

# Social Changes Imposed by HIV and AIDS in Rural Areas: An Empirical Evidence of Sex Education in Maswa District, Tanzania

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## ABSTRACT

This study intended to explore parents' feelings and beliefs on issues related to sex education and establish whether parents are ready to discuss with their children or willing to allow sex related information reach their children as a means of reducing the risks of HIV infections. Data collection from 210 respondents (150 youths and 60 parents) used a cross-sectional research design approach. Students were from three community secondary schools, six primary schools. Youths out of schools and parents (adult community members) were from villages in which schools involved in this study are. Descriptive analysis and Chi-square were used to test the statistical significance of categorical data. The result reveals that parents and religious leaders are the most common sources of messages on sex education to young people aimed at combating the spread of HIV and AIDS. Other sources (arranged in the order of importance) were open air campaigns, politicians, other adults, the media and teachers. The most popular message in sex education was abstinence. Other types of sex education messages (arranged from the most common to the least common) include abiding by ABC strategy, use of condoms and delaying sex debut. Parents have positive attitudes towards sex education given to their children as part of HIV and AIDS prevention. The result reveals that parents and religious leaders are the most common sources of messages on sex education to young people. Parents have good knowledge of HIV and AIDS. However, among young people the level of awareness decrease with age. Attitudes of religious leaders and male parents about HIV and AIDS should be re-addressed. Serious steps should be taken to raise the level of HIV awareness among younger people.

**Key words:** Social change, HIV and AIDS, Sex education, Parents, young people

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## INTRODUCTION

Sex education is a process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy (Campbel, 2003). The introduction of sexuality education among the youth by the government, NGOs and other development partners was made with the anticipation that vulnerable teenagers are protected from HIV as well as other STDs infections (Rajbhandari, 2008). In the context of HIV and AIDS, young people are prone to peers influences ending up being involved in premarital sex (Rutagumirwa and Kamuzora, 2006). Sex education aims to develop skills, knowledge, values and attitudes which empower young people to make informed decisions and take appropriate actions regarding their health, social and personal development (Ahmed *et al.*, 2006). Sex education programs are believed to increase knowledge about AIDS, change attitudes toward sexual risk behaviors, delay the onset of sexual intercourse and increase condom use among the sexually active people (Klepp *et al.*, 1997). Sex education is, therefore, a vital part of reaching young people and ensuring that HIV incidence does not continue to increase in the coming years (Avert, 2013). According to Nwagwu (2008), information and education about how to prevent transmission of HIV are necessary for inducing behaviour change. Thus, sex education is a means of equipping adolescents to protect themselves against the scourge of HIV and AIDS (Mwamwenda, 2013).

*AIDS principal mode of transmission in Africa, which is sexual intercourse, poses tremendous challenges to social, political and economic framework of many countries as it threatens the basis by which societies regenerate themselves (Gable et al., 2008). The high HIV prevalence rate among young people threatens the social and economic development of all countries (Morolong, 2004).* According to Farrell (2013), AIDS seriously weakens the workforce population by killing young people. It is obvious that the social context of underdevelopment and poverty engulfs many communities with the highest rates of HIV infections. In many societies, misconceptions about AIDS still abound (Bogart *et al.*, 2011). Therefore, there is a need to address the stigma and assist those at the highest risk of contracting HIV infection (Ayranci, 2005). Awareness and appropriate knowledge play an important role in preventing further spread of HIV and AIDS among the general public (Li *et al.*, 2004), which experiences the worst and deadliest pandemic ever experienced and which still continues to affect humankind over the years (UNAIDS/WHO, 2003).

African countries have used different strategies in curbing AIDS; such strategies include the use of condoms, promotion of behavioural change, minimizing the risk of HIV transmission through blood transfusion and detection and treatment of STDs within primary health care (Sills and Young, 2003). In spite of these strategies and the recorded marked success in raising people's awareness about the pandemic, tens of thousands of people become infected with HIV every year (URT, 2009; Peltzer, 2000). High incidence of new HIV infections in the country indicates that HIV prevention efforts do not have the desired outcome (TACAIDS, 2009). According to URT (2011), the strategies in the fight against HIV and AIDS are constrained with cultural barriers and lack of appropriate knowledge. For example, some studies show that parents and educators feel uncomfortable to promote safe sexual behavior, as the concept conflict with their beliefs or the beliefs of the community (Ahmed *et al.*, 2006). It is obvious also that in African culture, relationship of respect between parents and children limits discussion on sexuality (Prazak, 2000; UNESCO, 2007). According to UNESCO (2007), HIV made sex education necessary for youths. This study intended to investigate the reception of sex education that is part of HIV prevention programmes, being given to young people by Non-

Governmental Organizations (NGOs), Community Based Organizations (CBOs), and Faith Based Organizations (FBOs), and it is part of schools' syllabus (URT, 2004).

This study specifically aimed at assessing the levels of HIV and AIDS awareness among parents and young people, determining parents' attitudes towards the current sex education given to their children being part of HIV and AIDS prevention programs and identifying sources and types of sex education messages received by young people.

## **METHODOLOGY**

### **Description of the study area**

The study was conducted in Maswa District in Tanzania. According to NACP (2002), 10.1% of blood donors in the area were found to be HIV positive.

### **Research design**

This study adopted cross-sectional design. Population was sampled using purposive, random, quota and accidental samplings. Purposive sampling research design allowed purposive selection of Maswa district in the region. At district level, three wards were randomly selected (one from each of the three divisions) and from these wards two villages were randomly selected. Parents were selected using quota sampling basing on sex and social status (focusing on community leaders, farmers/peasants, Government employees, businessmen/women, and religious leaders). From each village, parents from each of the strata were randomly selected. This study selected a total of 60 parents (ten parents from each village).

This study involved three community/ward secondary schools (One from each ward) and six primary schools from each of the selected villages. Quota sampling was used to select respondents among students in secondary schools (thirty respondents), primary schools (sixty respondents) and respondents from among the youths out of school in the six villages (sixty respondents). Fewer secondary schools in the study area as compared to primary schools led to selection of proportionally fewer respondents from secondary school students as opposed to other groups of young people.

### **Data collection**

Data collection used two sets of questionnaires. One set was used to collect data from parents. The set was designed to determine parents' awareness on HIV and AIDS and attitudes towards sex education that is given as part of HIV/AIDS prevention interventions (The questionnaire included awareness and attitudinal tests). The second set was for young people in schools and those out of school. This set was designed to determine common source of information on sex education among young people as a means of HIV and AIDS prevention.

### **Data analysis**

The data collected were analyzed using Statistical Package for Social Science (SPSS) for Windows Version 15 computer software. Descriptive statistics was computed to include means, frequency, percentage, cross tabulations, and various qualitative responses that included the description of attitudes, knowledge and feelings of parents towards sex education (resulting from the awareness and attitudinal tests). Comparisons of variables such as opinions of groups of parents with different age, sex, and education used cross tabulations. Chi-square statistics was used to test for the differences in awareness, attitudes, feelings and beliefs among categories of parents.

## RESULTS AND DISCUSSION

### Sample characteristics

This study consisted of 210 respondents, whereby 150 were youths, and 60 were parents. Majority (43.33%) of parents were aged between 21 and 34 years while 66.7% of the young people were aged between 15 and 20 years. Among parents, females constituted a larger proportion (58.3%) of the respondents while males formed a slightly larger proportion (50.7%) of the respondents among young people. Sukuma (parents and young people) formed a larger proportion of respondents in both categories. Respondents' major religious groups were Christianity, Islamic and traditional religions. About 91.7% of parents and 98.7% of young people were Christians (Table I)

Table I: General characteristics of the respondents (N=210)

Respondents age (year) distribution	Percentages (%)	
	Parents (n=60)	Young people (n=150)
<15	0.0	20.0
15 – 20	0.0	66.7
21 – 34	43.33	13.3
35 – 45	33.33	0.0
> 45	23.33	0.0
<u>Sex of respondent</u>		
Females	58.3	49.3
Males	41.7	50.7
<u>Ethnic groups of respondents</u>		
Sukuma	75.0	74.7
Others (Non-Sukuma)	25.0	25.3
<u>Religion of respondents</u>		
Christians	91.7	98.7
Muslims	5.0	0.0
Traditional religion	3.3	1.3

### Level of awareness on HIV and AIDS

The level of awareness was determined using awareness test for both parents and young people. Majority (57.4%) of young people scored below 81 points and about 42.6% scored above 81 points (Table II). Majority (76.7%) of the parents scored above 80 points, and only 23.3% scored below 81 points. These results show that parents are more knowledgeable than young people as only 18.6% of the youths managed to score above 90 points as compared to 46.7% of parents who scored the same number of points. Ayranci (2005) reported similar trend of results.

Table II: Scores categories among categories of respondents with regard to HIV and AIDS awareness

Respondents	Score categories (%)				Total
	Below 71	71 – 80	81 – 90	Above 90	
Parents	13.3	10.0	30.0	46.7	100
Young people	20.7	36.7	24.0	18.6	100

### Factors influencing the level of awareness

Several variables were tested for their influence on the level of HIV and AIDS awareness (Table III). These variables include age, sex, education, religion, ethnic group and occupation. Differences in age, sex, education, ethnic group and occupation were found to have a significant influence on the respondents' level of awareness while religion did not have any influence on the respondents' HIV and AIDS awareness.

Table III: Influence of some variables on HIV and AIDS awareness

Variables		$\chi^2$	DF	P	Remarks
Age	Parents	0.340	2	0.844	
	Youths	14.826	2	0.001	***
Sex	Parents	0.522	1	0.470	
	Youths	4.503	1	0.034	*
Education	Parents	4.376	3	0.224	
	Youths	40.832	2	0.000	***
Religion	Parents	1.711	2	0.425	
	Youths	1.508	1	0.219	
Ethnic group	Parents	3.106	1	0.078	
	Youths	16.764	1	0.000	***
Occupation	Parents	8.966	3	0.030	*

\* = significance difference at  $p \leq 0.05$

\*\*\* =significance difference at  $p \leq 0.001$

### Age and HIV and AIDS awareness among youth

As for the level of awareness among young people of different age categories, about 80% of those aged above 20 years (oldest category) scored above 81 points (more aware) while only 26.7% and 40% of those aged below 15 years and 15 to 20 years respectively scored above 81 points. Similar findings have been reported by others showing that, younger people are poorly informed about HIV and AIDS (Li *et al.*, 2004; CDC, 2007; UNFPA, 2007; Maswanya, 1999). As shown in Tables III the differences are statistically significant ( $p = 0.001$ ).

### Sex and HIV and AIDS awareness

About 65.8% of male young people were poorly informed as they scored below 81 points, and only 34.2% scored above 81 points. On the other hand, 51.4% of female young people scored above 81 points, which is better than what males scored. Thus, female young people were significantly aware of HIV and AIDS ( $p = 0.034$ ). However, the difference is not significant among parents of different sex ( $p = 0.47$ ). In this case, these findings are in contrast to the common belief that girls and women are poorly informed about HIV and AIDS unlike men (Maswanya, 1999; UNFPA, 2007; UN, 2004). However, these results are in line with the results by Tayoosi *et al.* (2004) who reported that female young people have a slightly higher level of knowledge compared with male students.

### Education level and HIV and AIDS awareness

From the findings of this study, awareness on HIV and AIDS increased with an increase in the level of education among young people. Those with a slightly higher level of education scored better than respondents in other categories. Statistically, the difference is significant ( $p = 0.000$ ). Generally, HIV and AIDS awareness levels of those with higher level of

education are expected to be higher than HIV and AIDS awareness levels of those having lower educational levels (Ayranci, 2005; UN, 2004). However, according to UN (2004), though high education is associated with greater and better knowledge on HIV and AIDS, in countries where HIV and AIDS awareness is high, even those without any formal education are also aware of HIV and AIDS.

#### **Ethnicity and HIV and AIDS awareness**

The study results reveal that young people from ethnic groups other than Sukuma were more aware (with scores above 80 points) than was the case with young people from Sukuma tribe who scored the same marks. This difference is statistically significant ( $p = 0.000$ ). The difference among young people's awareness on HIV and AIDS may be due to the fact that majority of Sukuma young people are children of peasants who have limited means of getting information through radio, TV or newspapers. Other tribes in the rural areas of Maswa District have different cultural backgrounds and majority are government employees working in rural area in the district; and these may have contributed to an increase of awareness amongst their children.

#### **Parents' occupation and HIV and AIDS awareness**

All (100%) religious leaders involved in this study were more aware (with the score above 81 points) compared to 94.1% of Government employees, 83.3% of business persons, and 61.3% of peasants ( $p = 0.030$ ). Compared to the peasants, government employees, business persons and religious leaders are generally more educated and thus more exposed to HIV and AIDS information thus they are more aware. According to Shrotri *et al.* (2003), education level and occupation was found to have positive correlation with knowledge on HIV and AIDS. Those with high education and those with high ranking positions are expected to be more informed about HIV and AIDS.

#### **Parents' attitudes towards sex education**

Six issues were tested namely, the use of exact genital names, puberty, wet dreams, menstruation, human reproduction, and safe sex. Five point likert scale was used with two extremes of strongly agree and strongly disagree. Table 4 summarizes the results. Concerning use of exact names of genital organs in sex education, 41.7% of the parents strongly agreed to use exact genital names in sex education to girls as opposed to 33.3% of the parents who strongly agreed to have exact genital names in sex education be used to boys (Table IV). Only 5% of the parents strongly disagreed that exact genital names in sex education be used for boys and girls. About half (i.e. 48.3% and 51.6%) of the respondents strongly agreed that puberty lessons should be taught to girls and boys respectively. None of them strongly disagreed that puberty lessons should be taught to either girls or boys.

Table IV: Distribution of Parents' attitudes towards the current sex education

Topics in sex education classes	To whom to be taught	Attitudes of parents (%)					Total
		Strongly disagree	Disagree	Undecided	Agree	Strongly agree	
Correct names of genitals	Girls	05.0	05.0	25.0	23.3	41.7	100
	Boys	05.0	03.3	21.7	36.7	33.3	100
Puberty	Girls	00.0	18.3	01.7	31.7	48.3	100
	Boys	00.0	05.0	01.7	41.7	51.6	100
Wet dreams	Girls	11.7	15.0	28.3	26.7	18.3	100
	Boys	13.3	13.3	15.0	25.0	33.3	100
Menstruation	Girls	00.0	05.0	06.7	35.0	53.3	100
	Boys	06.7	31.7	33.3	20.0	08.3	100
Human reproduction	Girls	01.7	03.3	13.3	28.3	53.3	100
	Boys	01.7	08.3	13.3	41.7	35.0	100
Safe sex (to girls)	Girls	18.3	20.0	5.0	23.3	33.3	100
	Boys	20.0	18.3	03.3	26.7	31.7	100
<b>AVERAGE SCORES</b>							
Overall average score for negative attitudes		<b>18.03</b>					
Overall average score for positive attitudes							<b>66.79</b>

As for whether or not wet dreams topics should be taught to youths, 28.3% of the respondents were undecided whether the topic should be taught to girls and 33.3% strongly agreed that the topic should be taught to boys. More than half (53.3%) of the respondents strongly agreed that menstruation issues can be taught to girls while 33.3% were undecided as to whether or not the topic should be taught to boys. On the other hand, 31.7% of the respondents disagreed that the topic should be taught to boys while only 5% of the respondents disagreed that the topic should be taught to girls. As to whether human reproduction topic should be taught to youths, 53.3% of the respondents strongly agreed that the topic should be taught to girls as opposed to only 35% of the respondents who strongly agreed that the topic should be taught to boys. Thirty-three point three percent (33.3%) of parents strongly agreed that safe sex lessons be taught to girls as opposed to 31.7% of the parents who strongly agreed that the topic should be taught to boys. On the other end, 18.3% and 20% of the parents strongly disagreed with the statement that the topic should be taught to girls and boys respectively.

From these results (Table IV), the average score for positive attitudes is higher (66.79%) than that of negative attitude towards sex education (18.03%). Thus, it can be concluded that parents in this study have positive attitudes towards sex education contrary to the earlier belief that parents had negative attitudes towards sex education (URT, 2005). A change in attitudes among parents may be a result of perceived threat of HIV and AIDS among young people. These results are comparable to results of a study carried out in Uganda on parents-adolescents communication on sexuality with respect to HIV and AIDS in Uganda (Luwaga, 2004). These results also reveal gender bias as parents like some topics to be taught to boys and other topics to girls. For example, some parents preferred wet dreams to be taught to boys and menstruation to be taught to girls (Table IV).

### Sources of sex education messages received by young people

Parents, other adults, teachers, religious leaders, the media, politicians and HIV and AIDS campaigns were identified to be the sources of sex education to young people (Table V).

**Table V: Sources of sex education messages received by young people**

Messages	Identified sources (%)						
	Parents	Other adults	Teachers	Religious leaders	Media	Politicians	Campaigns
	n=150	n=150	n=150	n=150	n=150	n=150	n=150
Abstinence	74.7	21.3	23.3	70.7	22.7	21.3	22.0
Avoiding unsafe sex	25.3	44.0	21.3	18.7	41.3	16.0	20.0
Sticking on ABC strategy	0.0	16.0	19.3	2.7	36.0	47.3	51.3
Delaying sex debut	0.0	18.7	36.0	8.0	0.0	15.3	6.7
	100	100	100	100	100	100	100

#### Parents as source of sex education to young people

Majority (74.7 %) of the young people reported having heard parents insisting on abstinence (Table IV) while only 25.3% of the respondents reported having heard parents insisting on the use of condoms as a means of avoiding HIV infections. High percentage of parents insisting on abstinence may be attributed to the fact that in many African cultures, parents expect young people to abstain (Chihwai and Tsodzo, 1999). In such cultures, virginity is a qualification for a girl to get married; thus girls are expected to protect their virginity.

#### Adults as source of sex education to young people

Contrary to parents, other adults were reported to have been insisting more on the use of condoms rather than abstinence (Table V). There was more diversity with messages given by adults than was the case with messages given by parents. By delivering sex education messages, they (adults) contribute to efforts in curbing HIV and AIDS in the community (URT, 2001).

#### Teachers as source of sex education to young people

As it can be seen on Table V, teachers are playing important role in providing sex education. Having skills which can be useful, teachers can take this responsibility of giving sex education to young people (Luwaga, 2004).

#### Religious leaders as source of sex education to young people

Like parents (Table V), religious leaders insisted much on abstinence as 70.7% of the respondents said religious leaders had advised them to abstain, 18.7% reported to have been told to use condoms, 8% said to have been advised to wait until finishing schooling, and 2.7% to have advised to observe ABC.. As it was expected, religious leaders insisted on abstinence as it is believed that AIDS is a punishment from God since it is transmitted



through sexual intercourse (Luwaga, 2004). It is believed that God created sex organs for the exercise of love within marriage and for the purpose of reproduction and not for mere self gratification. Religious leaders argue that sex is the main cause of HIV infections therefore good conduct should be promoted instead of condoms.

### **Media as a source of sex education to young people**

Three types of sex education messages were reported to have been received from the media (Table V). About 41.3% of the respondents said to have received messages insisting on the use of condoms, 36% of them said the media insisted on ABC strategy and only 22.7% said the media insisted on abstinence. The use of condoms is frequently insisted by the media as a means of HIV prevention, though this may be done for commercial purposes by condom distributing companies. However, it is obvious that the media play an important role in HIV and AIDS prevention and education as they make huge efforts in supporting HIV and AIDS prevention campaigns (URT, 2001).

### **Politicians as source of sex education to young people**

Politicians were reported to have been advising young people on HIV and AIDS (Table V). Politicians as policy makers are expected to behave in accordance with the National policy on HIV and AIDS whereby appropriate approaches in the prevention of HIV and AIDS which include abstinence, being faithful to same partner, correct and consistent use of condom, voluntary counselling and testing and delaying engagement in sexual practices (URT, 2001) need to be promoted.

### **Open air campaigns as source of sex education to young people**

Like politicians, open air campaigns insist on ABCs as a means of HIV prevention (Table V). Campaigners insist on ABC options thus people are advised to play it safe either through abstinence, being faithful to one partner or through using condoms. Open air campaigns is an effective strategy which use entertainment such as theatre and music to draw people and to provide them with information and skills they need to protect themselves.

## **CONCLUSIONS**

Parents have good knowledge of HIV and AIDS. However, among young people the level of awareness is high only among those in higher classes and the more aged, than those who are in lower classes and younger.

Parents have positive attitudes towards sex education which is given to their children as part of HIV and AIDS prevention interventions in rural areas regardless of cultural barrier believed to constrain provision of sex education as a means of HIV and AIDS prevention in rural areas.

The results reveal that parents and religious leaders are the most common sources of messages on sex education to young people aiming at combating the spread of HIV and AIDS. Other sources (arranged in the order of importance) were open air campaigns, politicians, other adults, the media and teachers. The most common message in sex education was abstinence. Other types of sex education messages (arranged from the most popular to the least popular) include abiding by ABC strategy, use of condoms and delaying sex debut.

## RECOMMENDATIONS

Local Government Authorities are urged to take serious steps to raise the level of HIV awareness among younger people. The findings of this study indicate that measures implemented to prevent HIV infections may not be focused to younger generation; thus there is a need to change the approach and adjust the existing projects and programs to focus on those in lower classes and the younger ones because they appear to be poorly informed about HIV and AIDS.

Special effort by Local Government Authorities in collaboration with NGOs, FBOs and CBOs working in rural areas is required to address the attitudes of religious leaders and male parents with regard to HIV and AIDS and PLWHA. Their stand contributes to consolidated stigma and exclusion of people living with HIV and AIDS. Religious leaders as well as male parents should be encouraged to re-examine their traditions so as to allow all believers and families fight the disease in ways which are respectful of their conscience. This is because religious leaders have tremendous influence particularly at the community level where they have the moral authority to advocate for compassionate care and support for those who are HIV positive and vulnerable children. They have the moral leadership to reverse negative attitudes towards AIDS and promote enabling and caring environments. Parents and religious leaders should be capacitated to be able to give other types of sex education other than insisting much on abstinence. This will enable youths to get the other types of sex education from people who are closer to them rather than depending only on media, other adults, teachers and politicians.

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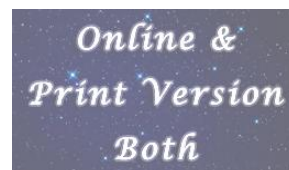
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