Cultural Factors Influencing Youth Attitudes on the Use of Condoms in Fighting Against HIV Infection in Tanzania

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ISBN: 978-9987-483-30-3

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Research Report
14/5

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POLICY RESEARCH
REPOA
FOR DEVELOPMENT

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Design: FGD Tanzania Ltd

Suggested Citation:
Mary N. Kitula and Thomas J. Ndaluka *'Cultural Factors Influencing Youth Attitudes on the Use of Condoms in Fighting Against HIV Infection in Tanzania"*

Research Report 14/5, Dar es Salaam, REPOA

Suggested Keywords:
Cultural factors, HIV/AIDS, Condom and Condom use, Youth attitudes.

ISBN: 978-9987-483-30-3

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List of Abbreviation and Acronyms

AIDS	Acquired Immuno Deficiency Syndrome
ESRF	Economic and Social Research Foundation
FGDs	Focus Group Discussions
HIV	Human Immune Deficiency Virus
MoHSW	Ministry of Health and Social Welfare
NACP	National AIDS Control Programme
NBS	National Bureau of Statistics
NGOs	Non-Governmental Organizations
STIs	Sexually Transmitted Infections
TACAIDS	Tanzania Commission for AIDS
TDHS	Tanzania Demographic and Health Survey
THIS	Tanzania Health Indicators Survey
THIMS	Tanzania HIV/AIDS and Malaria Indicator Survey
UNAIDS	United Nations Programme on HIV and AIDS
WHO	World Health Organization

Abstract

This study investigates the relationship between cultural factors and youth attitudes and the implication of this relationship for the use of condoms in preventing HIV infection. The study employs questionnaires and focus group discussions to collect information from three districts, namely Ludewa in Njombe Region, Muleba in Kagera Region, and Handeni in Tanga Region. The questionnaire covered 591 participants, out of which 309 were in-school youth and 283 were out-of-school youth. Findings point to cultural factors that discourage the use of condoms. Factors were related to religious and traditional teachings insisting on reproduction; sexual practices such as *katerero* that see condoms as diluting sexual pleasures; and preference for children as based on cultural myths like the banana stem syndrome and *enchweke* in Muleba Region.

The study likewise revealed other elements facilitating the non-use of condoms, including women's weak negotiation power attributed to traditional taboos, e.g. women are not supposed to be active participants in sexual intercourse. This study recommends additional research in other parts of the country so that the relationship between cultural factors and youth attitudes on condom use is better understood, thus prompting the integration of cultural aspects into the intervention strategy of the government and HIV/AIDS organizations.

1 Background

1.1 Introduction

Researchers have consistently suggested that certain cultural factors are responsible for the rapid spread of HIV infection in Sub-Saharan Africa and Tanzania in particular. These cultural factors range from gender inequality to stigma, from poverty to misconception about HIV/AIDS, as well as from violence and abuse to cultural beliefs and practices.

This study focuses on the link between culture, HIV infection, and the use of condoms among the youth in three selected districts (namely, Muleba, Handeni, and Ludewa) in Tanzania. Indeed, cultural beliefs and practices can raise the risk of HIV infection, and it is suggested by some that HIV/AIDS interventions must be linked to the broader cultural context (Harris-Hastick & Modeste-Curwen 2001; Civic & Wilson 1996). While some cultural practices can inhibit the spread of HIV, certain cultural practices, such as encouraging unprotected dry sex, contribute to high HIV infection rates, in this case by causing abrasions to both men's and women's sexual organs (Civic & Wilson 1996; Brown & Ayowa 1993). Moreover, the practice of drying and tightening include inserting leaves and powdery materials into the vagina (to increase men's sexual pleasure), potentially causing bacterial infection and increasing the risk of HIV infection during sex (Civic & Wilson 1996; Brown & Ayowa 1993).

In societies where polygamy is practised, the risk of HIV infection is even greater. Moreover, even where traditional polygamy is no longer practised, there have been cultural tendencies where men with multiple sexual partners are regarded as 'real men'. Thus, culture legitimizes having multiple partners. Some African communities also practise widow inheritance and cleansing. Widow inheritance is where a widow marries a kinsman (i.e. in-law, cousin, etc.) of the deceased husband. The inheritor assumes marital, economic, and social support for the widow and her children. Agot et al. (2010) note that in some Sub-Saharan African societies widow inheritance has contributed to high levels of HIV prevalence. Citing his home country, Kenya, where widow inheritance contributes to a disproportionate burden of HIV, Agot et al. (2010) provide a number of reasons for this attribution, including:

- Most inheritors are married and engage in concurrent sex;
- Many widows are infected by their late husbands and pass the virus to their inheritors.

Previously, Mabumba et al. (2007) observed the same in south-western Uganda. Both Mabumba et al. (2007) and Agot et al. (2010) find that inheritors were responsible for the continuity of the household's reproduction process, thus discouraging the use of condoms when engaging in sex with the widow. In most cases it is the youth (younger brothers and cousins of the deceased) that almost always inherit widows in African communities. This is a population category that could carry on the responsibility of reproduction, and at the same time ensure income security for the widow and her children. However, Mabumba et al. (2007) cautions that the sexual intercourse component should not be part of widow inheritance.

These cultural practices demonstrate the seriousness of HIV/AIDS among Tanzania's youth and the general population. It is also of great concern to note that the youth – i.e. future parents, leaders, thinkers, and decision-makers – are the most affected. The Ministry of Health and Social Welfare (MoHSW) (2004a & 2010) reports that Tanzanian youth engage in sexual intercourse very early in life. By the age of 15, between 20–30% of girls and boys are sexually active. And by the age of 18,

about 65% of girls and 80% of boys are sexually active. This is the age when HIV infection takes place among the youth at high rates.

Culture is highly practiced and widely referenced but also a very controversial concept in social sciences. Generally culture refers to customs, beliefs, and the way of life and social organization of a particular group/community or society, or to use Tylor's phrase, culture is a complex whole (Tylor 1903 [1871]:1). Culture refers to a people's art, music, language, literature, and ideas (White 1959:3). Culture can also refer to a people's beliefs and attitudes towards something. Therefore, culture is revealed in many ways including through pictures, practices (rituals and ceremonies), and objects. This makes culture a diverse concept. In this study we take a condom as a cultural object, but an object alien to Tanzania's cultural context.

We learn from Pierre Bourdieu (1984) that all cultural practices (e.g. widow cleansing, polygamy, etc.) and preference (e.g. use of condoms) are closely linked to a person's educational level and social origin. This study therefore argues that a connection exists between culture and attitude. Culture informs attitude, which is then reflected in people's behaviour. Attitude here refers to the way an individual behaves towards something, the way an individual perceives things and gives opinions on issues, as based on cultural norms, values, and beliefs. Attitude is revealed in the way people see condoms and condom use, where widespread use might obtain when people perceive the condom as a means of protection against HIV infection. By contrast, less widespread use relates to people's perception about the condom and its inability to protect against HIV infection. Condom use could also be related to attitudes towards sexual practices in general. Attitudes towards sex are highly dependent on cultural beliefs and practices passed from one generation to another.

This study refers to the youth as a population category normally defined within a particular age range. These differences in age range indicate differences in behaviours, attitudes, responses, and dispositions. Moreover, culture influences how each age group will react to condom use.

The concepts explained in this section will be expanded, interrogated, and discussed more thoroughly in the following sections, together with a review of the literature and research on HIV/AIDS, condom use, and the influence of culture on human behaviour.

1.2 Statement of the Problem

Condom use among Tanzania's youth is very low, 27% for women and 24% for men, as reported by the Tanzania HIV/AID and Malaria Indicator Survey (THMIS) (United Republic of Tanzania [URT] 2013b). A behavioural surveillance of youth by MoHSW (2004b) indicates that condom use among youth is only about 20%, and Moshi (2003) suggests 16.7%. Knowledge and awareness about HIV/AIDS and the importance of the use of condoms during sex is very high, between 80–99.6% (URT 2013b; MoHSW 2004a; Moshi 2003; URT 2003). Yet, the youth practise unsafe sex and have multiple sex partners. Consequently, the youth infection rate is high, especially in the age category of between 15 and 18 years, where over 65% of girls and over 80% of boys are sexually active. It is obvious then that the prevalence of HIV among the age categories of 25 to 34 years is very high. For instance, the THMIS finding reveals that the prevalence rates for youth between 15–19 years old was 1.3% and 0.8% for females and males, respectively. For those between 20–24 years, the

prevalence rate was 4.4% and 1.7% for females and males, respectively, while the prevalence rate for the age range of 25–29 was 7% for females and 2.5% for males. Prevalence rates for those between ages 30–34 were 9.2% and 6.5% for females and males, respectively (URT 2013b). These statistics demonstrate that HIV prevalence increases with age across gender and that females have higher prevalence estimates than men for each age category. The cause of this situation is what this research addresses. The NACP (2003) report, the Health Sector report (2004), and the Tanzania HIV/AIDS and Malaria Indicator Survey (URT 2013b) indicate a high level condom availability. They are distributed free of charge in institutions, clinics, and workplaces throughout the county. Nevertheless, condom use is still very low.

Therefore, this study assumes that other factors act as barriers to the use of condoms for preventing HIV infection. It also assumes that one of these factors might be culture. The MoHSW (2004b) report on HIV behavioural surveillance on youth has recommended closely investigating the issue of attitude as moulded by culture. This study attempts to understand the contribution of cultural factors in influencing youth's attitudes on the use of condoms, and consequently contribute to the effort and creation of knowledge on HIV infection.

1.3 Objective of the Study

This study aims to investigate the relationship between cultural factors and youth attitudes and the implication of this relationship for the use of condoms in preventing HIV infection.

The specific objectives are as follows:

(i) To understand the knowledge and awareness level of the youth, and identify cultural norms, values, beliefs, and taboos related to sexuality in the communities wherein the youth were raised;

(ii) To investigate the youth's personal views, opinions, and feelings on condoms and the use of condoms during sexual intercourse;

(iii) To examine youth norms, values, and beliefs on sexuality in relation to condom use as a preventive measure against HIV infection.

1.4 Research Questions

(i) What cultural factors influence youth's attitudes towards and practices of sex?

(ii) How do these cultural factors affect the use of condoms among youth for preventing HIV infection?

(iii) Are knowledge and awareness about HIV/AIDS sufficient to influence youth's attitudes towards and practices of sex?

1.5 Significance of the Study

The youth, who are able-bodied, strong, more productive in all economic sectors, and at prime reproductive age, are hit hard by HIV (URT 2010). The epidemic has deepened poverty through rising food insecurity due to non-participation of the infected, a consequence of prolonged morbidity. The situation also curtails income from salaries or other sources.

The study aims to obtain information on cultural factors that affect youth attitudes towards the use of condoms in fighting against HIV infection. Such information contributes to laying down concrete strategies for changing youth's attitudes, promoting and motivating them to use condoms for safer sex, and sustainably controlling HIV infection. In short, concrete strategies are vital for saving lives as well as reducing poverty and advancing economic growth.

2 Literature Review and Conceptual Framework

2.1 Literature Review

There is a paucity of literature on the spread of HIV/AIDs among Tanzania's youth. However, the few existing pieces suffice to provide a picture of the trend and gaps in literature about the link between HIV/AIDS interventions and culture. This section is arranged into five themes: youth's knowledge and awareness about HIV/AIDS and condom use, attitudes towards condoms and cultural practices, and gender inequality and male dominance.

2.1.1 Youth's knowledge and awareness about HIV/AIDS and condom use

The 2011–2012 Tanzania HIV/AIDS Indicator Survey (URT 2013b) shows that 40% of young women aged 15–24 and 47% of young men of the same age have comprehensive knowledge of HIV/AIDS. Moreover, 65% and 85% of young women and men, respectively, know where to obtain condoms.

When studying knowledge, perception, attitudes, and practices of safer sex among youth, Moshi (2003) demonstrated that 99.6% of the respondents had awareness on HIV/AIDS. However, only 16.7% of those youth used condoms regularly to prevent HIV infection. Hunter (1998), when investigating the use of condoms among female college students in the USA, reported that the rate of infection was 2% among college students. Knowledge on HIV/AIDS and condom use was high, and yet they failed to utilize the knowledge. Hunter concluded on the lack of a discernible relationship between knowledge about HIV/AIDS and the frequency with which condoms were reportedly used. Moreover, Lugoe (1996), Ndeki et al. (1994), and MoHSW (2004a & 2010) noted a mismatch between the level of awareness and the rate of condom use.

The prevailing trend of HIV infection and levels of AIDS cases raises a lot of questions as to why the situation remains more or less the same and in many cases worsens, despite the high rate of awareness and knowledge about HIV/AIDS and condoms as preventive measures. What is more disturbing is the fact that the youth are the most education and have greater awareness of what HIV/AIDS is and how it spreads (MoHSW, 2004a). THMIS, for instance, reveals no significant difference between those with no education and those that completed at least some primary and secondary school, with prevalence rates of 4.8% for no education, 5.0% for primary incomplete, 5.9% for primary completed, and 3.4% for secondary and above. THMIS also conveys that HIV prevalence increases with age, where 1% was recorded for age group 15–19 and 3.2% for age group 20–24. HIV prevalence increases to 5.3% between ages 25–29 years, out of which young women recorded an infection rate of 7% versus 2.5% for young men (URT 2013b: 109).

Studies by Lugoe (1996), Moshi (2003), Hunter (1998), Kapinga (1995), and MoHSW (2004a & 2004b) on the youth note the mismatch between youth's knowledge and sexual behaviour. Likewise, Hospers and Kok (1995) point out that given the complexity of the required behaviour change, it is not surprising to find that knowledge alone, though a pre-requisite for behaviour change, is not sufficient to enable behaviour modification and maintenance. They recommend researching cultural beliefs, norms, and values among the youth. This is because studies on sexual behaviour among adolescents consistently point to a lack of association between knowledge and sexual behaviour (Leshabari et al. 1996). When examining knowledge, attitudes, and beliefs among undergraduate students at the University of Botswana towards HIV/AIDS, Odirile (2000) notes that knowledge was high, yet condom use was negligible. Kaaya et al. (2002), when reviewing studies of sexual behaviour of school students in Sub-Sahara Africa, find that students have enough knowledge

about HIV/AIDS and how to prevent it. However, the knowledge is not put into practice during sexual intercourse. The authors recommend conducting various studies on cultural norms, values, and beliefs among populations to provide adequate information on socio-cultural factors and the contexts in which young people are raised.

2.1.2 Attitudes towards condoms and cultural practices

Condoms have been scientifically proven to have the ability to prevent the entry of male sexual fluid into the female genitalia during sexual intercourse. This is a fact, and that is why condoms were invented, for the purpose of preventing both unwanted pregnancies and Sexually Transmitted Infections (STIs). HIV's emergence among mankind has also meant that condoms could play a role in preventing the spread of HIV. Indeed, about 78% of the infections are through sex (URT 2005), and therefore the use of condoms in sexual intercourse can prevent the spread of HIV by about 80% to 90% (URT 2009:29). That is why the use of condoms in sexual intercourse is referred to as 'safe sex'.

Besides, cultural practices and beliefs also play an important role in the youth's attitudes towards condoms and condom use during sexual intercourse. For example, Gollub (2000) notes that cultural proscriptions against touching the genitals prevent some women from trying female condoms. Moreover, Civic and Wilson (1996) find that some women were reluctant to use condoms because they would make their genitals wet and less tight. Widow cleansing and inheritance are also attributed to non-use of condoms. The practice of cleansing is culturally done without using condoms with the pretext that condoms interfere with the medicine, so it has to be flesh to flesh.

Kapiga et al. (1995) when looking at the predictors of AIDS and knowledge, condom use, and high risk sexual behaviour among young women in Dar es Salaam reported that young women in the study had knowledge about how HIV is transmitted and that condoms prevent transmission. Yet, only 4.6% of the young women interviewed indicated regular use of condoms.

This low rate of condom use among the youth poses a very big challenge to the nation, and especially a nation like Tanzania, whose economy is meagre and needs human resources, especially from the energetic youth, to development it. This again illustrates the need for very concrete, sufficient, and effective strategies that will work on the level of cultural norms, values, and beliefs as a way to change people's attitudes towards, and consequently their behaviours during, sex.

While some of the studies presented above address the youth, most deal with only segments of the youth. For example, studies by Kapiga et al. (1995) address only female bar maids. Others have looked at the knowledge and awareness of the youth in relation to their sexual behaviour.

2.1.3 Gender inequality and male dominance

Global estimates by the World Health Organization (WHO) and United Nations on AIDS (UNAIDS) (2008) indicate that women comprise 60% of the people living with HIV in Sub-Saharan Africa. In many respects gender inequality contributes to this disproportionality. In most African communities the gender norms favour male domination. Earlier, Campbell (1995) observed that women's HIV infection has continued because of the behaviour of the male sex partner. For instance, WHO and UNAIDS (2008) observe that gender norms encourage men to have multiple sex partners and allow

older men to have sexual relations with younger women. This contributes to HIV infection rates among young women (15–24 years) that are higher than the rates among men of the same age.

Moreover, Parker (2001) observes that men are socialized to believe that women are inferior to them, and therefore position women in the lower rank in decision-making. This inferior status affords women little or no power to protect themselves by insisting on condom use or refusing sex.

2.2 Conceptual Framework

The theory of planned behaviour states that a person's behaviour is determined by her/his intention to perform the behaviour (Ajzen 2002, 1991, & 1988). The intention is in turn a function of the individual's attitudes towards the behaviour and his/her subjective norms, values, and beliefs (ref. Eagly and Chaiken 1993). Intention is the cognitive representation of a person's readiness to perform a given behaviour and is considered to be the proximate factor that leads to action (Ajzen 2002; Manstead 1996). Intention is determined by three 'underlying factors': the attitude towards the specific behaviour, the person's subjective norms, and the person's perceived behavioural control.

Similarly, planned behaviour theory maintains that only specific attitudes towards the behaviour in question predicts the behaviour (Ajzen 2002; Manstead 1996). Additionally, the person's subjective norms, his/her beliefs about how people they care about will view the behaviour in question, influence intention towards behaviour. Thus, perceived behavioural control influences intentions. The perceived behavioural control refers to a person's perception of her/his ability to perform a given behaviour (Ajzen 1991).

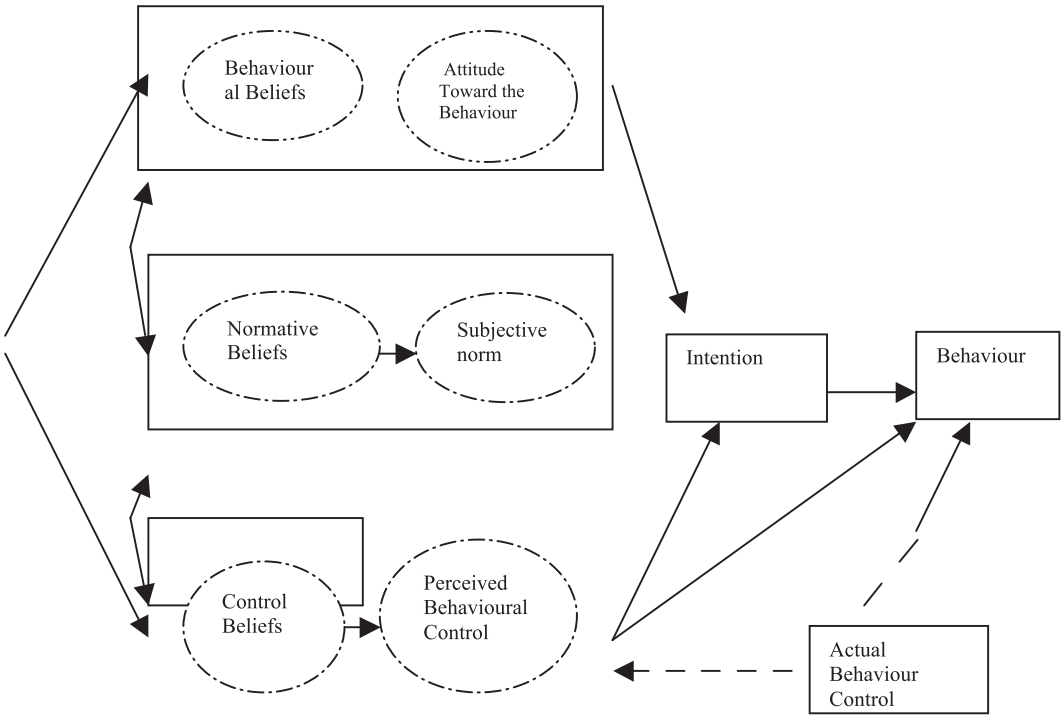
These predictors lead to intention. Thus, the more favourable the attitude and subjective norm and the greater the perceived control, the stronger the person's intention to perform the behaviour in question (Eagly and Chaiken 1993; Ajzen 1988 & 1991). Figure 2.1 is the conceptual model of planned behaviour theory, which indicates the underlying beliefs, norms, and values that control behaviour and the proximate factors (intention) to perform a certain action or behaviour.

Evaluative responses of the cognitive type are thoughts, beliefs, or ideas about the attitude object, or the object associated with a particular attitude. For example, if someone believes that by using a condom he/she will be protected against HIV and AIDS, then the individual will use it. Evaluative responses of the affective type consist of feelings, moods, and emotions in relation to attitude object. For example, youth in a community environment may experience a feeling of shame or worry or may feel harmed by using condom. Others may feel and believe they don't get satisfaction of sexual intercourse when using a condom. But others may feel safer when using a condom.

Evaluative responses of the behavioural type consist of overt actions that people exhibit in relation to the attitude object (Eagly and Chaiken 1993). For example, in relation to condom use, some young person might use a condom in every sexual encounter with an occasional partner, while with a regular partner, condoms may not be used. When analysing the factors that influence attitudes of individuals which lead to intentions to behave in a certain manner, Ajzen (1988) came up with the theory of reasoned action/planned behaviour.

The theory of planned behaviour will be complemented by Anthony Giddens' structuration theory (1984), especially his agency–structure dialectical relations. Borrowing from Giddens (1984), actors as agent of sexual relationships decide when to use or not to use condoms and with whom to use them. This, therefore, suggests that culture (social structure) as a guiding principle offers the youth the mental model (member resource) upon which they draw during sexual intercourse. This suggests that the decision of whether or not to use a condom is reached when the youth (as actors) rationalize the benefit of using or not using condoms, guided by the existing social-cultural structure. The role of culture in understanding the dynamics of HIV and AIDS has gained recognition. There is also an agreement that certain cultural factors influence individuals' decisions and attitudes towards the use of condoms. Learning from Pierre Bourdieu (1984) that cultural needs are the 'product of upbringing' (1) and thus cultural practices (polygamy, gender inequalities, etc.) and preferences (i.e. use of condoms) are influenced by social origin (society in which ones lives), this study tries to understand the cultural challenges in the use of condoms among Tanzania's youth.

Figure 2.1: Theory of Planned Behaviour



Source: Ajzen (1991)

As mentioned previously, the literature review points to a gap in knowledge on the influence of culture on human behaviour, including the use of condoms during sexual intercourse. The review has also helped in choosing the study's conceptual and theoretical framework, research design, and methods, to which the discussion will now turn.

3 Research Design and Methods

Research design and methods were selected based on the nature and need of the topic under study.

3.1 Study Design

This study employs an explanatory research design combining both qualitative and quantitative research approaches to explain the role of culture in the use or non-use of condoms among youth. This section details the methods and demographic characteristics of the study population.

3.1.1 Study areas

This study was conducted in three districts from three different regions, namely, Muleba District in Kagera Region, Ludewa District in Njombe Region, and Handeni District in Tanga Region. Muleba and Ludewa were selected because both recorded the highest HIV prevalence of 15% and 12.9%, respectively (URT, 2005). On the other hand, Handeni District was selected because it had the lowest HIV prevalence, at 2.9% (URT, 2005). The specific areas visited for the study are entered in Table 3.1.

Table 3.1: Districts, Divisions, Wards, and Villages involved in the Study

SN	District	Division	Wards	Villages/Mtaa
1	**Muleba**	Muleba	Magata	Karutanga
			Muleba	Buyango
		Izigo	Izigo	Kimbugu
		Nshamba	Nshamba	Nshamba
2	**Handeni**	Chanika	Chanika	Chanika
				Kivesa
			Vibaoni	Kibaoni
				Kidereko
		Sindeni	Misima	Misima
		Kwamsisi	Kwamsisi	Kwamsisi
3	**Ludewa**	Mawengi	Luana	Ituni Mkwejidoto alato Majengo Mapya
			Ludewa	Mtaa wa Kanisa A Mtaa wa Kanisa B Mkondachi
		Masasi	Nkomang'ombe	Kimelembe

Source: Field data 2008

The institutions visited included three secondary schools, three primary schools, and one college in Muleba District; three secondary schools, four primary schools, and one college in Handeni District; and three secondary schools and two primary schools in Ludewa District, as displayed in Table 3.2.

Table 3.2: Institutions Visited for the Study in the Three Districts

District	Ward	Secondary School/College	Primary School
Muleba	Izigo	Katoke Teachers Training College	-
	Muleba	Kaigara Secondary School	Kaigara Primary School
		Kishoju High Secondary School	Muleba Primary School
	Nshamba	Nshamba Secondary School	Nshamba Primary School
Handeni	Chanika	Handeni Folk Development College	Kibaoni Primary School
		Kivesa Secondary School	Kivesa Primary School
		Handeni Secondary School	
	Misima	-	Misima Primary School
	Kwamsisi	Kwamsisi Secondary School	Kwamsisi Primary School Kivesa
Ludewa	Ludewa	Ludewa Secondary School	Ludewa Primary School
		Chief Kidulile Secondary School	
	Luana	Lumumba Secondary School	Luana Primary School

Source: Field data 2008

3.1.2 Study population, sample, and sampling procedure

The youth (male and female) were the study's main target population. For comparison purposes, the population included both youth and adults (parents). Therefore, the study grouped the youth into two categories. The first category was youth in school. These were the youth enrolled in educational institutions, including youth from primary schools (in standards five to seven), secondary and high schools, or professional training colleges.

The second group comprised the out-of-school youth. These were the youth who were not enrolled in any educational institution at the moment of study. The study also involved adults in order to obtain information related to the cultural norms and values of the study areas that may have influence on the youth's attitudes towards sex and the use of condoms. The adults were involved only in the focus group discussions (FGDs).

In each district we intended to interview a total of 200 respondents, both in-school and out-of-school youth. A total of 591 participants were interviewed. Out of these, 197 were interviewed in Muleba District, of whom 89 were out-of-school youth (39 males and 50 females) and the other 108 were in-school youth (54 males and 54 females). In Ludewa District, 192 youth from primary schools (primary five, six, and seven), secondary schools, and out-of-school youth were interviewed, of whom 102 were in-school youth (54 males and 48 females) and 90 were out-of-school youth (28

males and 62 females). In Handeni District, a total of 202 youth were interviewed, of whom 103 were out-of-school youth (65 males and 38 females) and 99 were in-school youth (54 males and 45 females), as can be seen in Table 3.3.

Table 3.3: Number of Respondents for Muleba, Ludewa, and Handeni Districts

SN	District	In-School Youth		Out-of-School Youth		Total
		M	F	M	F	
1	Muleba	54	54	39	50	197
2	Handeni	54	45	65	38	202
3	Ludewa	54	48	28	62	192
	Total	**162**	**147**	**132**	**150**	**591**

Source: Field data 2008

Both cluster and simple random sampling methods were applied to obtain the intended number of respondents for interviews and FGDs. From each of the secondary schools and colleges, 20 boys and girls were sampled from forms I to IV. Students from each classroom were randomly selected to get the intended number. As for primary schools (clusters), ten girls and boys from grades V to VII were randomly sampled for the study.

The out-of-school youth were selected from the villages and youth group associations in both urban and rural areas. Youth groups included those known at the village offices. Therefore, all the youth recruited for this study were identified with the aid of the village government leaders. Having established the list of youth in those clusters, random sampling was applied to obtain the required number of participants for the interviews and FGDs. The actual number obtained for interviews for both in-school and out-of-school youth can be seen in Table 3.3.

3.2 Data Collection Methods

The data collection methods in this study were FGDs, observations, and interviews. Secondary data were also collected in the regional, district, and ward offices.

3.2.1 Interview method

A face-to-face questionnaire interview was used to collect both quantitative and qualitative data. The interview questionnaire had both open-ended and close-ended questions, although 80% of the questions were close-ended. Each respondent was interviewed separately, and the interview lasted for about 30 minutes. The aim was to collect information that could be tabulated to obtain frequencies of responses. Independent variables such as sex, age, marital status, and schooling status were included in the questionnaire and asked during interview. Questions related to the dependent variables, such as condom use during sexual intercourse, opinions on condom use, awareness of HIV/AIDS, and cultural factors, were asked. The questionnaire used is attached to this report as an appendix.

3.2.2 Focus group discussions

Each FGD was conducted by a moderator. Ten prepared questions were used to guide the discussion. However, probe questions were applied for uncovering some hidden information from participants. The questions revolved around topics such as

- HIV/AIDS awareness
- Cultural practices in the area
- Cultural practice and HIV infection
- Cultural practice and the use of condoms

A voice recorder was used to record the discussion, and before the discussion sessions began, participants were asked for permission to record them. Focus groups were based on gender, age, and school status of the participants. The FGDs were used to collect information that related to perception, cultural norms, and practices, which cannot be adequately collected via other data collection methods.

The focus groups were formed from all four respondent clusters mentioned above. The groups from each cluster included male and female youth (male youth alone and female youth alone). Likewise, the adult FGDs involved separate male and female groups. Each group consisted of 8–12 participants. Voice recorders were used to record the discussions. Both the researchers and research assistants moderated the FGDs. About 20 FGDs were conducted from the four clusters in each district, as shown in Table 3.4.

Table 3.4: List of FGDs by District, Ward, Adults, and Youth, by Gender

District	Ward	Adults		Youth				Total
		F	M	In School		Out of School		
				F	M	F	M	
Muleba	Muleba	2	2	1	1	1	1	8
	Nshamba	1	1	1	1	1	1	6
	Izigo	1	1	1	1	1	1	6
	Total	**4**	**4**	**3**	**3**	**3**	**3**	**20**
Handeni	Chanika	1	1	1	1	1	1	6
	Kibaoni	1	1			1	1	4
	Misima	1	1	1	1	1	1	6
	Wamsisi	1	1	1	1		1	5
	Total	**4**	**4**	**3**	**3**	**3**	**4**	**21**
Ludewa	Ludewa	2	1	1	1	1	2	8
	Luana	1	1	1	1	1	1	6
	Nkomang'ombe	1	1	-	-	1	1	4
	Total	**4**	**3**	**2**	**2**	**3**	**4**	**18**

Source: Field data 2008

3.3 Data Entry and Analysis

Cross-tabulation and frequency analysis were applied as quantitative approaches to establishing percentages at various levels. SPSS version 17 was used to aid the quantitative analysis. Qualitative information was transcribed verbatim and analysed thematically in order to supplement the interview information at the analysis and discussion stages.

4 Cultural Factors and the Use of Condoms Among the Youth

4.1 Introduction

The findings presented below are based on the study's objectives as stipulated in the proposal. As indicated earlier, two districts (Muleba and Ludewa) were selected because of their high levels of HIV prevalence, while one (Handeni) was picked because it has the lowest prevalence of HIV (based on 2005 URT statistics). The purpose was to find out whether there are cultural factors that promote attitudes towards sexual intercourse and consequently affect the use of condoms, and cultures which prohibit sexual intercourse and encourage preventive measures against HIV infection among various ethnic groups. This chapter is divided into four sections: awareness and access to condoms; cultural norms, values, taboos, and beliefs related to sexuality; and parental roles in youth sexual behaviour and HIV/AIDS information.

4.2 Cultural Norms, Values, Taboos, and Beliefs Related to Sexuality

Cultural norms, values, taboos, and beliefs that could influence the non-use of condoms were sought, both through the use of questionnaires and group discussions. The youth were asked whether they have heard about norms and beliefs that facilitate HIV infection. As listed in Table 4.1.1 below, about 50.9% of the youth, both out of and in school, in the three districts said yes to the question, 42.5% said no to the question, 3.8% said they don't know, and 5.7% did not respond.

Table 4.2.1: Heard of Norms/Beliefs that Facilitate HIV Infections (n = 591)

Youth			Districts			
			Muleba	**Ludewa**	**Handeni**	**Total**
Out of school	Yes	Male	19	22	26	67
		Female	26	36	20	82
In school	Yes	Male	28	19	21	68
		Female	30	37	17	84
		Total	**103 (17.4%)**	**114 (19.3%)**	**84 (14.2%)**	**301 (50.9%)**
Out of school	No	Male	19	1	29	49
		Female	16	16	16	48
In school	No	Male	20	31	31	82
		Female	17	26	25	68
		Total	**72 (12.4%)**	**74 (12.5%)**	**101 (17.2%)**	**247 (42.5%)**
Out of school	Don't know	Male	1	1	2	4
		Female	7	2	1	10
In school	Don't know	Male	2	1	1	4
		Female	1	1	2	4
		Total	**11 (1.9%)**	**5 (0.7%)**	**6 (1.2%)**	**22 (3.8%)**
Did not respond to the question			**10 (2.5%)**	**0 (0.0%)**	**11 (3.2%)**	**21 (5.7)**

Source: Field data 2008

In relation to the FGDs, the respondents, both youth and adults, said they were aware of the cultural norms and beliefs facilitating HIV infection. These included polygamy, religious teachings, traditional rituals (initiation ceremonies), masculinity beliefs of having many sexual partners, traditional night dances and ceremonies, sexual styles, myths on condoms, wife inheritance, and traditional taboos against refusing male sexual requests. However, some of the issues mentioned were not purely cultural, and some were economical.

Regarding norms and values that facilitate HIV infection, the data in Table 4.1..2 points to values and norms that differ from one district to another. For example, in Ludewa, sharing wives (50% of the responses), forced marriage (43.3% of the responses), and wife inheritance (59% of the responses) are practised, while these practises are not as common elsewhere. Female Genital Mutilation (FGM), however, is not practised in Ludewa, but it was a mentioned practice in both Muleba and Handeni.

Table 4.2.2: Norms and Beliefs that Facilitate HIV Infections (n = 591)

Youth			Districts			
			Muleba	**Ludewa**	**Handeni**	**Total**
Out of school	Sharing wives	Males	1	12	1	2
		Females	1	33	0	1
		Total	**2 (2%)**	**45 (50%)**	**1 (1.0%)**	**48 (17.0%)**
	Forced marriage	Males	0	6	0	0
		Females	3	33	0	3
		Total	**3 (3.4%)**	**39 (43.3%)**	**0 (0%)**	**42 (15%)**
	Wife inheritance	Males	10	14	8	18
		Females	3	39	3	6
		Total	**13 (14.6%)**	**53 (59%)**	**11 (10.7%)**	**77 (27.3%)**
	FGM	Males	4	0	10	14
		Females	2	0	4	6
		Total	**6 (6.7%)**	**0 (0.0%)**	**14 (13.6%)**	**20 (7.0%)**
	Don't know	Males	8	0	11	19
		Females	7	0	4	11
		Total	**15 (16.9%)**	**0 (0.0%)**	**15 (14.6%)**	**30 (10.65%)**

Youth			Districts			
			Muleba	**Ludewa**	**Handeni**	**Total**
Youth in school	Forced marriage	Males	3	16	1	4
		Females	1	20	2	3
		Total	**4 (3.7%)**	**36 (35.3%)**	**3 (3.0%)**	**43 (13.9%)**
	Wife inheritance	Males	5	31	8	13
		Females	5	30	7	12
		Total	**10 (9.3%)**	**61 (59.8%)**	**15 (15.2%)**	**86 (27.8%)**
	FGM	Males	5	0	7	12
		Females	6	0	9	15
		Total	**11 (10.2%)**	**0 (0.0%)**	**16 (16.2%)**	**27 (8.7%)**
	Don't know	Males	11		12	23
		Females	7		14	21
		Total	**18 (16.7%)**		**26 (26.0%)**	**44 (14.2%)**

Source: Field data 2008

The information gathered from the field shows that there are norms, values, and beliefs which do promote and some which prohibit sexual intercourse. Likewise, there are those which bar the use of condoms. Most of the values, beliefs, and norms identified in Muleba and Ludewa districts encourage sexual acts at the same time as discouraging the use of condoms, while in Handeni District most of the norms, values, and beliefs were those that inhibit sexual acts and encourage celibacy until the time of marriage. These are explained further in the following sub-sections.

Religious beliefs

The study assumed that the high rate of HIV infection among the youth could result from some cultural hindrances on the use of condoms.

It was revealed that 99.5% of the youth interviewed in Muleba District said that they had a religion, of whom 76.5% were Christians and 23.5% Muslims. In Ludewa, 99% of all the youth interviewed said that they had a religion, of whom 93.8% were Christians and 5.2% were Muslims, while in Handeni District 96.5% of all the youth interviewed had a religion. Out of these, 25.6% were Christians and the remaining 73.8% were Muslims.

It was revealed that the use or non-use of condoms by youth was regulated by several cultural factors. Participants mentioned that some of their cultural beliefs hinder the use of condoms. They mentioned factors like religious teachings (e.g. using a condom is a sin and pregnancy prevention is also a sin).

FGD participants in Ludewa District said that in the churches, pastors and priests teach them to refrain from engaging in sex until they are married, but people continue to practise sex as entertainment. Moreover, in the FGDs with the youth from Ludewa Secondary School, one participant warned that 'the spread of HIV continues because people no longer fear God; they don't follow God's commandments'. It was also said that it is a taboo for a religious person to use condoms, as it is against God's commandments and interferes with reproduction. One male youth from the FGD in Ludewa remembered the priest preaching that 'you are using condoms, but God commanded that you go to the world and fill it like sand'. Therefore, to the youth and adult participants, religious teachings prohibited them from using condoms. Their religious teachings tell them to abstain from sex until they get married. Likewise, those who are married are told to be faithful to their spouses.

This analysis demonstrates that the youth who adhere to religious teachings (by abstaining from sex and being faithful to their husbands/wives) have better chances of not being infected with HIV. However, this finding also means that the youth who cannot abstain and follow the religious message of not using condoms are in a great danger of getting infected with the virus.

Although FGD participants disclosed that religious institutions are the source of information on the use of condoms and HIV, in Ludewa District some of the information obtained from this institution was misleading. For example, it was said by one youth at Chief Kidulile Secondary School that 'in churches, we are told that condoms come with HIV virus. It is useless to use them'. This was corroborated by another participant in Lumumba Secondary School who said 'the Christian Council of Tanzania (CCT) teaches that condoms have HIV virus'. Similarly, one Muslim student at Chief Kidulile Secondary School said that they were told by their religious leaders that 'condoms have oils extracted from swine; so it is HARAM'. This disinformation leads to youth who see condoms as having an insignificant role in HIV/AIDS prevention and possibly even causing it.

Widow cleansing, inheritance, and forced marriage

Results from the youth in Muleba's schools revealed that 69.4% of the respondents said widow cleansing contributes to the spread of HIV/AIDS. Additionally, about 43.8% of the out-of-school youth affirmed that widow cleansing increases the spread of HIV/AIDS. Information from the FGDs showed that although widow cleansing was traditionally practised, currently the practice has been minimal. One male adult respondent in Handeni, Chanika Ward said 'widow cleansing was traditionally practised in Handeni, but such a practice had been abandoned'. Another participant in the group added, '[m]ost people in Handeni do not practise widow cleansing and inheritance anymore'. The practice of widow cleansing is also not common in Ludewa District.

The practice, however, is common in Muleba District. One male participant in the adult FGD in said that in order for a widow to remove curse, 'she has to sleep with a person who does not reside in the village'. Apart from widow cleansing, participants in Muleba also mentioned widow inheritance as being practised in the district. A male participant stated that 'a brother would inherit a widow who was married to his deceased brother. This was and is still practised'. Another participant added that according to Haya tradition, your brother's wife or younger brother's wife is your wife too. Even if he finds you touching her, if he goes to report to your parents they will tell him that she is also his wife. Therefore, to inherit your brother's wife or that of your younger brother is possible without any problem because she is your wife too.

Because the practice encourages in-laws to have an affair even before the death of the wife's husband, widow inheritance could be one of the explanations for why Muleba has such a high HIV prevalence.

The out-of-school youth in Ludewa said that forced marriage (43.3%) and wife inheritance (59%) facilitated the spread of HIV in the area. On the other hand, few participants in Muleba (3%) and Handeni (0%) mentioned the practice of forced marriage, and is thus not a big contributing factor to HIV infection. Similarly, only 15% and 11% of the out-of-school youth in Muleba and Handeni districts, respectively, mentioned wife inheritance as a cause of HIV infections, as indicated in Table 4.2.1 above.

The in-school youth in Ludewa District similarly indicated a high rate of forced marriage (35.3%) and wife inheritance (59.8) as causes of HIV infections in the district. Forced marriage and wife inheritance are moderately practised both in Muleba and Handeni compared to Ludewa, as indicated in the following statistics: Forced marriage was mentioned by 3.7% and wife inheritance was mentioned by 9.5% in Muleba, while those numbers for Handeni were 3.0% and 15.2% (Ref. table 4.1.2).

Participants in the FGDs in Ludewa District said widow inheritance is a very common practice especially among the Wapangwa, who account for over 60% of the district's population. When a brother dies the wife has to be inherited, and women are obliged to accept as it is a tradition. A male participant in the FGD confirmed that 'it is a tradition which they have to accept'. In the FDGs with women in Ludewa, one woman said that

> [i]f you refuse to be inherited you will face problems that are too much to bear. Land is taken, the children are taken away and the rest of the property is taken away. This therefore means that women are forced to accept inheritance even if they don't like the man or don't want marry again.

Cultural practices such as widow inheritance can explain the currently high rate of HIV prevalence in Ludewa District.

Belief in witchcraft is also widespread in Ludewa District. All inhabitants belong to three ethnic groups, namely Wapangwa, Wamanda, and Wakisi, and all three are staunch believers in witchcraft. Therefore, any person suffering from AIDS is believed to have been bewitched. Thus, HIV/AIDS as a community problem is pushed aside. When a husband dies of AIDS the wife is thereafter inherited by the relatives of the deceased without fear of HIV infection. Moreover, it is also common that once an inherited woman becomes a new wife of a brother of the deceased, he might also get all the privileges and rights of a husband, which include having sexual intercourse. As already mentioned, it is culturally wrong to use a condom with a spouse. This result is consistent with the findings by Mabumba et al. (2007) and Agot et al. (2010) mentioned earlier in the introduction chapter.

Although the main idea of widow inheritance was to maintain a clan's properties, which include land, children, houses, and the clan's name, it could be a factor for HIV infection, as Agot at el. 2010 suggested. For example, it could be that these women are forced to marry individuals who are already infected with HIV/AIDS. Likewise, if the inherited widows are HIV positive, they could infect those who inherit them, hence escalating the spread of HIV in the district. Widow inheritance

and forced marriage, along with other traditions and taboos, could be a source of HIV spread and could similarly explain the high HIV prevalence in Ludewa District. A similar observation was made by Ezer (2006) when examining the inheritance law in Tanzania, which was the cause of widow and daughter impoverishment.

Banana stems syndrome and preference for children

Condoms were also believed to be a factor for preventing people from having children, something which was undesirable in the community. For example, youth participants in FDGs in Muleba said that community members expect every individual (including the youth) to have children. And if it happens that a young person dies without having a child, cultural rituals have to be performed at their burial so that their spirit should not wander around and harm the family. To prevent such a thing from happening, the body of the deceased has to be buried with a banana stem. When narrating what he witnessed recently at a burial ceremony of his peers, a young person in the discussion group at Nshamba VETA said, '[a] young man died here, and had no children; in his grave they put a banana stem and he was buried with it so that he wouldn't disturb his family'. It was further informed that if a childless female died, the deceased female body is buried with money (e.g. Tshs. 20/=) for the same purpose. If she is not buried with money her spirit (*enchweke*) will come back to the family (possessing a living member of the family) demanding an explanation for why she was not given the opportunity to bear a child. Nevertheless, other sources said burying a deceased female body with money is not consistently practised in some Haya communities.

According to a youth participant in the FGD in Muleba town, "the banana stem syndrome" is one of the reasons for why many young people in Muleba District do not use condoms during sexual intercourse. In the words of one of the adult participants in Muleba town, '[t]his is why the youth strive to have children at any cost… many young people have sex without condoms in order to get children'. An out-of-school youth participant in Nshamba indicated that 'it is not a good thing for a young person to die without having a child'. And the consequence of not having a child was explained by a male youth in the FGD, that 'the deceased person will come back (in spirit) to lament to them by asking why he/she was not given a chance to have a child'.

The participants also said that it is because of this banana stem syndrome and *enchweke* that most young people in the area marry very early so that their wives would give them children. However, since there are no preparations to handle family life, they end up having economic difficulties in supporting their families. As a result, their wives are subjected to risky behaviour in order to supplement the family needs. According to youth participants at Nshamba VETA, this banana stem syndrome and *enchweke* causes HIV infection.

The youth also said that the desire to have children was not only caused by the banana stem syndrome and *enchweke*, but also by land inheritance. The youth in Muleba District revealed that to qualify to inherit a large farming plot, one must have a child. A youth in the Nshamba VETA group discussion said that 'parents will not allocate land to you if you have not proved to be a man by getting a girl pregnant', thus making male youth less willing to wear condoms. In most cases they said that they cheat the girls by wearing condoms with torn tips.

Sexual practice and style

Participants in Muleba District also referred to sexual practices and styles that are commonly used by the youth and adults during sexual intercourse. For instance, the youth mentioned *katerero* as one of the commonly used sex styles, which one participant described as 'a sex style which involves rubbing, shaking and beating repeatedly the female's sexual organ with male's sexual organ'. The nature of *katerero* means that males refrain from using condoms. It is impractical to use condoms, said one youth in the FGD at Muleba town. One youth in the Nshamba VETA FGD said, 'when you do *katerero* you can't have pleasure with a condom', as the style requires maximum friction to make it effective and satisfying and to stimulate the women to secrete a large amount of liquid (the youth nickname it *Rwenzori*[1]).

The above arguments from the youth discussions were also corroborated in adult groups. Adult female participants in Muleba District added that in order for a woman to have pleasure with *katerero*, there should be a high level of secretion in the female genitalia. One female mentioned that 'to make sure that the secretion flows out adequately during sexual intercourse, daughters at tender ages are given herbs which increase their erotic stimulations'. In the adult FGD one female said that 'some stretched their daughters' clitorises while still children, in order to enlarge it so that it could help in the secretion of the liquid'. The participants also underscored that stretching the clitorises and using herbs make girls grow up with a strong sexual desire, which also puts them at risk of HIV infection.

FGD participants in Ludewa District mentioned a taboo against women looking at men's sexual parts, thus making it difficult for women to confirm that a condom is being used. Moreover, and related to this taboo, sexual intercourse among the Pangwa people in Ludewa has to be done in darkness, and women are not supposed to be active in sex. In the words of one male FGD participant, the women say 'fanyaga mwenyewe huko' (lit: do whatever pleases you there) and therefore she allows the man to do what he wants with her. This gives men an upper hand, meaning men dictate how sex should be performed (including wearing or not wearing condom), and when and where it should performed.

Traditional night dances and night ceremonies

Findings in Muleba and Ludewa districts showed that night-time ceremonies such as weddings, cultural activities, and discos have become opportune moments for the youth to socialize and have sex freely. They also get the chance to have many sexual partners to test a variety of partners and ensure maximum enjoyment. The youth in discussion groups narrated that there is a common sexual practice which involves sharing one sexual partner. This is commonly done during night-time functions such as discos and wedding ceremonies. Male youth in Muleba District said that 'girls remain until late at such ceremonies, and become play for the boys. We line up for them, and have them for sex in turn.

This is done quickly because if they get tired they can turn against us by screaming, which could then be a problem'. So, there is no time for wearing a condom. The practice of sharing a girl (lining up) is very common, and has become normal behaviour for the youth in Muleba areas.

[1] Rwenzori is a brand of bottled water from Uganda commonly sold in Kagera.

In Ludewa District, traditional dances are common, and often these dances are done at night. There are different types of traditional dances, including *Ngwaya* and *Mituli* for the Pangwa ethnic group, and *ligambusi* and *mahalamisi* dances for the Manda ethnic group. These traditional dances begin at around 09:00 pm and last until morning. Parents cannot deny the youth from going to these traditional dances. It is like 'a must', and the youth have to go and dance. Furthermore, participants said that the type of songs are mostly love songs and danced in sexual styles, thus promoting the urge for sex. As one man said in an FGD at Mkwejidoto in Luana Ward, 'there are different types of night dances. These dances are performed in such a way that it stimulates sexual desire. Since it is performed at night and because these ethnic groups like sex in the dark, the dancing places are turned into sex grounds'. Participants at Ludewa Secondary School complained of the parents' lack of concern over their children's affairs, which contribute to HIV infections. In the words of one youth participant, 'parents allow their children to go to traditional night dances and discos, hence leading to high rates of HIV infection'. Furthermore, dance places serve several industrial and local beers. The local beer, which they drink as part of the culture, allow for greater promiscuity. Most of these encounters lack the use of condoms.

Generally, men of Mkwejidoto village, Luena Ward also realized that 'there is moral erosion among adults, parents and youth. The adults, due to excessive drinking, enter into sexual acts in the presence of their children… Parents do not scold their children for wrong doing. Girls and some women prostitute themselves for money, without taking precautions for protecting against HIV'.

The tradition of spending nights at the homes of the deceased, as happens in many Tanzania communities, is of concern in Ludewa District. It was revealed that the tradition of sleeping at homes of the deceased was used as an opportunity by both the youth and adults to disguise spending the night with their lovers. The tradition promotes the spread of HIV. In Muleba and Handeni districts, this type of practice was never mentioned.

Polygamy and serial sex partners

It was revealed by FGD participants that polygamy is practised in Handeni and Ludewa districts. For many people in Handeni, especially the Zigua people, the main ethnic group in the district, have more than one wife. In the words of the participants, 'here the Zigua marry every year. Marrying many wives is common… for example, when there is good harvest of maize in that season. The man will sell the product to get money to marry another wife'.

However, it was explained by FGD participants in Kwamsisi Ward that polygamy was regulated by well-founded traditional beliefs that minimize the possibility of married women (but not married men) to have sexual relationships outside their marriages. In the discussions with adults in Kwamsisi Ward, one of the participants at Kwamsisi stated that there are 'various traditional ways that protect people from having sex with other people's wives and girls'. Another one added, 'sleeping with a married woman was a dangerous act'. In the words of an adult female participant,

> in Kwamsisi you can't just sleep with any woman, because if you do that you may end up getting elephantiasis of the scrotum or leg. You may also get *tego* (a kind of witchcraft) which eats your liver and intestines, and you may die very quickly. Another disease which you may receive after sleeping with someone's woman is *lusinga*

> (another kind of charm). The disease subjects the individual to diarrhoea and maybe death in two-day's time. The only chance to survive all of the above is to apologize to the person who accuses you of sleeping with his wife or woman.

They added that people are more afraid of this traditional belief than HIV/AIDS. Therefore, as one adult male participant in Kwamsisi said, 'these traditional beliefs play a significant role in the prevention of HIV infection'.

Findings from Ludewa District also revealed that polygamy and multiple partners are common and are the factors for HIV infection in the district. In the words of an adult male at Mkwejidoto Luana Ward, Ludewa District, the cultural tendencies of men marrying many wives is a big contributing factor to the spread of HIV, and HIV spreads via the tendency of men to have extra marital sexual intercourse with many women outside their marriage.

Despite polygamy, women in polygamous marriages said they are not ready to wear condoms. In the words of one female participant,

> [c]ondoms should be used by the young ones. I will not use them. First, I am a second wife. I don't know how he lives when he is in the other household. If he has sex loosely, I will die, but I won't use condoms; [it] is just a waste of money.

This demonstrates that this group needs more education on the risks involved in unprotected sex intercourse. People are not well informed of the risk conditions they are subjected to, and perhaps they are ignorant of HIV. However, a critical analysis of such a statement entails an understanding of the economic conditions faced by women. For them, marriage assures them of resources in terms of monetary income, status, and security.

Youth houses among the Pangwa ethnic group

Findings from Ludewa District reveal that when the children reach puberty they are separated from their parents' house. Boys live in a separate house called *shengo*, while *nanda* is a separate house for girls. The youth during this period control their own lives, hence they have all the freedom to practise maturity. According to a student participant in the FGD at Lumumba Secondary School in Ludewa District, 'the Pangwa believe that when a girl has reached menarche and sleeps in the same house as her parents, she will get sick. She has to move out of the house to special houses called *nanda*'. It is believed that in the *nanda* houses, girls are taught by their grandparents or aunts various sexual issues and styles of sexual intercourse. The girls are free to have sex with boys because it is commonly practised in their society.

Allowing girls and boys to have their own houses and thus encouraging sex puts girls in vulnerable conditions for acquiring HIV, as they might be victims of sexual abuse, rape, and violence. Moreover, at this period (puberty) they are not mature enough to make rational decisions, which include suggesting the use of condoms before having sex with a man.

Virginity

Unlike in Muleba and Ludewa Districts, the girl's virginity in Handeni District is strongly observed. Participants in the FGDs in Handeni District indicated that the girl who has lost her virginity will have difficulties when getting married, because, in the words of one female participant in Kibaoni Ward, 'virginity is very important'. In the discussions with all adult female participants in Chanika Ward, Handeni District, one participant said that 'a man will refuse to marry her if he finds the girl is not virgin'. Participants stated that a girl's virginity is checked by the man's family before marriage. If it is discovered that the girl is not a virgin the man will ask his bride prize to be returned. If he agrees to marry her, then the dowry, which has already been paid, has to be reduced. In most cases they refuse to take her and insist on having the dowry returned. In other words, she has not been faithful. By contrast, if the girl is a virgin, the parents are given presents for raising their daughter well.

It was further indicated by all adult females and males in Handeni that it was shameful for a family member to have a daughter who is not virgin. One female participant in Kibaoni Ward said 'the mother of that daughter is looked down upon by others in the community'. It will be very shameful to the family, added another participant in the group. Some families even 'decide to move out of the village to avoid such embarrassments', cautioned another participant. For that reason parents (especially mothers) make every possible effort to protect their daughters from engaging in sex before marriage. An adult female participant in Kwamsisi Ward said that loosing virginity for an unmarried girl is seen as a more serious mistake than contracting HIV. As a result, some parents, especially in Kwamsisi Ward, resort to witchcraft to protect their daughters from engaging in sex. An adult male participant in the ward noted that 'a man who would dare to sleep with a girl is in the risk of being affected by witchcraft such as the dangerous and feared *tego* and *lusinga*', as explained in the previous section.

The importance that people attach to virginity has made them institute a strict punishment for boys who have affairs with girls. In the words of one participant in Kwamsisi Ward, 'there is a strict punishment in place for a boy who is found having an affair with a girl'. He will be obliged to 'pay a big penalty for the virginity that he had broken. The fine is more than 17 cows, which is the dowry'. In some situations the punishment does not just end with a penalty, but rather 'the boy could be forced to marry the girl', said another adult male participant in the group.

Initiation Rites – Jando and Unyago

Jando and *unyago* are special initiation programmes for both boys and girls, respectively. The rites, which are forms of training, both promote and prohibit sexual activities. Findings from Handeni District show that *unyago* was still practised in the district, where 37.6% of the youth reported having attended *jando* and *unyago* practices. However, in the FGDs the participants revealed that *jando* was becoming unfashionable due to the fact that parents preferred to circumcise children at a hospital rather than in traditional groups, although they miss the teaching part about life skills, including sexuality issues.

Adult male participants at Kibaoni Ward indicated a transformation in their community. As One participant said, 'in the past, youth stayed without knowing a girl until the day they married'. 'The boy is taught at *jando* what to do before he gets married', added another participant in the group. It is during *jando* when boys are taught how to have sex with a woman. However, this has changed

because currently 'boys start having sex very early before the teaching', complained one adult male in the Chanika FGD; '[t]hat is why the practice (*jando*) has lost its dignity'.

Early youth sexual activities were also common in Ludewa Mjini in Ludewa District. For instance, an adult male participant complained that 'these days, children at Grade V know about sex and are active sexually. They watch TVs and are taught at school, so they know all about sex'.

Unyago is still practised in Handeni District, although it is declining compared to the past. Participants noted two types of *unyago* in Handeni District. First, for girls not in school or those from families with higher incomes, when the girl reaches puberty, she is subjected to remaining indoors for months and even up to a year. For those girls already in school but before puberty, the training is commonly done during long school holidays. During this period she will be taught to avoid having sex, as she might get pregnant. Girls are taught about norms, values, and taboos, which are instilled to inhibit them from having sexual intercourse until they get married.

In the FGDs with adult female participants, this type of *unyago* was good because it prevented girls from roaming around and easily getting enticed by boys/men. After the *unyago* training, it was not easy for the girls to get pregnant before marriage. The training is a prohibiting factor against sexual acts and hence limits the chances of HIV infection in Handeni District and particularly in Kwamsisi Ward, where taboos are still enhanced and casual sex is limited. That could be one of the reasons for why Handeni has one of the lowest HIV rates in the country.

The second type of *unyago* is normally done when the girl finishes primary school. The girls are assumed to have matured at the end of Grade VII. Therefore, they have to be prepared to become wives and mothers. Special training is prepared for such girls, whereby they are taken to secluded areas and each girl is asked to pose naked at a particular tree or while laying on the ground. At this stage the girls are taught the ways of handling a husband and ways of having sex with a man. This second *unyago* training could be a promoting factor for sexual acts. However, the strong witchcraft-based beliefs posed to both girls and married women in Handeni act as a preventive factor towards casual sex.

It was also revealed that attending *unyago* was arranged not only by parents, but sometimes peer pressure forces girls to ask their parents to arrange *unyago* for them. This was explained by a female youth participant in Handeni: 'a girl who has gone through *unyago* teaching feels good and proud and will boast to others who have not gone through it. This act pressurizes the others also to get the training. As a result, the other girls will demand for such training to be prepared for them by their parents'.

But children who attend *unyago* are not taught about HIV/AIDS or how to use condoms. In the words of a female youth participant at Handeni Secondary School, 'the largest percentages of those coming from *unyago* are not told about condoms and how to use condoms with their partners … they are not taught about HIV/AIDS and condom use'. Information on how one can protect him/herself from HIV/AIDS should find its way to both the informal and formal education system. *Unyago* training should be one of the focus areas for HIV intervention. Training in *unyago* is done by individuals trusted by girls. This means that *unyago* is a potentially important source for disseminating HIV/AID information to girls.

In Ludewa, the *jando* and *unyago* rites are not as systematic as in other parts of the country, especially in the coastal areas. The youth, and especially the girls, are taught by their aunts or grandparents on all issues of sex. For example, among the WaPangwa, who constitute over 60% of the people in the district, and WaManda, who live along Lake Nyasa, the aunts or grandparents take girls to places called *nanda* to teach them about issues of sex. The girls are also given herbs/charms to use to attract men for sex. They are taught not to reject a man's request for sex. And the teachings are enhanced through traditional dances, which take place through a special traditional dance called *mahalamasi* and *kioda* for the Manda and *matuli* and *ngwaya* for the Pangwa. These take place at night from around 09:00 pm.

Jando and *unyago* are not common in Muleba District. Moreover, only one young man in the out-of-school group had participated in *jando*, versus the 36 in-school youth who participated in either *jando* or *unyago*. When analysing data according to ethnic group, it was noted that practices were from groups outside the region and among students living in boarding secondary schools and colleges. This is consistent with responses from FGD participants, who said that the practices of *jando* and *unyago* were not done in the district because it was not part of the tradition of the Haya people, who are the indigenous ethnic group of Muleba District.

Male circumcision has recently been linked to low levels of HIV infection. THMIS (URT 2013b) reports that circumcised men are less likely to be HIV infected than uncircumcised men. Actually, THMIS (URT 2013b) report found that men who reported being circumcised had a lower infection rate than uncircumcised men – 3% versus 5%, respectively. Male circumcision could be one of the reasons for Handeni District's low levels of HIV infection. Realizing this fact, the government has initiated a programme to encourage male circumcision in all areas where male circumcision is not mandatory. These also included Ludewa and Muleba districts.

The main comparison between the Muleba, Ludewa, and Handeni districts was that, unlike Muleba District, Ludewa and Handeni practised *jando* and *unyago*. Handeni District was the only one where male circumcision was mandatory, based on traditional and Islamic religious teaching. Although the tradition of group circumcision has declined in Handeni District, male circumcisions at hospitals were still practised and all youth at or before puberty are taken for circumcision.

Moral erosion

In the FGDs the participants complained about the weakening of morals in the community, especially those related to sexuality. All participants in Muleba, Handeni, and Ludewa districts underscored the fact that adults are the cause of the youth's risk behaviours. They said that after drinking the local brew (*lubisi*), adults engage in sex openly in banana plantations, sometime in the sight of the youth and children. Youth and children who see adults having sexual intercourse learn those behaviours and strive to practise the same with their fellow youth. Handeni participants said that although some adults drink, most of the adults do not drink because it is restricted by their religion, which is mostly Islamic.

Furthermore, youth participants in Muleba and Ludewa districts complained of the adult practice of enticing and seducing young girls and boys. In the words of a male youth participant at Nshamba Secondary School,

'[t]he adult men are very bad people because they ruin the children. Girls are sleeping with adult men and grandfathers and don't seem to care'. The above statement was corroborated with words from a female youth in Nshamba, who stated that 'girls have sexual intercourse with elderly people because elderly men seduce them by enticing them with money'. Girls want nice things such phones and other items, and thus they accept having sexual relationships with men older than their age. One participant in the youth FGD in Handeni FDC said that '[s]ome girls are desperate for money for survival'. Another participant said that '[g]irls engaging in relationships with adult men cannot demand a condom. They cannot negotiate with adult partners for condom use because they are afraid of losing the chance of getting the money they need from the deal'. 'This situation leads to girls becoming infected with HIV', insisted one male youth in Handeni FDC group discussion.

This information is in line with what the adult male group in Chanika Ward, Handeni District, said, where participants raised their concern on the current trend of adults having sex with young people. As one male in the group said, '[t]he elderly are the ones killing the youth, they are having sexual intercourse with girls of the age of their daughters or sons, as a result they infect them with HIV'. Similar arguments were given by a male youth in Kibaoni, who stated that 'the adults are sleeping with young girls, especially adults who are rich, those who can give girls good money for sex'. This is happening because 'cultural values have been eroded; that is why adults of an age similar to [the girls'] fathers, sleep with young girls of an age similar to that of their own daughters', said another youth at Handeni FDC.

It was also revealed in the FGDs that it is not only the adults who like to have sex with young girls, but the male youth also seek sex with adult females (sugar mummies). A young participant in Muleba District had this to say: 'The elderly like young girls, but also boys like adult women because they are good at sexual intercourse due to their experience'. One male youth referred to his parents' claim that 'the youth nowadays don't listen to advice, and if you beat them they can sue you and you will be remanded'. For them globalization has brought all this moral erosion, especially to the youth. As a result 'our children start practising sex very early', said one male participant in Muleba town. One male participant at Chanika Ward in Handeni District indicated that '[t]his tradition of our children walking half-naked causes all this immorality, and if you tell the youth to behave and dress properly, they say it is their human right to wear what they want. As a result no one is following our traditions'.

In the FGDs in Ludewa District, male youth of Mkwejidoto Village, Luana Ward, reported moral erosion among adults, parents, and the youth in their area. The adults, due to excessive drinking, have sex while their children see them in the open. Parents do not scold their children for wrong doing. Girls and some women prostitute themselves to men for money without taking precautions against HIV infection. In addition, female participants said that the way of dressing among girls is too enticing, as the cloths are tight and too short, thus exposing breasts, thighs, and the navel. The type of dressing is done deliberately to trap men for sex. The girls are forced to behave in this manner as a means of getting money through sex.

Participants also reported a transformation in the communities. In the past a child was a community's child. Every community member was responsible for raising and punishing children who seemed to violate community norms and values. But these practices are things of the past. As a male youth

participant in the FGDs in Ludewa District narrated, 'the slogan *Mtoto wa mwenzio, ni wako*' (Lt: your fellow's child is yours) is no longer applicable. If you punish a your neighbour's child for doing a wrongdoing, you are likely to be taken to court. As a result, the youth are left free to do what they want in front of adults without control. Even if it were their parents, they would usually say that adults are old fashioned, unknowledgeable, outdated, and therefore, they should not interfere with their businesses.

Sexual abuse and violence

Results on whether or not men in the study areas use violence as a way of getting girls for sexual intercourse revealed that 57.2% and 70.0% of the out-of-school and in-school youth, respectively, said yes to the question. The results show that the tradition of men abusing young girls has not abated and could be a contributing factor in HIV infection for the girls. Violence minimizes the power of girls to negotiate during sexual intercourse.

Poverty and lack of income

Poverty was mentioned as one of the main reasons for girls being involved in sex and sometimes unsafe sex. In the words of a young female participant,

> [p]overty also contributes in some ways to girls' behaviour because you find that she cannot buy something she wants, and here is a boy who would buy the item for her. Men with money, who come to villages from town, easily entice girls for sex because of their economic power. The tendency is to accept sex requests. Some girls, and especially orphans, practise sex for survival.

It was further revealed that the woman or girl who agrees to have sex without a condom is paid more than the one who would insist on using one. This makes women/girls choose sex without a condom in order to get more money, but they risk getting an HIV infection through unprotected sex. Therefore, the general impression among the male youth in the FGDs was that lack of income was the reason for lack of condom use among girls.

In the FGDs with male youth in both Muleba and Handeni districts, the non-use of condom was attributed to youth's low income. Youth do not have an income of their own, as such they rely on their parents. And most youth are only given money for their school expenses such as the bus fare and school fees. In the words of a male youth participant at Nshamba VETA,

> the youth don't have money for condoms because they only get money from their parents. You can't ask your parents to give you money for condoms. Therefore, if you like a girl you have sex without a condom or use a piece of a new plastic bag. Actually plastic bags are more trusted by girls than condoms, which are believed to remain in the uterus and can be removed only by an operation.

The analysis of the norms, values, and beliefs related to sexuality and the use of condoms under this objective has demonstrated the presence of cultural norms, values, and beliefs which promote sexual intercourse and inhibit the use of condoms. These were mainly revealed in Muleba and

Ludewa districts. By contrast, the findings also point to cultural practices which inhibit free sexual intercourse, although there are still taboos that also inhibit the use of condoms. For instance, *unyago* teachings in Handeni District insist on waiting until marriage (virginity), thus delaying girls' first sexual intercourse. This explains why both Muleba and Ludewa districts have higher HIV rates, while the rate in Handeni is low.

This analysis should be understood in relation to the attitudes and manners that Ludewa, Muleba, and Handeni place on sexual relationship. As explained earlier on, the culture of society (social structure) influences people's attitude towards the use of condoms. Culture provides mental resources (mental models) that people draw upon when deciding to engage in a sexual relationship. If the reference (resource) depicts condoms as harmful or creating a shameful situation (remains in one's vagina), people will have negative attitudes towards condoms.

4.3 Parents' Role in Youth Sexual Behaviour and HIV/AIDS Information

The FGDs with female youth revealed that the majority of parents are still reluctant to discuss with their children condoms and condom use. Culturally, parents cannot discuss sex with their children. It is not normal in African traditions for parents to talk about sexual matters before their children. And taboos against these conversations mean that parents often lie to the children about sexual issues. One female participant in Handeni FDC FGD said that 'even when the youth find condoms in the parents' room, when they ask questions to their parents about condoms, they don't tell them the truth. And in some cases parents tell their children that condoms are balloons'. Such traditions make children ignorant on sex issues and related pandemics such as HIV and AIDS.

In such situations young girls will depend on peer information, and in most cases they would end up getting false information. Nevertheless, in Handeni District participants in all the FGDs explained that parents do not accept marriage until an HIV test is done (three times) from a recognized health facility. For them HIV/AIDS testing has become common and a well-accepted practice in the district, and a marriage might be cancelled if one partner does not want to test. For them, the practice of testing for HIV before one gets married inhibits HIV infection because it discourages the youth from practising sexual intercourse before marriage.

5 Study Conclusion and Recommendations

5.1 Conclusion

The aim of this study was to investigate the relationship between cultural factors and youth attitudes and the implication of this relationship on the use of condoms for preventing HIV infection. The study setting (Muleba, Handeni, and Ludewa districts) allowed for understanding the relationship between cultural factors and youths' attitudes on condom use from a diversity of cultures. The cultural particularities in all three districts determined youth's attitudes and behaviours on the use of condoms. Certain district-specific cultural factors coincided with particular risky behaviours. Cultural diversity calls for diversity of policy treatment that reflects the cultural factors in specific environments.

Moreover, we learn again from Bourdieu that cultural needs are the 'product of upbringing' and education (Bourdieu 1984:1), and thus cultural practices (polygamy, gender inequality, etc.) and preferences (i.e. use of condoms) are influenced by the society in which ones lives (Bourdieu 1984). This calls for a holistic HIV/AIDS education – education that takes into account the social and cultural dimensions that influence individual behaviours. This includes changing their cognitive, affective, and behavioural types of evaluating behaviour (see Figure 2.2 in the conceptual section). The poor understanding of condom use requires a new approach that accommodates the local/ cultural practices and provides answers to cultural challenges. This is simply the case because the youth and individuals in general are actors who are capable of making their own interpretation of HIV education messages. Unfortunately, if there are no proper feedback relationships between the providers and communities, such interpretations may not always be accurate and safe.

Lastly, people's behaviours often connect to a particular mental model (in this case the culture of that society). Across all districts, youth behaviours coincided with a skewed picture that positioned female youth at a disadvantaged and vulnerable position – e.g. widow inheritance and cleansing, polygamy, rape, and sexual exploitation. Unfortunately, sexual exploitation and abuse of females are tolerated and backed by culture (i.e. patriarchy system). Indeed, behaviours such as lining up for a girl (rape in Muleba) and other factors mentioned above are perceived to be normal by community members.

5.2 Recommendations

The study recommends the following: A broad education campaign is required in Muleba, Handeni, and Ludewa districts to educate people on the truth about condoms and to quell the myths and taboos and the attitude that using condoms prevents sexual enjoyment and satisfaction. Education should consist of a diversity of policies, depending on the cultural factors in specific environments. Moreover, morals have to be restored through religious teachings and public forums. It is also necessary to avail condoms in all places, and the issue of condom size needs to be observed carefully. The government should look into area-specific intervention strategies for effective goal achievement, and should limit drinking hours as a way to control or totally removing excessive drinking in villages. Moreover, the government should impose laws that control or prevent traditional dances from taking place at night. The government should ensure local implementation of policies against cultural factors that facilitate discrimination, rape, and sexual exploitation. The government should orient religious leaders about HIV/AIDS facts to ensure they teach their followers correctly. Women and girls should be trained to be strong enough to say no to unsafe sex, to wife inheritance,

to forced marriage, and to any enticements leading to sexual intercourse. But again the government should sensitize men in Ludewa, Muleba, and other districts where circumcision is not mandatory to go for circumcision and ensure that families take their male children to hospitals for safe circumcision.

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