THE ROLE OF PEER EDUCATION PROGRAMME IN CREATING YOUTH AWARENESS ON SEXUAL MATTERS: THE CASE OF BUGURUNI WARD, ILALA MUNICIPALITY

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A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK OF THE OPEN UNIVERSITY OF TANZANIA

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CERTIFICATION

The undersigned certifies that she has read and hereby recommends for acceptance by the Open University of Tanzania a dissertation entitled: "**The Role of Peer Education Programme in Creating Youth Awareness on Sexual Matters: The Case of Buguruni Ward, Ilala Municipality** " in partial fulfilment of the requirements for the degree of Master of Social Work of the Open University of Tanzania.

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Dr. Zena Mabeyo

(Supervisor)

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Date

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DECLARATION

I, **Batuli Sunna**, do hereby declare that this dissertation is my own original work and that it has not been presented for a similar or any other award to any other University.

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Signature

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Date

DEDICATION

I dedicate this work to my late mother Joyce Shuma for laying my academic foundation. It was very kind of her to do so. I thank my lovely children, Chloe and Olivia for their patience. Very often, I had to stay away from them to work for my research even when they needed me the most. Thanks.

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ABSTRACT

This study was carried out to examine and asses the role of peer education among youths in managing and shaping their sexual behavior. The study further looks into the weaknesses and strengths in the peer education framework in Tanzania. The study employed case study design, which provided the opportunity and flexibility in the use of quantitative and qualitative data collection methods. Thus, questionnaire and interview were used to collect data. The study used both, simple random sampling and purposeful sampling approaches in the selection of respondents and the study areas. Simple random sampling was used to select four streets namely Buguruni Shell, Mnyamani, Malapa and Madenge while purposeful sampling was used to select peer educators and youth outside school settings. Findings show that peer education is one of the best ways that can be used in minimize the effects of irresponsible sexual behaviour among youths including those that live out of school setting. The use of peer education improves health and plays a big role in the rehabilitation processes of the youths who have been affected. 74% show that peer education interventions increased HIV knowledge, reduced drug equipment sharing among drug users and increased condom use. On the other side, the study revealed peer education failed to reach remote areas where the problem is persistent. Lack of unskilled peer educators and sustainable training marked another weakness of peer education. The study recommends training many peer educators, creating centres for the affected ones, imposing strong rehabilitation processes and ensuring safe environment of growth for young people are among strategies that should be put in place to reduce risks among youths. More researches should be carried out to improve the lives of young generation.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency syndrome
AMREF	African Medical and Research Foundation
BC	Before Christ
BYC	Buguruni Youth Center
CBO	Community Based Organization
CHAC	Council HIV/AIDS Coordinator
CODA	Concerns for Orphans and Development Association
DMO	District Medical Officer
FHI	Family Health International
HIV	Human Immunodeficiency Virus
IRC	Information and Resource Centre
NGO	Non-Governmental Organization
KIWOHEDE	Kiota Women Health Development
SRH	Sexual and Reproductive Health
SPW	Students Partnership Worldwide
SSA	Sub-Saharan Africa
STI	Sexually Transmitted Infection
TAYOA	Tanzania Youth Alliance
TDHS	Tanzania Demographic Health Survey
UNFPA	United Nations Population Fund
VCT	Voluntary Counseling and Testing
VMAC	Village Multi-Sectoral AIDS Committee

WMAC   Ward Multi-Sectoral AIDS Committee

WHO   World Health Organization

YPHEs   Youth Peer Health Educator

UPHOLD   Uganda Programme for Human Holistic Development

CHAPTER ONE

INTRODUCTION

1.1   Introduction

This chapter presents background information to the study, statement of the problem, objectives of the study, research questions, significance and limitation of the study. It will lay a foundation and rationale for the study.

1.2   Background to the Study

Peer education is a method of promoting health- enhancing change amongst the peers in a given community through teaching or sharing health information, values and behaviours to groups that share relatively similar social backgrounds. Peer education typically is supported by community, charities, government and non-government players to drive desired change among peer groups in a given community. Peer education is increasingly being recognized as a fruitful initiative used for combating problems related to sexual behaviour in the world. It has a long history in the life of mankind which dates back as far as Aristotle's moments of 384 BC – 322 BC. The peer education programmes is conducted in a variety of contexts and in a number of different settings and situations. Joseph Lancaster in the early 1800s, in London sets a very good example by using the system known as "monitorial system" whereby teachers taught monitors who then passed on their knowledge to other children (Wagner, 1982).

According to Pollard (1982), teachers came to understand that using monitors would then help them to use little time to cover all students at a short period of time.

Through the same approach disadvantaged young people in the classroom were taught how to read, write and to do arithmetic. This initiative then spread to Denmark, England, France, Greece, Italy, Norway and Sweden which constitutes one of the most amazing educational movements of all times.

Another initiative in which peer education was applied was the student influenza immunization intervention at the University of Nebraska in America in 1957 where peer education was used to help students understand about the influenza immune in their university setting (Helm *et al.*, 1972). Thus, peer education was designed as a highly focused issue-driven educational strategy to respond to an Asian flu epidemic at the time. The strategy focused on advocating for immunization against the flu strain.

In the 1960s, peer education-related projects were developed at Minnesota University to assist disadvantaged young people in their studies (Prevention research evaluation report, 2006). Moreover, peer education has also been used in health projects aimed at seeking to reduce the incidence of smoking among young people in London (Morgan and Eiser, 1990). The same initiative was used in the field of substance misuse in London (Klee and Reid, 1995) so as to help young people who were using Amphetamine and other illegal drugs to stop.

Moreover, according to Perry and Sieving (1993) peer education seems to gain popularity in relation to HIV prevention and sexual health promotion. To that effect, in 1991 the World Health Organization (WHO) commissioned a global HIV review of peer education. The review came up with the findings that peer educators would

act as positive role models to their fellow peers. The findings made the Health Education Authority to become so interested in promoting peer education as a means of preventing the spread of HIV among young people. Peers *et al.,* (1993) reported that in 1993 WHO funded a project at the University of Manchester that aimed to deliver, communicate and educate health and social related messages to the hard-to-reach populations of young people within Europe and America.

African experience shows that during pre-colonial era and even after independence, there were social structures that were involved in the initiation of youths. Such structures played an important role in preparing adolescents to adulthood. For boys the initiation was at 10 years. In other African countries initiation process for boys takes place at the ages of 12-13 years and this varies according to cultural settings of different communities (Swantz, 1966).

Znaniecki (1993) argued that during this process adolescents were taught matters related to socio-economic activities that they were expected to play in their respective communities including useful herbal plants to treat diseases. Sexuality and reproductive health education was provided by different groups of elders. For instance, elderly women educated girls and elderly men educated boys.

Today Peer education has become popular in Africa following the spread of HIV/AIDS epidemic. The pandemic has and continues to affect a lot of people youths being the most affected group. Hence, it is used as a means to mitigate the problem. For example, in Zambia peer education activities were multi-various and

included drama, music, role plays, games and sports. These forms of peer education were used because they had greater impact in all centric cultures (Aeth, 1998).

In Tanzania, peer education came into use due to the need for reproductive health and HIV/AIDS education. It was first introduced by the Center for International Health of the Swiss Tropical and Public Health Institute. The programme was based in primary and secondary schools (Ministry of Education and Vocational Training, 2012). Thereafter, a national document was adapted from the "Standards for Peer Education Programs" from the Y-PEER Global Toolkit (developed by UNFPA and FHI/Youth Net). This became a starting point for national standards. Thus, peer education was officially launched in 2005 after reviewing the Tanzania Adolescent Health and Development Strategy 2004-2008. The programme was officially published by the government of United Republic of Tanzania in 2008 and issued by the Ministry of Health and Social Welfare (MHSW) as a guide to all stakeholders that provide peer education.

The major purpose of the programme was to help the hard to reach population particularly youth outside the school settings who are affected with risk sexual behaviour problems such as use of illegal drugs, sexual abuse, teenage pregnancies, HIV/AIDS and engaging into sexual intercourse at early age. The programme was adopted in order to promote health to peer through peer-to-peer method. The programme was also adopted in order to help youths manage their sexual behaviour. Thus, this study aims at assessing strengths and weaknesses of the programme in helping youths to manage their sexual behaviour. It was conducted in Buguruni ward as the case study of Ilala Municipality.

1.3   Statement of the Problem

The role of peer education among youths in managing their sexual behaviour cannot be marginalized owing to the fact that problems related to sexual behaviour such as Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), Sexual Transmitted Infections (STIs) and drug abuse, are a serious burden to most countries in the world today including Tanzania. According to World Health Organization (2006), sexually transmitted diseases and infections continue to be a public health problem across the globe. The international community has demonstrated interest in controlling STIs. In May 2006, the World Health Assembly endorsed a global strategy for the prevention and control of STIs.

It is even more perilous to know that more than 340 million new cases of curable STIs occur annually worldwide with most infected persons being between the ages of 15 and 49 as reported by World Health Organization (2007). Diseases such as HIV are among the top burdens for many countries. Nowadays in many countries, peer education is emerging as an educational intervention agent used to encourage healthy sexual behaviour among the population, particularly youths.

The constructive role of peer education to many groups in the society including youths is of paramount importance, because it is a productive initiative towards the battle against negative sexual behaviour that creates most negative implications to the society. Despite the adoption of peer education by the government of Tanzania this programme is not only fully recognized and yet to be assessed to find out its strengths and weaknesses in helping youths to manage their sexual behaviour. This study attempts to fill this gap.

1.4 Objectives of the Study

1.4.1 Main Objective

The main objective of the study was to assess strengths and weaknesses of peer education in helping youths to manage their sexual behaviour.

1.4.2 Specific Objectives

(i)   To find out the main strengths and weaknesses of peer education in helping youths to manage their sexual behaviour,

(ii)   To examine the role of peer education in shaping sexual behavior amongst the youth.

(iii)   To come up with recommendations on how to improve the peer education programme.

1.5 Research Questions

(i)   What are the strengths and weaknesses of peer education in creating awareness of youth in sexual behavior?

(ii)   What are the roles of peer education in creating awareness to sexual matters?

(iii)   How can the programme be improved?

1.6 Significance of the Study

This study is very significant due to the following reasons:

The findings will act as a powerful weapon to youths in the fight against diseases such as HIV/AIDS and other Sexually Transmitted Infections (STIs) like Gonorrhea. The findings will enlighten peer educators about the strengths and weaknesses of the programme and how to improve it. The study proposes alternative strategies that can

be used to improve the programme and hence awareness on sexual health conditions of many youths. As a result, a number of cases related to sexual behaviour problems are likely to fall drastically as many youths will have known the best ways to manage their   sexual behaviour using peer education.

1.7   Limitation of the Study

The major constraints encountered during the study undertaking included; financial limitations due to cost needed for carrying out the study through purchasing equipment required in the research processes. Time was also a constraint. Given the limited time to conduct the study it was not possible to cover a big sample. However, adequate sample was covered to allow for generalizations and conclusions.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a summary of reviewed literature. The chapter presents definitions of the key concepts used, theoretical framework, empirical evidences, and synthesis and research gap.

2.2 Definitions of Key Terms

Different authors have defined the following concepts differently. However, for the purpose of this study the following definitions will be adopted:

2.2.1 Peer

In the old days, peers were viewed as nobleman, aristocrats, lords, titled men and patricians (UNODC, 2012). The term "peer" in those days referred to "one that is of equal standing with another; one belonging to the same societal group especially based on age, grade or status". However, in modern times, the term has come to mean a fellow, equal, like, co-equal or match.

Federation of Red Cross and Red Crescent Societies (2009) defines peer as a member of a group of people who share the same characteristics. For example, people of the same age and background or who do the same kind of work have the same or similar lifestyle, experience or beliefs. This forms the working definition in this study. For the purpose of this study peers are defined as people sharing similar characteristics.

2.2.1 Peer Education

Gore (1997), defined peer education as a set of specific education strategies devised and implemented by members of a subculture, community or group of people for their peers where the desired outcome is that peer support and the culture of the target group are utilized to effect and sustain the change of behaviour" (Gore, 1997). According to Bleeker (2001), peer education is a process of sharing information among group members with similar characteristics, with the aim of achieving positive health outcomes.

On the other hand, Senderowitz (1997) defined peer education as a concept that implies an approach, a communication channel, a methodology, a philosophy, and a strategy. The English term peer education is composed of two words. Peer refers to one that is of equal standing with another; one belonging to the same societal group especially based on age, grade or status while the term education refers to the development, training, or persuasion of a given person or thing, or the knowledge resulting from the educational process. Peer education is used for preventing youths from risk behaviour in the different settings namely schools, youth centers, universities and colleges, and outreach settings. Peer education is a popular concept that implies an approach, a communication channel, a methodology, a philosophy, and a strategy (Senderowitz, 1997). This is the definition that guides this study.

2.2.3 Sexual Behaviour

Larsson (2010) defined the term sexual behaviour as the behaviour which concerns the body, touching, sexual identity, exploring one's own body and that of others, sexual language, masturbation, games and interaction which can have sexual

connotations. Sexual behaviour among youth is perceived to be negative or improper considering timing and the manner youth engage in it. So, it is useful to connect the definition of 'sexual behaviour' with sexual behaviour problems. According to the University of Oklahoma Health Science Center Task Force (2006), Sexual behavior Problems (SBP) do not represent a medical or psychological syndrome or a specific diagnosable disorder, but rather a set of behaviours that fall well outside acceptable societal limits.

The Task Force defines children with SBP are children aged 12 and younger who initiate behaviour involving sexual body parts (i.e., genitals, anus, buttocks, or breasts) that are developmentally inappropriate or potentially harmful to themselves or others. Quoting (Silovsky & Bonner, 2003), The Task Force further stated that although the term sexual is used, the intentions and motivations for this behaviour may or may not be related to sexual gratification or sexual stimulation. The behaviours may be related to curiosity, anxiety, imitation, attention seeking, self-calming, or other reasons.

2.3   Theoretical Framework

This study was guided by two theories namely social learning theory and the theory of reasoned action.

2.3.1   Social Learning Theory

Social learning theory by Bandura (1986), asserts that people serve as models of human behaviour, and some people (significant ones) are capable of eliciting behavioural change in certain individuals, based on the individual's value and

interpretation system. This theory is the founder of peer education methods as it tries to explain the importance of role models in influencing others' behaviours.

Based on this theory, learning would be exceedingly laborious and hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately, most human behaviour is learned observationally through modeling, from observing others one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action.

The social learning theory is rooted in many of the basic concepts of traditional learning theory; Bandura (1986) believed that, direct reinforcement could not account for all types of learning. His theory added a social element, arguing that people can learn new information and behaviour by watching other people. Known as observational learning (or modeling), this type of learning can be used to explain a wide variety of behaviour.

This theory is relevant to this study in the sense that, it explains how people serve as models of human behaviour as their ideas or decisions in the society may direct or affect other individual's choices or decisions. With this idea it is possible for an individual including youth to change their attitude depending on influence from other people. This theory may help this study to explain the role of people's power of influencing others and their effects on behavioural change.

2.3.2 Theory of Reasoned Action

This theory is also known as the Theory of Planned Behaviour developed by Martin Fishbein and Icek Ajzen (1975). It states that one of the influential elements for

behavioural change is an individual's perception of social norms or beliefs about what people who are important to the individual do or think about a particular behaviour. They assumed that individuals are usually quite rational and make systematic use of information available to them. People consider the implication of their actions before they decide to engage or not engage in a given behavior (Ajzen *et al.,* 1980:5). This theory basically explains that certain individuals (opinion leaders) from a given population act as agents of behavioural change by disseminating information and influencing group norms in their community. This theory focused on the study of attitude and behavioural change. Youths are subjected to behavioural change faster than children and aging group due to the fact that they are in the middle of the two groups or hold all group qualities. Due to this reason, youths may do one thing and while the norms suggest they should do the other way.

This theory helps to predict and understand motivational influences on behaviour that is not under individual's volitional control and identify how and where to target strategies for changing behaviour. This study has utilized the elements of each of these behavioural theories as it implicitly asserts that certain members of a given peer group (peer educators) can be influential in eliciting behavioural change among their peers. Therefore, the two theories discussed are useful to explain the role of peer education among the youths.

Although peer education has a critical role in educating youths, it has some challenges, strengths and weaknesses. However, in the Tanzanian context no study was found that has assessed the strengths and weaknesses of this programme.

2.4   Empirical Studies

2.4.1 Strengths of Peer Education in Helping Youths to Manage Sexual Behaviour

Various studies have been done on this subject. Madeni *et al.* (2011) conducted a study on evaluation of reproductive health awareness program for adolescence in urban Tanzania at Ilala Municipality. The purpose of the study was to evaluate a Reproductive Health awareness program for the improvement of reproductive health between boys and girls at school. The study employed questionnaire, picture drama reproductive materials and focused group discussion as means of data collection. The findings showed that reproductive health programme improved the students' knowledge and behaviour about sexuality and decision making after the programme. Furthermore, the findings revealed that teenagers have sexual experiences including sexual violence and that these phenomena were prevalent among school going adolescents. However, the findings highlighted some of the effects of irresponsible or improper sexual behaviours including early pregnancies and dropping out of schools and how awareness programmes were effective in improving their reproductive health.

In 2007, Duraga conducted an e assessment of peer education contribution to adolescence sexual and reproductive health in Fiji. This study examined the role and contribution of peer educators on the implementation of adolescent health and development, including assessing the performance of peer education and the place of peer education in the public health programme. The study adopted an exploratory descriptive approach to collect information whereby interview, focused group

discussion and direct observation techniques were used. The study revealed that lack of capacity buildings for peer educators, poor plans for deployment and lack of proper monitoring and support supervision among peer educators limited the effectiveness of peer education. Findings suggested that a community-based response was very important to reduce the vulnerability of young people to adolescent and reproductive health PROBLEMS.

Moreover, a study by Abass (2010) that aimed at giving an overview of the theories and the practices of peer education programmes in relation to adolescent sexual behaviour indicated that peer education was more successful in Egypt than it was in Sudan and that peer education programmes have been accepted among adolescents. Moreover, the findings showed the evidence that a quite large proportion of adolescents gather information from their peers. Therefore, it was recommended that peer education is one of the best approaches in addressing sexual behaviour and reproductive health issues and that it is the most applicable method in changing sexual behaviour in the world today. But this has not been done in Tanzania.

2.4.2 Weaknesses of Peer Education in Helping Youths to Manage their Sexual Behaviour

Sweat (1996) in collaboration with the Medical School of South Carolina and the World Health Organization conducted a systematic review and meta-analysis of peer education aimed at assessing the effect of peer education interventions on HIV knowledge, injection drug equipment sharing, condom use and STIs infections in developing country settings. The study employed a multi-arm study design including post-only exposure whereby standardized methods of reviews and consistent

observational studies were used for searching data. The findings of the study indicated that peer education interventions increased HIV knowledge, reduced drug equipment sharing among drug users and increased condom use. Furthermore, the findings suggested that peer education can be used as an effective strategy for changing behaviour and improving knowledge among hard to reach, hidden populations particularly young people who are highly affected by these sexual behaviour related problems. This review is useful as it highlighted how peer education provides knowledge of stopping irresponsible or improper behaviour such drug use and unsafe sex.

Hughes-d' Aeth (1998) conducted an evaluation study that assessed the peer education programmes of HIV/AIDS projects run by four non- governmental organizations. The aim of the study was to assess the performance of peer education programmes run by those no- governmental organizations in Zambia. A mini-case study approach was used whereby the analysis was made on basis of cross-case itemized variables. The weakness was witnessed in that the projects were assessed only in terms of immediate developmental groups rather than on long-term impact.

In collecting data, the study conducted interviews with key informants from those organizations, and document interviews as well as observation in which visits were conducted on sites of peer activities. The findings of the study showed that the thought projects were instrumental in raising awareness in providing accurate information on the nature and spread of HIV/AIDS and in proving psychological support to high- risk's group yet the problems was not fully addressed because it was only for a short time.

In Uganda, the Uganda Program for Human and Holistic Development (UPHOLD 2007) conducted a study on the role of peer-to-peer education in overcoming cultural barriers to HIV prevention communication approaches by drawing experiences from primary schools in Uganda. The study aimed at increasing awareness of HIV/AIDS transmission among primary school children and reducing risky sexual behaviour among them. The study focused on equipping children in primary schools with the information and life skills to enable them stay away from HIV. The findings of the study indicated that more than 17,565 youths in eleven districts such as Ibanda, Mayunge, Kamuli, Mbarara, Bugiri, Bundibugyo, Nakaseke, Kyenjojo, and Wakiso were reached with HIV prevention communication messages. However, in all these studies none of them show clearly the weaknesses of peer education in the context of Tanzania.

2.3.3   Recommended Ways of Peer Education Programme Improvement

Joint United Nations Programme on HIV/AIDS conducted a study in Jamaica with the collaboration of the Jamaican Health Ministry in December 1999. The study is entitled as Peer education and HIV/AIDS: concepts, uses and challenges. The overall objective of the study was to improve the quality of peer education programmes that effectiveness in modifying knowledge, attitudes, communication, and risk behaviours related to HIV/AIDS/STI and or reducing the incidence of HIV/STI. The study employed interview and questionnaire.

This study revealed that peer education has been used in many areas of public, including nutrition education, family planning, and substance use and violence prevention. It was therefore recommended that, a need for more communication in

order to exchange experiences among different groups through participations in peer education programmes are the best ways of managing their sexual behaviour.

Flanagan and Mahler (1996) reports that AIDSCAP sponsored a study of 21 peer education and HIV/AIDS prevention and care projects in 10 countries in Africa, Asia, Latin America, and the Caribbean. The research was conducted with 223 project managers, peer educators, and peer beneficiaries from programmes that reached a variety of population groups including factory workers, university students, commercial sex workers, men who have sex with men, and farmers. The objectives of the study were "to examine peer-education strategies in AIDCSAP supported projects and clarify their definition and scope, to identify and describe factors that are essential to sustainable peer education, and to establish a set of guidelines and standards by which to design future projects using peer education".

Study findings documented the need for: initial and reinforcement training; ongoing follow-up, support, and supervision; clearly understood expectations of the peer educator's role; and continued incentives and motivation techniques. Findings also suggested the need for HIV/AIDS peer educators to broaden their base to other related health fields such as family planning and care for people living with HIV/AIDS. The final output of the review was a handbook of guidelines from which future peer education programs can be designed, entitled *How to Create an Effective Peer Education Projectio*n.

Svenson (1998) reports that in Europe a joint action plan on AIDS peer education called "Europeer" was established to reach young people both within and outside the

school system and that the Europeer conducted a literature review on HIV/AIDS peer education as well as qualitative interviews with 24 peer education projects in European union member states representing different cultures, languages and target audiences. The study held interviews with peer educators, project coordinators, trainers, policy-makers and evaluators.

The findings of the study resulted into drafting a final version of the European Guidelines for Youth Peer education which would be used for proving programme planners with assistance in setting up, running and evaluating AIDS Peer Education projects for young people. This study provides a framework of peer education stakeholders' connection as an alternative towards eradication or rather reduction of problems resulted to irresponsible sexual behaviour.

Hooks *et al*. (1998) conducted a comprehensive and participatory assessment of HIV/AIDS peer education programs in several clusters (regional HIV/AIDS NGOs networks) in Tanzania. The results of this assessment signaled a series of programmatic recommendations, including: further enhancement of community involvement and ownership in order to facilitate program continuity and sustainability, ongoing capacity-building, such as continuing supervision and follow-up with peer educators to ensure program quality, capitalizing on and using the knowledge, creativity, and energy of peer educators in program planning, extension of the reach of peer education by conducting more training of trainers and peer educator training in other geographical areas, provision of both non-monetary (e.g. bicycles, T-shirts, materials) and financial incentives (e.g. access to credit and compensation for expenses) to motivate peer educators, integration of reproductive

health and other topical areas, as identified by communities, into the scope of peer educators. However, none of these studies has come up with recommendations to improve the programme so that it may continue to be useful in the lives of youths and the society as whole. These studies did not also focus on Tanzania.

2.4   Synthesis and Research Gap

Peer education is increasingly being recognized as fruitful initiative used for combating problems related to sexual behaviour. To that effect, in 1991 the World Health Organization (WHO) commissioned a global HIV review of peer education. From global perspectives, African experience also shows that during pre-colonial era and even after independence, there were social structures that were involved in the initiation of youths.

Such structures played an important role in preparing adolescents to adulthood. This initiative was also introduced in Tanzania in 2008 by the ministry of Health and Social Welfare. Peer education has also been used in the fight of non-sexual behaviour problems such as influenza. The education also has its value in reducing incidence of smoking and other illicit drugs among young people in London.

Many studies conducted in the context of Tanzania and outside Tanzania drew their focuses on various aspects of peer education such as the role of peer education in overcoming cultural barriers to HIV prevention, assessment of the peer education programmes run by Non-governmental organizations, effects of peer education programmes interventions on HIV knowledge just to mention a few but neither of

these studies drew its focus on the strengths and weaknesses of the peer education in helping youths to manage their sexual behaviour. In order to fill up this gap, this research was carried out.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the methodology that was employed to undertake the study. It presents the research design, study area, sample size and sampling procedures, data collection methods validity and reliability of data.

3.2 Research Design

According to Kothari (2004), a research design is an arrangement of conditions for data collection and analysis in a style that aims at combining research relevance with economic procedures. The purpose of the research design is to help a researcher control the process of data collection and data interpretation (Kothari, 2004). A mixed of methods design was employed due to the fact that the nature of the study requires collection of both quantitative and qualitative data. The study used case study approach. Bernard (1995) observed that the case study method has the advantage of providing much more information than those provided through other methods like research surveys. It also permits a researcher to present information from a mixture of data collection methods together such as interviews and observations. This helps to get in-depth information from the respondents on the research problem.

3.3 Study Area

The study was conducted at Buguruni Ward, Ilala Municipality. The respondents included groups of peer educators and youth who have attended or are attending peer

education classes or programmes. The study was conducted in this Ward because of the following reasons: Firstly, this ward has a big population of people (including youths). It is an administrative ward and a business centre for Ilala Municipality. According to the 2002 census, the ward has a total population of 67,028. Secondly, Ilala municipal especially Buguruni has a large number of youth related centers and Peer Education programs implemented by Non-Governmental Organizations such as KIWOHEDE, Buguruni Youth Centre and Plan International.

3.4   Sample and Sample Size

A sample is a smaller group of subjects drawn from the population in which the researcher is interested in gaining information and drawing conclusions about the universe (Kothari, 2004). The use of sample in a research enables the researcher to achieve objectives with reduced resources (Bernard, 1995). The sample included youths, youth engaging in 'sexual behaviour' and leaders of youth organization that are responsible for the management of youth engaging in sexual behaviour. The actual sample size was 100 respondents whereby, 60 youths were given questionnaire to fill in and 40 Peer Educators were interviewed in from each of the four streets of Buguruni ward. This sample obtain from the NGOs which provide this program whereby Z-score used too with level of confidence 80% and 6% of margin error.

3.5   Sampling Procedures

Sampling procedure is a process of selecting a number of individuals or objects from a population such that a selected group contains element of representative characteristics found in the whole group (Kothari, 2004). According to Webster

(1985), sampling procedure is the process involved in gathering things, organizations, institutions, people or places to examine or to study.

The study was conducted in four streets that is one third of all twelve streets in Buguruni and it is acceptable representative sample. Both, random sampling and purposeful sampling approaches were used in the selection whereby random sampling was used to select four streets namely Buguruni Shell, Mnyamani, Malapa and Madenge while purposeful sampling was used to select peer educators and youth outside school settings. The streets chosen are among of high risk of getting sexual problems like Sexual Transmitted Diseases and HIV to youth. With this selection of streets randomly it was easy to find how peer education program create youths in managing their sexual behavior effectively.

3.6   Data Collection Methods

Both primary and secondary data were collected. Primary data were collected through interviews and questionnaires while secondary data were gathered through review of books, journal articles research reports and other sources relevant to the study. The application of these methods is as explained below.

3.6.1   Interview

According to (Kothari, 2004), interview is regarded as face-to-face discussion that is used during gathering certain information. It also involves the presentation of all verbal stimuli and reply in terms of oral-verbal responses. In this study, structured interview was used collect information from the peer educators.

3.6.2   Questionnaires

Questionnaire refers to a list of questions given to a number of people for them to respond (Kothari, 2004). A questionnaire is a research tool that consists of series of research questions for the purpose of collecting information from research respondents (Foddy, 1994). In this study questionnaire was used to collect primary data from the youth respondents.

The questionnaires were prepared in simple language so that the respondents can understand them thoroughly and give clear data. Secondary data were gathered through the review of various materials including articles, government provision, Internet, books, newspaper, pamphlets, dissertations and published materials. These helped to unearth what has already been done and gaps that needed to be filled.

3.7   Data Analysis Plan

Data analysis refers to the computation of certain measures along with a searching for patterns of relationship that exist among data groups (Kothari, 2004). Qualitative data analysis techniques such as coding method were used to organize information into main themes. Quantitative data analysis techniques such as diagrams and frequency tables were used to organize information into main themes and in relation to the research objectives, in order to accomplish the goal of explaining the problem.

But also the researcher employed tables and graphs, in order to view the credibility of the data. Data were analyzed through Microsoft Office Excel in the process of developing information for answering the research questions.

3.8   Validity and Reliability

According to (Kothari, 2004), validity means the truthfulness of the data and findings in the research while reliability means that if someone repeats the research or independent observer with the same methods; they will yet get the same results or data. In order to achieve validity and reliability, this study employed a triangulation of methods, and before data were collected, data collection tools pre-test was done. To ensure validity of measures, the data were gathered from leaders of youth organizations and youths engaging in sexual behaviour and the interviews were conducted by using the interview guide to clear any ambiguity that might rise. The units ensured adequate representation of age and gender. Also, the interviews and questionnaires were designed in such a way that they captured relevant information in relation to the research objectives.

CHAPTER FOUR

FINDINGS, INTERPRETATION AND DISCUSSION

4.1   Introduction

This chapter presents findings of the study. It describes the information derived from questionnaires and interviews gathered from Buguruni Ward in Ilala Municipality, Dar es Salaam. It is divided into two major parts: the first part contains the respondents' demographic characteristics, and the second part contains the data on the specific research objectives that include; strengths of peer education in helping youths manage sexual behaviour, weaknesses of peer education in helping youths to manage their sexual behaviour and recommended ways of peer education programme improvement. In this chapter, the findings are described and interpreted, in order to provide answers to each of the research questions or rather objectives.

4.2   Respondents' Demographic Characteristics

4.2.1   Gender

Based on findings, 62 (62%) of respondents were males and 38 (38%) were females. The number of the male respondents was larger than that of female respondents due to reasons that were not assessed. The gender profile of the respondents is presented in the Table 4.1.
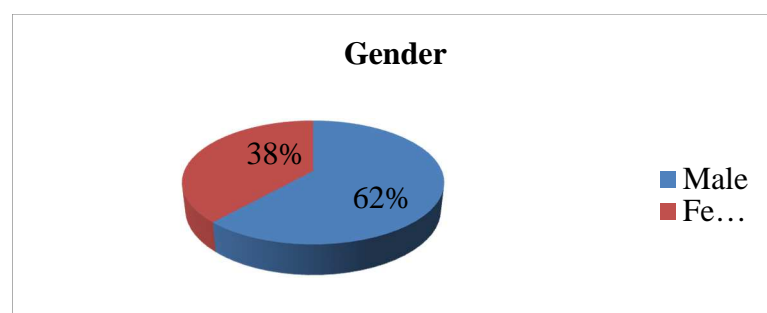
Figure 4.1: Distribution of Respondents by Gender (N = 100)
Source: Field Data (2016)

4.2.2 Age

In terms of age, 18 (18%) of respondents were aged between 14-18 years, 40 (40%) were between 19-24 years, 22 (22%) were aged between 25-29 years and 20 (20%) were between 30-34 years. Therefore, in totality the majority (58%) of the respondents were the aged between 14-24 years. The age profile summary of the respondents is shown in Figure 4.2.

Age

- Age Group 14-18
- Age Group 19-24
- Age Group 25-29
- Age Group 30-34

18%
40%
22%
20%
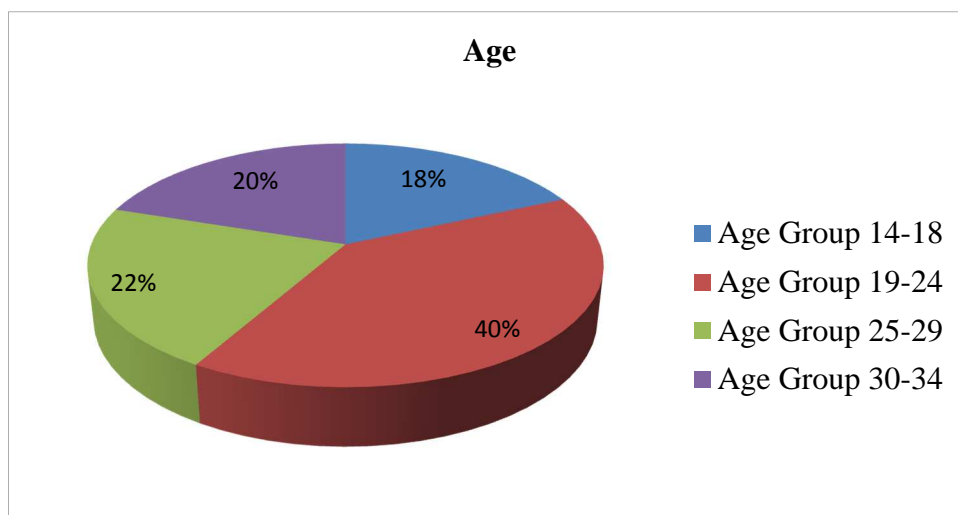
Figure 4.2: Distribution of Respondents by Age (N = 100)
Source: Field Data (2016)

4.2.3 Education Level of Respondents

It was found appropriate to assess the educational levels of respondents. Findings indicate that 3 (4%) of them had attained postgraduate education level, whereas 17 (17%) had attained a University level education, 32 (32%) had attained Secondary level and 47 (47%) had attained a primary school education. Thus, drawn had varied levels of education and hence representative enough. The education profile summary of the respondents is presented in Figure 4.3.
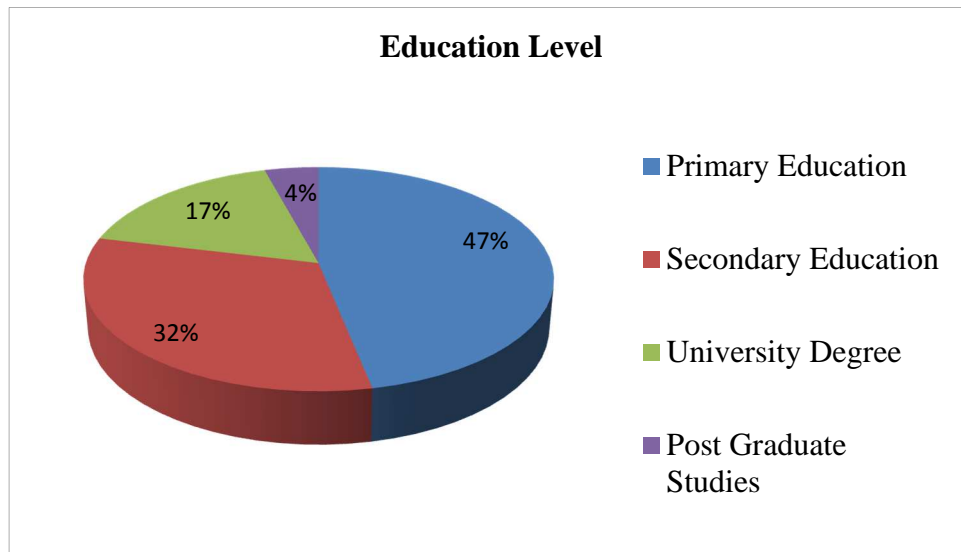
Figure 4.3: Distribution of Respondents by Education Level

Source: Field Data (2016)

4.3   Strengths of Peer Education Programme

The first objective of the study aimed at determining the strengths of peer education programme in helping youth to manage sexual behaviour. The study used a number of variables to measure the situation. The respondents were required to agree or disagree on the questions used to assess the variables as it is further discussed in the following sections.

4.3.1   Helps out of School Youths

The study examined whether peer education helps out of school youths to resolve their challenging problems in the streets. Twenty-eight respondents (46%) agreed while 19 (32%) strongly agreed that peer education programme is very helpful to out of school youth. On the other hand, 12 (20%) of them disagreed and 1 respondent (2%) strongly disagreed that peer education helps out of school youths to resolve some of the effects of their life in the streets. The summary of the responses is shown

in Figure 4.4. In short, peer education is helpful to youths in school and those out of school.

Helps out of school youths

2%	
32%	20%
	■ Strong Disagreed
	■ Disagreed
46%	■ Agreed
	■ Strongly Agreed
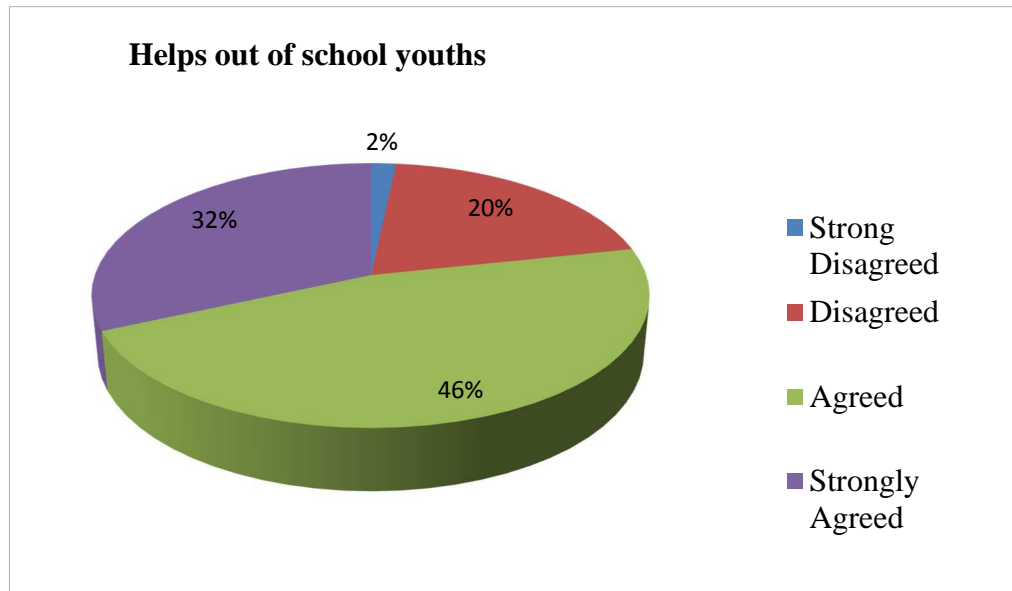
Figure 4.4: Distribution of Respondents by Gender (N = 100)
Source: Field Data (2016)

4.3.2   Sexual Violence Versus Bad Sexual Behaviour

Thirty-four respondents equivalent to 56% agreed and 16 respondents equivalent to 27% strongly agreed that there is a relationship between sexual violence bad sexual behaviour. While 6 respondents equivalent to 10% disagreed, 4 respondents equivalent to 7% strongly disagreed that that sexual violence is not related to bad sexual behaviour. The summary of the responses is shown in Figure 4.5. The strength here is that peer education helps to identify the relationship between sexual violence and bad sexual behavior so that the youths are aware of this. So, majority of the respondents (83%) support the relationship of the sexual violence and bad sexual behaviour.
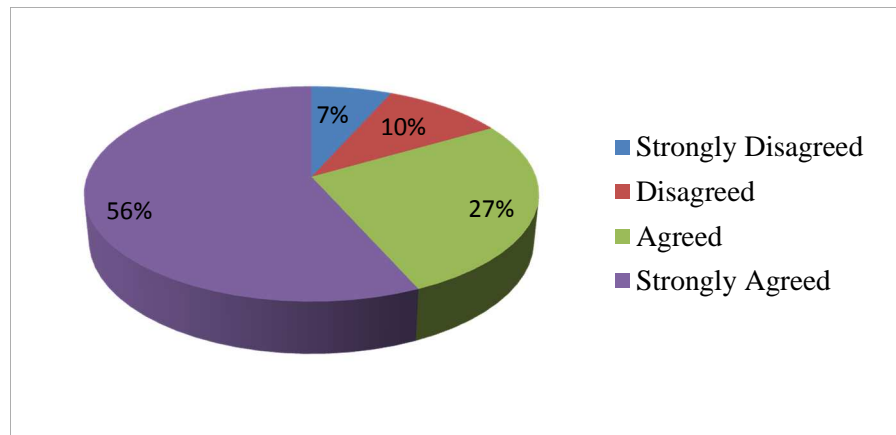
Figure 4.5: Sexual Violence Versus Bad Sexual Behavior
Source: Field Data (2016)

4.3.3   Loss of Moral Support versus Sexual Behaviour

Twenty-nine respondents equivalent to 48% agreed and 10 respondents equivalent to 17% strongly agreed that youths' loss of moral support from parents and relatives relates to sexual behaviour. While 8 respondents equivalent to 13% strong disagreed, 13 respondents equivalent to 22% disagreed that loss of moral support relates to sexual behaviour. The summary of the responses is shown in Figure 4.6. The strength of peer education is that it establishes the link between these two concepts and that it helps to fill up moral support gap left by families and relatives of the youths.
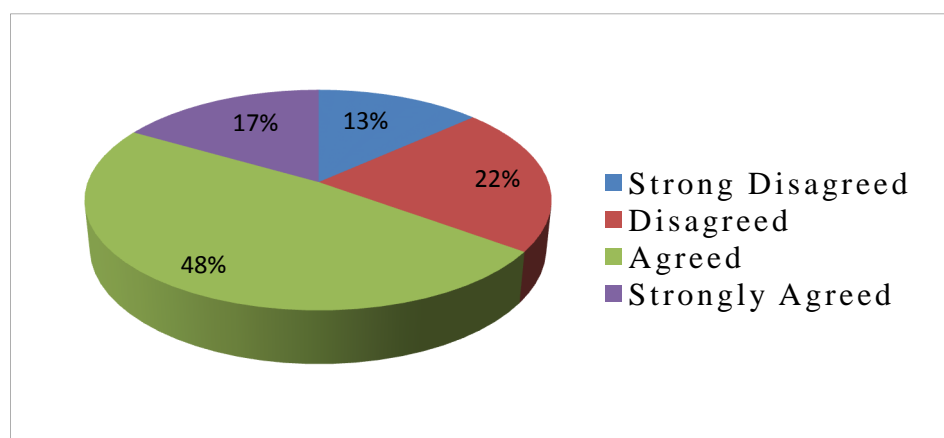
Figure 4.6: Respondents' Opinion on Loss of Moral Support from Parents and
Relatives and Sexual Behaviour
Source: Field Data (2016)

4.3.4 Methods are Communicative and Participatory

Twenty-five respondents equivalent to 41% agreed and 9 respondents equivalent to 15% strongly agreed Peer Education methods like drama; dialogues and outreach are effective as they are communicative and participatory. While 16 respondents equivalent to 27% strong disagreed, 10 respondents equivalent to 17% disagreed that Peer Education Methods like drama, dialogues and outreach are effective as they are communicative and participatory. The summary of the responses is shown in Figure 4.7. The strength of the peer education is the delivery methods of peer education.
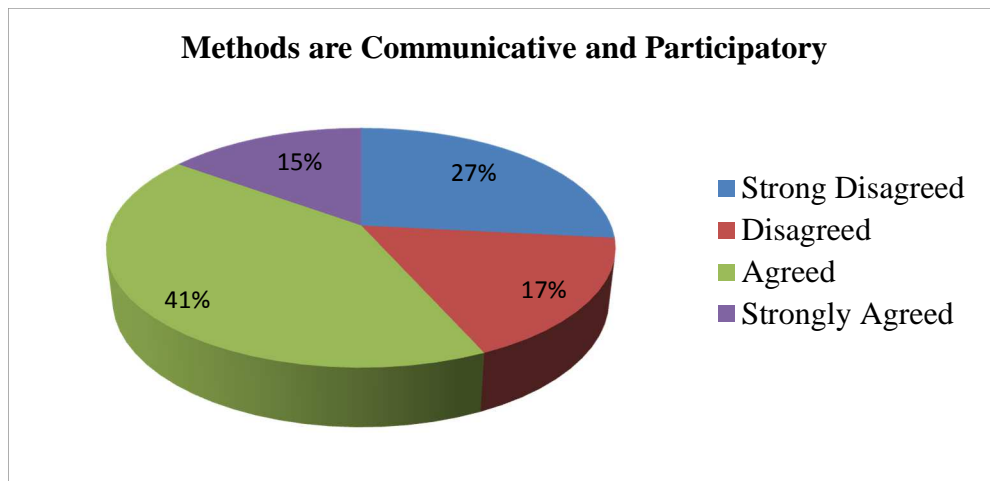
Figure 4.7: Respondents' Opinion on the Strength of Peer Education Methods
Source: Field Data (2016)

4.3.5 Imparts Knowledge, Attitude and Communication

Thirty-six respondents (62%) agreed and 10 respondents (18%) strongly agreed that Peer Education imparts knowledge, attitude and communication among youths in order to prevent them from the risk of HIV/AIDS and other STIs infections. While 8 respondents (13%) strongly disagreed, 4 respondents (8%) agreed that Peer Education imparts knowledge, attitude and communication among youths. The summary of the responses is shown in Figure 4.8.
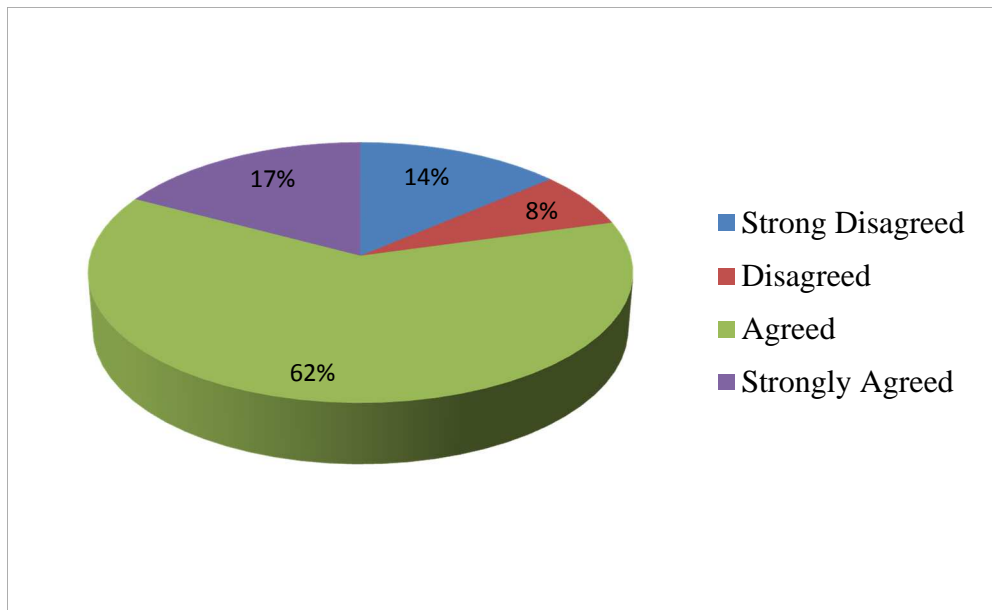
Figure 4.8: Respondents' Opinion on Peer Education Imparts Knowledge, Attitude and Communication

Source: Field Data (2016)

Apart from the 60 respondents that were given questionnaire to fill in, 40 respondents were interviewed in relation to the research objectives. The first part of the question intended to know whether respondents understand the meaning of Peer Education. The majority of the interviewees indicated that Peer Education is a kind of education that is provided to youth of the same age, facing same challenges and environment including sexual behaviour and risk behaviour that uses entertainments such as music, drama in order to recruit many youth and provide them with education of the causes and effects of risk behaviour.

The second part of the question needed respondents to explain on the effects of irresponsible sexual behaviour, of which according to the respondents, included unplanned pregnancy, contacting sexual transmitted diseases such as HIV, Gonorrhea and Syphilis, influx of street children, segregation, drug abusers, and

quitting studies, misdirection of life to youth and segregation by community. The third part wanted to know how far is Peer Education effective tool in exposing the effects of sexual behaviour among youths. Respondents' opinions' show that Peer Education is open in explaining the risk of behaviour that are improper, the use of magazines and brochures that are being liked by youths, provision of education to youth for better understanding of themselves physically and biologically through teachings, advises and stories. The last part of the question needed to know how far have the strategies of Peer Education help youths in managing sexual behaviour? Respondents' opinions mentioned the use of magazine and brochures to teach youths, provision of reproductive health education and advises to youth, the use of media to reach large population, self-expression through open group discussion, open true and professional education and scientific explanations of matters related to risk behaviour.

Also, the use of slogans such as One Love Partner, the use of concerts, drama and music has been successful tool in provision of sexuality knowledge. To sum-up, the findings collected via interviews and questionnaires are generally correlated, respondents are aware of peer education and its strengths to solving youths sexual and other social problems or rather behaviours.

Discussion of Specific Objective 1

Based on the fact that 74% of the respondents were aware of the Strength and weakness of Peer Education in helping youth to manage their sexual behaviour, this implies that the majority of Peer Educators understands the usefulness of Peer Education to youths. On average, over 71% of the respondents agreed that Peer

Education exposes youth out of school setting, Peer Education exposes early pregnancy among youths, Peer Education tells youths that sexual violence among teenagers' results from bad sexual behaviours, Peer Education methods like drama, dialogues and outreach are effective as they are communicative and participatory and Peer Education imparts knowledge, attitude and communication among youths not risk for HIV/AIDS and other STIs. This finding is consistent with that of Madeni *et al.,* (2011) who revealed that through reproductive health programme and the use of techniques such as picture drama and focused group discussion and reproductive health has improved the students' knowledge and behaviour about sexuality and decision making after the programme.

Similarly also, it is vital to note that Sweat (1996) in collaboration with the Medical School of South Carolina and the World Health Organization conducted a systematic review and meta-analysis of peer education when assessing the effect of peer education interventions on HIV knowledge, injection drug equipment sharing, condom use and STIs infections in developing country settings, which showed that peer education interventions increased HIV knowledge, reduced drug equipment sharing among drug users and increased condom use. So both the questionnaire and interview data strongly indicate that Peer Education is very helpful to youth social problems including sexual behaviour.

4.4   Weaknesses of Peer Education Programme

The study evaluated the challenges associated with the implementation of the Peer Education programme in terms of whether Peer Education is too selective to only youth who are affected with improper sexual behaviour, little community

involvement and ownership in order to facilitate Peer Education program continuity and sustainability, poor coverage to the affected youths in remote areas, inefficient provision of both non-monetary (bicycle, T-shirts, other materials) and financial incentives (access to credit and compensation for expenses) to motivate Peer Educators and lastly if Peer Education has little integration of reproductive health and other topical areas.

4.4.1 Selective

Twenty-eight respondents (47%) agreed and 6 respondents (10%) strongly agreed that Peer Education is too selective of the youths who are affected with improper sexual behaviour. While 24 respondents (40%) disagreed, 2 respondents (3%) strongly disagreed that Peer Education is too selective of those youth who are affected with improper sexual behaviour. The summary of the responses is shown in Figure 4.9. This is weakness because those youths who are not affected are left out even though they have similar problems.
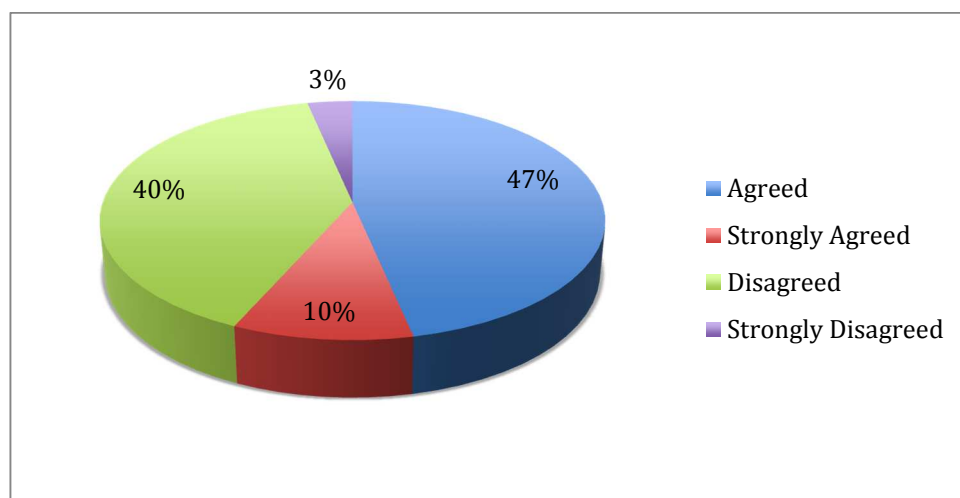
Figure 4.9: Respondents Opinion on Peer Education is too Selective to only Youth who are Affected with Improper Sexual Behaviour

Source: Field Data (2016)

4.4.2 Lack of Community Integration

Thirty-four respondents (56%) agreed and 10 respondents (17%) strongly agreed that there is little community involvement and ownership for facilitation of Peer Education program continuity and sustainability. On the other hand, 12 respondents (20%) disagreed and 4 respondents (7%) strong disagreed that there is little community involvement and ownership of the peer education programme. The summary of the responses is shown in Figure 4.10.
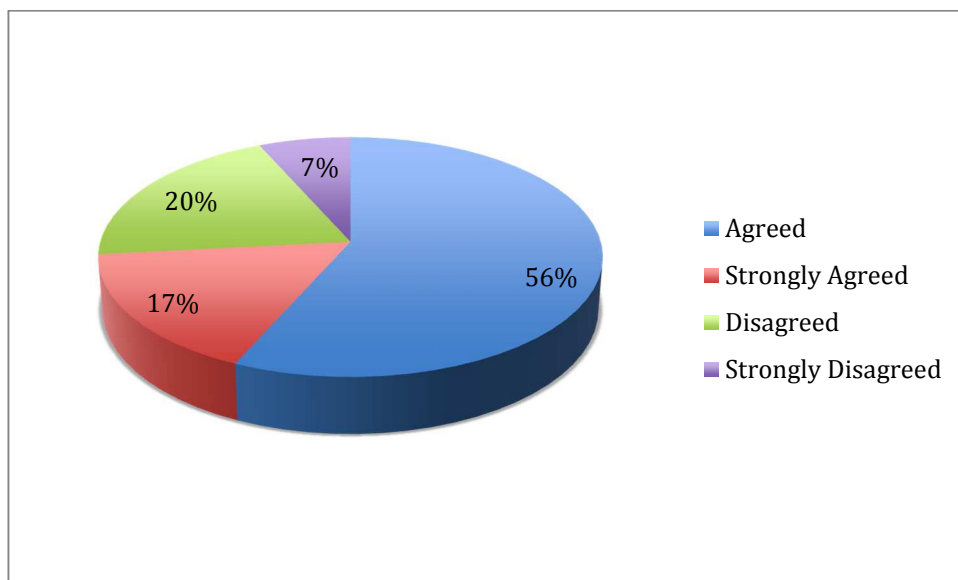
Figure 4.10: Respondents' Opinion on lack of community integration
Source: Field Data (2016)

4.4.3 Poor Coverage of Affected Youths in Selected Areas

Twenty respondents (33%) strongly agreed and 18 respondents (30%) agreed there is poor coverage of affected youths in areas covered by the study. While 16 respondents (27%) disagreed and 6 respondents (10%) strongly disagreed that there is poor extension of the peer education services to affected youth in remote areas. The summary of the responses is presented in the Figure 4.11.
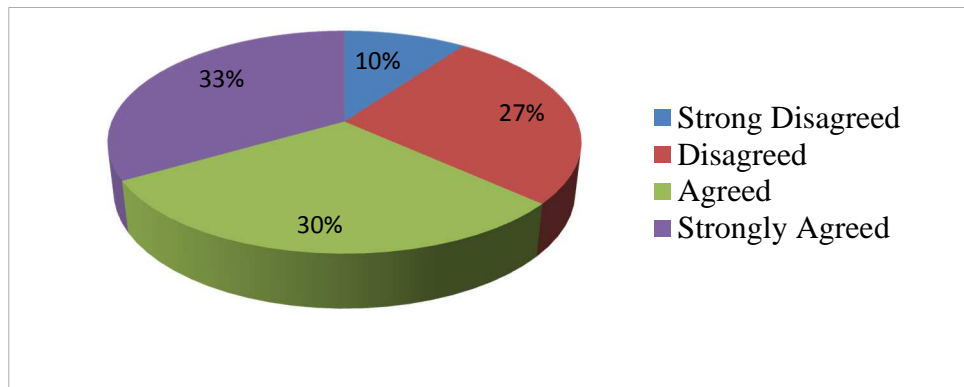
Figure 4.11: Respondents Opinion on Poor Coverage of Affected Youths in Remote Areas

Source: Field Data (2016)

4.4.4   Inefficient Provision of Incentives to Peer Educators

Thirty-eight respondents (64%) strongly agreed and 12 respondents (20%) agreed that there is inefficient provision of both Non-Monetary (like Bicycles, T-shirts and other Materials) and financial incentives (e.g. access to credit and compensation for expenses) to motivate Peer Educators. While 8 respondents (13%) disagreed and 2 respondents (3%) strongly disagreed there is inefficient provision of both Non-Monetary and financial incentives to motivate Peer Educators. The summary of the responses is presented in the Figure 4.12. Peers Educators need incentives, because they most often volunteer.
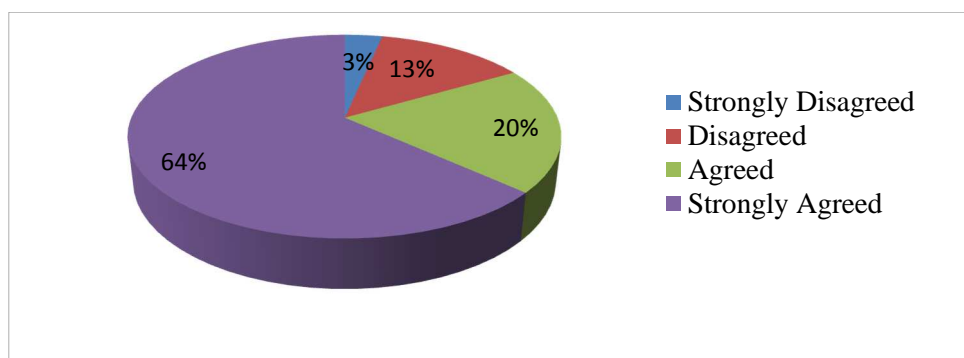
Figure 4.12: Respondents Opinion on Inefficient Provision of Incentives to Peer Educators

Source: Field Data (2016)

4.4.5 Little Integration of Reproductive Health

Eighteen respondents (30%) strongly agreed and 12 respondents (23%) agreed that Peer Education has little integration of reproductive health. While 15 respondents (25%) strongly disagreed, 14 respondents (22%) disagreed that Peer Education has little integration of reproductive health. The summary of the responses is presented in the Figure 4.13. There is need to integrate reproductive health in order to improve the programme.
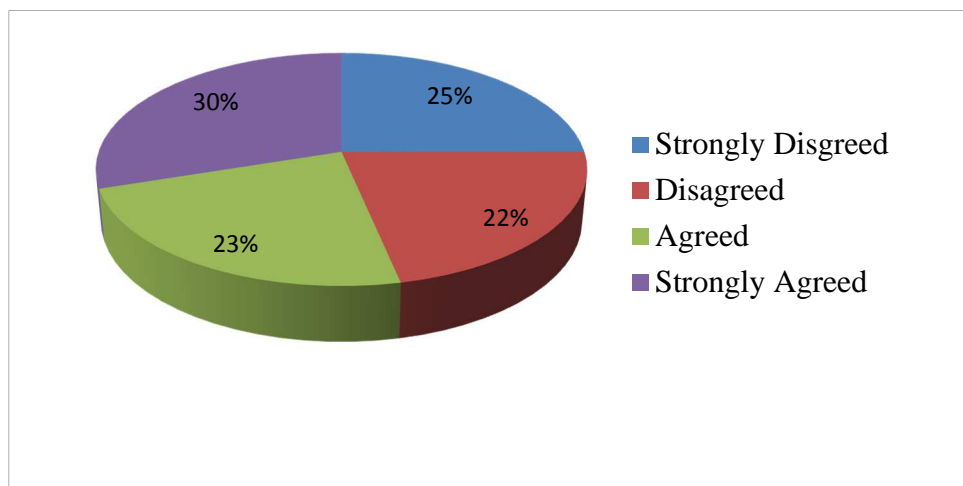
Figure 4.13: Respondents Opinion on Little Integration of Reproductive Health
Source: Field Data (2016)

As with the specific objective number one above, 40 respondents were also interviewed. For the sake of clarity, there was a part of the interview that intended to know the weaknesses of Peer Education to youths and the responses were that Peer Education is weak in addressing matters related to reproductive, Peer Education is group specific as it only targets youths who have already been affected by risk behaviour only, and lack of training to Peer Educators. To sum up, the interview manifested vividly the weakness of Peer Education in helping youth manage their sexual behavior.

4.4.5.1 Discussion of Specific Objective 1

Based on the findings presented in the previous chapter, and on average; 69% of the respondents have indicated that the weakness of Peer Education in helping youth to manage sexual behaviour include: Peer Education is too selective to only youth who are affective with improper sexual behaviour (57%), little community involvement and ownership in order to facilitate Peer Education program continuity and sustainability (73%), poor extension of the reach of affected youths in remote areas (63%), inefficient provision of both non-monetary (bicycle, T-shirts, other materials) and financial incentives (access to credit and compensation for expenses) to motivate Peer Educators (67%) and Peer Education has little integration of reproductive health and other topical areas (53%).

The results of this study similar in a way to the study conducted by Uganda Program For Human and Holistic Development (UPHOLD 2007) on the role of peer-to-peer education in overcoming cultural barriers to HIV prevention communication approaches by drawing experiences from primary schools in Uganda, which ignored the young people who lived outside the school settings. This can be spotted as a failure to peer education.

Strength of peer education is participatory approach or method used during dialogue, drama and group discussion, the information discussed and provided by themselves hence peer educator guiding them to reach their goal or solution on sexual matters, that to say awareness on sexual matters is provided by themselves. And this methods is cost efficiency and time limited. This was identified by all peer educator interviewed.

4.5   Role of Peer Education in Creating Youth Awareness on Sexual Matter

4.5.1   Discussion on Specific Objective 2

The study intended to know the role of peer education program to youth, the finding state that most of peer education program promote health behavior change as 48 respondent equal to 80% from youth strongly agree and 9 respondent equal to 15% agree and rest 3 respondent equal to 5% disagree this shows that the major role of peer education is to deal with the themes arise during dialogue and group discussion was issue of sexual health of youth.

4.6   Recommended Ways for Peer Education Programme Improvement

The study intended to provide an opportunity to respondents to provide their opinions on ways to improve Peer Education Programme. They were required to agree or disagree with the variables considered to be the tools for answering the above-mentioned objective: Peer Education needs more effective communication and exchange experiences among different groups through participation in peer education programmes, Peer Education needs initial and reinforcement training to Peer Educators, Peer educators should make ongoing follow-ups, support, and supervision among affected youths, Peer Education Programmes should provide continued incentives and motivation among youths and Peer Educators and Peer Education should be structured so as to make youths to be responsible citizens.

4.6.1   More Communication and Exchange Experiences

Thirty-six respondents (60%) strongly agreed and 12 respondents (20%) agreed that Peer education needs more communication and exchange experiences among different groups through participations in peer education programme. While 6

respondents (10%) disagreed and 6 respondents strongly disagreed that the Peer education needs more communication and exchange experiences among different groups through participation in Peer Education programmes. The summary of the responses is presented in the Figure 4.14. It is only through youth participation and effective communication between youth and Peer Educator that Peer Education will bring fruitful results.
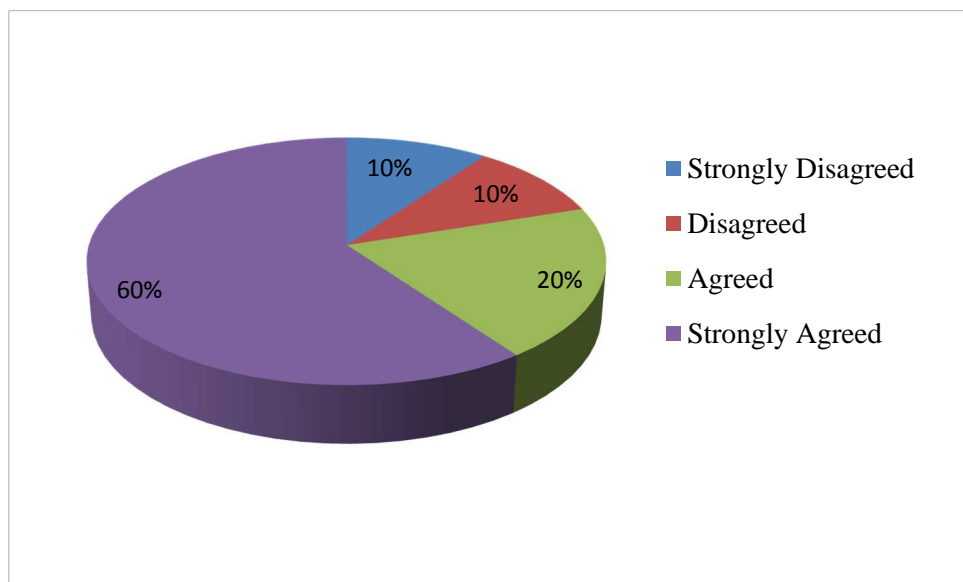
Figure 4.14: Respondents' Opinion on the Need of more Communication and Exchange Experiences

Source: Field Data (2016)

4.6.2   Initial and Reinforcement Training to Peer Educators

Thirty-eight respondents (64%) agreed and 8 respondents (13%) strongly agreed that Peer Education needs further initial and reinforcement training to Peer Educators. While 8 respondents (13%) strongly disagreed, 6 respondents (12%) disagreed that Peer Education needs initial and reinforcement training to Peer Educators. The summary of the responses is presented in the Figure 4.15. This implies that Peer Educators have to engage in as many training as possible.
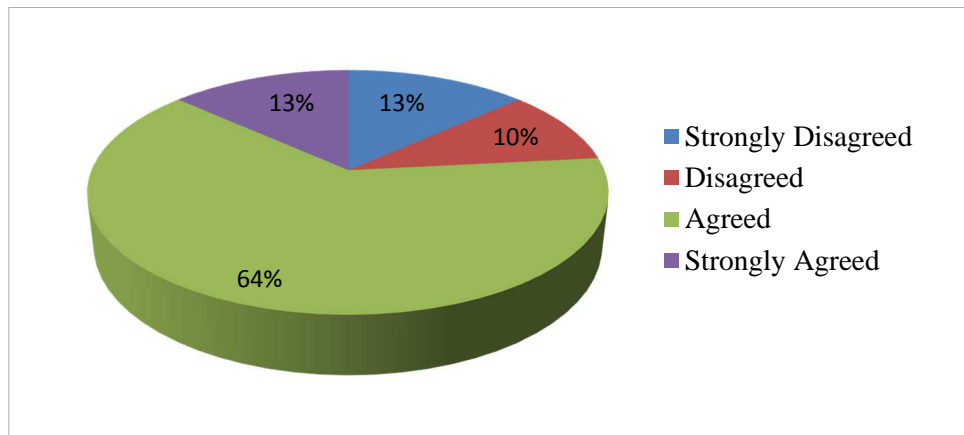
Figure 4.15: Respondents' Opinion on the Needs for Initial and Reinforcement Training to Peer Educators

Source: Field Data (2016)

4.6.3 Follow-ups, Support, and Supervision among Affected Youths

Twenty-two respondents (37%) agreed and 16 respondents (27%) strongly agreed that Peer educators should make ongoing follow-ups, support, and supervision among affected youths. While 14 respondents (27%) disagreed, 8 respondents (7%) strongly disagreed that Peer educators should make ongoing follow-ups, support, and supervision among affected youths. The summary of the responses is presented in the Figure 4.16.
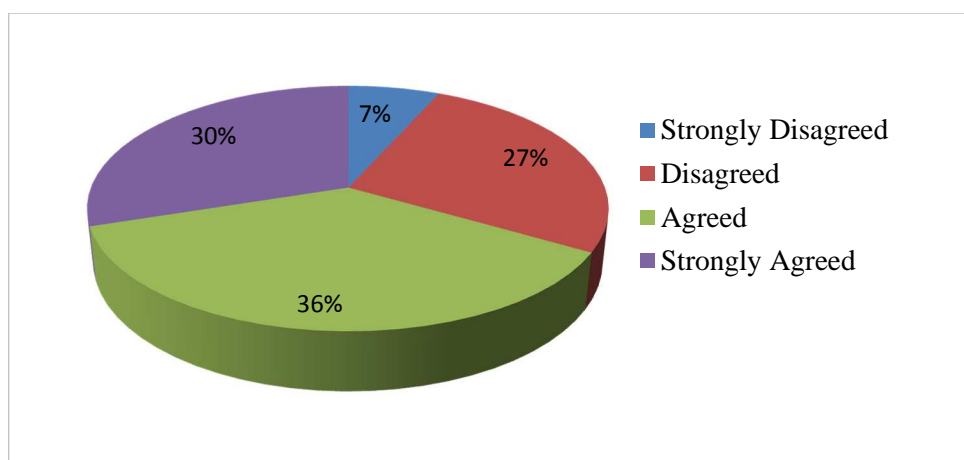
Figure 4.16: Respondents' Opinion on the need for Follow-ups, Support, and Supervision among Affected Youths

Source: Field Data (2016)

4.6.4 Provide Continued Incentives and Motivation to Youths and Peer Educators

Twenty respondents (33%) agreed and 18 respondents (30%) strongly agreed that Peer Education programmes should provide continued incentives and motivation to youths and Peer Educators. While 12 respondents (20%) strongly disagreed, 10 respondents (17%) disagreed that Peer education programmes should provide continued incentives and motivation to youths and Peer Educators. The summary of the responses is presented in the Figure 4.17.
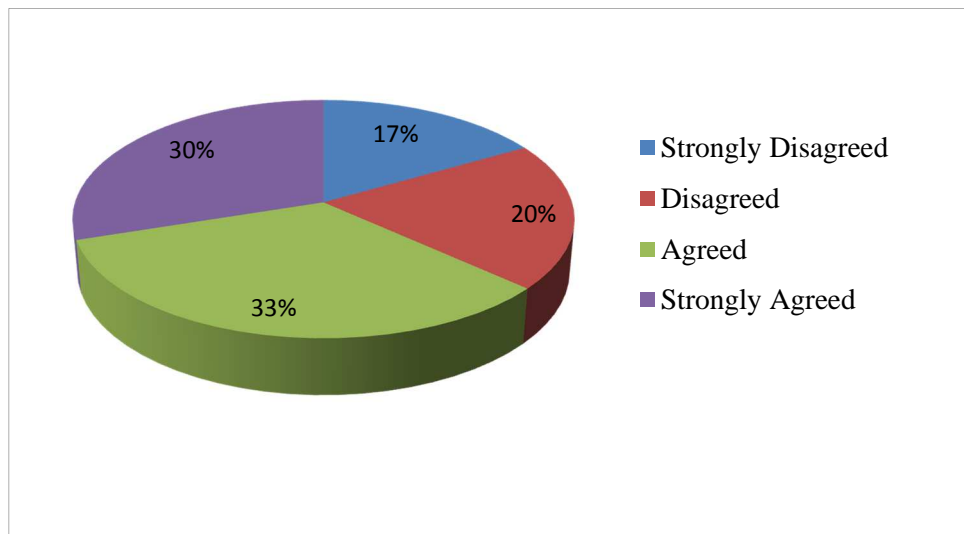
Figure 4.17: Respondents' Opinion on the need to Provide Continued Incentives and Motivation to Youths and Peer Educators

Source: Field Data (2016)

4.6.5 Restructure the Programme to Make Youths Responsible Citizens

Twenty-six respondents (45%) agreed and 8 respondents (14%) strongly agreed that Peer Education programme should be restructured so as to make youths responsible citizens. While 22 respondents (38%) disagreed, 2 respondents (3%) strongly

disagreed that Peer Education should be restructured so as to make youths to be responsible citizens. The summary of the responses is presented in the Figure 4.18.
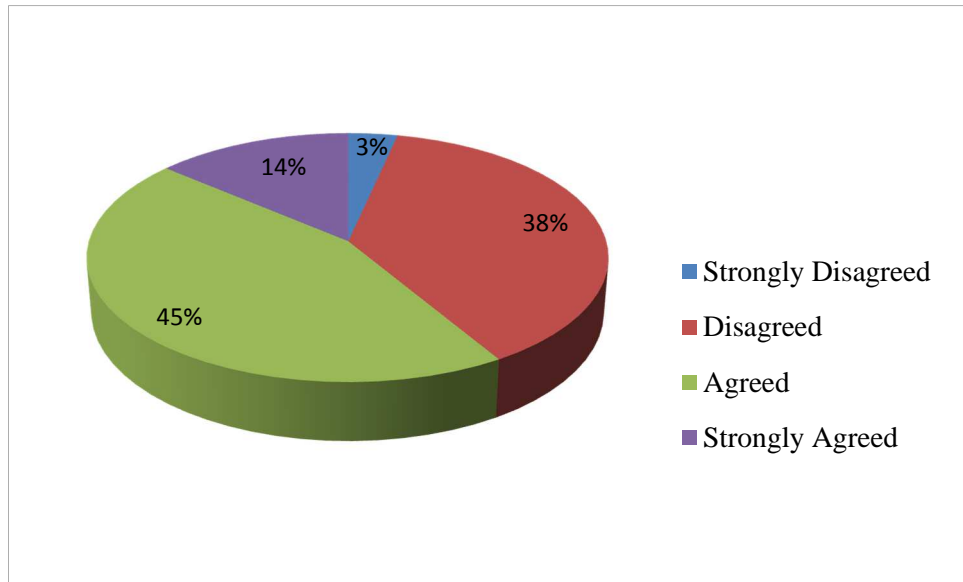
Figure 4.18: Respondents' Opinion on Restructuring Youths to be Responsible Citizens

Source: Field Data (2016)

Results from 40 interviewees were as follows in relation to knowing alternative ways of life that youths can adopt, and the following were mentioned such as engaging in small scale business, driving work such as 'Daladala' and 'Bodaboda' and self-employment and empowering their talents such as carving, carpentry, and masonry, engaging in music and sports. The third part asked respondents to make recommendation on ways that can result to Peer Education programme improvement.

Respondent suggested that more efforts to be established on community based groups in streets by making the community the real owner of the programme to be the community, the use of government campaign through local government to popularize the programme and Peer Education to be part of investment policy such as one project one Peer Education programme. To sum up, the findings collected

through questionnaires and interviews for the this objective are related and have revealed that stakeholders of Peer Education have answers for themselves on what needs to be done in order to improve Peer Education programmes efficiency and reliability in helping youth manage their sexual behavior.

4.6.5.1 Discussion of Specific Objective 3

Based on the findings that majority of the respondents were aware of the fact that peer education reveals ways to improve the lives of the youth particularly those who have been affected by improper sexual behaviours gives the confidence to say that peer education is a useful way in dealing with the issue. On average, 69% of the respondents suggested the following recommendations include: Peer Education needs more communication, in order to exchange experiences among different groups through participations in peer education programmes (80%), Peer Education needs further initial and reinforcement training to Peer Educators (77%), Peer educators should make ongoing follow-up, support, and supervision among affected youths (64%), Peer Education Programmes should provide continued incentives and motivation among youths and Peer Educators (63%) and Peer education should be structured so as to make youths to be responsible citizens (59%).

This findings relate to Sweat (1996) who conducted a study in collaboration with the Medical School of South Carolina and the World Health Organization which conducted a systematic review and meta-analysis of peer education aimed at assessing the effect of peer education interventions on HIV knowledge, injection drug equipment sharing, condom use and STIs infections in developing country settings in which he found that peer education interventions increased HIV

knowledge, reduced drug equipment sharing among drug users and increased condom use and it could be used as an effective strategy for changing behaviour and improving knowledge among young people who are highly affected by these sexual behaviour related problems. This review highlighted how peer education provides knowledge of stopping irresponsible or improper behaviour such drug use and unsafe sex.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1   Introduction

This chapter gives a conclusion and recommendations of the study on the strengths and weaknesses of Peer Education in helping youth manage their sexual behavior whereby, Buguruni Ward. It is hoped that the recommendations will improve the quality and efficiency of Peer Education in helping youth manage their sexual behaviour.

5.2   Conclusion

The main aim of this study was to assess strengths and weaknesses of peer education in helping youths to manage their sexual behaviour. Based on the findings presented in chapter four and discussion presented in the previous chapter, it is possible to conclude that there are strengths and weaknesses of the peer education to manage youth sexual behaviours. There are also recommendations to improve the programme in the light of presented data on specific objective three. This study had three specific objectives: to assess strengths of peer education in helping youths to manage sexual behaviour, to find out the main weaknesses of peer education in helping youths to manage their sexual behaviour, and to come up with recommendations on how to improve the peer education programme. Respectively, there are three conclusions in relation to these objectives as follows:

First, over 70% of the respondents concluded that peer education has strengths in dealing with youth social and sexual problems or rather behaviours. They include: exposing youth out of school setting, exposing early pregnancy among youths, telling youths that sexual violence among teenagers' results from bad sexual behaviours, methods like drama, dialogues and outreach are effective as they are communicative and participatory and it imparts knowledge, attitude and communication among youths not to risk for HIV/AIDS and other STIs. So it a good approach to solve such problems.

Secondly, this study concludes that there are weaknesses of peer education in helping youths to manage their sexual behaviour, according to 69% of the studied respondents. They include: it is too selective to only youths affected with improper sexual behaviour, there is little community involvement and ownership in order to facilitate Peer Education program continuity and sustainability, there is poor extension of the reach of affected youths in remote areas, there is inefficient provision of both non-monetary (bicycle, T-shirts, other materials) and financial incentives (access to credit and compensation for expenses) to motivate Peer Educators and Peer Education has little integration of reproductive health and other topical areas.

Third and last conclusion is that the following are the ways to improve the programme: Peer Education needs more communication, in order to exchange experiences among different groups through participations in peer education programmes, Peer Education needs further initial and reinforcement training to Peer Educators, Peer educators should make ongoing follow-up, support, and supervision

among affected youths, Peer Education Programmes should provide continued incentives and motivation among youths and Peer Educators and Peer education should be structured so as to make youths to be responsible citizens. These were recommended by over 63% of the respondents.

5.3   Recommendations

The researcher proposes the following recommendations to be taken by government and other stakeholders, in order to improve Peer Education effectiveness in helping youth manage their sexual behaviour:

First of all, the government of Tanzania through local government should clearly promulgate policies and guidelines aimed to help Peer Educator and other stakeholders including to increase the level of awareness of Peer Education and its importance to youth. Also educational campaigns such as seminars, workshops and conferences should be used by Peer Education programmes so as to spread and popularize awareness among stakeholders.

Secondly, Peer Educators should make follow-ups and support all youth who are in need of this knowledge and those affected and help them to practice good behaviour. Peer Education should have an effective follow up programme that will insist all stakeholders to play part in helping youth and to join hands to eradicate all challenges that are facing the programme. Therefore, this would lead to institutional coordination.

Thirdly, the author recommends to the governmental, non-government organization, international organization to make Peer Education more community based in order to get support and blessing from member communities and by making Peer Education to become part of investment policy through the slogan of one project one Peer Education programme.

Lastly, the researcher recommends that it is important for the Peer Education to impart knowledge on alternative of ways given the fact that employment is hard to get and unemployment is the main source of youth engaging in risk behavior and youth are encouraged to use all those alternatives for their personal development and nation at large. This will facilitate the eradication or rather the reduction of a number of youth who have affected by risk behaviour.

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APPENDICES

Appendix 1: Questionnaires for Youths Outside the School Setting

Part A: Personal Information

1.   Gender

    (a)   Male   ( )

    (b)   Female   ( )

2.   Age_____

3.   Highest Education level attained

    (a)   Primary education   ( )

    (b)   Secondary education   ( )

    (c)   University degree   ( )

    (d)   Postgraduates/Master's degree ( )

Part B: Specific Objective No. 1: Effectiveness of Peer Education in Exposing the

Effects of Sexual Behaviour among Youths

Dimension/Scale	Strongly Disagree	Disagree	Agree	Strong Agree
Peer education Helps youth drop-out from schools				
Peer education brings up the effects of early pregnancy among youths				

	Strongly Disagree	Disagree	Agree	Strongly Agree
Peer education tells youths that sexual violence among teenagers results from bad sexual behaviours				
Peer education fills the gap of loss of moral support from parents and relatives of the youths				
Bad sexual behaviours can lead youths to HIV/STIs diseases				

Part C: Specific Objective No. 2: Peer Education Effectiveness in Stopping Improper

Sexual Behaviour among Youths

Dimension/Scale	Strongly Disagree	Disagree	Agree	Strongly Agree
Peer education helps youths to gather a lot of information from their peers.				
Peer education methods e.g. drama, dialogues, outreach, etc. are effectiveness as they are communicative and participatory.				
Peer education imparts knowledge, attitude and communication among youths not risk for HIV/AIDS and other STIs.				
Peer education provides information on safe practice to youths to cope with high-risk situations				
Peer education raises youth awareness on HIV/AIDS as provides accurate information				
Peer education has itself a touching experience of the peers that is transformative in nature.				

Part D: Specific Objective No. 3: Peer Education Effectiveness in Exposing

Alternative Ways of Life among Youths

Dimension/Scale	Strongly Disagree	Disagree	Agree	Strongly Agree
Peer education encourages youths to sports and games				
Peer education facilitates youths to engage themselves in entrepreneurship programmes				
Youths become educators of peer education to other youths				
Peer education imparts life skills to youths that lead youths to become competent leaders in their societies				
Peer education makes youths to be responsible citizens				

Thank you for your cooperation

Appendix 2: Interview for Peer Educators

Part A: Personal Information

1.   Gender

    (a)   Male   ( )

    (b)   Female   ( )

2.   Age_____

3.   Highest education level attained

    (a)   Primary education   ( )

    (b)   Secondary education   ( )

    (c)   University degree   ( )

    (d)   Postgraduates/Master's degree   ( )

Part B: Specific Objective No. 1: Effectiveness of Peer Education in Exposing the Effects of Sexual Behaviour among Youths

1. What is peer education?

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2. What are the effects of sexual behaviour among youth?

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3. How far is peer education effective tool in exposing the effects of sexual behavior among youth?

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4. How far do strategies used by educators of peer education in managing sexual behaviour have helped youth?

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Part C: Specific Objective No. 2: Peer Education Effectiveness in Stopping Improper Sexual Behaviour among Youths

1Is peer education effective in helping youths in their struggle to stop improper sexual behaviour? Could you please explain?

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2. Which attributes do you think peer education is effective to youths?

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Part D: Specific Objective No. 3: Peer Education Effectiveness in Exposing Alternative Ways of Life among Youths

1. Is peer education effective in exposing alternative ways of life among youths?

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2. What are these alternative ways of life that youth can adopt?

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3. What are the problems that hinder the providers of peer education and suggest possible solutions to the mentioned problems?

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Thank you for your cooperation