

SURVEY ON BEHAVIOURS AND ATTITUDES OF YOUNG
PEOPLE IN THE SOUTHERN HIGHLANDS OF TANZANIA



BEHAVIOURAL SURVEILLANCE SURVEY, 2011
RESTLESS DEVELOPMENT, TANZANIA

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II: ACRONYMS AND ABBREVIATIONS

BSS:	Behavioural surveillance survey
CAGs:	Community action groups
CP:	Civic participation
FGD:	Focus group discussions
GBV:	Gender based violence
HIV/AIDS:	Human Immuno-deficiency virus/Acquired immune-deficiency syndrome
ICT:	Information and communication technology
IGAs:	Income generating activities
ISY:	In school youth
IVDU:	Intravenous drug use/users
JHPIEGO:	Johns Hopkins Program for International Education in Gynecology and Obstetrics
KAB:	Knowledge, attitudes and behavior
KIIs:	Key Informant Interviews
LGAs:	Local government authorities
LH:	Livelihoods
MKUKUTA:	Mkakati wa kupunguza umaskini na kukuza uchumi Tanzania
NHP:	National Health Policy
MTCT:	Mother to child transmission
NPHIV:	National Policy on HIV/AIDS
NYDP:	National Youth Development Policy
OOSY:	Out of school youth
PLWHIV:	People/persons living with HIV
PMTCT:	Prevention of mother to child transmission
SRH/R:	Sexual and reproductive health and rights
STIs:	Sexually transmitted infections
TDHS:	Tanzania demographic health survey.
TV:	Television
VC:	Village chairperson
VCT:	Voluntary counseling and testing
VEO:	Village Executive Officer
YP:	Young people

III: ACKNOWLEDGEMENTS:

In the development of this report we have learned a lot. We have learned that it takes a community of dedicated colleagues, friends and peers to convert new and old wisdom into a useful text, which we believe this is. We appreciate the dedication of all staff of Restless Development and notably the Monitoring and Evaluation unit (now Programme Quality Directorate) and our both inside and outside of Restless Development for their support and guidance in making this report come to be. Your questions, your ideas and your critiques have been of great help.

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IV: EXECUTIVE SUMMARY:

a) Background to, Purpose and Objectives of Study

The Behavioral Surveillance Survey (hereafter referred to as BSS or the study), 2011 was conducted by Restless Development, Tanzania between 19th – 29th August 2011, as an annual routine assessment of attitudes and behaviours of young people with regards to the three goal areas of Restless Development, Tanzania, namely: Sexual and Reproductive Health and Rights, Livelihoods and Employment, and Civic Participation.

The purpose of the study was to develop a baseline to support the implementation of the newly developed National Strategic Framework, 2011-2014¹. It had the following objectives:

- 1) To assess young people's attitudes and behaviours as regards the key goal areas of Restless Development, Tanzania
- 2) To develop baseline values for indicators under the National Strategic Framework and support the development of milestone targets for the strategy period (2011-2014).

The study was conducted in 16 districts of Iringa (including Njombe region), Mbeya and Ruvuma, using a mix of quantitative and qualitative methods as follows: (i) quantitative questionnaires administered on 766 young people in and out of school, (ii) Focus Group Discussions (FGDs) with 220 young people in and out of school, and (iii) 18 Key Informant Interviews with opinion leaders at district and sub-district levels²

Sampling for the study was purposive at regional and district level, and simple random at ward and village level. Overall, 3 regions³, 16 districts, 24 wards and 32 villages were sampled.

Since an impact external evaluation had been commissioned and carried out focusing on the peer-to-peer programme⁴ and using a case-control method, use of a control group was no, longer necessary. Ruvuma region was included in this survey as it was excluded from the external evaluation because it was a new programme, outside the remit of the external evaluation itself.

b) Exposure to Interventions:

- The most common interventions to which young people in the Southern Highlands of Tanzania report being exposed in descending order of priority (n=684) are: Sexual and Reproductive Health and Rights (53%); Life-skills (29.6%); Civic Participation (8.7%) and lastly, Livelihoods (8.5%).
- There are minor differences in exposure by gender, however women/girls reported slightly higher exposure to sexual reproductive health and rights (F=53.5%, M=52.4%) and livelihoods (F=10.1%, M=7%) than men/boys. Men/boys reported slightly higher exposure in lifeskills (M=30.8%, F=28.4%) and civic participation (M=9.5%, F=7.9%).
- Exposure is consistent across all regions for SRHR and Lifeskills; however in Iringa, more young people have been exposed to civic and policy education (13.5%) than livelihoods (5.8%), while the opposite case exists in Mbeya with 4.4% reported exposure to civic participation and 13.05% in livelihoods.
- Reported exposure to lifeskills by regions, indicate that Ruvuma has been more exposed (38.8%) compared to Iringa (29.6%) and Mbeya (20.3%), however the reason behind this is still unclear from this study.

¹ Weblink <<http://www.restlessdevelopment.org/file/tz-nsf-210212-low-pdf>>

² Sub-district levels in Tanzania refers to the administrative units which fall below the district level and include wards and villages, with village being the smallest unit.

³ The region of Iringa has been divided into two: Iringa and Njombe, whereas the region of Rukwa has also been split into Rukwa and Katavi regions

⁴ Restless Development, 2011: Evaluation of youth peer-to-peer programme also available at <<http://www.restlessdevelopment.org/file/res-tz-amca-external-evaluation-2011-pdf>>

c) Key Findings by Goal Area

1. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

The following aspects of SRHR were considered in the BSS: Knowledge, Attitudes and Behaviour (KAB) regarding HIV/AIDS and Sexually Transmitted Infections (STIs); sexual history; and incidence of STIs.

Knowledge and attitudes towards HIV/AIDS:

- The survey results indicate that 98.45% of young people have heard of HIV/AIDS, which is comparable with the national average of 99% (TDHS, 2010).
- HIV risk perception increases with sexual activity and fluctuates with age group (higher at 13-17 (39.4%), declines at 18-21 (27.8%) and shoots at 22-25(30.1%) then markedly declines at 26-29 (12.5%).
- Perception of HIV risk is higher among women (48.2%) than men (44.7%).
- HIV risk perception is higher among single respondents (50.3%) than their married counterparts (16%).
- 80.5% of young people know someone who has died of HIV/AIDS related complications.
- 80% believe that abstinence protects one from contracting HIV, 76.8% believe you can protect yourself from HIV by being faithful to one uninfected sexual partner and 77.37% believe correct and consistent condom use protects from HIV.

Misconceptions about HIV transmission:

- Overall, 13% of young people believe that one can get HIV through sharing a plate with an HIV positive person.
- This misconception is however higher among certain groups, namely: the sight-impaired where 31.25% hold the misconception and among 34-37⁵ year olds in Mbeya at 30%.

HIV/AIDS and disabled young people:

- There are indications that disabled young people⁶ are disadvantaged in terms of HIV/AIDS knowledge.
- Only 60% among this group have heard of HIV/AIDS (compared to an overall average amongst survey respondents of 98.45%).
- Only 67% of hearing-impaired young people and those with other handicaps support abstinence and being faithful, compared to averages of 80% and 76.8% respectively amongst non-disabled young people.
- The proportion of hearing-impaired young people believing that mosquitoes transmit HIV is higher than the equivalent figure for young people as a whole (25% versus 21%)
- HIV risk perception is slightly higher among the disabled (47.6%) compared to respondents as a whole (47.2%) and is particularly high among physically handicapped, albinos, mentally handicapped and the sight impaired, but not among hearing impaired.

HIV/AIDS related stigma and discrimination:

- 31% of young people are unwilling to share a plate of food with an HIV positive person.
- This is conspicuously higher in Iringa, where 45.1% are unwilling, compared to 28.2% (Ruvuma) and 17.8% (Mbeya).

⁵ This age-group was not essentially a survey target, however the author deemed it fair to show the departure as 13, representing 1.7% of respondents were interviewed within this category.

⁶ The following disabled groups were interviewed: Hearing impaired, sight impaired, physically handicapped and mental handicapped (refer to table on minority groups).

Right to refuse sex:

- The right to refuse sex in rural communities is not widely acknowledged.
- Among women, nearly half of those interviewed (48.7%) reported that they do not have the right to refuse their husbands or partners sex, compared to 48.5% amongst men. 15.1% of young people believe that a partner can have sex with him/her against their will.
- The percent of young people who were forced into sex in the last 12 months stands at 13.86%
- It is relatively higher in Iringa (30%) among women; however, it should be noted that even men have been forced into sex (14.4%) although this is more common among women (17.1%).

Gender based violence:

- 62.2% of young people of the Southern Highlands of Tanzania agree that Gender Based Violence (GBV) exists in their communities
- Both women (32.1%) and men (30%) report being victims of this vice.
- The survey indicates that a higher percent of women (40.1%) in Ruvuma are victims, compared to an overall average among respondents of 31.4%.
- 65.4% understand what is meant by GBV, with a slightly higher proportion of men having this knowledge than men (67% versus 62.2%).
- FGDs identified the following as the key drivers of this vice in the community: negative cultures, customs and norms that give men more control over resources like property, assets and incomes, which propels the perception that men have control over women; low education among women; lack of appropriate redress mechanisms for victims; corruption by the police who are supposed to handle these cases; and failure in reporting such cases due to community pressure and threats of divorce and further violence, as the following quote illustrates:

“When a woman is battered by her husband, the police officers would request for money from the woman when she reports the incident, so that the case be logged. In rural villages where money is scarce, it means that no action will therefore be taken.”FGD participant in Insani, Mbeya.

Sexual History:

- The overall average at which young people first have sex stands at close to 15 years.
- However it varies between regions: in Iringa it stands at 13-15, compared to 13-16 in Ruvuma and 15-17 in Mbeya.
- On average more males (44.1%) had sex in the last 12 months than their female counterparts (27.7%).
- Young people within the age group 13-17 in Ruvuma are more sexually active (24.6%) than their counterparts of the same age-group in other regions, accounting for almost 6 times the levels of Iringa and Mbeya (4.8%).
- Multiple partnerships among young people (> 3 partners) is 10.2% with ages 13-21 accounting for 57.1%. 88.5% of those 46.1% with one partner fall between 13-29, 37.9% of young people with 2 partners are 26-29 and 57.1% of young people with more than 3 partners are 13-21, which is worrisome
- Young women in Ruvuma reported the greatest proportion with more than three partners at 25% compared to 0% in Mbeya and 7.1% in Iringa.

Transactional sex:

- There exists a very high risk of HIV infection in relationships involving transactional sex across all regions, with 74.5% of sexual intercourse in such unions (11.4% of young people

had transactional sex in the last 12 months of the study) did not involve the use a condom at last sex

- The data indicated also that 8% of men and 33% of women do not remember whether they used a condom or not in their last transactional sexual encounter
- Women in Ruvuma recorded highest % engaged in transactional sex at 20%, Iringa at 13% and Mbeya at 7%. This is not surprising as Ruvuma also records the highest proportion with more than 3 partners (25%)

STIs and Treatment Seeking Behaviours:

- The proportion of young people who have ever heard of STIs in the Southern Highlands stand at 86.8%, with no clear difference by gender (male 88%, female 85.5%).
- Young people recognise the following as the common symptoms of STIs: lower abdominal pains (32.1%), pain during urination (31.8%) and fever (10.3%).
- 33% of young people acknowledge having had STI-related symptoms. More women report having had STIs in Iringa (46.2%) than men (40%), while in Ruvuma, more men (28.6%) have had STIs than women (23%)
- Women were found to be more trusting of their male partners in regard to seeking advice on STI treatment when symptoms are recognised⁷ where 45.1% will do so; men would rather receive such advice from peers and friends (40.2%).
- The proportion of young people who have had a HIV test is low at 36.9% and higher among men than women (42.5% versus 31.4%).
- Acknowledgement of availability of HIV Voluntary Counseling and Testing (VCT) services in communities is higher at 50% - again, the figure is higher for men (57% versus 42%).
- This indicates that availability of VCTs services does not necessarily translate to uptake, a situation that requires further analysis.

Pregnancy and pregnancy prevention:

- Pregnancy has a major effect on the whole lives of more than half of young girls (52%) interviewed through FGDs, while 34% report being affected only after delivery and 14% only during pregnancy. 19.6% of girls have ever been pregnant.
- FGDs revealed the following to be the major effects of pregnancy on young girls: low school transition rates; high incidences of school dropout among girls; early and forced marriages; high incidences of dependency either on families or husbands; low self esteem; stigma and discrimination; gender-based and domestic related violence; low incomes; low levels of education among girls; health complications such as fistula; abortions; poverty and occasionally death.
- Despite this, young people still contest the use of contraceptive pills and injections in pregnancy prevention (30.3% of males and 24% of females), perceive that correct and consistent condom use does not prevent pregnancy (16.4% and 15.8% of males and females respectively) and that observance of safe days is not a pregnancy prevention mechanism (28.9% and 27.9% of males and females respectively).

Access to and preference for condoms:

- Young people perceive health centers as the most common access points for condoms (52%), followed by shops (25%) and information resource centers/community resource

⁷ The instrument used (attached) asked the question "What did you do when you had the symptoms (symptoms were mentioned in the questionnaire)? With the following choices: Sought advice from friend; Sought advice from sexual partner; Sought advice from parents/guardians; Sought advise from teacher; Sought advice/treatment in a nearby health center; Sought advice/treatment in a health center which is far away from your place; Sought medicine from pharmacy/chemist; Sought advice/treatment from a traditional healer; Took medicine I had at home; Kept it to myself and, I didn't do anything.

centers (18%); however, despite the status quo, young peoples' most preferred access points for condoms still remain shops/dukas (50.4%), followed by health centers (38.4%).

- 66% of young people within the age-group of 13-17 find it difficult to impossible to buy condoms from shops or ask for them from health centers, due to fears that they will be deemed sexual at a young age by the community. This age group is mostly in primary and secondary schools.
- 44% of sexually active youth used condoms at first sex while 51% used condom at last sex, showing some improvements over the course of an individual's sexual history.

Negotiating condom use:

- The majority of young people find it between easy (41-65%)⁸ to convince their partner to use a condom, although a substantial proportion (19-35%) find this difficult. Moreover, 18% of girls in Ruvuma find it impossible to convince an unwilling partner to wear a condom. This is 3 times the equivalent figure in the other regions surveyed,.

Pre-marital sex:

- 25.9% of young men and 19.6% of young women perceive pre-marital sex to be acceptable; however, this perception is higher in Iringa among men at 32.6% than women at 20.3%.
- Approximately 56% of young men and 47% of young women believe they are allowed to access condoms in their communities before marriage. This implies that nearly half of young people still see accessing condoms before marriage in their communities as a challenge.
- Sight and hearing impaired young people strongly feel that virgins have no business receiving SRHR education (55%) compared to just 28.1% of able young people.

Homosexuality/same-sex sexual relationships:

- Knowledge of the existence of homosexuality in the Southern Highlands stands at 60% - a gender breakdown reveals that 37.4% of men and 45.9% of women do not know anything about homosexuality.
- 80% report that they have not seen or heard of a homosexual in their community.
- Perceptions about homosexuals among young people are mostly negative (67.2%) even though 73.7% acknowledge that homosexuality is not acceptable in their communities.
- Perceptions indicate that, if a sibling reported being homosexual, 36% would convince them to "turn heterosexual" while 6.3% would provide peer education to them, with the intention of changing their inclinations. Other potential reactions by young people to this situation are varied and mostly injurious to the person of the homosexual. They include forced disclosure, physical assault, and abandonment, open discrimination, handing over to the police and taking legal action.

⁸ Range has been used in this case, in relation to the scale used in the question, thus "How easy would you find it to get your partner to use a condom if you wanted to use one, but they did not want to?" where the scale ranged from: Very easy, Easy, Difficult, Impossible and Don't Know.

2. CIVIC PARTICIPATION

Within the section of civic participation, the study dealt with questions around participation of young people in consultations; voicing concerns and exercise of civic rights; awareness of selected national policies in Tanzania; involvement in policy development, monitoring and implementation, as well as interest in policy issues.

Participation in youth fora and consultations:

- The reported capacity of young people to articulate their pressing concerns with local government authorities at community level is low (15.3%), as is their participation in youth fora (15.2%) and, extent to which they are involved in consultation at all levels (27.5%) and freedom to exercise their civic rights (30.2%, low; 27%, partial and 23.9% fully exercise their rights), despite a high level of civic rights knowledge⁹ (82.4%). Still, 9.4% perceive the freedoms as very low and 7.7% say they never exercise it altogether.
- In all the above cases, women's levels of participation are lower than those of men, while the situation is the same for knowledge of civic rights.

Awareness of policies affecting young people:

- Young peoples' awareness of selected policies in Tanzania is low, ranging between 24.3%-47.9% depending on region, compared with 46-53% among urban youth (Restless Development, Tanzania: Urban Tracer Study, 2011).
- In ascending order of knowledge MKUKUTA¹⁰ is the least known about, followed by the Policy of Return¹¹, National Health Policy, National Youth Development Policy and National Policy on HIV/AIDS.
- However, interest to know about the policies shows a slightly different pattern, with the highest level of interest being in MKUKUTA (40%), followed by the National Health Policy (21%), Policy on Return and National Policy on HIV/AIDS (both at 13%) and, finally, the National Youth Development Policy (10%).
- The interest in MKUKUTA amongst young people is partly based on a lot of negative experiences and perceptions, as demonstrated by the quote below:

"Seeds are sent to the villages and some people receive them; however at the end you realise that most young people have been left out. Some leaders also receive the fertiliser but they have no land. They therefore end up selling them again at a higher price, which we cannot afford". FGD participants, Mbeya

- Young people prefer to learn about the selected policies through teachers (school going youth), 36.4%, peers and friends, 23.1%, parents, 15.5% and the radio, 11.4%.

Involvement in policy development, implementation and monitoring

- Involvement and participation of young people in policy development at the local level is very low at just 5.9%. It declines further from village to national level.

Furthermore, it is marred with tokenism - for example, by virtue of position (the fact you have a position in the community that is recognised), invitation (one has to be invited by someone who is in charge or powerful in the community) and chance (you find yourself in the forum more by chance or accident).

⁹ The questionnaire that was used in the study had a list of basic civic rights, where respondents were asked which rights they were aware of.

¹⁰ *Mkakati wa kukuza uchumi na kupunguza umaskini Tanzania* or MKUKUTA is the National Poverty Reduction Strategy Paper (NPRSP) in Tanzania. It refers to NPRSP II.

¹¹ This is a policy document developed with support from UNICEF to encourage return of girls to school after delivery

- Involvement in policy implementation is slightly higher, at 18.7%, implying that there is interest among young people in implementation even when involvement in policy development is tokenistic.
- However many young people also expressed negative attitudes, as the quote below illustrates:

“Young people in and by themselves sometimes do not seek to know what is happening in local government authorities. Because they do not know, it is therefore very difficult for young people to participate. How do you participate when you don’t know?” FGD participant, Ruvuma

- Although 13.8% are involved in monitoring of policy implementation, involvement in budget planning and processes at local government levels is only 3%.
- Women’s participation and knowledge on policy issues in all cases is lower than that of men.
- However, there is a window of opportunity with the review of the Constitution, of which 44.3% of young people are aware, but only 4.6% have participated through meetings or consultations. The quote below illustrates this scenario:

“The village budgets are sometimes printed and posted on the doors of village offices; however we are not involved in making them [the budgets]. Rarely will reports that arise from the revenues and expenditures of these budgets be shared with young people. These leaders collect tax from the village, but they do not tell us how much is collected and what it is used for.” FGD participants, Iringa

3. Livelihoods, Employment and Wealth Creation:

In this section, the study focused on the following group of questions that relate to young peoples’ livelihoods, employment and wealth creation: income earning and expenditure patterns; access to capacity development and entrepreneurship; access to business capital (loans and grants) and young people heading households.

Incomes and income brackets:

- Women in the rural Southern Highlands have a lower propensity to get into paid/salaried employment compared to men (6.6% versus 0%). However, they start earning incomes earlier in life (on average at 22-25 years, compared to 26-29 years for men).
- The frequency of young people in lower income brackets is very high - around 92% earn between Tsh 10,000-100,000 per month, mostly as a result of business and manual labor.
- Within this income category, about 75% fall in income ranges between Tsh 10,000-50,000 per month (<1USD-50 USD per month).
- Within this meagre earning range, women earn lesser still.

Consumption Patterns:

- Consumption patterns of young people across the Southern Highlands indicate that, while food is the major expenditure item for both genders (as expected in low income situations), alcohol and drug use eats greatly into monthly incomes of young people.
- The proportions of income consumed by both food and alcohol/drugs are at double-digit figures of 56.5% and 24.75% respectively. However women spend more on food (64%) than men (49%), while men spend more on alcohol and drugs (29.9%) than women (19.3%).
- Women, as the study showed, only spend more on food, other items (not specified) and buying sex than men; however men spend more on alcohol and drugs, support to family and relatives, clothes and school fees than women.

Ownership of land and incomes from the farm:

- Ownership of land between men and women is comparable, but higher among men (54.6%) than women (43.2%).

- Farm incomes per acreage of land among women are very low. 48.6% use land for income generation (although only 17% of women) but women's farm incomes per year range between just Tshs 25000 to 50000, whereas those for men range between > 25000 to as high as 6 million per year.

Business and business development:

- Young people in the Southern Highlands were found to operate both informal and formal non-registered businesses, with the former being more common (57.9% versus 38.5%) than the latter, while operation of formally registered businesses was much less common, at just 3.2%.
- More women (59.7%) are engaged in informal businesses than men (56.1%), however, more men (39.2%) have formal-unregistered businesses than women (37.9%).
- This means that business are still largely undercover and it can perhaps be deduced that young people benefit a lot from the fact that their businesses are not registered, probably evading tax and controls and even engaging in illegal activities. However, this scenario jeopardises opportunities for business expansion and enterprise.

Contributions to household income:

- In line with Maslow's pyramid¹², young people in the rural Southern Highlands earn low incomes and therefore focus on addressing their basic needs first - in this case, food, as demonstrated by the fact that, on average, 95% of their incomes are contributed towards food needs of the household.
- However, the survey also indicates that, as income levels increase, the proportional contribution to household goes down as food needs (basic needs) become easier to meet and more income is available for other higher level wants. As highlighted in the section on consumption patterns above, the next level unfortunately is commonly negative i.e. alcohol and drugs.

Job search and Income Generating Activities (IGAs):

- Although regular wage employment in the rural Southern Highlands is scarce (3.3%), a high percentage of young people are looking for jobs (66% men and 68.2% women). Only 16.6% of young people studied have ever been employed.
- In the absence of employment opportunities, rural-urban migration is likely to increase. Added to the limited establishment of IGAs (31.6%) owing to lack of enabling opportunities (entrepreneurship groups, awareness of opportunities, access to loans/credit with affordable interest rates and other terms and conditions, value addition, markets and access to markets) among young people, sustained productivity of rural communities will be highly affected.

Youth headed households:

The proportion of young people heading household is high, particularly among male respondents, with nearly double as many young men heading households as young women (44.3% versus 25.4%). Overall, 34.8% of young people are heading households.

In terms of regional comparisons, youth-headed households are most common in Mbeya (44.6%) by regions, an issue that should be followed up to understand the actual causes of this situation.

Capacity development in livelihoods and entrepreneurship:

- The survey shows that access to capacity development in livelihoods contributes to establishment of IGAs, indicating that the skills are being used. This is true in Iringa and Mbeya. However in Ruvuma, there is a shift evident, whereby establishment of IGAs reduces demand for capacity development and creates a different level of skill needs for entrepreneurship.

¹² Adapted from, Abraham Maslow's Human theory of motivation, 1943

- Currently, young people access lower level skills in livelihoods that do not assure business growth and sustainability. 63.5% have general knowledge on entrepreneurship, 55% seek courses on livelihoods and only 23.1% have attended such courses. Ruvuma is particularly disadvantaged in all skill areas.
- Access to higher level skills is still low: access to marketing stands at 9.4%, access to mentoring and coaching at 8.7%, managing budgets and records of an income generating project at 4.5%), market analysis at 3%), setting up an IGA at 2% and finally apprenticeship at just 0/6%.

Loans/grants and environment for access:

- Although the desire to access loans by young people is relatively strong (31.7%), actual trends of receipt of loans is dire (8.8%): the variance between desire for and actual access is -23%.
- The reality is that factors such as lack of collateral, inadequate entrepreneurship groups, high interest rates on loans, lack of awareness of opportunities and terms and conditions, and a negative attitude to loans from young people all contribute to low access to loans/grants for business development.

4 Conclusions and Recommendations:

Sexual and Reproductive Health and Rights (SRHR) including HIV/AIDS.

1. Knowledge of HIV/AIDS prevention among disabled young people is lacking, as is support for abstinence and being faithful. HIV risk perception was also found to be higher among the physically handicapped, albinos, mentally handicapped and sight impaired. This shows a lack of comprehensive information on the part of these groups. Targeted and deliberate HIV/AIDS communication strategies are therefore necessary to reduce the disadvantage of these groups, with greater emphasis on communication strategies suitable for the hearing impaired young people as well as increased efforts for inclusion of disabled young people.
2. Disseminating information (both sexual and reproductive health and rights, policy and civic participation) to young people should prioritise the use of teachers (for school-going youth), peers and parents and, the importance of radio, as the most preferred source. In spite of current communication strategies used, recognition should be focused on engaging the preferred sources in design and dissemination of appropriate communication strategies on SRHR, policy and civic participation. However, use of radio as a communication media for young people should appreciate that the channel will be listened to only sometimes (as reported by 52.2%) and will reach mostly men if used every-day. Women report either never listening to the radio or listening infrequently.
3. Gender Based Violence (GBV) commonly exists in the Southern Highland communities of Tanzania and both genders are victims. A broader approach that involves and engages both men and women should be adopted in fighting GBV, prioritising community education on causes and effects, and an alternative reporting mechanism that is friendly to young people should be explored for communities to effectively take charge of effectively managing this vice.
4. Women have a higher HIV risk perception than men. However with young people becoming more aware of their sexuality at 13-17 and starting to experiment at 18-21, their risk perception goes down as they enter into relationships (it declines). In all cases, risk perception is higher among singles than marrieds, owing to the feeling that when you are married, you settle down.
5. While overall knowledge/awareness on HIV/AIDS is high at 98.45%, over a fifth of young people believe that mosquito bites transmits HIV, while the sight impaired in particular have stronger perceptions that one can get HIV through sharing a plate (31.25%). It is therefore necessary that HIV communications specifically targeting rejecting misconceptions are implemented in the Southern Highlands - that HIV/AIDS education should still cover the basics and be based on an understanding of the diverse contexts in which young people live.

Individual negative attitudes towards people living with HIV/AIDS (PLWHIV) were found to be stronger than community belief systems - for example, 31% are not willing to share food with a person living with HIV while only 13% believe one can get HIV by sharing a plate of food with an HIV positive person. This implies that tackling stigma and discrimination in the three regions will require focus on individual negative attitudes first before addressing discriminatory community belief systems. Individual attitudes against PLWHIV will potentially accelerate negative community belief systems and increase wholesale stigma effect on PLWHIV unless something is done to change the attitude patterns of individuals.

6. Perceptions of young people that it is possible to tell an HIV positive person by just looking are more common 13-25 (25.5%) and decline to 16.6% at 26-37 years. This suggests that

such perceptions are more based on the psychology of youth than rationality, that the decisions of young people between 13-25 years are not based on rationality but feelings, perceptions and influence.

7. HIV/AIDS education in the Southern Highlands focuses mostly on sexual intercourse, and to a lesser extent blood transfusion, as causes; however use of sharp devices and mother-to-child transmission are news in these areas. If programmes on Intravenous drug use (IVDU) and Prevention of Mother to child transmission (PMTCT) are to be rolled out, the uptake will seriously be affected by lack of knowledge and information on these methods. Focused interventions need to be initiated to expand the information that young people receive on avenues of HIV transmission to include mother-to-child transmission and intravenous drug use, so that coherent approaches can be mainstreamed for uptake.
8. Pregnancy education should increasingly discuss the importance of (i) observance of safe days in Iringa and Ruvuma (young people that believe it does not prevent pregnancy is >30%) in both gender; (ii) correct and consistent use of condoms in pregnancy prevention for both genders in Iringa (24% of young people believe it does not prevent pregnancy), and (iii) use of contraceptive pills and injections in all the three regions, as a third of males and a quarter of females do not believe that these methods prevent pregnancy . It is also alarming that some young people (17.4% of males and 12.3% of females) still believe that condoms contain HIV virus. This should also form a part of the communication package for young people.
9. Sexual and reproductive and health rights education must be prioritised in all three regions, given that over half of young people believe that women have no right to refuse their husband or partners sex whatsoever. This type of education is, especially important among girls in Ruvuma, where almost 29% still believe they do not have a right to SRH education and services, compared to 12.9% (Iringa) and 16.4% (Mbeya) regions. Negotiating for condom use in sexual unions is also lower among females in Ruvuma, where 18% say it is impossible to convince a partner to use a condom when they do not want to, compared to Iringa, 6.7% and Mbeya, 4.6%.
10. The decision of young people not to be involved in sex when they do not want to is not greatly affected by the nature of the relationship (single or married), or age of partner (age-peer relationships). However, their respect for persons in positions of authority challenges their resolve not to engage. Such decisions are greatly influenced by existing cultures, norms and gender constructs in communities, which has the potential to increase sexual and gender-based violence (GBV) – for example, 30% of women in Iringa has already experienced forced sex, while 31% of respondents have already been victims of GBV in the last 12 months alone.
11. Health centers are the most common sources of condoms for young people (52%), however young people prefer to access the condoms from shops (50.4%). It is still difficult to impossible for many young people (66%) between the ages of 13-17 to buy condoms from the shop or ask for them from the health center. Young women and girls in particular rarely access condoms. It is therefore necessary that alternative access points, preferably shops, be explored by condom providers, taking into account the cost issue, to spur youth-friendly access to condoms.
12. Nearly half of young people have never heard of same-sex relationships, while those who have tend to express negative attitudes, suggesting that young people who engage in same sex activities should be discouraged or even forced to stop doing so. In addition to individual negative attitudes, the majority (73%) of young people reported that rural communities as a

whole do not support this orientation. Therefore, planned action is clearly necessary to assure protection of the rights of homosexuals.

13. Unsurprisingly, sexual activity among young people increases by age: 81% of 13-17 reported never having had sex, while by 30 all young people reported having had sex in the last 12 months. Males are more sexually active than females and sexual activity is higher in Ruvuma among the age group of 13-17 (25% in the last 12 months compared to 4.8% in Iringa and Mbeya). Just over half (51%) of young people surveyed used a condom at last sexual encounter, which shows an overall increase of 7% across both genders compared to the 44% at first sexual encounter.
14. Since multiple partnerships among young people exist mostly in unstable relationships, there is need to educate youth on risks associated with multiple as well as unstable relationships to effectively manage this trend. 48.5% of young people have more than 2 sexual partners (multiple partners)
15. Most of those involved in transactional sex in Iringa and Ruvuma are not residents, but rather transitory visitors; however, in Mbeya most of those involved live within the region. This calls for clear and coordinated communication strategy targeting transitory persons in the two regions. Added to the fact that 74.5% of young people who engaged in last transactional sex did not use a condom, there is a very high risk of HIV infection in transactional sex across all the regions.
16. Although 50% of young people acknowledge the availability of VCT services in their community, just 37% have had a VCT test.
17. More men have attended VCT than women, while women trust men more in seeking advice on STIs, thus it is possible that lack of accurate communication between men and women masks the actual situation of STIs treatment seeking behavior as well as testing for HIV. Programmes that encourage open and honest communication between men and women on issues of SRH should be encouraged, to reduce HIV infections and increase uptake of HIV and STI testing.
18. Pregnancy considerably affects schooling and retention of girls in school. 52% of all girls interviewed acknowledge that pregnancy has affected not only their schooling but their lives up to date, compared to 34% who were only affected after delivery and 14% only during pregnancy. Noting that education is a lifetime investment that contributes to both health and livelihoods, greater emphasis must be placed on increasing school retention of girls by reviewing the bottlenecks that pregnancy creates in their lives as well as causes of teen pregnancies.

Civic Participation:

1. It is evident that most young people are not aware of their right to be involved in decision-making and right to access information and participate in civil society and politics. However, knowledge of these rights is key to improving civic participation and engagement of young people. Added to the fact that 24% of young people do not feel free to exercise their rights, this means that civic and rights education is still needed to improve knowledge and attitudes and develop capacities to exercise civic rights. Moreover, further research into the challenges that militate against young people in the Southern Highlands is also needed.
2. Young peoples' awareness of selected policies (MKUKUTA II, National Youth Policy, National Policy on HIV/AIDS, National Health Policy and Policy of Return) in Tanzania is still low, at

between 25-44% depending on region, compared with 46-53% among urban youth (Restless Development, Tanzania: Urban Tracer study, 2011). However, there is a lot of interest from young people in understanding MKUKUTA II (40%) in particular, which is the least known about, with interest in other policies at less than 21-10%. There must be deliberate efforts made by all actors, including government, to sensitise the youth on the national policies as well as involve and engage them in development, implementation and monitoring of the policies themselves.

3. There is strong interest from young people to participate in civic processes in Tanzania – 18.7% report interest against 5.9% who report being involved. However, bottlenecks such as tokenism, exclusion, corruption (young people perceive policy implementers, especially leaders, to be corrupt), gender disadvantage faced by women and negative attitudes held by young people themselves still thwart their participation.. Young people must change their attitudes to participation, but this will not happen unless efforts are made to address these bottlenecks.
4. Efforts should seriously be made to communicate the process of re-writing the Constitution so that young people are aware of it and therefore able to participate. At present, only 44.3% are aware and 4.6% have participated in meetings and consultations about the new Constitutional processes – if these rates don't improve, it will be difficult to assure the opinions and views of young people are taken into account. Therefore, deliberate measures are needed, such as distributing simple and friendly versions of the Constitution; sustained education on the Constitution, improving awareness on the work and plans of the Select Committee to collect views on the Constitution among others, are put in place to open spaces for young people's involvement and engagement in civic processes in Tanzania.
5. Women's participation and knowledge on select policies in all cases is lower than that of men (6% and 4% respectively), and participation in policy development declines from local to national level in all the regions, indicating that women's participation and involvement of young people above the local/community levels are two clear priorities to be addressed. Development of youth platforms at district and national levels that focus on equality and active participation should be explored to step up participation beyond community or local levels, while gender constructs that discourage women's participation need to be acknowledged and tackled.

Livelihoods and wealth creation:

1. The context of income earning for young people differs with gender and region. 24.2% of men earn incomes compared to 9.1% of women. Salary employment in the Southern Highlands is not available for women while only 6.6% of men reported being in salaried employment. Even when women do earn incomes, they earn less than men, even though they start earning these incomes earlier than men. It is therefore pragmatic that interventions targeting improving income earning amongst young people in the Southern Highlands should support business initiatives for young women and men understanding the challenges they face. However salaried employment in the rural areas will require more opportunities to be created.
2. In the rural settings of the Southern Highlands, where the economy is mostly non-cash, when food is available, and in most cases grown locally and thus cheap, any extra incomes made will be used in other alternatives. The survey shows that among young people, these alternatives unfortunately tend to be alcohol and drug use (Almost 25% is used). As incomes increase (beyond the basic need of food which consumes 56.5% of monthly incomes),

expenditure of young people on drugs and alcohol increases. It is therefore necessary to instill among young people the culture of savings and investment into alternative productive ventures that will improve their livelihoods and health, to counter the lack of alternative investment opportunities, which drives them to drug and alcohol abuse.

3. Although land is available and both men and women report ownership, the productivity¹³ and productive use of the land is not sustainable at the moment agriculture is undertaken for consumption more than it is used for income generation and gendered inequalities exist in relation to access to farm incomes, which may point to gender constraints. This implies that there is still need for further research on gendered land use patterns and access to farm incomes in regard to skills, farm inputs, subsidies and access, and market access for farm products.
4. Businesses that are operated by young people are largely informal or formal-unregistered. This means that businesses operate under cover and do not pay tax. This stands in the way of access to business capital as formal entities, while opportunities for expansion are diminished as this makes them more exposed. It is therefore important that initiatives to support young people's involvement in business must consider critically this context and create an environment where they can thrive and flourish.
5. Access to capacity development on livelihoods and entrepreneurship is directly proportional to establishment of Income Generation Activities (IGAs) in Mbeya and Iringa. However in Ruvuma, the opposite pattern is observed, suggesting that the establishment of IGAs creates less demand for capacity development in livelihoods and entrepreneurship. However, this causality may go either way and has not been verified in this survey.
6. There is a similarity in skills young people have and skills they need (i.e. tailoring, carpentry, mechanics etc), and an acute absence of skills that ensure success of livelihoods, such as managing budgets and records, market analysis, setting up income generation projects, marketing, and apprenticeship. Less than 10% of young people report possessing each of these skills. Higher level skills are needed to move the products of young peoples' sweat from a restive state to a profitable state through transformative mechanisms that recognise markets, pricing and opportunities of scale. Approaches that support exchanges, apprenticeship and mentoring can also be mainstreamed in interventions that will also contribute to meeting the other skill needs.
7. Actual receipt of loans/grants is 25% lower than perceptions of access. There are underlying factors that affect actual access to loans/grants by young people including lack of collateral; an inadequate supportive environment for entrepreneurs; high interest rates on loans; lack of knowledge on opportunities and terms and conditions of loans and negative attitudes of young people towards loans.

"Loans are there but you find that interest rate is high and as a Young people you find that there is nothing you own that you can give as collateral" -FGD participant, Nyanyembe placement, Iringa

"There are institutions providing young people with loans. We had this institute (name withheld), what happened was, people who failed to pay, all their property was impounded/grabbed. We don't want to hear of loans" Mawambala placement. "The condition of getting a loan from the financial institutions does not favor young people". Inyala placement, Mbeya

¹³ Productivity here refers to the accrual benefit derived from the land as a resource by the person considering the value of the land and the inputs invested therein towards generation of income on a sustainable basis.

Young people even propose. "It will be easier if the local government authority (in the community) would give an opportunity to the village members to borrow money /loans from the village account" Mago, Makete district in Iringa.

8. Establishing an environment that enables and encourages young people to access and use loans should be explored as a matter of priority, by managing interest rates, encouraging group formation as collateral as per the Village savings and loan association approach; savings and credit cooperatives; and expanding the number of institutions functioning at the rural level to provide business capital. Provision of skills should encompass education on how to manage loans, how to manage businesses, repayment schemes and marketing.

1.0 BACKGROUND:

1.1: ABOUT RESTLESS DEVELOPMENT, TANZANIA

Restless Development has been working in Tanzania since 1993.

Our mission is to place young people at the forefront of change and development.

Our strength comes from being led by young people and young professionals, from the boardroom right through to the field.

Our vision is that young Tanzanians are taking up leadership roles which address the most urgent issues facing their country and the world, fully supported by their governments, communities, businesses and civil society.

We work in three goal areas: Civic Participation; Livelihoods and Employment; and Sexual and Reproductive Health and Rights.

Restless Development Tanzania directly delivers programmes in Iringa (including Njombe), Mbeya, Ruvuma, Dar Es Salaam and Dodoma.

In 2011, we reached 100 communities through 166 youth volunteers leading community-based development programmes. They in turn enabled 38,597 young people to access Sexual and Reproductive Health (SRH) services and programmes in and out of school, 3,102 youth to gain knowledge and skills for grassroots accountability, and 992 youth entrepreneurs to gain skills in business start up and development.

We promote the professional youth-led development sector, by supporting government, private sector, and bi- and multilateral agencies to develop youth programmes, and make existing programmes more accessible to young people. A core part of how we do this is through the provision of credible grassroots evidence of emerging trends and issues facing young people through our youth led research.

1.2: PURPOSE AND OBJECTIVES OF THE STUDY

The Behavioral Surveillance Survey (hereafter referred to as BSS), 2011 was conducted in August 2011 as an annual routine assessment of attitudes and behaviors of young people with regards to different variables that reflect Restless Development-Tanzania's Strategic Framework 2011-2014.

The BSS 2011 was thus conducted with the following objectives:

1. To assess the young people's attitudes and behaviours as regards the key goal areas of Restless Development-Tanzania
2. To develop baseline values for indicators under the National Strategic Framework and support the development of milestone targets for the strategy period (2011-2014).

2.0: METHODOLOGY

2.1: Overall study approach

The Behavioural Surveillance survey was conducted between 19th -29th August 2011 in 16 districts of Iringa (including Njombe¹⁴ region), Mbeya and Ruvuma regions. These form the three regions of the Southern Highlands where Restless Development, Tanzania has direct operations.

The survey was conducted using a mix of quantitative and qualitative methods, as follows:(i) quantitative questionnaires administered on young people in and out of school; (ii) Focus Group

¹⁴ NJOMBE is a new region, which was created from the wider Iringa region in 2010. It encompasses the following districts which were originally part of Iringa region: Njombe, Ludewa, Makete and Wanging'ombe(new). The actual operationalisation of the new region created is still in process.

Discussions (FGDs) were conducted with young people in and out of school and (lii) Key Informant Interviews (KIIs) with policy makers and opinion leaders at district and sub-district levels¹⁵. The following were identified as target respondents for KIIs: Community Development Officers; Primary/Secondary Schools Education Officers; District HIV/AIDS coordinators; Social Welfare Officers; Ward Executive Officers; Head-teachers; Village Executive Officers and Village Chairpersons

Since an impact external evaluation had been commissioned and carried out focusing on the peer-to-peer programme and using a case-control method, use of a control group was deemed no longer necessary. Ruvuma region was included in this survey as it was excluded from the external evaluation because it was a new programme, outside the remit of the external evaluation itself.

a. Data collection tools and sampling

The BSS survey collected information from 3 regions, 16 districts, 24 wards, and 34 village placements, as detailed in Table 1 below. This represents 100% of all the Restless Development regions and districts in the Southern Highlands.

Table 1: Villages, wards, districts and regions sampled by the BSS

Region	Districts	Wards	Villages/Placements ¹⁶
Iringa	6	9	12
Mbeya	7	9	14
Ruvuma	3	6	6

The sampling for the survey was purposive (only areas where Restless Development works were sampled) at regional and district level. However at the ward level, 2 wards were randomly chosen from all the wards in each district where Restless Development operated in 2011 by Programme Quality staff¹⁷. This process was also followed at the village level.

A total of 986 young people were interviewed: 766 through questionnaires, 220 through FGDs and 18 through KIIs with no cross-over¹⁸. In each placement, 10 respondents were administered with questionnaires within the following strata: in-school young people in primary school, in-school young people in secondary schools and out of school young people. Similarly, one FGD was conducted in each placement and 5 KIIs for each district sampled.

The sampling for respondents was based on the specific data collection tools used. Sampling for questionnaires and FGDs involved the stratification of young people in schools (divided into primary and secondary schools) and, young people out of school. In each of the strata, 10 respondents were sampled randomly but using some set criteria under which Restless Development works with young people, as follows:

- **In-school youth (ISY):** from standard 5 to Form Four; equal gender distribution in sample and mix from different classes/grades

¹⁵ Sub-district levels in Tanzania refers to the administrative units which fall below the district level and include Wards and villages, with village being the smallest unit.

¹⁶ The villages/placements covered during the survey by region and district include: **MBEYA:** CHUNYA: Kiwanja, Matundasi, ILEJE: Ibaba, Lali, MBALALI: Mahongole, Ilongo, KYELA: Mbula, Ikolo, RUNGWE: Ibungila, Itagata, MBOZI¹⁶: Itaka, Mpapa MBEYA RURAL¹⁶: Idunda, Inyala **IRINGA:**MUFINDI: Iramba, Nyanyembe, LUDEWA: Lugarawa, Mdilidili, NJOMBE: Isitu, Itowo, MAKETE: Iwawa, Mago, KILOLO: Lugalo, Mawambala, IRINGA RURAL: Ilalasimba, Nyamihuu, **RUVUMA:** TUNDURU: Mtina, Ligoma, NAMTUMBO: Msindo, , Mgombasi, MBINGA: Ruanda, Mkumbi,

¹⁷ All the names of wards in a district and villages in a ward where Restless Development works were written on a piece of paper, folded and put in a box and shaken. Individual staff, were then given a chance to pick one from the wards and one from the villages.

¹⁸ There was no cross-over between respondents interviewed through questionnaires, FGDs and KIIs as the exercise was conducted concurrently by different teams and respondents asked whether they have been interviewed under any of the three categories before start of interviews.

- **Out of school youth (OOS):** between 15-29 years; equal gender distribution where possible¹⁹

Table 2: Data collection tools and their respondents

Data collection tool	Purpose	Respondents	Total sample size	What sample is comprised of)	Sampling technique
FGDs	To triangulate data on knowledge, attitudes and behaviours (KAB) by gathering data from groups of young people and compare to individual responses	Young people in and out of school	33 were conducted, with 8 participants invited to each	2 FGDs per district, representing 2 wards per district. Interchanging an FGD for OOSY and ISY (divided by primary and secondary schools)	Stratified random sampling
KIIs	To triangulate information collected from young people	Policy makers and community leaders from the district level to the village level	80	5 KIIs per district for 6 districts in Iringa, 7 districts in Mbeya) and 3 districts in Ruvuma)	Purposive sampling based on availability and readiness
Questionnaires	To collect individual responses to questions on KAB around SRHR, CP and LH	Young people in and out of school	900	320 young people out of school, 190 students from secondary schools and 390 pupils from primary schools	Stratified random sampling at the village (OOSY) and school (ISY) levels

Distribution of respondents by data collection tools and participants in FGDs are outlined in Tables 3 and 4 respectively.

Table 3: Distribution of respondents by data collection tool per Region

¹⁹ Gender equity for out of school youth is sometimes difficult to obtain considering that young women in the communities sometimes have a lot of responsibilities and may not be able to spare time for focus groups.

Regions	Questionnaire		FGDs		Kills	
	Actual	Sampled	Actual	Sampled	Actual	Sampled
Iringa	264	350	72	96	11	30
Mbeya	339	370	107	112	0	35
Ruvuma	163	180	41	48	7	15
Total respondents per region	766	900	220	264	18	80

The table above indicates that most of the KII respondents were not reached. This was caused by a number of reasons²⁰: the fact that it was farming season, allowances were not provided to respondents and lack of availability on weekends (see the 'Limitations to Study' section below for more details)

Table 4: Distribution of FGD participants by region, gender and disability²¹ group

Region	Gender		Disabled young people		Total
	Male	Female	Male	Female	
Iringa	35	34	3	0	72
Mbeya	58	45	4	0	107
Ruvuma	20	21	0	0	41
	113	100	7	0	220

As can be seen from Table 4 above, there was a roughly even gender split of FGD discussants (54% men and 46% women). However, disaggregation by disability/lack thereof indicate that contrary to questionnaire respondents, where there was stronger representation of women in this category, there were only men in this category among FGD participants. Deliberate efforts we made to include disabled young people in both surveys and FGDs; however, as indicated in section 3.1 below, the percentage of disabled young people in the whole respondent population was just 5.3%.

However, as indicated in Table 3 above and also explained under Study limitations, some placements did not have secondary schools²² thus affecting the number of schools, which could be identified.

b. Data collection, entry and analysis

Research assistants were recruited from Restless Development alumni within the following criteria: experience in conducting surveys; proficiency in Kiswahili; competence and experience in carrying out FGDs; experience in youth led research; and able to commit adequate time for the survey. In total, 10 research assistants (6 male and 4 female) were recruited, a mixture of fresh graduates and alumni currently enrolled in university studies.

Prior to data collection, the survey instruments were developed in English and translated together with research assistants into Kiswahili and back-translated again into English to check that the information was not lost or misinterpreted. The tools were pre-tested in two placements in rural Iringa (Ilalimba and Udumka), after which changes were incorporated into the instruments and they were approved for use.

The research assistants and staff supervisors underwent a 3-day training led by Restless Development, Tanzania's Programme Quality unit. The training encompassed the following contents, which were important for the success of the exercise: interviewing skills, conducting FGDs; ethics of

²⁰ District Offices were located far from placements: many KIIs were not found as they were busy with farm duties; many KIIs were asking for allowances before answering questions and were thus not interviewed (Makete, Mufindi and Tunduru), KIIs were not ready to do interviews on weekends (Saturday and Sunday); car breakdown delayed reach to some placements and KIIs were not ready to be interviewed after office hours (VEO and VCs)

²¹ Minority group in this survey was used to represent young people who are oftenly included because of any form of disability. These included sight impaired, hearing impaired, other physical handicap, mental handicap, albinism and any other not included in the list here-before.

²² In Mbeya Region, there were no secondary schools in the following placements: Mkombwe and Mwakaganga in Mbarali District and Itaka and Insani in Mbozi District

conducting research; the principle of “do no harm” to children; use of the survey tools developed; data quality and safety; supervision and field data cleaning; digital recording of FGDs; consent form and principles of seeking consent; managing expectations of respondents; and simulations.

The actual data collection was undertaken between 19th to 29th August 2011 with two teams assigned to different regions. One team comprising 5 research assistants, staff supervisor and driver were allocated to Iringa and Ruvuma regions and the other team assigned to Mbeya region. This was based on the logistical framework developed by the drivers and the staff mapping out the distances across the placements sampled.

Data entry was two-fold and was carried out immediately after the field exercise. Data entry from the questionnaires was done by the Data Quality Intern using Statistical Package for Social Sciences (SPSS version 17), whereas, transcription of FGDs and KIIs into Microsoft Word and mapping with the FGD reporting tool was led by a Community Development Intern hired to support the exercise. The data entry was supervised by the Programme Quality and Learning Manager.

Data analysis was undertaken by the Programme Quality and Learning Manager. Quantitative data were analysed using SPSS software to undertake both univariate and multi-variate analysis, whereas qualitative data were analysed by identifying the themes from FGDs and KIIs, before findings from the quantitative and qualitative data were triangulated. A data interpretation workshop was organised after completion of analysis to compare the findings from the draft report and reach conclusions.

c. Ethical considerations

The authority to carry out the survey was officially sought from the Regional Administrative Secretaries of the three regions through submission of a summary of the survey, the objectives, the process, the tools to be used and justification on how it adds value to interventions in the regions. The request was granted through a letter from the Regional Administrative Secretaries and copied to all the districts from which the exercise was planned to take place.

To assure that the research was conducted according to ethical standards, the research assistants were trained on the ethics of conducting research on human subjects, including managing expectations of respondents, seeking and obtaining consent and principles of conducting surveys with children/minors.

During data collection, the staff supervisors ensured that voluntary participation was followed through seeking consent to interview. Since the survey also involved children from primary and secondary schools, consent was sought from the school heads before administering questionnaires or involving young people in FGDs. Participants were allowed to drop out of an interview or discussion whenever they felt they wanted to. Respondents were assured of confidentiality of the information and to their person. Consent was requested on taking photos as well as future use of the photos taken during the exercise.

Finally, confidentiality was assured within data management including at reporting. However, respondents were assured that findings would be shared back with them after the completion of the exercise.

2.2 Limitations to the Study

The study was subject to the following limitations:

1) Difficult terrain and weather challenges:

The study was conducted during the rainy season and since most of the placements sampled were rural with poor infrastructure, the vehicles used by the teams were overtaxed and thus faced

numerous incidences of punctures and delays. These contributed to some placements not being reached in time, causing impatience with respondents who had been informed of the specific meeting times. In some cases, therefore, respondents were not available for interview, especially those for FGDs and KIIs

2) Farming season:

Being the farming season, most respondents were engaged in farming activities and could not provide adequate time for the interviews. This affected the number of respondents actually interviewed when compared to the sampling frame developed.

3) Political assumptions:

In Ruvuma, since the authorities tasked with the responsibility of notifying young people about the FGDs was openly known as being members of a particular party (*Chama cha Mapinduzi*²³), most of the venues chosen for FGDs were affiliated with this party. Young people therefore confused the study to be a campaign by *Chama cha Mapinduzi*, an incidence which, contributed to most young people not participating in the FGDs.

4) Logistical challenges:

Other logistical challenges that may have affected the study included a case where a placement was too far to be covered (Isitu) which had to be replaced by Ihanja. This created a challenge, as the community in Ihanja had not been notified in advance. Furthermore, in Iwawa secondary school, there was an unresolved issue between the school and the former national volunteer, such that the exercise was not conducted. Finally, the delays caused by punctures pushed some activities to be undertaken on a Sunday, when the school concerned (Lupalilo secondary) was closed.

5) Demand for allowances:

There were cases where respondents outright refused to participate in interviews unless they were paid allowances. In such cases, the study team could not conduct interviews.

3. KEY FINDINGS

This section is structured as follows:

3.1 present characteristics of survey respondents, including distribution by gender and age-group (3.1.1), level of education (3.1.2), distribution by elements of disability (3.1.3), and distribution by age and level of literacy (3.1.4)

3.2 provide data on exposure to intervention.

3.3 gives the findings on Sexual and Reproductive Health and Rights (SRHR), including knowledge and attitude regarding HIV/AIDS (3.3.1), myths regarding contraceptives (3.3.2), Sexual and Reproductive Health Rights (3.3.3), Gender-based violence (3.3.4), condom use (3.3.5), pre-marital sex (3.3.6), same-sex relationships (3.3.7), sexual history including condom use (3.3.9), transactional sex (3.3.10), STIs and treatment seeking behaviours (3.3.11) and pregnancy (3.3.12).

3.4 presents findings on Civic Participation, including participation in youth groups and organizing events (3.4.1), engagement with decision makers (3.4.2), civic rights (3.4.3), awareness of national policies (3.4.4), involvement in policy development and implementation (3.4.5), involvement in budget planning and processes (3.4.6) and engagement with development of Tanzania's new Constitution (3.4.7).

²³ Chama cha Mapinduzi, loosely translates as the revolutionary party, is currently the ruling party in Tanzania and forms the government.

3.5 gives the findings on Livelihoods and Wealth Creation, including employment and incomes (3.5.1), consumption patterns (3.5.2), land and land-use patterns (3.5.3), involvement in business (3.5.4), youth-headed households (3.5.5), contribution to household incomes (3.5.6), employment seeking (3.5.7), income generating activities (3.5.8), capacity development and skills training for livelihoods (3.5.9) and access to capital (3.5.10).

3.1 Characteristics of Survey Respondents

3.1.1 Distribution of respondents by gender and age:

The gender and age group distribution of the respondents is presented in Table 6 below. The disaggregation of respondents by gender indicates that overall more young men (56%) were interviewed than women (44%); however under the population of age 13-17, more young women were interviewed than young men.

It can be seen that the most common age group for respondents was 13-17, with over half of respondents falling into this group, followed by 18-21 and 22-25 (19% and 11.3% respectively), whilst older age groups each made up less than 10% of the population.

Table 6: Distribution of respondents by gender and age group.

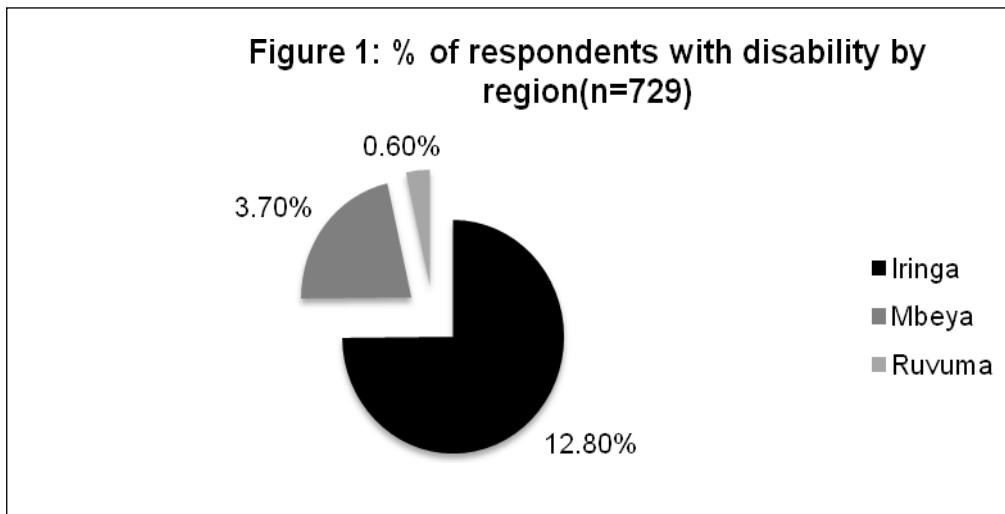
Gender of respondent		Age group of respondent						Total
		(13-17)	(18-21)	(22-25)	(26-29)	(30-33)	(34-37)	
Male	Iringa	69	31	24	19	2	0	145
	Mbeya	81	32	22	25	4	9	173
	Ruvuma	40	25	8	13	3	1	90
		190	88	54	57	9	10	408
Female	Iringa	81	11	6	3	2	2	105
	Mbeya	90	24	21	11	2	1	149
	Ruvuma	48	16	2	1	0	0	67
		219	51	29	15	4	3	321
	All Regions	409	139	83	72	13	13	729²⁴

3.1.2 Respondents distribution by elements of disability:

5.9% of the total respondents had some element of disability; however these respondents were not evenly split by region: 12.8% were from Iringa, 3.7% from Mbeya and only 0.6% from Ruvuma, as shown in Fig. 1. Of the respondents with disability interviewed, 37.7% had physical handicaps, 35.5% had sight impairment, 13.3% were hearing impaired, 11% were albinos and 2% were mentally handicapped, as shown in Fig.1 below.

²⁴ Out of the total 766 respondents who were interviewed in the survey, 37 respondents did not disclose their age and thus could not be categorised by age group.

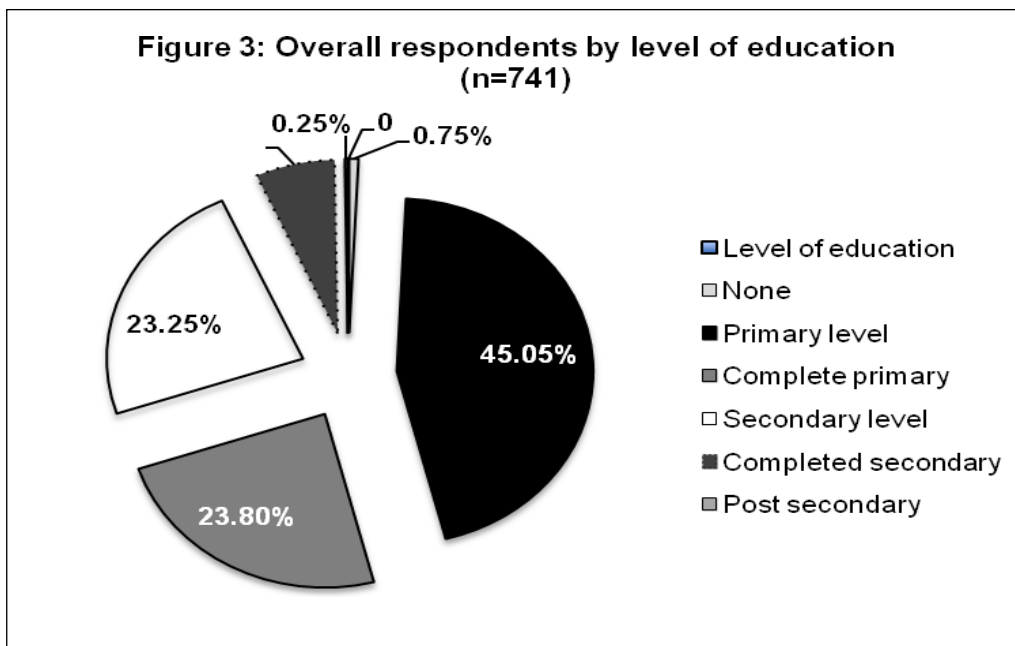
Fig1. % of respondents with disability by region (n=729)



3.1.3 Distribution by Level of education:

Most of the respondents interviewed were in primary level (45.1%), followed by having completed primary (23.8%), in secondary level (23.25%), having completed secondary (6.5%), having no education at all (0.75%).or in post-secondary (0.25%) Higher % of girls were interviewed at primary level (50.1%) and secondary (26.4%) than boys at 40.1% and 20.1% respectively.

Fig 3: Overall respondents by level of education (n=741)



3.1.4 Distribution by Age-group and level of literacy:

93.7% of all the respondents could read and write (54.5% of this were female), while 2.4% could only read, 0.4% could only write and 3% reported being illiterate. Most of those who were illiterate fall within the age group of 26-33 years and mostly male (2.4%).

Table 7: Literacy levels of respondents by age group

Literacy levels	(13-17)	(18-21)	(22-25)	(26-29)	(30-33)	(34-37)	Mean*
Can read only	4.0%	4.9%	1.1%	4.2%	0.0%	0.0%	2.4%
Can write only	0.7%	0.0%	0.0%	1.4%	0.0%	0.0%	0.4%
Can read and write	94.4%	93.6%	96.4%	85.7%	92.3%	100.0%	93.7%
Cannot read and write	0.7%	1.4%	1.1%	7.1%	7.6%	0.0%	3.0%

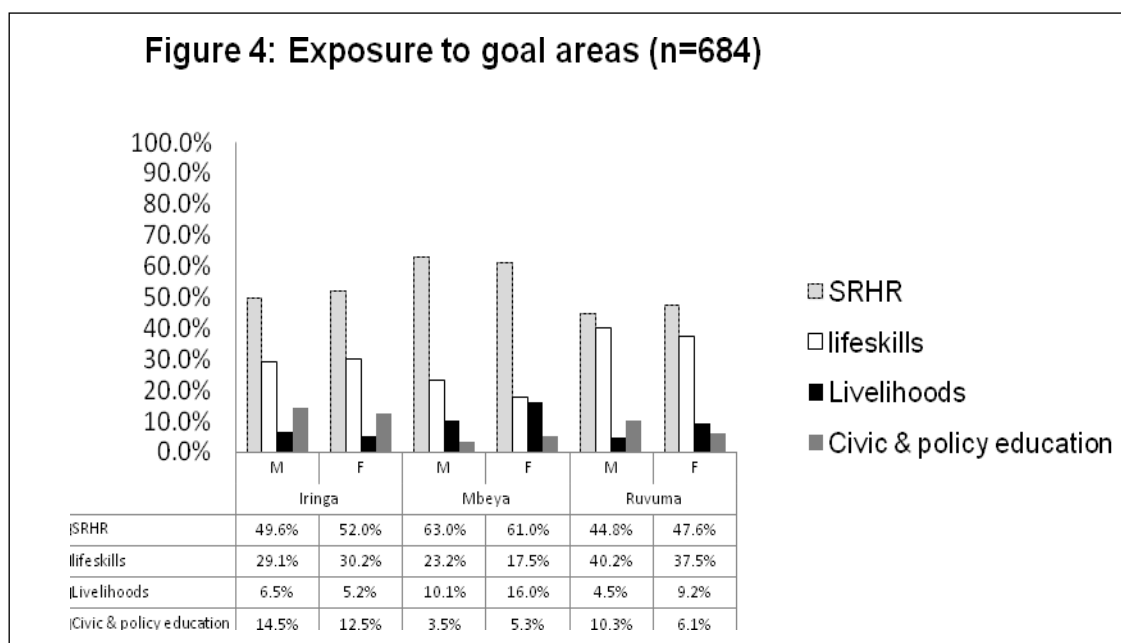
3.2 Exposure to interventions

3.2.1 Exposure to information on goal areas in last 3 months:

There has been consistency in exposure to the goal areas across genders and regions for both SRHR and Life-skills. A higher proportion of respondents reported having been exposed to SRHR (53%) followed by Life-skills (29.6%) in all the regions. However, in Iringa more young people have been exposed to civic and policy education (13.5%) than livelihoods (5.85%), while in Mbeya more have been exposed to livelihood (13.05%) than civic and policy education (4.4%). Ruvuma has the highest exposure to life-skills (38.85%) that all the other regions but least in sexual and reproductive health (SRH).

Fig. 4 shows that across the regions more young people have been exposed to: SRHR, followed by Life-skills, Civic participation, and lastly Livelihoods, in descending order.

Fig 4: Exposure to goal areas (n=684)



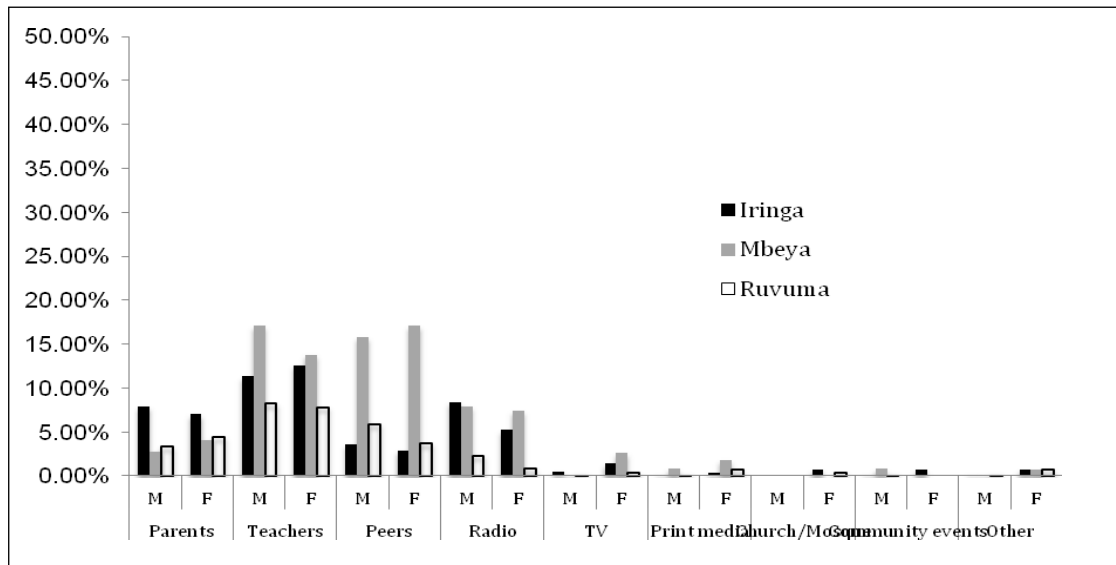
3.2.2 Sources of information on the 3 goal areas over the last 3 months.

The Figure 5 below indicates that, overall, the key sources in descending order are: teachers (11.8%); peers/friends (8.17%); radio (5.33%); parents (4.92%); TV (0.88%); and print media (0.68%).

In terms of a regional breakdown, most young people receive information on the goal areas from teachers and peers in Mbeya(15.5% and 16.45%) and Iringa from teachers (12%). In Ruvuma, information is mostly received from teachers (8%), however radio is equally common (7.75%) in

Mbeya. By gender, women get most of their information from parents (5.2%) than men (4.7%), but in all other cases % is higher with men.

Fig5: Source of information in last 3 months by region (n=621)

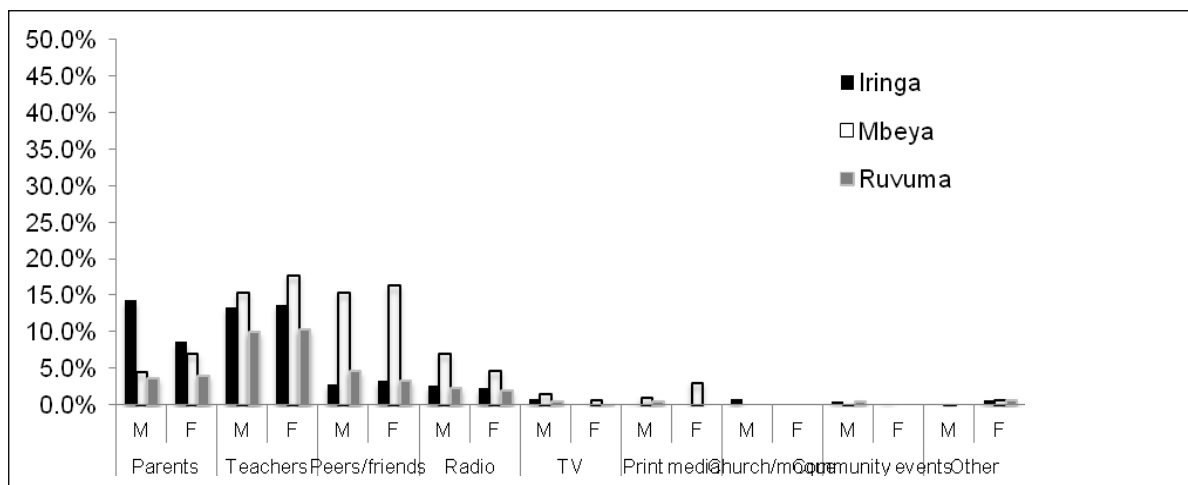


3.2.3 Preferred source of information on SRH/HIV/AIDS by young people:

The preferred sources of information on SRH including HIV/AIDS information among young people, as shown in Figure 6 below, can be ranked thus, in descending order: teachers (13.4%); peers (7.6%), parents (7%); radio (3.5%). Thus it can be seen that most common and preferred sources of information are broadly the same.

There were no major differences by gender, however more women/girls prefer teachers than men. Preference for men is higher in all the other sources of information. Higher preferences were regionally observed in Mbeya for teachers and peers/friends as well as for parents in Iringa. Ruvuma had lowest % preferences.

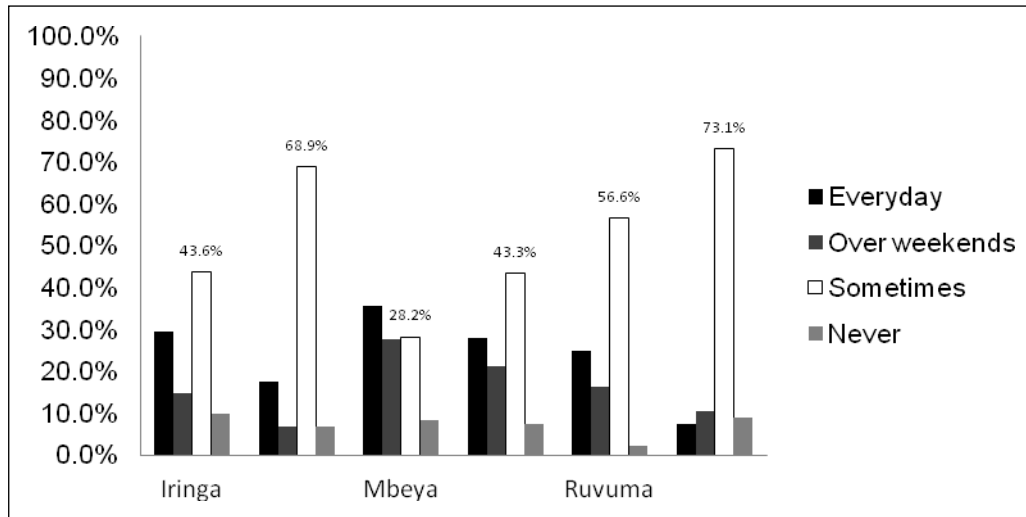
Fig 6: Preferred sources of information on SRH/HIV&AIDS by young people (n=682)



3.2.4 Frequency of listening to Radio in last 3 months

Just over half (52.2%) of young people of both gender report only listening to the radio 'sometimes'. The proportion is particularly high among women in Ruvuma and Iringa, while in all cases more men listen to the radio everyday than women (by region, there is an imbalance of between 8-15% in favour of men). More women in all cases report 'never' listening to the radio.

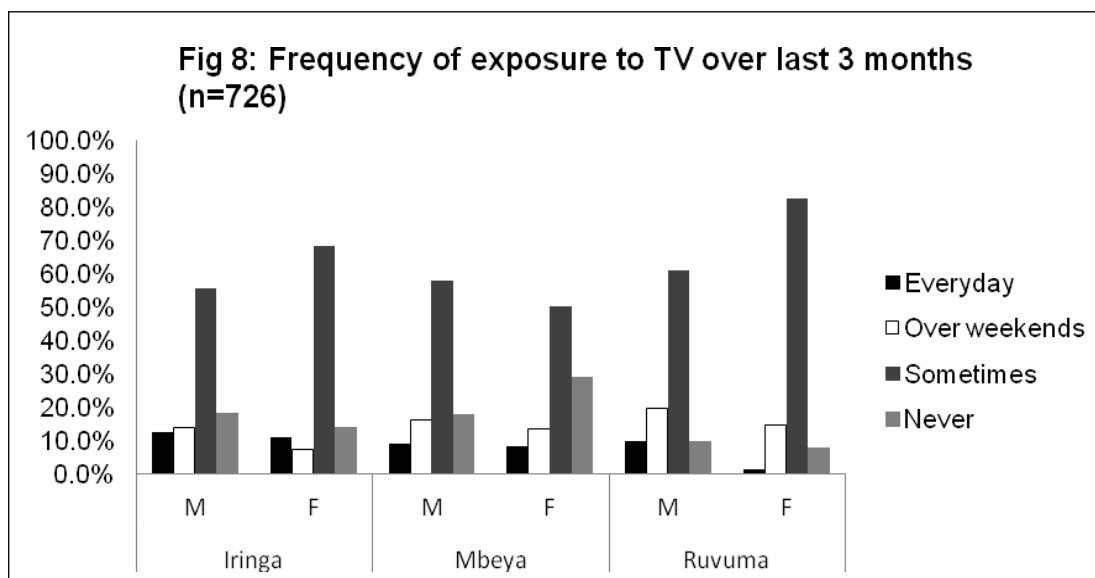
Fig 7: Frequency of listening to the radio in the last three months (n=731)



3.2.5 Frequency of watching Television

Exposure to TV across all regions is only 'sometimes' for both genders, but higher in Ruvuma. The fact that non-exposure to TV (i.e. those who answered 'never') is higher than that for radio suggests that the former is a rare asset in the rural areas compared to radio. Indeed, less people report watching TV 'everyday' than those who have 'never' been exposed to TV in all cases.

Fig 8: Frequency of exposure to Television over last 3 months (n=726)



3.3 Knowledge and Attitudes on SRH

3.3.1 Knowledge of and attitude towards HIV/AIDS

Overall, a high proportion of respondents (98.45%) have heard of HIV/AIDS, with no indication of any gender differences. The proportion of those who have heard of HIV/AIDS (see Table 8 below) is highest in Ruvuma at 100%, followed by Mbeya at 98.7% and Iringa at 96.65%. Out of those who have not heard of HIV/AIDS in both Iringa and Mbeya, it is interesting that a check against their literacy levels shows that 88% from Iringa and 75% from Mbeya can read and write, suggesting that illiteracy is not the issue.

Table 8: % who have ever heard of HIV/AIDS

% who have heard of HIV/AIDS(n=739)	Iringa	Mbeya	Ruvuma	Mean*Gender
Male	95.20%	99.40%	100%	98.20%
Female	98.10%	98%	100%	98.70%
Mean*Region	96.65%	98.70%	100%	98.45%

An average of 80.5% of young people know of someone who has died of HIV related complications with little differences by gender, the findings for which are presented in Table 9.

Table 9: % who know anyone who has died of HIV/AIDS relation complications in their community:

% who know someone who has died of HIV/AIDS related complications, n=738	Iringa	Mbeya	Ruvuma	Mean*Gender
Male	81.60%	83.50%	79%	81.47%
Female	80.30%	85%	73%	79.53%
Mean*Region	80.95%	84.35%	76%	80.50%

Young people were asked whether the following methods could be used as protection from HIV/AIDS: abstinence; limiting oneself to a single, uninfected partner; and consistent and correct condom use, with findings presented below.

Abstinence: It was observed (see Table 10 below) that in the three regions surveyed, an average of 80% of young people acknowledge/believe that you can protect yourself from HIV/AIDS through observing abstinence.

There are however, variations by regions, whereby 83.5%, 78.5% and 78% in Mbeya, Iringa and Ruvuma respectively believe so. Analysis by gender also shows some discernible differences, whereby a higher percentage of women believe this than men Mbeya and Ruvuma; however in Iringa more men do so than women.

When elements of disability were considered, the proportion of the hearing impaired who do not believe that abstinence can help protect one from HIV/AIDS is somewhat higher than the overall average, at 33%.

Table 11: % who believe that one can protect him/herself from HIV/AIDS by abstaining from sexual intercourse

% who believe on can protect him/herself from HIV/AIDS through abstinence	Iringa	Mbeya	Ruvuma	Mean*Gender
Male	79.50%	81.20%	74%	78.20%
Female	77.50%	86%	82%	81.80%
Mean*Region	78.50%	83.55%	78%	80.00%

Single uninfected partner: As shown in Table 12, three-quarters of young people reported a belief that having a single, uninfected partner protects against HIV/AIDS, although there were slight regional differences, with the same pattern observed as for abstinence. This assertion is stronger in Mbeya, followed by Iringa and finally Ruvuma – it is held by 83%, 75.6% and 72% of respondents respectively.

The proportion of those who did not articulate a belief in this assertion was higher among disabled young people than their able-bodied counterparts (33% versus 23.2%). This suggests particular knowledge gaps among this group.

Table 12: % acknowledging that one can protect him/herself by having one uninfected sexual partner.

% who believe you can protect yourself from HIV/AIDS by having one uninfected sexual partner	Iringa	Mbeya	Ruvuma	Mean*Gender
Male	73.70%	82.90%	76%	77.53%
Female	77.50%	83%	68%	76.07%
Mean*Region	75.60%	83.00%	72%	76.80%

Just over three quarters of respondents (77.37%) acknowledged that correct and consistent condom use protects from HIV. This time a different regional pattern was observed, whereby knowledge levels were slightly higher in Ruvuma (76%) than Iringa (73.8%) although Mbeya still had the highest levels, at 83%. There were no strong differences between genders with regards to this belief. For this protection measure, the opposite scenario can be observed as that for having a single, uninfected partner: just 11.1% of the sight impaired and 14.2% of those with other disabilities did not report believing in the assertion, compared with 22.7% of able bodied young people.

Table 13: % who acknowledge that correct and consistent use of condom protects one from HIV/AIDS.

% acknowledging that correct and consistent condom use protects from HIV	Iringa	Mbeya	Ruvuma	Mean*Gender
Male	75.10%	76.50%	79%	76.97%
Female	73.80%	83%	76%	77.77%
Mean*Region	74.45%	79.80%	78%	77.37%

Young people were also asked whether they believed in a series of statements about HIV transmission, with findings as followed.

As shown in Table 14, just over one-fifth (21.37%) of respondents believed that mosquitoes transmit the HIV virus, with no major variations by gender or region, except for gender differences *within* the

regions of Mbeya and Iringa, whereby the opposite pattern was observed: 8% more females than males believed this statement in Iringa, compared to 5% more males in Mbeya.

Analysis by elements of disability show that among the sight impaired, this perception is more commonly held than the overall average, at 25%, but less common among young people with other physically handicapped (18.7%).

Table 14: % who believe mosquito bites transmits HIV virus.

% who believe mosquito bites transmit HIV.	Iringa	Mbeya	Ruvuma	Mean*Gender
Male	16.60%	23.20%	24%	21.23%
Female	24.50%	18%	22%	21.50%
Mean*Region	20.55%	20.60%	23%	21.37%

There is a higher potential of stigma against people with HIV in Mbeya than the other regions as 17.5% believe that sharing a plate of food with an infected person transmits HIV, compared to 11.4% and 10.0% in Iringa and Ruvuma respectively. . There are, however, no clear differences between gender. Yet analysis against elements of disability shows that the sight impaired have much stronger belief in this myth, at 31.25%, while –the average for those with other handicaps is just 11.7%. By age group, it was shown that this perception increases by age-group (for example, 30% of 34-37 year olds held the belief, compared to 23.3% of 22-25 year olds); however it is not a result of education level or literacy, suggesting such beliefs are deeply entrenched in some communities..

Table 15: % who believe that one can get HIV through sharing a plate of food with an infected person.

% who believe sharing a plate with an infected person will transmit HIV	Iringa	Mbeya	Ruvuma	Mean*Gender
Male	11.6%	17.6%	9.8%	13.0%
Female	11.2%	17.4%	10.2%	12.9%
Mean*Region	11.4%	17.5%	10.0%	13.0%

While it was in Mbeya that the highest proportion of people believing sharing food with an infected person transmits HIV was found, a different regional pattern is observed for willingness to share food with an HIV positive person. Only around half of respondents (54.9%) in Iringa would be happy to do so, compare to 82.2% and 71.8% in Mbeya and Ruvuma respectively.

It is observed that individual attitudes against people living with HIV (demonstrated by willingness to share food) are more negative than cultural /communal belief systems (demonstrated by belief that one can get HIV by sharing a plate of food with an infected person). However, the situation in Iringa is so unbelievably high that it is possible there are underlying factors beyond just individual attitudes.

Table 16: % willing to share food with HIV+ person.

% willing to share plate of food with infected person, n=740	Iringa	Mbeya	Ruvuma	Mean*Gender
Male	60.2%	82.9%	76.0%	73.0%
Female	49.5%	81.4%	67.6%	66.2%
Mean*Region	54.9%	82.2%	71.8%	69.6%

The misconception that one can tell somebody is HIV positive just by looking is much more strongly held in Ruvuma (42.6%) than in Iringa or Mbeya (21.3% and 19.4%) respectively, while overall this belief is held by just over a quarter of respondents (27.7%). Gender differences were found to be minor, while analyses by age-group indicate that the perception is stronger between the age-groups of 13-25 at an average of 25.5% and declines between 26-37 at an average of 16.6%.

Table 17: % who say they can tell that somebody is HIV+ just by looking.

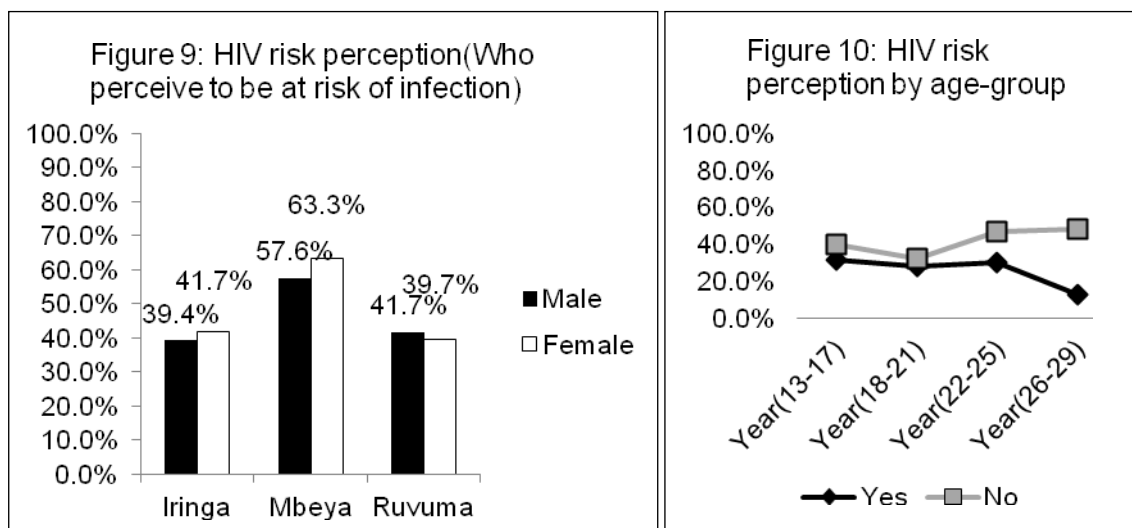
% who can tell that one is HIV+ by looking, n=736	Iringa	Mbeya	Ruvuma	Mean*Gender
Male	22.5%	19.1%	40.4%	27.3%
Female	20.0%	19.7%	44.7%	28.1%
Mean*Region	21.3%	19.4%	42.6%	27.7%

Young people were asked to rate their perceived level of HIV risk. Females have a higher perception of risk than males in Iringa and Mbeya, but the opposite is true in Ruvuma, although the differences are slight. However, the risk perception is clearly highest in Mbeya (by around 20%), among both males and females, than other regions.

Age analyses indicate that HIV risk perception is high at 13-17 (39.4%), declines at 18-21 (27.8%) and shoots again at 22-25 (30.1%) then declines markedly from 26-29 (12.5%).

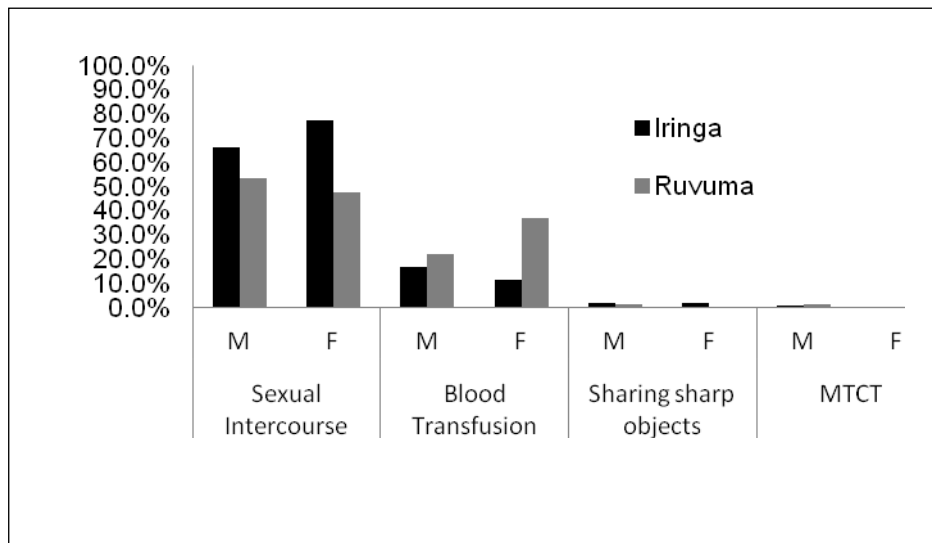
As would be expected, as sexual activity increases, the perception of risk also increases and it is higher for those who are single than those who are married (between 12% to 22% higher depending on the region).

Figures 9 & 10: HIV Risk perception among young people, n=736



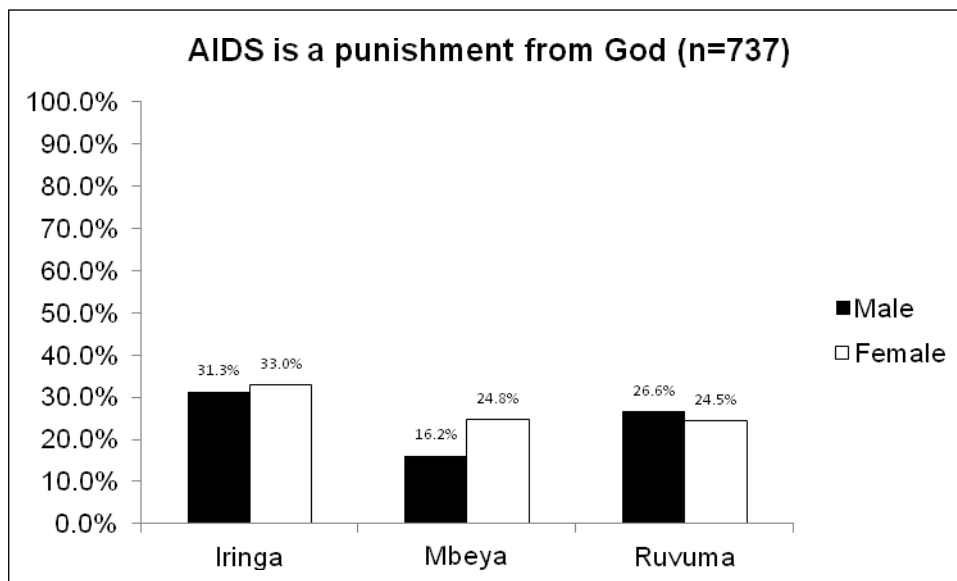
Young people were asked about their knowledge of HIV transmission methods. Between 50-80% of young people identified sexual intercourse as the most common method for transmission. The next most commonly identified method was blood transfusions, at 11.4% to 36.8%, whilst knowledge levels of mother to child transmission and sharing of sharp-edged objects, such as razors, were very low, at less than 3% across genders and regions. No particular overall patterns by gender or region emerged.

Figure 11: Knowledge of HIV transmission/methods,n=722



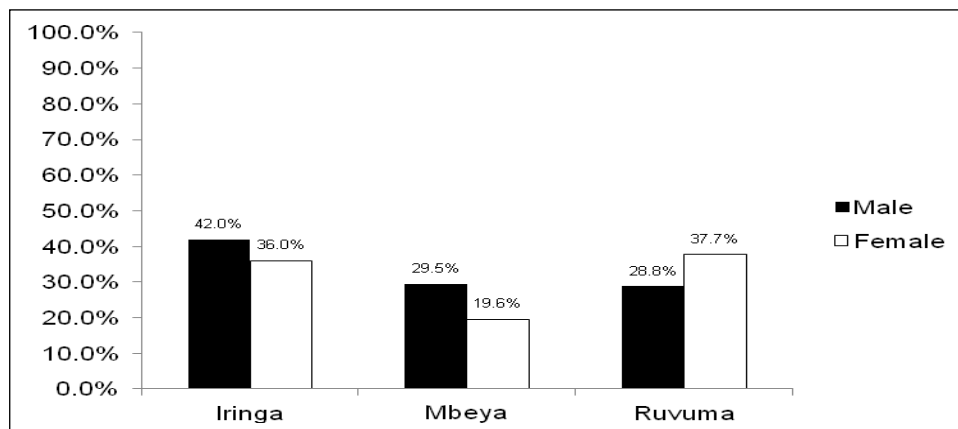
On average, 26% believed in this perception, with the highest levels of belief observed in Iringa, with around one-third of young people reporting this to be true. Overall, 5% were unsure as to whether or not they believed in this statement.

Figure 12: % who believe that AIDS is a punishment from God



On average, just under a third of young people (32%) would not disclose if a member of their family was living with HIV. This attitude was less widespread in Mbeya region. The breakdown by gender and region depicted in Figure 13 shows that it was more commonly held by males in Iringa and Mbeya, while in Ruvuma the opposite was true.

Figure 13: % who would keep a family member living with HIV secret



3.3.2 Myths regarding contraception

Young people were presented with a series of myths regarding contraception, and asked whether or not they believed in them.

As Table 18 below shows, in all cases, more women believe that condoms work in Tanzania despite the weather than their male counterparts, however on average, 11% believe so.

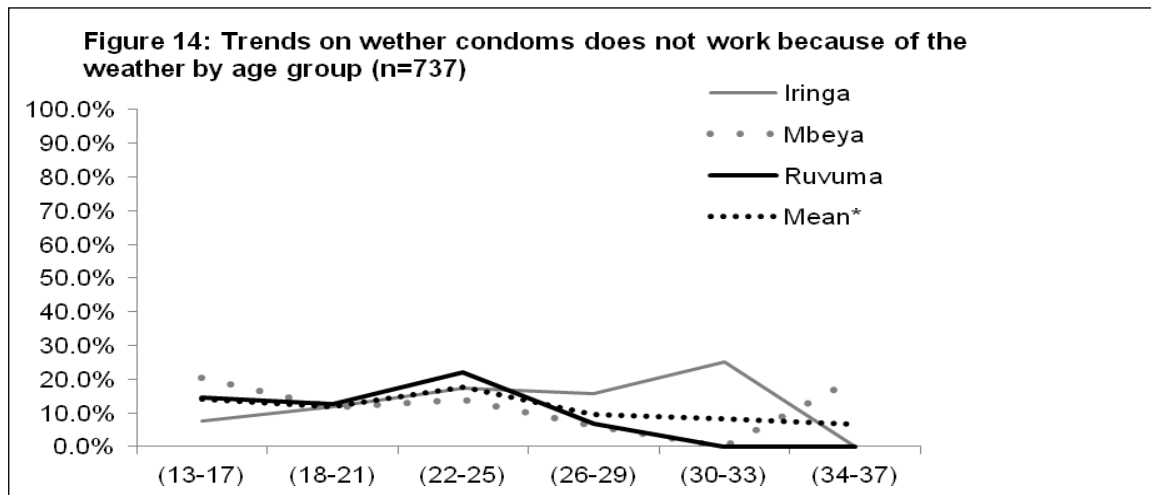
A high percentage of the respondents (13.8% of men and 15.8% of women) did not know the response to this question, which implies that knowledge levels are still low.

Table 18: % who believe condoms do not work in Tanzania because of the weather.

% believing condoms do not work in TZ due to weather, n=737	Iringa	Mbeya	Ruvuma	Mean*Gender
Male	8.9%	12.9%	16.4%	12.7%
Female	6.6%	12.6%	8.8%	9.3%
Mean*Region	7.8%	12.8%	12.6%	11.0%

As Figure 14, an analysis by age group show that, overall, this perception declines as age increases.

Fig 14: Trends on whether condoms does not work because of the weather by age group (n=737)



As Figure 15 below illustrates, more males (17.4%) believe that condoms contain some HIV virus compared to females (12.3%) in all regions. However, more females equally reserved response on this question. This line of belief is highest in Ruvuma, followed by Mbeya and least in Iringa.

Fig 15: % believing that condoms contain HIV virus (n=737)

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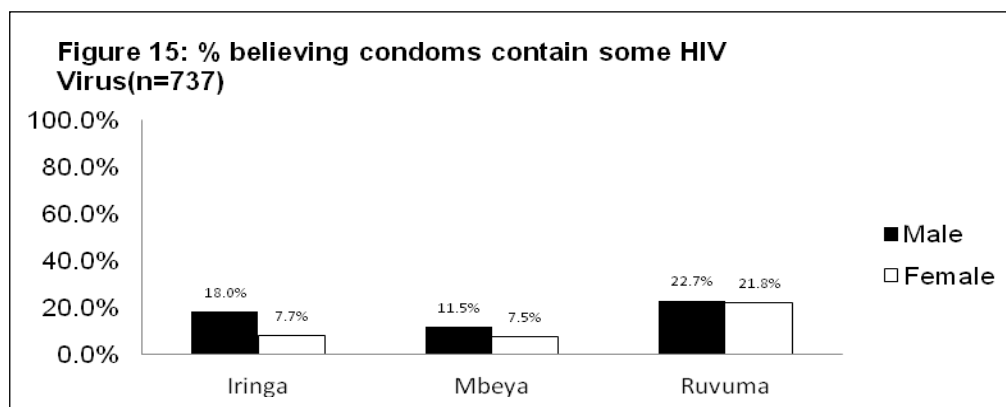
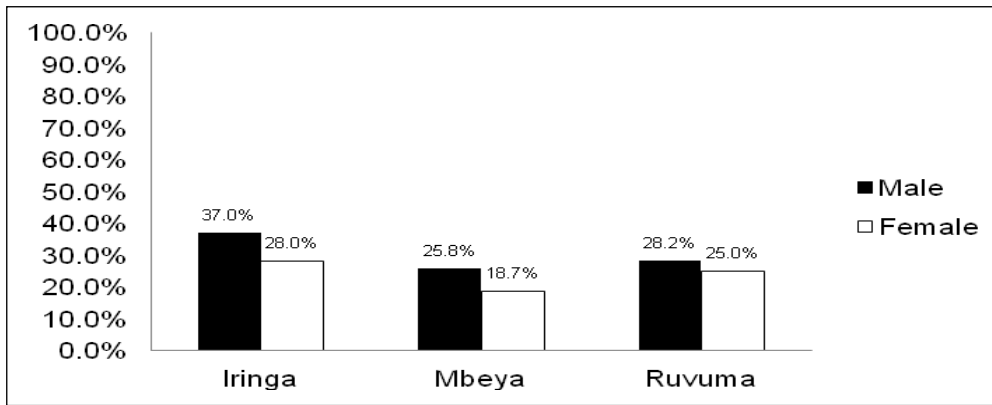


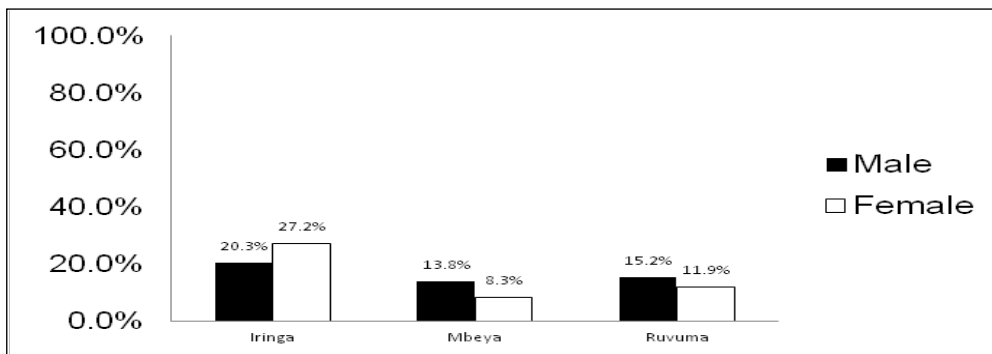
Figure 16: % who don't believe that contraceptive pills or injections prevent pregnancy, n=735

More males, at 30.3%, contest the use of contraceptive pills and injections as pregnancy prevention mechanism than females at 23.9%. This percentage was observed to be higher in Mbeya, followed by Ruvuma and least in Iringa. A missing cases analysis showed that a substantial number of males either did not respond or did not know compared to females.



Worryingly, around a quarter of young people in Iringa do not believe that consistent and correct use of condoms prevents pregnancy – while the figures are lower for Ruvuma and Mbeya, they are still disturbingly high at around 10.15%.

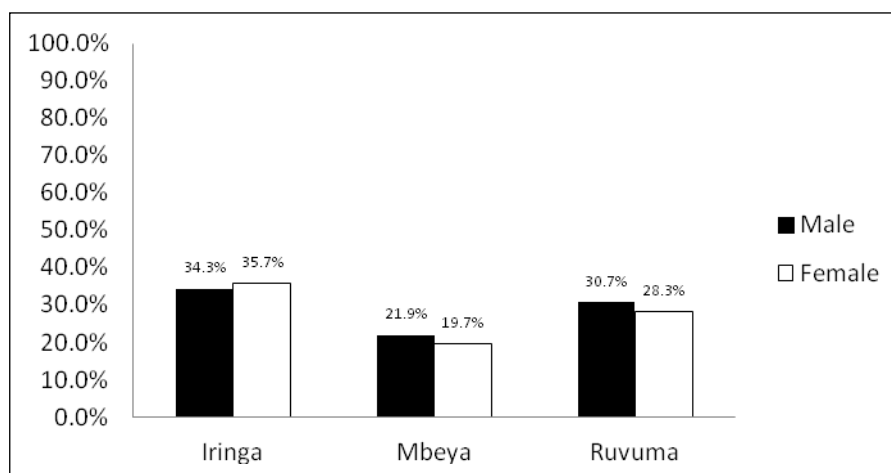
Figure 17: % who don't believe that correct and consistent use of condom can protect girls from pregnancy, n=739.



When asked whether 'observing safe days' protects a girl from pregnancy, a 11.7% of young people did not respond to this question or did not know, showing that levels of knowledge on this subject are lower and needs attention.

Among those who did respond, contestation of the importance of observance of safe days is fairly strong across all regions, although greater in Iringa (35%), followed Ruvuma (29.5%) and then Mbeya (20.8%). Overall by gender, although differences are slight, more men (28.9%) contest this than women (27.9%)

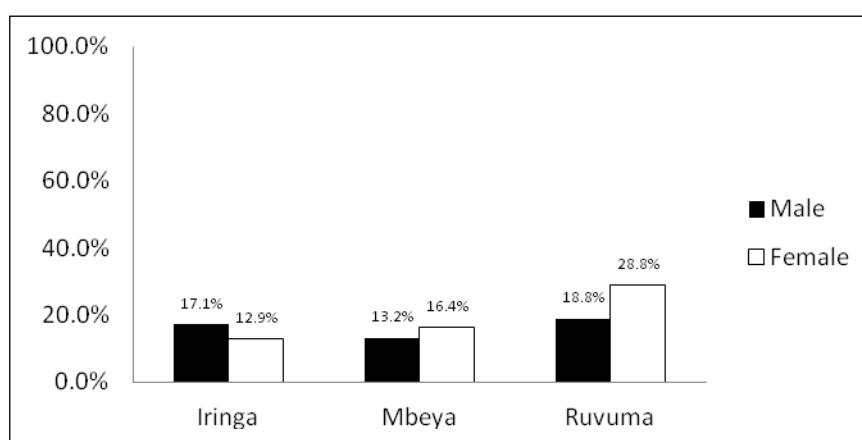
Figure 18: % who do not believe that observing safe days²⁵ protects a girl from pregnancy, n=735



3.3.3 Sexual and Reproductive Health Rights

The proportion of young people asserting their right to SRH education is 82.2%, however, an average of 23.8% in Ruvuma believe that young people do not have the right to SRHR education and services, with the % of women acknowledging this at 28.8% almost equal to % of women in Iringa and Mbeya combined.

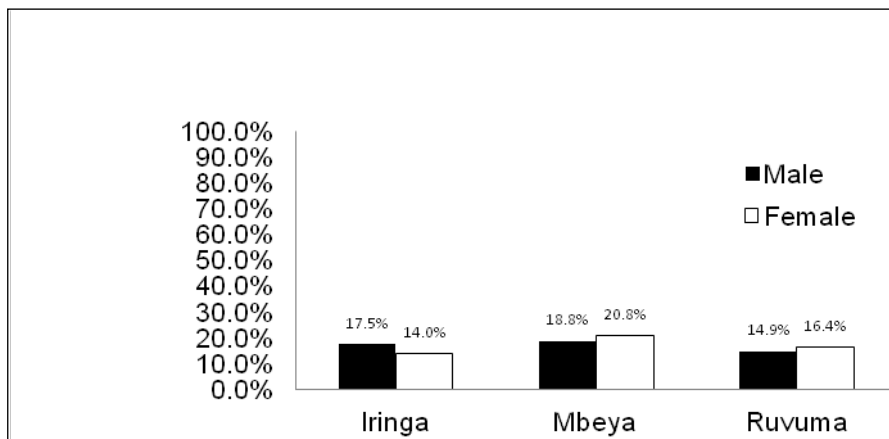
Figure 19: % who do not believe that young people have the right to SRH education and services, n=734



More than 80% of young people believe that SRHR education does not influence young people to engage in sexual activities. Again, no particular overall pattern is discernible by gender or region.

²⁵ It should however be noted that this is a weak prevention mechanism and not as effective as condom use or abstinence and may be useless when prevention of HIV and other sexually transmitted infections is the matter.

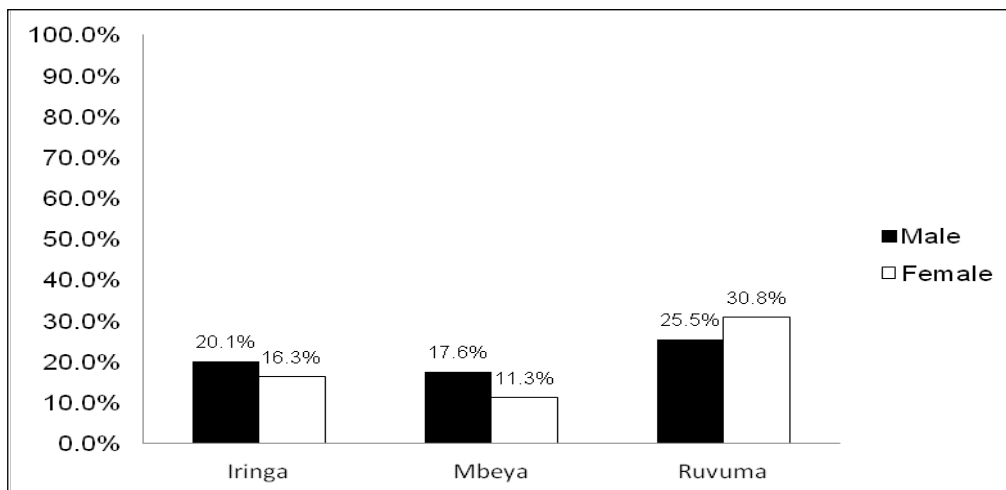
Figure 20: % who say that SRHR education influence young people to engage in sexual activities, n=715



Overall, 20.2% of young people believe that virgins should not have SRHR education, although the feeling is relatively stronger in Ruvuma (28.1%) although there is no overall discernible difference by gender.

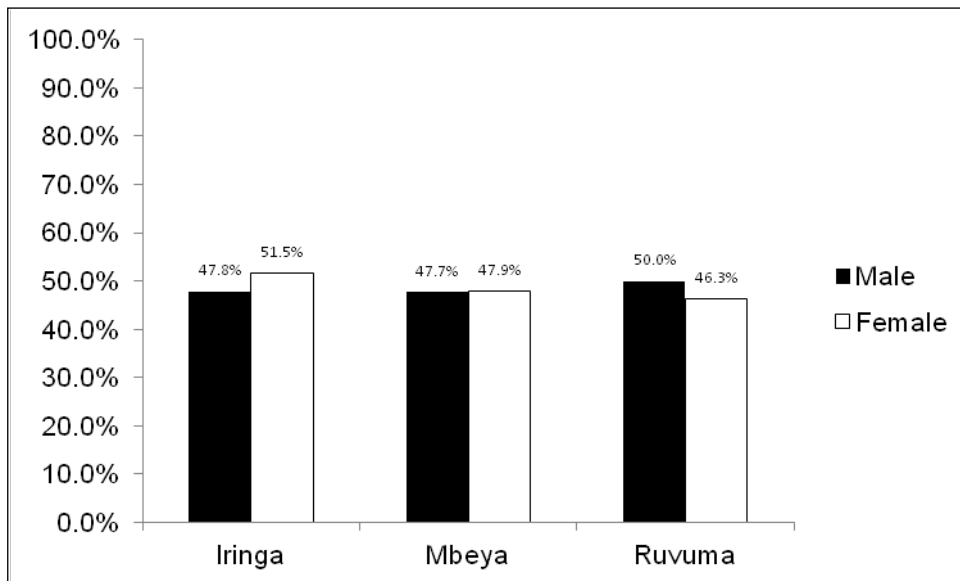
When cross-referenced against those who feel that virginity before marriage is not important, it was found that those who believe virginity is not an issue also do not see the necessity of SRHR education for virgins.

Figure 21: % who believe virgins should not have SRHR education, n=731



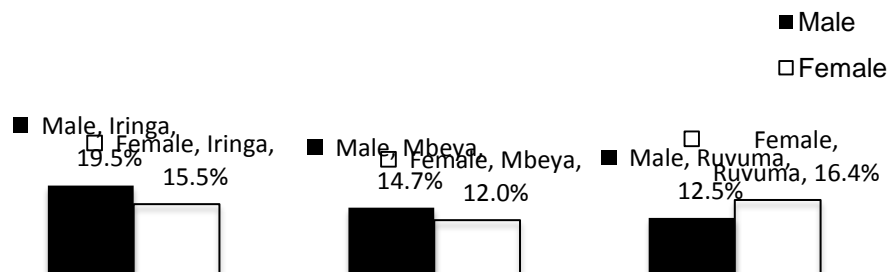
Across all regions and both genders, it is acknowledged by almost half of young people that women have no right to refuse their husband or partner sex. This is a very worrying finding.

Figure 22: % who believe that women do not have right to refuse sex, with husband or partners, n=737



Forced sex would be more condoned by men in Iringa than by women in Ruvuma, but overall, the figures are substantially lower than for those in Figure 22 above, which is encouraging. However, these sentiments are similar whether one is single or married, which therefore negates the adage that married people are more exposed to forced sex.

Figure 23: % who think it is right for your partner(s) to have sex with you against your will, n=732

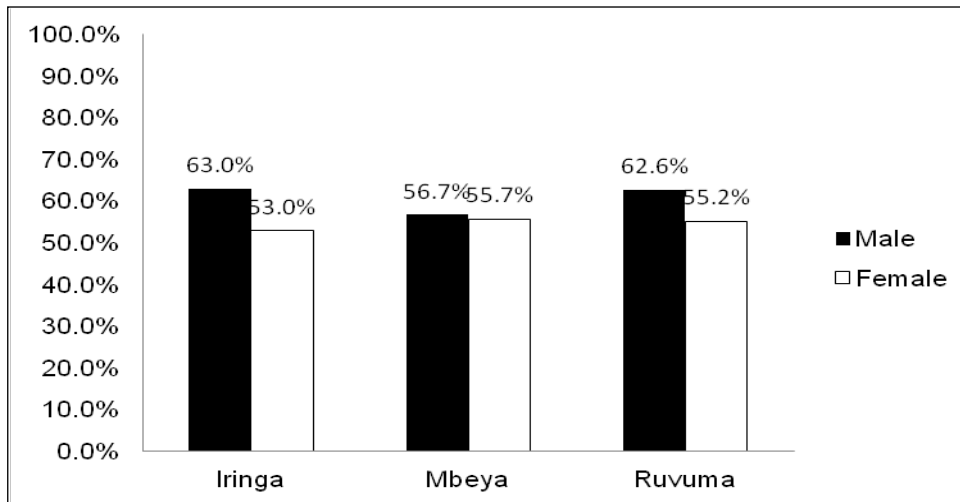


In all the regions, more than half of the respondents would be sexually aroused if someone dresses immodestly. This perception is higher among men/boys than girls, however the differences are not that substantial, and there are no discernible deviations among different age groups.

Perceptions among young people that immodest²⁶ dressing causes sexual arousal are stronger among those who are single in Iringa than those who are married, but in Mbeya and Ruvuma, the inverse is true.

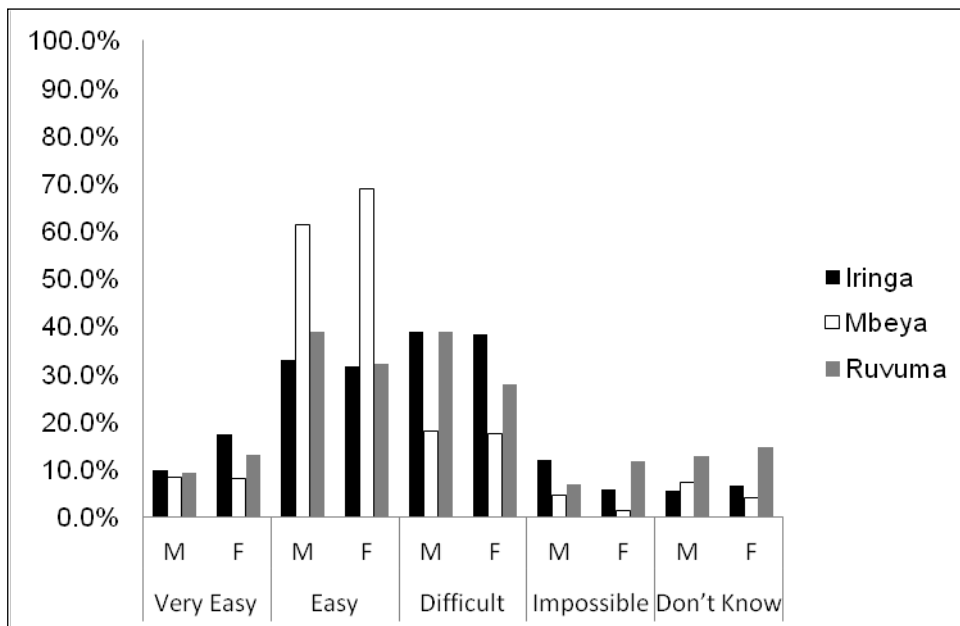
The findings imply that immodest dressing has the potential to increase risk of coerced/forced sex among young people.

Figure 24: Perceptions about dress and sexual arousal as potential cause of forced sex (n=732)



Young people were asked the extent to which they felt able to refuse sex with their partner; the majority of those in Mbeya found it 'easy' to do so, whereas for the other regions, 'easy' and 'difficult' responses were both more or less as common as each other. There were no clear gendered differences.

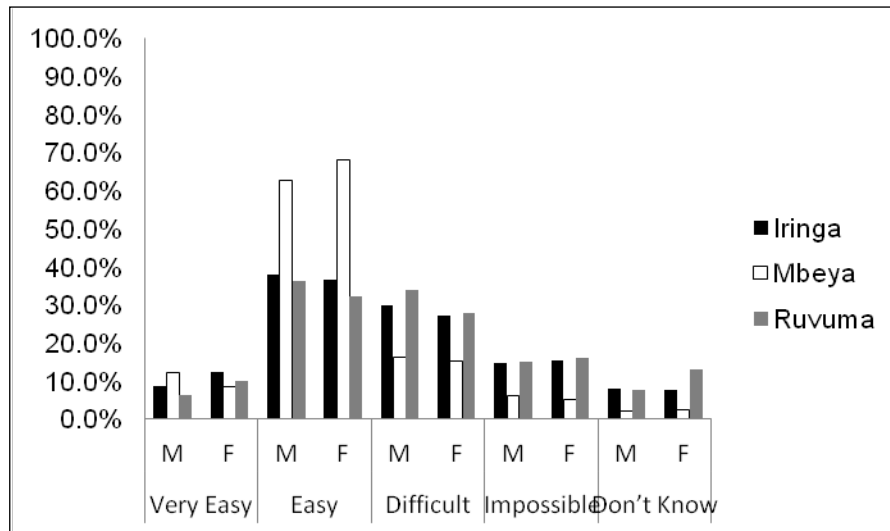
Figure 25: Ease with which young people find it to refuse sex with boy/girlfriend, n=728



²⁶ Immodest dressing was defined as a dressing style where one or more of the sensitive body parts of both gender is not covered or exposed.

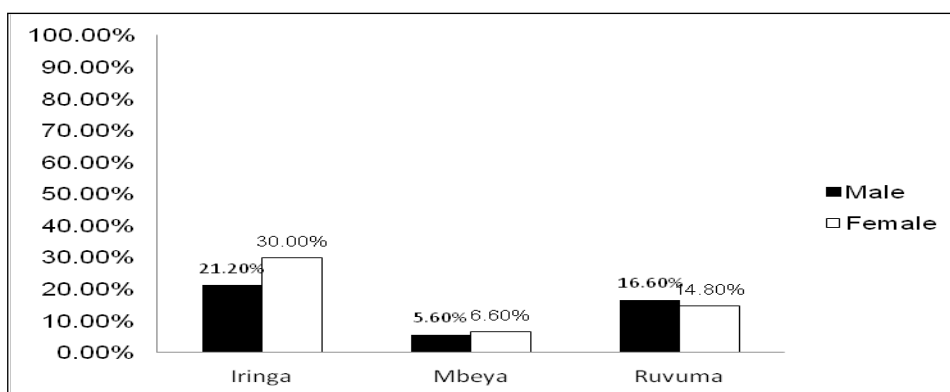
Figure 26 below shows the same trend and similar levels as for Figure 25, indicating that authority does not substantially augment decisions of young people on forced sex. However, it is still clear that the proportion who say it is 'impossible' to refuse have increased noticeably in all the regions in both gender, indicating that dealing with persons in positions of authority exerts more pressure on young people and affects their resolve.

Figure 26: Ease if refusing sex with a person in authority, n=734 (n=734)²⁷



Young people were also asked whether they had been forced into sex at any point over the past 12 months. Prevalence of forced sex was 15.8%, higher in Iringa (25%) followed by Ruvuma (15.7%) and Mbeya (6.1%). However, it is only in Iringa where substantial differences between genders can be observed, with women having experienced forced sex. In Iringa (30%) and Mbeya (6.6%) than men at 21.2% and 5.6% respectively

Figure 27: % who were forced into sex in the last 12 months by any of their partners (n=510)

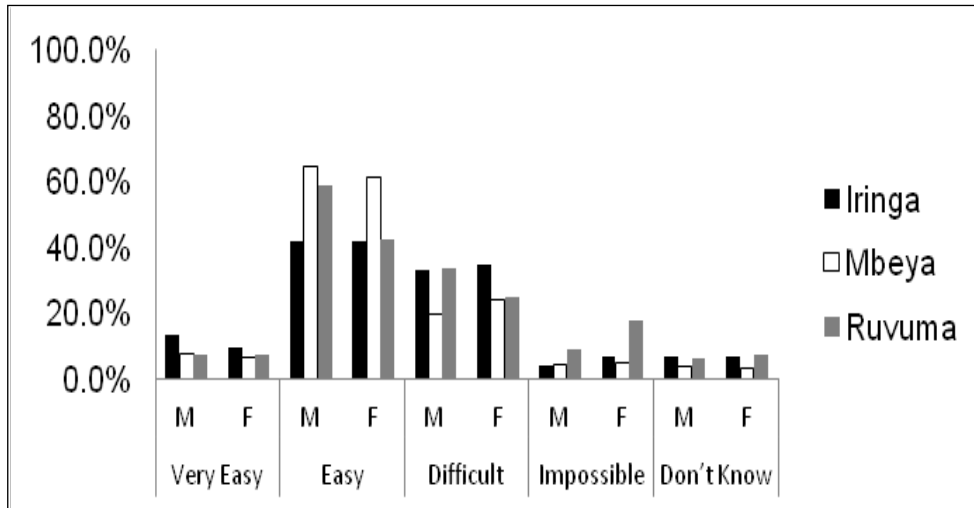


There is a normal distribution in the responses to the question of ease of getting a partner to wear a condom when they don't want to – the majority of young people would find it 'easy' (41-65%), although 'difficult' was also a common response (19-35%). A substantial number of girls in Ruvuma

²⁷ A person in authority was defined as anyone who holds power in the community as a result of expertise, wealth or influence and includes teachers, community leaders, doctors, civil servants etc.

(18%) however find it impossible to convince their partner. This is over three times the proportion of their counter-parts in Mbeya (4.6%) and Iringa (6.7%).

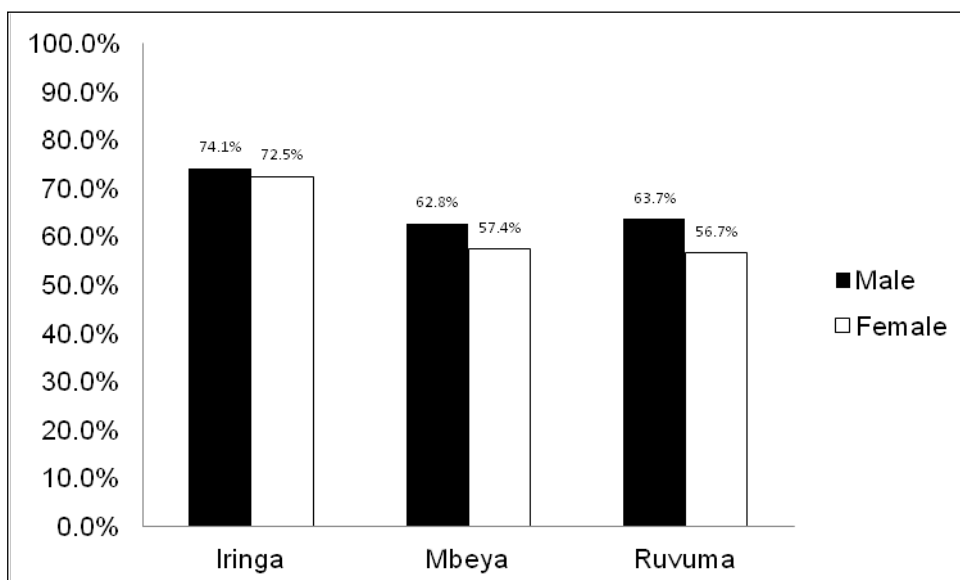
Figure 28: Ease of getting a partner to use a condom when they don't want to (n=735)



3.3.3: Gender based violence (GBV)

Figure 29 below shows that understanding of what is meant by GBV is at 65.4% overall, but observably higher in Iringa (73%) than other regions. The levels are comparable between Mbeya and Ruvuma, even by gender; however, overall, men understand what is meant by GBV to a greater extent than women in all the three regions.

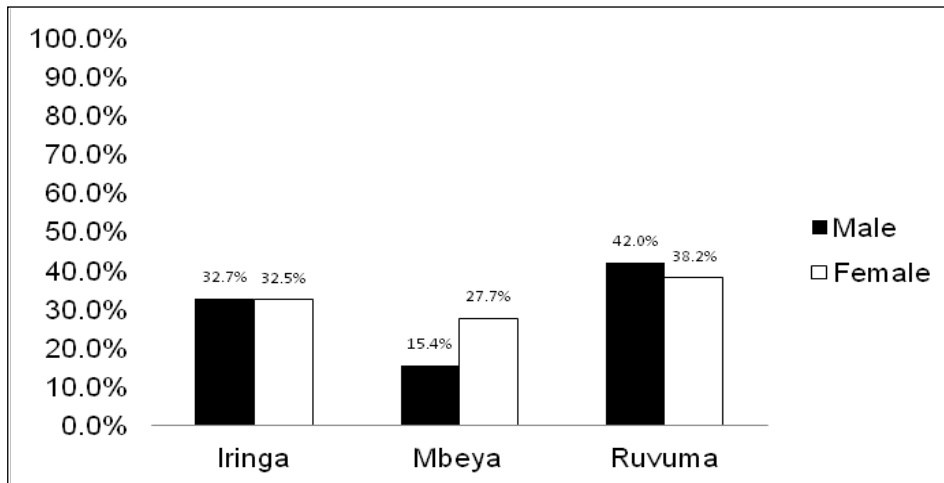
Figure 29: % who understand what is meant by GBV (n=726)



Both boys and girls have been victims of GBV, with an overall mean of 31.4% having experienced this phenomenon. Levels by gender are similar in Iringa and higher in males in Mbeya and higher in

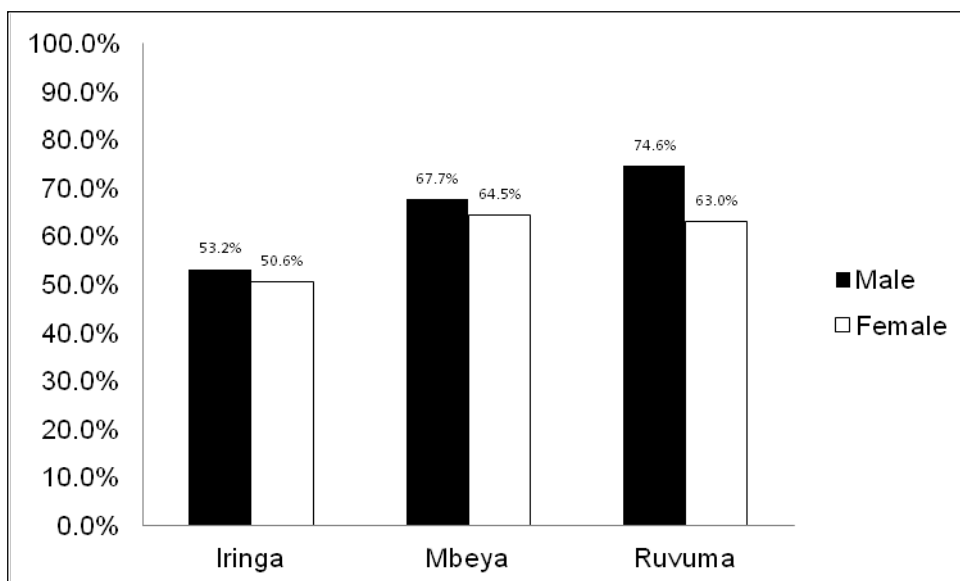
females of Ruvuma. All said, the incidence seems especially high in Ruvuma, with around 40% having been victims.

Figure 30: % of young people who have been victims of GBV (n=547)



It is discernible from figure 31 below that GBV exists in the communities and young people can recognize it at 62.2%. It is more recognizable in Ruvuma (68.8%), Mbeya (66.1%) and Iringa (51.9%) in descending order of occurrence.

Figure 31: % who acknowledge that cases of GBV exist in their communities (n=523)



3.3.4: Condom access and preference

Figures 32 and 33 below illustrate that the health centre²⁸ is the most common point of condom access for young people, followed by Shop/Duka²⁹, and lastly, Information Resource Centers (IRCs) at 52%, 25% and 18% respectively. However, from Figure 33, showing preferred point of access, it is clear that the most common point is not necessarily the preferred point: their preferred sources, in descending order are shops (50.4%), health centers (38.4%), pharmacies (8.2%) and IRCs (2.8%).

Figure 32: Where condoms are commonly accessed by young people, n=721

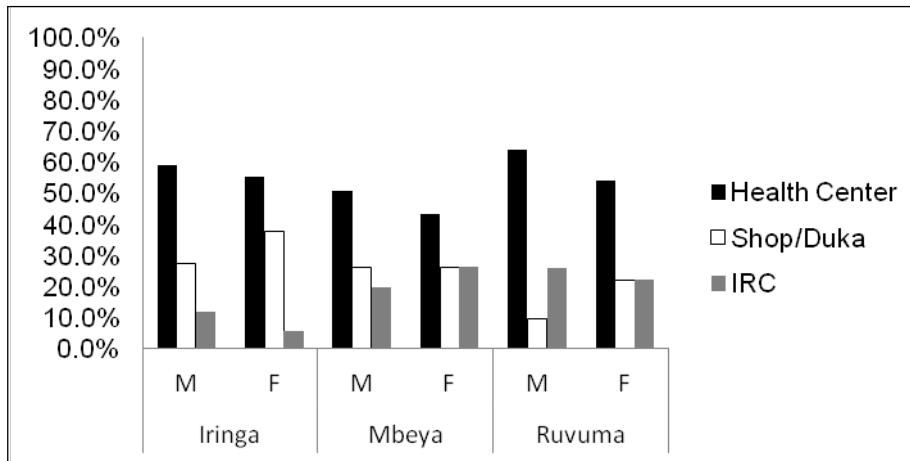
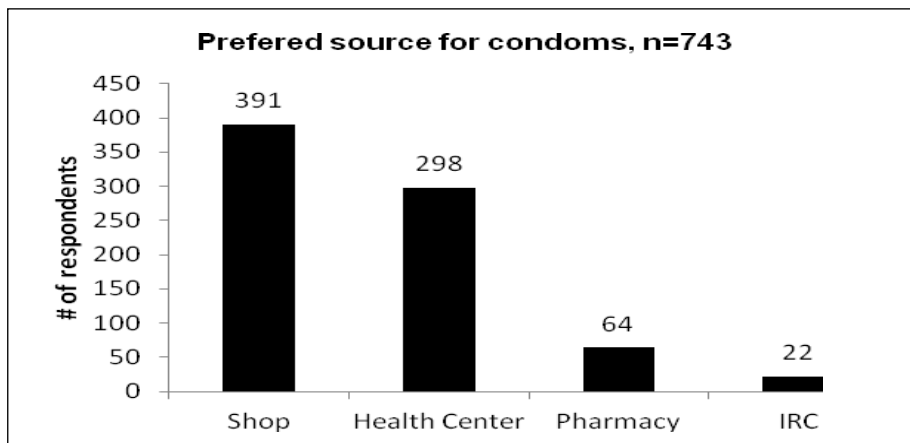


Figure 33: Preference for accessing condoms, n=743



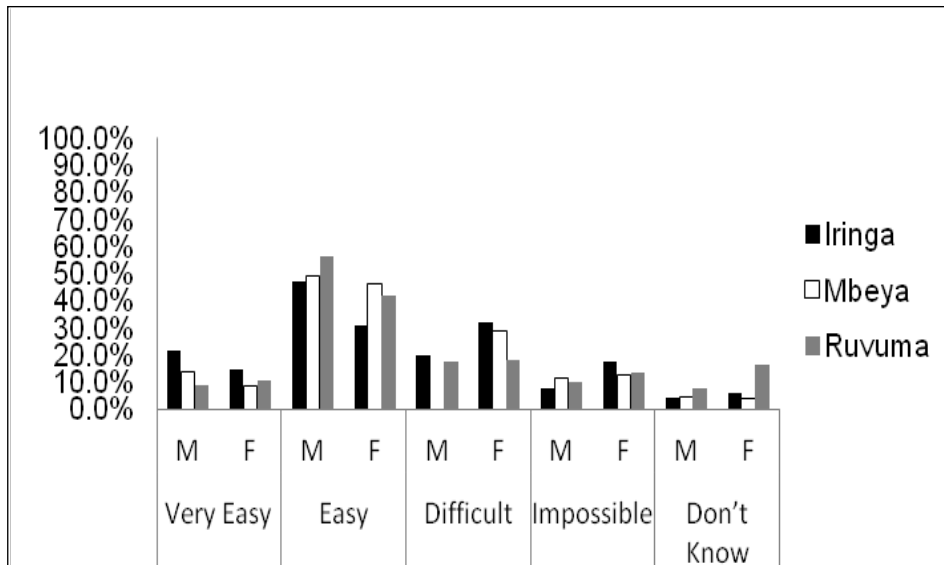
Young people were also asked how easy it was to buy a condom at a shop (provided they had money) or ask for one at a health center. In all cases, it is evident that males find it easier (65.2%) to buy condoms or ask for them from health center than females (50.6%), while more women (40.5%) than men (29.1%) still finds it 'difficult' to 'impossible'. However, most of those who find it difficult to impossible (66%) fall within the age-group of 13-17 and account for 71.3% of the respondents in

²⁸It should be noted that health centres in this survey included clinics, hospitals and dispensaries.

²⁹ Duka is a shop, originally adapted from the indian dukawallas/shopkeepers who came to East Africa during the colonial period to do business.

difficult to impossible group. This age-group is not very sexually active yet (only 9% had sex in the last 12 months) and most are still in primary or early secondary school.

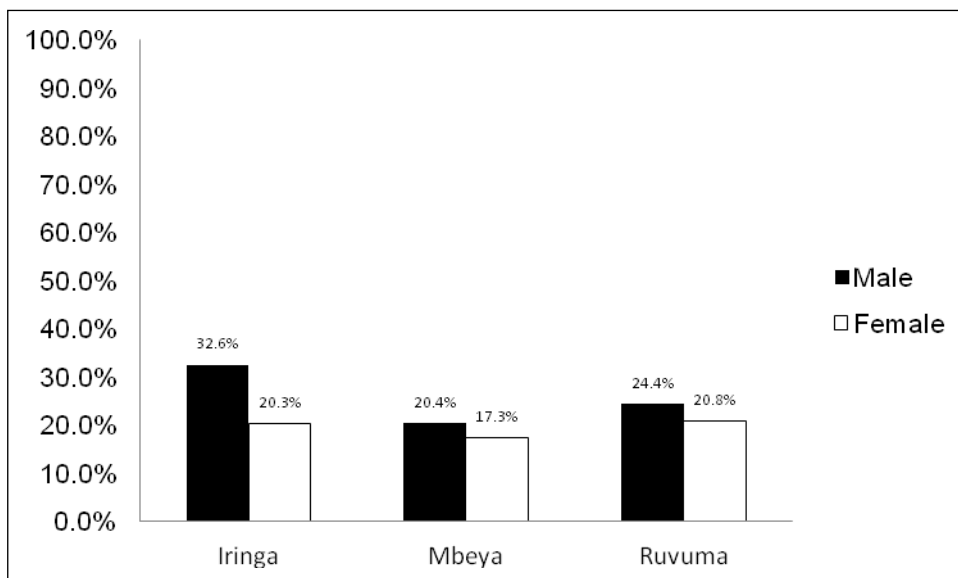
Figure 34: Ease of buying condom at shop if you have money or ask for it from a health centre,(n=734)



3.3.5: Pre-marital sex

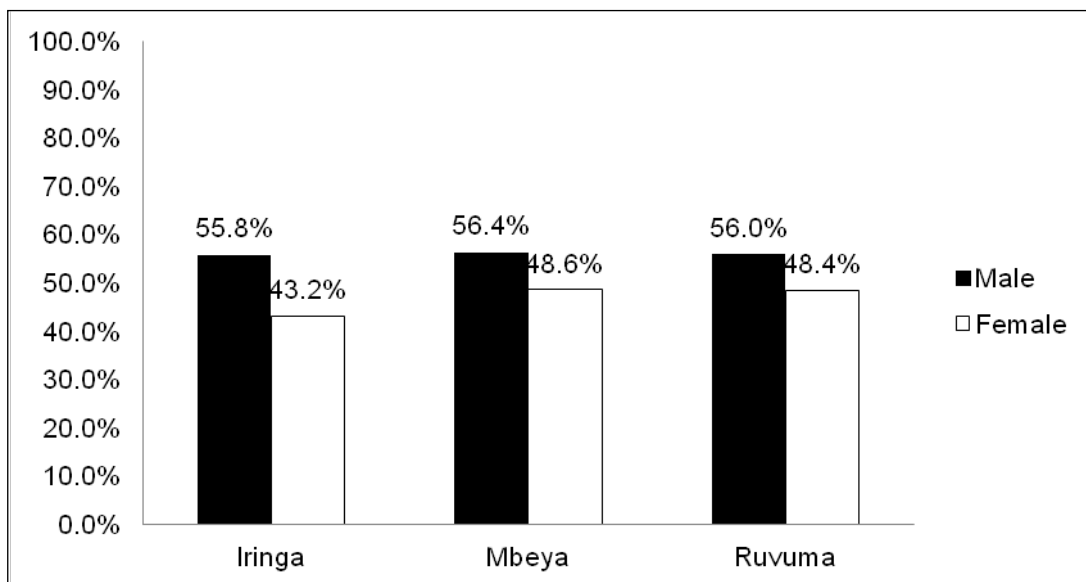
On average, 22.75% believe that pre-marital sex is acceptable, with more men (25.9%) holding this view than women (19.6%).

Figure 35: % who believe that sex before marriage is acceptable, n=734



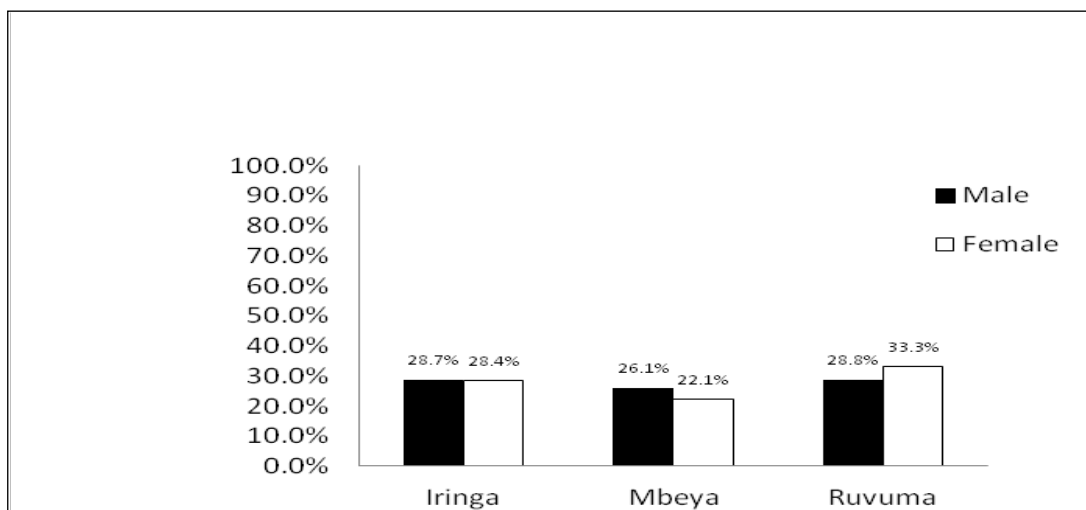
Approximately half of young people believe they are allowed to access condoms in their communities before marriage (56% of males and 47% of females) with little variation by region.

Figure 36: % who believe young people are allowed to access condoms in their communities before marriage, n=733



Overall, more than two thirds of young people consider that virginity before marriage is important.

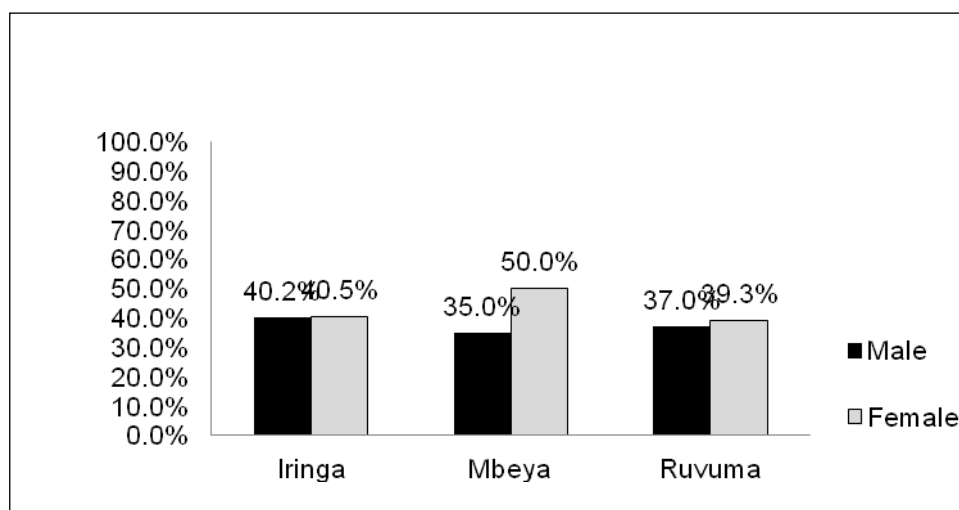
Figure 37: % who consider that virginity before marriage is not important (n=729)



3.3.6 Same-sex relationships/Homosexuality

Figure 28 below shows that on average 37.4% of young men and 45.9% of young women said they do not know anything about same-sex sexual relationships. The regional disparities were minor. In Mbeya, Iringa and Ruvuma the % saying they are not knowledgeable were 40.35%(n=300), 42.5%(n=341) and 38.15%(n=155) respectively. In addition to the fact that young women displayed lower knowledge levels than young men, there are highest disparities in Mbeya. Young women in Mbeya are reportedly less knowledgeable (50% reportedly said they had no knowledge to 35% of men) compared to Iringa and Ruvuma at 40.5% to 40.2% for men and 39.3% to 37% for men respectively.

Figure 38: Knowledge³⁰ on homosexuality amongst young people (n=725)

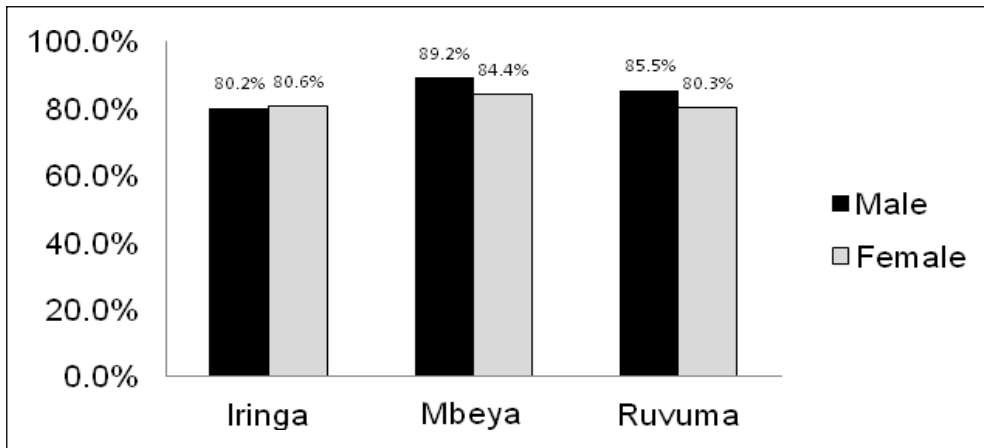


Young people were next asked whether they had seen or heard of same-sex sexual relationships in the community. Over 80% of young people interviewed (n=670) in the three regions have never seen a homosexual or heard of same-sex relationships³¹ in their community. There are no discernible differences by gender. Regional differences are also minor at Iringa, 80.4% (n=214), Mbeya, 86.6%(n=324) and Ruvuma, 82.9%(n=132) respectively.

Figure 39: Young people who have never seen or heard of same-sex sexual relationships in the community (n=670)

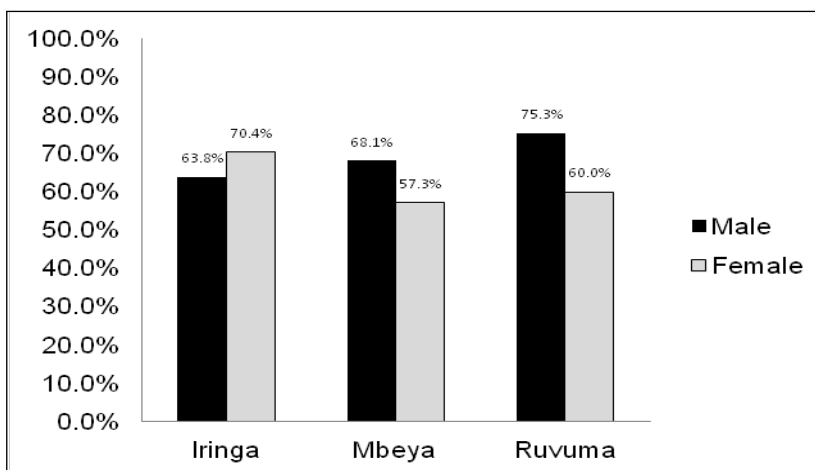
³⁰ Knowledge here refers to how much one knows about the subject of homosexuality. It was assessed based on whether there is some knowledge or none at all; however the degree of knowledge for those who have some was not pursued.

³¹ In the questionnaire used (see appendix), gay was equated with same sex relationships and researchers explained the word to include both lesbians and men having sex with men.



The perception of young people on same sex relationships in the community is mostly negative at an average of 67.2%. This scenario shows minor differences by gender, where, negative perceptions among young men is 68.8% to 65.5% for young women. Overall, the perceptions are more negative among women in Iringa and men in Ruvuma at >70%, although the difference is fairly slight.

Figure 40: %³² of young people who perceive homosexuals negatively (n=656)



Young people were asked what their reaction would be to one of their siblings announcing that they were homosexual. The results from the survey indicate young people would have various reactions upon their sibling(s) reporting that they were homosexual. Most of the reactions, however, are not supportive of homosexuals. Only 0.6% would allow their siblings to continue in that path. Other sentiments expressed include: 36% would convince the gay sibling to 'turn heterosexual'; 6.3% would provide peer education³³ with the intention of changing their inclinations. Other reactions are primarily injurious to the person or emotional well being of the gay sibling. These include: forced disclosure³⁴ to parents and elders, warning/threats and physical assault, abandonment, discrimination³⁵, handing them over to the police or legal action as the figure below illustrates.

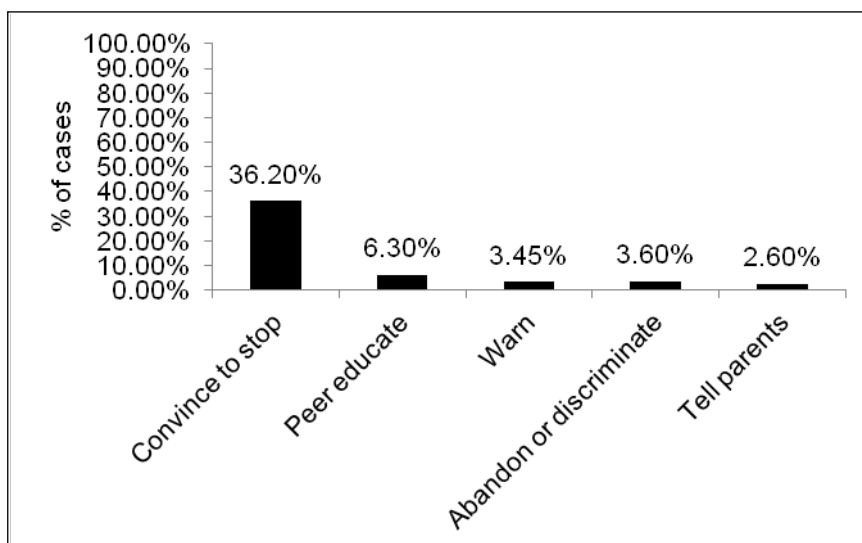
³² Perceptions in this case referred to how young people perceive individuals who are or may be in same sex relationships in their communities. The responses fell into two broad categories: negative (perceptions which are not supportive of this orientation) and positive (which are supportive of this orientation).

³³The term peer education was used from the FGDs to refer to peer advice in particular and may not refer in this case to peer education per se.

³⁴ 'Exposure' was the word used by respondents; however as they defined it, it appears to refer more to forced disclosure.

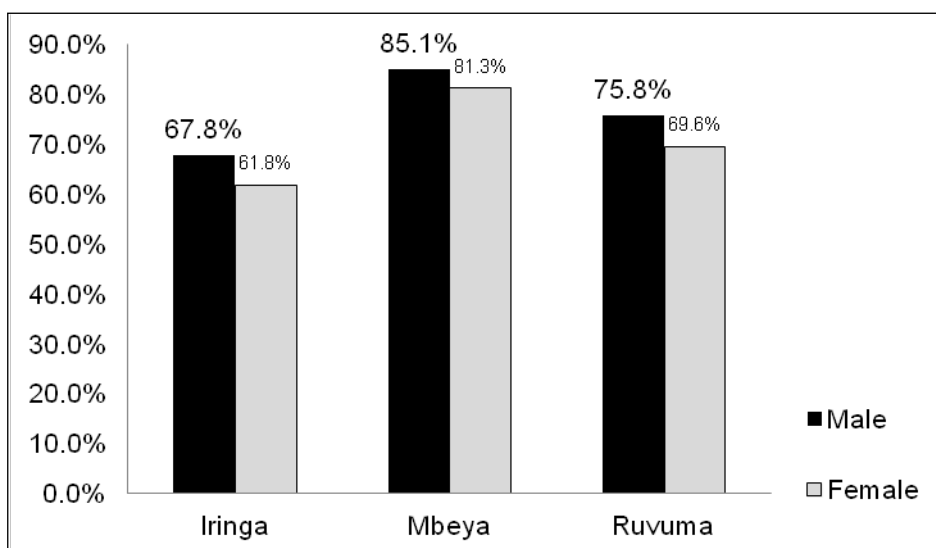
³⁵ From the analysis of the survey responses, discrimination was used by most respondents to mean: openly ignoring or withholding privileges of friendship and association. This may not necessarily amount to discrimination as usually defined.

Figure 41: Potential reactions if a sibling is gay³⁶, n=743



Overall, 73.5% of young people feel that same sex relationships are unacceptable in their community. A gender disaggregation shows that 76.2% of young men and 70.9% of young women feel this way. The results by region indicate that men perceive same sex relationships as more unacceptable than female respondents across all regions, and, such sentiments are stronger in Mbeya and Ruvuma than Iringa. This is illustrated in Figure 42 below.

Figure 42: % feeling that same sex relationships are unacceptable in the community (n=719)



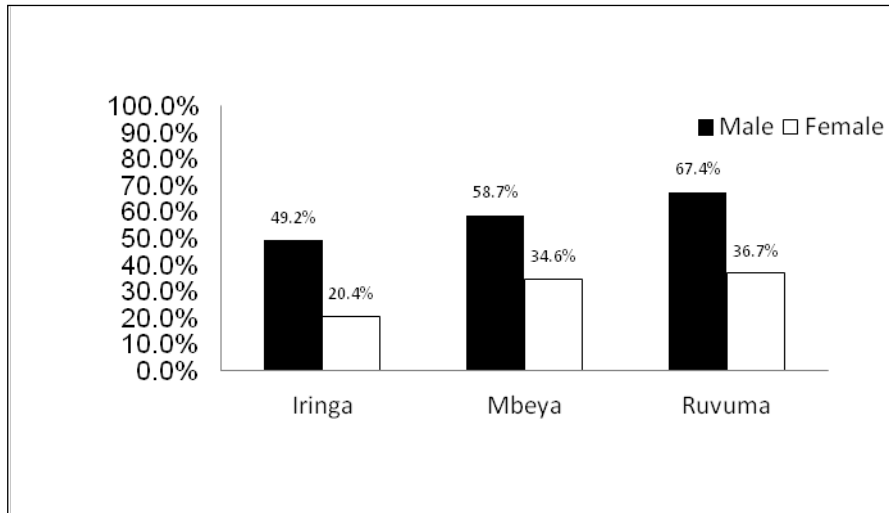
3.3.7 Sexual History including condom use

Overall, a higher proportion of males (58.4%) reporting having ever had sex than females (30.5%), while a regional analysis shows that the highest proportion across both genders was found in Ruvuma (52%), followed by Mbeya (46.6%) and then Iringa (34.8%). Unsurprisingly, most of those who have

³⁶ In the questionnaire, the term 'gay' was used to refer to both men and women who have same-sex sexual relationships.

never had sex are in the youngest age group (i.e. 13-17) constituting 81%, followed by 33% for the 18-21 age group.

Figure 43: % of young people who have ever had sexual intercourse (n=716)



Age at first sexual intercourse

The analysis of age at first sex shows variations by regions and could not be averaged.

In Iringa, the age at first sex ranges between 13-17 years; however cases were found where young girls had their first sex as young as 9 years. In Mbeya, the age at first sex is later, ranging from 15-16 years. In Ruvuma, the range is more similar to that for Iringa, lying between 13-16 years. As well as being asked at what age they first had sex, respondents were asked whether they used a condom during their first sexual encounter. Less than half (44%) of young people answered in affirmative, while disaggregation by gender and region show that more men/boys in Iringa and Mbeya used condoms at first sex than female/girls, while the reverse was true in Ruvuma.

Figure 44: % of young people who used a condom at first sex (n=371³⁷)

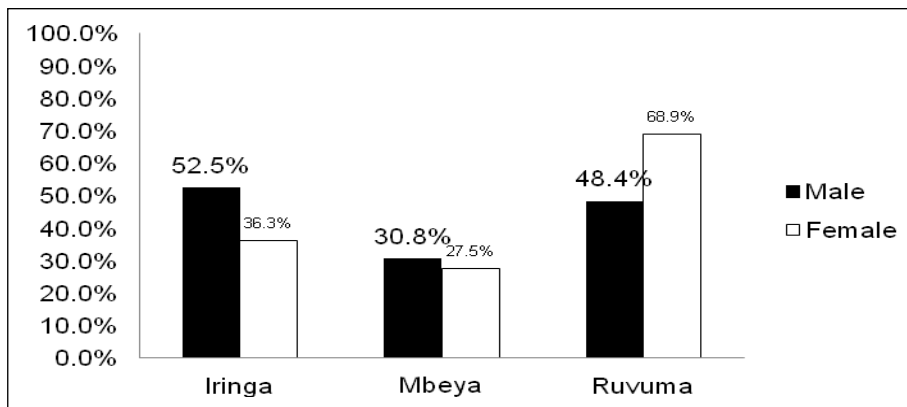
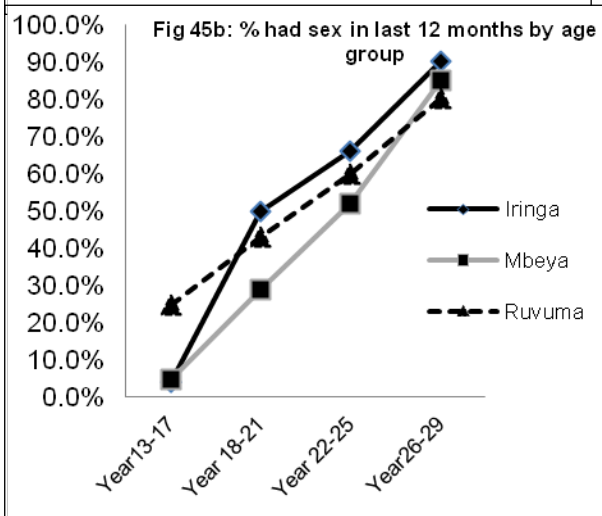
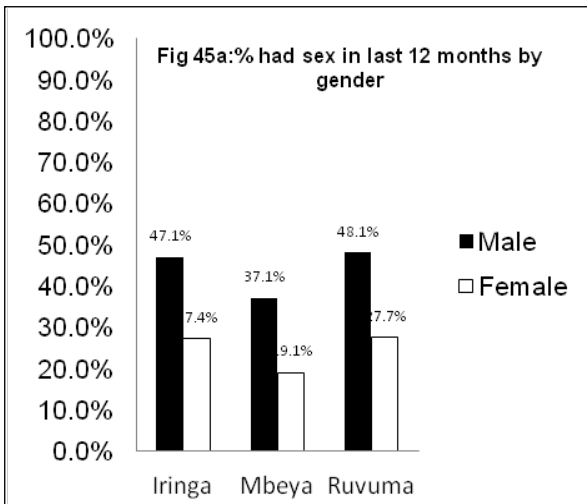


Figure 45a: % who had sex in last 12 months (n=596)

Overall, 34.4% of respondents had had sex in the last 12 months, with more males (44.1%) having done so than females (27.7%). The proportion is lower in Mbeya than the other two regions – in line, perhaps, with the fact that sexual debut commences later in Mbeya.

By age-group, 24.6% of 13-17 in Ruvuma had sex in the last 12 months compared to around 4% in Mbeya and Iringa, indicating high sexual activity within that age group in Ruvuma almost six times of Mbeya and Iringa. % cases of sexual intercourse increases as age-group increase and by age 30, all have had sex in 12 months

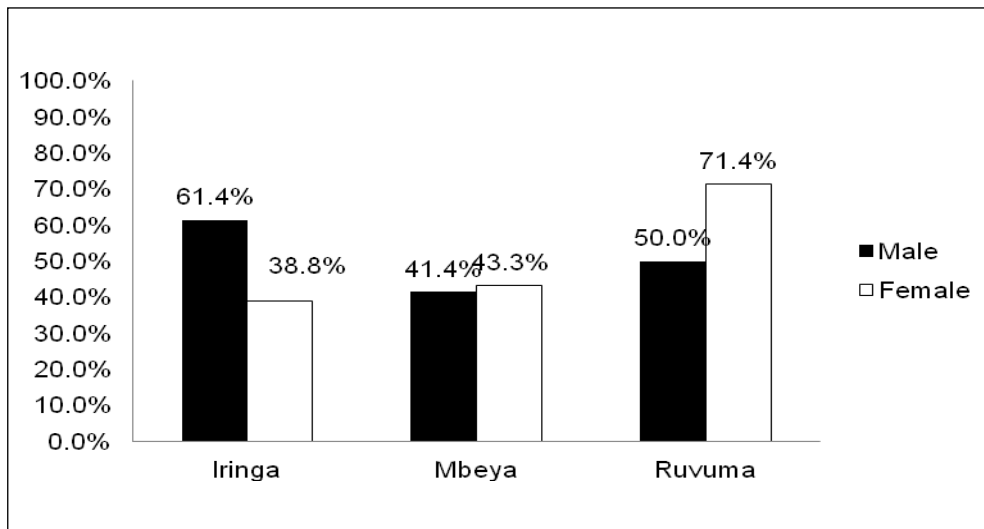
³⁷ The n-value is relatively low, however it compares with the number who have ever had sexual intercourse. It is therefore low because only the said number have ever had sexual intercourse.



When asked whether they had used a condom at their last sexual encounter, 51% replied affirmatively, with no overall discernible differences by gender or region and no gendered pattern across regions.

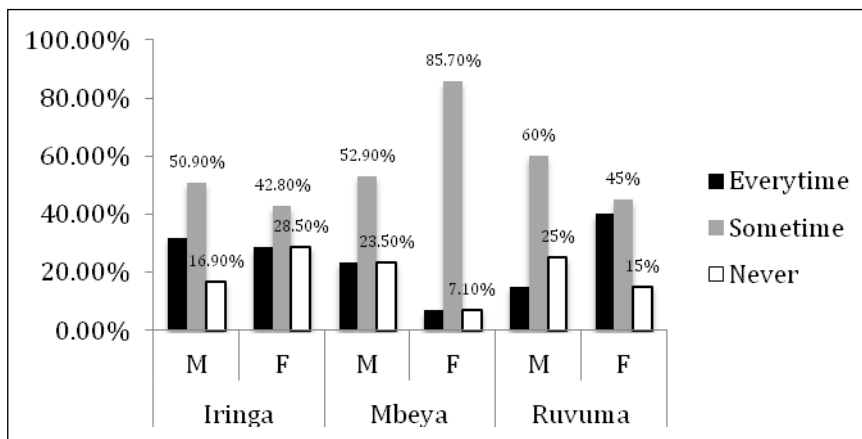
Comparison of % of those who used a condom at first sexual encounter and last sexual encounter shows an overall increase of 7% across both gender from 44% to 51%. This indicates that use of condoms by young people is gaining some traction and more efforts needs to be put in place to improve uptake, correct and consistent use through youth-friendly access points.

Figure 46: % of young people who used a condom at last sexual encounter (n=238)



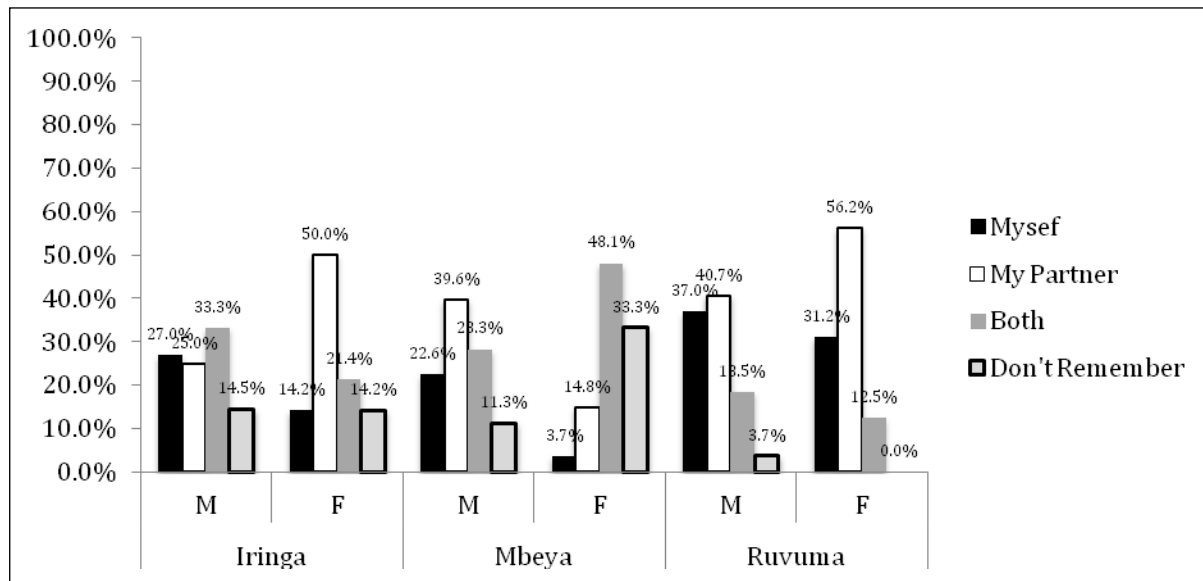
When asked how frequently they use condoms, it was found that, overall, 24.4% use condoms 'every time', while 56.2% use them 'sometimes', and 19.3% 'never' use condoms. Regional disaggregation indicates that consistent use of condoms (use of condoms every time that sex is done) is higher in Iringa at 30.2%, followed by Ruvuma at 27.5% and least in Mbeya at 15.2%. Consistency in this sense is higher among male than female in Iringa and Mbeya (by 3.5% and 15.6% respectively) while in Ruvuma it is the inverse and higher in women than men by 30%). The deviation is quite significant between gender.

Figure 47: Frequency of condom use in last 12 months (n=223)



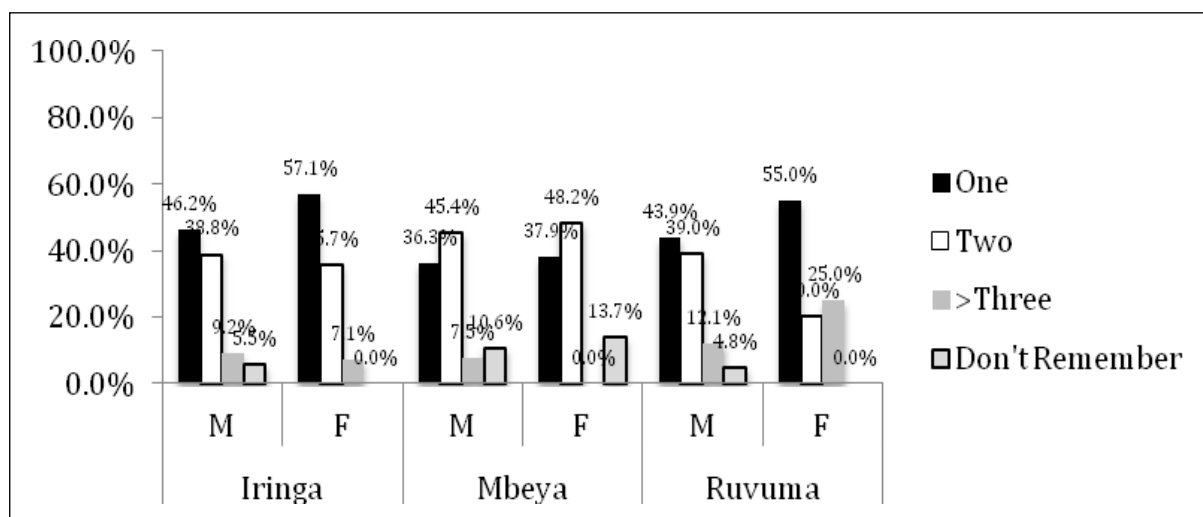
Overall, 22.6% said that they themselves suggested condom use, while 37.7% reported that their partners made the suggestion and 27% stated that it was a joint decision. 12.8% could not remember who suggested the use of condom at their last sexual intercourse. In all the cases, a higher % of men made the suggestion themselves (33.8%) compared to women (16.3%).

Figure 48: Who suggested use of condom at last sexual encounter? (n=186)



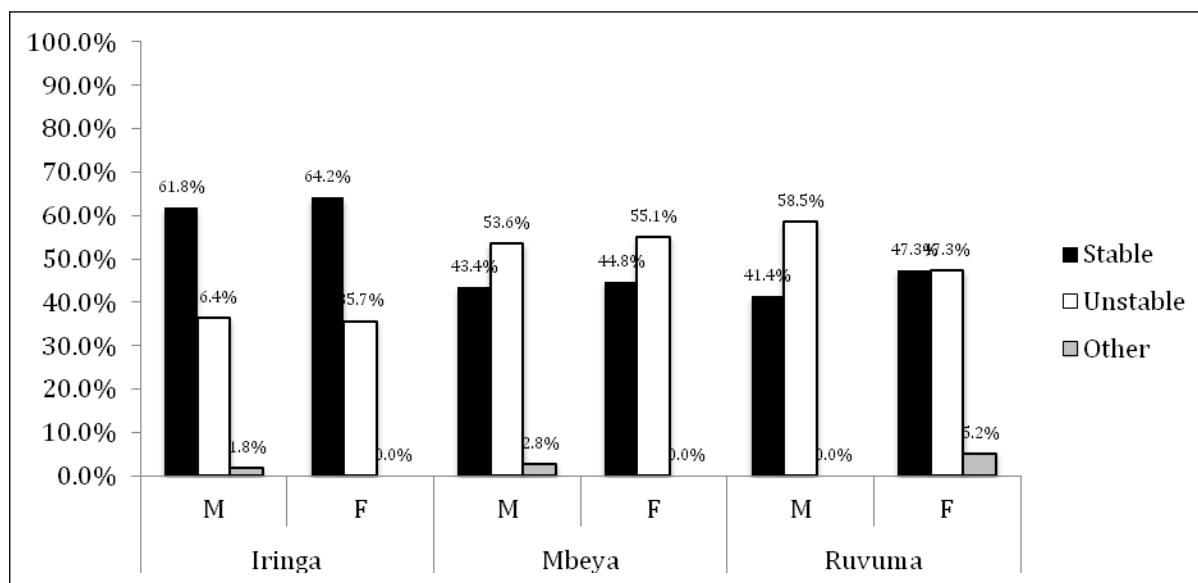
When asked the number of sexual partners that young people have had in the last 12 months, 46.1% had only one, 37.9% had 2 partners, 10.2% had more than three while 5.8% could not remember. Inasmuch as 50% of women had one partner compared to 42.1% of men, more men (41%) had 2 partners than women (34.6%). Women slightly had more than 3 partners (10.7%) than men (9.6%), in which case Ruvuma leads by region at 25% compared to 0% in Mbeya and 7.1% in Iringa as shown in Fig 49a below. An age-group analysis indicate that 88.5% of those with one partner fall between 13-29, 37.9% of young people with 2 partners are 26-29 and 57.1% of young people with more than 3 partners are 13-21, which is worrisome.

Figure 49a: Number of sexual partners in last 12 months (n=227)



Overall, 50.5% of young people say they are in stable relationships, 47.8% consider their relationships unstable and 1.6% categorizes them as other (not sure where to place it). More young people in Mbeya and Ruvuma from both gender are in unstable relationships (53.6% average are in unstable relationships compared to 44.2% in stable ones), however in Iringa, relationships are more stable (63% average are in stable relationships compared to 36% in unstable ones) as shown in the fig 50 below.

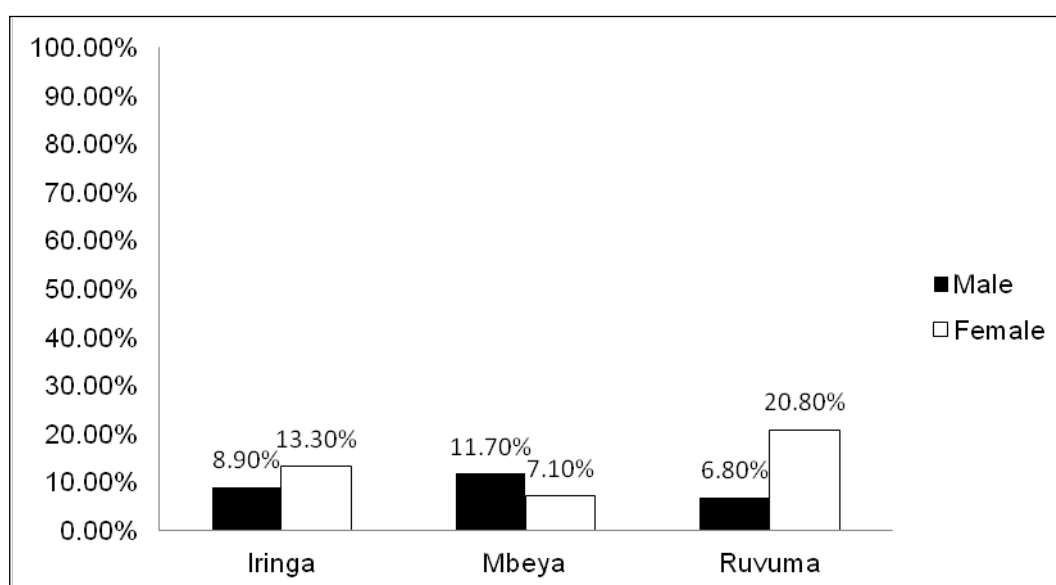
Figure 50: Status of relationship with partner at time of sexual relations (n=227)



3.3.8 Transactional sex

Transactional sex refers to engagement in sexual intercourse in exchange for gifts or money. Overall, 11.4% have engaged in transactional sex: 9.13% of males and 13.7% of females. There is regional variation in engagement in transactional sex by gender: among women, the practice is highest in Ruvuma (20%), followed by Iringa (13%) and lowest in Mbeya (7%); however for males it is highest in Mbeya, at 12%, and lower in the other regions.

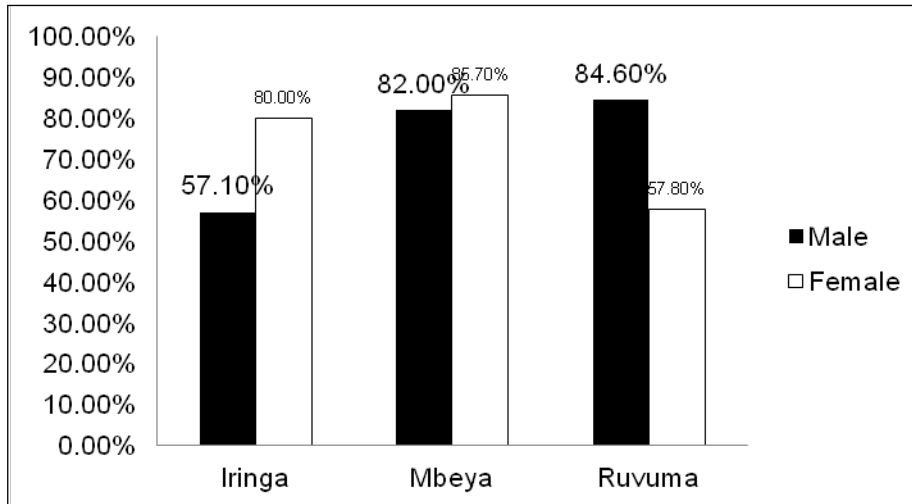
Figure 51: % who have engaged in transactional sex (n=235)



As can be seen from Figure 52, three quarters (74.5%) of those who have engaged in transactional sex did not use a condom at the last incidence (74.5%), hence these young people are at high risk of contracting HIV. Gendered analysis by region shows that in Mbeya and Iringa, women are at more risk than men, while in Ruvuma the opposite is true. In Mbeya, however, an additional 8% of men and

33% of women do not remember whether they used a condom, making the situation even worse in this region.

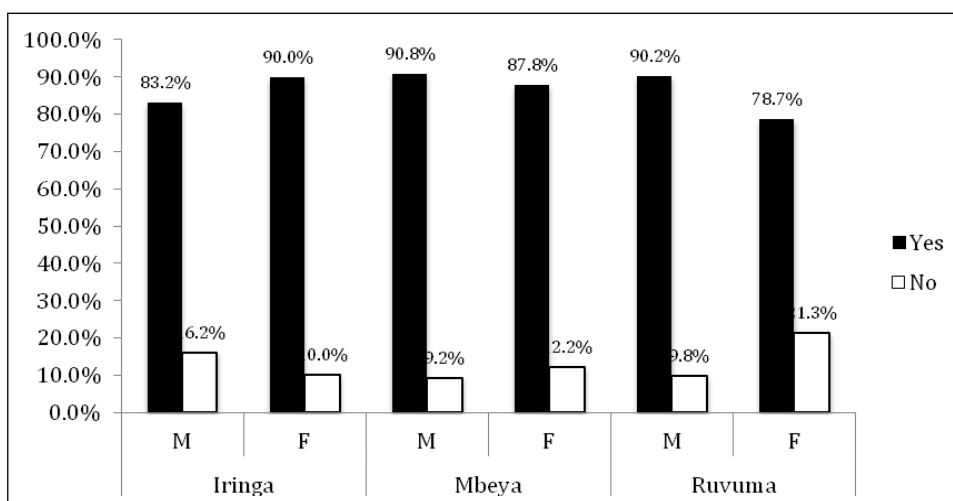
Figure 52: % who did not use a condom at last transactional sex (n=135³⁸)



3.3.9: STIs and Treatment Seeking Behaviours

Overall, most young people (86.8%) have heard of STIs, while 13.2% have not. The bulk of those who have not (72.8%) are in the age group 13-17 with 15.2% in the age group 18-21. More women (90%) in Iringa have heard of STIs than men (83.2%), however in Mbeya and Ruvuma, the inverse is true. The difference between men and women in Ruvuma is relatively wider at 12% compared to 3% in Mbeya.

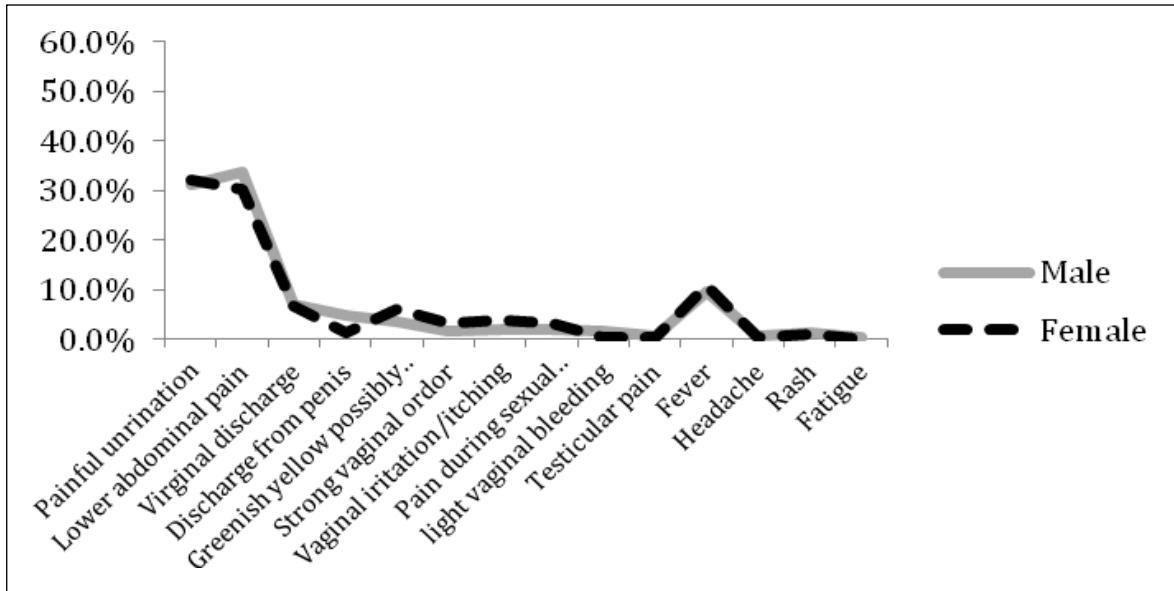
Figure 53a: % who have heard of STIs (n=725)



³⁸Note this question was only asked to those who had engaged in transactional sex, hence the small n-value.

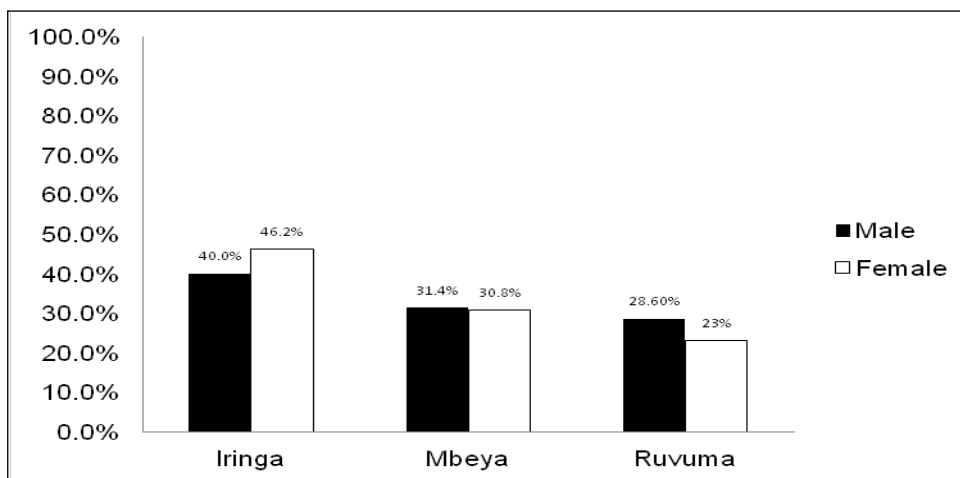
As shown in fig 53b below, the 3 most commonly identifiable symptoms of STIs by young people across three regions are lower abdominal pain (32.1%), painful urination (31.8%), and fever (10.3%). There were no observable differences by gender or regions.

Figure 53b: The most commonly identified STIs by young people, n=523.



Overall, 33% of young people report having had STI-related symptoms. The % is higher in Iringa (43.1%), followed by Mbeya (31.1%) and Ruvuma (25.8%). Although more women report having had STI symptoms in Iringa (46.2%) than men (40%) in Ruvuma it is the inverse, while in Mbeya there are no gender variations.

Figure 54: % of young people who have had STI related symptoms (n=658)

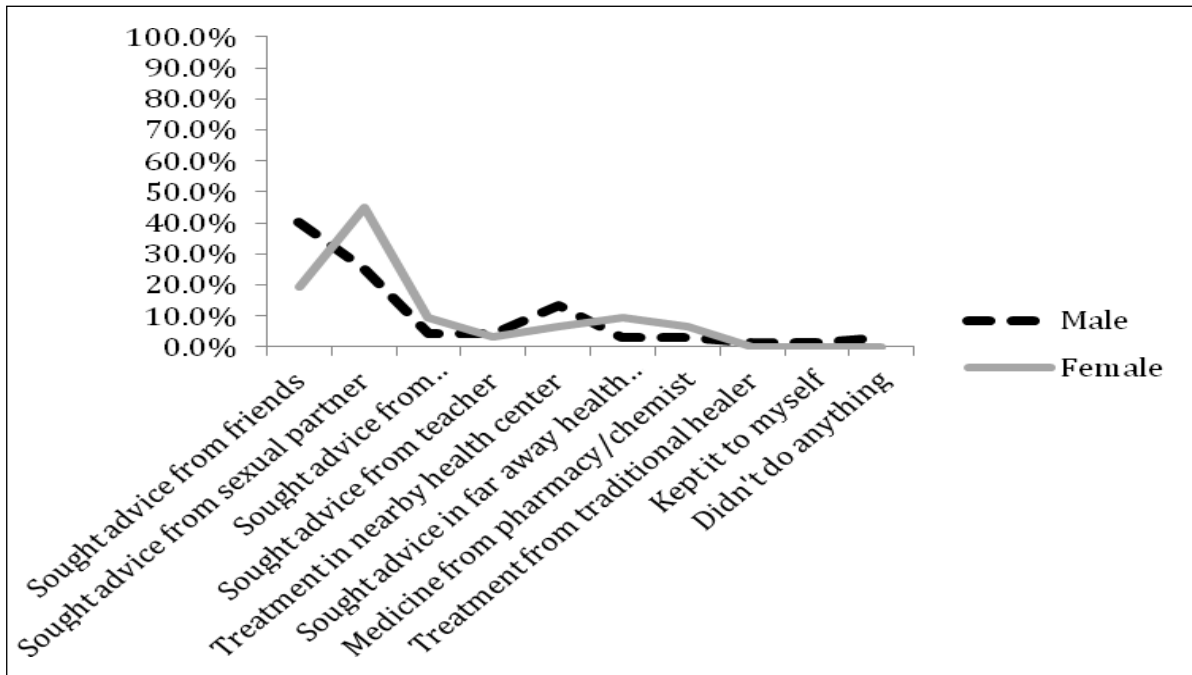


Figures 55 below indicate that actions taken after identifying STI symptoms differ with gender. Males prioritise seeking advice from a friend (40.2%), from sexual partner (25.3%) and seeking treatment in

nearby health center (13.4%). Whereas, women are most likely to seek advice from sexual partners (45.1%), followed by seeking advice from friends (19.3%) and advice from parents/guardians or treatment from far away health center (9.6%).

Overall, in order of occurrence, young people will mostly seek advise from sexual partners (35.2%), friends (29.8%) and treatment from nearby health center (9.9%). Even though women ranks sexual partners first, men rank friends as the first go to for advice.

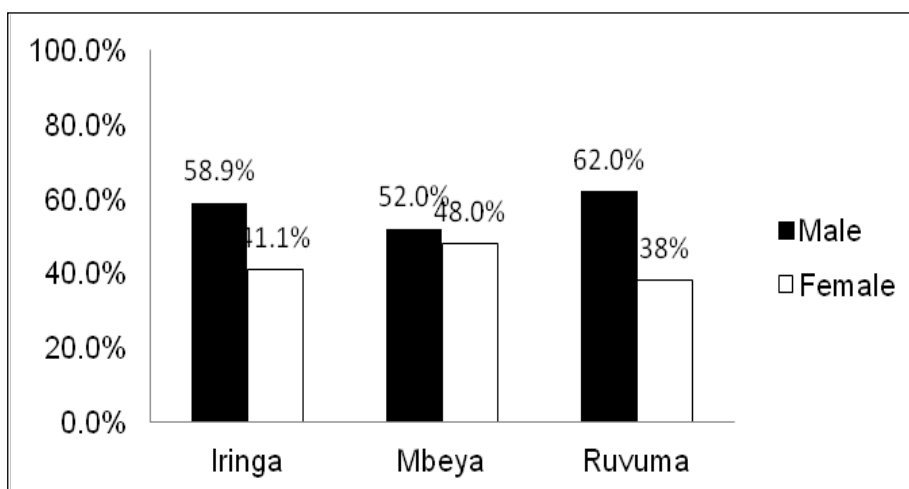
Figure 55: Treatment seeking options when STI symptoms are identified, n=98³⁹



Overall, half of young people acknowledge availability of VCT services across all regions, with more men (57%) than women (42%) doing so.

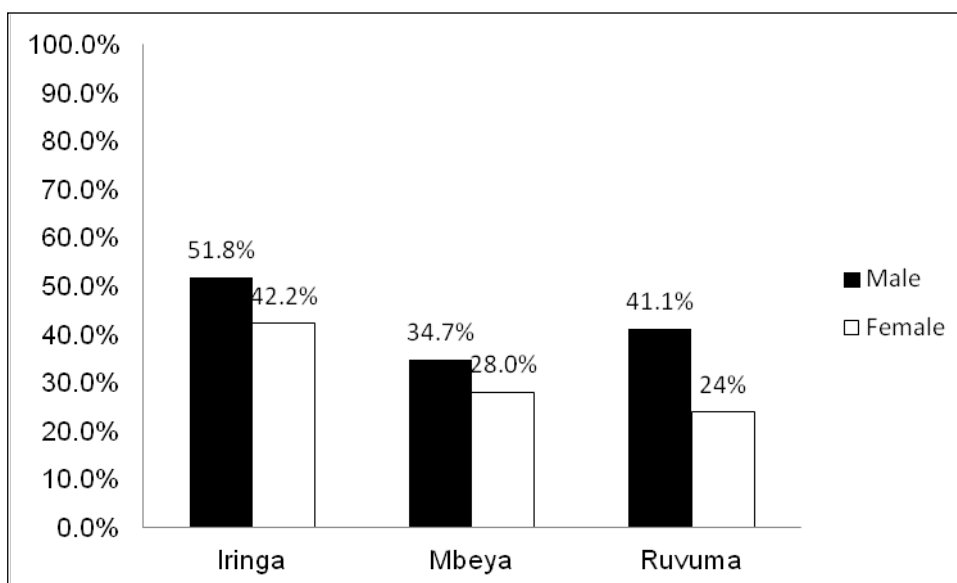
³⁹ Although 33% reported having had STI symptoms, only 12.8% responded to this question. This may probably be due to shyness to discuss treatment options beyond the acknowledgement of symptoms during the study.

Figure 56: % acknowledging availability of VCT HCT⁴⁰ services in the community (n=713)



Overall, just over one third (36.9%) report having had an HIV test. In all cases in all the regions, more men (42.5%) have had an HIV test than women (31.4%), while regionally the proportion is higher in Iringa by between 10 and 20%. More men have had an HIV test probably because they are also the most sexually active⁴¹ (44.1%) compared to women (27.7%).

Figure 57: % who have had an HIV test (n=683)



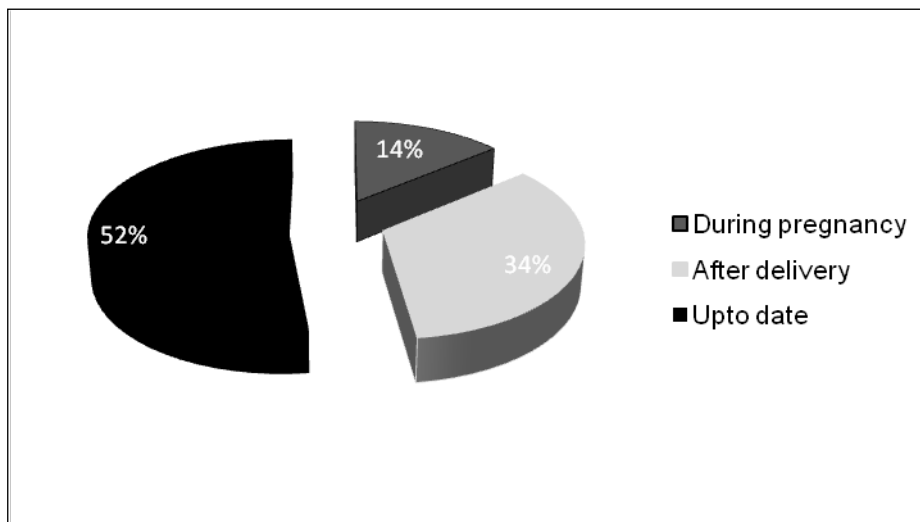
3.3.11 Pregnancy

⁴⁰ HCT refers to HIV counseling and testing. This is a term used to encompass HIV counseling and testing services both voluntary (VCT) and provider-initiated such as requirements for prevention of mother-to-child-transmission in case of pregnant women.

⁴¹ The % has been taken from the previous figure 45a which show that a higher % of men have had sex in the last 12 months than women.

19.6% of young girls report having ever been pregnant, while 23.6% have had to stop going to school, at least for some time. Just over half of these have been unable to go to school since pregnancy to date (52%), while 34% refrained from school after delivery only and 14% during pregnancy only. Although not depicted In Figure 58 below, both pregnancy rates and level of being affected by pregnancy in terms of schooling were highest in Mbeya. However some girls have not been affected in any way from going to school due to pregnancy (though less than those affected).

Figure 58: Period during which schooling was affected due to pregnancy

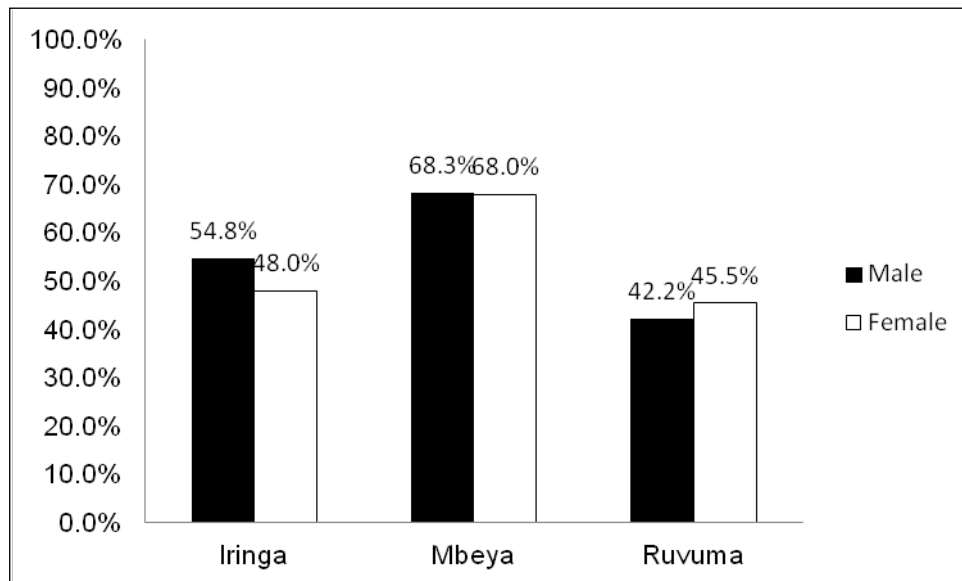


4.0: CIVIC PARTICIPATION

Participation in youth groups and events' organisation

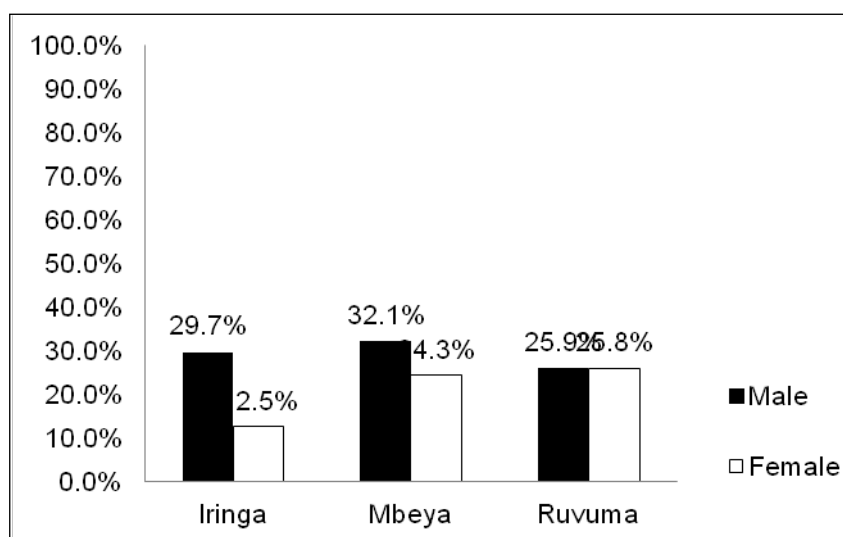
Young peoples' awareness of youth group including Community Action Groups (CAGs) is not very impressive across all regions at an average of just over half (54.4%), while awareness is lowest in Ruvuma at 44%. There are no particular gendered patterns to awareness.

Figure 59: % of young people who are aware of youth groups (including CAGs) in and out of school (n=729)



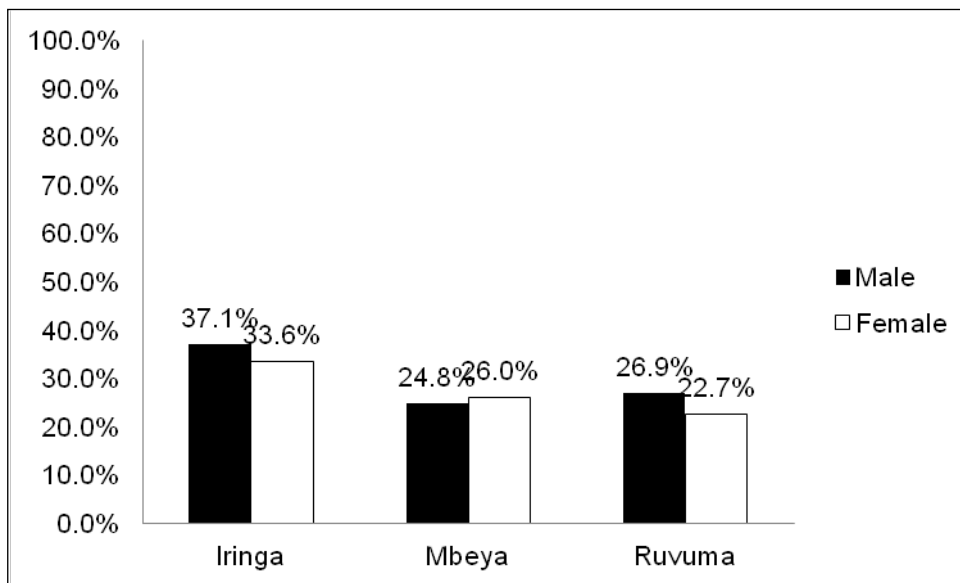
Membership of community action groups and youth groups by young people is on average 25%. Moreover, in all cases women's membership is consistently lower than men in such groups in all the regions. Most of the young people interviewed have been members of Community action groups, SRH clubs, and other clubs which deal on issues of livelihoods, information resource access, members of SACCOs, church groups and FEMA clubs.

Figure 60: % who have been a member of a CAG or other youth groups in and out of school (n=680)



Overall, 28.5% of young people have participated in organising events at community, ward and/or district level, with those in Iringa displaying higher levels of participation (35.3%) than the other regions (35.3% versus 25.4% and 24.7% respectively). In Mbeya, more women have participated than men; however in Iringa and Ruvuma, it is the opposite. Overall gender disaggregation indicates that 29.6% of men have participated against 27.4% women.

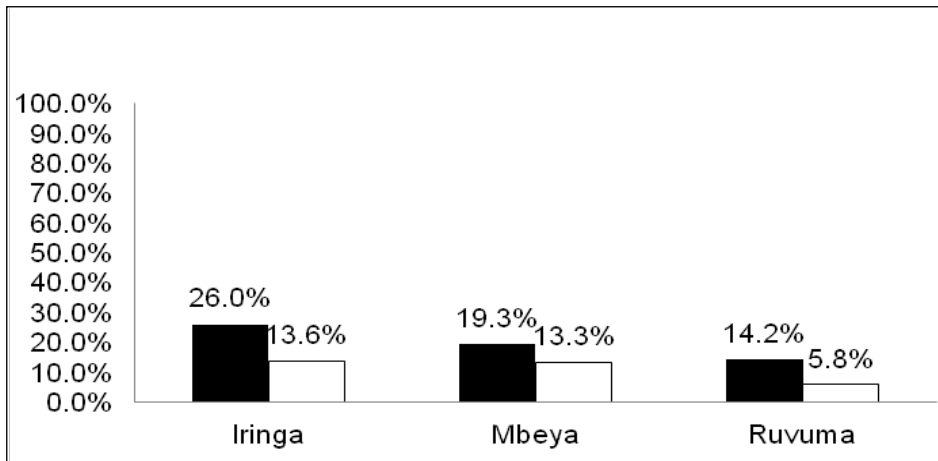
Figure 61: % who have participated in organising an event at community, ward or district level (n=708)



3.4.2 Engagement with decision-makers

Young people were asked whether they had articulated concerns or problems to Local Government Authorities (LGAs). Overall, only 15.3% reported positively, with a gender breakdown revealing that just 10.9% of women did so, compared to 19.8% of men, while Ruvuma has considerably lower positive responses (10%) compared to Iringa(19.8%) and Mbeya(16.3%).

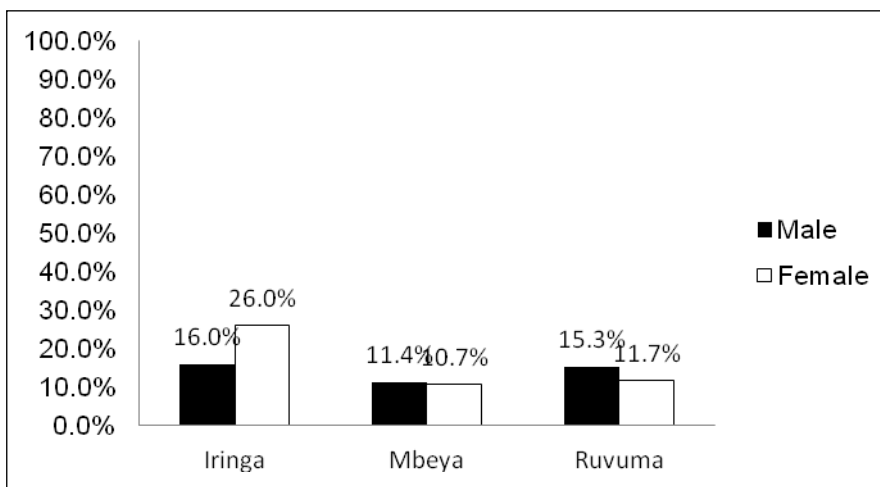
Figure 62: % who have articulated concerns/problems to LGAs (n=719)



Participation in local, regional and national youth forums and consultations averages just 15.2% on average, a very similar figure to that for articulation of concerns to LGAs, while overall women’s participation levels are slightly higher than those of men (16.1% versus 14.2%), although this is due to much higher levels of female participation in Iringa compared to the other two regions (21% versus 11.1% and 13.5% respectively).

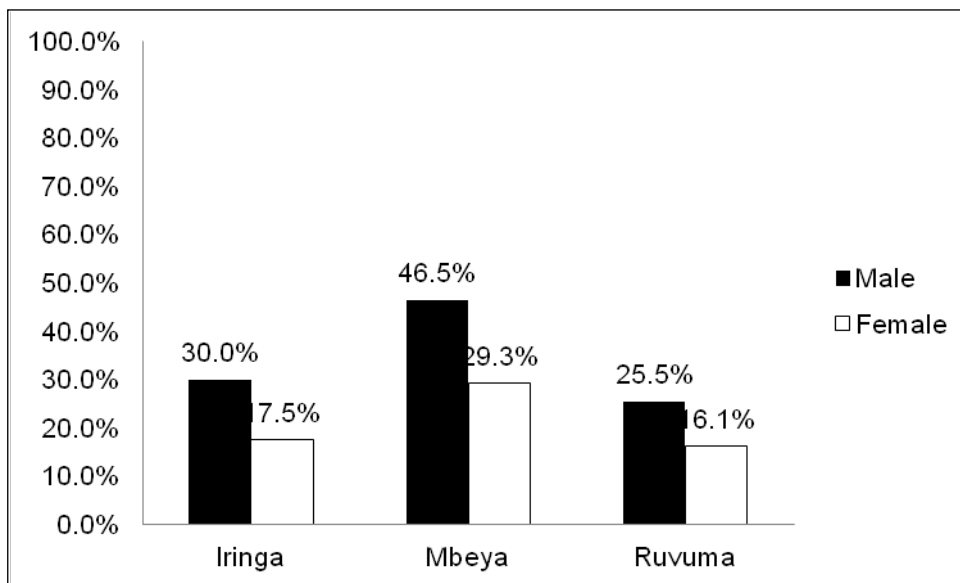
The factors driving women’s participation in Iringa need further analysis, as this represents a potential best practice case.

Figure 63: Young peoples’ participation in local, regional and national youth forums and consultations (n=719)



Overall, mean participation in LGAs meetings is almost double that of participation in youth forums/consultations at 27.5%, while a considerably higher percentage of men than women have participated in the former (34% versus 21%) and participation levels in Mbeya are noticeably higher than in the other two regions (inter-region 37.9% versus 23.8% in Iringa and 20.8% in Ruvuma) although difference in participation by gender in favour of men is also highest in this region.

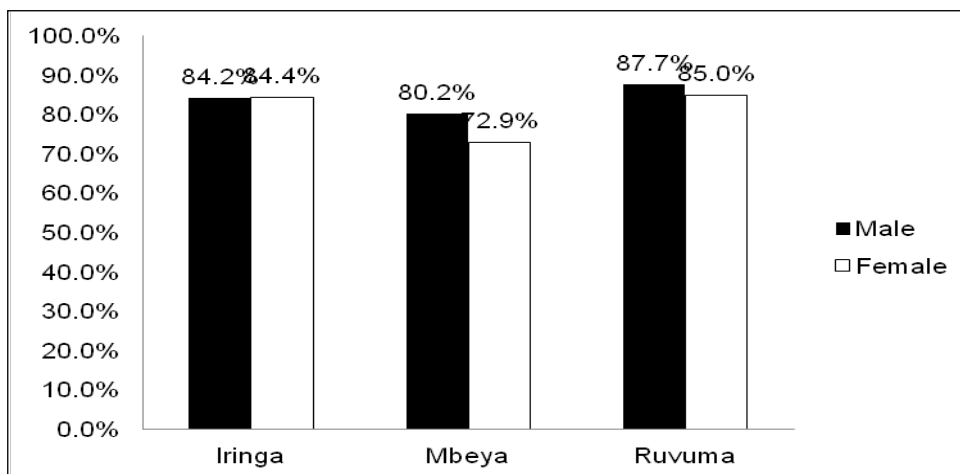
Figure 64: Participation in LGA meeting(s) community, ward or district level (n=724)



3.4.3 Civic rights

Civic rights' knowledge is high, at 82.4% overall, although women in Mbeya registered a relatively lower percent(72.9%). Inter-gender averages show that knowledge levels are slightly higher in men (84%) than women (80.8%) while regional analysis shows that knowledge levels are lowest in Mbeya, at 76.6%, compared to 86.4% in Ruvuma and 84.3% in Iringa.

Figure 65: % knowledge of civic rights (n=721)

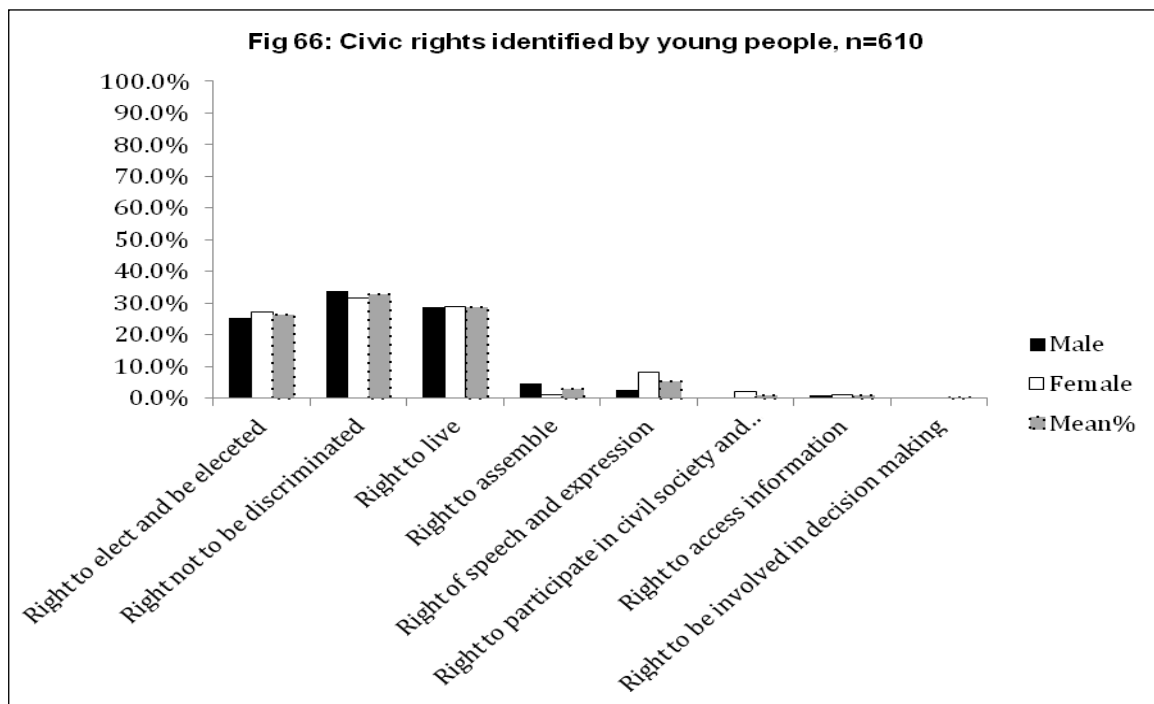


The following rights were easily identified by young people: right to elect and be elected (26.2%); right not to be discriminated (32.7%); and right to live (28.8%). Right to assemble (3%) and speech and expression (5.3%) were moderately identified; however the following were only identified by a small proportion of respondents: Right to participate in civil society and politics(1%), right to access information(1%), and right to be involved in decision making(0.1%).

More women identified the right to speech and expressions than men, 8% to 2.6% while 4.7% of men identified the right to assembly compared to 1.2% women, otherwise there were no discernible differences.

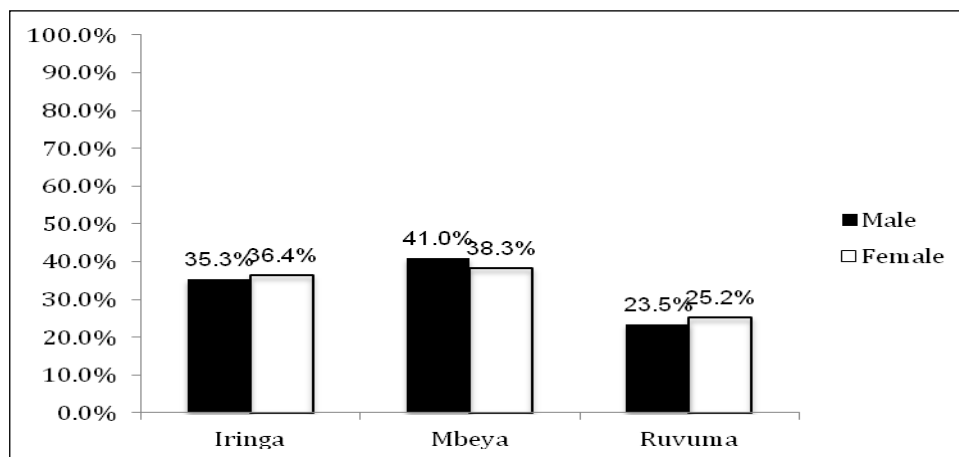
Similar trends were identified in all the three regions without observable deviations.

Fig 66: Civic rights identified by young people (n=610)



Overall, 33.3% report having exercised some of their civic rights, with gender differences fluctuating across regions however minor. Mean analysis of the regions indicate that Iringa leads in exercising of rights at 39.7% followed by Mbeya at 35.9% with Ruvuma having least % of 24.4%

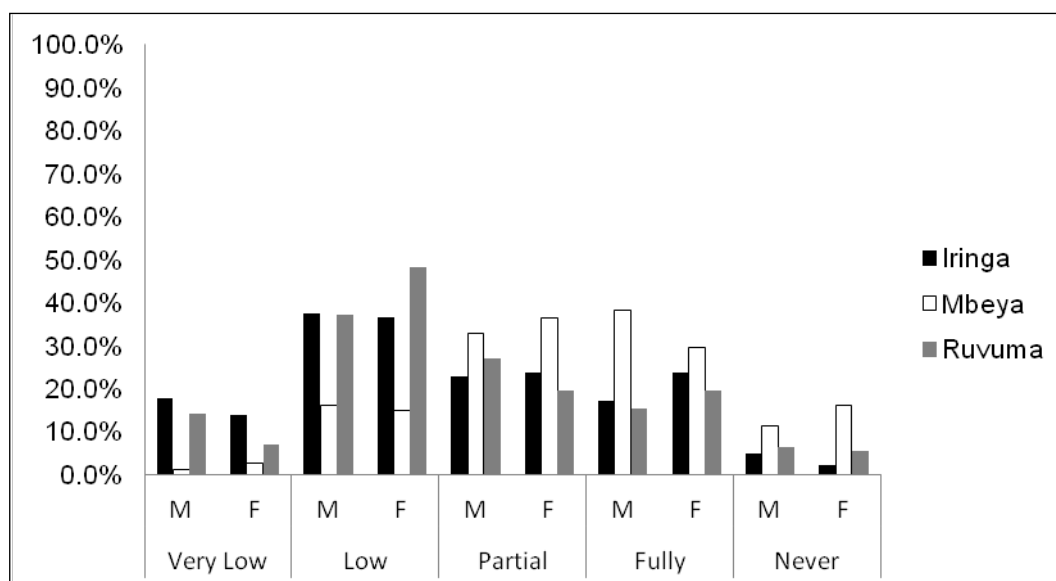
Figure 67: % who have exercised some of the rights mentioned in 65 above (n=688)



Young people were asked to rate how they perceived their freedom to exercise the rights they mentioned before. An average 31.6% (M, 30.2%, F, 33.2%) perceive freedom to exercise rights as low, 27% (M, 27.5%, F, 26.6%) as partial, 23.9% (M, 23.6%, F, 24.3%) fully exercise their rights. It should be noted that 9.45% perceive it as very low and 7.7% never (perceived) exercise their rights.

In Mbeya, it was observed that young people feel that they partially or fully exercise their rights. These contribute to 68.7% (34.75% and 33.95% respectively). In Iringa and Ruvuma, these mostly fall under Low and Partial, but skewed to the low side of the scale. There were no distinct variations between gender.

Figure 67: Rating freedom to exercise rights (n=659)



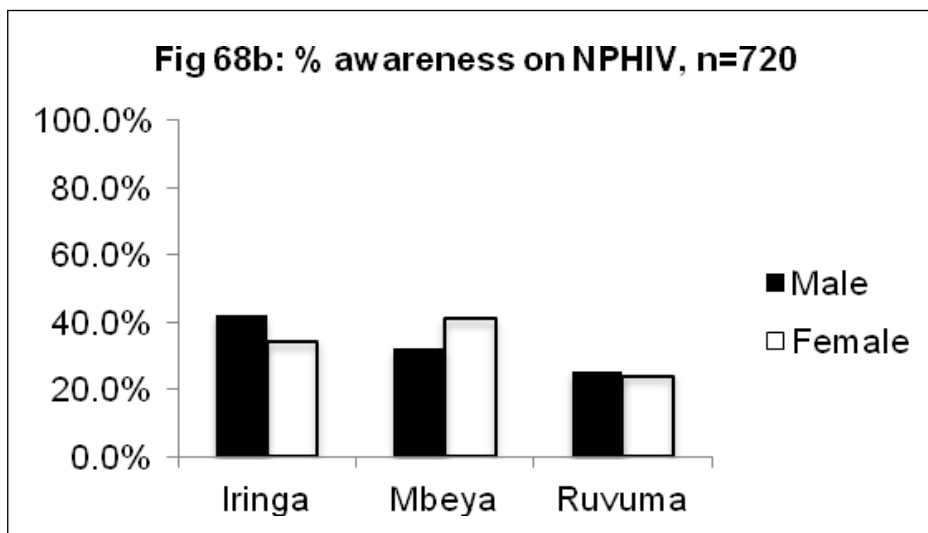
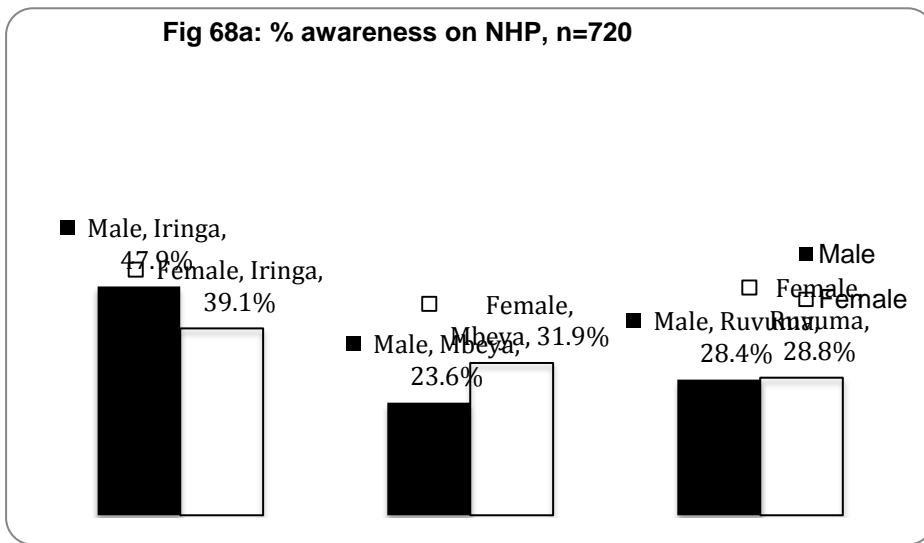
3.4.4 Awareness of National Policies

In all cases, awareness levels are relatively low, at between 24.3% and 47.9%. Awareness of policies is highest in Iringa in relation to four (National Health Policy (43.5%), HIV/AIDS (38.3%), National Youth Development (43.2%) and MKUKUTA (6.1%) out of the 5 policies identified, with Mbeya only leading on the Policy of Return (39%). Policies awareness is lowest in all cases in Ruvuma.

Gender variations were observed across regions. In four policies (NHP, NPHIV, NYDP and RETURN) in Iringa, the awareness is higher among men than women, while this is the exact opposite in Mbeya, however in Ruvuma, the trends are generally similar between women and men.

Women are more aware of MKUKUTA in Iringa than men, as is for NYDP in Ruvuma and RETURN in Mbeya.

Figure 68 a,b,c,d & e: % awareness on select National Policies



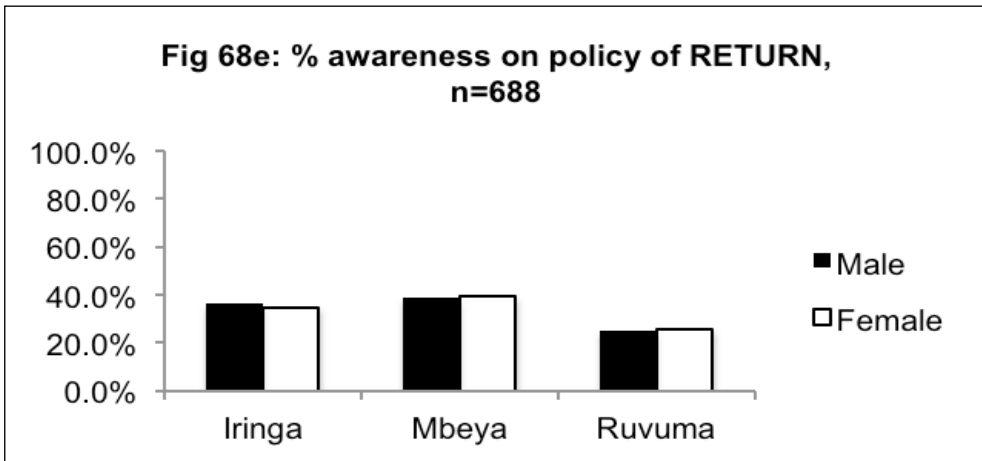
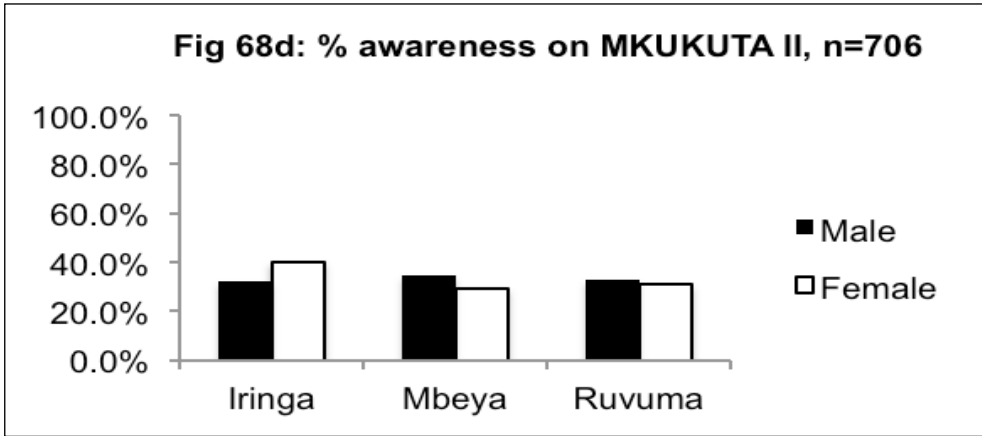
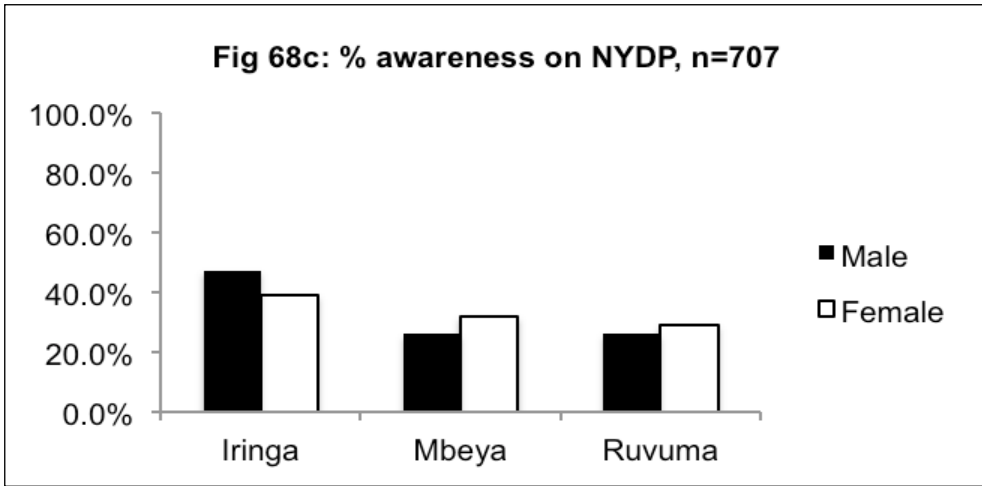
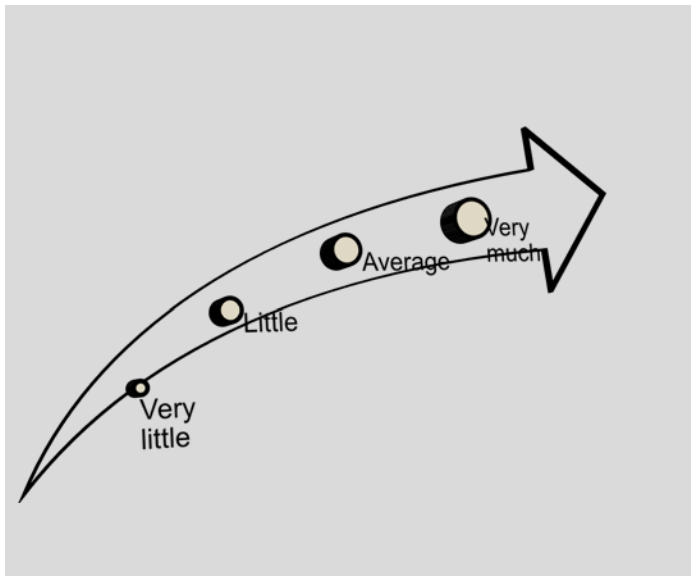


Fig 69: Representation of policy knowledge levels on flow chart



RETURN-Policy of return of girls to school after delivery
 NHP-National Health Policy
 NYDP-National Youth Development Policy
 NPHIV-National Policy on HIV and AIDS

Policy that young people are most interested to know about:

The policies which young people are most interested in, when ranked in order of priority, are as follows:

- 1-MKUKUTA II (40%)
- 2-National Health policy (21%)
- 3-Policy of Return (13%), National policy on HIV/AIDS (13%)
- 5-National youth development policy (10%)

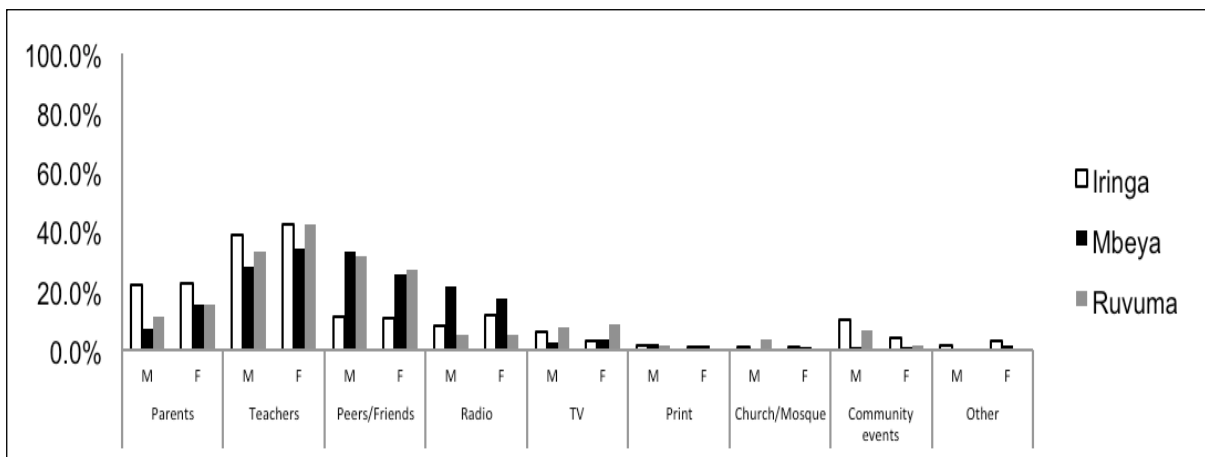
It is clear that young people are most interested in knowing more about MKUKUTA which was previously found (by range of (21.2%-40%) that they were least aware of, however this was expected to be followed by RETURN (range of awareness was 25.1%-39.3%), but that is not the case.

Young people prefer to get information on civic participation and policy through the following channels in order of priority: (i) teachers (36.4%), (ii) peers/friends (23.1%), (iii) parents (15.5%) and (iv) the radio (11.4%).

Analysis of preference by gender, indicate that more women rather prefer teachers and parents while men prefer peers and friends more. There are no differences between gender on preference of radio. The trends were similar in all the regions and no distinct variations were identified.

Preferred sources of information for both sexual and reproductive health and rights and civic participation, including policy are similar in prioritization by young people. In both cases, the prioritized sources in descending order are: Teachers, peers/friends, parents and radio.

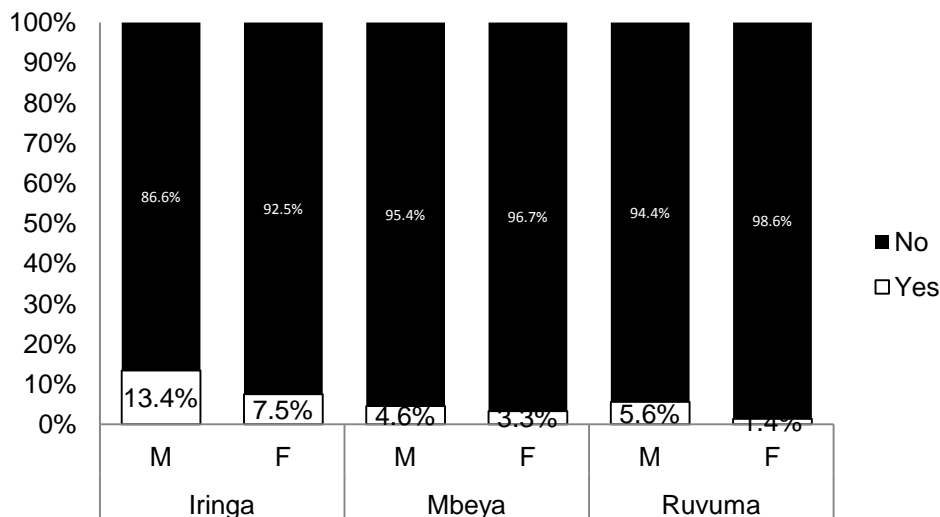
Figure 70: Preferred method of learning about civic participation including policy (n=690)



3.4.5 Involvement in policy development, implementation and monitoring

An average of 94% of young people have never been involved or participated in development of policies and therefore analysis of the remaining 6% was ignored as this group was too small from which to draw inferences.

Figure 71: % involvement in policy development (n=708)



How do young people get involved in policy development?

Participation in policy development among young people strongly follows the ranking indicated below, irrespective of gender:

1-By virtue of position, which demands involvement

2-By invitation

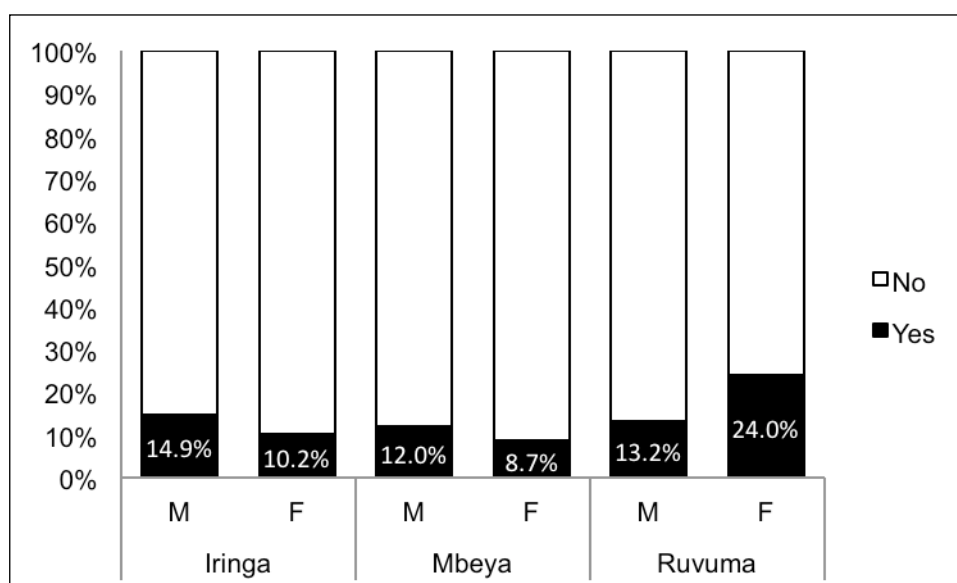
3-By chance

Overall, involvement in policy implementation is 18.7%, which is discouragingly low, but at least higher (by three times) than involvement in policy development.

Figure 73: % of current involvement in implementation of policies

In general, monitoring of policy implementation by young people in the Southern Highlands is still very low, at between 10-19%. No discernible differences are observed between genders, except in Ruvuma, where 24% of females participate, twice as many as males.

Figure 74: % of young people involved in monitoring of policy implementation (n=674)

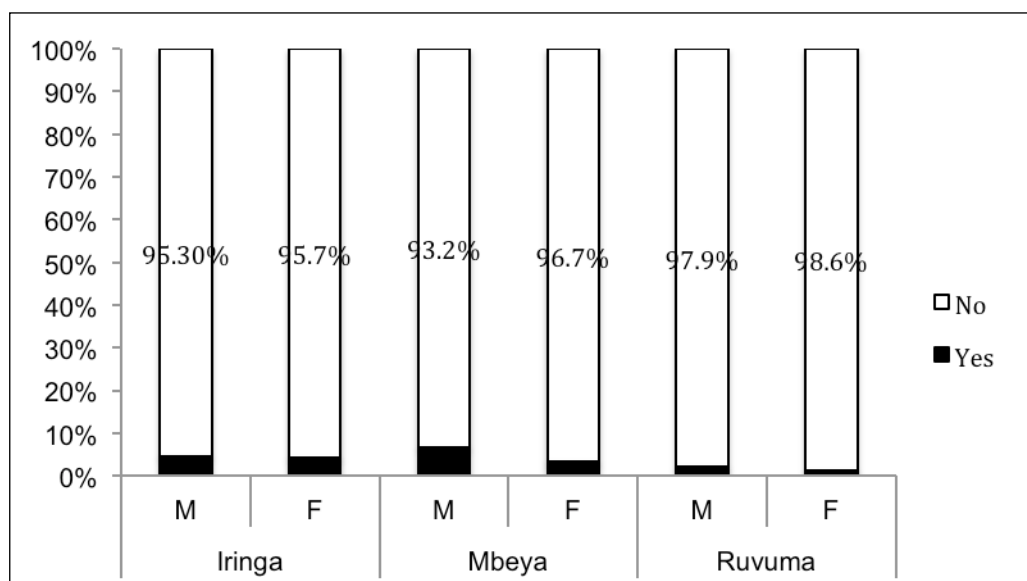


3.4.6 Involvement in budget planning and processes

On average, a paltry 4% have participated in LGA budget planning and processes, while a gender disaggregation shows that female participation is still lower than that of men across all regions.

However key is to note that whatever involvement there is, only exists at village (5.7%) and ward level (3.7%), which are the lowest units in the local government hierarchies, except in Mbeya where some involvement is seen at district level (0.4%).

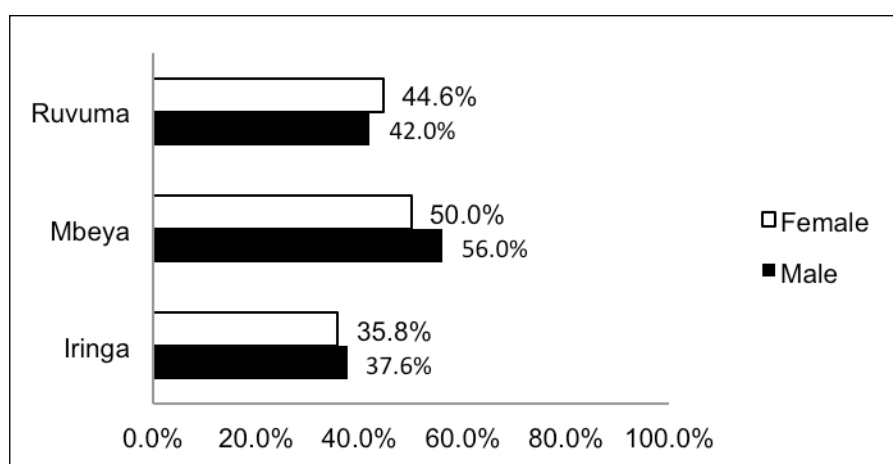
Figure 75: % who have ever participated in budget planning and processes for LGAs (n=710)



3.4.7 Engagement with development of Tanzania's new Constitution

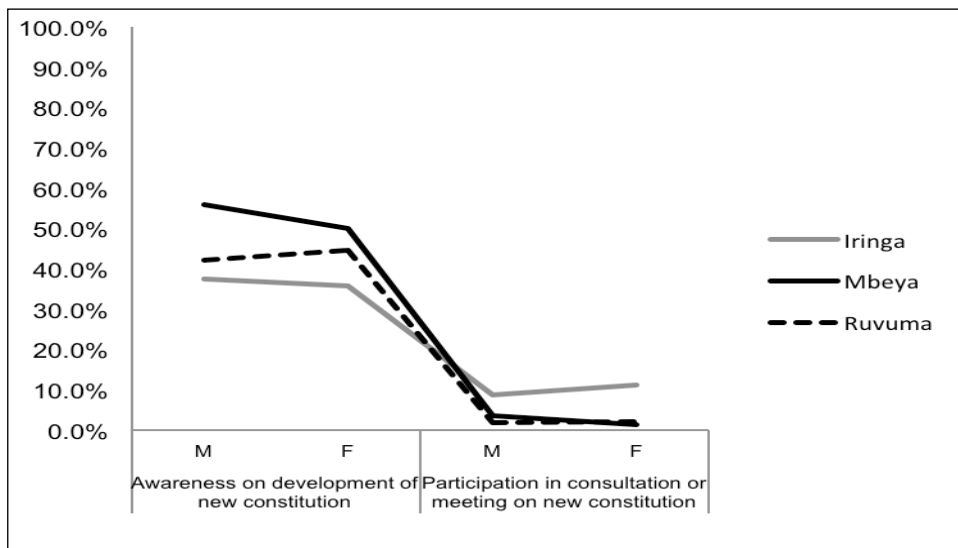
Overall, only 44.3% of young people in the Southern Highlands are aware of this crucial development. Awareness levels on the development of the new Constitution are highest in Mbeya (53%), followed by Ruvuma (43.3%) and Iringa (36.7%) in descending order. In both Iringa and Mbeya, the level of awareness among males is higher, however in Ruvuma the inverse is true.

Figure 76: Awareness on development of the new Constitution in Tanzania (n=708)



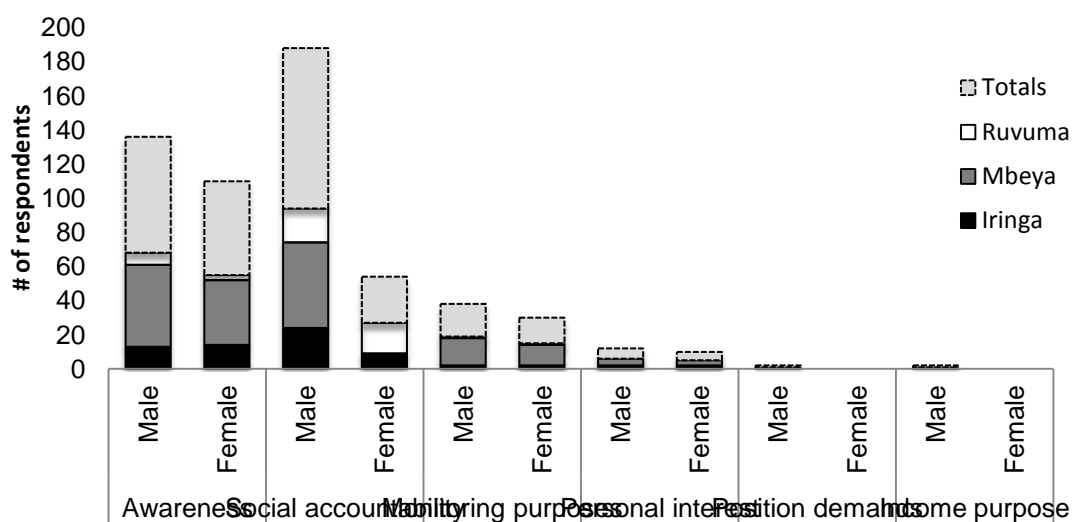
Just 4.6% have participated in consultations/meetings related to the development of the new Constitution. While awareness is lowest in Iringa (36.7%) compared to Mbeya(53%) and Iringa(43.3%), participation is the highest (9.9%) and indeed participation of women is higher than that of men. 33% of those with disabilities are aware of the Constitution being developed, while only 4.6% have participated in any meetings or consultations on the same.

Fig 77: % Comparison of awareness of versus participation in consultations/meetings on the new Constitution



As indicated by Figure 78, interest in participation in constitutional and policy issues is mainly due to general awareness (37.3%) and for social accountability purposes (36.7%). Participation is also undertaken for monitoring purposes (10.3%) and out of personal interest (3.3%), but less so. It is observed that men are involved more for social accountability than awareness, while for women the opposite was true.

Figure 78: Why young people are interested in being part of Constitutional and policy making processes, n=329



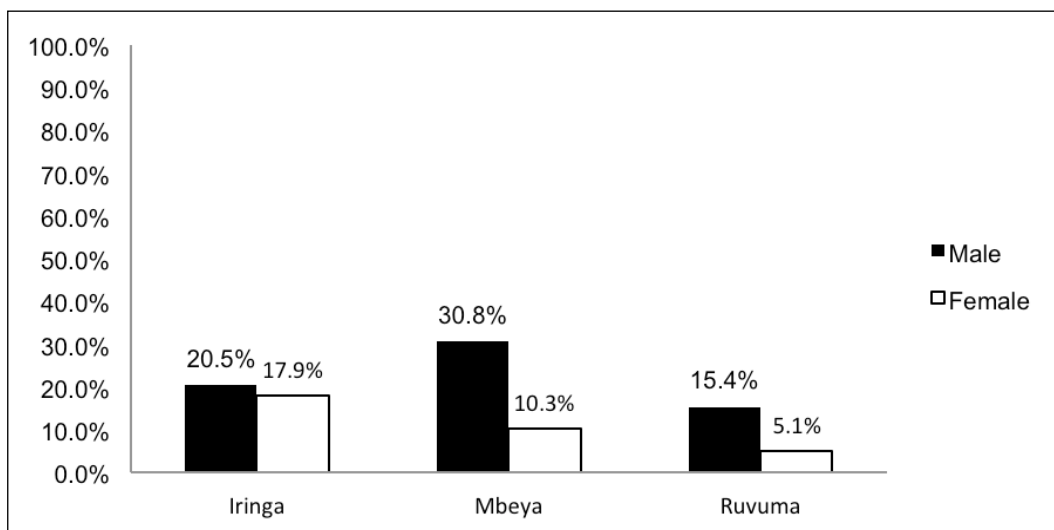
3.5 LIVELIHOODS AND EMPLOYMENT

The n-values in this section are relatively lower. This is as a result that the questionnaire used was exclusively for young people out of school and therefore young people in school were not asked these questions.

3.5.1 Employment and income

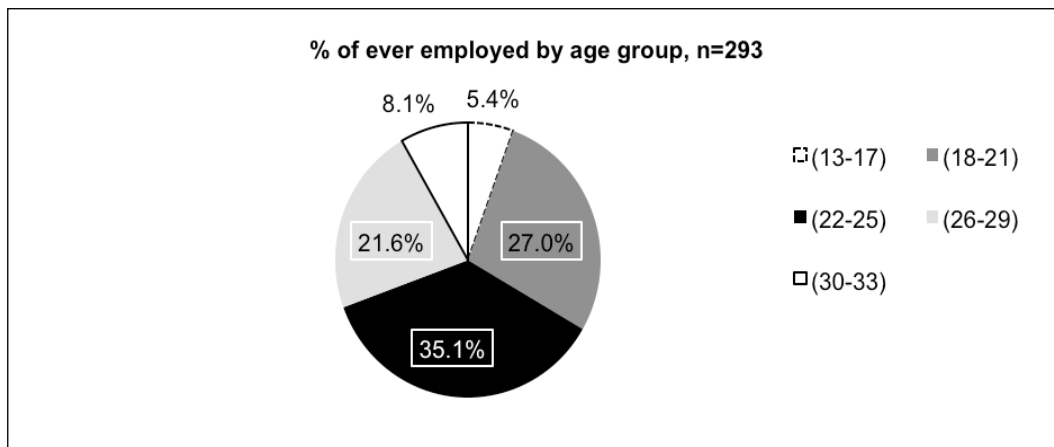
Figure 80 below indicates that only 16.6% of young people have ever been employed, while the proportion of males (22.2%) is double that of girls(11.1%) overall. Gender differences by region varies a great deal in favour of males where 20.5%, 10.3% and 2.6% more males have ever been employed in Mbeya, Ruvuma and Iringa than females respectively.

Figure 79: % who have ever been employed, 14-29yrs (n=293)



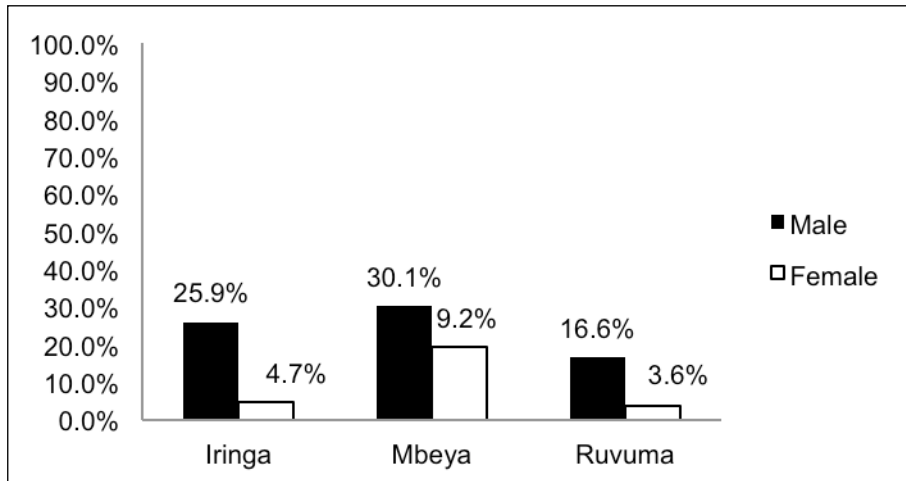
Disaggregation by age group shows that a high proportion of young people who have ever been employed fall between 18-29 years contributing to 62.1% thus, 18-21 (27%), 22-25 (35.1%) and 26-29 (21.6%). However, minors (13-17) have also been employed at a percent of 5.4%.

Fig 79: % of ever employed by age group (n=293)



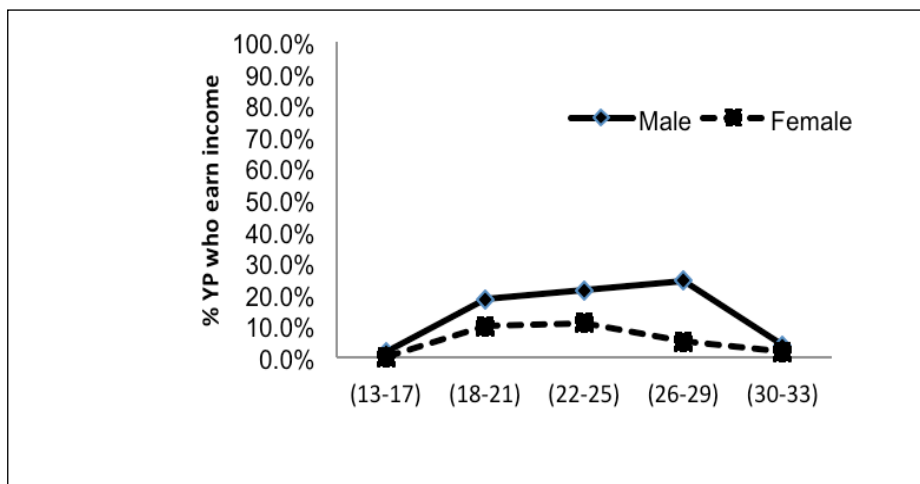
Overall, 15% of respondents reported earning income, while more males earn income than women in all cases (24.2% versus 5.8%), and the proportion of young people earning income by region is highest in Mbeya (19.6%) for both genders and lowest in Ruvuma (10.1%).

Figure 80: % who earn income (n=290)



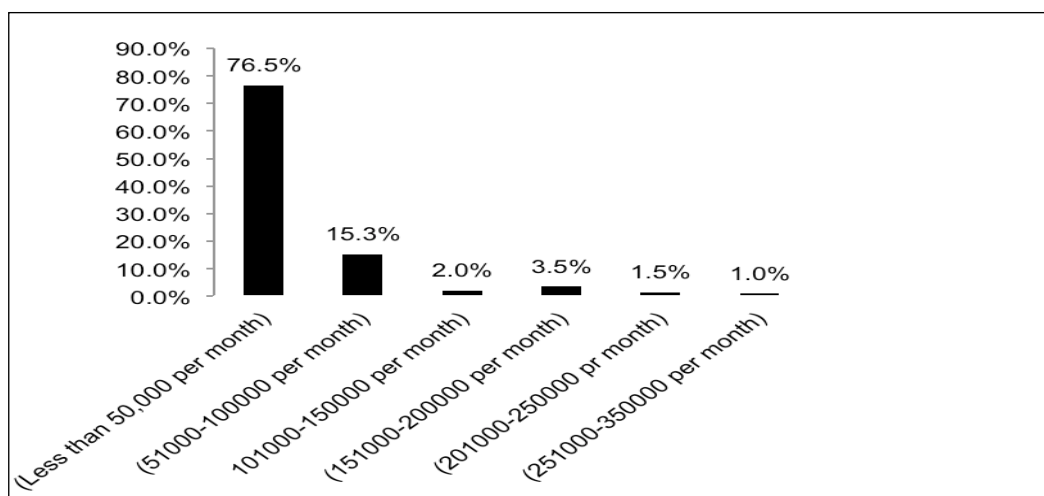
The disaggregation by age group depicted in Figure 82 below shows that most young men who earn income are 26-29 in age (24.3%), but for women, the most common age is 22-25 (10.8%). Women who earn decrease in proportion beyond age group 22-25 but increases for men as they approach age 29.

Figure 81: % who earn income by age group, n=290



As Figure 82 below shows, over three quarters (76.5%) of young people earn less than Tshs. 50,000 per month and a further 15.3% between Tshs. 50,000-100,000, while those earning between 101,000-350,000 make up 8%. While not depicted in the Figure below, a higher proportion of young women (71.1%) than men (57.5%) earn income of less than Tshs 50,000 a month.

Figure 82: Monthly income, n=198



Young people were next asked about their sources of income. Of all the young women surveyed, none is in salary employment, while just 6.6% fall into this category. Main source of income differs by region and gender, as follows:

In Iringa, the major source of income for young women is manual labour, while in Mbeya and Ruvuma, it is business. Meanwhile, for Men, the major source of income in all regions is business, followed by manual labour.

An overall ranking of income sources shows that business is the most common source of income, accounting for approximately half of respondents (M=46.4%, F=54.1%), followed by manual labour, which accounts for over a third, (M=39.9%, F=34.4%), then other sources not specified (M=6.6%, F=12.1), and finally salaried employment (M=6.6%, F=0%)

Figure 83: Sources of young people's income



Young people were also asked about their consumption patterns. Ranking the items on which they spend their incomes in order reveals the following. For both men and women, food is the major consumer of monthly incomes (M=49%, F=64%); followed by alcohol and drugs (M=29.9%, F=19.3%). The next most common consumer of income for men is support of family and relatives (M=9.2%, F=1.6%), followed by clothes (5.5%), buying sex (2.9%) and school fees (1.7%) and finally 'others' (0.4%), whereas for women, the pattern is different: their third biggest income consumer is unspecified 'others' (7.4%), then clothes (4%), closely followed by buying sex (3.3%), while no women reported spending their incomes on school fees. Figure 86 below depicts the overall ranking, across genders.

The only items on which women spend a higher average proportion of their incomes, on average, are food (perhaps unsurprisingly, as they earn lower incomes, on average, and, according to Abraham Maslow's pyramid of wants, as income goes up, proportion of income spent on food goes down, as this basic 'want' is satisfied) and buying sex.

The regional breakdown reveals that food is the major consumer of monthly incomes, where it consumes in Iringa (66.1%), Ruvuma(68.6%) and Mbeya (36.3%), however in Mbeya, alcohol and drugs consume the greatest part of incomes among young people (40%), even more than that consumed by food. In Iringa, sex consumes 10% of young women's monthly income-the highest in all the regions, while sex consumes 5.7% of young men's income in Mbeya. The only cases where young women spend more from their monthly income than men are food and buying sex.

Figure 84: Leading consumer of monthly income, n=213

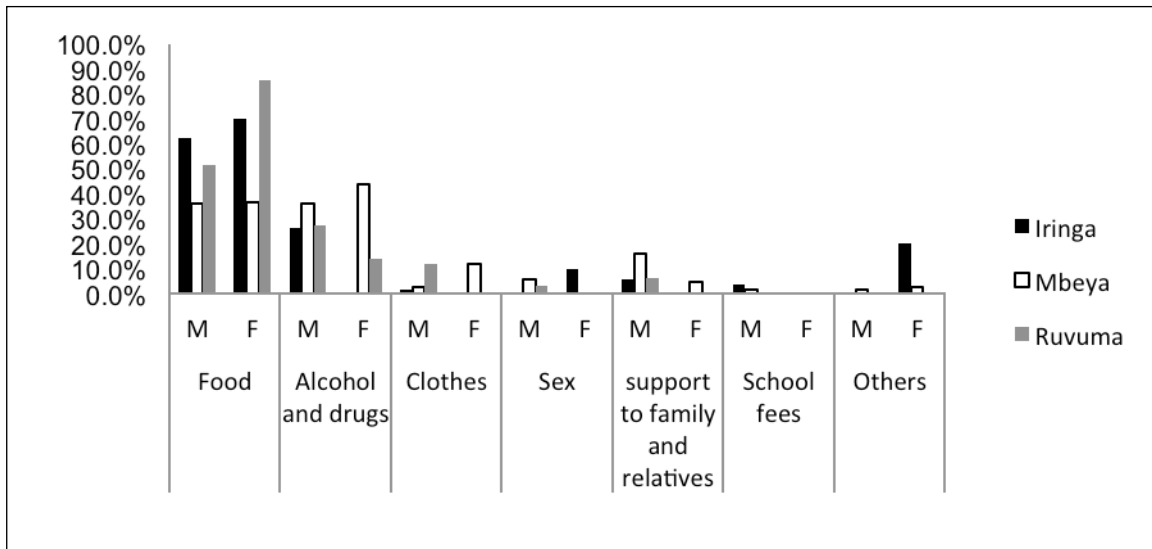
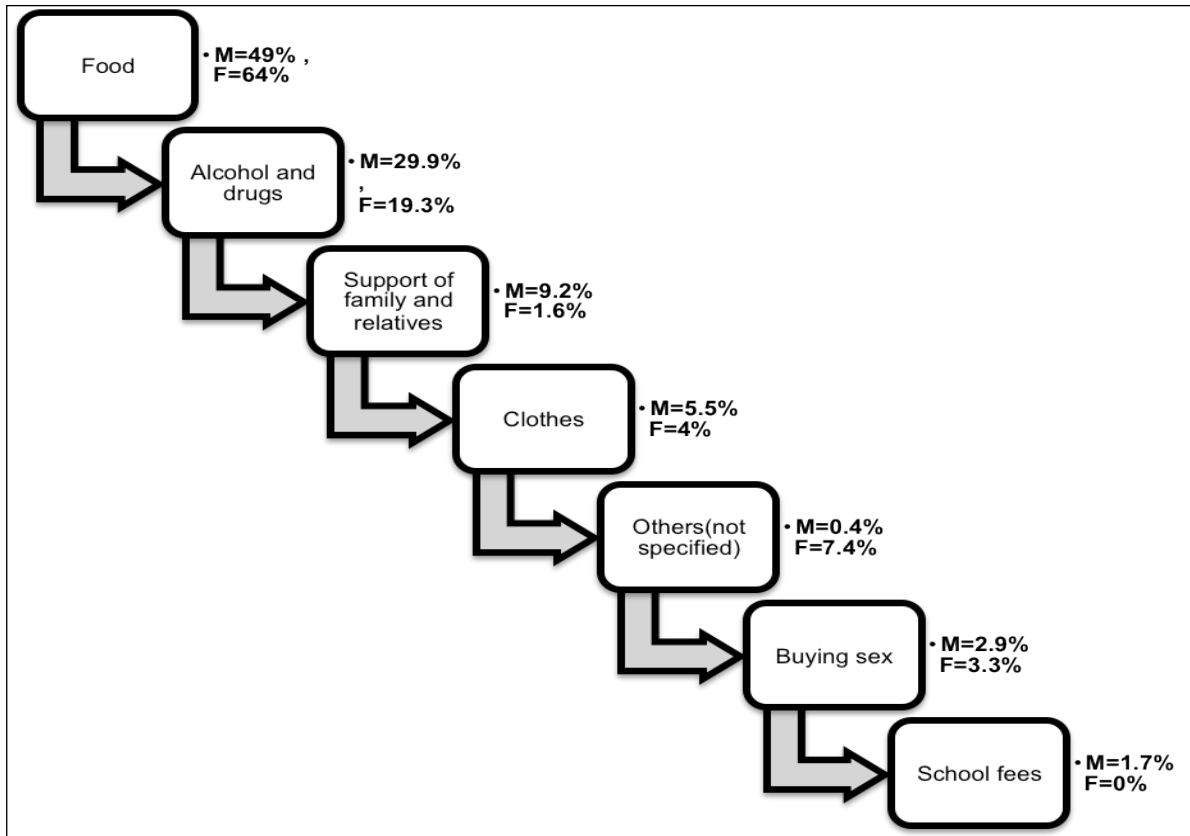


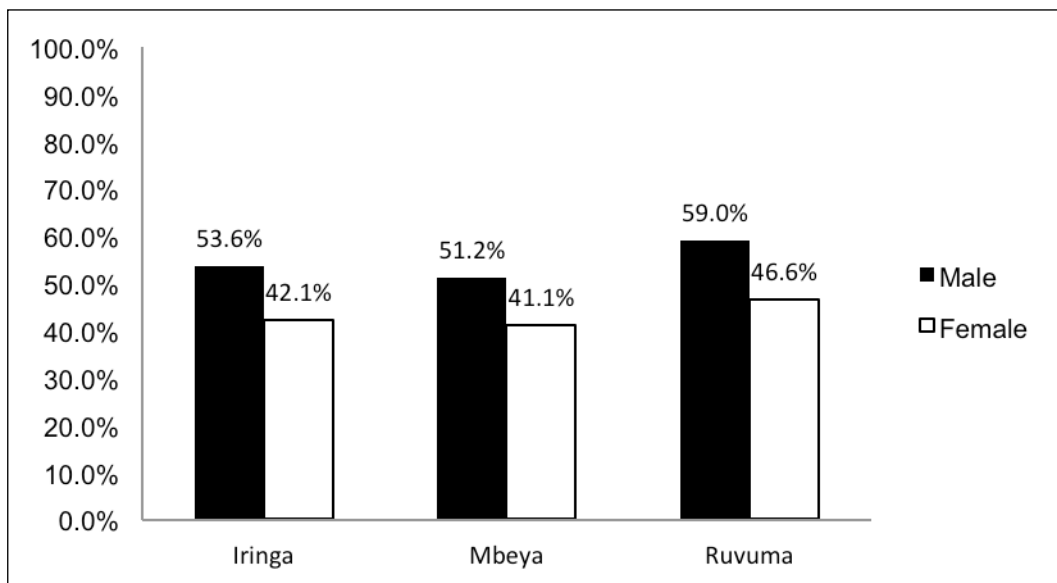
Fig 85: Step-down representation of chief income consumers



3.5.3 Land and land-use patterns

Almost half of young people own land (49%); however the proportion of men who own land is higher than that of women at an average of M=54.6% and F=43.2%. No major regional differences were observed.

Figure 86: Ownership of land, n=281



Acreage of land owned

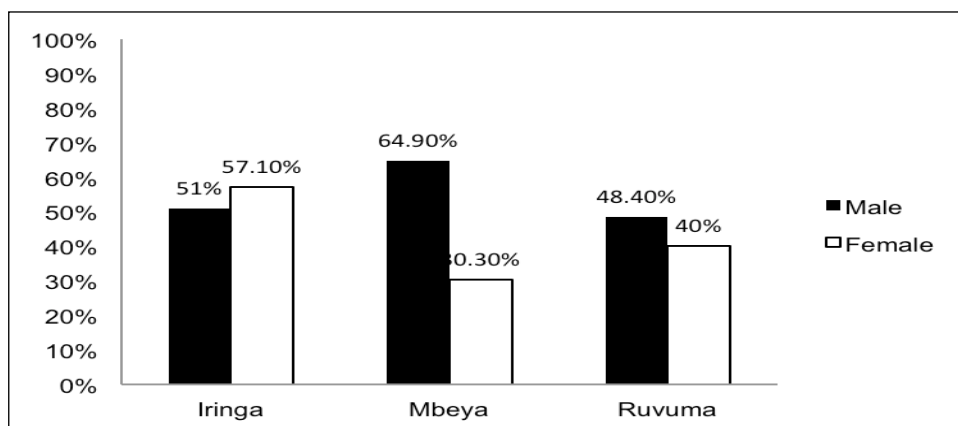
The majority of young people own between 1-6 acres of land. There is no discernible difference between the acreage owned by young women and men (not depicted here), except with variation in ownership itself, as indicated in figure 87 above.

Income generated from land

The proportion of young people who use their land for generating income is just under half, at 48.6%. Desegregated by gender, 54.7% of men use land for generating income compared to 42.4% of women. Overall men use land more for income generation than women, and more so in Mbeya and Ruvuma. It is only in Iringa where women use land for income generation than men (57.1% to 51%)

Overall, the use of land for income earning by region stands at 54%, 47.6% and 44.2% for Iringa, Mbeya and Ruvuma respectively.

Figure 87: % using land to generate income, n=199

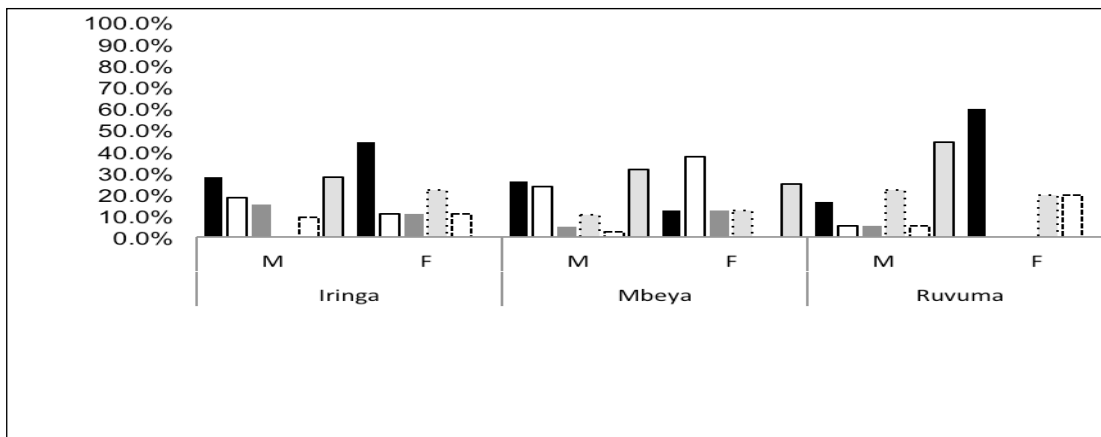


Out of those who acknowledge generating farm income, women comprise just 17% of the total. In all regions, the majority of women who do receive incomes have limited incomes of between 10-50 000, being the lowest range depicted in Figure 89 below. This is the exact opposite for men, whose

incomes are more skewed towards the higher range of 25 000 and above. At the highest range, incomes go as high as 6 Million per year. This implies that, any substantial farm incomes are earned by men not women.

Overall analysis, however, show that farm incomes per annum are still too low to contribute significantly to sustainable development.

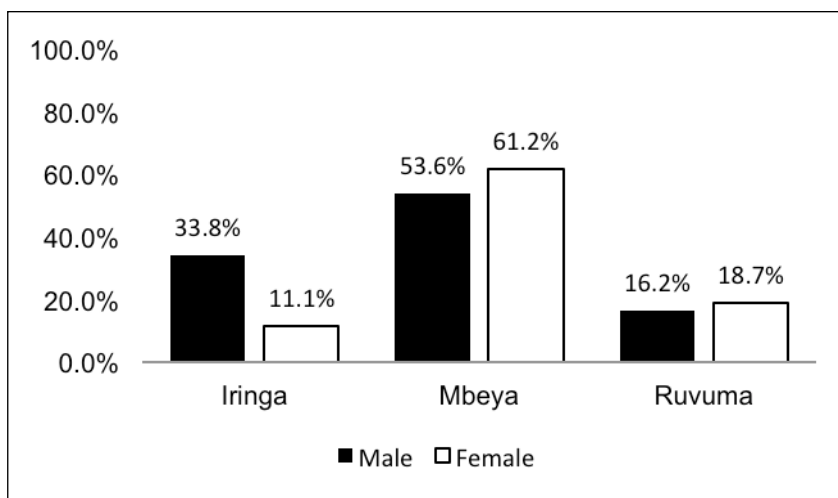
Figure 88: Farm income per annum , 000' Tshs (n=110)



3.5.4 Involvement in business

Overall, around a third of young people are involved in business, 34.5% of men and 30.3% of women, with Ruvuma pulling down the figures for men, and Iringa and Ruvuma those for women. Mbeya has the highest rates of both gender engaged currently in business overall; however in Iringa, more men are in business than women, while in both Mbeya and Ruvuma more women are currently doing business.

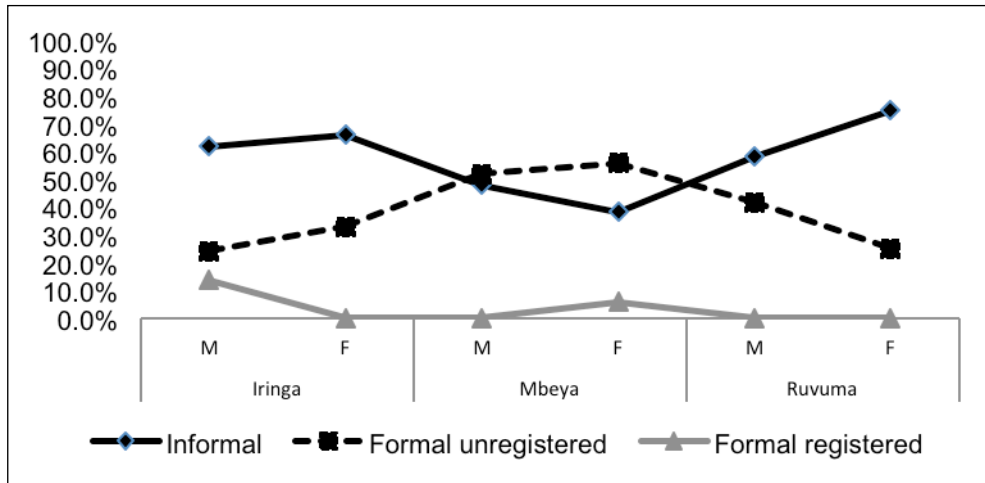
Figure 89: % engaged in business (n=267)



Overall, most businesses run by young people are either informal (57.9%) or formal but unregistered (38.5%). Only 3.25% of businesses are formal registered. By gender 56.1% men and 59.7 women have informal businesses, 39.2% M, 37.9% F have formal unregistered businesses and 4.5% M,

1.9% F have formal registered businesses. Informal and formal unregistered businesses account for 92.5% in Iringa, 97% in Mbeya and 100% in Ruvuma. Only 13.7% men in Iringa and 5.8% women in Mbeya said they have formal registered businesses.

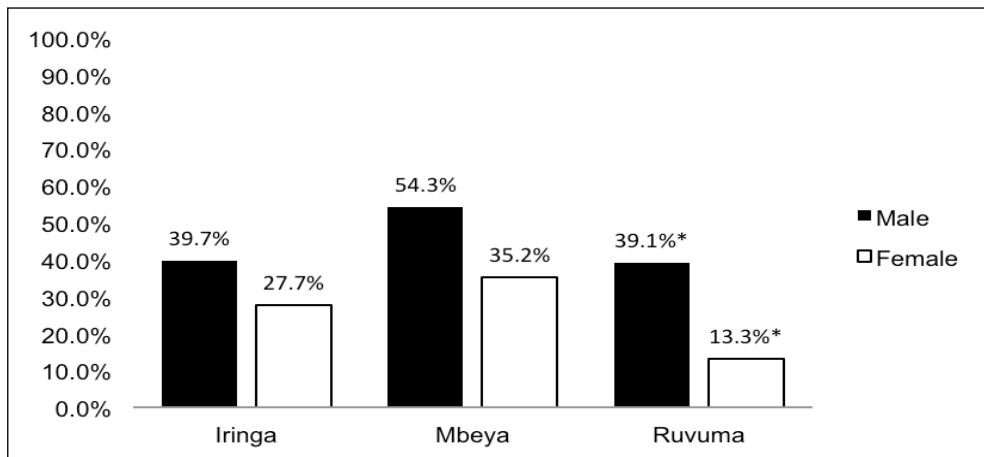
Figure 90: Category of business, as those engaged consider it (n=133)



3.5.5 Youth headed households

A higher proportion of young men (44.3%) are heading households than women (25.4%), the figures are higher in Mbeya (54.3% M and 35.2% F) compared to other regions

Figure 91: % YP who are head of a household, n=284



*Number of female respondents from Ruvuma for this question were too few (4) to be analysed.

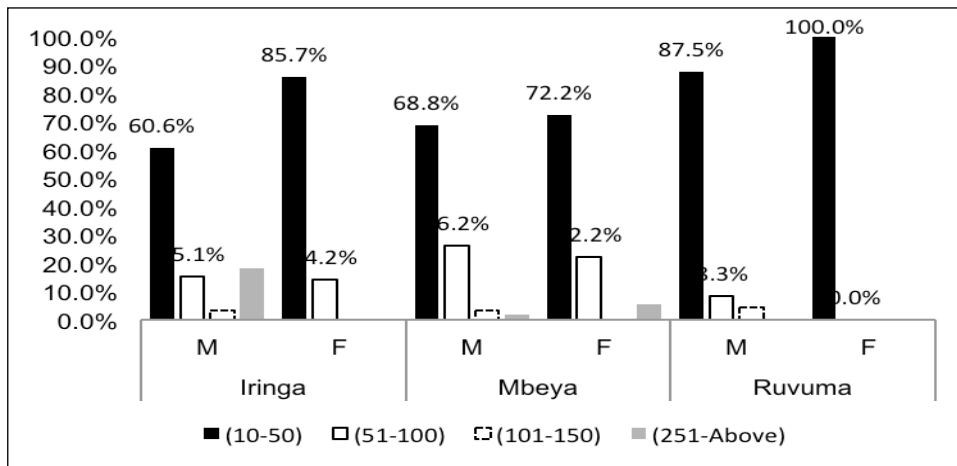
3.5.6 Contribution to household income

Monthly contributions to household income per month fall predominantly within the range of 10-50,000 Tshs in all regions, followed by 51-100,000, although 18.1% of men in Iringa contribute >25,1000 a month.

Note that, calculating the proportional monthly household contributions (contribution per month/incomes per month), shows that, in line with Abraham Maslow's pyramid of wants, as incomes increase, contribution to household incomes go down – for example, in the income group of Tshs 10-50,000 per month, the contribution to household income is 96%, while for those earning 51-100,000 a month, it is only 94%.

Note that those who earn income, n=198 is not so different from those who contribute to the household, n=162. However, not all who earn income contribute to the household income.

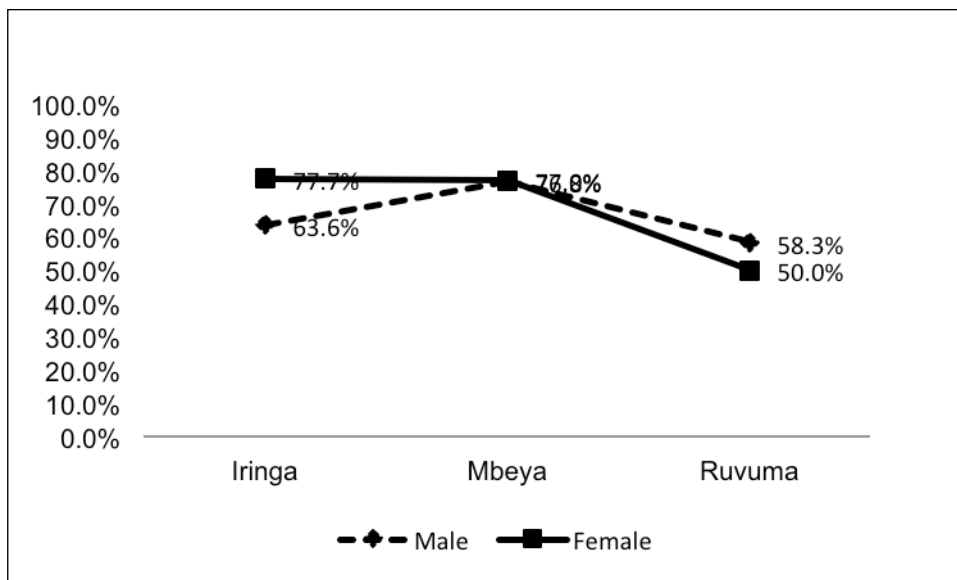
Figure 92: Contribution to the household income per month (n=162)



3.5.7 Employment seeking

Overall, over two-thirds of young people (68.2% of women and 66% of men) are currently looking for a job. In Iringa and Mbeya, the proportion of women looking for employment is higher than men; however in Ruvuma the opposite is true. Regional analysis indicates that, overall, more young people in Mbeya (76.8%) are looking for employment, followed by Iringa (70.65%) and Ruvuma (54.15%) being last.

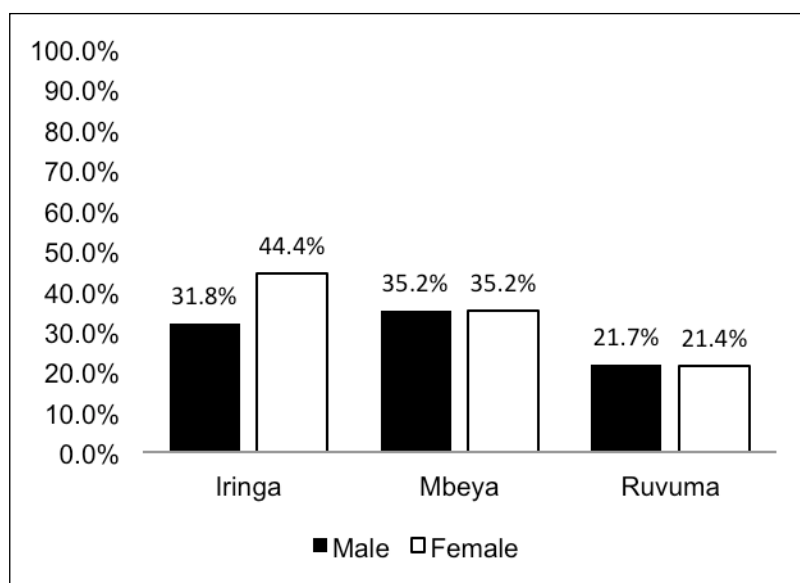
Figure 93: % looking for a job (n=276)



3.5.8 Income Generating Activities (IGAs)

Overall, 31.6% of young people report having established IGAs in the last 12 months, while the proportion in Ruvuma is considerably lower, at 21.5%, than that in Iringa and Mbeya (38.1% and 35.2% respectively). Except for Iringa, where more young women acknowledge establishing IGAs than men, there are no noticeable gender differences.

Figure 94: % of YP who have established IGAs in the last 12 months (n=280)

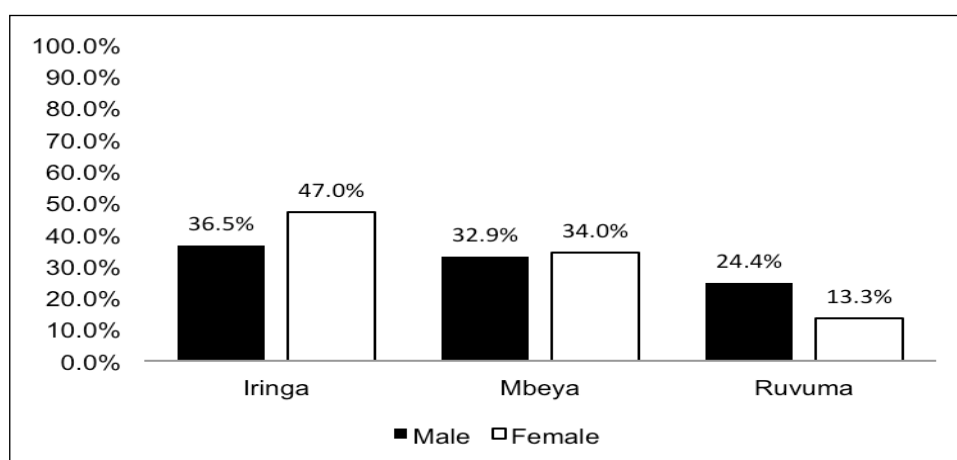


3.5.9 Capacity development and skills training in Livelihoods

Young people were asked whether they had received any capacity development in livelihoods over the last 12 months. Capacity development in this case represents any focused training or support with the intention to build on skills, knowledge and awareness of opportunities in livelihoods, entrepreneurship and or wealth creation.

On average, 31.3% received such capacity development, which breaks down as 31.2% of males and 31.4% of females. A regional breakdown shows that 41.7%, 33.4% and 18.8% of young people received any capacity development initiatives on livelihoods and entrepreneurship in the last 12 months in Iringa, Mbeya and Ruvuma respectively. A similar pattern is observed as that for IGA establishment, whereby Ruvuma has noticeably lower figures than the other two regions. In Iringa and Mbeya, more women accessed capacity development than men; however in Ruvuma, the opposite was true.

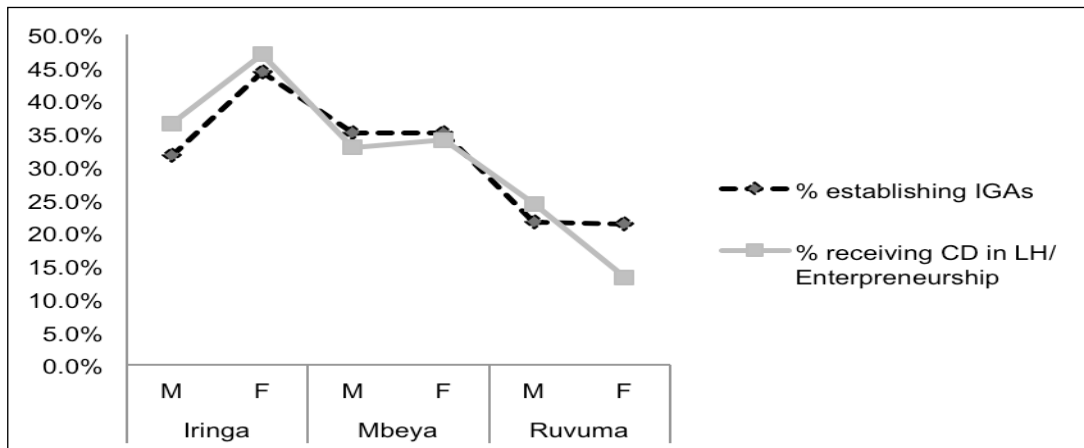
Figure 95: % young people receiving capacity development in livelihoods in last 12 months (n=276)



As depicted in Fig. 97, there is a clear relationship between access to capacity development on livelihoods and entrepreneurship, and establishment of IGAs, although this pattern differs by region.

Access to capacity development on livelihoods and entrepreneurship is directly proportional to establishment of IGAs in Mbeya and Iringa; however in Ruvuma, the opposite is true. However the causality in this case will still require some in-depth analysis.

Figure 96: Relationship between capacity development and establishment of IGAs



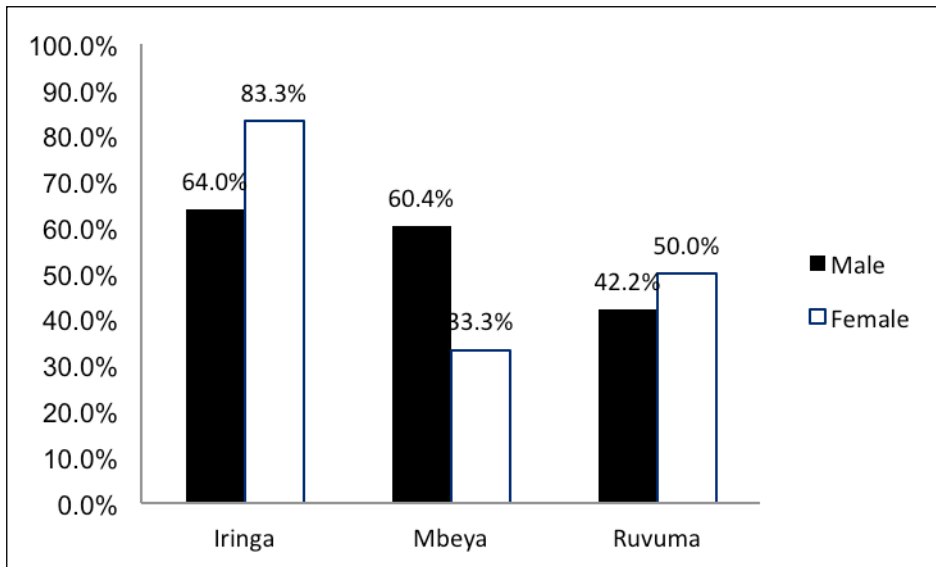
As shown by Table 21 below, responses to a question on the type of support received reveals that access to livelihoods capacity development among young people is limited to a great extent to provision of general entrepreneurship knowledge (63.5% reported receiving this kind of support, while the figures for all other types were below 10%). The next most common area was marketing plans, at 9.4%, but access to this kind of support has been more to men (10.8%) than women (6.8%), who prefer mentoring and coaching instead.

Apprenticeship is the least accessed type of capacity development in livelihoods and was totally absent in both Mbeya and Ruvuma.

Table 21: Areas of livelihoods capacity development young people have received, n=148

Livelihood Capacity area	General entrepreneurship knowledge	Marketing plan	Mentoring and coaching	How to start and improve a business	How to generate a business idea	Other	How to write a business plan	Apprenticeship
Rank	1	2	3	4	5	6	7	8
% of access	63.5%	9.4%	8.7%	6.7%	4.7%	3.3%	2.7%	0.6%

Figure 97: % seeking livelihood skills course



The most common type of skills possessed by both young men and women across all three regions is farming skills (average of 61.7%), followed by entrepreneurship skills (18.8%), these two are the only skills possessed with overall proportion of respondents in double-digits, except for 'any other skills', which were found to include carpentry, art, mechanics, opportunity mapping skills, hospitality skills, tailoring and teaching.

Other key skills necessary for successful livelihoods are in very short supply among young people. Just 4.5% have skills in managing budgets and records for IGA (although a regional breakdown reveals the figure is considerably higher in Iringa, at 15%, and completely absent in Ruvuma), while market analysis skills are possessed by just 3% (notably absent among women, except in Mbeya where more women than men possess these skills) and setting up an IGA at 2% (absent in women in all regions).

Figure 98: Skills young people possess to improve their livelihood situation,

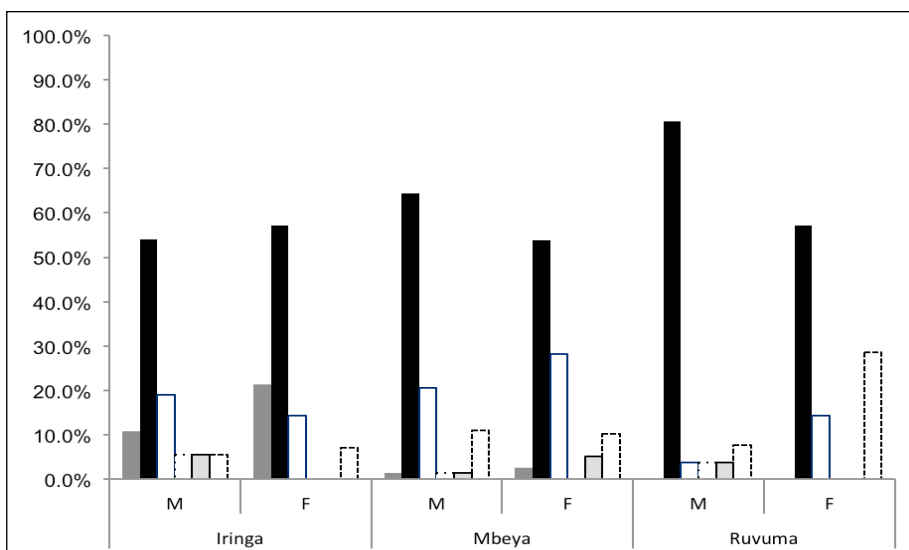
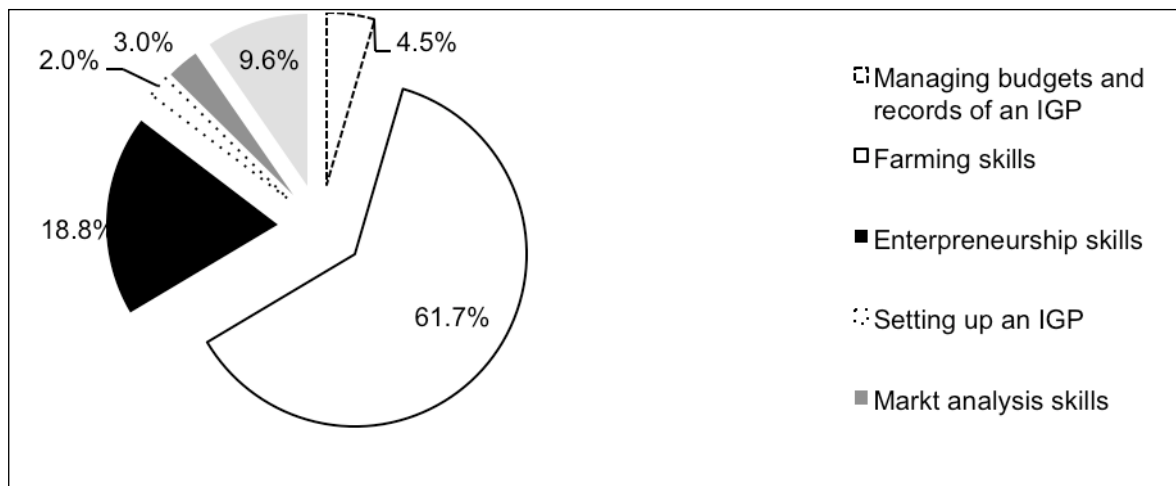


Figure 99: % who possess different types of skills across all regions and genders, n=202



When asked what skills they require to help them develop their livelihoods, 52.1% of young people reported need for farming skills, even though a higher proportion than this already have these skills as outlined above. This is based on the fact that farming is the predominant activity in the rural areas of the Southern Highlands, hence young people are keen to further hone their skills in this area.

Entrepreneurship skills is recognised as a needed skill at 18.3%, followed by record and budget skills at 11.1%, 'other skills' (advertising, ICT, mechanics, pharmacy, nursing, carpentry, tailoring and agriculture as a business) at 8.6%, skills on setting up an IGA⁴² at 4.3%, market analysis at 3.8% and finally resource mapping skills at 1.4%.

Figure 100: Skills needed by young people to improve their livelihoods (n=213)

⁴² Income generating activity (IGA) is used interchangeably with income generating project (IGP) in this case, and is reflected in the graph.

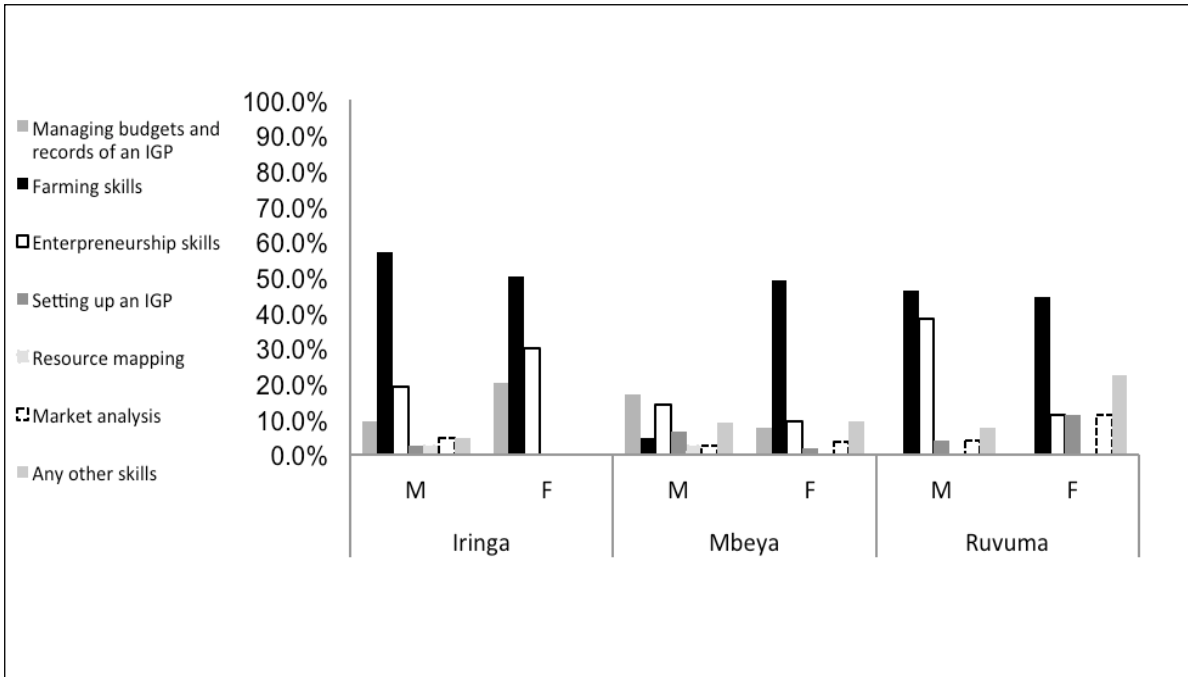


Figure 101: % reporting skills' need across all regions and genders, by type of skill, n=213

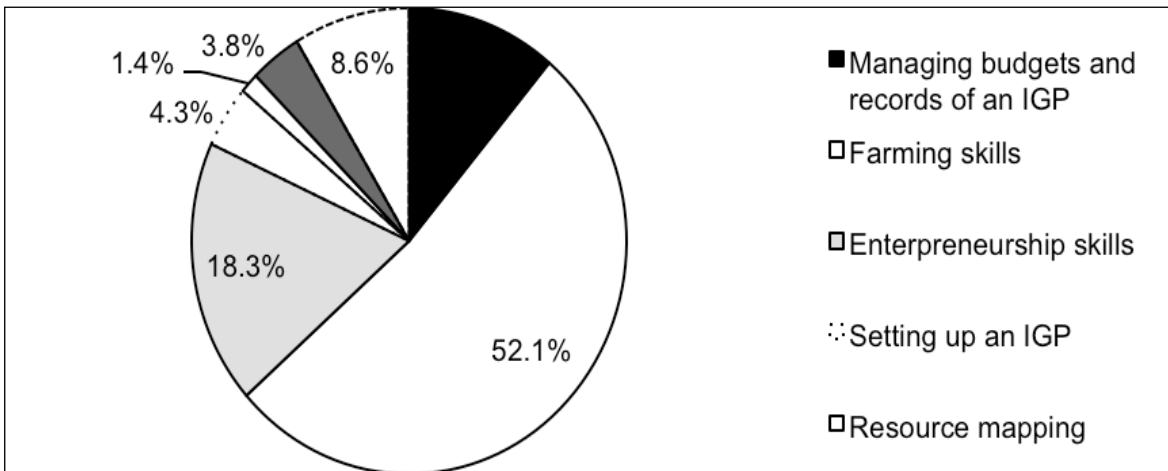
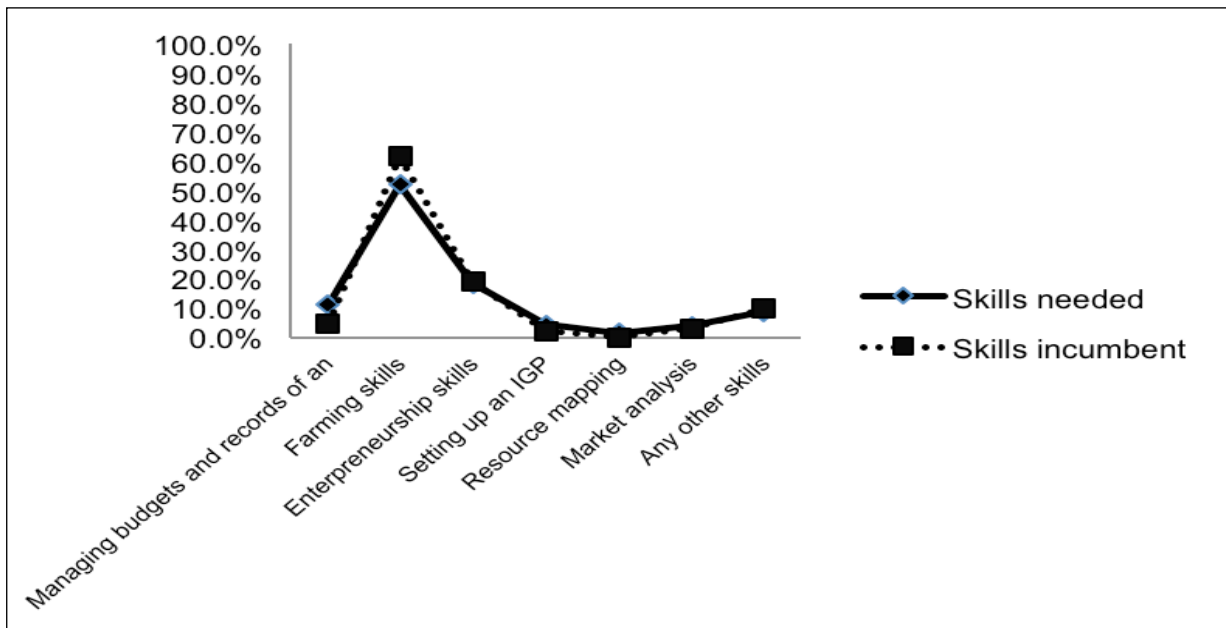


Figure 102 clearly shows that skills needed by young people are the same skills that they already have, suggesting what they are after is a deepening of their current skills base more than a broadening to encompass other types of skills. This implies that so far, there is no focus of innovation within the livelihoods context in which young people operate. A key new skill area that young people need, despite the lack of demand shown, is resource-mapping skills, to understand the available resources and opportunities for livelihood development.

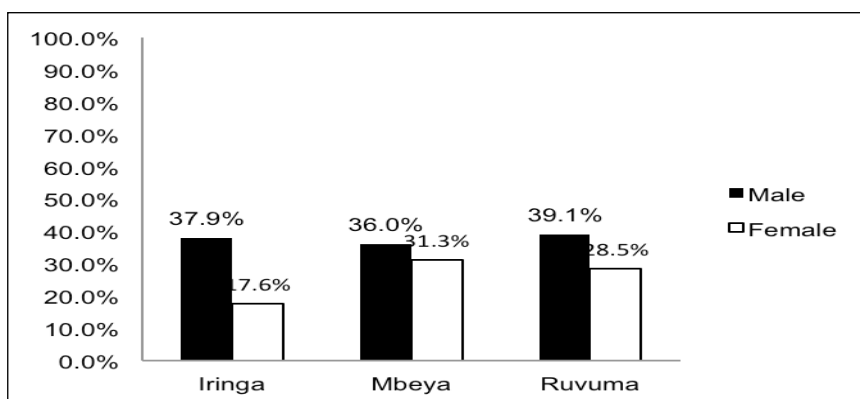
Figure 102: Comparison of livelihoods skills already available and livelihoods skills needed



3.5.10 Access to business capital

Overall, just under a third of young people report access to business capital (31.7%), with males having stronger access (37.6% versus 25.8% for women). Regional analysis shows a lack of discernible difference.

Figure 103: % perceiving that they have access to business loans/grants by young people (n=272)



Actual receipt of loans/grants is very low compared to perception of access in the communities, as 8.8%, and again more prevalent for men (10.7% compared to 6.9% for women), while a regional breakdown shows the figures to be 10.9%, 9.2%, 6.3% in Mbeya, Ruvuma and Iringa respectively.

Interestingly, even though the perceived access by men is higher in Mbeya, actual receipt of loans is higher among women than men, implying a lack of relationship between perception of access to actual access of loans/grants, while in Iringa there is no evidence of women ever having received loans or grants.

Figure 104: % who have actually received loans/grants in last 12 months (n=263)

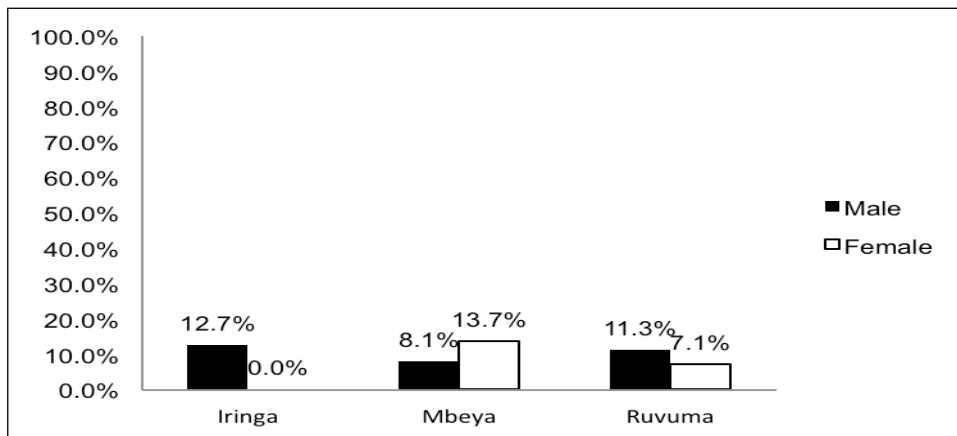


Figure 105 further emphasises the fact that actual receipt of loans/grants is very low compared to perceptions of access to the same. The figure shows an approximate difference of 23% between actual receipt of and perceptions of access to loans/grants.

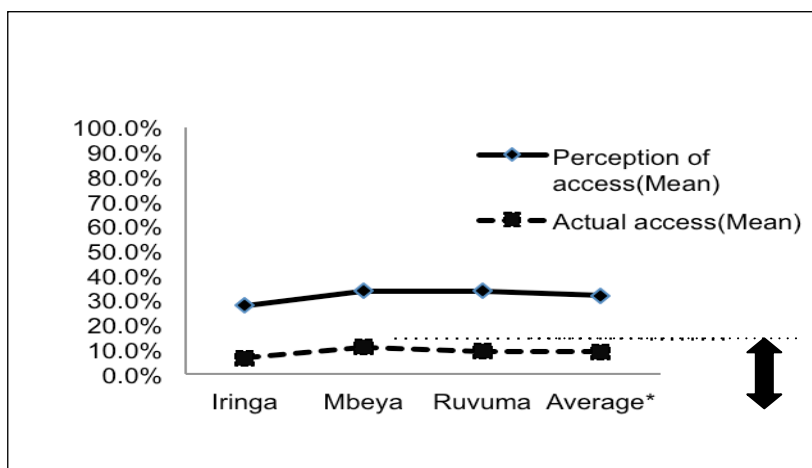
This shows that there are underlying factors that affect actual receipt of loans/grants by young people. FGD results indicate that these factors include: lack of collateral; inadequate entrepreneurship groups, high interest rates on loans, lack of knowledge on opportunities and terms and conditions of loans, and poor attitudes of young people towards loans. The following quotes show the challenges;

“Loans are there but you find that interest rate is high and as a young people you find that there is nothing you own that you can give as collateral” -FGD participant, Nyanyembe placement, Iringa

“There are institutions providing young people with loans. We had this institute (name withheld), what happened was, people who failed to pay, all their property was impounded/grabbed. We don't want to hear of loans” Mawambala placement.“The condition of getting a loan from the financial institutions does not favor young people”. Inyala placement, Mbeya

Young people even propose. “It will be easier if the local government authority (in the community) would give an opportunity to the village members to borrow money /loans from the village account” Mago, Makete district in Iringa.

Figure 105: Relationship between perceived access to and actual receipt of loans

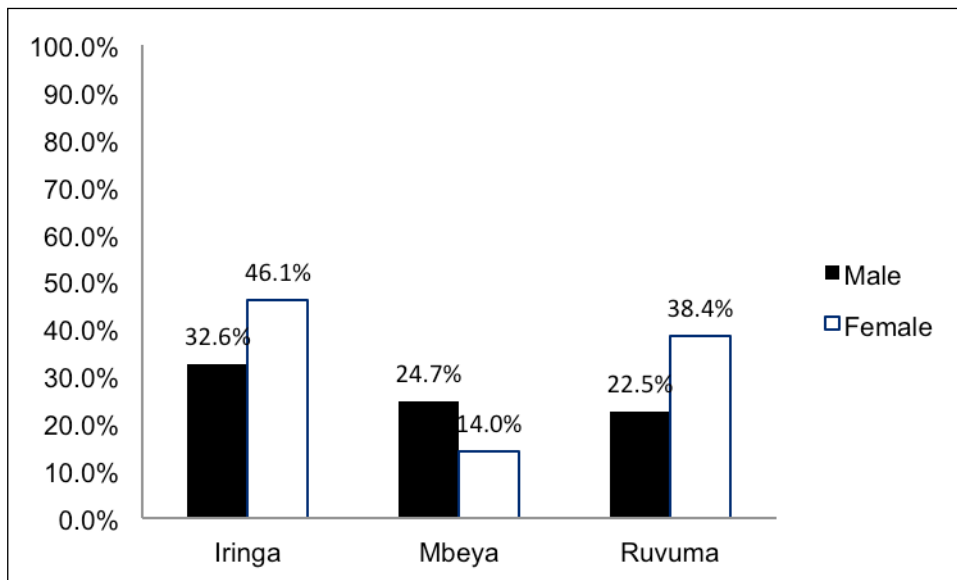


Overall, just a quarter of young people (25.6%) feel that conditions of loans/grants are youth friendly, while regional means vary considerably, at 39.3%, 19.3% and 30.4% for Iringa, Mbeya and Ruvuma respectively. However, reasons why the Mbeya mean is far low could not be determined within this study.

Figures for acknowledgement of youth-friendly conditions are higher than actual receipt of loans/grants. Interestingly, women in Iringa have the highest satisfaction with conditions, but none actually accessed loans/grants in the last 12 months, and this trend is similar in Ruvuma.

This suggests that other factors are at play. However, finding prior indicating that less women in Iringa (11.1%), which is least in all the three regions are engaged in business; more women in Iringa (77.7%) and Ruvuma (58.3%) are looking for employment, whilst they have established the highest % of income generating activities (44.4%) explains above finding. Unfortunately, with the high income generating activities already started by women in Iringa, sustainability and expansion that will also enable transforming businesses from informal and formal unregistered to formal may be a mirage.

Figure 106: % perceiving conditions of access to loans/grants to be friendly (n



4.0 CONCLUSIONS AND RECOMMENDATIONS

Sexual and Reproductive Health and Rights (SRHR) including HIV/AIDS.

1. Knowledge of HIV/AIDS prevention among disabled young people is lacking, as is support for abstinence and being faithful. HIV risk perception was also found to be higher among the physically handicapped, albinos, mentally handicapped and sight impaired. This shows a lack of comprehensive information on the part of these groups. Targeted and deliberate HIV/AIDS communication strategies are therefore necessary to reduce the disadvantage of these groups with greater emphasis on communication strategies suitable for the hearing impaired young people, as well as increased efforts for inclusion of disabled young people.
2. Disseminating information(both sexual and reproductive health and rights, and policy and civic participation)to young people should prioritise the use of teachers (for school-going youth), peers and parents and, the importance of radio, as the most preferred sources. In spite of current communication strategies used, recognition should be put to engaging the preferred sources in design and dissemination of appropriate communication strategies on SRHR and policy and civic participation. However, use of radio as a communication media for young people should appreciate that the channel will be listened to only sometimes (as reported by 52.2%) and will reach mostly men if used every-day. Women report either never listening to the radio or listening infrequently.
3. Gender Based Violence (GBV) commonly exists in the Southern Highland communities of Tanzania and both genders are victims. A broader approach that involves and engages both men and women should be adopted in fighting GBV, prioritising community education on causes and effects, and an alternative reporting mechanism that is friendly to young people should be explored for communities to effectively take charge of managing this vice.
4. Women have a higher HIV risk perception than men. However with young people becoming more aware of their sexuality at 13-17 and starting to experiment at 18-21, their risk perception goes down as they enter into relationships (it declines). In all cases, risk perception is higher among singles than marrieds, owing to the feeling that when you are married, you settle down.
5. While overall knowledge/awareness on HIV/AIDS is high at 98.45%, over a fifth of young people believe that mosquito bites transmits HIV, while the sight impaired in particular have stronger perceptions that one can get HIV through sharing a plate (31.25%). It is therefore necessary that HIV communications specifically targeting rejecting misconceptions are implemented in the Southern Highlands - that HIV/AIDS education should still cover the basics and be based on an understanding of the diverse contexts in which young people live.
6. Individual negative attitudes towards people living with HIV/AIDS (PLWHIV) were found to be stronger than community belief systems - for example, 31% are not willing to share food with a person living with HIV while only 13% believe one can get HIV by sharing a plate of food with an HIV positive person. This implies that tackling stigma and discrimination in the three regions will require focus on individual negative attitudes first before addressing discriminatory community belief systems. Individual attitudes against PLWHIV will potentially accelerate negative community belief systems and increase wholesale stigma effect on PLWHIV unless something is done to change the attitude patterns of individuals.
7. Perceptions of young people that it is possible to tell an HIV positive person by just looking are more common 13-25 (25.5%) and decline to 16.6% at 26-37 years. This suggests that

such perceptions are more based on the psychology of youth than rationality, that the decisions of young people between 13-25 years are not based on rationality but feelings, perceptions and influence.

8. HIV/AIDS education in the Southern Highlands focuses mostly on sexual intercourse, and to a lesser extent blood transfusion, as causes; however use of sharp devices and mother-to-child transmission are news in these areas. If programmes on Intravenous drug use (IVDU) and Prevention of Mother to child transmission (PMTCT) are to be rolled out, the uptake will seriously be affected by lack of knowledge and information on these methods. Focused interventions need to be initiated to expand the information that young people receive on avenues of HIV transmission to include mother-to-child transmission and intravenous drug use, so that coherent approaches can be mainstreamed for uptake.
9. Pregnancy education should increasingly discuss the importance of (i) observance of safe days in Iringa and Ruvuma (young people who believe it does not prevent pregnancy is >30%) in both gender; (ii) correct and consistent use of condoms in pregnancy prevention for both genders in Iringa (24% of young people believe it does not prevent pregnancy), and (iii) use of contraceptive pills and injections in all the three regions, as a third of males and a quarter of females do not believe that these methods prevent pregnancy. It is also alarming that some young people (17.4% of males and 12.3% of females) still believe that condoms contain HIV virus. This should also form a part of the communication package for young people.
10. Sexual and reproductive and health rights education must be prioritised in all three regions, given that over half of young people believe that women have no right to refuse their husband or partners sex whatsoever. This type of education is especially important among girls in Ruvuma, where almost 29% still believe they do not have a right to SRH education and services, compared to 12.9%(Iringa) and 16.4%(Mbeya) regions. Negotiating for condom use in sexual unions is also lower among females in Ruvuma, where 18% say it is impossible to convince a partner to use a condom when they do not want to, compared to Iringa, 6.7% and Mbeya, 4.6%.
11. The decision of young people not to be involved in sex when they do not want to is not greatly affected by the nature of the relationship (single or married), or age of partner (age-peer relationships) but varies with regions. However, respect for positions of authority challenges their resolve and these decisions are greatly influenced by existing cultures, norms and gender constructs in communities, which has the potential to increase sexual and gender-based violence (GBV) – for example, 30% of women in Iringa has already experienced forced sex, while 31% of respondents have already been victims of GBV in the last 12 months alone.
12. Health centres are the most common sources of condoms for young people (52%), however 50.4% of young people prefer to access the condoms from shops. (It is still difficult to impossible for many young people (66%) between the ages of 13-17 to either buy condoms from the shop or ask for them from the health centre. Young women and girls in particular rarely access condoms. It is therefore necessary that alternative access points, preferably shops, be explored by condom providers, taking into account the cost issue, to spur youth-friendly access to condoms.
13. Nearly half of young people have never heard of same-sex relationships, while those who have tend to express negative attitudes, suggesting that young people who engage in same

sex activities should be encouraged or even forced to stop doing so. In addition to individual negative attitudes, the majority (73%) of young people reported that rural communities as a whole do not support this orientation. Therefore, planned action is clearly necessary to assure protection of the rights of homosexuals.

14. Unsurprisingly, sexual activity among young people increases by age: 81% of 13-17 reported never having had sex, while by 30 all young people reported having had sex in the last 12 months. Males are more sexually active than females and sexual activity is higher in Ruvuma among the 13-17 age group (25% in the last 12 months compared to 4.8% in Iringa and Mbeya). Just over half (51%) of young people surveyed used a condom at last sexual encounter, which shows an overall increase of 7% across both genders compared with the 44% at first sexual encounter. This indicates that use of condoms by young people is not gaining as much traction yet as would be expected and more efforts need to be put in place to improve uptake, correct and consistent use through youth-friendly access points.
15. Since multiple partnerships among young people exist mostly in unstable relationships, there is need to educate youth on risks associated with multiple as well as unstable relationships to effectively manage this trend.
16. Most of those involved in transactional sex in Iringa and Ruvuma are not residents, but rather transitory visitors; however, in Mbeya most of those involved live within the region. Added to the fact that 74.5% of young people who engaged in last transactional sex did not use a condom, there is a very high risk of HIV infection in transactional sex across all the regions.
17. Although 50% of young people acknowledge the availability of VCT services in their community, just 37% have had a VCT test. More men have attended VCT than women, while women trust men more in seeking advice on STIs, thus it is possible that lack of accurate communication between men and women masks the actual situation of STIs treatment seeking behavior as well as testing for HIV. Programmes that encourage open and honest communication between men and women on issues of SRH should be encouraged, to reduce HIV infections and increase uptake of HIV and STI testing..
18. Pregnancy considerably affects schooling and retention of girls in school. 52% of all girls interviewed acknowledge that pregnancy has affected not only their schooling but their lives up to date, compared to 34% who were only affected after delivery and 14% only during pregnancy. Noting that education is a lifetime investment that contributes to both health and livelihoods, greater emphasis must be placed on increasing school retention of girls by reviewing the bottlenecks that pregnancy creates in their lives as well as causes of teen pregnancies.

Civic Participation:

1. It is evident that most young people are not aware of their right to be involved in decision making and right to access information and participate in civil society and politics. However, knowledge of these rights is key to improving civic participation and engagement of young people. Added to the fact that young people do not feel free to exercise their rights (only 24% does), this means that civic and rights education is still needed to improve knowledge and attitudes and develop capacities to exercise civic rights. Moreover, further research into the challenges that militate against young people in the Southern Highlands is also needed.
2. Young peoples' awareness of selected policies (MKUKUTA II, National Youth Policy, National Policy on HIV/AIDS, National Health Policy and Policy of Return) in Tanzania is still low, at between 25-44% depending on region, compared with 46-53% among urban youth (Restless Development, Tanzania: Urban Tracer study, 2011). However, there is a lot of interest from young people in understanding MKUKUTA II (40%) in particular, which is the least known about, with interest in other policies at less than 21-10%. There must be deliberate efforts made by all actors, including government, to sensitise the youth on the national policies as well as involve and engage them in development, implementation and monitoring of the policies themselves.
3. There is strong interest from young people to participate in civic processes in Tanzania – 18.7% report interest against 5.9% who report being involved. However, bottlenecks such as tokenism, exclusion, corruption (young people perceive policy implementers, especially leaders, to be corrupt), gender disadvantage faced by women and negative attitudes held by young people themselves still thwart their participation.. Young people must change their attitudes to participation, but this will not happen unless efforts are made to address these bottlenecks.
4. Efforts should seriously be made to communicate the process of re-writing the Constitution so that young people are aware of it and therefore able to participate. At present, only 44.3% are aware and 4.6% have participated in meetings and consultations about the new Constitutional processes – if these rates don't improve, it will be difficult to assure the opinions and views of young people are taken into account. Therefore, deliberate measures are needed, such as distributing simple and friendly versions of the Constitution; sustained education on the Constitution, improving awareness on the work and plans of the Select Committee to collect views on the Constitution among others, are put in place to open spaces for young people's involvement and engagement in civic processes in Tanzania.
5. Women's participation and knowledge on select policies in all cases is lower than that of men (6% and 4% respectively), and participation in policy development declines from local to national level in all the regions, indicating that women's participation and involvement of young people above the local/community levels are two clear priorities to be addressed. Development of youth platforms at district and national levels that focus on equality and active participation should be explored to step up participation beyond community or local levels, while gender constructs that discourage women's participation need to be acknowledged and tackled.

Livelihoods and wealth creation:

1. The context of income earning for young people differs with gender and region. 24.2% of men earn incomes compared to 9.1% of women. Salary employment in the Southern Highlands is not available for women while only 6.6% of men reported being in salaried employment. Even when women do earn incomes, they earn less than men, even though they start earning these incomes earlier than men. It is therefore pragmatic that interventions targeting improving income earning amongst young people in the Southern Highlands should support business initiatives for young women and men understanding the challenges they face. However salaried employment in the rural areas will require more opportunities to be created.
2. In the rural settings of the Southern Highlands, where the economy is mostly non-cash, when food is available, and in most cases grown locally and thus cheap, any extra incomes made will be used in other alternatives. The survey shows that among young people, these alternatives unfortunately tend to be alcohol and drug use (Almost 25% is used). As incomes increase (beyond the basic need of food which consumes 56.5% of monthly incomes), expenditure of young people on drugs and alcohol increases. It is therefore necessary to instill among young people the culture of savings and investment into alternative productive ventures that will improve their livelihoods and health, to counter the lack of alternative investment opportunities, which drives them to drug and alcohol abuse.
3. Although land is available and both men and women report ownership, the productivity⁴³ and productive use of the land is not sustainable at the moment agriculture is undertaken for consumption more than it is used for income generation and gendered inequalities exist in relation to access to farm incomes, which may point to gender constraints. This implies that there is still need for further research on gendered land use patterns and access to farm incomes in regard to skills, farm inputs, subsidies and access, and market access for farm products.
4. Businesses that are operated by young people are largely informal or formal-unregistered accounting for 96.4% of businesses. This means that businesses operate under cover and do not pay tax. This stands in the way of access to business capital as formal entities, while opportunities for expansion are diminished as this makes them more exposed. It is therefore important that initiatives to support young people's involvement in business must consider critically this context and create an environment where they can thrive and flourish
5. Access to capacity development on livelihoods and entrepreneurship is directly proportional to establishment of Income Generation Activities (IGAs) in Mbeya and Iringa. However in Ruvuma, the opposite pattern is observed, suggesting that the establishment of IGAs creates less demand for capacity development in livelihoods and entrepreneurship. However, this causality may go either way and has not therefore been verified in this survey.
6. There is similarity in skills young people have and skills they need (i.e.tailoring, carpentry, mechanics etc), and an acute absence of skills that ensure success of livelihoods, such as managing budgets and records, market analysis, setting up income generation projects, marketing, and apprenticeship. Less than 10% of young people report

⁴³ Productivity here refers to the accrual benefit derived from the land as a resource by the person considering the value of the land and the inputs invested therein towards generation of income on a sustainable basis.

possessing each of these skills. Higher level skills are needed to move the products of young peoples' sweat from a restive state to a profitable state through transformative mechanisms that recognise markets, pricing and economies of scale. Approaches that support exchanges, apprenticeship and mentoring can also be mainstreamed in interventions that will also contribute to meeting the other skill needs.

7. Actual receipt of loans/grants is 25% lower than perceptions of access. There are underlying factors that affect actual access to loans/grants by young people including lack of collateral; an inadequate supportive environment for entrepreneurs; high interest rates on loans; lack of knowledge on opportunities and terms and conditions of loans and negative attitudes of young people towards loans. Establishing an environment that enables and encourages young people to access and use loans should be explored as a matter of priority, by managing interest rates, encouraging group formation as collateral, establishment of savings and credit cooperatives (www.microfinancefocus.com/news/tag/vsla-approach/); and expanding the number of institutions functioning at the rural level to provide business capital. Provision of skills should encompass education on how to manage loans, how to manage businesses, repayment schemes and marketing.

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6.0 ANNEXES:

STUDY TEAM

The study team comprised the following members:

Team Member	Title	Responsibility
Ken Oulu	Programme Quality and Learning manager	Led the development of the study design, data analysis, interpretation of analysed data and reporting
Tawanda Charamba	Monitoring and Evaluation Coordinator	Responsible for training of research assistants on use of questionnaire, conducting of FGDs and ethics in conducting research
Ntenje Katota	Research Communications Officer	Led on communications to placements, logistical planning for the survey and field supervision of research assistants in Iringa
Omari Abunga	Data Quality Intern	Led on translations of the study tools, field quality and supervision of research assistants in Iringa and Ruvuma, and data entry using SPSS
Daniel Atanasio	Intern-Research and communications	Supported with logistics and led quality and supervision of Mbeya research assistants
Amne Islam	Community Development Intern	Led on transcription of digitally recorded FGDs into Microsoft Word and compiling the number of FGD participants from the FGD reporting tool used
Lilian Semanyesa	Research assistants (Iringa+Ruvuma)	Data collection
Winnie Nyato		
Lawrence Ambokile		
Efraud Kevin		
Charles Daniel		
Isabella Thadeo		
David Mbumila	Research assistants (Mbeya)	Data collection
Gabriel Ulaya		
Kefer Mbogela		
Adelaide Mgimba		
Charles Chogo	Drivers	Field Logistics
Charles Changwa		



RESTLESS DEVELOPMENT TANZANIA
BSS QUESTIONNAIRE 2011.

001 QUESTIONNAIRE IDENTIFICATION NUMBER

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REGION _____ **DISTRICT** _____ **WARD** _____

PLACEMENT _____

Introduction: "My name is.....and I'm a research assistant with Restless Development-Tanzania formally SPW a youth-led development organization. We're doing a Survey here in order to find out about behaviors, attitudes, norms, beliefs, knowledge and practice of young people who are either in school or out of school. This will help us know what changes are happening to young people through our work today and in future.

The main objective of this survey is to determine the status of young people concerning Sexual Reproductive Health and Right, Life skills and livelihood activities so that Restless Development and other stakeholders can develop approaches relevant to the needs of young people in the community.

This information will be useful for Restless Development and for the programme operating in the respective areas of operation. We would be grateful if you can give us comprehensive information and participate in this exercise.

The information you provide will be confidential, you will be free to stop the interview whenever you feel uncomfortable.

Are you willing to participate Yes No

Signature of the Respondent _____ Date; _ _ / _ _ / 2011

Name of Interviewer _____ Signature _____

Date; _ _ / _ _ / 2011

Q No.	Questions	Coding Categories		Skip to
001	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
002	How old are you?	Respondent should be 13 years old and above	__/__	
003	Do you consider yourself as living with any disability?	Yes No No response	1 2 99	→ 005
004	Tick the one that best represents the disability.	Sight Hearing Other body handicap Mental Albinism Other, (specify) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

005	Marital status	Single	Y 1	N 2
		Married	1	2
		Divorced	1	2
		Widowed	1	2
006	Highest level of education completed	None	Y 1	N 2
		Primary level	1	2
		Completed primary	1	2
		Secondary level	1	2
		Completed secondary	1	2
007	What is your level of literacy?	Can read only	Y 1	N 2
		Can write only	1	2
		Can read and write	1	2
		None	1	2

KNOWLEDGE AND ATTITUDE ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

008	Have you ever heard of HIV/AIDS?	Yes No No response	1 2 99	
009	Do you know of anyone in your community who has died as a result of HIV/AIDS related complications?	Yes No No response	1 2 99	
010	Can people protect themselves from HIV/AIDS by abstaining from sexual intercourse?	Yes No No response	1 2 99	
011	Can one protect him/herself from HIV/AIDS by having one uninfected, faithful sexual partner?	Yes No No response Don't know	1 2 99 88	

012	Can one protect him/herself from HIV/AIDS by using a condom correctly every time they have sex?	Yes No No response Don't know	1 2 99 88	
013	Can a person get the HIV virus through a mosquito bite?	Yes No No response Don't know	1 2 99 88	
014	Can a person get the HIV virus from sharing a plate of food with someone who is infected?	Yes No No response Don't know	1 2 8 99	
015	Would you be willing to share a plate of food with a HIV positive person?	Yes No No response Don't know	1 2 99 88	

016	Can you tell if a person is HIV positive just by looking at him or her?	Yes	1	
		No	2	
		No response	99	
		Don't know	88	
017	Do you think that condoms do not work in Tanzania because of the weather?	Yes	1	
		No	2	
		No response	99	
		Don't know	88	
018	Do you think that condoms contain some of the HIV virus?	Yes	1	
		No	2	
		No response	99	
		Don't know	88	
019	Can a girl protect herself from pregnancy by having contraceptive pills or injection?	Yes	1	
		No	2	
		No response	99	
		Don't know	88	
020	Can a girl protect herself from pregnancy by using a condom correctly every time she has sex?	Yes	1	
		No	2	

		No response	99	
		Don't know	88	
021	Can a girl protect herself from pregnancy by observing the safe days?	Yes	1	
		No	2	
		No response	99	
		Don't know	88	
022	Do you think AIDS is a punishment from God?	Yes	1	
		No	2	
		No response	99	
		Don't know	88	
023	If someone in your family was living with HIV /AIDS would you want it to remain a secret?	Yes	1	
		No	2	
		No response	99	
		Don't know	88	
024	Do you think that women have the right to refuse sex, even with their husband or partner?	Yes	1	
		No	2	
		No response	99	
		Don't know	88	
025	Do you think that young people	Yes	1	

	have the right to SRH education and services?	No	2	
		No response	99	
		Don't know	88	
026	Do you understand what gender based violence is?	Yes	1	
		No	2	→029
027	Have you ever been a victim of gender based violence?	Yes	1	
		No	2	
028	Do you have any cases of gender based violence in your community	Yes	1	
		No	2	

Life Skills

029	Do you think you can refuse to have sex with your boyfriend/girlfriend when he/she wants to but you do not want?		Y	N	
		Very easy	1	2	
		Easy	1	2	
		Difficult	1	2	
		Impossible	1	2	
		Don't know	1	2	
030	How easy would you find it to refuse sex with a person in position of authority ⁴⁴ (explain what authority is) if they wanted to have sex with you but you do not?		Y	N	
		Very easy	1	2	
		Easy	1	2	

⁴⁴ Position of authority here refers to someone whom you respect because of his/her position in the society eg: Teacher, leader, elder, adult etc

		Difficult	1	2	
		Impossible	1	2	
		Don't know	1	2	
031	How easy would you find it to get your partner to use a condom if you wanted to use one, but they did not want to?		Y	N	
		Very easy	1	2	
		Easy	1	2	
		Difficult	1	2	
		Impossible	1	2	
		Don't know	1	2	
032	How easy would you find it to buy a condom at the local shop if you had the money, or ask for one at the health centre?		Y	N	
		Very easy	1	2	
		Easy	1	2	
		Difficult	1	2	
		Impossible	1	2	
		Don't know	1	2	
033	Do you think you might be at risk of getting infected by HIV?	Yes	1		
		No	2		
		Not sure	77		
		Don't know	88		

034	In what ways can a person can get infected with HIV ?	<p style="text-align: right;">Y N</p> <p style="text-align: right;">Sexual intercourse 1 2</p> <p style="text-align: right;">Blood transfusion 1 2</p> <p style="text-align: right;">Saliva 1 2</p> <p style="text-align: right;">Body contact 1 2</p> <p style="text-align: right;">Sharing sharp edged tools 1 2</p> <p style="text-align: right;">Mother to child transmission 1 2</p> <p style="text-align: right;">Other, specify</p> <p>_____</p> <p>_____</p>		
035	If someone dresses immodestly (significant parts of the body are showing) can you be sexually aroused?	<p style="text-align: right;">Yes 1</p> <p style="text-align: right;">No 2</p> <p style="text-align: right;">No response 99</p> <p style="text-align: right;">Don't know 88</p>		
036	Do you think its right for your partner to have sex with you against your will?	<p style="text-align: right;">Yes 1</p> <p style="text-align: right;">No 2</p> <p style="text-align: right;">No response 99</p> <p style="text-align: right;">Don't know 88</p>		
037	Do you think it is OK for you to have sex before marriage?	<p style="text-align: right;">Yes 1</p> <p style="text-align: right;">No 2</p>		

		No response	99	
		Don't know	88	
038	In your community are you allowed to access condoms before marriage?	Yes	1	
		No	2	
		No response	99	
		Don't know	88	
039	Where do you access condoms from?		Y	N
		Health centre	1	2
		Shop	1	2
		Community resource centers	1	2
		Other(specify)	1	2

040	Where do you most prefer to get condoms?	-		

041	Do you think virginity before marriage is important?	Yes	1	
		No	2	
		Don't know	88	
042	Do you think it's necessary for a virgin to have SRHR education?	Yes	1	
		No	2	

		Don't know	88	
043	Do you know anything about gay people (same sex relationships)	Yes	1	
		No	2	
		No response	99	
044	Have you ever seen/heard of anybody who is gay in your community?	Yes	1	
		No	2	
045	How do you perceive gay people?	Negative	<input type="checkbox"/>	
		Positive	<input type="checkbox"/>	
		Don't know	88	
		No response	99	
046	What would you do if your sibling is gay/lesbian			
047	In your community is it acceptable to have same sex relationships	Yes	1	
		No	2	
		No response	99	
		Don't Know	88	
048	Is it acceptable for persons of the same sex to have sexual relationships?	Yes	1	
		No	2	
		No response	99	
		Don't know	88	

049	Do you think SRH education to young people influence them to engage in sexual activities?	Yes	1	
		No	2	
		No response	99	
		Don't know	88	

Sexual history

Q No.	Questions	Coding categories	Codes	Skip to	
050	Have you ever had sexual intercourse?	Yes	1		
		No	2		→053
051	At what age did you have your first sexual intercourse?	Age	__/_		
		Don't remember	00		
052	Did you use a condom the first time you had sex?	Yes	1		
		No	2		
		Don't remember	00		
053	Have you had sexual intercourse in the last 12 months?	Yes	1		
		No	2		→061
		Don't remember	00		

054	Did you use a condom at your last sexual encounter?	Yes	1	
		No	2	
		Don't remember	00	
055	How often have you used a condom in the last 12 months?	Every time I had sex	Y 1 N 2	
		Some of the time I had sex	1 2	
		Never	1 2	
056	Who suggested that you use a condom at your last sexual encounter?	Myself	Y 1 N 2	
		My partner	1 2	
		Both	1 2	
		Don't remember	1 2	
057	How many sexual partners have you had in the last 12 months?	One	Y 1 N 2	
		Two	1 2	
		More than three	1 2	
		None	1 2	
		I don't know the number	1 2	
058	How would you consider your sexual relationship with your partner (at the time of your relationship)	Stable	Y 1 N 2	

		Unstable	1	2	
		Other(specify)	1	2	
059	Have you had sexual intercourse in exchange for money or gifts in the last 12 months?		Y	N	
		Yes	1	2	
		No	1	2	
		Don't remember	1	2	
060	Did you use a condom last time you did so?		Y	N	
		Yes	1	2	
		No	1	2	
		Don't remember	1	2	
061	During the last 12 months, did any of your sexual partner(s) force you to have sex with them even though you did not want to?		Y	N	
		Yes	1	2	
		No	1	2	

062	Have you ever heard of sexually transmitted infections?	Yes	1	
		No	2	
063	Can you mention some common symptoms of STI's that you know?	Painful urination	Y 1	N 2
		Lower abdominal pain	1	2
		Vaginal discharge in women	1	2
		Discharge from the penis in men	1	2
		Greenish yellow, possibly frothy vaginal discharge	1	2

		Strong vaginal odor	1	2	
		Vaginal itching or irritation	1	2	
		Pain during sexual intercourse	1	2	
		Light vaginal bleeding	1	2	
		Testicular pain in men	1	2	
		Fever	1	2	
		Headache	1	2	
		Sore throat	1	2	
		Rash			
		Fatigue	1	2	
			1	2	
064	Have you ever had any of these symptoms?	Yes	1		→0 66
		No	2		
		Other (specify) _____ _____			
065	What did you do when you had the symptoms?		Y	N	
		Sought advice from friend	1	2	
		Sought advise from sexual partner	1	2	
		Sought advise from parents/guardians	1	2	
		Sought advise from teacher	1	2	
		Sought advice/treatment in a near by health centre	1	2	
		Sought advice/treatment in a health centre which is far away from your place	1	2	

		Sought medicine from pharmacy/chemist	1 2	
		Sought advice/treatment from a traditional healer	1 2	
		Took medicine I had at home	1 2	
		Kept it to myself	1 2	
		I didn't do anything	1 2	
066	Is there any HIV counseling and testing services in your community?	Yes	1	
		No	2	
		Don't know	88	
067	(Explain to the respondent that you do not want to know their result) Have you ever had an HIV test?	Yes	1	
		No	2	→0 69
068	When was the last time you had an HIV test in the last 12 months?	Date ____/____/____ dd/mm/yy		
		Don't remember	00	
069	For Girls only: Have you ever been pregnant?	Yes	1	
		No	2	→0 72
		Don't know	88	

070	Did the pregnancy stop you from continuing with school?	Yes	1	
		No	2	
071	For how long?		Y	N
		During pregnancy only	1	2
		After delivery	1	2
		Up to date	1	2

Exposure to interventions

072	How often have you listened to the radio over the last 3 months?		Y	N	
		Every day	1	2	
		Over weekends	1	2	
		Sometime	1	2	
		Never	1	2	
073	How often have you watched television over the past 3months?		Y	N	
		Every day	1	2	
		Over weekends	1	2	
		Sometime	1	2	
		Never	1	2	
074	Have you received any of the following information in the last 3 months?	SRHR	Y	N	If N is chosen in all cases, skip to 076
			1	2	

		Life skills	1	2	
		Livelihoods	1	2	
		Civic and Policy Education	1	2	
075	If you have received information listed above; Where was it from?	Parents	Y	N	
		Teachers	1	2	
		Peers/friends	1	2	
		Radio	1	2	
		Television	1	2	
		Print media(magazine, brochures, fliers e.t.c	1	2	
		Church/Mosque	1	2	
		Community events/activity/meetings	1	2	
		Others (Specify)			

076	Who do you prefer to be the primary source of information on SRH issues including HIV/AIDS?	Parents	Y	N	
			1	2	

		Teachers	1	2	
		Peers/friends	1	2	
		Radio	1	2	
		Television	1	2	
		Print media(magazine, brochures, fliers e.t.c	1	2	
		Church/Mosque	1	2	
		Community events/activity/meetings	1	2	
		Others (Specify)			

Civic participation and Youth development

077	Are you aware of Community Action Groups or any other groups of young people in or out of school?	Yes	1	
		No	2	
		Not sure	77	
078	Have you ever been a member of any one or more of these groups of young people?	Yes	1	
		No	2	→080
079	Name the group you have been a member of.	_____		

080	Have you ever participated in organizing a community, ward or district event?	Yes	1	
		No	2	
081	As a young person, have you ever articulated your concerns/problems to the local government authorities?	Yes	1	
		No	2	
082	Have you ever participated in any local, regional or national youth forum/consultation?	Yes	1	
		No	2	
083	Have you ever participated in any meeting of local government authority at community, ward or district level?	Yes	1	
		No	2	
084	Do you know what civic rights are?	Yes	1	
		No	2	
		Not sure	77	
085	Can you mention some of the civic rights that you know?		Y	N
		Right to elect and to be elected	1	2
		Right to not discriminated	1	2
		Right to live	1	2
		Right to assemble	1	2
		Right of speech and expression	1	2
		Right to participate in civil society and politics	1	2
		Right to access information		
Right to speak	1	2		

		Right to be involved in decision making	1 2		
			1 2		
086	Have you exercised any of the civic rights you have mentioned?	Yes	1		
		No	2		
087	How would you rate your freedom in exercising these rights above	Very low	Y N 1 2		
		low	1 2		
		partially	1 2		
		Fully/totally	1 2		
		Never	1 2		
088	Are you aware of the following policies:	National Health Policy	Yes 1 No 2		
		National Policy on HIV and AIDS	Yes 1 No 2		
		National Youth Development Policy	Yes 1 No 2		
		MKUKUTA II	Yes 1 No 2		
		Right of Girls to Return to School Policy	Yes 1 No 2		

089	How much do you know of any of the policy/ies that you have indicated that you are aware of?	National Health Policy	Very much	<input type="checkbox"/>	
				<input type="checkbox"/>	
		Average	<input type="checkbox"/>		
		Little	<input type="checkbox"/>		
		Very little			
		National Policy on HIV and AIDS	Very much	<input type="checkbox"/>	
			<input type="checkbox"/>		
		Average	<input type="checkbox"/>		
		Little	<input type="checkbox"/>		
			Very little		
		National Youth Development Policy	Very much	<input type="checkbox"/>	
			<input type="checkbox"/>		
		Average	<input type="checkbox"/>		
		Little	<input type="checkbox"/>		
			Very little		
		MKUKUTA II?	Very much	<input type="checkbox"/>	
			<input type="checkbox"/>		
		Average	<input type="checkbox"/>		
		Little	<input type="checkbox"/>		
			Very little		

		Right of Girls to Return to School Policy	Very much	<input type="checkbox"/>	
			Average	<input type="checkbox"/>	
			Little	<input type="checkbox"/>	
			Very little	<input type="checkbox"/>	
090	In the above listed policies which one are you MOST interested to know about?	<hr/> <hr/>			
091	What is your preferred method of learning about civic participation including policy issues and constitution?	Parents		Y 1 N 2	
		Teachers		1 2	
		Peers/friends		1 2	
		Radio		1 2	
		Television		1 2	
		Print media(magazine, brochures, fliers e.t.c		1 2	
		Church/Mosque		1 2	
		Community events/activity/meetings		1 2	
		Others (Specify)		1 2	
		<hr/>		1 2	
		<hr/>		1 2	

			1 2	
092	Have you ever been involved or participated in the development of these policies/any of them?	Yes No	1 2	→096
093	Which policy (write the policy)	-----		
094	At what level have you participated or been involved? (Village, Ward level, District, Regional, National)		Y N Village 1 2 Ward 1 2 District 1 2 Regional 1 2 National 1 2	
095	How did you get to be involved in the policy making process?	I was invited I had a position which needed me to be involved I was involved by chance I was seconded by my group/organization I involved to receive some income I have a personal interest in policy making	Y N 1 2 1 2 1 2 1 2 1 2	

			1 2	
096	Are you in any way, involved in the implementation of these policies in your community?	Yes No	1 2	
097	Do you monitor the way these policies are implemented in your community?	Yes No	1 2	
098	Have you ever participated in the budget planning and process for local authorities in your community?	Yes No	1 2	→100
099	If yes, at what level have you participated?	Village Ward District Regional	Y N 1 2 1 2 1 2 1 2	
100	Are you aware a new constitution is being developed in Tanzania?	Yes No	1 2	
101	Have you participated in any consultation or meetings on the new constitution?	Yes No	1 2	
102	Why are you interested in being a part of these constitutional and policy issues?	Awareness social accountability Monitoring purposes I have a personal interest	Y N 1 2 1 2 1 2 1 2	

		I had a position which needed me to be involved	1	2	
		I involved to receive some income	1	2	

LIVELIHOODS(ONLY FOR OUT OF SCHOOL YOUNG PEOPLE)

103	Have you ever been employed	Yes	1	
		No	2	
104	Do you earn any income?	Yes	1	
		No	2	
105	How much do you earn per month?	-----Tshs		
106	What is the number one consumer of your income per month?		Y	N
		Food	1	2
		Alcohol/drugs	1	2
		Clothes	1	2
		Buying sex	1	2
		support to family and relatives	1	2
		School fees	1	2
		If other, (specify)	1	2
		_____	1	2
		_____	1	2
107	How much do you spend per month (local currency) on your choice above?	_____Tshs		

108	What is your source of income?	Manual labour	Y 1	N 2	
		Business	1	2	
		salary employment	1	2	
		Other, (please specify)	1	2	
109	Do you own land?	Yes	1		
		No	2		→113
110	In acres, how much land do you own?	-----Acres			
111	Is it currently used to generate income?	Yes	1		
		No	2		→113
112	How much did you generate as income from your farm last year?	_____Tshs.			
113	Are you in business now?	Yes	1		
		No	2		→115
114	How would you categorize your business?	Informal business	Y 1	N 2	
		Formal but not registered yet	1	2	
		Formal and registered	1	2	
115	Are you the head of your household?	Yes	1		
		No	2		
116	How much do you contribute to your household per month?	Please write the amount she/he mentions	-----Tshs		
117	Are you looking for a job at the moment?	Yes	1		

		No	2	
118	Have you established any IGAs ⁴⁵ in the last 12 months??	Yes	1	
		No	2	
119	Did you receive any capacity development on livelihoods/entrepreneurship over the last 12 months?	Yes	1	
		No	2	
120	Which were these capacity areas?		Y N	
		Mentoring/Coaching	1 2	
		General entrepreneurship knowledge	1 2	
		Marketing plan	1 2	
		How to write a business plan	1 2	
		How to generate business idea	1 2	
		How to start and improving business	1 2	
		Apprenticeship/Internships etc)	1 2	
		if other, (specify)		

121	Do you have an access to business/entrepreneurship loans /grants in your community?	Yes	1	
		No	2	
122	Have you received a business/entrepreneurship loan/grant over the last 12 months?	Yes	1	
		No	2	

⁴⁵ Income generating activities

123	Were the conditions for access to loans/grants friendly to you?	Yes No	1 2	
124	Are you looking for a livelihoods skills course to follow?	Yes No	1 2	
125	Have you ever attended a livelihood skills course?	Yes No	1 2	
126	What skills do you <i>have</i> that can improve your livelihood situation?	to effectively manage budgets, record keeping and daily running of an income generating project farming skills entrepreneurship skills to set up an income generating project Resource mapping skills Market analysis skills Don't know Any other skills (please specify) <hr/> <hr/>	Y N 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
127	What skills do you <i>need</i> that will improve your livelihood situation?	to effectively manage budgets, record keeping and daily running of an income generating project farming skills	Y N 1 2 1 2	

		entrepreneurship skills	1	2	
		to set up an income generating project	1	2	
		resource mapping skills	1	2	
		market analysis skills	1	2	
		don't know			
		Any other skills (please specify)	1	2	

2) Focus group discussion guide

FOCUS GROUP DISCUSSION QUESTIONS:

ISY

Background:

These questions are to be discussed by young people in school in an environment that is conducive for discussions. The participants for the focus group for in-school young should be selected from different classes, ensuring that gender balance is maintained and also that special/minority groups are included as participants. The Facilitators must ensure that they provide a good background for the questions to be discussed, ensure there is contribution from all participants including the perspectives of girls and minority/special groups.

The following tools have been availed to help you document the discussions in totality;

1. Reporting template for focus group discussions
2. Guidance on conducting focus group discussions effectively
3. Digital recorder to record verbatim the discussions

Introduction:

The questions that will be put for your discussions are divided into two different goal areas out of the three goals where Restless Development works. These areas are Sexual and Reproductive Health and Rights and Civic participation and youth development.

.....

The Questions:

1: SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

- **What is the true situation of teenage pregnancies in this community/village with girls in school and those out of school?**

The facilitators should guide the discussions to get information on the following areas of importance;

- Situation of pregnancies for girls in school and also for those who are out of school.

- How has girls been affected by teenage pregnancies (Their lives, their education, their incomes, their respect, their futures and their responsibilities)
- What actions have been taken or are being taken by the community to manage this problem?What actions are also being taken by young people themselves to deal with the problem?
- How is the Return to school after delivery for those girls who get pregnant when in school being supported in your community/village?

- **How is the overall situation of sexual and gender based violence in this community and how are young people affected by it?**

The facilitators should effectively guide the discussion around the question to bring out the following issues;

- What is the general situation in the community and common examples of sexual and gender based violence that happen in the community.
If they can rank the severity of the problem on a scale of 1=very severe, 2=moderately severe, 3= Not severe, which of the three will they agree on?
- What do they think are the major causes of sexual and gender based violence in their community. Let them openly discuss.
- What are the solutions they propose to deal with the problem? **but** also sharing in the discussions what the community is actually doing now in managing the problem.

2. CIVIC PARTICIPATION AND YOUTH DEVELOPMENT

- **What are your opinions about local government authorities in the role they play towards developing young people?**

The facilitator should guide the discussions on this question to ensure that the following issues are brought forth and effectively discussed;

- Representation of young people in the Local Government Authorities
- Participation of young people in planning and monitoring especially budgets of LGAs that are used to support development at the local level.
- The level of transparency, accountability and good governance of the local authorities and whether they are delivering or not.

- **How is MKUKUTA II being implemented in your community?**

The facilitator should guide the discussions on this question to ensure that the following issues are brought forth and effectively discussed;

- How does young people involve or participate in the implementation of MKUKUTA II. Are there any challenges with young people engagement in the implementation process?
- How does young people involve or participate in the monitoring of implementation of MKUKUTA II. Are there any challenges with young people engagement in monitoring the implementation of MKUKUTA II?

Thank the participants for their time and patience and promise them that we will share the results of these discussions with them when we have finalized, not individually but through our volunteers who are part of their community.

THE END.

FOCUS GROUP DISCUSSION QUESTIONS:

OOSY

Background:

These questions are to be discussed by young people out of school in an environment that is conducive for discussions. The participants for the focus group for out of school youth should be selected ensuring that gender balance is maintained and also that special/minority groups are included as participants. The Facilitators must ensure that they provide a good background for the questions to be discussed, ensure there is contribution from all participants including the perspectives of girls and minority/special groups.

The following tools have been availed to help you document the discussions in totality;

4. Reporting template for focus group discussions
5. Guidance on conducting focus group discussions effectively
6. Digital recorder to record verbatim the discussions

Introduction:

The questions that will be put for your discussions are divided into three different goal areas where Restless Development works. These areas are Sexual and Reproductive Health and Rights, Civic participation and youth development, and livelihoods and wealth creation.

.....

The Questions:

1: SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

- **What is the true situation of teenage pregnancies in this community/village with girls in school and those out of school?**

The facilitators should guide the discussions to get information on the following areas of importance;

- Situation of pregnancies for girls in school and also for those who are out of school.
 - How has girls been affected by teenage pregnancies (Their lives, their education, their incomes, their respect, their futures and their responsibilities)
 - What actions have been taken or are being taken by the community to manage this problem?What actions are also being taken by young people themselves to deal with the problem?
 - How is the Return to school after delivery for those girls who get pregnant when in school being supported in your community/village?
- **How is the overall situation of sexual and gender based violence in this community and how are young people affected by it?**

The facilitators should effectively guide the discussion around the question to bring out the following issues;

- What is the general situation in the community and common examples of sexual and gender based violence that happen in the community.

If they can rank the severity of the problem on a scale of 1=very severe, 2=moderately severe, 3= Not severe, which of the three will they agree on?

- What do they think are the major causes of sexual and gender based violence in their community. Let them openly discuss.
- What are the solutions they propose to deal with the problem? **but** also sharing in the discussions what the community is actually doing now in managing the problem.

2. CIVIC PARTICIPATION AND YOUTH DEVELOPMENT

- **What are your opinions about local government authorities in the role they play towards developing young people?**

The facilitator should guide the discussions on this question to ensure that the following issues are brought forth and effectively discussed;

- Representation of young people in the Local Government Authorities
- Participation of young people in planning and monitoring especially budgets of LGAs that are used to support development at the local level.
- The level of transparency, accountability and good governance of the local authorities and whether they are delivering or not.

- **How is MKUKUTA II being implemented in your community?**

The facilitator should guide the discussions on this question to ensure that the following issues are brought forth and effectively discussed;

- How does young people involve or participate in the implementation of MKUKUTA II. Are there any challenges with young people engagement in the implementation process?
- How does young people involve or participate in the monitoring of implementation of MKUKUTA II. Are there any challenges with young people engagement in monitoring the implementation of MKUKUTA II?

3. LIVELIHOODS AND WEALTH CREATION:

Young people have the right to an income so that they can satisfy their needs. The generation of this income is either through being employed or doing business. To do any of the two, we must understand the opportunities that are available to us as young people wherever we live.

- **What are the livelihoods and wealth creation opportunities that are available to young people in this community that they can use to generate income?**

The facilitators should guide the discussion to provide insight into the livelihood and wealth creation opportunities available as they discuss.

- **After this discussion, the facilitators should then pick up one issue-in this case business loans, grants or funding schemes and guide the discussion to generate information on the following;**

- The opportunities available for young people in the community to get business loans, grants or funding schemes to help them establish their businesses or income generating activities. ...and what are the challenges?
- The conditions that are put by the loan providers. Let participants share their experiences with such conditions if available.
- The participants to also be guided to discuss whether those conditions are favourable to young people and proposing how they would want the conditions to be changed to be more friendly to them

Thank the participants for their time and patience and promise them that we will share the results of these discussions with them when we have finalized, not individually but through our volunteers who are part of their community.

THE END.

3)Key Informant Interview guide

KII GUIDE

These questions are to be discussed by Local Authorities including VEO and WEIO ward level and either Community Development Officer, Youth Development Officer, District Education Officer (PS/SS) District Reproductive Health Coordinator in a District level.

Background:

The following tools have been availed to help you document the discussions in totality;

- Digital recorder to record verbatim the discussions

Introduction:

The questions that will be put for your discussion are divided into three goal areas where Restless Development works. These areas are sexual reproductive health and rights, civic participation and youth development, and livelihoods and wealth creation.

.....

The Questions:

1: SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS;

For Community Development Officer, Youth Development Officer, District Education Officer (PS/SS) District Reproductive Health Coordinator in a District level.

- **What is the true situation of teenage pregnancies in this community/village with girls in school and those out of school?**

The interviewer should guide the discussions to get information on the following areas of importance;

- Situation of pregnancies for girls in school and also for those who are out of school
- Quantitative information for in school pregnancy**

No.	Form/Standard	School	Ward	Year

- How has girls been affected by teenage pregnancies (Their lives, their education, their incomes, their respect, their futures and their responsibilities)

- What actions have been taken or are being taken by the community to manage this problem? What actions are being taken by young people themselves to deal with the problem?
- How is the return to school after delivery for those girls who get pregnant when in school being supported by the community/village?
- **How is the overall situation of sexual and gender based violence in this community and how are young people affected by it?**

The interviewer should effectively guide the discussion around the question to bring out the following issues;

- What is the general situation in the community and common examples of sexual and gender based violence that happen in the community.
If they can rank the severity of the problem on scale of 1= very severe 2= moderately severe 3= not severe, which of three will they agree on?
- What do they think are the major causes of sexual and gender based violence in their community. Let him/her openly discuss.
- What are the solutions they propose to deal with the problem? But also sharing in the discussions what community is actually doing now in managing the problem.

2. CIVIC PARTICIPATION AND YOUTH DEVELOPMENT

- **What are your opinions about local government authorities in the role they play towards developing young people?**

The interviewer should guide the discussions in this question to ensure that the following issues are brought forth and effectively discussed;

- Representation of young people in the local government authorities
- Participation of young people in planning and monitoring especially Budgets of LGAs that are used to support development at local level.
- The level of transparency, accountability and good governance of the local authorities and whether they are delivering or not
- **How is MKUKUTA II being implemented in your community?**

The interviewer should guide the discussions in this question to ensure that the following issues are brought forth and effectively discussed;

- How does young people involve or participate in the implementation of MKUKUTA II. Are there any challenges that young people engagement in the implementation process?
- How does young people involve or participate in the monitoring of implementation of MKUKUTA II. Are there any challenges that young people engagement in monitoring the implementation process?

3. LIVELIHOODS AND WEALTH CREATION:

For Community Development Officer, Youth Development Officer.

Young people have the right to an income so that they can satisfy their needs. The generation of this income is either through being employed or doing business. To do any of the two, we must understand the opportunities that are available to us as young people wherever we live.

- **What are the livelihood and wealth creation opportunities that are available to young people in this community/district that they can use to generate income?**
The facilitator should guide the discussion to provide insight into the livelihood and wealth creation opportunities available as they discuss.

- **After the discussion the facilitator should pick up one issue- in this case business loans, grants or funding schemes and guide the discussion to generate the following information;**
 - The opportunities available for young people in the community to get business loans, grants or funding schemes to help them establish their business or income generation activities. and what are the challenges
 - The conditions that are put by loan providers. Let respondents to share his/her experiences with such conditions if available.
 - Respondent should also be guided to discuss whether those conditions are favourable to young people and proposing how they would want the conditions to be changed to be more friendly to them.

THE END

4) FGD reporting template

Restless Development-Tanzania BSS FGD Reporting Template.

Please complete one of these templates for each focus group conducted.

Focus Group Discussion report	
Region:	District:
Ward:	Village/Placement:
<ul style="list-style-type: none">• Date of focus group:• Location of focus group:• Time: Start: _____ End: _____• Name of Facilitator:• Name of Recorder:• Name of Observer:• Name and Position of Other Restless Development staff present:	
<ul style="list-style-type: none">• Describe the process of selection of focus group participants• Describe the steps taken to ensure inclusion of special/minority groups within the focus groups	

- Brief Outline of the process (particularly any deviations from the planned process)
- List tools used in the focus group:
- Language used:

Voting components that required consensus/agreement.

- Fill in the table below.

No.	Description of issue to be voted upon	Number of Male votes	Number of Female votes	Total votes
1				
2				
3				
4				
5				
6				
7				
8				
9				

- How did people feel about the overall voting process on the issues you have listed above? Were there areas of disagreements?

- Rank the issues that the focus group discussants believe should be given high priority from the discussions.

Rank *	Priority issues for consideration.
1	
2	
3	
4	
5	
6	
7	
8	
9	

- Name of researcher completing form and Date:

Names of Discussants at the Focus Group

No.	Names in full	Gender (M/F)	Age (Years)	Any Disability? (Tick if yes)
1				
2				
3				
4				
5				