debut such as HIV/AIDS infection and teenage pregnancies and early marriage on female adolescents in Tanzania, the discussions on the exact reasons for early sexual debut are scanty. This study, thus, seeks to fill this gap by examining the underlying factors associated with early sexual debut in Mtwara District of Tanzania.

2.3 Theoretical underpinnings

This study is guided by the Theory of Reasoned Action and Planned Behaviour developed by Ajzen and Fishbein. Specifically, the theory predicts that behavioural intention is created or caused by two factors, which are attitudes and subjective norms (Ajzen and Fishbein, 1980; Fishbein, 1967). Behavioural intention is defined as a person's perceived likelihood or subjective probability that he or she will engage in a particular behaviour (Ajzen, 2002a). Attitudes are formed by series of beliefs resulting in a value being placed on the outcome of the behaviour. This means, if the outcome of behaviour is seen by an individual as positive, valuable, or good, then the person's attitude will be favourable with greater likelihood of the person engaging in the behaviour (Ajzen, 2002a). Similarly, Ajzen, (2002a) observes that, subjective norms, that is, the perceived social pressure to engage or not engage in certain behaviours determined by normative beliefs; these are behaviours which we perceive from important people in our lives except from ourselves. These important people are often family members, friends or peers, health care providers, religious figures, and others we hold in high esteem (people we like to please) (Ajzen, 2002a).

In this case, early sexual debut is viewed as the individual's judgement towards performing sex as good or bad, thus a person may have different expectations about the outcome. If the youth judges sex as a good thing with an outcome of just having good time, he/she would regard the likelihood of getting pregnancy or acquiring HIV infection as minimal. If he/she sees the likelihood of negative impacts as minimal, then, he/she would likely have positive attitude towards sex and vice versa. The youth may be engaged in sexual debut if important people perceive that, unprotected sex has no bad result or has minimal impact. Moreover, if a subjective normal of important people is negative towards having sex, then an individual may not engage in sexual intercourse. This study therefore

used the theory of reasoned action/planned behaviour to study the factors related to sexual debut among adolescent girls in Mtwara.

The youth may be engaged in sexual debut if important people perceive that, unprotected sex has no bad result or has minimal impact. Moreover, if a subjective normal of important people is negative towards having sex, then an individual may not engage in sexual intercourse. This study therefore used the theory of reasoned action/planned behaviour to study the factors related to sexual debut among adolescent girls.

2.4 Methodology

This study was conducted in Mtwara Tanzania. Mtwara is located in the southern part of Tanzania along the Indian Ocean. Three wards namely Mbawala, Mayanga and Ndumbwe were surveyed from the district. According to Creswell (2006), research designs are procedures for collecting, analysing, interpreting, and reporting data in research studies. This study was mixed (qualitative and quantitative) research mainly quantitative and to a lesser degree qualitative, whereby a follow-up explanatory mixed design was used. According to Creswell (2006), a follow-up explanatory mixed design is used when qualitative data are needed to explain or expand quantitative results. Thus, this study used qualitative data to explain quantitative results on early sexual debut. Data were collected through cross-sectional survey. The design is favourable since it allows data to be collected at a single point in time.

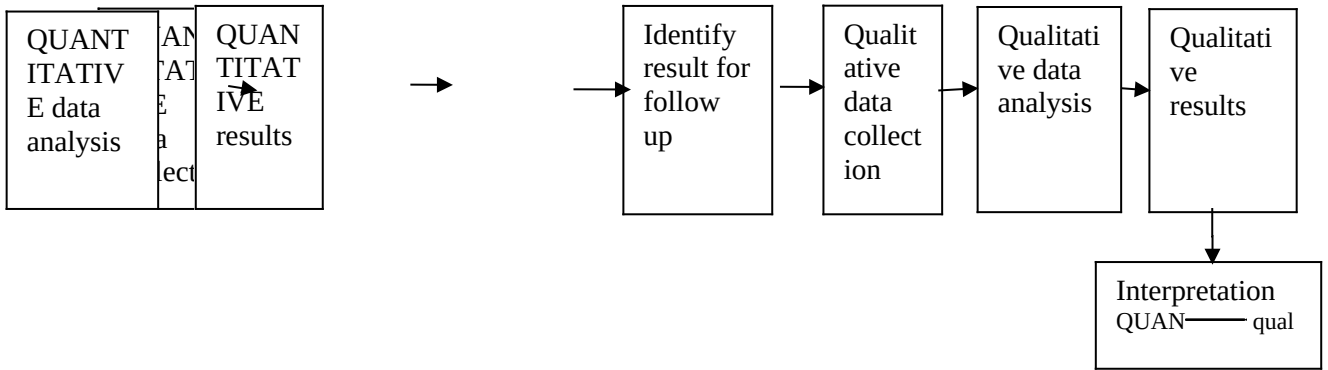


Figure 2. 1: Follow-up explanatory Design adopted from Creswell (2006)

Primary data collection method included unstructured and semi structured interviews and questionnaire. Interview guide were used for interview. Questionnaires contained open and close-ended questions, which were used to gather quantitative data on factors that influence early sexual debut. Primary data were collected direct from the field to get information about the influencing factors of early sexual debut among young girls.

The study sample of female adolescents, both, in and out of school was obtained from the community. Simple random sampling was employed; this involved the selection of respondents (female adolescents) who participated in the survey and interview. Chi square tests were used to analyse factors associated with early sexual debut. IBM-SPSS was used to perform all statistical computations.

2.5 Results and Discussions

2.5.1 Socio-Demographic Characteristics

Results show that majority (53.3%) of the female adolescents had attained primary education while 25 percent completed secondary education and 21.7 percent had no formal education. The presence of female adolescents who did not attended school implies that; education has not been well emphasized among them. This is contrary with

Education Policy in Tanzania from independence to present that emphasizes the importance of education. Policy suggests that, primary education is compulsory and free for everyone. Age categories considered were 10-14 years as young adolescents/youth and 15-19 years as older adolescents/youth.

The results in this study indicate that the majority of the female adolescents 71 (59.2%) fall in 10-14 years age group and the rest out of 120 respondents were in the 15-19 years age group. The number of female adolescents between the 10-14 age group was higher probably due to high prevalence of this group national wide. The world fact book (2014) report shows that on age structure, 42.7 percent of the population belong to the age group of 0-14 years. In the current study, among the 120 respondents, 83 (69.2%) female youths were Muslims and the rest 37 (30.8%) were Christians. The number of Muslims was higher because most of the coastal regions are dominated by Muslims. Mtwara is one of the coastal regions in Tanzania.

The findings show further that the majority 61 (50.8%) of female adolescents lived with both parents (father and mother), 33 (27.5%) lived with mothers only, whereas, 22 (18.3%) lived with guardians such as an aunt and 4 (3.3%) lived with fathers only. As the result shows, the majority of the respondents lived with both parents implying that, parents in Mtwara District have seen the importance of raising their children together. According to Dufur *et al.*, (2017), children living with both parents tend to get more attention and more stability and are less likely to suffer from emotional distress.

Table 2.1: Socio-Demographic Characteristics (n=120)

Variable	Variable	Frequency	Per cent
Education	No formal education	26	21.7
	Primary	64	53.3
	At least secondary education	30	25.0
Age	10-14	71	59.2
	15-19	49	40.8
Religion	Non-Muslim	37	30.8
	Muslim	83	69.2
Family members	Father	4	3.3
	Mother	33	27.5
	Father and mother	61	50.8
	Others (guardians)	22	18.3
Total		120	100.0

2.5.2 Exposure factors

Results show that 67 (55.8%) female adolescents reported being influenced by their fellow youths (peer groups) while 53 (44.2%) reported not being influenced by their fellow youth. These groups of peer act as a source for adolescents to share personal feelings, worries and support from friends for pieces of advice and solutions to their perceived challenges. This implies that some female adolescents decide to have sexual relationships because their friends think having sex is good and a source of pleasure. Regardless of the sex difference, an adolescent who is in the company of friends who already engage in sexual activities would also be engaged in early sexual debut. Similar results are reported in a study by Otanga, (2013) who reveals that, most of the adolescents are influenced by peer pressure to engage in sexual behaviour early.

With regards to reading newspapers among female adolescents, the results in Table 6 show that 14 (11.7%) of the respondents read almost every day while the majority, 68 (56.7%) of the respondents indicating not to read at all. In addition, female adolescents seemed to be more interested in listening to the radio; majority 62 (51.7%) of them listen to the radio almost every day. Female adolescents seemed to be more interested in

listening to the radio whose contents are sexually oriented such as “Simulizi,” a story broadcasted around midnight. The frequency of media use for accessing sexual materials-oriented series and movies containing sexual contents is a predictor of being sexually active and the likelihood of having multiple sexual partners (Asekun-Olarinmoye *et al*, 2014).

Table 2. 2: Exposure factors (n=120)

Variable	Variable	Frequency	Per cent
Peer pressure	Not influenced	53	44.2
	Influenced	67	55.8
Newspaper	Not at all	68	56.7
	Less than one week	38	31.7
	Almost everyday	14	11.7
Radio	Not at all	22	18.3
	Less than one week	36	30.0
	Almost everyday	62	51.7
Television	Not at all	63	52.5
	Less than one week	36	30.0
	Almost everyday	21	17.5
Total		120	100.0

2.5.3 Engagement and Attitude of Female Adolescents on Early Sexual Debut

2.5.3.1 Engagement of Female Adolescents on Early Sexual Debut

The results in this study show that majority 84 (70%) of female adolescents had already initiated sexual intercourse at the time of survey and few 36 (30%) of them had been engaged in sexual intercourse up to the survey time. Thus, this paper reveals that big numbers of female adolescents in Mtwara District had already engaged in early sexual debut. This implies that female adolescents in Mtwara perceive early sexual debut among them as good and is helpfully to satisfy their curiosity. The findings in this study are in contrast with the findings in a study by Fatusi *et al.*, (2008) among Nigerian adolescents revealing that more than three-quarters 80.2% of Nigerian adolescents reported to have never had sex. This could be due to the fact that the Nigerian society/culture views early sexual debut among adolescents as morally wrong.

Table 2. 3: Engagement of Female Adolescents on Early Sexual Debut (n=120)

Variable	Variable	Frequency	Per cent
Engagement	Not engaged	36	30.0
	Engaged	84	70.0
Total		120	100.0

2.5.3.2 Attitude of Female Adolescents on Early Sexual Debut

The results also show that majority 88 (73%) of female adolescents had negative attitude towards early sexual debut indicating that it is inappropriate to initiate early sexual debut. On the other hand, few 32 (26.7%) of the respondents had a positive attitude towards early sexual debut indicating that it is appropriate if one has the right partner. When the respondents were asked as to why they had a positive attitude towards early sexual debut some had this to say;

“... My mom often tells me that; once I try to practice sexual intercourse, I might fall up to being pregnant..... they (parents) do not understand why young people today want to have sex before marriage while in their time they did not do it.....”(Interview respondent, 2019)

However, when asked why they had positive attitude towards early sexual debut, one of the respondents had this to say,

“...For me having sex with boys before marriage is a proof that one is beautiful because the men come to you”(Interview respondent, 2019)

Despite that the majority (70%) of female adolescents were engaged in early sexual debut, most of them seemed to have negative attitude towards sexual intercourse indicating that it

was not appropriate. This shows that the majority of female adolescent who engage in early debut do regret for their first sexual intercourse. This result is consistent with the results in a study by Muanda et al., (2018) who reveal that, a large proportion of adolescents had a positive attitude towards sexual behaviour. It is also suggested that early sexual debut was largely sanctioned by peers but not adults (Muanda et al., 2018).

Table 2.4: Attitude of Female Adolescents on Early Sexual Debut (n=120)

Variable	Variable	Frequency	Per cent
Attitude	Positive	32	26.7
	Negative	88	73.3
Total		120	100.0

2.5.4 Association between Factors and Engagement in Early Sexual Debut among Female **Adolescents**

The findings in this part summarize the results of association between factors and engagement in early sexual debut according to the selected characteristics of the study population. The study found that initiation into sex among the youth was reported to be at 81.7 percent, while older youth who were engaged in sexual intercourse were 53.1 percent. Age was found to have significant associated with engagement in early sexual ($\chi^2 = 11.315$, $p=0.001$). Thus, age of the respondent is associated with early sexual debut especially because female adolescents who were as young as 10-14 years were already initiated into early sexual debut.

However, In-depth interview shows that, one of the female adolescents reported to have had sexual intercourse at the age of eight (8) years with a partner of fifteen (15) years. This implies that, local customs and traditions such as Unyago (initiation of female adolescents into adulthood), which is practised to female adolescents at teen age (7- and above) can be a source of early initiation of sexual intercourse. Unyago in the southern

parts of Tanzania especially in Mtwara is a common tradition among the local communities. During this period, young girls are gathered and trained on how they should take care of their households and husbands sometimes, and then they may start to practice what was learnt.

The study findings are supported by the findings in a study by Mwangi (2014) who suggested that age of the respondents was a contributing factor for sexual debut. However, the study findings show further that, as one advances in age (become older) he/she becomes predisposed to the initiation into sexual intercourse, which is in contrast to the findings in the current study. The findings in the current study show that more young adolescents have had sexual intercourse than have had the older ones.

Education level of female adolescents was not significantly associated with early sexual debut engagement ($\chi^2 = 2.637$, $p = 0.267$). The results show that 57.7 percent of those without education had already engaged in sexual debut at the time of the survey while 70 percent of adolescents in secondary school education and 75 percent of adolescents in primary school education were initiated into sexual debut. This is in contrast with the expectation that an increase in education level would have a positive influence towards delaying sexual debut among female adolescents. This implies that education has not helped young girls in Mtwara to avoid engaging in early sexual engagement as it has done in other regions of Tanzania. The findings are in contrast with the findings in a study by Mwangi (2014) who confirmed that respondents without formal education were likely to initiate into early sexual debut. Thus, formal education has no association with the engagement in early sexual debut.

Table 2. 4: Association between Factors and Engagement in Early Sexual Debut among Female Adolescents (n=120)

Study variable	Engaged (%)	Not engaged (%)	Total (%)	Chi-square
Age				$\chi^2=11.315,$
10-14	81.7	18.3	100	df=1,
15-19	53.1	46.9	100	P=0.001
Education				
Non	57.7	42.3	100	$\chi^2=2.637,$
Primary	75.0	25.0	100	df=2,
At least secondary education	70.0	30.0	100	P=0.267
Religion				
Muslim	66.3	33.7	100	$\chi^2=1.788,$
Non-Muslim	78.4	21.6	100	df=1,
				P=0.181
Reads newspaper				
Not at all	69.1	30.9	100	$\chi^2=0.059,$
At least once a week	71.1	28.9	100	df=2,
Almost every day	71.4	28.6	100	P=0.971
Listens radio				
Not at all	72.7	27.3	100	$\chi^2=0.313,$
At least once a week	72.2	27.8	100	df=2,
Almost every day	67.7	32.3	100	P=0.855
Watches television				
Not at all	63.5	36.5	100	$\chi^2=5.469,$
At least once a week	69.4	30.6	100	df=2,
Almost every day	90.5	9.5	100	P=0.065
Peer pressure				
Influenced	100	0	100	$\chi^2=65.013,$
Not influenced	32.1	67.9	100	df=1, P=.001
Household members				
Father only	100	0	100	$\chi^2=8.832,$
Mother only	69.7	30.3	100	df=3,
Father and mother	60.7	39.3	100	P=0.032
Others	90.9	9.1	100	

***P* ≤ 0.05**

Distribution of the respondents by religion showed that 66.3 of Muslims and 78.4 percent of non-Muslims had initiated into sexual intercourse. Religion was not significant ($p=0.181$) in the engagement in early sexual intercourse. This was different from the expectation as the Islamic religion advocates for virginity until marriage. Thus, the belief that Islam has a positive influence on delaying sexual debut among female adolescents in Mtwara District is nullified. This implies that, early sexual debut engagement or non-

engagement has no significant association with one being either a Muslim or a Christian. However, these findings are inconsistent with the finding by Ibisomi and Odimwegu, (2005) who reveals that religion was closely associated with early sexual debut. Therefore, Islamic religion has no any contribution on either early or delaying sexual activities among female adolescents Initiation of sexual debut.

Other factors seem to influence this trend including the frequency of exposure to the Medias. For example, 69.1 percent of those who reported not to read newspaper all had already initiated while 71.4 percent of those who read newspapers frequently reported to have had initiated into sexual intercourse at the survey time. About 72.7 percent of those who did not listen to the radio at all were reported to have initiated while 67.7 percent of those who listened to the radio at least daily were reported to have had initiated. There was an increase in the initiation of sexual debut as the frequency of exposure to television increases. About 63.5 percent of the female adolescents who had no access at all to television had initiated sexual debut while 90.5 percent who reported to have access daily had initiated into early sexual debut

However, exposure to media was not statistically significant ($p=0.971$ Newspaper, $p=0.855$ listening to the radio and $p=0.065$ watching TV), watching TV seems to have high percentage (90.5%) of those who had initiated early into sexual debut. When asked as to whether they used indecent media contents, some of the respondents reported to have been more interested in indecent media contents other respondents claimed to have been using the media to access decent contents such as watching/listening to news bulletins and reading school-based contents. This implies the media was not a contributing factor. This is because information passed on the media probably is not sexual or vulgar materials rather; there is also useful information on such matters as health, sports and games, and

local and global news. These findings are in contrast with the findings in studies such as Brown, (2002) and Omisore *et al.*, (2014) revealing that adolescents reported more sexual activity and more engagement in sex when they are exposed to sexual content through media. Thus, media users are likely to adopt the behaviours of characters they perceive to be attractive.

This study found that peer pressure was closely associated with early sexual debut. Peer pressure is seen to be statistically significant ($p=0.001$). The results show that 100 percent of female adolescents who practiced sexual intercourse were influenced by peer pressure to engage in sexual debut at the time of the study. About 32.1 percent of respondents who were not under peer pressure were not engaged in early sexual debut. In-depth Interview revealed that friends provide avenues for adolescents to share their feelings and find comfort in friends for piece of advice and solutions. For instance, when asked on the reasons for her early sexual debut engagement, a respondent had this to say;

“...Well, I kind of think my peers influenced me to have a boyfriend at an early age. In fact, all of them had theirs, and they constantly pressured me to accept one. I ended up having one, and we had sex...” (Interview respondent, 2019)

This implies that some female adolescents decide to have sexual relationships since their friends think having sex is good and pleasurable. Regardless of the sex difference an adolescent who is in the company of friends who are already engaged in sexual activities will also be negatively influenced into engaging in early sexual debut. This was consistent with previous studies that examined Peer effects in sexual initiation revealing that social interaction, which is in line with peer pressure, has large an effect on sexual initiation

(Richards, 2010 and Otanga, 2013). In this view, female adolescents need to avoid friends who are engaged in sexual activities. Rather they should keep themselves busy with other matters such as studying and keeping friends who are not associated with sexual activity until the time of marriage

The findings in this study reveal that there is a close association between early sexual debut and the kind of family members they were living with. The findings show that 100 percent of the female adolescents who were initiated into sexual debut were living with fathers only, 90.9 percent with guardians, 69.7 percent with mothers only, and 60.7 percent were living with both mothers and fathers had. This is consistent with the expectation that, most of female adolescents who are not living with both parents are likely to initiate early into sexual debut. Findings show, the frequencies of engagement to sexual intercourse were higher among those who were living with fathers or mothers only, and those who were living with guardians only compared to the frequencies of those who were living with both mother and father. Certainly, single parents face a huge challenge in teaching their children all the virtues of life to enable grow into respectful adults. For instance, one of the respondents had this to say,

“.....there is nobody in the house who would provide me needs like food rather my aunt is waiting for me to come with money so that can be used for our daily life fulfilment.....”. (Interview respondent, 2019)

“...my Dad is very busy with work and always he come back home late. This make me to have all time to have fun and move around with friends who may lure us into sex...”
(Interview respondent, 2019)

This implies that guardians and single parents specifically fathers cannot control their children especially female adolescents on sexual behaviour. A study by Dufur *et al.*, (2017) reveals that, children of single parents are at higher risk of early engagement into sexual behaviours. However, the study claimed that both single-mothers and single fathers have some influence on early initiation into sexual intercourse. Therefore, both parents are needed and are advised to engage their adolescents in realizing the risks involved in sexual activity at this young age. We can therefore conclude that there is a close association between early sexual debut, age, peer pressure, and family members living with the respondents.

2.6 Conclusion and Recommendation

The study revealed that age, peer pressure, and family members living with the respondents had significant influence on early sexual debut among teenage girls. The risk of initiating sexual debut is slightly but constantly reduced when both parents, mothers and fathers are involved in the parenting of female adolescents. The study findings emphasize the importance of both parents (mother and father) on shaping adolescents' behaviours.

The study revealed further that, education and exposure to mass media were not statistically significant in influencing early sexual debut. The Media was not a contributing factor because the contents in the media are probably not sexual or vulgar rather, they could be covering useful themes such as Human health, games, and news bulletin. More efforts are needed in controlling social interaction that encourages adolescents early sexual debut as peer pressure was seen significantly increasing the risk of initiating early sexual debut.

Female adolescents in Mtwara District were reported to begin sexual debut at an age of 8. Thus, there is a need for development partners to harmonize different programs in the country and work hand in hand with the government to implement programs that would help the youth in delaying sexual debut. Further study is needed on early sexual debut. Qualitative research on the influence of education religion and mass media should be undertaken into consideration.

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CHAPTER THREE

3.0 EARLY SEXUAL DEBUT AND HIV-RELATED KNOWLEDGE AMONG FEMALE ADOLESCENTS IN MTWARA DISTRICT. TANZANIA

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3.1 Abstract

Knowledge and awareness of HIV dynamics have the potential of delaying the onset of sexual endeavours at an early age. Early engagement in sexual activities among adolescent females expose them to unplanned pregnancies, early parenthood, and high chances of contracting sexually transmitted infections including HIV/AIDS. This study assessed early sexual debut and HIV related knowledge among teenage girls. Specifically, this study investigated the female adolescents' knowledge level of HIV/AIDS, assessed the association between female adolescents' knowledge level and the age at which they started experiencing sexual intercourse, and identified negative effects of early sexual debut. A simple random sampling adopted to select 120 girls, one study district, and three wards. The respondents included school-going and non-school-going young girls in the study area. Using the mixed research method, this study employed the follow-up explanatory

model, which allowed the use of the qualitative data to explain and expound the quantitative findings. Data were collected using the cross-sectional survey and interview. Descriptive statistics and content analyses were employed to describe the respondents' awareness and knowledge level of HIV/AIDS and the impacts of early sexual debut. Results in this study indicated that, majority (69.2%) of the female adolescents were informed of the HIV/AIDS dynamics. Knowledge level was found to be significantly associated with the engagement in early sexual debut ($\chi^2 = 11.613$, $df=1$, $P=0.001$). This study also showed that 36.9 percent of young girls experienced poor academic performance, 13.1 percent were victims of teenage pregnancy, 8.3 percent were subject to early marriage, and 19 percent dropped out of school due to early initiation into sexual relations. The study recommended that the community should effectively bring up girl children to become responsible for their reproductive health. It is imperative that sexual education curriculum be implemented in schools with content relative to the learners' level, on the basics of reproductive health.

Key words: Adolescents, Sexual debut, HIV/AIDS

3.2 Background Information

Early sexual debut is a big problem among female adolescents around the world. Increasing adolescents' age at sexual debut has been at the centre stage of most interventions in sub-Saharan Africa (Larke *et al.*, 2010). Early sexual debut increases the risk of teen pregnancy and STIs including HIV. About 16 million adolescent girls give birth each year. These births account to roughly 11percent of all births worldwide, and almost 95 percent of these births occur in developing countries including Tanzania (Loaiza and Liang, 2013). Early sexual debut has also been associated with poor academic performance as well as school dropouts among female adolescents (Yadufashije, 2017).

Lower grades in schools are one of the factors that are positively associated with initiation of sexual intercourse (Kumar *et al.*, 2013). Early sex has also been attributed to higher rates of HIV infection.

Recent studies among young people provide evidence of increasing prevalence rates of HIV/AIDS epidemic in Africa (WHO, 2017). Studies indicate that while HIV/AIDS infection rates in adults are levelling off, the rates among young people have been on the rise (Gupta and Mahy, 2003). More importantly, it has also been observed that the rates of new infections are relatively higher among female adolescents compared to those among male teenagers (WHO, 2017). For instance, a report by WHO indicates that young women (aged 15-24) and adolescent girls (aged 10-19) account for up to 80 percent of new HIV infections among young people, which make them eight times more likely to be living with HIV than the case with adolescent boys. Also, it is estimated that around 50 adolescent girls die every day from AIDS related illness. It has been observed that in 2012 globally, one among of the leading causes of death among adolescents was HIV (WHO, 2014). It is estimated that, 60 percent of youths living with HIV infection had undiagnosed infections and were unaware they were HIV positive (CDC, 2016).

In Tanzania, studies also indicate that HIV/AIDS prevalence and new infection rates are relatively high among young people particularly girls (TACAIDS, 2018). While HIV prevalence rate among boys was 3.6 percent, the rate among girls was significantly higher at 5.8 percent (UNAIDS, 2016). Young girls seem to be more susceptible to contracting HIV infection compared to male adolescents. Several factors are responsible for the relatively higher infection rates of HIV among girls; these factors include biological, social, and economic related (Stock *et al.*, 2013). For instance, biologically, young girls may be at increased risk because of immature cervix whereby thinner layer of cells lining

their cervix might cause the possibility of decreased mucosal barriers to STDs, since mucosal surfaces are thought to form a natural barrier to HIV infection (McCree and Rompalo, 2007). Also, behavioural factors are closely linked to social and gender norms on relationship. It has been observed that young girls are at higher risk of HIV infection because of having multiple infected partners, and engagement in transactional sex with infected male partners (Gupta, 2014). Besides these, other factors such as lack of knowledge about HIV/AIDS, early marriage, and lack of education and life skills have increased the chances for adolescent girls' vulnerability to HIV/AIDS (Kulkarni and Vishwanath, 2013)

Lack of knowledge about HIV/AIDS and imbalance in gender-power relations are some of the factors that have attributed to risk taking behaviours among young girls. According to WHO (2014) report, most youths lack basic knowledge about how HIV is transmitted and how to protect themselves from being infected. Some studies suggest that adolescents have low knowledge on how they should protect themselves against HIV infection before engaging in early sexual debut. For instance, a study by Dash *et al.* (2018) and another by Dubey *et al.* (2014) revealed that comprehensive knowledge regarding HIV prevention and transmission was less than expected among adolescents. On the other hand, other studies show that most of the female adolescents have high level of HIV/AIDS knowledge (Patrice-coy *et al.*, 2016; Kelly and Brendan, 2005).

Additionally, in many countries, STIs including HIV always occur among adolescents because many of them have unprotected sex with multiple partners (Kirby, 2002). For instance, Neha and Xiao, (2017) reported that condom use at first sexual intercourse was significantly low among young girls. In addition, Patrice-coy *et al.* (2016), in their study on sexual behaviour of female adolescents on the spread of HIV/AIDS and other STDs,

revealed that although majority of the respondents were generally aware about HIV transmission and prevention, they did not see themselves at risk of being infected.

Adolescents face various challenges regarding their sexuality that have grave impact on their perception of issues and changes around them. Observation of female adolescents engaging in risky behaviours and the spread of STDs including HIV is partly indicative of inadequate knowledge regarding safe sex. Studies indicate that, female adolescents begin sexual activity earlier than their male counterparts do. According to GSS/GHS/ICF (2015), about 14percent of adolescent girls (15-19 years) were already engaged in sexual activities and were pregnant or were already mothers. Additionally, early childbearing is highly prevalent among adolescents. Despite having numerous studies on HIV knowledge and sexual behaviour around the world, there is little information about this problem in Mtwara Tanzania. This study, therefore, aimed at assessing knowledge level among female adolescents on HIV/AIDS whether the HIV/AIDS knowledge influenced their sexual behaviour, and identifying negative effects of early sexual debut.

3.3 Methodology

This study was conducted in Mtwara District, which is located in Mtwara Region Tanzania. Mtwara is located in the southern part of Tanzania along the Indian Ocean. Three wards were surveyed from the district; Mbawala, Mayanga, and Ndumbwe. The District was selected because it has undergone major economic shift attracting industrial development such as the new Dangote Cement industry. Despite the economic benefits, major investments also stimulate transactional sex, particularly among adolescents. The District was also selected because, *Unyago*, a traditional girls' initiate rite is famously practiced. This cultural aspect is known to influence early sexual behaviour among girls.

Data in this study were collected through a cross-sectional survey and interview. Data were collected in December (2019) and January (2020).

This study employed a mixed research method involving majorly quantitative and some qualitative research where the follow-up explanatory mixed design was used. According to Creswell and Clark (2017), the follow-up explanatory model is used when the qualitative data are needed to explain or expand quantitative results. Thus, this study used qualitative data to explain quantitative results. The primary data collection method included unstructured and semi-structured interviews and questionnaires. Interview guides were used for an in-depth interview. A list of questions (open and close-ended questions) was used to gather quantitative and qualitative data on the effects of early sexual debut and HIV related knowledge among female adolescents. Simple random sampling was employed to select 120 respondents (female adolescents aged 10-19 years) who participated in the survey and interview. The World Health Organization (WHO) defines adolescents as the age range of 10-19 years. Quantitative data were analysed descriptively and inferentially using the IBM-SPSS V.21 software and content analysis was employed for qualitative data.

For the part of knowledge on HIV/AIDS, the respondents were given statements to respond YES or NO on what they knew about HIV/AIDS. Each item was awarded 1 if the answer is correct and a zero if the answer was wrong. The levels of knowledge among female adolescents were classified as follows

Table 3. 1: Scoring pattern for HIV/AIDS knowledge level

Score	Percent	Level of knowledge
0-5	≤50	Low
6-10	≥60	High

Source: Adopted and modified from Dash *et al.*, (2018)

3.4 Results and Discussions

3.4.1 Socio-Demographic Characteristics

Results in this study show that majority (53.3%) of female adolescents had attained primary education, 25percent completed secondary education, and 21.7 percent had no formal education. The existence of female adolescents without any formal education implies that, education has not been well emphasized among them. This is contrary to the Education Policy in Tanzania from independence to present that emphasizes the importance of education. The policy stipulates that, primary education is compulsory and free for every child.

In addition, results presented in this study show that 59.2 percent of female adolescents belonged to age group of 10-14 years and the rest were in the age group of 15-19 years. Those in the 10-14 years age group were considered as young adolescents/youth and those in the 15-19 years age category as older adolescents/youth. Among the 120 respondents, 69.2 percent female youths were Muslims and the rest 30.8 percent were Christians. The number of Muslims was higher because in most of the coastal regions, Islam is the dominant religion and, Mtwara is one of the coastal regions.

The findings show further that many (50.8%) female adolescents lived with both parents (father and mother), 27.5 percent lived with mothers only, 18.3 percent lived with guardians like aunt, and 3.3 percent lived with fathers only. Majority of the respondents were raised by both their parents. According to Dufur *et al.*, (2017), children with two

parents tend to get more attention, are more stable, and are less likely to suffer from emotional distress.

Table 3. 2: Socio-Demographic Characteristics (n=120)

Variable	Variable	Frequency	Percent
Education	No education	26	21.7
	Primary	64	53.3
	At least secondary education	30	25.0
Age	10-14	71	59.2
	15-19	49	40.8
Religion	Christian	37	30.8
	Muslim	83	69.2
Family members	Father	4	3.3
	Mother	33	27.5
	Father and mother	61	50.8
	Others (guardians)	22	18.3

3.4.2 Female Adolescents' Engagement in Early Sexual Debut

The results in this study show that majority 84 (70%) of female adolescents had already initiated into sexual intercourse at the time of the survey and few 36 (30%) of them had not practised sexual intercourse during the survey time. This study found that a big number of female adolescents in Mtwara District had already engaged in sexual intercourse at an early age. The findings in this study have also shown that early sexual debut is viewed as normal in the study area; people in that society are not concerned about it. Female adolescents in Mtwara considered early sexual debut as good and helpful in satisfying their curiosity as one respondent said:

[... we watch, we read and we hear about sex all the time. So, I decided to try it myself and see how it really feels...all girls do that...even our parents did the same, I guess...] (Interview respondent, 2019)

Findings in this study are in contrast with finding in a study by Fatusi and Blum, (2008) on Nigerian adolescents which showed that more than three-quarters (80.2%) of the respondents reported to have never had sex. This could be because in the Nigerian traditions and culture, sex at a young age is considered as morally wrong.

Table 3. 3: Engagement of Female Adolescents on Early Sexual Debut (n=120)

Variable	Category	Frequency	Per cent
Engagement	Engaged	84	70.0
	Not engaged	36	30.0
Total		120	100

3.4.3 Female Adolescent's HIV/AIDS knowledge

The findings indicate that majority (69.2%) of the female adolescent were informed of the HIV/AIDS dynamics while 30.8 percent were uninformed. This is indicative that most of the female adolescents from the study population were aware of the HIV/AIDS dynamics prevention and transmissions. They knew that their engagement in unprotected sexual intercourse could lead to their contracting the virus. They also knew that sexual intercourse at young age when the body was not physiologically mature would make them more susceptible to contracting HIV. Despite this knowledge, most of them were engaged in sex at a very young age. Apart from the culture in the area that considers early sex as a good thing to prepare for adulthood, early sexual debut may have been exacerbated by some misconceptions among the study respondents. For instance, 75 percent of female adolescents in this study believed that birth control pills could efficiently prevent HIV infection; 72.5 percent thought that ARV's could cure HIV/AIDS and 76.7 percent thought HIV infection is for adults only, yet, they had sex with adults. Those who reported not having been well informed about HIV transmission and prevention still had some knowledge concerning HIV infection.

This implies that HIV/AIDS education has not been adequately offered in addressing specific issues and aspects of HIV/AIDS and that there are weaknesses in the way information is communicated. Regarding misconceptions among those who had high level of knowledge, results in this study were similar to those reported by UNAIDS (2008) which noted that, there was high AIDS awareness but with inadequate knowledge about the spread and prevention of HIV. Adequate and correct information on HIV dynamics must be communicated to all, particularly female adolescents, so they may make informed decisions before they choose to engage in sex.

Table 3. 4: HIV knowledge among Female Adolescent's (n=120)

	Yes		No	
	F	%	F	%
HIV can only be transmitted sexually	14	11.7	10	88.3
A person can get HIV from mosquito	15	12.5	10	87.5
Birth control pills are efficient in preventing HIV	90	75.0	30	25.0
Antiretroviral drugs (ARVs) are now available to cure HIV infection	87	72.5	33	27.5
Women who have sex with women do not have any risks of HIV transmissions	20	16.7	10	83.3
Showering/ washing one's genitalia soon after sex prevents a person from getting HIV	18	15.0	10	85.0
HIV infection is for adult, young people cannot get infected	92	76.7	28	23.3
Condom uses should not be encouraged to young people	22	18.3	98	81.7
People can reduce their chance of getting HIV by using condom every time they have sex	77	64.2	43	35.8
A person is completely safe from infection even if they use condom inappropriately	29	24.2	91	75.8

Table 3. 5: Overall knowledge of HIV/AIDS among Female Adolescent's (n=120)

Variable	Category	Frequency	Per cent
Knowledge level	High level	83	69.2
	Low level	37	30.8

Although the majority of female adolescents reported to have high level of knowledge about HIV/AIDS, this knowledge does not appear to predict a reduction in sexual behaviour among female adolescents. In other words, having accurate information and wide knowledge about HIV/AIDS does not necessarily guarantee reduction in early sexual debut. The fact that 70percent of female adolescents had already initiated into sex implies that female adolescents do not modify their sexual behaviours based on their HIV/AIDS knowledge because they failed to utilise that knowledge and did not see themselves susceptible to contracting the virus. Similarly, a study by Patrice-coy *et al.*, (2016) suggests that most young people are aware of HIV/AIDS but the problem is that they do not see themselves at risk of acquiring STIs including HIV. Mostly, adolescents engage in sexual activities earlier without taking the required precautions. It is imperative, therefore, that intervention strategies be adopted to help adolescents alleviate high-risk sexual behaviours.

3.4.4 Association between Knowledge on Transmission and Prevention of HIV/AIDS and Early Sexual Debut among Female Adolescents

The findings in this study summarize the results of the association between knowledge of HIV/AIDS and engagement in early sexual debut in the study area. The study found that engagement in early sexual debut among female adolescent who had high level of HIV/AIDS knowledge was reported to be at 79.5 percent. On the other hand, female adolescents with low level of HIV/AIDS knowledge and engaged in sexual intercourse were 48.6 percent. Knowledge level was found to be significantly associated with engagement in early sexual debut ($\chi^2=11.613$, $df=1$, $P=0.001$). It is interesting to note that the more the knowledge the respondents had, the more their likelihood of engaging in sex at an early age, most of which was unsafe. This implies that being aware on HIV transmission and prevention did not prevent them from early sexual debut. Most

importantly, they did not take precautions seriously. For instance, the study results revealed that out of 84 female adolescents 66.7 percent of them practiced unprotected sexual intercourse. The results from this study are supported by the findings in a study by Patrice-coy *et al.*, (2016) and Barnett and Allan (2006) who found that young people were mostly aware of HIV/AIDS but the problem is, they did not see themselves being at risk of acquiring HIV infection and other STDs. It is suggestive that knowledge on HIV is not enough to discourage young people from engaging in early sexual debut. There is a need of intervention strategies to change the society mind-set and overview on early sexual debut. The society needs to understand clearly that, there are challenges associated with early sexual endeavours among adolescent girls.

Table 3.6: Association between HIV/AIDS knowledge level and Engagement in sexual debut among female adolescents (n=120)

	Engaged (%)	Not engaged (%)	Total (%)
High level of HIV knowledge before first intercourse	79.5	20.5	100
Low level of HIV knowledge before first intercourse	48.6	51.4	100
Chi square	$\chi^2=11.613$, df=1, P=0.001		

3.4.5 Negative Impacts of Early Sexual Debut among young girls

Young girls' sexual debut initiation does not leave them safe and some of them are aware of some effects of such behaviour. This study intended to know if female adolescents experienced any problem after being engaged in early sexual debut to determine the negative effects of early sexual debut among teenage girls. Female adolescents were asked to indicate the problems they faced after having had sexual activities for some time ago and/or during the survey time. Some of the effects mentioned included school dropouts, poor academic performance, early marriage, STIs transmission, and teenage pregnancies.

Table 3. 7: Negative effects of Early Sexual Debut among Female adolescents

Variable	Frequency	Per cent
Poor academic performance	31	36.9
STIs	19	22.6
School drop outs	16	19.0
Teenage pregnancy	11	13.1
Early marriage	7	8.3

Data from the table indicate that 36.9 percent of the respondents, experienced poor performance in their studies soon after their sexual debut. In school, female adolescents who were involved in early sexual debut were likely to perform poorly in academics. Low academic performance is taken as an indication of negative effect of engaging in sexual activities earlier among school going female adolescents. This implies that sexually active young girls become preoccupied with their sexual activities and ignore the importance of their academic goals. These findings are supported findings in a study by Rector and Johnson (2005) who observe that, adolescents involved in early sexual debut did not perform well in their studies. In a previous study, which surveyed secondary school students, students who were already engaged in sexual activities seem to have poor performance. For example, most of the sub-sample of respondents from Dar es Salaam who were engaged in sexual activity, had lower performance in their continuous assessment results compared to their results before starting engaging in sexual activities (Mlyakado and Timothy, 2014). The above observation is supported by what was pointed out, as illustrated in quotations below;

“... When I was in Form One, I used to score high marks and I was among top ten best performing

students I scored division one or two. But since I started having sex it is very difficult to concentrate my boyfriend calls me, I have to obey him, if I do not, I am scared he may leave me. (Interview respondent, 2019)

“.....I spend plenty of time chatting and texting him during the night, it is hard to study and chat at the same time, hence most of the time I am not well prepared for examination and I ended up scoring low marks.....” (Interview respondent, 2019)

Early marriage was also reported as among the effects of early sexual debut among young girls in Mtwara although only a few cases were reported. The findings in Table 5 show that 8.3 percent of female adolescents engaged in early sexual debut were married. Adolescent girls seem to be quite attracted to sex and the best way for them to continue with sexual activities is to get married. Also, some parents force their daughters to get married after being initiated into sexual behaviour and become pregnant so as to maintain integrity. One respondent had this to say:

“[... For me honestly I failed primary school education and that I had a partner. I got married because I was pregnant, at that time I was 16 years old.so to avoid putting my family in shame I had to marry that man who impregnated me he decided to propose for marriage, now we live together as husband and wife...] (Interview respondent, 2019).

The government has committed to end early marriage through promotion of girls' education at all levels. This is reflected in the increased girls' access to secondary education after the establishment of community schools (ward schools). Furthermore, in October 2019, the High Court of Tanzania upheld the girls' age to get married from 15 to 18 years.

It is also observed that there is close correspondence between early marriage and girls' sexual debut (WHO, 2011). This was consistent with the findings in previous studies that examined adolescent marriage and childbearing. A study by Moore *et al.*, 2009 reported that nearly half of the 20-24 years old women surveyed had married before they turned 18 years old.

3.5 Conclusion and Recommendations

This study has revealed that most female adolescents were aware of HIV/AIDS related facts; nevertheless, they were engaged into unprotected sex at an early age. Apparently, knowledge on HIV dynamics did not help them from engaging into avoid sex before reaching the age of maturity. Society mind-set and perception towards early sexual debut in the study area may be behind the high rates of sexual debut. It was also observed that, misconceptions regarding HIV/AIDS prevailed. These misconceptions may have contributed to the girls' decisions to engage in unsafe sex at an early age without fearing of contracting HIV and other STDs. This study has also revealed the consequences that female adolescents are likely to encounter after their engagement in early sexual debut. By engaging themselves in early sexual debut, adolescent girls are exposed the risk of performing poorly in schools, becoming pregnant and dropping out of schools, or getting married. Despite that sexual engagement poses a threat to young girls socially, academically, and psychologically the girls are still engaging themselves in such practices. The local communities should effectively play their role in the upbringing of their children

to become responsible individuals. Sexual education is necessary in this context, which should be provided through different forums of human interaction including the home, at schools, and at the place of worship. The government should support all the initiatives of helping young generation in the country especially young girls.

Guidance and counselling systems in education institutions and in non- educational institutions should be provided to help the youth get the best out of their lives in school and out of the school. Adolescents sometimes get into severe problems because of lack support and help in guidance and counselling systems making them unable to make informed decisions regarding their own lives.

Moreover, sexual education curriculum should be implemented in schools according to levels of the learners and each level should have its contents that inform of the basics about sex and related matters. Furthermore, a qualitative research on the negative effects of early sexual debut among female youths should be undertaken.

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CHAPTER FOUR

4.1 Summary of Major Findings

Below is a summary of the study's major findings in chronological order as per presented manuscripts

4.1.1 Factors associated with early sexual debut

The study aimed at knowing the prevalence of early sexual debut and assessing socio-demographic and exposure factors associated with early sexual debut among female adolescents in Mtwara District. Generally, the study results show that 70 percent of the respondents had their sexual debut as minors, whereas 30 percent had not involved themselves in sexual intercourse. The results also showed that age ($\chi^2 = 11.315$, $df=1$, $sign=0.001$), peer pressure ($\chi^2 = 65.013$, $df=1$, $sign=.000$), and family members living with the respondents ($\chi^2 = 8.832$, $df=3$, $sign=0.032$) were significantly associated with young female adolescents' engagement in early sexual intercourse. Hence early sexual debut was dependent on age, peer pressure, and family members

4.1.2 Early sexual debut and HIV/AIDS related Knowledge

Other objectives of the study aimed at assessing the HIV/AIDS knowledge and awareness among female adolescents and identifying negative impacts of early sexual debut. The study findings revealed that, majority (69.2%) of the female adolescents were informed of the HIV/AIDS dynamics. Although there were some misconceptions regarding those with adequate information on HIV/AIDS, knowledge level was found to

be significantly associated with engagement in early sexual debut ($\chi^2 = 11.613$, $df=1$, $P=0.001$). Despite awareness on HIV, majority of female adolescents had engaged in sexual debut. Furthermore, the study showed that young girls experienced poor academic performance (36.9%), teenage pregnancy (13.1%), early marriage (8.3%), and school dropout (19%) due to their early initiation into sexual relations.

4.2 Conclusions

Female adolescents in Mtwara District were reported to begin sexual debut much early and some as early as at age of 8 years. Age, peer pressure, and family members living with the respondents significantly influenced early sexual debut among teenage girls. The risk of initiating sexual debut is slightly but constantly reduced among female adolescents if they with both parents (mother and father).

Female adolescents are more likely to encounter different challenges after their engagement in early sexual debut. Some of the challenges include poor academic performance, dropping out of school, teenage pregnancies, and early marriage. Despite the fact that sexual activities pose threats to young girls socially, academically and psychologically, teenage girls still continue to engage in early sexual intercourse

Furthermore, female adolescents seem to be aware of HIV/AIDS related facts; nevertheless, they initiated unprotected sex at early age. Apparently, knowledge on HIV dynamics did not help them abstain from sex before marriage or maturity. It was also observed in this study that misconceptions regarding HIV/AIDS prevailed. These misconceptions may have contributed to the girls' decisions to engage in unsafe sex at an early age without fear of contracting HIV and other negative consequences. Moreover, female adolescents did not see themselves at risk of acquiring HIV.

4.3 Recommendations

Based on the results, the study recommends the following;

- Both parents (mother and father) should be involved in the parenting of their children and shaping of adolescents' behaviours. As it was mentioned that, single parenting system is one of the contributing factors for early sexual debut.
- Guidance and counselling systems in education institutions and out of education institutions should be strengthened to help the youths get the best out of their lives in school and out of the school. Adolescents sometimes get into severe problems because they lack support and help channels. They lack services that offer help during depression and confusion in making decisions.
- The study recommended that it is the role of the community to get involved effectively in the upbringing of the girl children to become responsible for their reproductive health. It is imperative that sexual education curriculum be implemented in schools with the content relative to the learners' level, on the basics of reproductive health
- Based on the study results, female adolescents in Mtwara District were reported to begin sexual debut at the age of 8; thus, there is a need for development partners to harmonize different programs in the country and work hand in hand with the government to implement programs that will help the youth in delaying sexual debut

APPENDICES

Appendix 1: Questionnaire for female adolescents

I am Zulfa Mtepa, a student of Sokoine University of Agriculture. Currently am conducting research on “Factors influencing sexual debut among female adolescents” in partial fulfilment of Master of Arts in project Management and Evaluation. I would like to request your assistance in responding to the given questions. The information given here will be treated as private and confidential and will only be used for the intended purpose of research. Answer the questions honestly. Your cooperation will be highly appreciated.

Basic information:

Age:
Education background
Religion
District.....
Ward.....
Family members you are living with.....

PART I: The following are statements about sexual activities

SECTION A: Tick [√] YES or NO [√] according to what you know and for other questions; answer them as you are required

1. When did you have sexual intercourse for the first time? (Age in years)
2. How old were you when you had sexual intercourse for the very first time
 - a) Never had intercourse ()
 - b) Age in years ()
3. If yes for the question (1) and (2), What was the age of your first partner ()

4. If NO for the previous question, what is the reason for abstinence?
 - Knowledge of risks (pregnancy, STIs, HIV/AIDS)
 - Fear of parents/guardians ()
 - Waiting for marriage ()
 - Waiting for the right partner ()
 - I want to complete my studies ()
 - I'm too young ()
5. What do you think of sex at early age
 - Appropriate if the one has found the right partner ()
 - Inappropriate ()
6. What was the relation between you and your first sexual partner?
 - Classmate/schoolmate ()
 - Relative ()
 - Neighbour ()
 - Teacher ()
 - Friend ()
 - Stranger ()
7. What pushed you into your first sexual intercourse?
 - By choice ()
 - Family pressure ()
 - Forced ()
 - Peer influence ()
 - Socio-economic pressure ()
 - Knowledge of availability of family planning ()
 - Rape ()
 - Media influence ()

- After a sexual education class ()

8. Did you use a condom during your first sexual intercourse?

YES () NO ()

9. Did you regret having your first intercourse?

YES () NO () If yes explain why

.....
.....

10. In your culture or community what do you think is the appropriate age for one to start having sex?

SECTION B:

1. Who do you live with?

Father () Mother () father and mother () others (specify).....

2. Have you ever had any discussion on sex with any of your parents or guardian?

YES () NO ()

If yes, which one.....

3. What is your main source of information regarding sex? (Mention them)

a).....

b).....

c).....

d).....

4. Have you ever had a lesson on sexual education?

YES () NO ()

5. Who do you think should provide sex educational? (Mention them)

a)

b)

c)

6. At what age do you think sex education should start? (Specify).....

Part II: Questions about HIV/AIDS knowledge.

Section A

1. Were you informed of HIV dynamics before your first intercourse?

YES () NO () If yes mention them:

- Ways of transmission

.....
.....

2. Prevention methods

.....
.....

3. Were you decided (Can you decide) to use condom during the first intercourse?

YES () NO ()

Section B: for the questions below, Indicate in the available boxes whether you;

Agree.....A

Disagree.....D

		A	D
1.	HIV can only be transmitted sexually		
2. s	A person can gets HIV from a mosquito		
3.	Birth control pills are efficient in preventing HIV		
4.	Antiretroviral drugs (ARVs) are now available to cure HIV infection		
5.	Women who have sex with women do not have any risk of HIV transmission		
6.	Showering/washing ones genital/private parts after sex keeps a person from getting HIV		
7.	A woman cannot gets HIV if she has sex during her period		
8.	HIV infection is for adult, young people cannot get infected		
9.	Condom uses should not be encouraged to young people		
10.	Condom is effective way of protecting against HIV/AIDS		
11.	People can reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has other sex partners		
12.	People can reduce their chance of getting HIV by using condom every time they have sex?		
13.	A person is completely safe from infection even if they use condom inappropriately		

THANK YOU FOR SHARING YOUR RESPONSE

1. How old are you?
2. What is your level of education?
3. Whom do you live with?
4. What do you understand about early sexual debut?
5. Factors forces young girls early sexual debut engagement
6. Impacts of early sexual debut
 - Situation before practicing first sexual intercourse
 - Situation after practicing first sexual intercourse