Why HIV/AIDS Among Young Students In Dar Es Salaam: A Focus In Kinondoni District- Secondary School.

Kappia Richard
Mwalimu Nyerere Memorial Academy
Box 9193 Da Esasalaam
And Reiner Thomas University Of Bagamoyo

Abstract: The objective of this study was to determine the factors that increased the risk of HIV/AIDS infection to the students in Kinondoni District. This was a cross-sectional design study of secondary school students (boys and girls) from Dar es salaam Kinondoni schools in Tanzania. Specific objectives of the study were to assess the level of knowledge on risk sexual behaviors related to HIV/AIDS among students and factors influencing students to engage in such kind of sexual risk behavior. The study employed both qualitative and quantitative approaches, as a rationale for research problem. The epistemological understanding which helped the researcher to have a reflective insight of the phenomena was applied in trying to capture the overall increasing of HIV/AIDS. It used a focus group discussion with young students in the sampled area where by mistrust among partners was found to exist. Again parents in some circumstance were not ready to speak openly about sexual related disease to their children. Data were collected with a self-administered questionnaire on demographic information, sources of HIV/AIDS information, HIV knowledge, sexual behaviors, communication and negotiation skills, peer influence and time perspective. The study found out that 80% knew the existence of condom but, they did not know how to use condom. 95% reported economic hard ships of the family being one of the factors for HIV/AIDS escalation among students. About 65% showed that there were very close relationships between parental care and HIV/AIDS among students. Peer influence had 95%. The study concludes that even though students had information about the existence of condom and very little about the use of condom yet were unconscious about the use of condom, others especially girls were susceptible because of the environment in which they were in. Based on these findings the researchers recommend that there is a need to strengthen comprehensive sexual health education and youth-friendly HIV prevention strategies to promote abstinence and safe sexual behaviors, especially among boys and girls. Furthermore parents, schools, community, government, no-government organizations, civil society organizations should formulate various plans and strategies in order to make students aware and gain enough knowledge about risk sexual behaviors, parents should scrutinize quickly behaviors of their children ‘and peers. In a rational method, by Descartes the problem is still so complex.

Keywords: HIV infection, adolescents, risk factors, Tanzanian secondary school. Youth Risk Behaviors Cultural practice

1.1 BACKGROUND OF THE STUDY

Much of empirical studies on HIV/AIDS in Tanzania show that young people face significant sexual reproductive health challenges especially on sexuality due to the nature, cultural reasons which contradict with modernity life. This has led youth into risky sexual behaviors resulting in high prevalence of sexually transmitted infections (STIs) and HIV prevalence. Risk sexual behavior related to HIV/AIDS is a serious problem the world faces today. The risk sexual behaviors include a recent change of partner, having more than one sexual partner, having a partner who has other partners, having sex with “casual” partners, transactional sex women and misuse/not using condoms (WHO, 1995) About 75% HIV transmission worldwide is due to heterosexual and the rest is due to other such as mother to child, blood transfusion and instrumentation (Davidson, 2000). In what extent risk sexual behaviors related to HIV/AIDS are practiced worldwide, is quantified by the situation of HIV/AIDS prevailing to date. In two decades the pandemic has accounted for nearly 30 million deaths worldwide. And estimated 42 million people were living with HIV/AIDS during 2002. With this
trend of HIV infection it is anticipated that at the end of 2010 an additional 45 million people will have already been infected. This implies that about 14,000 people are infected daily (UNAIDS/WHO 2003 – 2004)

The Sub-Saharan Africa region is the mostly affected with about 28.8 million people living with HIV. The increasing number of orphans reflects the impact of HIV/AIDS of the 13.2 million orphans caused by AIDS, 95% are in Africa (TPHA, 2003). The high relevance of HIV/AIDS among groups living with High Transmission Areas (HTAs) that include, sex workers, alcohol and drug abusers.

A recent comparative study of HIV/AIDS and other high risk group in selected countries showed prevalence of rates among students of 20.3% in the Democratic republic of Congo, 24% in Uganda and 30.5% in Kenya. These rates are 4.5 and 5.8 times high than in the general population and about twice as high as among truck drivers, who are conventionally considered a high risk group (Cairo, Egypt, Schools center 2006). According to UEA (2005) revealed that students at the age of 18 up to 20’s are the hidden victims of HIV/AIDS across the world in both sexes.

In east Africa, risk sexual behaviors related to HIV/AIDS are highly practiced among students. In Uganda, students are more vulnerable to HIV despite of being a population among whom HIV/AIDS was first identified in 1982. The traditional reward among students having sex with no condoms and more than one person (ICS, 2005), in schools in Busia Kenya, buying sex, hiring sex students practicing sexual intercourse with non-students and without using condoms is commonly practiced (HAC, 2004)

Tanzania is also equally affected by risk sexual behavior related to HIV/AIDS. The main mode of HIV transmission in Tanzania is heterosexual, which is accounting to 78% among 14,112 cases reported 2001 and mother to child transmission ranks number to which is 5%. The overall HIV prevalence rate in Tanzania is 7% in which 8% in females and 6% in males (THI, 2003 – 2004). Currently it was estimated that, 1,894,160 people living with HIV among 1108,429 females and 761,318 males. A total of 176,102 AIDS cases reported from 21 regions since 1983. In estimates view, only one in five cases is reported. HIV/AIDS had caused more than 160,000 deaths in the country and these left more than 980,000 orphans in the country (MOH 2004, UNAIDS 2004)

Risk sexual behaviors are more prevailed in Tanzania students. The practice of having multiple sex partners, having sex with casual partners, buying and hiring sex, transactional sex students are commonly and socially acceptable (Haxton 2005, TPPA 2002, Apleton 2000)

Consequences of risk sexual behaviors are witnessed by HIV prevalence rate among students. In northern coast of Tanzania is estimated to be 14.21% when compared to 7% prevalence rate of national in general population (Haxton, 2005).

Several national responses fighting against HIV/AIDS which is a result of risk sexual behaviors have been established highlighting behavioral change to work on, since 1983 when three cases of AIDS clinically diagnosed in Kagera region. The responses include in 1986 2001 three phases of National AIDS Control Program (NACP) under WHO was established, then 1999 the National Disasters, 2001 Tanzania Commission for AIDS (TACAIDS) established under PMO to deal with HIV/AIDS as public issue not medical issue as NACP did. In the same year, National HIV/AIDS policy was launched, also 2003 National Multisectorial Strategic Framework (NMSF) for 2003 – 2007 and government structures from national to village levels were established, and 2004 – 2005 TACAIDS established Regional Facilitating Agency (RFA), each RFA has two regions except Dar-es-Salaam (Ng’weshemi, 2006). Despite of all responses done in the country to fight risk sexual behaviors which lead to HIV/AIDS, yet risk sexual behaviors are still practiced among the students.

In Dar es Salaam region, HIV prevalence rate in general population is 3.7 which are much lower compared to National prevalence rate. (THIS, 2003 - 2004), Kagera being making great strides against HIV transmission, the schools are not part of good news. Risk sexual behavior of hiring transactional sex girls, multiple sex partners and having casual sex partners are commonly practiced by students in schools. The resultant risk sexual behaviors are quantified by the deaths due to AIDS occurring among students. (Ainsworth and Semali 2000) Dar es Salaam region has more than 40 organizations working to fight HIV/AIDS whole region, schools inclusive. This has been done in collaboration manner with private, religious, NGOs and governmental institutions (RAS Dar es Salaam, 2003)

In Kinondoni district, risk sexual behaviors have caused HIV/AIDS to remain a big problem which disturbs its meager resources. HIV/AIDS prevalence has been persistently high for several years now. Results of blood donors in three years
consecutively in 2000 to 2002 were ranging between (24.6%) 621/1472 and (33%) 621/1843 respectively (MOH, 2008). The Kinondoni district health profile also reveals that clinical AIDS among adults ranks number six in top ten diseases record in the Out Patient Department (OPD). The epidemic is a serious threat students and the district as whole, in terms of socio-economic development and has serious and direct implications in the social services. The high cost of care and burials falls already overburden households, leaving orphans and dependents as well vulnerably to HIV/AIDS infections. More than 170,000 orphans (10% of the total population of the region) are found in Dar es Salaam region. (28 – 35% is from Kinondoni district, schools inclusive (RAS Dar es Salaam, 2003)

MATERIALS AND METHODS

DESCRIPTION OF THE STUDY AREA.
This study was conducted in Dar es Salaam region in Kinondoni district the area in which the resultant of risk sexual behaviors related to HIV/AIDS among students are quantified by high HIV/AIDS mobility and mortality observed among the students. The district health report for 2003 and 2004 has shown an increase in the number of clinical AIDS cases.

In 2003 there were 372 (4.9%) cases among 7,632 of all cases reported OPD in different health facilities, 20% among of AIDS cases were from students in schools. In 2004 there were 492 (6.4%) AIDS cases among 7,681 of all cases reported at OPD, 28% among AIDS cases were from schools.

The HIV/AIDS is still leading in causing deaths among students in 2003 % of all deaths due to HIV/AIDS related problems in the district were from schools among the students. In 2004, 23% of all deaths due to HIV/AIDS related to problems were from schools among students (Kinondoni DMO 2003 and DMO 2004)

In Kinondoni district there are more than twenty organizations fighting against HIV/AIDS further transmission and behavioral change, governing different parts in the district including students in schools.

Method

The basic methods for the study were interviews by means of questionnaires and observation. The rationale being that each individual interrogated was helpful in securing information on the same issue but in different settings so as to have data validation mechanism put in place to ensure reliable information gathering. Both Qualitative method and quantitative methods were applied in the study area to gather information using case study approach this explore and analyze the life of a single unit (Kajiru, 2005 in Tripathi, 1999) This supported to have in-depth insight in all sphere of knowledge:- axiological, epistemological and ontological understanding of the data gathered. The study used both primary and secondary sources. The primary sources were collected from respondents and key informants, Secondary data included both published and unpublished materials. Participatory Observation Method was used in the study field where by groups, relationships, and the settings were observed. This method helped in confirming the answer provided by the informants.

The researcher used both participatory and non-participatory observation methods. The researcher participated in the events of activities of staying with students aiming at observing their character and attitudes toward HIV/AIDS. This was helpful in knowing for sure what took place in the field. This method provides unusual opportunities for collecting data (YIN, 1991). Participatory observation method encouraged the use of principles of open dialogue and freedom of expression thus accommodating different ways of expressing people’s viewpoints (Koda, 2000). The method challenges the conventional research method, which tends to silence the marginalized people such as poor people women and children. The sampling techniques of this study was non-probability sampling due to the fact that it gives proper representative to all sub- groups in the population, easier to apply, to identify groups of participants easy to get prior knowledge of the true composition of population, lower cost and accuracy.

Interview was one of the Principal methods of obtaining information; Interview schedule with guiding questions was mostly used. In order to achieve quality data a mixture of techniques were employed. Qualitative data were collected through questionnaires for straight forward responses and numbers. Qualitative data were gathered through semi-structured interviews. The researchers conducted interview. They used face-to-face interview According to Kothari (2004) this method allows the respondents to express their feelings to the interviews.

Open – ended questions were also used to allow the respondents as much flexible as possible in answering questions; it also allowed getting facts as well as opinions about events. In-depth Interview
was used to gain further insight into the subject of investigation by focusing on other resourceful persons.

The data gathered through interviews and observations were analyzed using statistical package for social science (SPSS 12.0). The value was set to $p=0.05$. This value greater than 0.05 indicated the normal distribution of the specific variable. This application package method used to analyze communication in a systematic, objective and quantitative manner in order to measure variables, qualitative data were quantified.

VALIDITY AND RELIABILITY OF DATA
The researchers tested the tools before the actual field work started. Triangulation method were applied where by more than one method were used. Ethical issues were observed to ensure confidentiality of respondents and data collected.

RESULTS AND DISCUSSIONS

Introduction:
This chapter presents the analysis and discussion of research findings on the risk sexual behaviors related to HIV/AIDS among students in Kinondoni District. To assess sexual behavior, Sexual behavior questionnaire adapted other studies done by from the Center for Disease Control and Prevention (CDC) which have been used in the both third world and First world. Factors like: age, sexual partners, school, Condom use, frequencies of having sex. Were used to measure HIV transmission.

4.1 An assessment on the level of knowledge of risk sexual behaviors related to HIV/AIDS among students
Data from the study indicated that students have little knowledge on risk sexual behaviors related to HIV/AIDS this was due to responses of students on some aspects which were used to determined their level of knowledge. The following aspects were used to determined level of knowledge of risk sexual behaviors related to HIV/AIDS among students in Kinondoni District.

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>RESPONSES</th>
<th>SD</th>
<th>D</th>
<th>DK</th>
<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td></td>
<td>5</td>
<td>8</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Q2</td>
<td></td>
<td>10</td>
<td>5</td>
<td>0</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Q3</td>
<td></td>
<td>8</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Q4</td>
<td></td>
<td>7</td>
<td>5</td>
<td>0</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: Data from the field
KEY: SD = strongly disagree; D = disagree; DK = don’t know; A = agree; SA = strongly agree
Q1 = Parents talking with their children about risk sexual behaviors
Q2 = Community awareness that lack parental care can cause students to have little knowledge on risk sexual behaviors
Q3 = Students are awareness on how to use condoms correctly
Q4 = Students awareness on alcohol abuse as a contributing factor to risk sexual behavior

Upon risk sexual behaviors related to HIV/AIDS.

As for many parents are not talking to their children about risk sexual behaviors related to HIV/AIDS lead students to have little knowledge about risk sexual behaviors because parents are the primary source of knowledge about risk sexual behaviors among students. Socialization is the process whereby individual learn of their culture, and primary socialization starts from the family. Every culture has a different method of directing conduct in particular situation.

4.1.1 The measurement on whether Parents do talk with their children about risk sexual behaviors
Findings from the study revealed that many parents are not talking with their children about risk sexual behaviors related to HIV/AIDS. For example data from the study showing that 65% of students denied parents are not talking with their children

4.1.2 Measurement based on family hood and household careering.
Lack of parental care was another aspect that was used to determined level of knowledge of risk sexual behaviors among students. Results from the study showed that many community members are not aware lack of good parental care which can cause little knowledge of risk sexual behaviors
among students. Data from the field, revealed that 75% of students argued that community members were not aware as lack of parental care affect knowledge of risk sexual behaviors among students. Data from the study revealed that community members believed that there is no need to keep a close eye or effective good parental care on children especially girls. Norms are enforced either positively or negatively from the society. Most of the parents did not have time to share with their children about sexual relationships. These replies indicated that community members were not aware if lack parental care can cause students to have little knowledge about risk sexual behaviors related to HIV/AIDS, hence lack of parental care among students made them little knowledge on risk sexual behaviors. These findings support the study done by FHI (2000) which found that lack of parental care can cause students to have little knowledge on risk sexual behaviors. These findings support the study done by FHI (2000) which found that lack of parental care can cause students to have little knowledge on risk sexual behaviors.

4.1.3 Knowledge about the use and misuse of condoms

Findings from the study revealed that students are not aware how to use condoms correctly in order to prevent themselves from infections of HIV/AIDS. For example Information from the field indicated that 80% of students agreed many students do not know how to use condoms correctly, furthermore results revealed that many students use condoms during sexual intercourse with the primarily goal to prevent pregnancy rather than infections of HIV/AIDS. Some replies of the students were: As incorrect use of condoms is the one among risk sexual behaviors related to HIV/AIDS and many students do not know how to use condoms correctly; this means that students have little knowledge of risk sexual behaviors. These results support the study done by (Latifah, 2001) who found that students. 18.1% of the subject had sex with transactional sex women and among those 14.4% had alcohol abused. Also According to (THIS, 2003-2004) revealed that alcohol abuse reduces inhibitions and increase risk behavior. Alcohol use in relationship with sex is associated with a lower prevalence of safe sex precautions, such as condom use.

4.1.4 Measurement on the use of soft Alcohol

Alcohol abuse also was another aspect that was used to determined level of knowledge among students on risk sexual behaviors related to HIV/AIDS whereby, alcohol abuse limits reasoning abilities and impairment of making decisions about sexual intercourse. A person who has abused alcohol can perform unsafe sex, sex with transactional sex girls (for men or boys), sexual intercourse with more than one sexual partner and other risk sexual behaviors. Findings from the study showed that students are not aware alcohol abuse can contribute to the infections of HIV/AIDS. For example 60% of students argued that many students are not aware if alcohol abuse contributes to risk sexual behavior. Through those replies and percentage showing that students have little knowledge of risk sexual behaviors related to HIV/AIDS due to the fact that alcohol abuse is the one of the risk sexual behaviors. These findings support the study done by (Latifah, 2001) who found that students. 18.1% of the subject had sex with transactional sex women and among those 14.4% had alcohol abused. Also According to (THIS, 2003-2004) revealed that alcohol abuse reduces inhibitions and increase risk behavior. Alcohol use in relationship with sex is associated with a lower prevalence of safe sex precautions, such as condom use.

4.2 An examination on factors influencing for multiple partner among students.

Students rated each item using a 5-point Likert scale ranging from strongly agree to strongly disagree across 9 items in table 3. Results from the study showed that there were various factors which influencing students to have more than one sexual partner. The following are the factors influencing learners to have more than one sexual partner which also are shown on table 3.
Table 3: Factors influencing students to have more than sexual partner

<table>
<thead>
<tr>
<th>FACTORS</th>
<th>RESPONSES</th>
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<tbody>
<tr>
<td></td>
<td>SA</td>
</tr>
<tr>
<td>F1 Sexual desire</td>
<td>8</td>
</tr>
<tr>
<td>F2 Mistrust among sexual partner</td>
<td>6</td>
</tr>
<tr>
<td>F3 Peers</td>
<td>7</td>
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<tr>
<td>F4 Poor economic condition of the family</td>
<td>5</td>
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<td>F5</td>
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<td>F6</td>
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<td>F7</td>
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<td>F8</td>
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<tr>
<td>F9</td>
<td>13</td>
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</tbody>
</table>

KEY: SD = strongly disagree; D = disagree; DK = don’t know; A = agree; SA = strongly agree
F1 = Sexual desire
F2 = Mistrust among sexual partner
F3 = Peers
F4 = School environment
F5 = Home and community environment
F6 = Sexual behaviors of parents
F7 = Poor economic condition of the family
F8 = Academic aid
F9 = Poor parental care

4.2.1 Poor economic condition of the family
Data from the study showed that students especially girls are influenced to have more than one sexual partner due to their poor family economic conditions; where by, many of them take that risk sexual behavior as an opportunity that can energize them to combat with poverty at home. They believe that, having more than one sexual partner can enable them to earn more money and other incentives from different sexual partners in which they will be able to meet some basic needs such food and clothes, also they will be able to visit luxurious places like hotels, music shows and festivals, beach and other vocations. Data from the study also revealed that some of female students used those sexual partners to pay for their school fees and other requirements like uniforms, school donations, learning materials which they cannot obtain at home or their families cannot afford due to the poor economic conditions. Data from table 3, showing responses of the students on that factor were: strongly disagree 0%; disagree 5%; don’t know 10%; agree 45% and strongly agree 40% that’s means in total, students who agreed on this factor is 85%.

4.2.4 Home and community environment
Findings from the study showed that home environment influencing students to have more than one sexual partner. The presence of this sexual behavior among people at home in the community it influencing student to have more than one sexual partner. Data from table 3, showing that, 90% of students agreed that home and community environment influencing students to have more than one sexual partner.

4.2.5 Peer Norms about Sexual Intercourse (Peer Influence)
Findings from the study revealed that mistrust among sexual partners influencing students to have more than one sexual partner. The study found that, many students who are engaged in sexual relationships are not trust each other whereby, each one has the fear his or her partner has another partner; this influenced by factors such as cellular phones, social media and lies among sexual partner. As the fear and anxiety dominated among sexual partners one or both of them influenced to form in another sexual relationship while they have or has already sexual partner. Data from table 3, showing responses of the students on that factor were: strongly disagree 0%; disagree 5%; don’t know 10%; agree 45% and strongly agree 40% that’s means in total, students who agreed on this factor is 85%.
influences student too. Data from table 3, showing that 85% of students admitted peers influencing students to have more than one sexual partner. For example: These findings support the study done by (Ng’weshemi, 2006) who also found that peers have strong influence on making decisions about engaging in risk sexual behaviors among students.

4.2.6 Sexual behavior of parents
Students are influencing to have more than one sexual partner are due to their parents’ sexual behaviors. That’s means as parents have certain sexual behaviors such as having many sexual partners it influence their children too adopting such behavior (having many partners). The responses of students on this factor were: strongly disagree 0%; disagree 0%; don’t know 0%; agree 20% and strongly agree 80%. These percentages of responses mean that 100% of students agreed sexual behaviors of parents influencing students to have more than one sexual partner.

4.2.7 Sexual desire and Television
Findings from the study showed that sexual desire influencing students to have more than one sexual partner. The study found that students who are engaged in sexual relationship have been driven to have more than one sexual partner are due to their sexual desire. Also students claimed that, some sexual partners are not sexually satisfied with their partners that reason to them decide to form another sexual relationship in order to attain sexual satisfaction. Data from the field showing that, 85% of students admitted this factor influenced students to have more than one sexual partner. Television in modern times had been found to have more programs which influence sexual behavior for the youth. The Kaiser research done in 2003, found out that more than two third of TV program was on sexual relationships. he cautioned that if, that is the case the Television could be used to control sexual behavior.

4.3 Presence of sexual behaviors at the school
The study also examined the presence of risk sexual behaviors in the school, data from figure 1, showing the dominance of type of risk sexual behaviors at the school.

Figure 1 Presence of risk sexual behavior at the school

Source: Data from the field
KEY:
RSB1= having more than one sexual partner
RSB2= having partner who has other partners
RSB3= having sex with causal partner
RSB4= transactional sex girls
RSB5= incorrect use of condoms
RSB6= sexual intercourse without condoms
Data from figure 1, showing that sexual behavior of having more than one sexual partner has highest frequency compared to others. That’s means risk
sexual behavior which dominated and practice among students at the school. The second is having sex with causal partner, third one is transactional sex girls, forth is having partner who has other partner, fifth is incorrect use of condoms and the last one is sexual intercourse without condoms.

**SUMMARY, CONCLUSION AND RECOMMENDATIONS**

**5.0 Introduction**

**5.1 SUMMARY**

The aim of the study was to find out factors contributing risk sexual behaviors related to HIV/AIDS in Kinondoni District, the study was conducted at Makongojuu secondary school. The study was done under two research questions which where, what is the level of knowledge on risk sexual behaviors related to HIV/AIDS among students? And what are the factors influencing students to have more than sexual partner?

Findings from the study indicated students have low level of knowledge on risk sexual behaviors. This was determined by looking some aspects such as parents are not talking to their children about risk sexual behaviors which deny students to raise their knowledge on risk sexual behaviors, lack of good parental care, incorrect use of condoms and alcohol abuse. All these aspects determined there is low level of knowledge on risk sexual behaviors among students. Findings from the study showed that there were various factors influencing students to have more than sexual partner such as poor economic condition of the family, poor parental care, mistrust among sexual partners, school environment, home and community environment, peers, sexual desire and sexual behaviors of parents.

Also the study examined presence of risk sexual behaviors at the school. Results from the study showed that sexual behaviors that are mostly dominated at the school firstly was having more than one sexual partner, secondly having partner who has other partners, thirdly having sex with causal partner, fourthly presence of transactional sex girls, fifth incorrect use of condoms and lastly sexual intercourse without condoms.

**5.2 CONCLUSION**

To fight against risk sexual behaviors among students and society in general requires sufficient knowledge and awareness about risk sexual behaviors among students, parents and community in general. As the students, parents and community gain enough knowledge and awareness upon risk sexual behaviors related to HIV/AIDS it will help community, government and Non-government organizations to fight against the spread of HIV/AIDS infections in Kinondoni district at the end it will help to reduce the spread of HIV/AIDS infections in Tanzania.

**5.3 RECOMMENDATIONS**

Regarding the findings of the study, the researcher provides the following recommendations.

Expanding sex and sexual relationship education for adolescence is of significance importance because it will reduce hiv related disease. Sexual education should be incorporated in curriculum development in primary and secondary school in Tanzania. Cultural norms and religious beliefs which keeps conservative unrealistic culture should be eradicated.

- I recommend more studies should be done about risk sexual behaviors related to HIV/AIDS among students in different places in Tanzania.
- I recommend schools, parents, government, communities, non-government organizations and other civil societies should made students aware and have enough knowledge about risk sexual behaviors related to HIV/AIDS through talking to them, establishment many programs concerning risk sexual behaviors and speedup the publications of materials related risk sexual behaviors and HIV/AIDS.
- I recommend the government before selection of students to join secondary schools should consider a place where a student is staying in order to avoid selecting students far away to where they are living in which some of them use that long distance as an excuse when they are engaged in risk sexual behaviors.
- I recommend parents should be very careful and scrutinize to know peers’ behaviors of their children so that to reduce chance for their children to accompany with peers who have risk sexual behaviors.
- I recommend parents should avoid and abstain practicing risk sexual behaviors in front of their children in order to avoid children taking their parents as role models for risk sexual behaviors.
- I recommend that teachers should scrutinize and inquire types of risk sexual behaviors dominated in their schools and
establishing different strategies to fight against.

Acknowledgements

We wish to express our sincere gratitude to Bagamoyo University for building a better environment for students and lecturer to have good time for such critical and rational thinking which is for the benefit of the society.

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