



## POLICY BRIEF

# HIV Prevention in School Going Adolescents in Tanzania

### Key Messages

- Only 36.9% of school-going adolescents and youth had the knowledge on HIV prevention.
- Overall HIV prevalence among school-going adolescents and Youth aged 15-24 years was 1.4%
- 49.0% of school-going adolescents and youth aged 15-24 years reported having ever had HIV testing and received test results.
- 79.1% of school-going adolescent did not use condom during their first sexual intercourse.
- To achieve a reduction HIV transmission among adolescents, HIV prevention interventions must consider opting for integrated approaches to achieve maximum effectiveness including male circumcision, rapid HIV testing and numerous behavioural interventions such as build social skills and networks by connecting school adolescents with peers for age specific information, emotional and material support.

### Executive Summary

Risky sexual behaviours (such as not using condoms), early sexual debut before the age of 15, and young people's limited knowledge about HIV prevention and transmission impact on the effectiveness HIV response. Tanzania HIV data depicts an upward trend in young adolescents' sexual intercourse, having sex with more than one partner, low condom uses and low HIV testing rates. Generally, adolescents and youth knowledge on HIV prevention, testing and treatment remains low and average low testing for HIV and receiving results. Magnitude of the problem is based on findings from study titled "Assessment of HIV testing and counselling needs and barriers among secondary school students in rural and urban settings of Tanzania, 2016" conducted by NIMR.

The policy option is based on a systematic review titled "A systematic review of school-based sexual health interventions to prevent STI/HIV in sub-Saharan Africa."

### Background

Regionally, while Eastern and Southern Africa noted improvements in the number of new infections among adolescents and young adults there continues to be a concern of increasing

HIV epidemics among this population worldwide (The United Nations Children's Fund (UNICEF), 2020). According to UNAIDS report of 2014, only 10% of men and 15% of females aged 15 to 24 years in Sub-Saharan Africa know their HIV status (UNAIDS, 2014). In Tanzania National Bureau of statistics showed nearly 24% of the Tanzanian population in 2020 were adolescents aged 10–19 years (NBS, 2020). According to Tanzania HIV Impact Survey 2016/17, around 60% of all young people 15-24 are living with HIV but not aware of their status, specifically.

The current prevalence of HIV infection is estimated to be 1.3% and 0.7% among adolescent girls and boys aged 10–19, respectively, while the prevalence in young adults aged 20–24 is 2.2% (NACP, 2018). Risky behaviour and curiosity expose adolescents to the potential for unprotected sex and increased risk of HIV infection. Studies showed, behaviours that increase risk of HIV transmission among adolescents include Early Sexual debut, trans-generational sex/transactional sex, sexual intercourse with multiple partners, sexual intercourse without using a condom, sexual intercourse while drunk, and injection drug use.

A study done in Tanzania among secondary school going adolescents demonstrates that only 36.9% of adolescents and youth had the knowledge on HIV prevention by correctly answering all the HIV prevention questions (NACP, 2018). Among young adults aged 15-24 years, a higher proportion of males (14.3%) than females (9.1%) reported having had sex before age 15 years. A higher proportion were rural residents (13.4%) compared to those that were urban residents (9.0%). Moreover, 30.3% of secondary school students reported having sexual intercourse in their lifetime and of these 46.5% had sex with more than one partners. Among young adults aged 15-24 years, 49.0% reported having ever had HIV testing and received test results; The percentage was higher among females (60.0%) and lower among males (37.9%) (Kagaruki et al, 2016)

It is evident that, improving access to and the quality information alone would not alone reduce risk of contracting HIV. What are needed are the multifaceted and robust strategies targeting school going adolescents while considering practical interventions that address the root causes which are mostly structural in nature. However, interventions targeting education and psychosocial support have the potential to improve health outcome among school going adolescents (Audi et al., 2021).

- Overall HIV prevalence among in-school adolescents and youth aged 15-24 years was 1.4%.
- High prevalence of HIV risky behaviours among secondary school students
- Commonly perceived reasons for the students to engage on sexual behaviors are indicated in Figure 1.

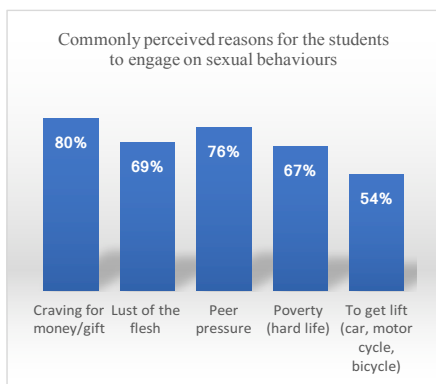


Figure 1: Commonly perceived reasons for the students to engage on sexual behaviors.

- Low uptake of HIV testing and counselling among secondary school students. Only 10% of men and 15% of females aged 15 to 24 years were aware of their HIV status.
- Majority of students (79.1%) did not use condom during their first sexual intercourse. These results indicate an increased likelihood of risks for HIV transmission among adolescents and youth.

### The problem

In response to the effects of HIV/AIDS and other sexual health problems among young people in Tanzania, the Ministry of Education and Vocational Training (MoEVT) introduced the Guidelines for HIV/AIDS and Life Skills education in schools that were aimed at mainstreaming the teaching of HIV/AIDS and Life Skills education in schools. The Guidelines state that HIV/AIDS and other aspects of sex education will be covered in the Social Studies and Science subjects in primary school syllabi and Biology and Civics for secondary schools (URT, 2004). The significance of relevant content of HIV/AIDS and Life Skills education in the Tanzanian curriculum is to enable teenagers to develop self-awareness and to use the acquired knowledge to solve daily problems and challenges. The guidelines were implemented as revealed in the study conducted in Morogoro where majority of pupils declared to have been taught about HIV/AIDS and related subjects. Despite this, majority of them demonstrated a very low level of knowledge on HIV/AIDS.

### Policy Gap

National Multisectoral Strategic Framework (NMSF IV 2018-2023) guides the planning and implementation of the national multisectoral and decentralized HIV and AIDS response. The NMSF IV adopts an investment case approach to ensure strategic targeting of key and vulnerable populations including adolescent girls and young women. The guidelines, however, does not include comprehensive approach that encompasses biomedical structural and behavioural interventions.

### Policy option

To achieve a reduction HIV transmissions among adolescents, HIV prevention interventions must consider opting for integrated approaches to achieve maximum effectiveness including male circumcision, rapid HIV testing and numerous behavioral interventions (Hosek & Pettifor, 2019). Multiple areas could be targeted for the prevention of

HIV among school going Adolescents as shown in figure 2 below.

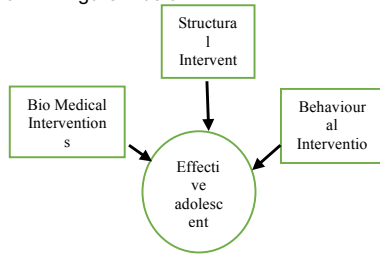


Figure 1: Key areas for targeting adolescent HIV prevention interventions.

### Specific policy considerations

1. The Ministry of Health to support near facility health management teams and schools to offer up to date HIV prevention strategies, testing and treatment information/education among school going adolescents (based on a systematic review of school-based sexual health interventions to prevent STI/HIV in sub-Saharan Africa)(Paul-Ebhohimhen et al., 2008). In this review.
  - General knowledge regarding HIV/AIDS/STD was evaluated. All studies (9/10) reported significant positive results.
  - Knowledge and normative beliefs regarding abstinence was evaluated 2 studies and was significantly improved both at immediate post-intervention, and at the six-month follow-up.
  - Three studies evaluated change in number of sexual partners evaluated at six months post intervention and were associated with significant positive outcomes.
  - Four studies evaluated intentions regarding condom use. Desired to use condom was significant both immediately and after six-week follow-up. Some studies did further sub-group analysis and showed that intentions to use condoms was positively to males

- and persons who had been sexually active at baseline.
2. Empower school adolescents reduce their risk: Build social skills and networks; connect school adolescents with peers and adults with peer and adults for age specific information, emotional and material support e.g., financial capability, mentorship. Study have shown that life skill has demonstrated 40% reduction of condom less among adolescents while financial support/ cash transfer has resulted into reduction of physical violence and unprotected sex and partner number.

### Implementation consideration:

HIV education should be tailored to specific age groups. School teachers and health care providers to receive training on comprehensive and integrated health education. While it is clear on the inadequacy of human resources, time allocation to implement the activities remain important.

### Competing interests

The authors declare that they have no competing interests.

### Acknowledgements

The development of this policy brief was financially supported by the CDC & NIMR

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