



# **The Future is in Our Hands: Tanzanian Youth, Reproductive Health and HIV**

**Data from the 2004-05 Demographic  
and Health Survey (TDHS) and the 2003  
Tanzania AIDS Indicator Survey (THIS)**

The 2004-05 TDHS was conducted by the National Bureau of Statistics of the United Republic of Tanzania. MEASURE DHS/ORC Macro provided technical assistance in the design, implementation and analysis of the survey through funding from the U.S. Agency for International Development (USAID). Local costs of the survey were financed completely by the pooled funds of the Poverty Eradication Division (PED) in the Vice President's Office.

The Tanzania HIV/AIDS Indicator Survey (THIS) was conducted by the National Bureau of Statistics (NBS) and the Tanzania Commission for AIDS (TACAIDS). Funding for the THIS was provided by the U.S. Agency for International Development (USAID) and Development Cooperation Ireland.

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# Table of Contents

About the Surveys . . . . .	i
Foreward . . . . .	ii
At a Glance: Youth in Tanzania . . . . .	1
Sexual Behaviour. . . . .	2
Marriage and Childbearing . . . . .	3
Female Genital Cutting (FGC) . . . . .	4
Maternal Health . . . . .	5
Family Planning Knowledge. . . . .	6
Use of Family Planning . . . . .	7
Unmet Need for Family Planning . . . . .	9
Family Planning Messages . . . . .	10
Attitudes Towards Family Planning . . . . .	11
Integrating Reproductive Health and HIV Prevention . . . . .	12
Knowledge of HIV Prevention . . . . .	14
HIV and Higher-Risk Sexual Behaviours. . . . .	16
HIV Testing . . . . .	17
HIV Prevalence . . . . .	18
Key Messages . . . . .	22
Making a Difference for Young People . . . . .	23
Using this Data- A Guide for Organizations . . . . .	25

# About the Surveys

## 2004-05 TDHS

The 2004-05 Tanzania Demographic and Health Survey is the sixth in a series of national surveys conducted in Tanzania. It is designed to measure levels, patterns, and trends in demographic and health indicators.

In the 2004-05 TDHS, a nationally representative sample of 10,329 women and 2,635 men from approximately 9,700 households were interviewed. This included 4,255 women age 15-24 and 1,136 men age 15-24. Overall, 97 percent of women and 92 percent of men who were selected in the sample agreed to be interviewed. This sample provides estimates for Tanzania as a whole (including Zanzibar), for urban and rural areas, for each of the 26 regions, and for different age groups.

## 2003-04 THIS

The 2003-04 Tanzania HIV/AIDS Indicator Survey is the first nationally representative, population-based survey in Tanzania to include HIV testing. In addition to measuring HIV prevalence among women and men, age 15-49, the survey obtained information on knowledge and awareness, attitudes, and behaviour regarding HIV/AIDS, and orphans and vulnerable children.

Approximately 6,500 households from across mainland Tanzania participated in the survey. Almost 3,000 young women (age 15-24) and over 2,300 young men (15-24) were interviewed for the THIS. Zanzibar was not included in the THIS.

## Participation of young women and men in the TDHS and THIS

	<u>Young Women</u>		<u>Young Men</u>	
	<u>15-19</u>	<u>20-24</u>	<u>15-19</u>	<u>20-24</u>
<b>2004-05 TDHS</b>	2,297	1,958	675	461
<b>2003-04 THIS</b>	1,466	1,377	1,358	999

It is noted when data presented in this booklet are based on fewer than 50 cases.

## Use of Survey Data in this Booklet

This document on youth contains data from both of these surveys. In some cases, additional data analysis was done in order to produce statistics specific to youth between the ages of 15 and 24. Some indicators discussed are found in both surveys. Therefore, footnotes have been added to denote from which source the data are taken.

1 - National AIDS Control Program, United Republic of Tanzania, HIV/AIDS/STD Surveillance, 2002.

2 - National Bureau of Statistics (NBS) [Tanzania] and ORC Macro. 2005. *Tanzania Demographic and Health Survey 2004-05*. Dar es Salaam, Tanzania: National Bureau of Statistics and ORC Macro.

3 - Tanzania Commission for AIDS (TACAIDS), National Bureau of Statistics (NBS), and ORC Macro. *Tanzania HIV/AIDS Indicator Survey 2003-04*. Calverton, Maryland, USA: TACAIDS, NBS, and ORC Macro.

# Foreward

Young people make up a large proportion of Tanzania's population. Yet, this group, which holds the key to our future as a nation, faces many significant challenges. For example, young people use family planning methods to prevent pregnancy less frequently than their elder peers. They are also more likely to die from pregnancy-related causes. Finally, youth account for over 60% of the new HIV infections.<sup>1</sup> There are several reasons for these problems, but one thing is clear: effective programs—that include both reproductive health and HIV services and that are supported by communities and the government—play an important role in helping young people enter adulthood safely.

The Ministry of Health and Social Welfare and its partners are working to promote effective youth health services and programs. For example, the Ministry of Health and Social Welfare—Reproductive and Child Health Section's Adolescent Reproductive Health Working Group, and Family Health International/YouthNet's Coordinating Committee for Youth Programs are both focused on building the capacity of youth-serving organizations to provide integrated services (services that can meet many of the health needs of young people at one site and at the same time).

To support the movement towards integrated services, this booklet includes the latest data on Tanzanian young people, ages 15 to 24, on reproductive health, including HIV. The data are taken from the most recent Tanzania Demographic and Health Survey (2004-05) and the Tanzania HIV/AIDS Indicator Survey (2003-04). This publication is designed to help governmental decision makers at all levels, program managers, donors, parents, and community and religious leaders working with youth to understand some of the challenges that young people face. The booklet ends with a guide and some exercises to help you and your colleagues use the findings presented here in your organization. We hope that you will take advantage of both the information and the guide to strengthen your capacity and that of your organization and community to offer youth health services and programs that make a real difference in young people's lives.



# At a Glance: Youth in Tanzania

Almost two-thirds (65 percent) of the Tanzanian population is under age 24 and almost 20 percent of the population is age 15-24.<sup>2</sup> These young women and men are the future of Tanzania, and thus, their health and well-being must be a priority for the growth and prosperity of the country.

So what is the status of youth in Tanzania?

- **Education:** 42% of youth age 15-19 have completed primary school, while 52% of those aged 20-24 have completed primary.
- **Literacy:** Two-thirds of young women (age 15-24) and one-fifth of young men (15-24) are illiterate, that is, they cannot read at all.<sup>2</sup>
- **Employment:** 15-19 year old men and women are less likely to be employed than older youth. For example, only 44 percent of 15-19 year old men were employed in the year before the 2004-05 TDHS compared to 90 percent of 20-24 year old men.<sup>2</sup>
- **Occupation:** The majority of employed youth work in agriculture, with smaller proportions working in skilled and unskilled manual labor, domestic services, and sales and services.<sup>2</sup>
- **Reproductive health and family planning:** More than half of women under age 19 are pregnant or already mothers. Only 12 percent of women age 15-24 are using a modern method of family planning.<sup>2</sup>
- **Maternal health:** Almost all young pregnant women receive antenatal care, and only half of young women birth in a health facility and with the assistance of a health professional.<sup>2</sup>
- **HIV/AIDS:** 4 percent of women age 15-24 and 3 percent of men age 15-24 are HIV-positive.<sup>3</sup> Youth account for over 60% of the new HIV infections in Tanzania. 96 percent of women age 15-24 and 97 percent of men 15-24 are HIV negative.<sup>1</sup>

We must know more than these statistics to be able to plan programs and policies that address youth health issues. This booklet offers an in-depth look at the reproductive health of Tanzanians age 15-24, including their knowledge and use of family planning, knowledge of HIV/AIDS, sexual behaviors and HIV prevalence, as well as key maternal health indicators.

# Sexual Behaviour

On average, young women begin to have sex at about age 17, while young men start having sex between ages 18 and 19. Among women age 20-24, 14% had had sex by age 15, and 63% had had sex by age 18. Men start sex later, as only 5 percent had had sex by age 15 and 43 percent had had sex by age 18.<sup>2</sup>

Age at first sex has decreased slightly for men. That is, men who are currently age 20-24 had their first sexual experience a bit earlier than men who are currently in their 30s or 40s. Young women are having their first sexual experience later than women age 45-49, but there has been no significant change in recent years.<sup>2</sup>

Among those who have ever had sex, 17 percent of women and 26 percent of men report that they used a condom the first time they had sex.<sup>3</sup>

While unmarried young women and men are less likely to be sexually active than their married counterparts, they are **more** likely to use a condom. Among unmarried youth who are sexually active, 37 percent of women and 43 percent of men say they used a condom the last time they had sex.<sup>2</sup>

It is important to remember that many unmarried young people are **not** having sex. Among those who have never been married, 59 percent of women and 46 percent of men age 15-24 have never had sex.<sup>3</sup>

## Age at First Sex<sup>2</sup>

■ Women (20-24) ■ Men (20-24)

Percent of current 20-24 year olds who had sex by age 15 or age 18

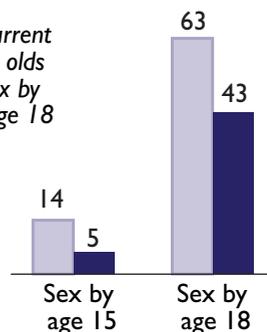


Photo courtesy of FHI Tanzania

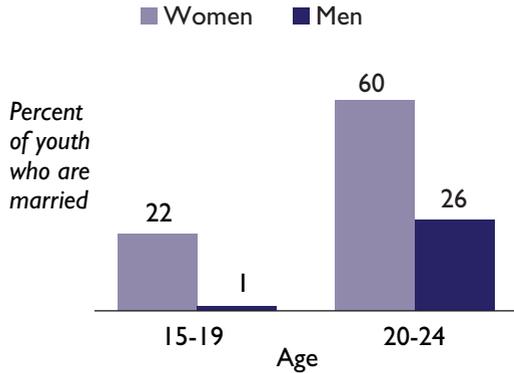
# Marriage and Childbearing

Women get married at about 18 or 19 years of age, more than 5 years earlier than men.<sup>2</sup>

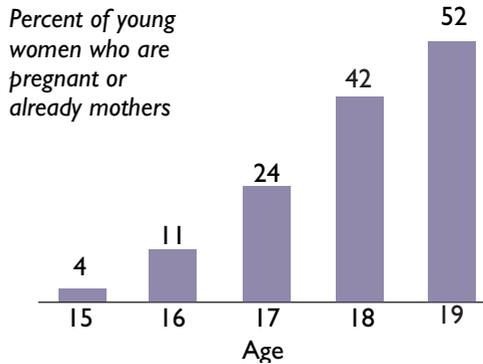
Almost one quarter of young women age 15-19 are already married, compared to only 1 percent of young men 15-19. The majority of women age 20-24 are married, while only 1 in 4 men age 20-24 are married.<sup>2</sup>

Many women begin childbearing in their teenage years. Overall, 26 percent of young women (age 15-19) are pregnant or already have children. Teenage pregnancy and motherhood are more common in rural areas (29 percent) than urban areas (20 percent).<sup>2</sup>

## Youth and Marriage<sup>2</sup>



## Teenage Motherhood<sup>2</sup>



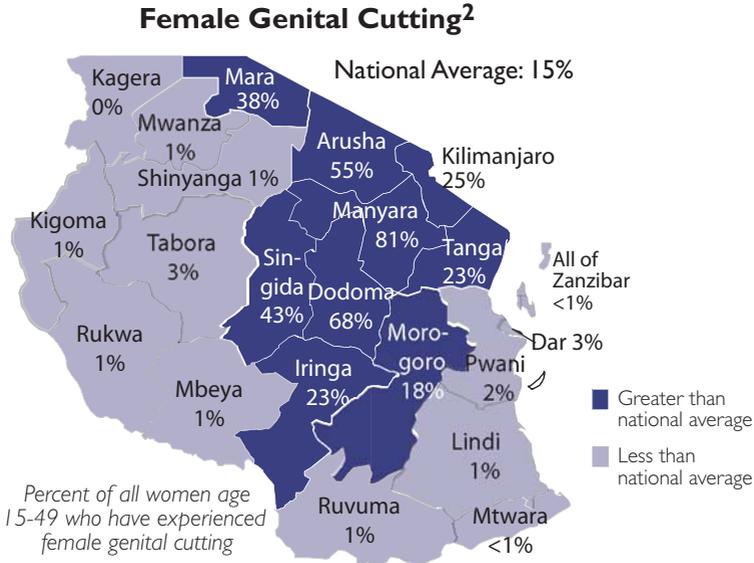
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More than half of 19 year old women are already mothers or are pregnant with their first child.

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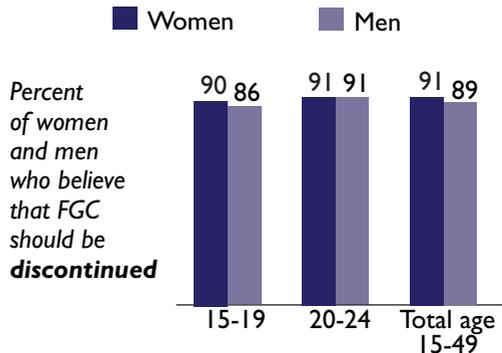
# Female Genital Cutting

Overall, 15 percent of Tanzania women have experienced FGC. However, the practice is declining. Women age 45-49 are more than twice as likely to have undergone female genital cutting as those age 15-19.<sup>2</sup> Female genital cutting varies markedly by region. Among all women, FGC is most common in Dodoma, Manyara and Arusha.



The large majority of young people believe that female genital cutting should be discontinued. This attitude is found among women and men across all age groups in Tanzania.<sup>2</sup> Women with no education and those living in rural areas and in Arusha, Iringa, Mara and Manyara most likely to support female genital cutting.

### Attitudes Towards Female Genital Cutting<sup>2</sup>



# Maternal Health

## Antenatal care:

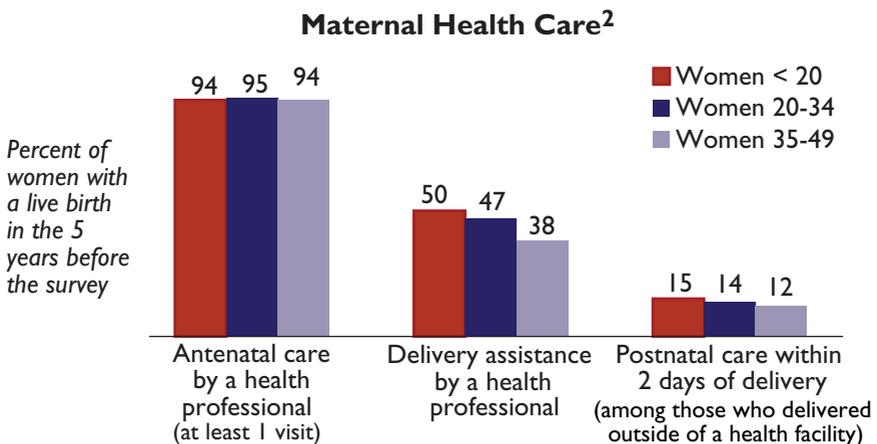
Almost all mothers under age 20 (94%) received at least one antenatal care visit from a medical professional (doctor, AMO, clinical officer, nurse/midwife or MCH aide). These young mothers are slightly less likely to be informed of the signs of pregnancy complications than their older counterparts, but they are more likely to receive iron tablets. Young mothers were also much more likely to receive at least one tetanus toxoid injection than older mothers (91 percent compared to 79 percent among mothers age 20-34). Half of mothers under age 20 received antimalarial drugs (the same proportion as found among older mothers).<sup>2</sup>

## Delivery care:

Mothers under age 20 are less likely to deliver at home than their older counterparts (49 percent compared to 52 percent for mothers 20-34 and 62 percent for mothers age 35-49). Half of younger mothers (under age 20) are assisted by a medical professional at delivery, whether the birth took place at home or in a health facility.<sup>2</sup>

## Postnatal care:

Among the young mothers who deliver at home, only 15 percent received a postnatal checkup within 2 days of births as recommended. This low percentage is typical of older women as well.<sup>2</sup>



# Family Planning Knowledge

Almost all young women (more than 90 percent) know about family planning methods.\* The pill, condoms, and injectables are the most commonly known methods. Not surprisingly, unmarried women who have never had sex know the least about family planning, but more than three-quarters of these young women can name at least one method. Knowledge of family planning methods by young women has increased since 1999.<sup>2</sup>

Young men are even more knowledgeable than young women about family planning. Ninety-two percent of 15-19 year old men and 98 percent of 20-24 year old men could name at least one modern method of family planning (modern methods include the pill, injectable, male and female condom, IUD, implants, and male and female sterilization).<sup>2</sup>

## Knowledge of Modern Methods<sup>2</sup>

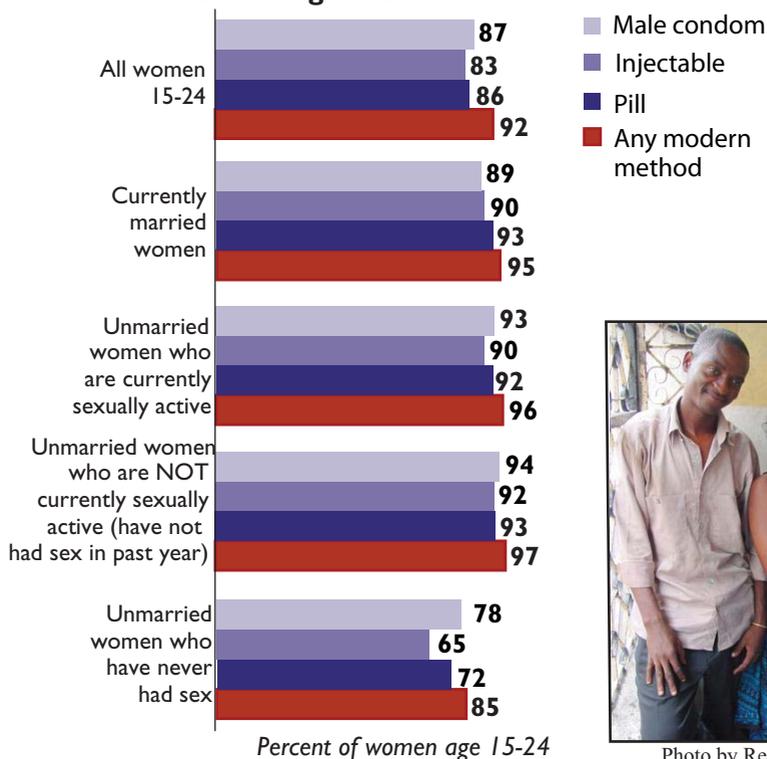


Photo by René Salgado, M.D.

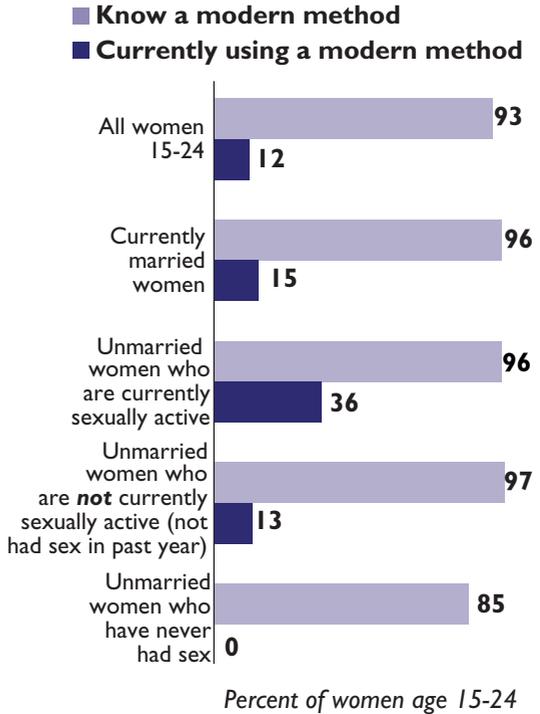
\*Respondents were asked if they were familiar with a list of methods. Other surveys that require spontaneous naming of methods show much lower knowledge.

# Use of Family Planning

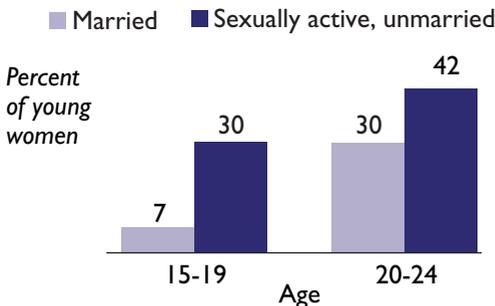
Sexually active, unmarried young women are the most likely to use modern methods of family planning; they are more than twice as likely to use a modern method as currently married young women. Among all groups, knowledge is much higher than use.<sup>2</sup>

Twenty percent of *all* Tanzanian women (age 15-49) use a modern method of family planning. Young married women, therefore, are less likely to use a modern method than the national average, while sexually active young unmarried women are more likely to use a modern method than the national average.<sup>2</sup>

## Knowledge and Use of Modern Methods<sup>2</sup>



## Current Use of Family Planning (Modern Methods)<sup>2</sup>

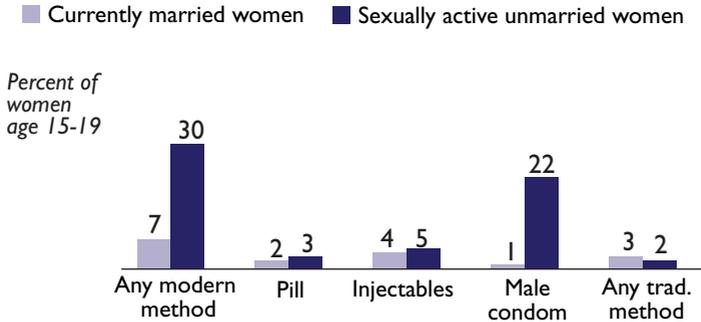


Use of modern methods of family planning increases with age among young women. For both married and sexually active unmarried women, use of a modern method is much higher for those age 20-24 than those age 15-19.<sup>2</sup>

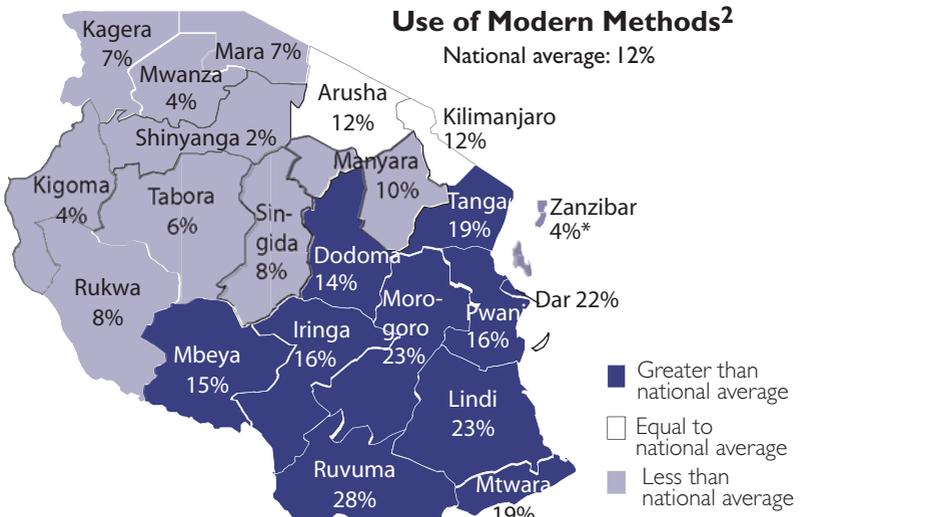
# Family Planning Use (continued)

Among users of family planning, young married women primarily use injectables, the pill, or a traditional method (e.g. periodic abstinence, withdrawal or a folk method) while unmarried sexually active women most frequently use condoms.<sup>2</sup>

## Current Use of Contraception<sup>2</sup>



Use of family planning is higher in urban areas than rural areas (19% of women aged 15-24 compared to 9%). Use of modern methods by young women is highest in Ruvuma, Morogoro and Dar es Salaam. Use is lowest in Shinyanga, Mwanza, Kigoma and Zanzibar.<sup>2</sup>



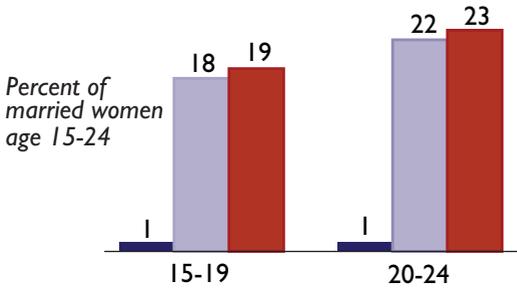
Percent of all women age 15-24 who are using a modern method of family planning

\* too few cases to show individual regions of Zanzibar

# Unmet Need for Family Planning

## Unmet Need for Family Planning<sup>2</sup>

■ For limiting ■ For spacing ■ Total



Women who say that they do not want any more children or that they want to wait two or more years before having another child, but are not using contraception, are said to have an unmet need for family planning. Almost 20 percent of married women age 15-19 have an unmet need for family planning, compared to 23 percent of married women age 20-24. Most of these women need family planning to space their births.<sup>2</sup>

For all women age 15-49, unmet need for family planning is highest in Zanzibar North, Pemba North and South, Kigoma, and Shinyanga, where need is more than 30 percent. Unmet need is lowest in Dar es Salaam, Mbeya, Arusha and Ruvuma, where less than 15 percent of married women have an unmet need for family planning. This is not necessarily because there is good access to family planning in these regions; it could also be that women in these areas may not perceive a need for family planning.<sup>2</sup>



© Sammy Ndwiga, Courtesy of Photoshare

# Family Planning Messages

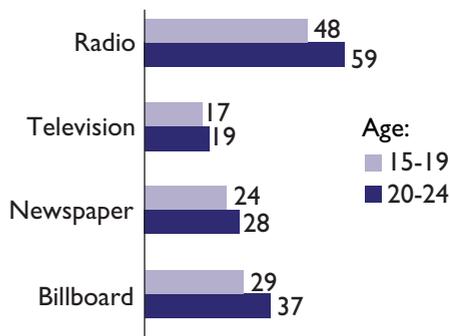
Although young women do see family planning messages in the media, very few 15-19 year olds talk to a health professional about family planning.<sup>2</sup>

In fact, only 8% of women age 15-19 discussed family planning with a field worker or with a health professional in a health facility in the year before the survey. Therefore, more than 90 percent of young women have not talked to a health professional about family planning. This represents a tremendous missed opportunity for education and counseling for this youngest group. Older women are much more likely to communicate with health workers about family planning. Almost one quarter of women age 20-24 discussed family planning with either a field worker or with staff at a health facility.<sup>2</sup>

Young men are also unlikely to discuss family planning with a health professional. They are most likely to hear about family planning on the radio or in newspapers, magazines and posters.<sup>2</sup>

## Family Planning Messages<sup>2</sup>

Percent of women who heard a family planning message from the following sources.



# Attitudes towards Family Planning

## Discussing family planning with husbands

Younger women are less likely than their older counterparts to discuss family planning with their husbands: 50% of married women age 15-19 never discuss family planning with their husbands, compared to only one-third of women age 20-24.<sup>2</sup>

## Women's and men's attitudes

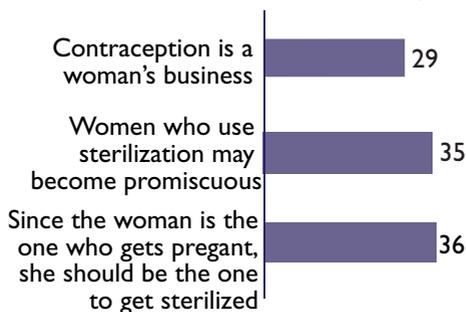
The large majority of young women approve of family planning (85 percent of women 15-19 and 88 percent of women 20-24). Just over half of young women age 15-19 and two-thirds of young women age 20-24 believe that their husbands approve of family planning.<sup>2</sup>

However, many misconceptions and negative feelings exist among young men. About one third of young men believe that family planning is women's business and appear not to take responsibility for family planning.<sup>2</sup>



Photo courtesy of Pact Tanzania

## Men's Beliefs about Family Planning<sup>2</sup>



*Percent of men age 15-24 who agree with the statements above*

# Integrating Reproductive Health and HIV Prevention

Family planning and HIV prevention are not mutually exclusive. Young people must be proactive to protect themselves from unwanted pregnancy as well as HIV/AIDS and other sexually transmitted infections (STIs).

Much of the data presented in this booklet apply to family planning, reproductive health, and HIV prevention. Age at first sex and sexual risk behaviours affect both the fertility and HIV risk of young people. Women who start having sex at an early age are at increased risk for both pregnancy and HIV transmission if they are not protected against both of these things. Sexual risk behaviours also increase the chances of pregnancy and sexually transmitted infections. However, there are two methods that offer protection against both pregnancy and sexually transmitted infections: abstinence and condom use.

## Dual protection: Abstinence

Abstinence is one way that young people can protect themselves from both unwanted pregnancy and sexually transmitted infections, including HIV. In fact, 59 percent of unmarried young women age 15-24 and 46 percent of unmarried men age 15-24 have never had sex.<sup>3</sup> While young men appear to be starting sex at an earlier age than their older peers, young women are delaying their first sexual experience more than their older peers did (see page 2).<sup>3</sup>

Among the unmarried young people who have had sex, 8 percent of the women and 14 percent of the men have not had sex in the past year.<sup>3</sup> Thus, even though one has experienced sex, long periods of abstinence reduce the chances of pregnancy or sexually transmitted infections.



Photo courtesy of FHI/Tanzania

# Integrating Reproductive Health and HIV Prevention (continued)

In addition to abstinence, the condom is also an effective method of preventing both unintended pregnancy and HIV. In fact, most adults support teaching about condom use in schools: among all women, age 20-49, 65 percent believe that children should be taught about using a condom to avoid AIDS<sup>2</sup>. Sexually active youth who are using another method of family planning, such as the pill or injectables must also use a condom to protect against HIV/AIDS and other sexually transmitted infections.

Almost 80 percent of young people know that using condoms reduces the risk of contracting HIV<sup>1</sup>, and more than 90 percent of young women know that condoms are an effective family planning method.<sup>2</sup>

## Where to get condoms

Half of women 15-24 and almost one-quarter of men 15-24 do **not** know where to get a condom. This knowledge is especially low among those who have no education or only some primary education.<sup>3</sup>

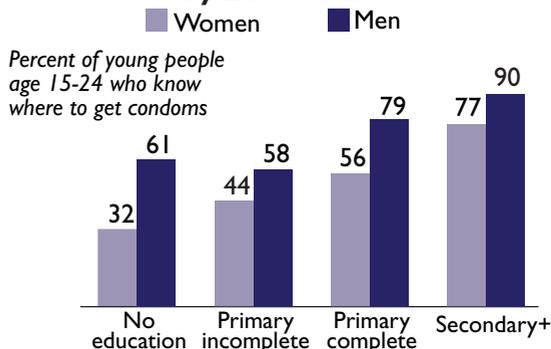
## Condom use at first sex

Among young men and women who have ever had sex, 17 percent of young women report using a condom the first time they had sex compared to 26 percent of young men.<sup>3</sup>

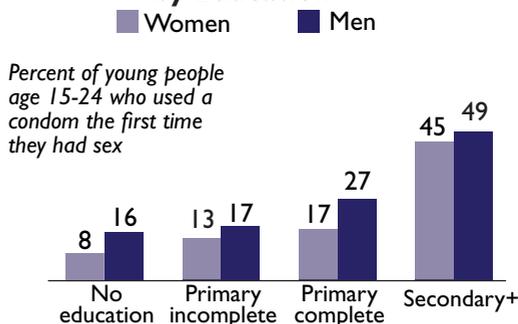
## Condom use during premarital sex

Among unmarried young people who are sexually active, 44 percent of women and 47 percent of young men reported that they used a condom the last time they had sex.<sup>3</sup>

### Knowledge of a Source for Condoms by Education<sup>3</sup>



### Condom Use at First Sex by Education<sup>3</sup>



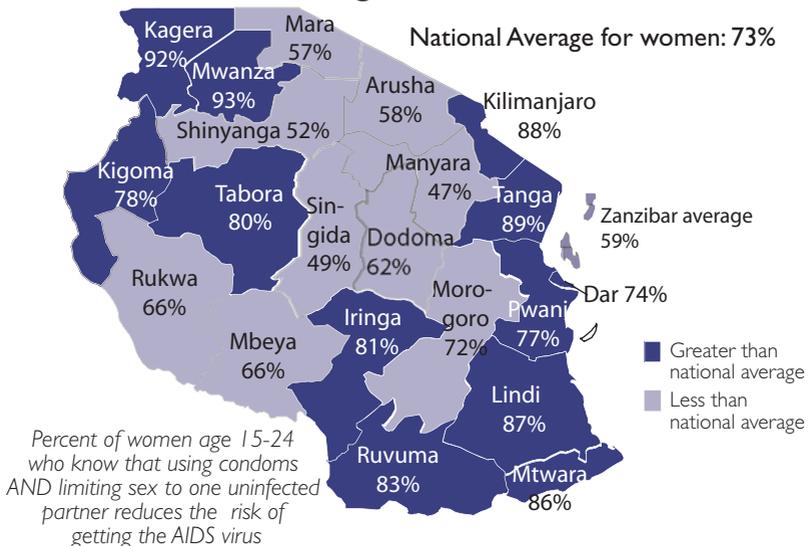
# Knowledge of HIV Prevention

Almost all young women and men have heard of AIDS. However, fewer know how to prevent HIV. Only 73 percent of young women and 68 percent of young men could name the two key ways of preventing HIV: using condoms and limiting sex to one uninfected partner.<sup>2</sup>

Prevention knowledge is slightly higher in urban areas than in rural areas. Knowledge of prevention methods is especially low in Zanzibar, Manyara, Arusha and Singida. Interestingly, almost three-quarters of young women in Dar es Salaam know these two methods, while only a little more than half of the young men in Dar have the same knowledge (see map below and on following page).<sup>2</sup>

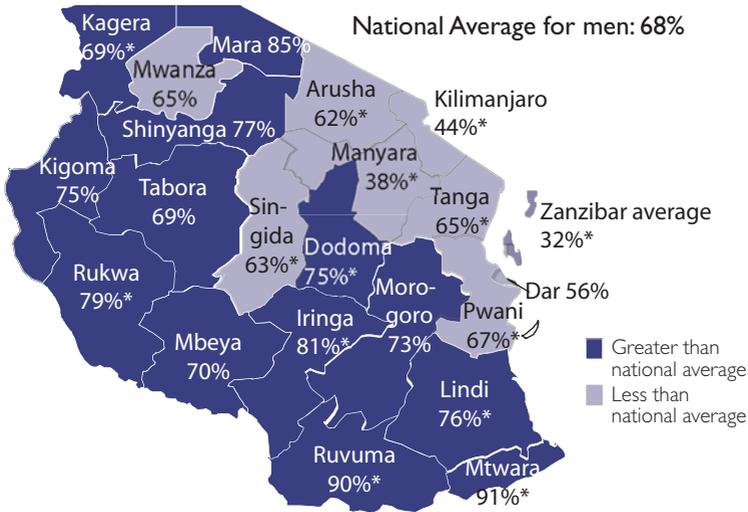
Knowledge of HIV prevention is also greater among those with higher levels of education, those living in wealthier households, and those who have ever been married or have ever had sex. Prevention knowledge also increases with age: young people age 20-24 are more likely to know these two methods of prevention (77 percent for women and 76 percent for men) than those age 15-19 (69 percent for women and 63 percent for men).<sup>2</sup>

## Women's Knowledge of HIV Prevention Methods<sup>2</sup>



# Knowledge of HIV Prevention (continued)

## Men's Knowledge of HIV Prevention Methods<sup>2</sup>



Percent of men age 15-24 who know that using condoms AND limiting sex to one uninfected partner reduces the risk of getting the AIDS virus

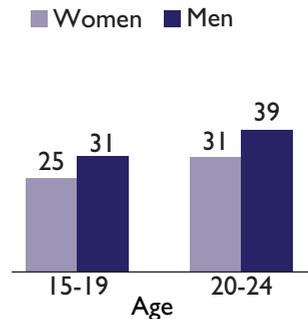
\* Based on less than 50 cases

## Prevention of Maternal to Child Transmission of HIV (PMTCT)

Although more than two-thirds of young people know that HIV can be transmitted by breastfeeding, few know that maternal to child transmission (MTCT) can be prevented if the mother takes special drugs while pregnant.<sup>2</sup>

## Knowledge of PMTCT<sup>2</sup>

Percent of young people who know that HIV can be transmitted by breastfeeding AND that MTCT can be prevented by mother taking special drugs during pregnancy



# HIV and Higher-Risk Behaviours

Certain sexual behaviours put individuals at higher risk of contracting HIV. Higher-risk sex is defined as sex in a nonmarital, noncohabiting relationship. Therefore, by definition, all sexually active young people who are not married or living with their partner are engaging in higher-risk sex. It is essential that young people use condoms to protect themselves during higher-risk sex, especially if they have more than one partner.

## Multiple sexual partners and number of lifetime sexual partners

Having more than one sexual partner is a higher-risk behaviour. Among the sexually active youth, 8 percent of women and 33 percent of men reported having more than one sexual partner in the past year. In fact, among young people who have ever had sex, young men report having an average of 4 sexual partners over their lifetime, while young women report 2 lifetime sexual partners. The youngest group, the 15-19 year olds, report 2 (for women) and 3 (for men) lifetime sexual partners.<sup>3</sup>

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Sexually active unmarried young men report an average of 4 lifetime sexual partners.

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## Premarital sex and condom use

About half of never-married young people age 15-24 have ever had sex (41 percent for young women and 54 percent for young men). One-third of never-married women and two-fifths of never-married men had sex in the year before the survey. Among these young people, 44 percent of the women and 47 percent of the men used a condom the last time they had sex.<sup>3</sup>

## Age differences in sexual relations

Age differences in sexual relations can lead to an imbalance in decision-making power and added pressure on the younger member. This imbalance can result in a greater risk of contracting HIV or other sexually transmitted infections. Among women age 15-19 who had nonmarital sex in the year before the survey, 9 percent had sex with a man who was 10 or more years older.<sup>3</sup>

## Alcohol use during sex

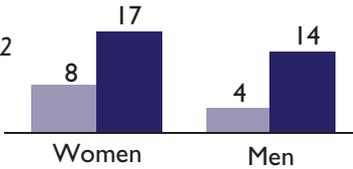
Six percent of young women age 15-24 report that they had sex in the year before the survey while they or their partner were drinking alcohol.<sup>3</sup>

# HIV Testing

## HIV Testing<sup>3</sup>

■ all youth age 15-19      ■ all youth age 20-24

*Percent who have been tested and received results in the past 12 months*



living in the wealthiest households (19 percent). In all, 2 percent of youth were tested but did not receive the results.<sup>3</sup> This means that 14 percent of youth who went for a test did not receive the results.

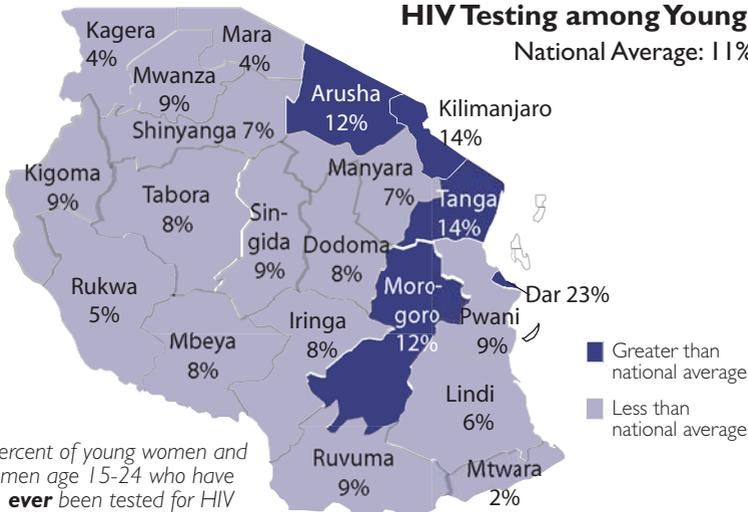
Voluntary counselling and testing can empower young people to protect themselves and others. However, very few youth have ever been tested for HIV.

Eleven percent of 15-24 year olds have ever been tested for HIV. HIV testing among youth is more common in urban areas (18 percent) than rural areas (7 percent) and is most common among those with more than secondary education (21 percent) and those

HIV testing among youth also varies by region. HIV testing is most common in Dar es Salaam, probably due to the availability of testing centers. It is also fairly common in Kilimanjaro, Tanga, and Arusha.<sup>3</sup>

## HIV Testing among Young People<sup>3</sup>

National Average: 11%



*Percent of young women and men age 15-24 who have ever been tested for HIV and received the results*

\* The THIS was not carried out in Zanzibar, therefore data for HIV testing is not available.

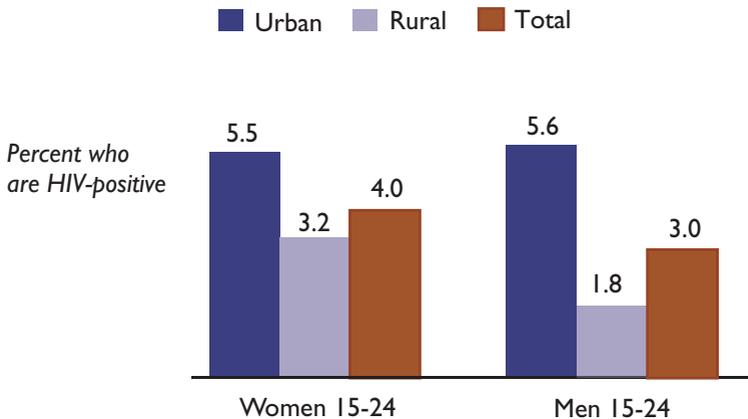
# HIV Prevalence

Young people have lower rates of HIV prevalence than older adults, however young people are being infected with HIV at a higher rate than their adult counterparts. Of all new HIV infections in Tanzania 60% occur in young people aged 15-24.<sup>1</sup>

The total HIV prevalence for women age 15-49 in Tanzania is 7.7 percent, compared to 4 percent for young women age 15-24. The total HIV prevalence for men age 15-49 in Tanzania is 6.3 - double the rate of prevalence for young men age 15-24 (3 percent).<sup>3</sup>

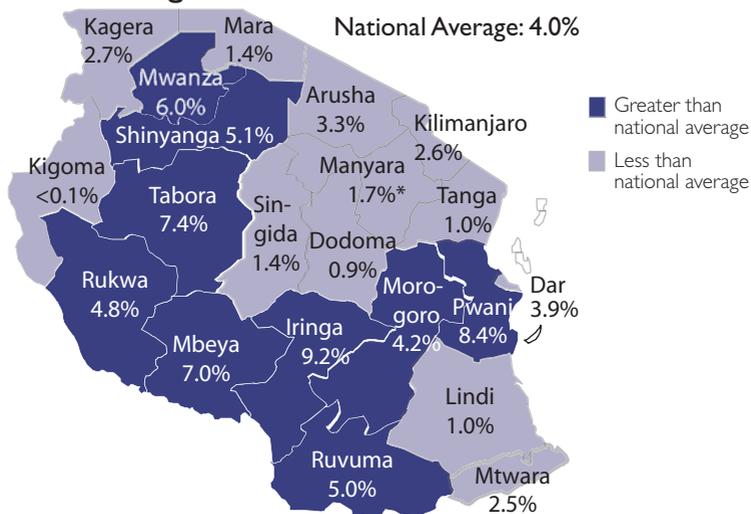
On average, young women have a slightly higher HIV prevalence than young men (4 percent vs. 3 percent). For both young men and young women, prevalence is higher in urban areas than in rural areas. In fact, HIV prevalence among young men in urban areas is three times higher than that for young men in rural areas.<sup>3</sup>

## HIV Prevalence among Youth by Residence<sup>3</sup>



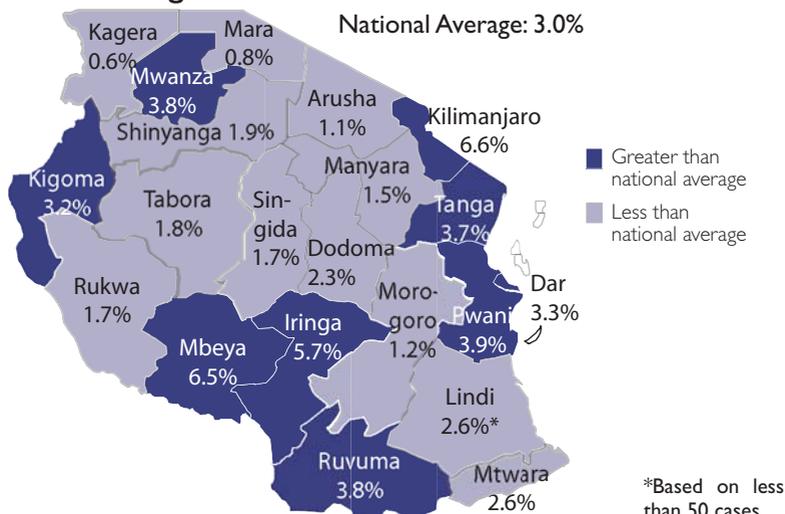
# HIV Prevalence (continued)

## Young Women's HIV Prevalence<sup>3</sup>



For young women, prevalence is highest in Iringa, Pwani, Mbeya and Tabora, while men's prevalence is highest in Kilimanjaro and Mbeya.<sup>3</sup>

## Young Men's HIV Prevalence<sup>3</sup>

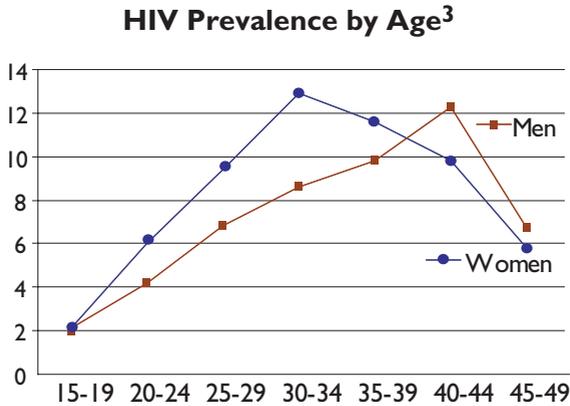


Note: The THIS was not carried out in Zanzibar, therefore data for HIV prevalence is not available.

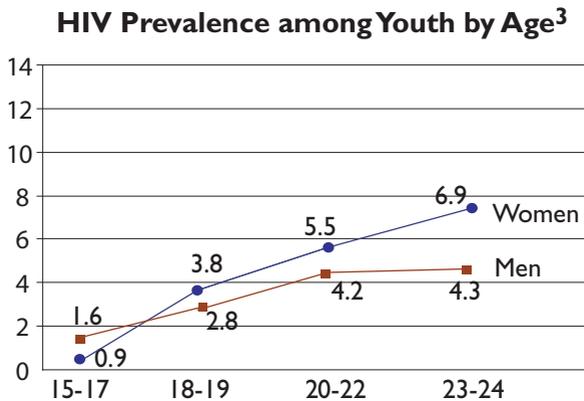
# HIV Prevalence (continued)

## HIV Prevalence and Age

For women, HIV prevalence is highest between the ages of 30 and 34, while men experience the highest prevalence at 40-44.<sup>3</sup>



Among youth, prevalence climbs steadily for both men and women from the age of 15 to 24, with young men aged 15-17 having a slightly higher prevalence rate than young women aged 15-17. After age 17 women have a higher prevalence than men until they reach 40.<sup>3</sup>

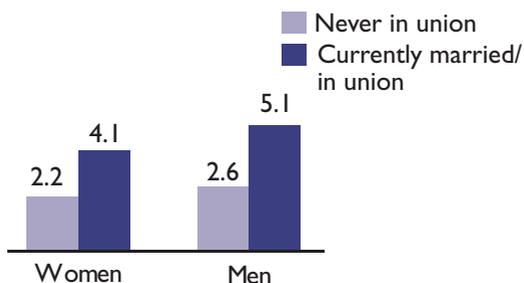


# HIV Prevalence (continued)

## Marital Status

Young married men and women are more at risk of HIV than unmarried youth. The HIV prevalence of married women age 15-24 is double that of unmarried women in the same age group (4 percent vs. 2 percent). The same relationship holds true for young men.<sup>3</sup> This may be because married women and men are more likely than their unmarried peers to have unprotected sex.

**HIV Prevalence by Marital Status<sup>3</sup>**



## Education and Wealth

In the entire population age 15-49, HIV prevalence increases with education (those with higher levels of education are more likely to be infected) and wealth (those in the wealthiest households are more likely to be infected). However, when looking only at youth there are weaker, or often no associations between education, wealth, and HIV prevalence. Therefore, prevention messages must be aimed at youth of all educational and economic levels.<sup>3</sup>

## Key Messages

- Many Tanzanian young people are sexually active;
- Too many young people are suffering the consequences of unprotected sex: too-early parenthood and sexually transmitted infections, including HIV;
- Among youth, knowledge of reproductive health and HIV is high;
- However, the practice of protective behaviors (e.g., abstinence, partner reduction, contraceptive and condom use and HIV counseling and testing) is less common. More must be done to move young people from awareness and knowledge to actual behavior change;
- Marriage does not offer young people protection against the consequences of unprotected sex. HIV prevention and reproductive health promotion efforts should be geared to both married and unmarried youth;
- Dual protection methods--such as abstinence and condom use--present wonderful opportunities to help young people protect themselves from BOTH unintended pregnancy and HIV/STI infections;
- Young people, parents/guardians, and policy makers all have important roles to play in the prevention of unintended pregnancy and the prevention of HIV and other sexually transmitted infections. Truly, the future is in our hands!

# Making a Difference for Young People

How can we help young people remain free of too-early parenthood, HIV and other sexually transmitted infections? The Tanzanian Ministry of Health and Social Welfare, Reproductive and Child Health Section's document, *Standards for Adolescent Friendly Reproductive Health Services*, provides guidelines for the design and implementation of effective youth programming. They include these key points to think about:

- Adolescents are a heterogeneous group with different needs for health information, education and services.
- Reproductive health services are a basic human right for all people including adolescents.
- The participation and involvement of adolescents in planning, implementation, monitoring and evaluation of programs is of critical importance to ensure that their needs are fully addressed.
- Community and parental involvement and support are crucial for sustainable adolescent reproductive health programs.
- Adolescent reproductive health services should encompass promotive, preventive, curative and rehabilitative care.
- Adolescent reproductive health services must promote gender equality and equity.
- Effective and sustainable adolescent reproductive health services require: human resource development, strategic leadership, knowledge management and dissemination of lessons learnt and institutional capacity building.
- Adolescent reproductive health needs are immense and to address them holistically, special mechanisms for networking and partnerships between various stakeholders are essential.

To learn more about the priorities and strategies of the Government of Tanzania concerning youth reproductive health and HIV services and

policies, and to receive additional guidance on the implementation of integrated programs please consult the following important documents:

The National Adolescent Health and Development Strategy,  
2004-2008

The National Standards for Adolescent Friendly Reproductive  
Health Services

The National Policy Guidelines for Reproductive and Child  
Health Services

The National Multi-Sectoral Strategic Framework on HIV/AIDS,  
2002-2007

# How to Use these Data: A Guide for Organizations\*

This tool is intended for you to use at your home organizations to:

- *Help further disseminate the findings on youth reproductive health and HIV contained in this booklet with your colleagues*
- *Identify ways you and your colleagues can use the findings contained in this booklet to inform your organization's work*
- *Encourage integrated reproductive health and HIV programming for youth in order to meet their needs more holistically*

Through brainstorming and small group work exercises contained in this guide, you and your colleagues will discuss how to apply data to various aspects of program planning and advocacy, and consider which indicators are most relevant to your own RH/HIV-related activities.

The questions and group exercises below on using the data can be applied to the booklet as a whole, or to selected key findings that you determine to be most relevant to your organization. The exercise should be undertaken after the findings have been presented to your colleagues. The exercise may last from one to three hours, depending on the number of working groups and how many of these groups report out to the entire audience.

## ***Preparation is as follows:***

- Each participant will need a copy of the booklet (or the selected findings you choose to focus on).
- The presenter should have access to a chalkboard or an easel and large writing pad (flipchart).

\*This tool has been adapted from a draft "Data Application Guide" developed by ORC Macro.

# I. Plenary Discussion of the Results

**Step 1:** The presenter briefly reviews selected key findings or indicators (most relevant to your organization) and asks the groups the following questions:

- Do any of these results surprise or concern you? Why?
- Do you know of any other surveys or research results in Tanzania that cover similar topics as this booklet? [Brainstorm with the audience and list other relevant research conducted in Tanzania.]
- Are the findings presented here different from these other data sources? How are they different?

**Step 2:** The presenter encourages discussion on using the results (10 – 20 minutes)

- Has anyone here used survey results before in his or her work? [Ask for examples. Discuss with group.]
- How else can we use survey data and, specifically, the findings of the surveys presented in this booklet, in our work? [Brainstorm with participants to come up with a list of ideas. Your list should include some of the points listed below.]
  - Monitoring and evaluation of programs/projects/activities
  - Advocacy/communicating with stakeholders
  - Policy change/policy formulation
  - Program planning/design and budgeting
  - Developing education and behavior change communication (BCC) materials
  - Identifying questions for research
  - Setting priorities and identifying needs
  - Writing proposals for funding

## II. Small Group Work

*Divide the audience into small groups of 3-4 people, depending on the size of the audience. Have them put their chairs in a circle or other formation so they can work together. Each group should identify one person to take notes and one person to report to the entire group. Give small groups 15 to 20 minutes to complete the exercise outlined below and then ask them to report to all the participants. Ask for feedback from the audience. The facilitator should also provide feedback and suggest other ways that the group could use the data.*

**Exercise:** Think of one or more key findings from the survey(s) that are particularly relevant to your work. For example, if your work focuses on HIV prevention, you may want to consider the data on youth and HIV testing.

- Think about the list of methods to use the data that we brainstormed earlier and decide how you can use this indicator/finding in your work. For example, consider how these indicators affect or concern specific audiences or population groups – educators, youth, parents, religious leaders, policymakers, PWLHAs, health care workers, people living in a specific geographic area, etc.
- Do these indicators have implications for specific types of interventions: behavior change communication, training, programs for young people, advocacy, prevention, care and treatment, and others

***Here is an example you can use with the group if they need more guidance:***

Example: You are collaborating with TACAIDS on a communication strategy for your region. You need to identify what basic information is needed in the rural areas of your district.

- Look at the basic HIV transmission and prevention knowledge levels– what do most people already know? What do they need to know?

- Who is the most informed? Who is the least informed?
- Who should be the primary audience for this information?
- How will you get the information to them? What channels of communication will be useful?

### **III. Next Steps**

Once you have generated a list of how this information can be used in your organization, decide what further action needs to be taken. Here are some examples of questions you may want to address with the group:

- Has your discussion revealed a need for further information seeking (more research data, model programs, expertise in specific areas, etc.)? Who will be responsible for obtaining this additional information?
- Do others need to be made aware of the small group work you and your colleagues did today? How are you going to communicate that? To whom?
- Has your work revealed the need for training or other capacity building activities for your organization? Who will follow-up on making the capacity building a reality?

## **Endnotes**

1 - National AIDS Control Program, United Republic of Tanzania, HIV/AIDS/STD Surveillance, 2002.

2 - National Bureau of Statistics (NBS) [Tanzania] and ORC Macro. 2005. *Tanzania Demographic and Health Survey 2004-05*. Dar es Salaam, Tanzania: National Bureau of Statistics and ORC Macro.

3 - Tanzania Commission for AIDS (TACAIDS), National Bureau of Statistics (NBS), and ORC Macro. *Tanzania HIV/AIDS Indicator Survey 2003-04*. Calverton, Maryland, USA: TACAIDS, NBS, and ORC Macro.

