

Sexual Behaviours among Adolescents in Community Secondary Schools in Rural Areas of Central Tanzania: A Case of Bahi District in Dodoma Region

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Abstract: This study was carried out in the study area between July to August, 2010 with the aim of determining sexual behaviours among adolescents enrolled to community secondary schools. Quantitative data for the study were collected through interviews with 202 students using a pre-tested semi-structured questionnaire. Furthermore, eight (8) Focus Group Discussions (FGDs) with students and in-depth interview with some key informants were also carried out to collect qualitative information. Findings from the study revealed that despite majority of adolescents were aware of some issues related to Sexual and Reproductive Health (SRH), however, levels of sexual activity and risky sexual behaviours among them were unacceptably high. Sixty three percent of sampled adolescents had ever experienced sex, with age at first sex by half of them (51.2%) being 15 years and below. Furthermore, of the respondents who had ever experienced sexual intercourse, 22% had multiple sexual partners, 21% had ever had sex with casual partner, and 36% didn't use condom in their last sexual encounter. Main factors for prevalence of sexual activity among adolescents in the study population included failure by adolescents to control their sexual emotions, peer pressure, financial/material gain, cultural practices, and living arrangement. Based on these findings, recommendations to improve the situation have been indicated.

Key words: Adolescents, reproductive health, Sexually Transmitted Infections (STIs)

INTRODUCTION

Sexually Transmitted Infections (STIs) including HIV/AIDS and unintended pregnancies are among the major Sexual and Reproductive Health problems facing adolescents in Sub-Saharan Africa. About 60% of all HIV infected people in the world are young people aged 15-24 years in which 63% of them are living in Sub-Saharan Africa (UNAIDS, 2004; Wagbatsoma and Okojie, 2006; Biddlecom *et al.*, 2007; Bello *et al.*, 2009). Furthermore, Demographic and Health Surveys (DHS) in 20 countries of Sub-Saharan Africa carried out in 2004 indicated that between 1-11% of sexually-experienced 15-24 year old females and 2-16% of males reported to have STIs within the past 12 months prior to the survey interview (Biddlecom *et al.*, 2007). Unintended pregnancies have also been uncommon among youths in Sub-Saharan Africa. Unintended pregnancies have been associated with unsafe abortions among female adolescents (Fayorsey and Henry, 2002). It is estimated that 4.4 million abortions are sought by adolescent girls each year. (WHO, 1999; Ilika and Anthony, 2004), and further that more than one-quarter of unsafe abortions in Africa are experienced at the age of 15-19 years (Biddlecom *et al.*, 2007). Pregnancies at early age have also been associated with

increased risk of maternal mortality and birth related complications such as excessive bleeding, anemia, obstructed labour, stillbirth and infant death (Fayorsey and Henry, 2002). Other consequences of early pregnancies by adolescents include school drop-out and abandonment by family.

Interventions to reverse this situation require thorough understanding of adolescents' sexual behaviours and factors for prevalence of sexual activity among them across various social-economic, demographic and cultural groups (Sunmola *et al.*, 2002; Madu 2002; Erulkar *et al.*, 2005; Okonofua, 2007). However, as in other Sub-Saharan Africa countries existing studies on adolescents sexual behaviours in Tanzania have been concentrated in urban adolescents, specifically in-schools adolescents (Adu-Mireku, 2003; Mwambete and Mtaturu, 2006; Morhason-Bello *et al.*, 2008). Limited information is available for their rural counterpart, despite presence of substantial proportion of adolescents in rural areas, taking into consideration that majority of citizens in the country resides in rural areas (Nkonya, 2006). Furthermore, following a special program by Government of the United Republic of Tanzania, there has been an increase in number of secondary schools (i.e., community secondary schools) in rural areas of the country in recent years

which absorbs significance proportion of rural adolescents (URT, 2008). Targeting these schools on issues related to Sexual and Reproductive Health would serve life, health and wellbeing of substantial proportion of rural adolescents. To best of our knowledge no study has been carried in the country on sexual behaviours among adolescents on these newly established community secondary schools in rural areas. Therefore, this study was carried out with objectives of assessing knowledge on some issues related to Sexual Reproductive Health, sexual practices and factors for prevalence for sexual activity among adolescents in these newly established schools in rural areas of Central Tanzania, a case of Bahi District.

MATERIALS AND METHODS

Study area: This research was carried out in community secondary schools located in Bahi division, in Bahi district, Dodoma region, Central Tanzania. The division is among the four divisions of the district. Other divisions include Mwitikira, Chipanga and Mundemu. The district is found on the southwest part of Dodoma region and has a total area of 542,844 Ha extending between latitude 4° and 8° South and between longitude 35° and 37° North. The total population of the district is 178,981 and the population density is 33/km² (URT, 2008). The area is semi- arid and receives annual rainfall of between 500 to 800mm. The dominant ethnic group is *Gogo* involved in both crop and livestock production. The choice of the study area (Bahi division) was based on easiness in accessibility and presence of high number of community secondary schools in the area (i.e. at least one in each ward) (URT, 2008).

Study design: This study was carried out in the study area between July to August, 2010. The study involved a cross- sectional survey in four Secondary Schools from four randomly selected wards out of five in the division with one secondary school from each ward. The wards include Bahi, Ibihwa, Mpamantwa and Kigwe. The study involved students from Form I to Form IV sampled using systematic random sampling. Sample size for this study included 202 students. In estimating sample size, the following formula was used;

$$n = \frac{(Z_{\alpha/2})^2 P(1 - P)}{\lambda^2}$$

where; by n = sample size; P = percentage of in-school adolescents in community secondary schools in the study area that are involved in sexual activity; λ=maximum error; since P was not known for the study population, its value was assumed to be 50% as it ensures maximum

Table 1: Distribution of respondents by some demographic characteristics (n = 202)

Variable	Frequency	Percent
Age		
<14	3	1.5
14-16	63	31.2
> 17 - 19	136	67.3
Sex		
Male	99	49.0
Female	103	51.0
Ethnicity		
<i>Gogo</i>	170	84.2
Others	32	15.8
Living arrangements		
With parent (s)	72	35.6
With Guardian	31	15.3
<i>Ghetto</i> /friends	99	49.0

sample size (Nwankwo and Nwoke, 2009). By assuming confidence interval of 95% for the estimated population maximum error of 10% and design effect of 2 (Kisinja *et al.*, 2008) that is n×2 and non response rate of 5%, a final sample was calculated to be 202 students. Approximately equal number of students from each school and Form (class) were picked i.e., around 50 and 12 students from each secondary school (ward) and Form (class), respectively. Data from these students were collected using a pre-tested semi-structured questionnaire. Pre- testing of questionnaire was done in rural community secondary schools not involved in the study. Furthermore, in each of the secondary schools under study, two focus group discussions with students (FGDs), one for each sex, making a total of 8 FGDs; as well as in-depth interviews with some key informants were also carried out to collect qualitative information for the study and to verify some responses from Questionnaire. Key informants for the study included Matrons, Headmasters/mistress and Discipline master/mistress.

Data analysis: Data collected were verified, coded and then analyzed for descriptive statistics such as percentages using Statistical Package for Social Sciences (SPSS) program. On the other hand, content analysis was used to analyze qualitative information.

RESULTS AND DISCUSSION

General characteristics of respondents: Results from Table 1 indicate two-third of respondents (67.3%) were between 17 to 19 years of age while nearly one-third (31.2%) of them aged between 14-16 years, and very few (1.5%) were below 14 years, indicating majority of respondents were already reached sexually active age (Okonta, 2007; Bankole *et al.*, 2007) and hence most likely to engage in sexual activities. Results from Table also indicate both sex were equally represented with 49% being males and 51% being females. Most of the

Table 2: Distribution of respondents by knowledge on sexual and reproductive health

Variable	Frequency	%
Awareness of HIV/AIDS (n = 202)		
Aware	191	94.6
Not aware	11	5.4
Awareness of other STIs (n = 202)		
Aware	157	77.7
Not aware	45	22.3
STIs known other than HIV/AIDS (n = 157)*		
Gonorrhoea	131	83.4
Syphilis	125	79.6
Others (i.e fungal infections)	20	12.8
Knowledge on ABC (Abstinence, Be faithful and use Condom) as methods for preventing STIs (n = 202)		
Don't know any method	33	16.3
Know one method	114	56.4
Know two methods	51	25.2
Know all three methods	4	2.0
Specific ABC method known (n = 169)		
Abstinence	52	30.8
Be faithful	42	24.9
Use condom	133	78.7
Knowledge on contraceptive methods for preventing pregnancies (n = 202)		
Know	140	69.3
Don't know	62	30.7
Specific contraceptive methods known (n = 140)*		
Condom	121	86.4
Pills	46	32.9
Injection	36	26
Others	21	15
Source of information on Sexual and Reproductive Health issues (n = 202)*		
Parents/older member of the family	43	21.3
Sibling	29	14.4
Older friends	16	7.9
Peers	57	28.2
Teachers	81	40.1
Radio	62	30.7
television	17	8.4

*: A variable allowed respondent to have multiple responses

respondents (84.2%) were from *Gogo* ethnic group, a dominant ethnic group in the study area (URT, 2008). As with most other parts of the country, all community secondary schools under study had no Dormitories/Hostels for students, consequently students coming from distant places are compelled to organize themselves and rent rooms (*Ghettos*) from local people surrounding the school. It can be noted from Table 1 that nearly half (49%) of interviewed students were living in *Ghettos*. Since parental/teachers control is most likely to be minimal in *Ghettos*, these students are prone to sexual activities.

Knowledge on some issues related to sexual and reproductive health among adolescents: Findings from Table 2 reveal that more than 90% of the interviewed respondents were aware of HIV/AIDS pandemic, and further that 77.7% of respondents were also aware of other sexual transmitted disease apart from HIV/AIDS. The most known STIs were gonorrhoea and syphilis although detailed knowledge on their symptoms in male and female were lacking. In addition, most of respondents

were also aware of the preventive measure for HIV/AIDS and other STIs. Results from Table 2 shows that more than 80% of the respondents knew at least one method for preventing HIV/AIDS and other STIs that is abstinence, be faithful and use of condom (ABC). The most commonly ABC method known was use of condom indicated by 78.7% of respondents. Most of the interviewed respondents (69.3%) were also knowledgeable on methods for preventing pregnancies with condom being the most known method indicated by 86.4% of respondents. Other methods, such as pills and injections were least known probably due to lack of reproductive health services in the health system for unmarried adolescents in the country as it has been observed in other studies in other countries (Munirat, 2005; Okonta *et al.*, 2007; Biddlecom *et al.*, 2007). Source of information on issues related to Sexual and Reproductive Health by most of the respondents were teachers (40%) during class (in Biology and Civics subjects) or radio, radio (30.7%) and peers (28.2%).

Teachers as the main source of information on Sexual and Reproductive Health were also noted in all focus

Table 3: Distribution of respondents by sexual practices

Variable	Frequency	%
If ever had sexual intercourse (n = 202)		
Yes	127	62.9
No	75	37.1
When had last sex (n=127)		
Within 3 months prior to survey	48	38.4
Within 6 months prior to survey	27	21.6
Within 12 months prior to survey	18	14.4
More than 12 months prior to survey	34	25.6
How many times had sex (n=127)		
Once	37	29.1
Twice	23	18.1
Three times	23	18.1
More than three times	44	34.6
Age at first sex (n=127)		
<13	22	17.3
13-15	43	33.9
16-18	51	40.1
>18	11	8.7
If ever had sex with casual partner (n=127)		
Yes	26	20.5
No	101	79.5
Number of sexual partner (n=127)		
One	99	78.0
Two	14	11.0
More than two	14	11.0
If used condom in the last sexual encounter (n=127)		
Yes	81	63.8
No	46	36.2
If ever used other contraceptives other than condom (n= 72)		
Yes	10	13.9
No	62	86.1

group discussion. The following quote from one participant of FGDs illustrate;

“During the parade our teachers tell us about STIs/HIV and consequences of early pregnancy, they are discouraging having bond (partners) so as to avoid to get STIs/HIV and pregnancies. We also learn issues related to Sexual and Reproductive Health from Civics and Biology subject.” (A form four girl from Ibihwa secondary school).

Parents/adult members of the family and other sources seemed not to be the major sources of information on Sexual and Reproductive Health among adolescents in the study population (mentioned by less than 25% of respondents) despite the fact that parents/adult members of family are usually considered as the most influential individuals in the society/social system to adolescents' behaviour including sexual practices through their guidance/monitoring and information provided about real world (Oladeji, 2007; Osakinle, 2007). Taboos and culture for most African societies, which restrict free discussion/talking of sex and related issues between a child and parent/adults (Ayanguna and Oyewo, 2007) can be among of the factors for lack of communication between parents and children on issues related to Sexual and Reproductive Health observed in this study.

Sexual practices among adolescents: Despite most adolescents had knowledge (were aware) on some issues related to Sexual and Reproductive Health, however, high sexual activity and risky sexual behaviours by significant proportion of adolescents in rural community secondary schools in the study area were noted in this study. Result from Table 3 indicates most of the respondents (63%) had ever experienced sex, with age at first sex by half (51.2%) of respondents being 15 years and below. One third of respondents (34%) had sex more than three times. Data further show that nearly forty percent (38.4%) that is four in every ten adolescents had sex within the past three months prior to survey. These observations reflect high level of sexual activity by adolescents in a study population. Similar observations were reported in other studies conducted in other African countries (i.e. Nigeria, Uganda, Ethiopia and Ghana) for both in-school and out of school adolescents, specifically in urban areas (Adu-Mireku, 2003; Seifu *et al.*, 2006; Bankole *et al.*, 2007). In these studies it was observed that median age at first sexual encounter by adolescents to range between 14-15 years and by the time they complete high school more than 70% are already sexually active.

Moreover findings from Table 3 also reveal that 22% of the respondents who had ever experienced sexual intercourse, (that is one in every five adolescents in that group) had two or more sexual partner (i.e., multiple

Table 4: Distribution of adolescents that have ever had sex by reasons for having sex (n = 127)

Reason	Frequency	%
Peer pressure	52	35.4
Just for fun (To meet sexual desire)	60	47.2
Financial/material gain	32	25.2
To retain the partner (To please partner)	12	9.4

sexual partners). Similar proportion (21%) also ever had sex with casual partner. In addition it can also be observed from Table 3 that a sizeable number of respondents (36%) who have ever had sex didn't use condom in the last sexual encounter, again reflect risky sexual behaviour by a number of adolescents in a study population. The observation support findings by Rondini and Krugu, (2009) in Ghana where it was found that proportion of adolescents in secondary schools that used condom in last sexual encountered to be 29.6%. This behaviour predisposes adolescents in a study area to a risk of contracting HIV/AIDs and other STIs. Others contraceptive use was also extremely low, again, predispose girls to the danger of early pregnancies.

Factors for prevalence of sexual activity among adolescents in the study population: Results from Table 4 indicate considerable proportion of respondents (47.2%) had a sexual intercourse just for fun/ to fulfill sexual desire. This was also revealed in all focus group discussions in which it was observed that controlling sexual emotions among adolescents could be difficult. For example, one member of focus group discussions from Kigwe secondary school argued that;

“We do sex for fun and to fulfill our body desire of doing sex, sometimes you fail to control your body and you feel to have sex. Therefore, it is good to have a partner who can please you when you feel to have a sex.” (A form four boy from Kigwe secondary school).

This finding is in agreement with a study by Okereke (2010) in which it was observed that a noticeable number of adolescents aged 14-19 years were sexually-active due to body transition from childhood to adulthood.

Peer pressure also seemed to be another important factor for adolescents to engage in sexual activity. This was indicated by at least one third (35.4%) of total respondents who had ever experienced sexual intercourse. Morhason-Bello (2008) argued that peers/ friends had a great chance of influencing adolescent in sexual activity. If close friends are sexually active, likelihood of adolescent to engage in sexual activity is also high.

Peer pressure as a factor for sexual activity by adolescents also featured during focus group discussions. The following quote from one participant illustrate;

“Most of students engage in sex because of influence of their friends, if you don't have a girlfriends/boyfriends they regard you as uncivilized. Others thought that you might not be normal, meaning that your reproductive systems may not be functioning well. In other words I can say practicing sex is a sign of civilization and a prove that you are grown up” (A form three boy from Bahi secondary school).

Findings from Table 4 indicate quarter (25.2%) of total respondents that ever had sex (specifically girls), did so for financial or material gain. This observation corroborate with findings in Table 3 in which it was noted that among respondents who had ever experienced sexual intercourse, at least one adolescents in every five had multiple sexual partners and ever had sex with casual partner. Engagement in sexual activity for financial and material gain by significant portion of respondents observed in this study could be attributed to high prevalence of poverty in rural areas. Studies elsewhere have indicated adolescents coming from poor families are more likely to engage in sexual activity in order to get support in terms of money or other materials to sustain life (Kumi-Kyeremi *et al.*, 2007; Morhason-Bello *et al.*, 2008). On the other hand, retaining partner as reason for adolescents to engage in sexual activity accounted for little percent (9.4%) (Table 4).

In-depth interviews with key informants revealed that living in *Ghettos* by students could also contribute to high sexual activity by adolescents. Key informants admitted that it is difficult to control behaviours of students living *Ghetto*. The following quote from matron from one of the school illustrate;

“It is very difficulty to monitor a student during non-class hours if she/he is living in a *Ghetto*. Close follow up of their behaviours while in *Ghettos* is difficult as these *Ghettos* are highly sparse and sometimes you may not be given maximum cooperation by landlords (owners of the houses)” (Matron from Ibihwa secondary school)

This observation is in agreement with studies in several other African countries which revealed that lack of control by parents, teachers or adult members of the family to some adolescents contribute significantly to

increased sexual activity and unsafe sexual behaviours, which lead to high rate of STDs/HIV, unintended and unwanted pregnancy that result to Illegal abortions (Bankole *et al.*, 2007; Okonofua, 2007; Nwaorgu *et al.*, 2009).

In- depth interviews with key informants revealed cultural factors also could be one of the factors influencing adolescents to engage in sexual practices.

“Sexual practices is a normal things for teenagers for Gogo people. Neither parents nor elder people in the society discourage young people from engaging in sexual practices. Sometimes other parents used to find partners for their children. This is mostly done during night dances after harvesting period. It is also normal for parents to exchange partners with their friends, therefore young ones learn from their elders” (Discipline master from Bahi Secondary school).

CONCLUSION

Majority of in-school adolescents in the study area were aware of several issues related to Sexual and Reproductive Health such as HIV/AIDS and some other STIs specifically Gonorrhoea and Syphilis and their preventive measures though detailed knowledge on symptoms for these other STIs in males and females among them were lacking. Most of the adolescents were also aware of preventive measures for pregnancy with most known method being use of condom. Despite of being aware on some issues related to Sexual and Reproductive Health by majority of adolescents in the study population, however, levels of sexual activity and risky sexual behaviours were observed to be substantially high among adolescents. Main factors for prevalence of sexual activity among adolescents in the study population included failure by adolescents to control their sexual emotions (i.e. sex to meet sexual desire, just for fun), peer pressure, financial/material gain, cultural practices, and living arrangement (i.e., living in *Ghettos*) where parental/teachers control is minimal.

RECOMMENDATION

Based on findings of this study, it is recommended that government should consider building of hostels or dormitories for community secondary school in rural areas; Parents and teachers should collaborate in educating the students/adolescents on the Sexual and Reproductive Health matters and these issues should be discussed in an open and more a comprehensive way; Frequent meeting between parents/teachers and students, specifically girls (the most vulnerable group) for the purpose of counseling them should be encouraged in these community secondary schools; There should be

promotion of youth friendly forum in schools in which various issues related to Sexual and Reproductive Health can be discussed. Owners of the houses where students rents rooms (*Ghettos*) should cooperate with teachers and parents to control behaviours of students in *Ghettos*. Furthermore, sports in these schools should be strengthened and every student should be encouraged to participate as this will reduce idleness and sexual emotions and hence reduced sexual activity.

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