Adolescence in Tanzania

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ADOLESCENCE IN TANZANIA

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
BEST	Basic Education Statistics in Tanzania
CCBRT	Comprehensive Community Based Rehabilitation in Tanzania
CDC	Centers for Disease Control
CDF	Children's Dignity Forum
CEDAW	Convention on the Elimination of all forms of Discrimination against Women
COBET	Complementary Basic Education in Tanzania
FGM	Female Genital Mutilation
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
JCURT	Junior Council of the United Republic of Tanzania
MCDGC	Ministry of Community Development, Gender and Children
MOEVT	Ministry of Education and Vocational Training
MOHSW	Ministry of Health and Social Welfare
MUHAS	Muhimbili University of Health and Allied Sciences
NBS	National Bureau of Statistics
NECTA	National Examinations Council of Tanzania
PSLE	Primary School Leaving Certificate
REPOA	Research on Poverty Alleviation
STD	Sexually transmitted diseases
TDHS	Tanzania Demographic and Health Survey
THMIS	Tanzania HIV/AIDS and Malaria Indicator Survey
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNSG	United Nations Secretary General
URT	United Republic of Tanzania
YAG	Youth Advisory Group
YUNA	Youth for United Nations Association
ZAPHA+	Zanzibar Association of People living with HIV/AIDS
ICT	Information and Communications Technology
WASH	Water, Sanitation and Hygiene

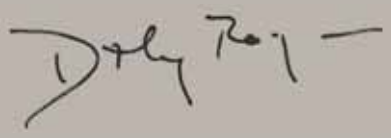
Preface

More than one in five Tanzanians are adolescents, aged between 10 and 19 years. Like other young people around the world, Tanzania's adolescents experience the second decade of their lives as a remarkable period of transition, a time when new patterns of behaviour are formed, and decisions are taken regarding life directions that will mould their futures, as well as those of their families and communities.

The majority of the nation's adolescents progress through the 'Second Decade' with a sense of positive discovery and growth. However, for some, adolescence is a time of increasing vulnerability and risk that can have a life-long impact. The sudden loss of a parent; early marriage; unwanted pregnancy; the discovery of their own or a parent's positive HIV status; the inability to complete their education, or exposure to violence, abuse, and exploitation thrusts adolescents into new roles for which they are often ill-prepared. Too soon in their young lives, they must shoulder adult responsibilities without possessing adult rights or having access to support systems to help guide their choices or protect them from further harm. Moreover, adolescence is the period during which poverty and inequity often pass from one generation to the next, and when gender inequality, tied in particular, to girls' reproductive roles, becomes evident.

This publication provides a snapshot of the passions and hopes of adolescents in Tanzania, as well as some of their despair and frustrations. It also brings together recent information on Tanzanian adolescents, indicates the progress that is being achieved, and exposes several gaps where data is lacking.

"Adolescence in Tanzania" was originally conceived as an accompaniment to UNICEF's global 2011 State of the World's Children Report: "Adolescence: An Age of Opportunity." As UNICEF commenced its preparation we learned that a number of other agencies and entities were also interested in calling attention to the situation of adolescents and we are very pleased that this document evolved into a collaborative effort by a range of partners. Our hope is that it will contribute to a growing body of knowledge about Tanzania's adolescents and will provide momentum to the collective action needed to protect and ensure their lives and opportunities and the future of the nation.



Dorothy Rozga
Representative, UNICEF Tanzania

Leila (10 years)

"My dream is to… help to improve the school system."

"Some students simply don't like school. They come because they are forced by their parents. So when they are in class they don't listen to the teacher and sometimes they escape and go hang out in the streets with a bad group of friends. I have friends who do that and I tell them to come to school because that's the foundation for their life. I think parents can also contribute to children not coming to school, because they're greedy for money. If a girl is in standard five and a man offers her parents a lot of money for marriage – they will accept and the girl will not get an education. The government needs to do more and educate parents through seminars and radio programmes. Educating the community begins with adults because children copy adults. I like school, I like to learn and I like the way our teachers teach. My dream is to work in the government so that I can help to improve the school system in Tanzania and also help orphans go to school."

Photo: UNICEF/Hiroki Gomi

Introduction

Adolescence is often a time when choices are made that set the course for young people's future. The same might be said for Tanzania as a whole – choices made about investing in adolescents today may well determine the future course of the nation.

1. Introduction

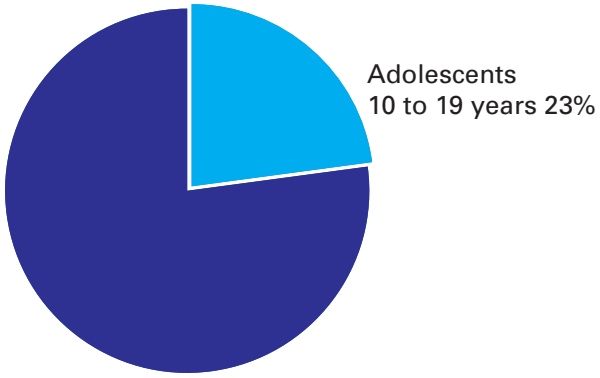
Tanzania is home to about 9.9 million adolescents between 10 and 19 years old, representing almost 23 per cent of the total projected 2010 population (43,187,823).[1] Now in the second decade of their lives, these young people will fuel the future of the nation. By 2025, when Tanzania aims to achieve the development breakthroughs defined in its national Vision, these young people will be between 25 and 35 years old. They will be the young professionals, the entrepreneurs, the farmers, teachers, nurses, social workers and doctors, the technicians and young politicians, the performers, designers and brave new thinkers, visionaries and young leaders of faith – and of course most will be parents themselves. Their ability to successfully fill these roles that are so central to national progress and development, and their capacity to avoid the pitfalls that can dim or destroy their hopes, depends a great deal on how we invest in and protect their growth and development during the coming years.

Yet these are challenging times. While the Tanzanian economy has continued to grow at around seven per cent every year, the national budget is over-stretched and the Government is seeking ways to reduce the deficit. Tanzania's ability to continue growing will depend critically on smart investment decisions, not just in infrastructure but also on human development and quality jobs for its mass of young entrants into the labor force. When such decisions are being made, experience from many countries shows that it is typically the social sector that falls under the red pen of those charged with trimming budgets and tightening spending.

Social sector cut-backs can undermine or even reverse development gains already achieved, and seriously weaken the prospects of the current generation of adolescents. Yet there are many reasons why the situation and challenges facing the nation's adolescents should place them at the forefront of decision-making on strategic investment choices. The facts about Tanzania's adolescents tell a story of significant progress, but also of disparities that widen along both gender and geographic lines as young Tanzanians progress through their second decade. Adolescence is often a time when choices are made that set the course for young people's future. The same might be said for Tanzania as a whole – choices made about investing in adolescents today may well determine the future course of the nation.

More education, fewer child marriages, and lower adolescent fertility: A comparison of the Tanzania Demographic and Health Survey of 2004 and the recently released results of the 2010 survey reflects some important gains for adolescents. Between 2004 and 2010, the proportion of adolescents aged 15 to 19 years who were attending secondary schools increased three-fold among girls, and four-fold among boys.[2] Meanwhile, the proportion of married adolescent girls in this age group fell by more

Fig.1 Adolescents as a Proportion of the Total Population of Tanzania 2010 (NBS Statistical Abstract 2009)



than 23 per cent.[3] During the same period, pregnancy and childbirth among girls aged 15 to 19 years dropped by more than 12 per cent, with progress seen across all socio-economic groups. The decline was most marked in the Southern Region, where adolescent pregnancy and childbirth fell by 28 per cent and in Pemba where the decline appeared to be more than 58 per cent.[4]

Trends in contraceptive use show that a growing number of sexually active adolescent girls are trying to prevent unwanted pregnancy. Between 2004 and 2010, use of the pill and contraceptive injections rose from 8 to 15 per cent among sexually active girls aged 15 to 19 years.[5] During the same period, condom use among sexually active, never-married adolescent girls increased by more than 30 per cent, while among adolescent boys it rose by more than 17 per cent.[6] The proportion of sexually active adolescent girls who recently received their HIV test results increased five-fold between 2004 and 2010,[7] while high-risk sex decreased: the proportion of girls aged 15 to 19 years having sex with more than two partners fell from five per cent in 2004 to two per cent in 2010.[8]

During the past five years, young Tanzanians have become better connected through radio, television, the Internet and mobile phones. Some are beginning to make their mark in the arts, in sports, in environmental protection and in broadcasting. Hundreds of adolescents have become peer educators, taking on responsibility for helping other young people to understand how to make wiser choices. Across the country, adolescents are proving that they have the drive, creativity and vision to make an important contribution to national development.

These gains have been achieved as a result of important investment in and commitments to adolescent empowerment that have helped more young people make better-informed choices. Such progress over such a short period shows that these investments can and do deliver results – yet much more remains to be done. Despite the progress that has been achieved, child marriage, early pregnancy, poor education quality and vulnerability to

Defining adolescence – 10 to 19 years

Adolescence refers to the years of transition from childhood to adulthood; yet for several reasons it is hard to define in precise terms. It is widely acknowledged that each individual experiences adolescence differently, depending on her or his physical, emotional and cognitive maturation. The onset of puberty, which might be seen as a clear line of demarcation between childhood and adolescence, cannot resolve the problems of definition. Puberty occurs at significantly different points for girls and boys, as well as for individuals of the same sex. Girls begin puberty on average 12–18 months earlier than boys; globally, the median age of girls' first period is 12 years, while boys' first ejaculation generally occurs around age 13. Evidence shows, moreover, that puberty is beginning earlier than ever before. Globally, the age of puberty for both girls and boys has declined by three years over the past two centuries, due in part to higher standards of health and nutrition. For this report, therefore, we have defined adolescence as occurring between the ages of 10 and 19 because this marks a period of significant growth, change, increasing independence, vulnerability and experience, of major physical and psychological change, as well as great changes in social interactions and relationships that can determine the life-course of women, men and their future children.

Photo: UNICEF/Sala Lewis

Adolescent boys go fishing. Opportunities for youth employment are scarce. With so few job opportunities and little access to vocational training, enterprising young people have to make their own way.

Photo: UNICEF/Julie Pudlowski

violence, abuse and exploitation continue to undermine opportunities for adolescents throughout Tanzania.

Child marriage, adolescent pregnancy still too high: Even given recent gains, one in every six girls and young women aged 15 to 19 years is married,[9] and the country still has one of the highest adolescent pregnancy and birth rates in the world.[10] Infants born to child mothers are at a much greater risk of death. Among adolescent mothers, the neo-natal mortality rate is 41 per 1000 live births, compared with 22 per 1000 when the mother is older (20 to 29 years).[11] Poor maternal nutrition is a risk factor for adolescents and their infants. Over 42 per cent of girls 15 to 19 years are anaemic, a reduction from 49 per cent in the last five years.[12] High adolescent fertility contributes to rapid population growth, which increases pressure on government budgets and slows national development. Overall, women in Tanzania give birth to an average of five or six children, and the earlier a woman begins child-bearing, the greater the number of children she is likely to have. A quarter of girls aged 17 years have already begun child-bearing; this figure increases to almost 40 per cent by age 18.[13] Slowing the rate of teenage pregnancy will help to reduce the transmission of HIV and maternal and neonatal mortality rates, since adolescents and their infants have a substantially greater risk of dying from complications during pregnancy and childbirth than women in their 20s.[14]

Gender, education quality and poverty: In 2010 boys outperformed girls in the Primary School Leaving Examination (PSLE) in all regions except Kilimanjaro. In several regions the gap was wider than 20 percentage points. In the absence of firm data and analysis of this trend, it seems likely that girls' poor performance is linked to insensitive pedagogical practices and gender expectations, including those related to their contribution to household labour and child care, as well as to poor school sanitation and other constraints that prevent girls from regularly attending school. Further research is needed to clarify the specific causes.

Pregnancy among school girls has captured many of the headlines, but most girls who give birth when they are still children themselves are not in school.[15] Adolescent mothers with less education also have less opportunity and capacity to contribute to economic growth and development. Women that begin child-bearing as adolescents, and their children, are therefore more likely to be among the poorest in Tanzanian society. The Government of Tanzania notes that "…increased access to secondary education, especially for girls is expected to be one of the most effective measures to address issues of population dynamics, including reduction in the fertility rate."[16]

Out-of-school adolescents: About 20 per cent of pupils who entered standard one in 2004 had dropped out before completing their primary education in 2010.[17] Despite efforts to expand the reach of education, only one-third of adolescents attend secondary school and less than one per cent enrols in higher education. Alternative opportunities for formal learning, basic literacy, and vocational (trade) education do not meet the demands of an ever-growing adolescent population. In 2010 less than 200,000 adolescents were enrolled in technical education or accelerated primary education classes, which are designed to help children who have dropped out to re-join mainstream education.[18] Large numbers of adolescents have no training or learning opportunities after they leave primary school, and girls are less likely to be enrolled in vocational training classes than boys. Older adolescents are under pressure to assume adult roles including earning an income, yet massive unemployment prevents many young people from breaking out of poverty.

The risks of HIV and AIDS: Data on the prevalence of HIV and AIDS among adolescents aged 10 to 19 years is not available. Data on HIV prevalence derived from the Tanzania HIV/AIDS and Malaria Indicator Survey (2007/8) shows a steady increase in HIV prevalence with age, especially among adolescent girls: from 0.7 per cent prevalence among those aged 15 to 17 years, rising to 2.7 per cent among those aged 18 to 19 years. While most (98%) adolescents aged 15 to 19 years have heard about HIV and AIDS,[19] fewer than half have comprehensive knowledge about how to prevent HIV infection.[20]

Adolescents, exploitation and violence: Many protection threats and risks – such as exploitative labour, trafficking, and sexual violence – seem to be more widespread in adolescence than among younger children. Data from a survey on violence against children in Tanzania suggests that over 30 per cent of girls have experienced some form of sexual abuse by the time they are 18 years old, and more than 70 per cent of girls and boys have experienced physical violence.[21] Early marriage can leave girls especially vulnerable to violence. According to the 2010 TDHS almost one in ten married adolescent girls aged 15 to 19 years had experienced physical violence while they were pregnant.[22] Girls and young women aged 15 to 24 years are also far more vulnerable to HIV infection if they are married or widowed or divorced than if they were never married, even if they are also sexually active.[23] Some reports suggest that girls in the poorest households may be driven to transactional sex to provide food for themselves and their families, or to provide shelter and protection from violence.[24] Parents may also be driven to encourage early marriage because of the economic benefits that derive from the bride-price or dowry.

The majority of adolescents living on the streets in Dar es Salaam, Mwanza and other large towns are boys who are frequently exposed to violence and abuse. Gangs in poor urban communities also draw in adolescents especially those who are not attending school and have few employment opportunities. Anecdotal reports strongly suggest that adolescents with disabilities or albinism, and those who live in institutions are also particularly vulnerable to violence.

The facts on adolescents: Many surveys focus on children under five years or on people aged 15 to 49 years. While

Beka (18 years)

"I see us young artists as the 'future of music'"

Beka has just finished a practice session at the Tanzania House of Talent studios in Kinondoni, Dar es Salaam. "Since I was a child I have always loved music. I would listen to the radio all day and copy all the songs – I could sing everything!" he exclaims. "I am blessed because my parents have always supported me and they never stopped me from singing. They simply tell me to work hard and to respect my peers."

It was by chance that he was discovered one afternoon in Dar es Salaam by a producer. "I didn't know anything about studios and music production. The producer invited me and some friends to the studio. I sang a song by Marlow (a successful Tanzanian artist) and Marlow himself was there, listening with approval. Marlow told the producer that I had talent and that they should take me. Marlow taught me how to write songs and perform and the rest is history."

Beka's first record, 'Natumaini,' about relationships was released in March 2009, when he was 16 years old. "I sat by the radio all day waiting for my song to air for the first time. When it played I was overjoyed, I can't describe the feeling, but I felt like R. Kelly," he says.

"Most of my songs are about relationships, but I know many young people listen to my music so I make sure I have some important messages in my lyrics such as about HIV, drugs and alcohol and monogamy. I think it is my responsibility as an artist. I would like to also learn to produce music and play the keyboard, but I want to continue singing. I see us young artists as the 'future of music' and one day we will be legends in Tanzania."

Bongo Flava - More than Just Music *'Bongo flava' is a genre of music that originated in Tanzania in the early 1990s, and its popularity has grown way beyond the country's borders. 'Bongo flava' is a fusion of rhythm and blues, hip-hop, rap and several traditional African genres. The lyrics are mostly in Kiswahili and are sometimes mixed with English. They often tackle cultural, social and political issues and to some extent 'Bongo flava' has helped to increase political awareness and participation among Tanzanian youth. Today, 'Bongo flava' is so popular that it might be regarded as reflecting the musical identity of contemporary Tanzanian youth. A small-scale survey[1] conducted in 2006 in Morogoro suggested over three quarters of young people aged 15 to 25 years preferred listening to 'Bongo flava' music. Yet despite its vast popularity, few 'Bongo flava' artists can make a living from selling their music because piracy is widespread. Instead they have to rely on income from live performances to support themselves.*

Photos: UNICEF/Hiroki Gomi

data is available on the 15 to 19 year group, data on adolescents aged 10 to 14 years is particularly lacking. The absence of clear data on girls and boys during adolescence is an obstacle hindering strategic planning to address their compelling needs and rights.

Why invest in adolescents? Investing in adolescents is essential firstly, because it is right in principle in accordance with all the human rights treaties ratified by Tanzania, including the African Youth Charter 2006, the UN Convention on the Rights of the Child and the Convention on the Elimination of all forms of Discrimination Against Women, as well as Tanzanian legislation on Education and Labour and the landmark 2009 Law of the Child Act for the Mainland and 2011 Children's Act for Zanzibar. Secondly, investing in young Tanzanians in the second decade of their lives is the most effective way to consolidate the important gains Tanzania has achieved for younger children – especially in reducing infant and under-five mortality and expanding primary school enrolment. Thirdly, investing in adolescents will accelerate the fight against poverty, inequity and gender discrimination and contribute to the reduction of maternal mortality and HIV and AIDS. Building skills and creating jobs for young people, especially those in the poorest rural communities can help rescue a generation from poverty.

Recent research shows that if investment places priority on the poorest children in the hardest-to-reach places, progress will be achieved more quickly and more cost-effectively.[25] Tanzania's Poverty Reduction Strategies for 2010-15 (known as the MKUKUTA on the Mainland and the MKUZA in Zanzibar) and other national policies reflect the priorities of young people; however, implementation remains difficult. Evidence is needed to help direct national efforts towards those adolescents who are surviving on the margins of society and at greatest risk. In particular, programmes and strategies that are helping to deliver the most significant improvements for adolescents need to be consolidated and strengthened, with a specific focus on the poorest and most vulnerable.

The story of Tanzanian adolescence is full of hope as well as challenges. Many young Tanzanians have begun making important contributions to Tanzanian society. This short report reflects on some of the achievements and concerns of adolescents, describing their experiences, opportunities and motivations and the contributions they hope to make to their nation. It will also explore some of the most difficult experiences of adolescents today; challenges that would confound any adult, let alone a child.

Adolescents and religion

Young people gather to pray and to discuss and learn more about their faith. Many young people develop their religious faith during adolescence. Most Tanzanian youth adopt the same beliefs as their mainly Muslim or Christian families and communities.

Photos: UNICEF/Hiroki Gomi

Fina (10 years)

"I used to see the albino killings on TV and I got very scared"

"One day when I was about five years old I was on my way home and a man started chasing me and calling out 'albino! albino!' I got so scared and ran home fast, leaving my friends behind and I fell and I was bleeding. I used to see the albino killings on TV and I got very scared and worried. So I stopped going out and would only play inside the house. I think the government should stop the killings, and tell people to stop stigmatizing us – so we can all live together in peace because we are all the same."

"My mother and I used to live in another place but I didn't like it because people there used to stigmatize me. They said I didn't belong there and they called my mother and I witches, I don't know why. They would attack and yell at my mother all the time. I felt sad when I saw them fighting and I used to tell my mother to stay quiet and not to fight with them."

Eventually Fina and her mother were driven out of their home and now they live in Dar es Salaam with her mother's brother's family. Her mother has no job and gets no support from Fina's father.

"I remember asking my mother, 'Why did you give me this color? I want to be black!' My mother told me that this is the way God made me and I'm beautiful. So now I like my color."

Fina is currently in standard three and her dream is to become a math and Kiswahili teacher.

"I feel happy at school, I read and write and I have a lot of friends. We walk to school and back home together and they hold my hand so I feel safe. But I know my mother worries about me a lot when I'm out on the streets. I feel most safe and at peace when I'm at school because I am with my friends. When I'm not studying I like to play dodge ball, football, dance or listen to music – my favorite singer is Keisha" (a 22 year old pop star with albinism).

Photo: UNICEF/Hiroki Gomi

Penina puts her two children to sleep in her father's house where she lives after her marriage ended due to violence by her husband.

Penina (13 years)

(Names changed to protect identities)

"I am glad she is back home safe…"

Penina puts her two children to sleep in her father's house where she lives after her marriage ended due to violence by her husband. Penina has five siblings. She is the oldest and had completed standard six before she got married. She was only 11 years old. Her husband was 19. "My friends fooled me and told me to quit school and get married because it is a better life. The man came to our house and asked to marry me and I accepted."

Penina's father said: "She accepted the marriage so I could not stop her and we needed the cows. You know this is our tradition." So Penina was married and her father received eight cows as dowry.

"About two months after we got married my husband started beating me," says Penina. "When our baby was born he accused me of being with his friend and said she was not his child. He said he was going to kill me and bury me with my child. One night he started hitting me all over my body with an axe handle. My mother-in-law heard me screaming and she came to rescue me. My father came and also told him to stop beating me, but it only made it worse. He beat me even more and harder. Eventually my mother came to free me. She took me to the hospital and then we went back home."

The marriage was annulled by the local ward tribunal and Penina's father returned the eight cows. After she returned home, Penina found out she was pregnant again, so at 13 years old she has two children.

Penina said, "I felt happy and free when my marriage broke. I don't want to ever get married again or have more children. I just want to go to school and get an education. I just have to wait until I finish breastfeeding my son then I can go back to school."

Penina's father commented: "You know I really didn't expect my child to suffer so much. I don't want her or any of my other three daughters to get married young in a hurry. They can live with me as long as they have to, until they find the right men. I just want them to go to school and get a good education. Even if they are 50 years old I won't marry them off. I am glad that she is back home safe and healthy again. Let her stay here."

Photo: UNICEF/Shehzad Noorani

Many students in this standard five classroom are forced to sit on the floor. On average, there is only one textbook for every five students in Tanzania primary schools.

Improving the quality of education is a major priority in both primary and secondary schools where recent performance in examinations has been poor.

Photo: UNICEF/Hiroki Gomi

Salma (15 years)

(Names changed to protect identities)

"I am a child who is raising a child"

"In 2006, when I was 11 I got circumcised. I was very afraid because the elders were saying that a lot of blood had been spilled and that some girls may die. A year later, I got married. I was 12 years old and my husband, "David," was 27. I put on a nice dress and nice shoes and had my hair set and the man brought six cows....(Now) I have a son who is two years old, his name is "Dominic". I feel bad because I am still a child and I am raising a child."

"Now I don't have time to play anymore. I don't like the responsibilities that come with being married so early. It is a lot of hard work. One day I had really bad stomach problems and I couldn't go to the farm so I stayed home all day and rested. When my husband came home that evening he was angry because I didn't go to the farm so he started hitting my legs with a stick until my mother-in-law came to stop him. We live with my mother-in-law because I am so young and she needs to guide me on how to take care of my home, my husband and child. I don't know what brings me joy... When I eat and I am full and when I sleep is what makes me happy."

Photo: UNICEF/Shehzad Noorani

Adolescents, reproductive health and nutrition

Fewer Tanzanian girls are getting pregnant and giving birth as adolescents; the decline is so widespread that it suggests significant social change in attitudes and behaviour among young people.

2. Adolescents, reproductive health and nutrition

Fewer Tanzanian girls are getting pregnant and giving birth as adolescents; the decline is so widespread that it suggests significant social change in attitudes and behaviour among young people. Data from the 2010 TDHS shows a 12 per cent decline in the age-specific fertility rate among girls aged 15 to 19 years – from 132 per 1000 females in 2004 to 116 per 1000 in 2010.[26] The reduction in adolescent fertility is evident in almost every region and across all socio-economic groups. Key factors behind the decline include a major decline in the proportion of adolescent girls who are married and a significant increase in contraceptive use among sexually active adolescents.

The decline in adolescent pregnancy and childbirth rates is most marked among older adolescents, especially those aged 19 years, where the rate dropped from 52 per cent in 2004 to 44 per cent in 2010 (Fig.2). Of concern, however, is the increase in adolescent childbearing among 15 year old girls, which rose from 3.7 per cent in 2004 to 5.2 per cent in 2010 - a pregnancy rate among children that is far too high.[27] The trend shows the importance of ensuring that adolescent empowerment and reproductive health programmes are successful in reaching younger adolescent girls.

The decline in the proportion of adolescents who have begun childbearing is evident in every zone (Fig.3). The reduction is most marked in Zanzibar with a drop of more than 33 per cent and the Southern Zone, which recorded a drop of 28 per cent between 2004 and 2010. In the Southern Highlands the decline reached almost 20 per cent. Significant reductions are also evident in the Lake and Central Zones. Lack of progress in the Western Zone raises questions, in view of successes recorded in other regions.

Although early pregnancy has also decreased in every quintile, adolescent girls in poorer households remain most likely to become pregnant by the time they reach 19 years. (Fig.4) Girls in the poorest and second-to-poorest quintiles are more than twice as likely to begin childbearing by age 19 as girls in the wealthiest quintile. Girls in rural areas are also almost twice as likely to start childbearing by 19 as girls living in urban areas.[28]

It is important to note, however, that perceptions of the mean ideal number of children has hardly changed since 2004/5. Most 15 to 19 year old females still believe that it is ideal to have four children, which will keep Tanzania at a continuing high rate of population growth.[29] Nevertheless, more young women want to delay pregnancy.

Fig.2 Trends in adolescent girls aged 15 to 19 years who have begun childbearing, by age (TDHS 2004, TDHS 2010)

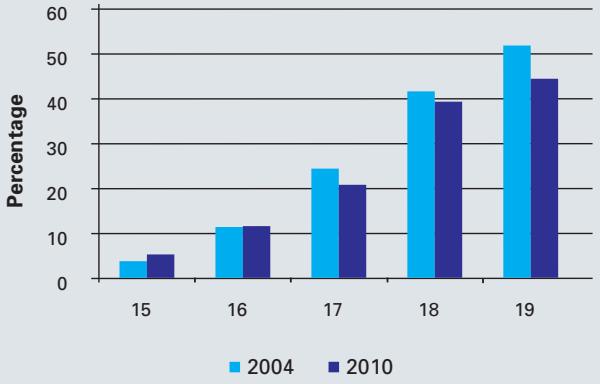
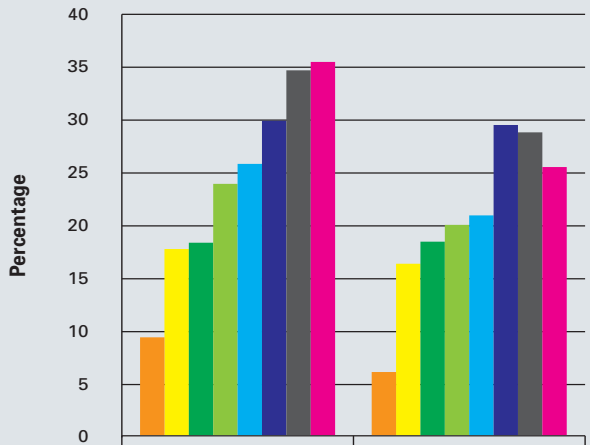


Fig.3 Trends in adolescents aged 15 to 19 years who have begun childbearing, by Zone (TDHS 2004, TDHS 2010)

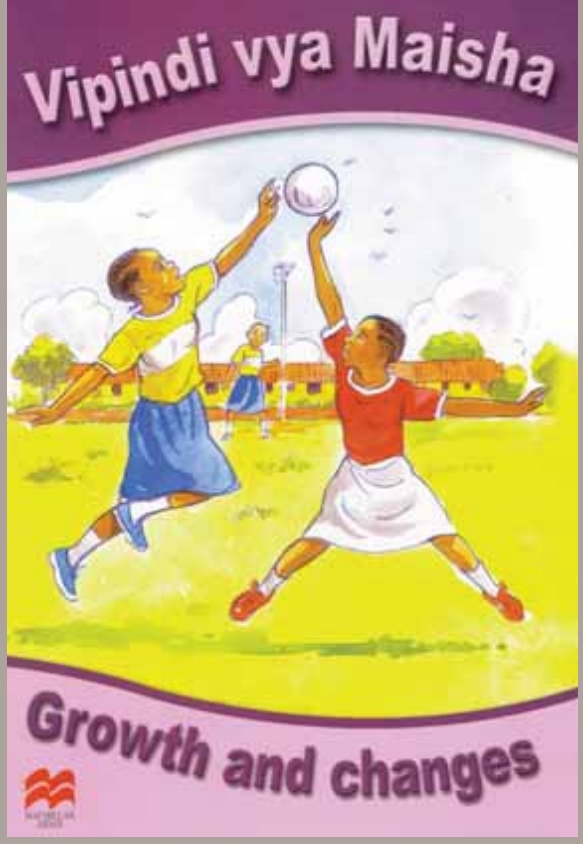


	2004	2010
Zanzibar	9.3	6
Northern	17.7	16.3
Eastern	18.3	18.4
Central	23.9	20
Southern Highlands	25.8	20.9
Western	29.9	29.5
Lake	34.7	28.8
Southern	35.5	25.5

Breaking the winnowing basket

In Kiswahili the onset on menstruation is called "kuvunjaungo," which literally means "breaking the winnowing basket." While many girls understand that kuvunjaungo means something more than broken baskets, not all know what to expect. Girls who enter menarche after reaching 14 years old and those who have older sisters or close older female cousins are likely to have some understanding of menstruation. Girls who experience menarche when they are 13 or younger may be left shocked and afraid that they are suffering from a terrible disease.[3] Some traditional cultures in Tanzania see the onset of menstruation as the start of a series of initiation rites during which girls learn about their roles as women. In most cases the girls are instructed that they should abstain from sex until they are married. In a traditional context the gap between the onset of menstruation and marriage was often short, with many girls marrying by age 15. With menarche occurring at a younger age, and marriage coming later, the gap between menarche and marriage is becoming wider and adhering to abstinence until marriage has become more of a challenge. Sex education, traditional or otherwise, has not provided girls or boys with knowledge, access and an enabling environment in which the use of condoms to prevent pregnancy or HIV transmission is acceptable.[4]

Photo: UNICEF/Shehzad Noorani



Growth and changes

Lack of knowledge around issues of sexual and reproductive health, and menstruation in particular, creates several difficulties for girls in Tanzania, including periodic absenteeism from school linked to the lack of soap and water and latrine privacy. In recognition of the apparent lack of information provided to young girls around the issue of menstruation, an educational booklet was put together for Tanzanians entitled "Vipindi vya Maisha" or "Growth and Changes." The development of this booklet followed participatory research conducted with girls on menstruation.
It provides basic information on menstruation and hygiene, clarifying myths and taboos that often surround the topic. It includes stories written by Tanzanian girls about their first experiences of menses, basic puberty guidance, and an activity section that includes frequently asked questions. It also teaches girls to track monthly menses on a calendar so they can always be prepared. Initial piloting of the book in Kilimanjaro region has yielded positive feedback. Funds are needed to provide the booklet to every girl in standards five to seven and in forms one and two – requiring about two million copies. Widespread distribution of the booklet will help to empower girls with knowledge, help to increase their self-esteem and ultimately their school attendance. The hope is that empowered adolescent girls will also help their female relatives at home and in the community to deal better with menstruation issues.

In 2004/5, almost 15 per cent of females who had given birth when they were less than 20 years said they would have preferred to have waited until later – by 2010 that proportion had risen to almost 27 per cent.[30]

The proportion of girls with secondary and higher education more than tripled between 2004 and 2010.[31] Attending school reduces the likelihood of girls becoming pregnant. Girls with no education are clearly the most vulnerable to early pregnancy, since over 50 per cent of these girls are mothers or pregnant by the time they are 19 years, compared with about 25 per cent of those who completed primary school and less than five per cent of girls who attended secondary school.[32] (Fig.5)

The overall decline in adolescent pregnancy points to considerable success in some adolescent empowerment and reproductive health programmes. In particular there has been a significant increase in the use of contraceptives by sexually active adolescents. (Table 1) Condom use among sexually active, never-married adolescent girls increased by more than 30 per cent, while among adolescent boys it rose by more than 17 per cent.[33] Satisfied demand for family planning among married 15 to 19 year old females rose from 36 to 48 per cent between 2004 and 2010.[34]

The proportion of adolescent girls aged 15 to 19 years who are married also dropped dramatically, by more than 23 per cent; the proportion living with their partners also dropped (Table 2).

More than 11 per cent of girls aged 15 to 19 years became sexually active before they were 15 years old with no change evident over the last five years.[37] Yet sexual activity among adolescents has declined overall. In 2004 just over 50 per cent of girls aged 15 to 19 years and about 52 per cent of boys of the same age reported that they had never had sexual intercourse. By 2010 these proportions had risen to over 54 per cent of girls and nearly 63 per cent among boys.[38] (Table 3)

Adolescent pregnancy, maternal and infant mortality: Although the 12 per cent drop in adolescent fertility is impressive, the rate is still too high. By the age of 16, one in ten girls have begun child-bearing; this rises to one in five by 17 years and to more than one in three by 18 years.[41] The risk of death among infants in the first month of life is particularly high when the mother is under 20 years old. Among adolescent mothers, the rate of death among infants during the first month of life – the neonatal mortality rate - is 41 per 1000 live births, compared with 22 per 1000 when the mother is older (20 to 29 years).[42] While the difference is significant, it represents a slight drop from a neonatal mortality rate of 45 per 1000 live births for mother under-20 years in 2004 and 29 per 1000 for mothers aged 20 to 29 years.[43] Skilled attendance during delivery is important for averting deaths among infants and mothers. Although adolescents are more likely to be attended by a skilled provider during birth than older women, more than 43 per cent of girls under-20 years give

Fig.4 Percentage of adolescents 15-19 years who have begun childbearing, by Socio-Economic Status (TDHS 2004, 2010)

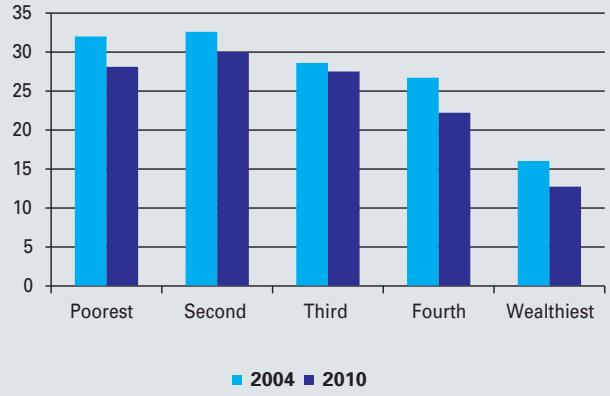


Fig. 5 Trends in adolescents age 15 to 19 years who have begun childbearing, by education (TDHS 2004, TDHS 2010)

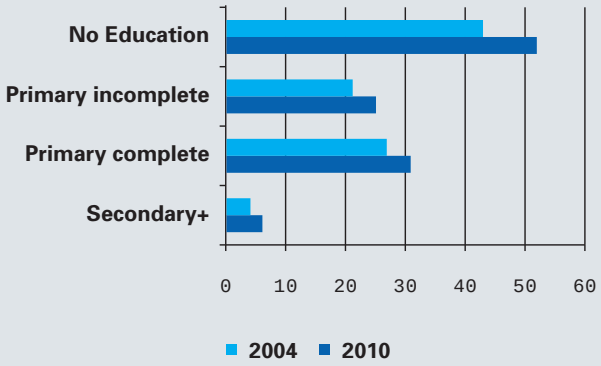


Table 1 Never married, sexually active adolescents aged 15 to 19 years who used a condom at last sex (TDHS)[35]

	Girls	Boys
2004	38.2%	39.3%
2010	50.2%	46.1%

Table 2 Current marital status of girls aged 15 to 19 years (TDHS)[36]

	Never Married	Married	Living Together
2004	72.1%	21.9%	4.3%
2010	80.3%	16.8%	1.9%

Table 3 Sexual status of adolescents aged 15 to 19 years (TDHS 2004/5 and 2010)

	Girls who had sexual intercourse by age 15 (all girls)[40]	Never had sex[39]	
		Girls	Boys
2004	11.4%	21.9%	4.3%
2010	11.3%	16.8%	1.9%

Elizabeth (18 years) flinches as she gives blood for a malaria test at the Yombo Vituka Clinic, Dar es Salaam

Photo: UNICEF/Hiroki Gomi

Youth-friendly health services

Youth-friendly health services at the Yombo Vituka Clinic, supported by Temeke municipality include volunteer support from 18 peer educators (ten males and eight females aged between 20 and 25 years old). The volunteers help to sensitize young people in the surrounding area about risky sexual behavior; HIV; early pregnancy; child marriage; drug and alcohol abuse; and sexual exploitation, abuse and violence.

Hassani, 25, is one of the peer volunteers. "Young girls like coming to the youth-friendly services here because they feel more comfortable, they have some privacy and they can speak openly and freely. If they go to the regular clinic, they may meet neighbours and friends or find doctors who are judgemental, so they don't tell the doctors their real problems. Through youth-friendly services they get sexual reproductive health education and they also get support from the peer educators."

He explains that he is from the community so he understands the problems. The peer volunteers regularly meet with young people to discuss the challenges they face. "Some of the houses don't even have doors, only a curtain, so it makes it very easy for a man to slip inside and rape the house girl or other young girls at home…In other cases fathers rent out rooms in their houses to young men, and when they leave their daughters home alone the male tenants approach the daughters and try to tempt them into having sex for a little money…These days almost everyone has a cell phone. Sometimes when you look at the person's nice phone and it just doesn't match their means … but then you find out the girl got the phone from a sugar daddy," he says.

Another of the peer volunteers, Paul, also 25, explains, "Some of the girls we talk to admit they just wanted to try sex once and they didn't think they would get pregnant. Some say they engaged in sex because of poverty and that's why they give in to sugar daddies. Some of the child mothers have had multiple partners and don't know the father of their babies, so they decide to try abortion. Abortion is illegal in Tanzania and can be extremely dangerous. Paul adds: "Some girls try to do the abortions themselves by taking an overdose of certain chemicals and when they think the baby is dead they make themselves vomit. Others boil the roots from one of the trees here and drink the potion, which will give them a stomach ache and cause them to lose the baby."

"Others go to some local clinics or pharmacies where they perform illegal abortions," adds Victor, another of the volunteers. "These places charge the girls according to how many months the pregnancy has lasted." He adds, "When young people engage in sex, they just think about the immediate gratification and they don't think or worry about pregnancies and sexually transmitted diseases. until they do get pregnant. Then they realise that their actions do have consequences."

birth without professional care.[44] Women who start having children in adolescence tend to have more children and shorter spacing between pregnancies – all of which are risk factors for maternal and neonatal mortality.

Worldwide, pregnancy is a leading cause of death for young women aged 15 to 19, accounting for at least 70,000 deaths each year. The incidence of adolescent maternal mortality in Tanzania is not known, however the country's high rate of neonatal mortality could be taken as an indicator of higher mortality risks for adolescent mothers. The Ministry of Health reports that one-third of incomplete abortion cases that turn up in health facilities involve adolescents, and one in five of the girls involved are students.[45] It is likely that illegal abortion is a significant cause of maternal death among adolescent girls.

Causes and response to adolescent pregnancy: More needs to be understood about the causes of the significant decline in adolescent pregnancy, especially in Zanzibar and in the Southern and Southern Highland Zones, as well as the lack of decline in the Western Zone. It is possible that the expansion of education and of youth-focused media, and the greater availability of contraceptives as well as a growing sense of youth culture, identity and empowerment may be key factors influencing these significant social changes.

Nevertheless, economic deprivation can cause young girls to engage in transactional and/or unprotected sex to meet basic needs, or to improve their living conditions. Lack of appropriate and comprehensive sexual and reproductive health education, including information and services for reproductive tract infections, sexually transmitted infections, and pregnancy-related issues means that many adolescents still do not know how or do not possess the means to prevent pregnancy. According to the Ministry of Health's National Standards for Adolescent Friendly Health Services: "Available reproductive services are adult centred thus making them less accessible to adolescents."[46] Adolescents often do not seek services due to a lack of knowledge, as well as rejection by the service providers and the community.

Currently, about one-third of Tanzania's health facilities are reported to provide "youth-friendly" sexual and reproductive health services, including access to contraceptives. While the quality of services provided probably varies greatly, these facilities should offer a non-judgemental, supportive environment where young people feel comfortable and confident about expressing their concerns and are able to receive treatment guidance in language and concepts that fit their experience and stage of development.

Nutrition for a period of rapid growth and development: Adolescence represents a critical stage in the life cycle, providing a unique opportunity to foster a healthy transition from childhood to adulthood. The nutritional status of adolescents depends on the foundation laid during childhood, particularly during the first two years of

Rites of passage

A recent study of adolescent girls conducted in the Mtwara district of Tanzania[2] reflects on the significance of "unyago," a rite of passage or initiation. During unyago girls, sometimes as young as eight years old, undergo a series of rituals through which they learn more about their social and gender roles, including sexuality. Unyago has been identified by some analysts as a key cause of early pregnancy. However as the study points out, "While unyago is a time of social "permission-giving" for adolescents to have sex… it should not be seen or treated as a singularly sexualized event that alone drives early pregnancy." Unyago is a rite of passage through which many positive cultural and traditional roles are communicated. Moreover, other social forces influence sexuality among adolescents, including social norms and gender expectations, as well as poverty that limits opportunities for their security, well-being and hopes for the future. Accordingly, while early marriage and teen pregnancy are two of the greatest challenges facing adolescent girls in Tanzania, efforts to address this must move beyond a focus on culture and initiation ceremonies and look at the economic realities of marginalised rural girls in rural economies.

Photo: UNICEF/Hiroki Gomi

Saitoti (18 years)

"I wanted to become a man..."

Saitoti is from Arusha, but he now lives in Moshi with his parents and two older brothers. He studied until standard four and then decided to drop out and join his parents in herding their 20 cows.

"When I was 12 years old my father asked me if I wanted to be circumcised. I said yes because I didn't want to be a child anymore and as a Masai you need to be circumcised to become a man."

Two weeks later, Saitoti's father called all his male relatives to prepare for the circumcision ceremony. The afternoon before the actual ceremony, the relatives took Saitoti to the forest to collect special tree branches, which he would have to put on his front door after the ritual to inform the villagers that he had been circumcised.

"On the day of the ritual I bathed in cold water to help reduce the pain and I wore a black sheet. My relatives then took me to the cow shed where they all watched as a man cut me with a knife. It hurt so much, but you are not allowed to scream or utter a sound, otherwise they say you are not a real man. After they finished they carried me to my house. You stay in the house alone for two days and every day a man comes to wash the wound and slowly the pain gets less and less. The village celebrated all night, but I stayed inside because I was in too much pain. After three days my father slaughtered a goat. Its blood was boiled with the meat. I drank the blood to help restore the blood I lost. It tastes good, but I was still too weak to enjoy it."

Saitoti said with much evident pride that after he drank the goat's blood his father gave him a spear and shield. "I was officially a 'moran' [a Masai warrior]. I felt very happy and proud, because now I am able to participate in all activities, like hunting and celebrations, and I can get married."

Saitoti strongly believes that female genital mutilation or cutting should be banned among the Masai people. "I think this tradition is good but only for men, because it is necessary for you to be recognised as a man. But I think they should stop cutting girls. The big difference is that we boys are given the choice and are asked if we want to be circumcised whereas girls are forced to do so!"

"I was only three years old when they marked my face with the hot wire, but I remember it very well, because it was very painful, but I like these traditions because it is my identity."

Saitoti says that he is not yet ready to get married. He would like to be more settled first and start a small business to advance himself.

Photo: UNICEF/Jacqueline Namfua

life, which is a critical period for growth and development. "Adolescents can gain 15 per cent of their ultimate adult height and 50 per cent of their adult weight in this time period. They simply need more nutrients to support that growth and to become healthy adults."[47] More than 17.5 per cent of adolescent girls aged 15 to 19 years are considered to be thin, with 4.4 per cent rated as severely thin while about 9 per cent are overweight or obese. Trends show a slight decline over the last five years in the proportion of adolescent girls who are thin and an increase in those who are overweight or obese.[48]

Optimal nutrition is particularly critical for pregnant teens. The survival and well being of their children depends on attention to diet throughout pregnancy. In this respect, the impact of deficiencies in iron, vitamin A and other micronutrients on adolescents are of particular concern. Overall, 42 per cent of girls 15 to 19 years are anaemic, a reduction from 49 per cent in the last five years.[49] Yet studies have found that 75 per cent of adolescents girls had anemia during their first pregnancy,[50] and that the prevalence of anaemia in adolescent girls is twice as high as in boys. A study conducted in Tanga[51] showed that weekly supplementation of iron to adolescents increased iron stores in those who were vulnerable to iron deficiency. The findings suggested that iron supplementation for adolescents could protect them from iron deficiency during pregnancy, improve optimal foetal developement, prevent low birthweight, and improve the cognitive function of their babies and their future educational success. Moreover, iodine deficiency disorders, which may affect up to 40 per cent of Tanzanians, can result in an IQ reduction of 10 to 15 points[52] and undermine adolscents' performance in school. Despite the evidence, however, little attention has been given to programmes that could address adolescent malnutrition. It is worth noting that girls aged 15 to 19 years consumed substantially more food than any other age group up to 49 years.

Overall, in Tanzania, as in many other developing countries, there is insufficient information on the factors that influence the nutritional status of adolescents. Research from elsewhere in the region suggests that cultural biases may lead mothers and caretakers to give larger portions of food, particularly those that are high in nutrients, to their adolescent sons, and this is likely to have a negative impact on the nutritional status of their daughters.

The National Adolescent Reproductive Health Strategy (2010-2015) aims to strengthen the policy, legal and community environment for sexual and reproductive health information, services and life skills. It seeks to improve health system responses to adolescent health needs and to provide a platform for linkages with other sectors dealing with adolescents and young people. In addition, the National Life Skills Education Framework aims to improve knowledge, and promote attitudes and skills, that will facilitate adolescent decision-making on sexual issues. Both strategies need adequate resources, trained teachers and a supportive environment that is responsive to the needs of adolescents. The Ministry of Health and Social Welfare recognizes that reproductive health services are "a basic human right for all people including adolescents."[53]

Tobacco advertising is still permitted in Tanzania. Despite poverty young people will sometimes use their scarce funds to buy cigarettes because they think it gives them status. Even so, according to 2010 data less than 20,000 girls, and about 147,000 boys, aged 15 to 19 years smoke cigarettes.[5]

Photo: UNICEF/Hiroki Gomi

Sport plays a major role in the lives of many adolescents. Few schools have well developed sports programmes run by trained teachers, although evidence from many countries shows that sport improves student performance, reduces student/school conflicts and provides a positive context for promoting healthy lifestyles and social cooperation. Pick-up games of football are more available for adolescent boys in rural and urban communities.

Photos:
Left: UNICEF/Shehzad Noorani;
Right: UNICEF/Hiroki Gomi

Many children experience difficulties traveling to and from school. Some transport operators refuse to take children because they pay lower fares. The journey to and from school can expose children to risk. Results from the Violence against Children survey suggest that among girls who report being sexually abused, one in four say that it happened on the way to school, whether in a public vehicle or while walking. Schools, communities, students and transport operators can work together to make the journey to school safer for all children.

Photo: UNICEF/Hiroki Gomi

Adolescents and education

While there has been a major expansion at primary and secondary levels in Tanzania, the quality of education has been poor, reflected in high rates of failure in both the critical Primary School Leaving Certificate and the form four examinations.

3. Adolescents and education

Education can yield many long-term benefits, particularly for adolescent girls, contributing to later marriage, reduced teenage pregnancies, lower infant mortality and improved child nutrition. Education is also a key for breaking the transmission of poverty from one generation to the next, for both boys and girls, and for building stronger more robust economies. *"By giving all young people the tools they need to improve their own lives, and by engaging them in efforts to improve their communities, we are investing in the strength of their societies."*[54]

While there has been a drive towards expansion at primary and secondary levels in Tanzania, the quality of education has been poor, reflected in high rates of failure in both the critical primary school and the form four examinations. The education system has not delivered the core elements of teaching and learning that are needed to enable the majority of children to succeed, or to compensate for home environments that may also discourage learning.

Progress in school enrolment: Tanzania is officially 'on track' to achieve the Millennium Development Goal of universal primary school enrollment for boys and girls. The abolition of fees and other monetary contributions in primary schools in 2001, coupled with the compulsory requirement that parents/guardians send all children to school, led to a significant increase in enrollment at the primary level (7-13 years): from 59 per cent in 2000 to more than 95 per cent in 2010.[55] Enrollment rates for girls and boys are nearly equal. However, only about 80 per cent of enrolled students in standard one regularly attend primary school and survive to standard seven. Regional disparities are evident; children in Shinyanga, Kigoma and Tabora are among the least likely to attend school on a regular basis.[56] Since 2006 however there has been a slight decline in overall primary school enrollment.

Net secondary enrollment (14-19 years) has also expanded quickly: from six per cent in 2002 to over 30 per cent in 2010. Overall, girls drop out of secondary school at a relatively higher rate than boys. In the cohort that entered government secondary schools in 2005, there were about 3,000 more boys than girls. By 2008 in form four the gender gap had increased almost five-fold, and there were over 14,500 more boys than girls. However, by the time this cohort reached form six, in 2010, the gender gap was closing again. (Fig.6) Only 12,577 boys and 8,097 girls were enrolled in form six that year. This represents less than four per cent of adolescents of appropriate age for that grade.[57] Low completion rates in secondary education carries significant implications for every dimension of social sector and economic development in Tanzania, reducing the availability of professionals in all occupational categories.

Fig.6 Trends in Drop Out from Government Secondary Schools in the Cohort from 2005 to 2010 (BEST 2010)

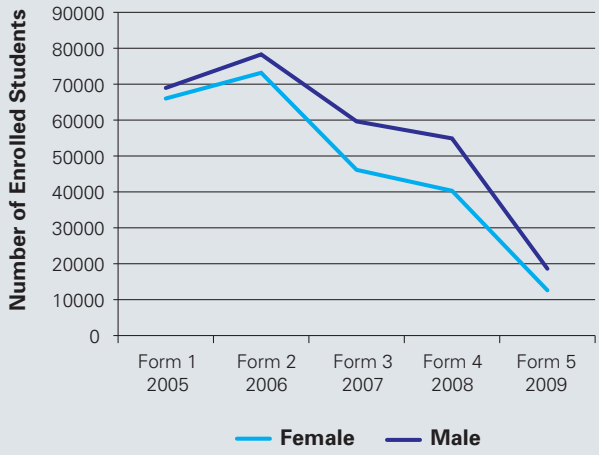
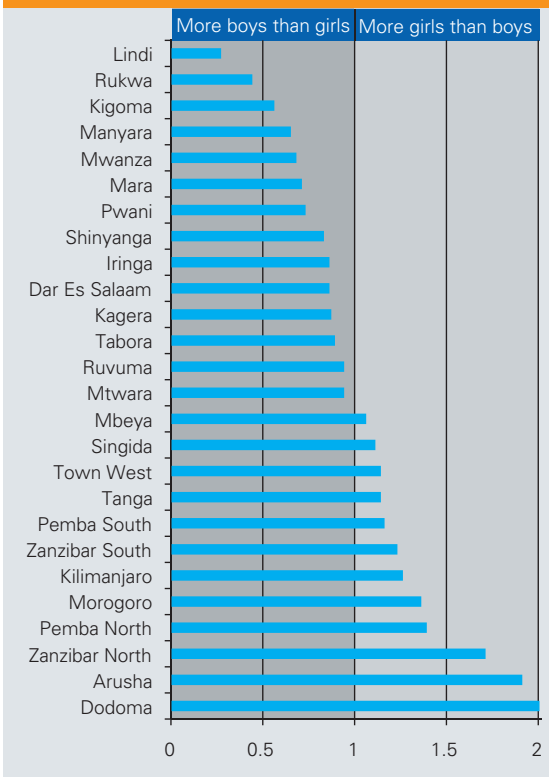


Fig.6 The graph traces the cohort that entered secondary school in 2005 and tracks this group through successive years and form levels. It shows a widening gender gap around forms three and four, but a much reduced gap, and a much smaller student body altogether, by form six as pressures increase for boys to enter the labour market. The increase in the number of students in form two is linked to exams held that year which were used to determine progression to form three. The form two exams to determine entry to form three were abolished in 2007 but are now planned for reinstatement.

Fig.7 Are more boys than girls attending secondary school? (TDHS 2010 Table 2.5 Gender Parity Index)



Kelvin (15 years)

"It's difficult for me to push my wheelchair at school…"

Kelvin was born with a physical disability and speech impairment. Every morning his older sister wheels him to school and after school his classmates push him home. Both directions are a struggle.

"My wheelchair is too small for me now. I have had the same chair since I was in standard one. The wheels always dirty my clothes, especially during rainy season. And it's difficult for me to push my wheelchair at school because there is too much sand all over the place. I always have to ask for help. I can't even use the toilet at school, because they have stairs and my wheelchair can't go up there. So when I need to use the toilet, I always have to ask a friend to push me home and wait for me and then bring me back to school. I'm lucky though because I live right next to the school, otherwise I don't know how I would manage."

Wheelchair issues aside, there isn't much that holds Kelvin back. Every Friday at school, the students play drums and sing and Kelvin dances in his wheelchair. He is a big fan of FM Academia's music. "I like to play hide and seek and dance. I also like to joke a lot and make people laugh," he says. "In my school there is no stigmatisation and discrimination, I don't know why, but I'm just happy that all the children play well together and the teachers are good to me too."

I like all subjects. I'm ready for my standard seven exams next year, I will just have to study extra hard for math. I want to be a lawyer .

"I'm not thinking about relationships yet," he said, "maybe after I finish university. But I do definitely want to get married someday."

Photo: UNICEF/Hiroki Gomi

Students are entertained by a play about HIV and AIDS. Presenting information to young people in a style that is appealing and entertaining helps to make it more memorable. Open discussion can promote shared and supportive decision-making that leads to empowerment. Photo: UNICEF/Julie Pudlowski

The TDHS 2010 includes data on school attendance collected from households. The survey showed wide variations in school attendance by boys and girls in different regions. In Lindi, for example, households reported three times as many boys as girls were attending secondary school, while Dodoma households reported two girls for every boy attending secondary school (Fig. 7)[58] and overall, more boys than girls are attending secondary schools. Transition to secondary education depends on many factors, including the pass rate in the Primary School Leaving Examination.

Education quality in primary school: The rapid expansion of primary and secondary education has taken a toll on quality. Less than 50 per cent of students passed the Primary School Leaving Examination (PSLE) in 2010. Regions in the west of Tanzania showed the biggest failure rates. (Fig. 8) While the top ten students in the examinations include many girls, overall, boys out-performed girls in the PSLE in all regions except Kilimanjaro. At least ten regions also showed significant gaps in the PSLE pass rate between girls and boys. (Fig. 9) In the regions of Shinyanga and Kigoma, gender disparity in school performance is especially evident; more than 70 per cent of girls in these regions failed the PSLE, compared with around 50 per cent of boys. In other regions the gender gap is less evident.

For most adolescents, failure to pass the PSLE marks the end of their education hopes. Failure in school examinations can be traced to the interaction of three key factors: the quality of the teaching and the learning environment, the child's readiness to learn, and parental poverty. With regard to the quality of the teaching, and the learning environment, severe textbook shortages and large class sizes as well as teaching ability are major issues. On average, Tanzanian classrooms have just one textbook for every five students. In some districts this rises to more than eight students per textbook. Learning is undermined when textbook shortages combine with poor teacher skills, under-staffing (especially in rural areas) and a curriculum that often seems irrelevant to children's lives and experiences. As one Haki Elimu report put it: "the quantity of education is usurping the quality. The primary education system has effectively put children in rooms, not in classrooms..."[59]

The failure of the education system to adequately prepare children to learn is another contributory factor. The National Examinations Council of Tanzania (NECTA) has noted that many of the children sitting the standard seven examinations in 2010 were unable to read and write - an observation which confirms findings from the UWEZO[60] report of 2010.[61] In addition to shortfalls in teaching and textbooks, children are also often unable to learn at home. Most homes lack basic social amenities; water, electricity and physical space are in short supply. In the vast majority of households, children are unable to study after dark, which falls at around 6.30pm. About one in four households has only one room, which further reduces a child's capacity for home study. Half of all children live in homes without access to clean drinking water or improved latrines or toilets. Poor hygiene at home contributes to worms and

Fig. 8 Map of failure in the Primary School Leaving Examination in 2010, by region (BEST 2010)

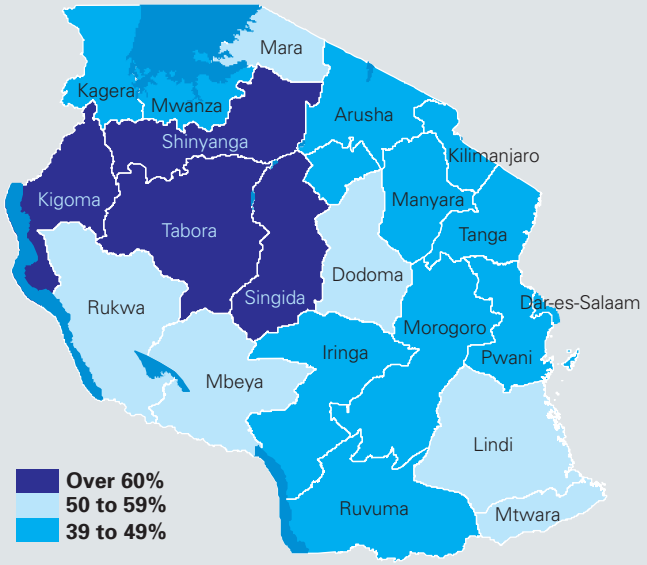
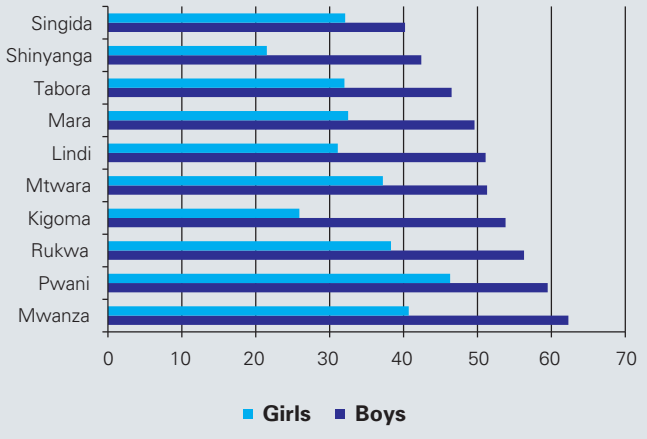


Fig.8 In the regions marked dark blue over 60 per cent of children failed the PSLE in 2010. In the regions of Shinyanga and Kigoma, gender disparity in school performance was especially evident, with more than 70 per cent of girls in these regions failing the Primary School Leaving Examination compared with around 50 per cent of boys.

Fig. 9 Regions showing a significant gap in the pass rate between girls and boys in the Primary School Leaving Examinations in 2010 (BEST 2010)



Abu (13 years)

"You never have the chance to read for yourself…"

"We share one textbook between many students so you never have the chance to read for yourself. The teachers are so overwhelmed so they only teach a few lessons, the rest you have to read and learn on your own. Therefore it is important that every student has one math, English and science textbook for themselves..." "We see so many students who drop out of school because they get involved with bad gangs or parents don't give them any money for transport or to buy food for school so they miss a lot of class work and eventually they just drop out."

Photo: UNICEF/Hiroki Gomi

Latifah (13 years)

"I don't have a school uniform"

Latifah comes from Temeke; at 13 years she was in standard four but was not going to school because her uniform needed to be repaired at a cost of about Tshs.2,500 (less than US$2). Her family did not have the money. Most children who drop out of school cite economic reasons as the cause.

Photo: UNICEF/Julie Pudlowski

diarrhoea in children, interfering with their nutritional status and learning.

More than one third of Tanzanian children under five years are chronically malnourished or stunted.[62] Poor nutrition in early childhood can undermine mental as well as physical development, ultimately affecting school performance among older children. School feeding programmes cannot solve problems created by stunting in early childhood, although it can improve a child's ability to concentrate.

Parental poverty interacts with policy inadequacies to reduce access to secondary education.

Evidence is beginning to emerge that bright children in some regions deliberately fail the PSLE in response to threats from their parents, some of whom are not willing to sponsor them at secondary school. [63] Under current rules, if students pass the examination their parents must send them to secondary school or face possible prosecution – yet many parents find it very difficult to raise the resources required, and poor results in the form four examinations may suggest to some parents that the investment is not worthwhile. A national opinion poll supported by UNICEF in 2009 revealed that about 25 per cent of Tanzanians thought it was more important to educate a boy than a girl.[64] Parental commitment and capacity to help children learn depends in part on their own educational experience. The parents of most adolescents today are around 35 to 45 years old; in that age group, around one in three women and one in six men are unable to read.[65]

Quality issues in secondary education: Secondary school performance showed a sharp decline in 2010, with barely 50 per cent of students passing the form four Certificate of Secondary Education Examination – a 30 per cent drop from the 2009 pass rate.[66] These results stress the urgent need to improve the quality of teaching and learning in Tanzanian schools. The National Examinations Council of Tanzania (NECTA) recognizes that examination failure represents a significant waste of national and household income and resources, which must be addressed. Discussions with stakeholders point to the following key causes of poor performance:

- The 2010 cohort of students was the first to attempt the form four examinations without the filtering that used to occur in form two. Previously, students who did not pass the form two examinations were held back a year and therefore had more time to prepare for the form four exams.

- More than a quarter of secondary schools (1,200 out of a total of 4,200 schools) presented pupils for the form four examinations for the first time. These new schools were established following policy decisions to rapidly expand access to secondary school throughout the country. In many cases the new schools lacked appropriately trained and experienced teachers and equipment, such as laboratories needed to enable students to prepare for science exams.

- A long term problem is the low level understanding of English which is the primary language used in secondary education. Many teachers, and consequently many students, are not competent in the language and could not understand the examination questions.

- Poor examination skills meant that some candidates who could read the questions in English did not understand what was required. For example, some of the children made up their own questions and answered these instead. Others simply wrote their examination numbers on the paper and handed in their scripts.

- Many students simply did not know enough to answer the questions that were asked.

- In some districts, especially in Shinyanga Region, a high rate of absenteeism was recorded in the form four examinations.

While solutions may include the re-introduction of the form two filtering examinations and improvements in the quality of teachers and teaching and learning materials, there is also a need for broader understanding of the causes behind success and failure. The analysis needs to look at school inputs and attributes, learner inputs and attributes and the socio-cultural context to understand how these specifically contribute to success or failure. Such evidence will enable the development of more targeted solutions.

School feeding and attendance: Low primary school attendance rates persist in many food-insecure districts in central and northern Tanzania. Many children are withdrawn from school to work, particularly during the lean season. A school feeding programme supported by the Ministry of Education and the World Food Programme operated from 2007 to 2010 in 16 drought-prone, food-insecure districts in Arusha, Manyara, Dodoma, Shinyanga and Singida, reaching about 640,000 children in more than 1,100 primary schools – about 7.5 per cent of the total primary school population. The programme aimed to increase enrolment, attendance, concentration span and learning capacity, and to reduce school drop-out and gender disparity through environmentally friendly school feeding programmes that also stimulate local agriculture. An assessment showed that the assisted schools had better attendance and academic performance, higher transition rates to secondary school and lower drop-out rates than schools in the area that did not receive the same support. The Ministry of Education is developing plans for expansion of the programme across the country. The cost of providing a mid-morning snack and lunch for one child per school day is about Tshs. 43,500 per year (about US$ 30 per year).

Children's Views on Education

A national survey of attitudes of younger children (aged 7 to 14 years) was published in the 2007 "Views of the Children" report.[6] A section of that report is reproduced here because there is so little research available on younger adolescents in the 10 to 14 year age group, and because the findings still seem relevant today.

"Most learning in schools places heavy reliance on notes copied from the blackboard and on textbooks. The need for teachers to have good handwriting was frequently mentioned.... While the supply of textbooks was improving, many students said there were still too few to go around. They wanted to read in their own time but usually the books were collected at the end of every lesson."

"Students want teachers who are really interested in teaching, who like to teach and who make an effort to ensure that children understand the lessons. Children said that sometimes teachers did not come to class regularly, gave out notes without explaining what they meant, or just told them to ask another pupil if they didn't understand....Most children had no experience of active, or participatory, learning. They were expected to be passive recipients of information delivered by teachers. They were not encouraged to be creative or to learn through enquiry or discovery."

"Rules governing corporal punishment were not being observed. Children said that the fear of corporal punishment – for example when teachers carry a stick into class – interfered with their concentration and ability to learn..."

"Most schools had only limited contact with parents. Some students were being excluded from lessons for non-payment of certain fees."

Photo: UNICEF/Hiroki Gomi

Risk factors for school drop-out: About 20 per cent of children who enroll in standard one drop out before completing standard seven.[67] Factors that contribute to decisions by students and their families to leave school early include poverty (inability of parents to pay school fees contributions and other costs), poor quality of education, poor learning environment (including the lack of clean water, hand-washing facilities and girl-friendly latrines) and fear of violence at school or on the way to school. Children not attending school regularly, for whatever reason, are also more likely to drop out early.

Water, sanitation and hygiene and school attendance: A recent study conducted in 16 districts showed that four out of every five primary schools lacked functioning hand-washing facilities and six in every ten primary schools were without an on-site water supply. In many schools children had to carry their own water to school, and rarely brought enough for hand-washing as well as drinking. Some schools had just one latrine for 200-500 students; some had no latrines at all.[68] Lack of adequate sanitation and hand-washing facilities often deters girls from attending school while they are menstruating. Interrupted attendance often translates to poor performance, which in turn can increase the risk of drop out.

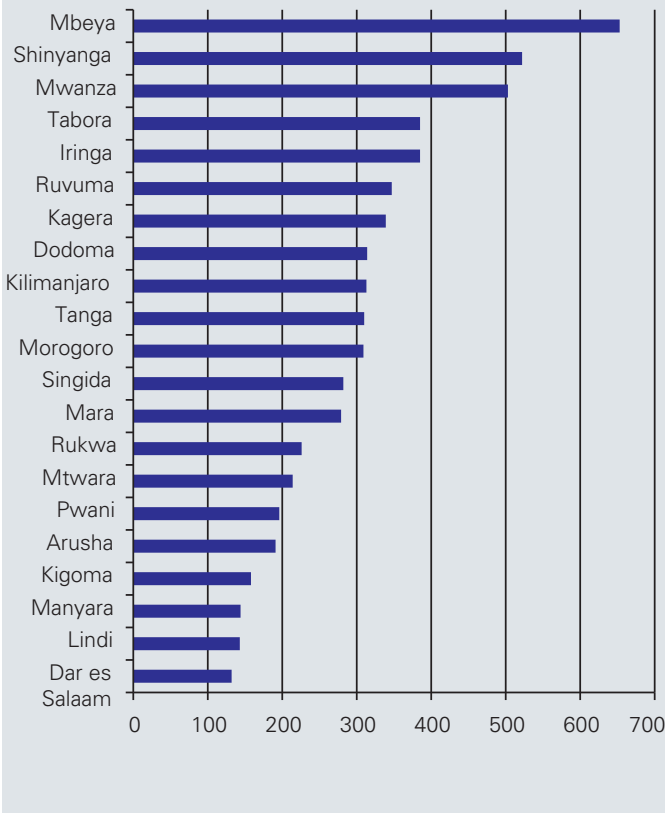
Child mothers' right to education: In 2010 more than 8,000 girls dropped out of school due to pregnancy, including about 1,760 girls in primary school and over 6,300 in secondary school.[69] More girls dropped out of school due to pregnancy in Mbeya, Shinyanga, Mwanza and Tabora than other regions. (Fig. 10) Relatively low drop-out due to pregnancy in Lindi may be related to low secondary school enrolment by girls in that region. Lower pregnancy rates among secondary school girls in Dar es Salaam is likely to be due to increased access to life-skills education, greater knowledge of and access to contraception, and may also be linked to access to illegal abortion.

The expulsion and denial of education rights of child mothers in Tanzania has garnered increasing visibility in local and international media. In 2010 the Ministry of Education and Vocational Training clarified that there was no official policy preventing girls from returning to school after giving birth, and produced guidelines to help schools understand their responsibilities to girls who become mothers. According to the guidelines, schools must re-admit girls after they have given birth; however, girls may still be expelled as soon as their pregnant status is revealed because their presence in the classroom is often regarded as disruptive and setting a bad example. Pregnant girls are permitted to take examinations, although they are clearly at a disadvantage because they are deprived of classroom teaching.

Girls face considerable challenges in returning to school after giving birth, not least because of the difficulty in finding care for their infants while they are attending class, as well as overcoming the stigma of being a child mother at school. A national opinion poll held in 2009 revealed that two thirds of Tanzanians believe the girl is to blame if she gets pregnant while attending school.[70] No data is available on how many girls return to school and complete their education after giving birth. It is worth noting that those who impregnate under-age girls, whether through consensual or coerced sex, including the criminal offence of raping a minor, do not normally face any penalties, whether socially or legally sanctioned.

Helping out of school adolescents to return to school: Children and adolescents who have dropped out of school, or who did not start school at the right age, are often unable to gain access to other quality basic education opportunities – and once they have failed to access the formal system, it can be hard for them to get back into education at all. However, for Tanzania's estimated three million out of school adolescents, there is still hope for reintegrating into the formal education system through the Complementary Basic Education in Tanzania (COBET) programme. COBET condenses a three-year, child-friendly, competency based curriculum, and helps children to return to the formal education system or to access secondary or other post-primary education opportunities.

Fig.10 Number of girls who dropped out from secondary schools in 2010 due to pregnancy (BEST 2010)



Vocational training

The Temeke Vocational Training Centre, Dar es Salaam, assists over 550 vulnerable young people and children who attend the school during morning and evening shifts. The Centre was established in 2006 with support from the Tanzania Social Action Fund, which donated new buildings, workshops and a classroom block. Courses run from three months to two years and include electricity, cooking, carpentry, sewing, hand looming, nutrition, arts and cloth making. No housing is offered by the Centre. All students live with parents or relatives. Centre staff recognise that many of the students have had harsh experiences that have left them in need of psychosocial support. The Centre offers life-skills classes on Fridays and holds regular 'barazas' (meetings) to encourage students to speak out, and to prepare for life after they graduate. Above, Hadija and Asha, both 16 years, are making recipe cards for the cooking class while the boys learn carpentry. They are among the fortunate few. Alternative opportunities for formal learning, basic literacy, and vocational (trade) education do not come close to meet the demands of an ever growing adolescent population.

Photos:
1. UNICEF/Julie Pudlowski
2. UNICEF/Hiroki Gomi

Top student 2010

Lucylight Mallya (18 years) was the top student in the 2010 form four examinations. Her success is all the more remarkable because Lucylight is an orphan, having lost both her parents in 2007 and 2008. She and three siblings were adopted by her uncle, Dominick Mallya. Unable to pay school fees for all the children (Mallya already had five children of his own) the family was fortunate to obtain sponsorship that allowed Lucylight to complete her studies at the Marian Girls Secondary School. Lucylight credits her guardians, teachers, and fellow students for her success and hopes to go on to study medicine. Lucylight was not the only orphan to excel in the 2010 form four examinations.

Sherrlyn Mutoka of the Barbro Johansson School was also among the top ten students. The Deputy Head teacher of Barbro Johansson commented: "You would not realize that Sherrlyn is an orphan because she always has a positive attitude to everything she does." Both Marian Girls and Barbro Johansson are private secondary schools located in Bagamoyo District. The experience of these students shows that children who lose their parents can succeed if they have the full support of their wider family and community.

Water, sanitation and hygiene (WASH) in schools

After reaching puberty, girls in particular are less likely to regularly attend school if toilet and hygiene facilities are inadequate. Poor attendance often translates into poor performance, and students who perform poorly are more likely to drop out early from school.

A 2009 study covering all schools in 16 districts showed that most schools had only one latrine for every 60 pupils. In a fifth of the schools, there were more than 100 students for each latrine. Over 90 per cent of schools lacked functioning hand-washing facilities, and virtually none had any soap available. Only four per cent of schools had made any sanitation or hand-washing provision for children with disabilities. WASH in Schools is key to keeping adolescent girls in school.

Photo: UNICEF/Giacomo Pirozzi

The target group in this programme, implemented in all regions of the country, is divided into two cohorts: cohort one for children 11-13 years old, and cohort two for children 14-18 years old. In 2010, over 33 thousand girls and more than 39 thousand boys were enrolled in COBET classes, with a view to becoming reintegrated into formal education or gaining vocational training opportunities.[71]

Vocational education opportunities: Vocational education can play an important role in producing the technical skills required for economic growth in Tanzania, and in providing opportunities for many of the most vulnerable children that have been left out of the education system. Enrolment in vocational institutions increased from 72,938 in 2009 to 116,613 in 2010 – an increase of almost 60 per cent. This included almost 55,000 girls and just over 62,000 boys.[72] Vocational training centres offer a wide range of courses covering traditional male employment areas such as electrical installation, masonry, bricklaying, carpentry, joinery, plumbing, tailoring, road construction, machine fitting, pipefitting and foundry. But little is offered in terms of skills for new employment areas such as information and communication technologies (ICT). Electricity and weaving classes attract both male and female students, but most girls in vocational training seem to be engaged in more traditionally "female" courses, like sewing and cooking. Despite expansion, the number of places in the vocational training centres still does not meet the demand, and the majority of adolescents who live in rural areas are at a particular disadvantage with regard to access.

Computers and education: The potential of ICT as a tool for improving education delivery, outcomes and impact is recognized in education policy and the Tanzania Vision 2025. However, only a very small proportion of adolescents gain access to computers through primary and secondary schools. Most schools that do have computer access are in urban areas and receive support through isolated projects. Plans exist to substantially expand computers in schools in some regions and in Zanzibar. The Ministry of Education and Vocational Training hopes to provide ICT to schools in a phased approach; an initial 200 secondary schools are expected to benefit from this programme over the next two years.[73] The use of computers in teacher training and vocational institutions is also expanding. In addition to hardware costs the main constraints include limitations on access to electricity and the high cost of Internet access. In some cases the computers are planned for delivery to schools that do not possess sufficient desks for students let alone desks for computers. While Tanzania has recorded enormous growth in mobile subscriptions, education has not yet tapped into this technology to deliver substantial services, especially to rural communities that remain underserved owing to the challenges of cost, electricity and connectivity.[74]

Reproductive health services and information in schools: Appropriate and comprehensive knowledge about reproductive health and rights helps young people to make informed decisions about their lives. While reproduction, pregnancy, HIV and AIDS and sexually transmitted diseases are included in the curriculum at both primary and secondary level, most schools do not have teachers who have been trained in teaching these topics. It is likely that the majority of adolescents leave formal education without learning about critical reproductive health issues. Life-skills is taught as an extra-curricular subject in fewer than 10 per cent of primary and secondary schools, and thus does not even reach all adolescents in those schools. Closely linked to the low level of reproductive health education is the low coverage of youth-friendly sexual and reproductive health information and services.

Education challenges for children with disabilities: In 2010 about 0.5 per cent of all children enrolled in primary school were children with disabilities. In secondary schools, 0.2 per cent of boys and 0.4 per cent of girls had disabilities.[75] These percentages are extremely low when compared with the estimated 7.8 per cent of Tanzania's population with disabilities,[76] suggesting that most children with impairment are not enrolled. One likely reason for this situation is that a national system for the identification and assessment of children with physical or mental impairments is not in place, so there are no coherent data to track these children or to respond to their needs.

Children with physical disabilities are by far the largest group recorded at both the primary (38%) and secondary (66%) levels.[77] At primary schools fewer than 42 per cent of children with recorded disabilities are girls, while at the secondary level they only constitute 35 per cent.[78] For those children with disabilities who do enroll, regular attendance is often very difficult. Girls with disability are understood to be more vulnerable to abuse, including sexual abuse, than boys, although evidence on this issue is lacking. Anecdotal reports suggest that some parents do not send their children with disabilities to school for their own protection.

Children with disabilities are more likely to drop out of school early due to challenges of access and stigma, as well as lack of trained staff and appropriate learning materials. Data on such phenomena is lacking, or at best, inadequate. For instance, there is no data on how many children with disabilities complete primary school or on the factors that inhibit completion. There are strong grounds to believe that the absence of appropriate toilet facilities for children with mobility disabilities is a particular hindrance.

Some schools have made special efforts to address discrimination against children with disabilities and to create an inclusive learning experience in the classroom. Yet much more is needed to enable all children and young people with disabilities to fulfill their education rights. A good example is the effort taking place in Zanzibar to provide for the education of children with disabilities by employing a blend of special needs and mainstream approaches. In some cases, children with disabilities participate in the same classes as those without disability, while other children, such as those with visual impairment,

receive education in special classes. Such experiences are heartening and contain important lessons. For example, it is evident that with the correct level of pedagogic support, children with disabilities can do well in school and eventually become independent. Parental support and buy-in are necessary for such interventions to succeed.

Some level of structural rehabilitation of school buildings and teacher re-tooling is required to make schools better adapted to the needs of children with disability. The overall challenge is to create the necessary policy, pedagogical and socio-cultural environment and space to carry these lessons forward and take the best interventions to scale.

Juma (12 years old)

"The dust from the chalk hurts my eyes…"

Juma lives with his parents and has three older, independent siblings. He is in standard five.

"I like school and I know I'm smart, but I only have one problem – I can't see the blackboard clearly, so I always have to move to the front of the class and copy what the teacher has written. But then this is also hard because the dust from the chalk hurts my eyes."

"We are more than 90 students in my class and when we got our exam results I was number 11 in the class. I like science and my dream is to become an eye doctor, because many people, especially albinos, suffer from eye problems and I want to help them all."

"I have good friends at school. They accept me as I am and they don't stigmatise me or exclude me, we all play together."

"But many teachers don't understand albinism. If I could meet with the Minister of Education I would tell him, on behalf of all the albinos in Tanzania, they need to improve the education system. Maybe we should have big whiteboards with markers in the classroom, like I have seen on TV, then chalk dust hurting our eyes won't be an issue anymore. I will also ask him if the government can pay for us to have 'tuition' so we can learn better, because the teachers in class are not always sensitive to our needs."

Photo: UNICEF/Hiroki Gomi

Sharifa (11 years)

(Name changed to protect identity)

"The other children always say don't sit with her or talk to her"

"My father died from HIV when I was very young, before I even started school. When I remember him I feel like crying because I don't have a father anymore like the other children. I was ten when I found out I also had HIV…my mother sat me down and told me that it was true, I do have HIV. I cried and cried and my mother tried to comfort me. At school the other children always say "Don't sit with her or talk to her because she has HIV." It makes me very sad when they say those things. When I'm at home I like to eat outside, but the other mothers told my mother not to allow me to eat outside because they were afraid I would infect their children with HIV if they ate with me. So I stopped eating outside. I want to tell other children not to exclude me because of my condition. Play with me, eat with me and let's walk to school together. It will make me happy and give me peace."

Photo: UNICEF/Sala Lewis

4

Adolescents and HIV and AIDS

Data from the 2010 TDHS suggests significant improvement in some key areas, which may reduce adolescent vulnerability to HIV and AIDS.

4. Adolescents and HIV and AIDS

Adolescents who learn that they are HIV-positive are left confused and with a great sense of helplessness. They may have no idea how or when they contracted the disease. Not all such cases are the result of recent sexual activity or sharing contaminated needles. Some adolescents may have survived with the disease for many years, without being diagnosed and without treatment. Some may have contracted HIV from their mothers at birth; others may have contracted the disease as a result of sexual abuse when they were much younger. Whatever the origins of the disease, the discovery that they are HIV-positive is often traumatizing for adolescents. But they rarely encounter the special support they need during this critical period.

Adolescents are particularly at risk of becoming infected with HIV because of the way in which they live, learn and earn and the behaviour they adopt, which may be influenced by social, cultural and economic factors. Among adolescents, the key drivers of the HIV epidemic in Tanzania include low and inconsistent use of condoms, multiple concurrent sexual relationships, transactional sex, and inter-generational sex. Vulnerability is also increased by poor reproductive health knowledge and the belief that they have a low risk of contracting the disease. Young women who have had no education are especially vulnerable to HIV and AIDS (Fig. 11).

Data from the 2010 TDHS suggests significant improvement in some key areas, which may reduce adolescent vulnerability to HIV and AIDS. The 2010 TDHS suggests that over 50 per cent of sexually active adolescent girls used a condom during their last sexual encounter – a 32 per cent increase since 2004. The data indicates that condom use by sexually active adolescent boys also rose by more than 17 per cent during the same period.[79] The proportion of sexually active adolescent girls who received their HIV test results in the previous 12 months increased five-fold between 2004 and 2010.[80] The TDHS 2010 data also suggests that high-risk sex practices have decreased with the proportion of girls aged 15 to 19 years having sex with more than two partners falling from five per cent in 2004 to two per cent in 2010.[81]

HIV prevalence by age, gender and region: The most recent prevalence data comes from the 2007/8 HIV/AIDS and Malaria Indicator survey. While this survey suggested HIV prevalence among the general population (15-49 age group) had declined slightly, significant disparities remain according to age, gender and geographical region. HIV prevalence rises rapidly among adolescent girls and young women. While about 0.6 per cent of girls aged 15 to 17 years are HIV-positive, the figure increases more than four fold among those aged 18 to 19 years (2.7 per cent), more than doubles (5.7 per cent) among young women 20 to 22 years and increases again to 7.2 per cent among young women

Fig. 11 HIV prevalence among young men and women aged 15 to 24 years, by education (THMIS 2007/8)

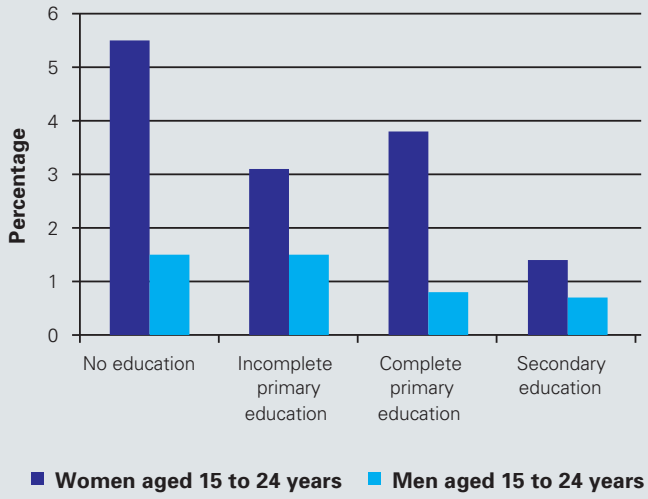
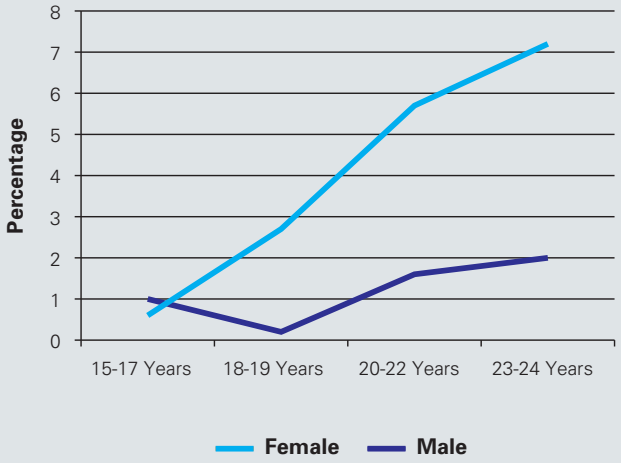


Fig.12 Prevalence of HIV and AIDS by Age (THMIS 2007/8)



Newsletter produced with ZAPHA+ in English and Kiswahili by young people affected and infected by HIV in Zanzibar

Aailyah (18 years)

(Name changed to protect identity)

"I put the rope on a tree and tied myself… I just wanted to die..."

"Aailyah" wears one of the masks she made during the craft class at ZAPHA+[7], an NGO working with HIV and AIDS affected and/or infected children and families in Zanzibar. She is an only child; both her parents died when she was very young. She now lives in Zanzibar with her aunt and grandmother. She has no job. Going to school was difficult because she was always sick and in and out of hospitals. Now she is taking ARVs.

"A few years ago my aunt took me to the hospital for what I thought were routine blood tests. When I got my results she just started crying non-stop. When we got home she told me I was HIV positive. I was 14 years old. I just understood that I was sick, but I didn't know then what HIV was so I didn't realise how sick I actually was."

"What hurt me the most was the way children in my community and students and teachers at school used to stigmatise me and isolate me and even hit me. I couldn't take it anymore so I put a rope on a tree and I tied myself. My grandmother found me and my aunt cut the rope. They locked me in my room until my anger cooled off. I just wanted to die, because I really suffered from the way other children mistreated me."

"My aunt and grandmother told me to ignore the other children, because I didn't ask for or look for HIV, but that God gave me the disease. They told me that there are many other children like me in the world. Eventually they took me to ZAPHA+, which is where I learnt the truth about HIV and stigmatisation. I learnt that I could stay with other children, and eat and play with them without infecting them. At ZAPHA+ I met many other children like myself and others that were HIV-negative, and I made a lot of friends."

"These days I get along well with the children in my community and we play together. I distributed in my community and school the newsletters we had produced at ZAPHA+. Through the newsletters and discussions with me, the other children have more awareness and knowledge about HIV. Now they understand that I'm also human and what they used to do to me was not nice."

"Many boys approach me, but I tell them right away that I'm not ready for a boyfriend and that I'm HIV positive. Sometimes they don't believe me. Right now I'm not looking for a boyfriend but when the time comes I think it will be challenging because his parents will also have to accept my status."

Photo: UNICEF/Hiroki Gomi

23 to 24 years old (Fig.12). The younger a girl is when she becomes sexually active, the more sexual partners she is likely to have, increasing her vulnerability to HIV. HIV prevalence among adults who were sexually active before reaching 16 years old is 8.4 per cent, compared with 6.6 per cent among those who waited until they were 18-19 years.[82]

Vulnerability to HIV rises less sharply among young men; from 0.7 per cent among those aged 15 to 19 to 1.7 per cent among those aged 20-24. Age of sexual debut is also less significant as an indicator of HIV risk for men than it is for women. The prevalence of HIV among males who became sexually active before they are 16 years old was 5.4 per cent, compared with 6.4 per cent among those who became sexually active at 18 to 19 years, and 5.0 per cent among those who waited until they were 20 years or older.

HIV prevalence among young people aged 15 to 24 years is highest in Iringa (8.2%), Shinyanga (6.2%), Mbeya (6.1%), Mwanza (5.9%) and Dar es Salaam (5.3%) - compared to a national average for this age group of 3.7 per cent. By contrast, the regions of Arusha and Kilimanjaro and Zanzibar show a virtual zero prevalence among young people 15 to 24 years.

The disease is relatively more prevalent among young people in urban (5.2%) than rural (3.1%) areas and among those who have had no education (5.5%) than those with secondary or higher education (1.4%). These disparities are even more marked in the general population (15 to 49 years).

Girls and young women aged 15 to 24 years are also far more vulnerable to HIV infection if they are married or widowed or divorced than if they were never married, even if they are also sexually active. More than 10 per cent of young women who were widowed or divorced are infected with the disease, compared with 5.6 per cent who are currently married and only 2.3 per cent of those who are unmarried but are sexually active.[83] (Table 4)

Adolescents and ART treatment: Data on the number of adolescents aged 10 to 19 years who are receiving ART treatment is not available. An estimated 160,000 children under 15 were living with HIV in 2010, almost 25,000 of whom were receiving ART treatment.[84] This represents about one third of the total number of children believed to be in need of ART treatment; UNAIDS estimates that about 75,000 children under 15 living with HIV are in need of ART. No breakdown of these data according to gender is available, nor is information on the proportion of adolescents aged 10 to 19 years who need, but are not yet receiving, ART.

Knowing how to protect themselves: Almost all adolescents aged 15 to 19 years have heard about HIV and AIDS, yet relatively few know how to protect themselves from the disease. According to the 2010 TDHS, only 46 per cent of all girls aged 15 to 19 years and 41 per cent of

Hotline for young people

The Tanzania Youth Alliance (TAYOA) is a national youth driven non-governmental organisation that is striving to unite youth through programmes designed to serve youth in urban and rural areas. The hotline operated by TAYOA takes about 1,000 calls every day from young people across the country. Young people like Isack and Jacqueline who have been trained as counsellors, are there to receive calls, 24 hours a day. Hotline calls are free from mobile phones across the country. Young people may call 117 for information about reproductive health, gender-based violence, HIV and AIDS, and more.

Isack (29 years)

Isack started working as a counsellor for the TAYOA hotline in October 2009. "As a young person I used to see many of my fellow youth facing all kinds of problems such as HIV, drug abuse, child abuse and child labour. This made me want to work for the hotline and try to help guide these youth…I get many calls from youth wanting advise on getting tested for HIV, they want to know how to use condoms correctly or sometimes couples call because one partner is HIV positive and the other is negative and they want to know how that happened and how they can continue to have a safe relationship."

"The first thing we ask the callers is how old they are, because we always counsel them according to age. I believe our hotline service helps the children and youth one way or another. In general, the youth understand the advice we give them and sometimes they call us back to thank us for the support….What I like most about the work I do as a counsellor on the hotline is when the youth call us back to say thank you for the advice and help we gave them. It makes me feel good to know my work is appreciated and I have helped someone."

Jacqueline (24 years)

Jacqueline has been answering the phones at the TAYOA hotline since 2008. "What motivated me to work for the hotline was the ability to help young people. You hear so many problems and some of the people cry on the phone and so it really inspires me to want to do more and help them to resolve their issues....When we pick up a call, we don't identify ourselves nor do we force the caller to give us their name, but we do insist on getting their age and education level which helps us to know what advice to give them. I get a lot of calls about gender-based violence, or adolescents wanting information on HIV or they want to know more about reproductive health and relationships. What we do is give them some guidance to help them to resolve their problems, but we don't tell them what to do."

"We get varying feedback, but the majority of the callers appreciate our service and the advice we give them. But then again, we also get a few adolescents who call back several times about the same issue, so what we do is refer to them to a different counsellor to get an alternative perspective....What I like most about my work is seeing people change their behaviour for the better as a result of my advice. I see myself working as a counsellor for many years to come."

Photos: UNICEF/Hiroki Gomi

Abasi (15 years)

(Name changed to protect identity)

"My mother told me she had HIV. I was 11 years old."

I remember the day very well when my mother told me that she had HIV. I was 11 years old and I didn't believe her. I went and asked my father. He told me it was true. I went to the beach and walked alone for a long time wondering how my mother got the virus. Then I decided that I would take care of her and let her continue to take care of me too. I joined ZAPHA+, which is an organisation that helps families affected by HIV. I like my ZAPHA+ club a lot because I get to be with other children who are also affected by HIV and we play and laugh together. Every Sunday my mother and I sit with children from the community and teach them about HIV and AIDS and how to live in peace with one another. Excluding people living with HIV is not a good thing. My mother is a health worker living with HIV and she inspires me.

Photo: UNICEF/Sala Lewis

boys have comprehensive knowledge of HIV and AIDS.[85] Comprehensive knowledge increases with education. Almost 60 per cent of young people aged 15 to 24 years with secondary or higher education possess comprehensive knowledge of HIV and AIDS, compared to only 21 per cent of youth with no education. Knowledge about HIV prevention also increases according to socio-economic status: only 27 per cent of those in the poorest quintile understand HIV prevention methods compared with over 52 per cent in the wealthiest quintile.[86] About 60 per cent of 15 to 19 year old girls know HIV can be transmitted through breast-milk and that transmission of the disease can be prevented if the mother takes special drugs during pregnancy.[87]

The proportion of sexually active adolescent girls aged 15 to 19 years who have recently received their HIV test results increased from 7 per cent in 2004 to about 25 per cent in 2007 and more than 35 per cent in 2010.[88] (Fig. 13) Older adolescents are far more likely to be aware of their HIV status. The 2010 TDHS reports that more than 40 per cent of sexually active girls aged 18 to 19 years received test results in the past 12 months (Fig 13).

Age-disparate relationships: Sexual networks, including the number of concurrent sexual partners and the age difference between adolescents and these partners, as well as exposure to sexual coercion, are key factors that increase vulnerability to HIV and AIDS – especially among urban adolescent females. Sexual partners of girls aged 15 to 19 are usually at least four or five years older; this is attributed to a perception that older partners offer greater economic security. Girls may be persuaded into sex in exchange for food, shelter, protection, and better school grades, or through coercion. Girls with no education are more than six times as likely to engage in high-risk sex with a man who is older than her by ten years as opposed to a girl who has secondary or higher education.[89]

Drug use and HIV: Data on HIV among adolescent drug users in Tanzania is limited. However, one study among drug users in three districts of Dar es Salaam suggested that about nine per cent of drug users under 20 were HIV positive.[90] The study cannot be used to extrapolate national estimates.

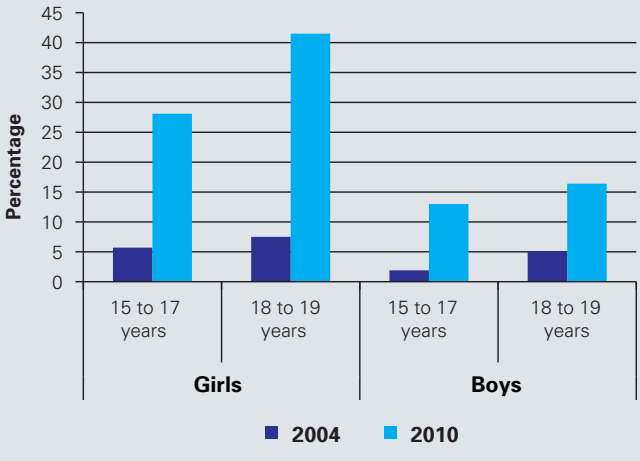
The Health Sector HIV/AIDS Strategy identifies young people as a priority vulnerable group. One of the core prevention strategies articulated in the Health Sector HIV and AIDS Strategy II for 2008-2012 is to reduce vulnerability to HIV and AIDS and sexually transmitted diseases among in-school and out-of-school young people. Strategies include youth-friendly health services and youth-focused health promotion, including the mass media; incorporating HIV and AIDS as well as education on sexually transmitted diseases into the school curriculum; involving parents in prevention activities; incorporating HIV and AIDS education into extra-curricular activities; and using peer educators to promote behaviour change at post-secondary level and among out-of-school youths. The strategy also incorporates household economic strengthening strategies and in this respect cash transfer mechanisms with a focus on the most vulnerable adolescents could also play a key role in reducing their vulnerability to HIV and AIDS.

The expansion of "youth-friendly health services" (as described in the Tanzania Ministry of Health *National Standards for Adolescent Friendly Reproductive Health Services)* and effective life-skills programmes will be essential to inform and empower youth, girls in particular, and reduce their vulnerability to HIV and AIDS. Every new infection in a teenager represents a failure to provide a young person with the necessary knowledge, information, skills and services to protect themselves.

Table 4 Marriage and HIV status among adolescents and young women aged 15 to 24 years

(TDHS 2010)	Percentage who are HIV positive
Never married and never had sex	0.7
Never married and has had sex	2.3
Married	5.6
Widowed, divorced or separated	10.2

Fig. 13 Percentage of adolescents aged 15 to 19 years who had sexual intercourse in the past 12 months and have taken an HIV test and received the results in the past 12 months (TDHS 2004 and 2010)



TOP :
Nassoro (front), 18 years old, is the leader of "Mended Gangstters Family", a rap group from Buguruni in Dar es Salaam. They sing about changing youth behaviour. They practice at St. Camillus Youth Theatre in Yombo Kiwarani, Dar es Salaam.

Photo: UNICEF/Hiroki Gomi

BELOW:
"I want to become an HIV counselor for children to teach them to love and treat everyone equally so we can put an end to stigma."
Feisal, 15 years

Photo: UNICEF/Sala Lewis

Layla (14 years)

(Name changed to protect identity)

Layla stands in her room, where she works as a bar-girl and is commercially sexually exploited.

"I don't like what I do. I feel bad to do this because I'm still a child. My mother and siblings don't know what I do. I would be too embarrassed to tell them. I get about five clients a day. The men don't like to use a condom and they pay more if they can have sex without a condom. Sometimes I don't use a condom because I need the money! We all know about HIV but we girls can't refuse the money. We don't get tested for HIV because time is money. The time you would take to go to the clinic you lose clients. So we would rather stay here and get money for food."

Photo: UNICEF/Shehzad Noorani

5

Adolescents and protection

Violence against children and adolescents can have a profound negative impact on emotional and social development and mental and physical health that can last throughout life.

5. Adolescents and protection

Many of the threats and risks that children face in Tanzania, such as exploitative labour, trafficking, and sexual violence, impact adolescents more severely than younger children. Commonly, the very institutions and individuals that are supposed to protect children – teachers, police, relatives – are cited as the perpetrators of the violence or abuse.

All children have the right to protection from violence, exploitation and abuse, including sexual abuse, as reflected in the Tanzania's Law of the Child Act 2009, the Zanzibar Children's Act 2011, the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child.

The Law of the Child Act, approved by the Tanzanian Parliament in November 2009 and the Children's Act passed by Zanzibar's Parliament in March 2011 provide a national legislative framework for protecting children, including adolescents. The laws enshrine fundamental rights of children and lay the foundation for a child protection system that will oblige a range of bodies to prevent and respond to violence, abuse and exploitation of children. The Government of Tanzania is developing regulations, rules and minimum standards that will set out the roles and responsibilities of the key bodies responsible for protecting children from abuse and provide detailed guidance to front line workers on their specific obligations. While several important measures are in progress that can lead towards the development of a comprehensive child protection system, identifying the resources to put these plans into effect presents a serious challenge. Tanzania is committed to ensuring that the rights of children are respected. Nevertheless the gap between international standards, domestic law and the situation of many children in the country remains considerable.

Justice for children: Adolescents in Tanzania face particular protection threats and risks when they come in contact with the law. The minimum age of criminal responsibility is 10 years, thus children in their second decade are exposed to a flawed justice system if they offend. There is no separate system for children, and only one Juvenile Court, which is located in Dar es Salaam. The Law of the Child Act permits the establishment of additional Juvenile Courts, to be governed by new regulations that will provide for a more child friendly system. Children aged 16-18 years are tried through the adult system, and sentences tend to focus on punishment rather than rehabilitation. The Law of the Child Act allows corporal punishment for adolescent male offenders; a juvenile (for the purposes of the Act a person under 16 years of age) may receive up to 12 strokes with a cane. A youth above that age may receive 24 strokes.[91] Females are exempt from corporal punishment.

Adolescents are also frequently held pre and post-trial in adult prisons, due in part to limited separate facilities for juveniles and in part to a lack of community alternatives to support and rehabilitate children. This exposes them to violence and abuse from fellow inmates and conditions that do not meet their needs.

Data on juvenile offending, such as numbers and profiles of those offending and those held in detention, is limited. It is thus difficult to analyse trends or follow outcomes for adolescents passing through the justice system. Two major studies underway in 2011, on the juvenile justice system and the situation of young people in all forms of detention, will assess the numbers and flows of adolescents dealt with by the criminal justice system, identify the gaps and propose measures to strengthen the system.

Adolescents who are victims of violations of their rights and who have been subjected to violence, exploitation and abuse struggle to obtain justice. Police stations are not sufficiently child-friendly places, inhibiting victims from reporting cases. The treatment that some adolescents experience in police stations can lead to their re-victimisation. Cases that are prosecuted are subject to long delays, and victims and their families are often unable to travel long distances to the nearest court. Further, stigma and community pressure often dissuade families from lodging cases, when communities prefer that a case be handled outside the justice system. This leads to impunity for the perpetrators of the abuse and may even include marrying the child victim of a rape to her rapist. To encourage reporting and use of the justice system, Tanzania's police are training assigned officers to deal with these cases. Special units have been established for the purpose, allowing cases to be handled in designated rooms that provide privacy for victims. The Gender and Children's Desks will be rolled out nationwide in the coming years. The police are also developing guidelines on investigating child abuse.

Violence against children and adolescents: has a profound impact on emotional, behavioural and physical health and social development throughout life. Aggression, delinquency, conduct disorders, substance abuse, poor academic performance, and depression are some of the key outcomes associated with childhood exposure to violence. A WHO study on women's health and domestic violence in five countries, including Tanzania, recognized that: "age was one of the key risk factors for violence," pointing out that younger women/girls with lower levels of education confront greater risk and threat of violence.[92] A Population Council Study on Sexual Violence in Africa (2009) stressed the importance of recognizing the needs of younger survivors, both in the design of prevention efforts and for service delivery response.

Physical violence: Results of an extensive national study on violence against children in Tanzania conducted by UNICEF, the Centers for Disease Control (CDC), and Muhimbili University[93] revealed that almost three-quarters of girls and boys had experienced physical violence by a

Hanuni (14 years)

(Name changed to protect identity)

"In court I had to defend myself…"

Hanuni attends a class at the Dar es Salaam Remand Home. All the children in the Remand Home attend the same class, regardless of their schooling level. "Hanuni" arrived at the Remand Home over a year ago. Before this she lived with her grandmother. Her mother died when she was seven and her father when she was nine years old.

"My grandmother went away and left me home alone. I had to take care of myself and so I went to work for my neighbour as a maid so I could make money for food and school fees. I was working there for two months and we had agreed she would pay me Tshs. 50,000 (about US$30). But when the time came she kept giving me excuses and saying she didn't have the money yet. Eventually I got tired of her excuses and I decided to stop working for her and went back home."

"Several days later she came to my house and accused me of stealing Tshs. 50,000 from her. My grandmother had come back by then and she believed me. To avoid trouble my grandmother wanted to pay her the money but she didn't have enough, so my neighbour took me to the police station.

"I told them my story but they still locked me up. For five nights I slept on the cement floor with no sheets or pillow and it was dirty and cold. They put me in the same cell as some older women but I didn't mind because they at least made me feel a bit safer knowing that I was not alone."

"Then they brought me to the Centre. Since coming here I have been to the juvenile court several times with my social welfare officer. In court I had to defend myself. My neighbour has never bothered to show up and tell her story and there were no witnesses. I know I am innocent, but the process is just taking so long. Every time they just send me back to the Centre and I have to continue waiting."

"Many children in the community run away from home to the streets and they end up in bad gangs and do drugs. They are greedy for money and they think they would find a better life. If I could, I would tell them to stay at home, get an education and a job or if they come from a very poor family, to find someone kind who can help them….I think I'm a good person. I have learnt a lot here at the Centre – discipline, life skills and to be independent. But now I want to return home so I'm just waiting for my grandmother to come and get me so I can return to school."

Nine months later, no sentencing had yet been given on her case, therefore, Hanuni must continue to wait at the Dar es Salaam Remand Home.

Photo: UNICEF/Hiroki Gomi

parent, other relative, authority figure (such as teachers) or intimate partner prior to the age of 18. The majority of this abuse involved punching, kicking or whipping, going well beyond corporal punishment officially sanctioned in schools. Further, the vast majority of 13-17 years olds who were physically violated reported that it had occured more than five times during childhood.

Corporal punishment is still a common practice in Tanzania, and is perceived as a legitimate form of correction of behaviour in homes and schools, and is even sanctioned as a legal punishment. While specific rules govern the exercise of corporal punishment in school, it is evident from surveys, newspaper stories and reports by organisations working with children that these rules are often ignored, and children rarely have the opportunity to report these violations. Many adults do not see beating a child as abuse, and may even regard it as beneficial.[94] In fact, the broad acceptance of corporal punishment in Tanzanian society may serve to legitimize more extreme forms of physical violence against children.

There is also widespread acceptance of the use of physical violence against women as a normal dimension of conjugal relations. Over 52 per cent of adolescent girls aged 15 to 19 years agree that a husband would be justified in hitting or beating his wife if she goes out without telling him, does not look after the children, argues with him, refuses sex or burns the food. In contrast just 39 per cent of adolescent boys share the same opinion. There are signs that attitudes towards violence against women are changing. In 2004, 60 per cent of girls and 54 per cent of boys aged 15 to 19 years shared these views.[95]

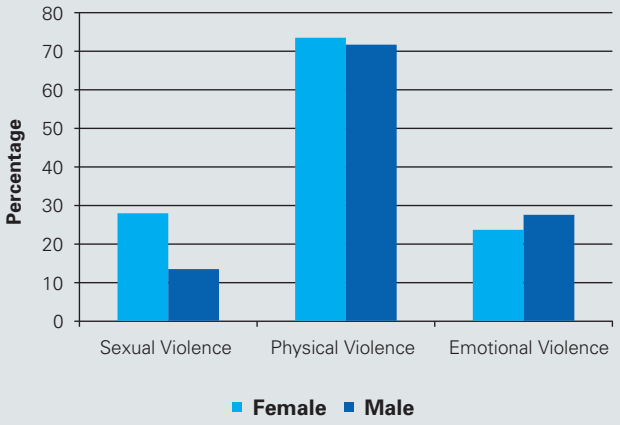
Sexual violence: The Violence Against Children survey[96] suggests that almost a third of females aged 13 to 24 experience at least one incident of sexual violence before the age of 18. (Fig. 14) The most common form of sexual violence experienced was unwanted sexual touching followed by attempted unwanted sexual intercourse (Table 5). Among males in the same age group, more than 13 per cent stated that they had experienced at least one incident of sexual abuse prior to the age of 18. Few of those who experienced sexual violence received any treatment. About half of girls and one-third of boys who reported sexual violence told anyone about it; only 20 per cent of girls and 10 per cent of boys tried to obtain services, and a very small proportion of each actually received assistance.[97]

Victims of sexual violence are often reluctant to let others know about their experiences due to feelings of guilt, shame, fear of not being believed, or even being reprimanded for what has occurred. To avoid the public disgrace associated with sexual abuse, families often try to ignore or cope with it in ways that can do further harm to the victim. Young people in Zanzibar have reported that the failure of families and communities to address abuse left them feeling confused, and sometimes caused depression and behavioural problems that lasted for years.[98]

Table 5 Types of childhood sexual violence experienced prior to 18 years, as reported by males and females aged 13 to 24 years (UNICEF/CDC/MUHAS 2011)

	Female %	Male %
Physically forced or Coerced sex	8.6	4.8
Attempted sex	14.6	6.3
Sexual touching	16.0	8.7

Fig.14 Violence experienced in childhood reported by males and females aged 13 to 24 years (CDC/UNICEF/MUHAS 2011)



Isaye (11 years)

"I try to find gold in the stones" Says Isaye, 11 years old, as he sits in front of his family's temporary hut scanning pieces of rock scavenged from rocks discarded from a nearby gold mine. Isaye is in standard four. He lives with his mother and younger twin sisters and a brother. His father abandoned the family years ago. "My mother gets the stones from the mines and she brings them home. I help my mother try to find gold in the stones after I come back from school. I separate stones with gold lining, and then I go to town to sell them. I should get about Tshs. 5,000 (about US$3) for these stones and I will give that money to my mother."

"I don't do this all day or every day. I only do this when my mother can bring stones from the mines. Today I started at 2pm and I will finish soon (around 6pm)."

Photo: UNICEF/Shehzad Noorani

Badriya (age 14 years) and friends

(Names changed to protect identities)

"With the little we have we help each other…"

Badryia, Fadhila, and Mwajuma in the Mwanza park where they sleep at night.

"Badryia" (14 years) "My father died when I was five and then I lived with mama and my three siblings. I was in standard three but I had to drop out of school because mama could not afford it. We were so poor and life was hard so my cousin Mwajuma and I decided to leave. We went to Geita and worked in the mines but they paid us nothing so we went to Dar es Salaam. We got on the train and hid in the toilets all the way. We worked as maids for a while, got some money and bought a train ticket back to Mwanza. Now we just beg on the streets. I can get about Tshs. 2,000 to 5,000 (about US$1 to US$3) a day here but I don't like it. The older street boys bully us and take our money. I really liked school and I want to go back. After I finish I want to be a teacher or president. If I become president I would take all the children living on the street and put them in nice safe homes."

Mwajuma (16 years) "These are the only clothes I have. We shower and wash our clothes at the lake. I carry my soap and things in my pockets because we have nowhere else to put them. My father died when I was a baby. When I was five my mother remarried and she got pregnant, but then she died giving birth and the baby died soon after. The neighbours were bad to us and we lost everything. My siblings and I went to live with my grandmother then one day a woman came to ask her if she could take me to work for her. My job was to look after her young twins but I was still only five years old. The woman used to hit me a lot and so I decided to leave. Badryia and I have been to Geita and Dar es Salaam and now we are living here in Mwanza. I want to go back home and live with my grandmother. But I really miss mama, my heart aches for her."

Fadhila (12 years) "I have been on the streets since February this year. My mother died when I was 11 and I was left with my Baba (father) and my two siblings. One day Baba went to Ukerewe to fish and then he fell in the water and died. My big brother started beating us a lot, and then one day he just kicked my two younger siblings and me out of the house. That is how I ended up on the streets. We each went our different ways and now I don't know where they are. Badryia and Mwajuma picked me up on the street. I was so sick and had no money. They bought me some medicine and then I came to live with them at the garden."

"We couldn't stigmatize and isolate her because we are all suffering and struggling. With the little we have we help each other," said Mwajuma.

Photos: UNICEF/Shehzad Noorani

One study in Dar es Salaam suggested that in the poorest households girls are sometimes encouraged by care-givers to use their bodies as an asset to provide food for the family.[99] Other research in East Africa also reports the use of transactional sex for survival in poor communities.[100] Greater understanding of the use of sexual coercion and exploitation imposed on girls and boys would enable the development of programmes designed to address these sensitive issues.

Reducing and addressing violence: Services to respond to these forms of violence are generally lacking. Medical clinics are not equipped to handle cases of sexual violence. Adequate health, judicial, and social services are all crucial for an effective multi-sector response and to ensure the recovery process of survivors and help to prevent future violence. When services are available, they typically lack child - or adolescent-sensitive facilities and approaches. In addition, police incident reports do not provide sufficient information regarding the age of victims, and cannot be used to understand how well children who report violence are managed. Health workers also lack sufficient training in how to recognize abuse in a child who is being presented as the victim of an accidental injury, or in how to respond if they believe abuse has occurred. Building a protective environment for children and adolescents also requires a change in attitudes and behaviours that normalise violence.

Tanzania's Multi-Sector Task Force on violence against children, led by the Ministry of Community Development, Gender and Children, and involving the police, justice system, social welfare services, civil society, and education services, is developing a plan of action to prevent and respond to violence against children. Meanwhile, three districts are leading the practical application of a child protection system engaging all relevant sectors of local government and civil society. The knowledge and evidence of these pilot schemes will help to inform the development of a national child protection system.

The Reproductive and Child Health Section of the Ministry of Health and Social Welfare has also developed draft 'Guidelines for the Management of Gender-Based Violence.' These guidelines contain an entire chapter addressing the clinical management of child and adolescent survivors of gender-based violence, with specific reference to provision of child-friendly services and recognition of specific risk factors. Comprehensive communication strategies to address violence against children and gender-based violence are also in development to help inform and empower communities and front-line practitioners to understand the issues and how they can reduce violence and ensure appropriate support for survivors.

Child marriage: presents numerous risks to adolescent girls, including early pregnancy, violence, abuse and exploitation. It also reduces girls' education, limits their social connections and potential earnings and thereby contributes to poverty. As stated in a 2007 UNICEF study of child marriage and the law, *"Child marriage violates a panoply of interconnected rights, including the right to equality on grounds of sex and age, the right to marry and found a family, the right to life, the right to the highest attainable standard of health, the right to education and development and the right to be free from slavery."*[101]

The proportion of girls and young women aged 15 to 19 years who are married dropped from about 21 per cent in 2004 to 17 per cent in 2010.[102] While this 23 per cent decline represents significant progress, one in every six adolescent girls is still getting married before reaching 19 years of age. Some parents support child marriage to reduce the risk of pregnancy outside marriage, or to avoid a child born out of wedlock. Many child marriages are economically motivated. Depending on cultural practices the bride's family may benefit through the bride-price or the groom's family through dowry. In rural communities these are often paid in the form of livestock. The risks of child marriage are much greater in communities where girls undergo genital mutilation as adolescents, and where the act of FGM is seen as signalling a girl's readiness for marriage.[103]

The 2010 TDHS reports high levels of social control and physical, sexual and emotional violence imposed on married adolescent girls aged 15 to 19 years. Over 45 per cent of married adolescent girls in this age group reported that their husbands insist on knowing where they are at all times, 25 per cent were not permitted to meet their female friends and more than 10 per cent reported attempts to limit contacts with their own families.[104] (Table 6) According to the survey results, such controls seem to be greatest in households in Dar es Salaam and in the central regions of the country and least evident in Pemba.

According to the 2010 TDHS, almost one in five married adolescent girls reported that they were forced to have sexual intercourse, or to perform sexual acts against their will. Almost one-third reported physical violence in which they were shaken, slapped, kicked, punched, choked, burned on purpose, threatened or attacked with a knife or gun.[105] More than one in five had experienced emotional violence in which they had been humiliated, insulted, made to feel bad or had others close to them threatened with violence.[106] Almost one in ten of married adolescent girls had also experienced physical violence during pregnancy.[107] Women living in the Central zone, especially in Dodoma region, seem most likely to experience violence within marriage.[108] (Table 7)

Laws relating to marriage and permissible sexual relations within marriage are unclear and contradictory both on the mainland and in Zanzibar. On the mainland, for example, the 1971 Marriage Act defines the minimum age of marriage as 18 for males and 15 for females.[110] The law also allows courts to permit marriage of females who have reached 14 years of age.[111] The Penal Code allows for females of "African or Asiatic descent" to be married in accordance with local custom or religion if marriage is not intended to be consummated before a female reaches 15 years of

Mary (18 years)

(Name changed to protect identity)

"I have thought of suicide... I feel no happiness anymore..."

Mary sits with her daughter in a bar where she is commercially sexually exploited. She is the second-born of eight siblings; her daughter is two years old. She finished standard six at age 13 and decided to quit school so she could help to support her family.

"At first I stayed home helping my parents on their farm but then I decided to go to the town to do domestic work. After two months I quit and started to work as a dancing girl. When I was 16 I got pregnant so I couldn't dance anymore and I returned home to stay with my grandmother – I was too afraid to go back to my mother's home. I had my baby in 2008. In 2009 my friends brought me to this bar. I sleep here now."

"There are many girls here. We work from morning to around 11pm or midnight. In a day I can get 8 to 10 clients and they pay between Tshs. 2000 and 10,000 (about US$1 to US$7). Sometimes they beat us and rape us. They get drunk and start strangling us, and then they rape us and leave us without paying. You can't even help your friend when you hear her screaming, because these men are much stronger than us."

"They call us names. They call us "whore" and sometimes they beat us in public and people just watch and no one helps. There is a young boy called Mwita (16). His job is to protect the girls that work at the bar, but Mwita is so small and young, he can't do anything."

"I feel so horrible because my daughter sees everything I do. She is always in the room when I am having sex with my clients. I don't know what else to do – I have thought of suicide, taking her to an orphanage but then I get scared. I feel no happiness anymore. We can't escape – where would we go?"

Photo: UNICEF/Shehzad Noorani

age.[112] In the latter case, even when marriage is permitted, sexual intercourse is prohibited until the girl reaches 15 years of age.

Islamic law, according to the Tanzanian Government allows marriage and consummation of the marriage from puberty.[113] *"It also seems to recognize the possibility that girl children may be married before they reach puberty and without their consent. A girl so married has the possibility of repudiating the marriage when she reaches adulthood."*[114]

Legal age of marriage was not addressed in the Law of the Child Act or in Zanzibar's Children's Act due to fears that the topic might result in a backlash from religious leaders that could delay passage. During debates in Zanzibar around the Children's Bill in 2010 several religious leaders repeatedly stressed that a legislative minimum age of marriage was not appropriate, since religious doctrine states that a girl shall be ready for marriage on reaching puberty. Such views essentially justify child marriage. Under Mainland law, neither customary law nor Islamic law can override the provisions of the Law of Marriage Act or the Penal Code. While Islamic and customary laws are applied in practice in many communities, this is a violation of statutory law.

There is a pressing need to harmonise customary and Islamic law with national statutes and ensure that the law is known and enforced. The decline in child marriage is more likely to have been influenced by changes in attitudes towards girls' education and increased access to secondary school than by an increased understanding of the law.

Female genital mutilation: About one of every six girls and women in Tanzania has undergone female genital mutilation (FGM), mainly in the Northern and Central zones[115], although there are signs of decline. The proportion of adolescent girls aged 15 to 19 years who have undergone female genital mutilation has fallen from just over nine per cent in 2004 to less than seven per cent in 2010.[116] Genital cutting is practiced throughout childhood, and there are signs of an increasing trend towards carrying out the procedure in infancy. In 2004 about 36 per cent of girls aged 15 to 19 years had been cut before the age of one; by 2010 this had risen to about 44 per cent. About one-third undergo cutting after they have reached 13 years, often linked with child marriage.[117] Over 95 per cent of girls aged 15 to 19 years believe FGM should be stopped.[118]

The Sexual Offences Special Provisions Act (1998) prohibits female genital mutilation of girls under the age of 18; nevertheless, the practice continues. Strategies to address and reduce FGM include dialogue to encourage community-wide renouncement of the practice. In the regions where it is practiced there is a clear link between FGM and child marriage. As the 2008 CEDAW report states, "The National Plan of Action to combat Female Genital Mutilation (2001-2015) supports the elimination of FGM in Tanzania. However, the continued prevalence of the practice in some regions indicates a 'weak enforcement'

Table 6 Degree of marital control exercised by husbands on married adolescent girls aged 15 to 19 years (TDHS 2010)

Is jealous or angry if she talks to other men	56.6%
Frequently accuses her of being unfaithful	28.6
Does not permit her to meet her female friends	24.5
Tries to limit her contact with her family	13.3
Insists on knowing where she is at all times	45.6
Does not trust her with any money	14.9
Displays three or more of the specific behaviours	32.8
Displays none of the specific behaviours	29.0

Table 7 Violence by husbands against married adolescent girls aged 15 to 19 years (TDHS 2010)[109]

Emotional violence: humiliated, insulted, made to feel bad about themselves or had others close to them threatened with violence	23.1%
Physical violence: pushed, shaken, slapped, kicked, punched, choked, burned on purpose, threatened or attacked with a knife or gun, or been beaten up	31.6
Sexual violence: forced to have sexual intercourse or to perform sexual acts against their will	19.6
Physical violence during pregnancy	9.7

"In Tarime when a girl dies from female genital multilation, they don't bury them. They take them to the next village and toss them in the forests with all their clothes on and their gifts and money. Then those villagers would take her body back to her village and toss her there. Essentially she gets tossed around until hyenas eat her.

All this time the mother can not dare mourn her child and no one can know her child died from FGM"

Pendo Mwita, Ward Executive Officer and Children's Dignity Forum Focal Point in Tarime

Haki (17 years)

(Name changed to protect identity)

"I really like it here!"

Haki relaxes after playing football with other boys at Kuleana, a centre for children living on the street in Mwanza, the second largest city in Tanzania.

Haki was born in 1994. His parents separated when he was very young and he went to live with his mother. She was HIV-positive and died from a related sickness in 2003. At first he lived with his grandmother. Then his father came to get him.

"I met my Baba (father) for the first time when he came to take me to live with him in Kilimanjaro. I was 12 years old. My step-mother turned out to be very rough. She used to beat me as soon as Baba left for work. She would not give me food or let me go to school. I fell very sick but my step-mother refused to help me even though Baba had given her money for it. I went to the hospital alone, but I was still did not get better. My step-mother beat me so hard with a stick that it started to hurt really bad in my chest. One day she told me to pack my bags and leave the house. That is how I ended up on the streets."

"I lived on the streets in 2005 for almost a year. I used to sleep near a police station because I felt a bit safer. I was attacked once; a boy held a knife to my face so I gave him my shoes and ran away. When I was on the streets older men used to force me to sell or deliver drugs in exchange for food – if I refused to do it they would threaten me with knives."

"One day I was looking for food at a small business. A man came to talk to me. I told him my entire story. He gave me food to eat and packed more food for me for the next day. His name is Harrison. He helped me a lot when I was on the streets. He is still my friend and he still helps me. He is getting married in September – I am definitely going to his wedding."

"Then a social welfare officer from the City Council brought me to Kuleana in 2006. I like this place. I like the education I get here, the food, nice clothes, nice place to sleep and they take good care of me when I get sick. I am in standard seven now. When I finish school I want to be a doctor or an accountant, I haven't decided which one yet."

Staff at Kuleana are hoping to re-unite Haki with his family.

Photo: UNICEF/Shehzad Noorani

of the prohibition. The recent trend of increased female genital mutilation perpetrated against newborn baby girls is a cause for concern, as well as the fact that the law does not prohibit FGM for women over 18, noting they may be pressured or forced into undergoing the practice to accommodate social norms."[119]

Child labour and exploitation: According to a 2006 study over four million children in Tanzania were involved in hazardous labour, defined by excessive hours of work, heavy lifting, exposure to chemicals or dangerous environments and sexual exploitation, among others.[120] Despite healthy economic growth, the majority of adolescents, especially boys, are drawn into work in the informal sector – work for which they are poorly prepared and where the risks of exploitation are extremely high. The majority of child labourers involved in hazardous labour are adolescents. In rural areas of mainland Tanzania such work may include farming or labouring in mines and quarries. Girls who live around mines may sell food and haul food supplies, water and rocks. Boys, known as "snake boys," run errands in unregulated mines, which include gathering stones by crawling through narrow tunnels. Other children are exploited as barmaids, street vendors, and auto mechanics. Children may be found in many communities working as domestics, or "house girls." In Zanzibar children work in agriculture, fishing, and markets, as well as the tourism industry, petty trading, seaweed farming, clove picking, and domestic service. The commercial sexual exploitation of children is a problem in both mainland Tanzania and Zanzibar.

Children are considered to be engaged in hazardous labour if they are under 15 years and work more than 14 hours per week on economic or housekeeping activities, whether or not they are also attending school; or if they are 15 to 17 years and work over 43 hours per week; or if they work 14 hours while also trying to attend school. About 15 per cent of working children report that work interferes with school attendance.[121]

Slightly more boys (22.8%) than girls (18.5%) are involved in hazardous child labour. In rural areas, a quarter of children are in hazardous labour, compared to less than eight per cent in urban areas. Over a third of girls and boys are exposed to risk due to carrying heavy loads or exposure to dust, fumes and gases. According to parents and guardians, just over 13 per cent of working children in Tanzania were injured or became ill as a result of work; however, when the children themselves were asked, 17 per cent reported that they had suffered illness or injury as a result of work. Wounds or deep cuts were the most commonly reported type of injury or illness, affecting almost two-thirds of all injured or ill children. There was no significant difference between girls and boys. The overwhelming majority (92.4%) of children engaged in hazardous work in Tanzania do not use any protective gear in their work places.

A study conducted in 2006 by REPOA[122] suggested that the participation of children in small business has little influence on the development of their entrepreneurial talents. Limited ownership, lack of participation in decision-making, lack of control over profits and generally low level satisfaction in their businesses were revealed as the main obstacles to learning in the work environment.

Adolescent trafficking and children on the streets: While data is limited, adolescents probably make up the majority of children who are trafficked in Tanzania. Children are typically trafficked internally; boys for exploitive labour in agriculture, mines, and fishing, and girls for forced domestic service and commercial sexual exploitation. There is little data on the extent of trafficking. A limited number of Tanzanian girls are reportedly trafficked to the Middle East and Europe for sexual exploitation and forced domestic service. Rural adolescents are sometimes sent by their families to work in the homes of urban relatives, though the families do not recognize this as trafficking. Adolescent girls sent to work as domestics can become targets of sexual abuse. Rural adolescents sometimes run away from home to seek a better life in towns. Often they are trying to escape violence and abuse, or a home where food is insufficient. Those who are unable to find work can end up on the streets of larger towns and cities. No precise data exist on the number of children living or working on the street, although most are adolescents. Only very few organizations in Tanzania provide protection, shelter and reintegration programmes for the young victims of trafficking.

In May 2006 Tanzania ratified the United Nations Convention against Transnational Organized Crime and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children. In spite of this, trafficking and sexual exploitation of girls persists, particularly due to poverty and the need for girls to support their families. Further research is recommended to address the root causes of trafficking, to eliminate the vulnerability of girls and women to sexual exploitation and traffickers. The CEDAW report recommends support for the rehabilitation and social integration of women and girls who are victims of exploitation and trafficking.[123]

Adolescent orphans: By 2009, an estimated three million children had been orphaned in Tanzania, including more than one million who lost one or both parents as a result of HIV and AIDs.[124] Twelve per cent of the most vulnerable children are separated from their siblings.[125] Data from the 2010 TDHS show that the majority of orphans are adolescents (Fig.16). Adolescents who have lost one or both parents to AIDS are particularly vulnerable to infection themselves, as well as to exploitation, violence and abuse. It is not clear how many adolescents have had to interrupt their education to take care of a sick family member. The Ministry of Education reports that in 2010, about 4,800 students dropped out of primary and secondary schools due to death, another 3,100 due to illness, and a further 1,000 due to family illness.[126]

Adolescent-headed households: The only data on adolescent-headed households comes from an analytical report on the 2002 Census, which states that 2.4 per cent of

households were headed by persons under 20 years. About 1.9 per cent of male-heads of households and 3.3 per cent of female household heads were adolescents.[127] If the same proportion of households were headed by adolescents today, based on current population projections and average household size, then about 200,000 households in Tanzania would be headed by an adolescent.[128] However, changes in the prevalence of HIV and AIDS and in deaths due the disease, as well as population growth, will all impact changes in the proportion of adolescent headed households. More accurate data will not be available until the next census, planned for 2012.

Adolescent household heads may include girls who are single mothers and girls or boys who are taking care of younger siblings following the deaths of their parents. Some may be adolescent males who have married early and set up their own home.

Orphaned adolescents may have spent many months caring for a sick parent and have been the de-facto primary caregivers to younger siblings for some time. They may take on leadership of their own households because there is no alternative and/or in order to hold onto inherited property. Most adolescent household heads lack the education, training or opportunity to effectively support their households, and are therefore vulnerable to abuse and exploitation. As one recent study noted, AIDS-affected adolescent household heads in Tanzania and Uganda often struggle with their new identities.[129] They are forced to take on 'adult' responsibilities and 'manage their own lives' yet they usually lack the respect and support of other adults, continue to be treated like children, and are usually marginalised in community-level processes. As the study noted: "poverty, unequal gender and generational power relations and the emotional impacts of sibling care, stigmatisation and exclusion undermined the ability (of adolescent household heads) to exert agency and control over their sexual relationships, schooling, livelihood strategies and future life course transitions."[130]

Fig.15 Children and Adolescents involved in hazardous labour (NBS 2006)

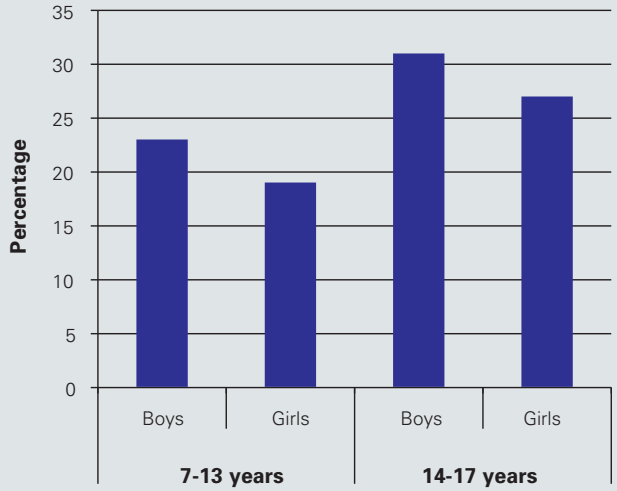
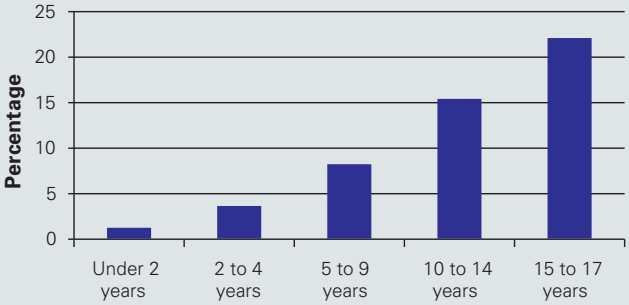


Fig.16 Percentage of children with one or both parents dead (TDHS 2010)



"It's not good to constantly exclude children from family plans and decisions. The little that the children can contribute can make a difference. Therefore it's good to build the habit of involving children from an early age so they grow up to think critically, independently and creatively," said Joel, 18, a form one student at Kiembe Samaki School, Zanzibar.

Photo: UNICEF/Hiroki Gomi

6

Adolescents and participation

Participation in decisions regarding family life, schools and their immediate community helps adolescents to understand how to create space for different opinions, and grow into citizens who contribute to the well-being of the wider society.

6. Adolescents and participation

A child's right to participate in decisions relevant to their well-being is a central principle of the UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. It is also enshrined in Tanzanian law. The Law of the Child Act 2009 states that "A child shall have [...] the right to express an opinion, to be listened to and to participate in decisions which affect his well-being."[131] Similar rights are included in Zanzibar's 2011 Children's Act.

Participation in decisions regarding family life, schools and their immediate community help adolescents to understand how to create space for different opinions, how to negotiate and respond to competing sets of demands, how to grow into citizens who contribute to the well-being of the wider community and how to help others to fulfil their rights, while also learning about their own rights and responsibilities. 'Participation' is unfortunately sometimes wrongly understood as an opportunity for children to impose selfish demands on adults. In fact, participation is fundamentally about collaboration, about adults sharing decision-making with children and adolescents, according to their maturity and capacity to understand different issues.

The results of the Violence Against Children survey, and the incidence of violence reflected in the 2010 TDHS, suggest that violence is frequently used in Tanzanian homes and schools to control children and adolescents and impose discipline. Opportunities for participation are relatively rare, although some significant efforts are under way to develop new standards, strategies and capacity through which adults can learn how to create the space for participation, and through which adolescents can learn to contribute more effectively to decision-making at home, in school, in their communities, and even when they are at their most vulnerable.

Baraza la Watoto – The Children's Council

In 2002 a group of children involved in the preparations for the UN Special Session on Children suggested the creation of a permanent representative body for Tanzanian children. Supported by the Ministry of Community Development, Gender and Children (MCDGC) and many other organisations, Baraza la Watoto wa Jamhuri ya Muungano wa Tanzania - the Children's Council of the United Republic of Tanzania (JCURT) - was created.

Junior or Children's Councils were operating in more than 90 out of 133 districts in the country by 2011. Almost all participants are adolescents aged 10 to 18 years. Some of the councils are strongly supported by NGOs, such as Save the Children, World Vision, Plan International and local civil society groups. Such support enables a more representative process for the selection of Junior Council members and for capacity development of both the children and the councils in how to collaborate more effectively. Many of the councils are making efforts to engage children who are both in and out of school, who are especially vulnerable and children with disabilities as council members.

During 2010, Children's Councils from several districts including Arusha, Temeke and Lindi, and others that receive support from Save the Children, had an opportunity to collectively present their concerns on child rights violations to district-level officials. The children's requests included abolishment of corporal punishment, amendment of the marriage law, greater investment in accessible quality health services, and allocation of resources to support the most vulnerable children, among others. Most council members and other duty bearers expressed their willingness to support community programmes for children. The children's councils are following up on concrete actions to be taken by district authorities.

Youth Councils and Barazas la Watoto are also established in Zanzibar. These councils, among other representative groups of children from Pemba and Unguja, played an active role in consultations during the development of the Zanzibar Children's Bill.[132] Hundreds of child representatives – most of them adolescents - took part in the consultations. Some 85 per cent of the young participants stated that it was vital to have legislation protecting the rights and interests of children; about 92 per cent believe that the State has a specific responsibility to protect children who are vulnerable and in need of care and protection. Three out of four participants described the use of corporal punishment as a harmful, arbitrary and meaningless practice. More than 80 per cent called on the Government to ban the use of corporal punishment in schools and to promote the use of alternative forms of discipline instead. The majority of children and adolescents consulted believed that every child in Zanzibar should have a right to live free from discrimination, and 82 per cent believed that they should be able to participate in decisions that affect their lives. The majority of children who took part in the consultations believed that in addition to rights they have duties to their families, schools and communities.[133]

Participation at school: No research has been done on the number of schools in Tanzania that have elected student councils as part of their internal governance structure, or how well such councils are performing. Evidence from other countries in the region shows that schools with student councils generally have better student and teacher attendance, better examination results, less school conflict, fewer discipline problems and better relations between students and teachers and between the school and the wider community.[134] Student Councils often help children and youth learn about and understand their responsibilities as future citizens by creating a context where they can actively contribute to the school environment – for example by promoting environmental protection, better hygiene, or school safety. It seems that very few students in Tanzania have any experience with participating in a student council. Child rights clubs, such as the Tuseme Clubs, provide some

Young reporters

Adolescents in some communities are gaining access to radio programming. Among them is Mayasa (17 years) from Zanzibar who said she was "…so happy to hold a recorder for the first time and to learn how to use it. I never thought I would get this opportunity to hear my voice and my story on the radio." Radio programmes developed by Mayasa and other adolescents can be heard weekly on 'Toto's Corner' on 96.8FM on Zenji FM every Sunday at 10am on 'Mlango wa Watoto' on 92.2FM on Radio Sauti ya Injili every Sunday at 2pm, on 'Paza Sauti' on Radio Tumaini and on 'Wasaa Wetu' on Pambazuko Radio every Saturday.

Photo: UNICEF/Jacqueline Namfua

Temeke Children's Council

The Children's Council (Baraza la Watoto) in Temeke district was established in 2002, with support from Save the Children and the Temeke municipality. It is part of the national structure of children's councils that contribute to the national Children's Council of the Republic of Tanzania. The Temeke Children's Council has 60 members, including 11 who are especially vulnerable. Each council member is elected for two years by local leaders and the children who sit on ward councils. The ward members are chosen by children living in their street or neighbourhood.

Rehema, aged 15, was first elected as a member for Mbagala ward. Then, in December 2010 she was elected as Secretary General of the Children's Council. "My role in the Children's Council is to coordinate and to keep the minutes. I also stay in touch with parents whose children are council members to ensure that permission is granted to allow their children to participate in meetings… The Council is helping vulnerable children. Through the ward committees we identified 500 vulnerable children and most of them were girls. We met with the District Commissioner's representatives and explained how vulnerable children cannot afford school expenses. They told us that the government will provide free education to these children and any child who cannot go to school because of poverty should tell their local government leaders. We passed this information back through the ward members."

"However, we are facing some challenges. Some parents do not recognise and respect children's rights, schools are not always safe for children and there are transport problems for school-going children. Also, some leaders do not recognise our council. My wish is to work with other people to ensure that the Children's Council is a recognised body throughout the country."

Photo: Save the Children

opportunities for adolescents to participate and contribute to their school communities, although currently such clubs operate in fewer than 10 per cent of schools.

Participation at home: Similarly, little data has been gathered on relations between parents or caregivers and their adolescent children in Tanzania. In most households, adolescents are not expected to actively contribute to decisions regarding their welfare. Only about one-third of girls aged 15 to 19 years report that they make final decisions regarding their own health care.[135] As their children grow through adolescence, parents increasingly expect and encourage them to take on adult roles, including work and marriage. Unfortunately, however, even decisions about marriage are sometimes taken by parents without consultation with their daughters.

Participation and justice for children: Life-changing decisions about adolescents are often taken in courtrooms where choices may be made regarding their future care, their protection, responses to their offending behaviour and remedies for violations of their rights. Opportunities for children and adolescents to have a say in this decision-making process is a fundamental right enshrined in the Convention on the Rights of the Child (Article 12) and the Law of the Child Act.[136] In reality, the extent of adolescent participation in these processes depends on the attitude of the individual magistrate or judge; the young person's view often carries little weight. Translating the law into practice in the justice system is an important challenge that needs to be addressed through awareness-raising and training, the creation of child-friendly courtrooms and the development of procedures that facilitate young peoples' participation.

Adolescents and climate change: Adolescents in Tanzania, as in other countries, play an active role in promoting environmental protection and sustainability. The Roots and Shoots programme, backed by the Jane Goodall Institute, was originally inspired twenty years ago by a group of Tanzanian high school students. It has now expanded to reach young people in more than 120 countries, as well as being well established in many schools across Tanzania. Through the Roots and Shoots programme, Tanzanian students are contributing to positive environmental change by identifying problems in their communities and taking action through service projects and youth-led campaigns. Activities include clean-up campaigns, tree-planting and watershed and wildlife protection, among others. In the Morogoro region, young people are working to establish tree nurseries, while also learning about local tree species and sustainable growing practices. Their tree-planting efforts are helping to establish a hub for sustainable forestry and conservation education and to generate income to support Roots and Shoots activities across Tanzania.

Adolescents as change agents: It is not clear how many adolescents are engaged as peer educators, although it is likely the number runs into the thousands. It is well established that adolescents are often better at helping their peers to understand how to make informed choices, even when they face serious challenges. Adolescents know the right language to use and have first-hand experience of the problems facing their peers. Girls that become peer educators, such as through the *Ishi* ("to live") campaign or the Tuseme ("Speak Out") Clubs, often develop strong self-esteem and bonds of solidarity that help them confront and manage challenges together. Engaging adolescents as peer educators also helps to instill new sets of ideas, attitudes and responses within adolescent groups. In this way adolescents can become the protagonists of new ideas that change behaviour – including choices about multiple sexual partners, increased use of contraceptives and HIV testing. During the past five years, there have been major changes in the choices adolescents have been making in these crucial areas of their lives. While there is no research on the issue, it is likely that these widespread changes have occurred in part because adolescents themselves have been advocating for these beneficial new behaviours.

Mass media and young people: Opportunities for adolescents to make informed choices and participate effectively in decisions that affect them depend heavily on the quality of information available to them. More than 70 per cent of adolescent boys and almost 60 per cent of girls, aged 15 to 19 years listen to the radio at least once a week. The most significant area of growth in media access lies in the proportion of adolescents watching television – up by 37 per cent among girls and by about 50 per cent among boys between 2004 and 2010. (Table 8) There is gender parity in newspaper readership, due more to a reduction in the proportion of boys reading newspapers than an increase in access among girls.

The mass media should be a core information source; yet data from the 2010 TDHS shows that almost 30 per cent of girls and more than 20 per cent of boys aged 15 to 19 years do not have access to media on a weekly basis (Fig.17).[138] The digital divide, so often discussed as a gap between the richer and poorer nations is mirrored within Tanzania, with gaps along geographic and gender lines. On average, access to mass media in urban populations is more than double that of rural populations and five times greater among those with secondary or higher education than among those with no education.[139] Urban adolescents, even those who are among the poorest, have greater media access – which is expanding to include computers, video game players, cell phones and movie theaters – and this influences choices about dress, language and attitudes. In rural areas, media engagement focuses predominantly on radio and video kiosks, which are not regulated or monitored and often show feature films with sexual and violent content that is not appropriate for adolescents. Adolescents are rarely consulted on the content of media programming, most of which is for entertainment only.

Little research has been done in Tanzania on the effects and influence of media on adolescents, the portrayal of adolescents in the media, or how adolescents engage with the mass media. Most media producers and journalists

Venancia (18 years)

"I do my volunteer work on the weekends"

Venancia lives in Mbezi, Dar es Salaam with her parents and three siblings. In 2006, Ishi ran a competition between seven secondary schools in Dar es Salaam, asking students to compose a song on HIV. Venancia was in form one at Makongo Secondary School; she composed a song about HIV prevention and won the competition.

"After I won the competition, Ishi invited me to join their initiative as a Youth Advisory Group member, or YAG. They trained me on HIV prevention, high-risk behaviours, sexual reproductive health, gender equality, and discrimination, youth development and facilitation skills. Since I was still very young, only 14 years old, all my education about HIV and sexual behaviours I learnt from Ishi."

"Being a YAG has been very beneficial to me. It has helped to increase my knowledge about HIV and sexual reproductive health. It has made me more confident and I can now speak in front of large crowds and educate them about various issues. I have met many people and children from all backgrounds and had the opportunity to exchange ideas and learn from each other."

Fifteen YAGs are working in Kinondoni District. "I do my volunteer work on the weekends or during holidays. We use theatre, health talks, discussion groups and community events to educate and inform the youth. I participate and contribute throughout in preparing the activities and related material. I also facilitate group discussions and health talks together with one other YAG. For the teacher and community events, all 15 YAGs work together. We all learn from each other, but since I am the youngest YAG I learn more from them about life in general."

Although Venancia greatly enjoys her work as a YAG member, she faces many challenges, often due to her young age. "Most of the time I have to educate youth older than me and sometimes they don't take me seriously because they see me as a child and this can be intimidating. It's also hard to balance my school work and YAG responsibilities, so sometimes I don't get to participate in some of the YAG activities, important seminars or campaigns."

Despite the challenges, after four years volunteering as a YAG she believes she has been empowered through the Ishi initiative. "Being a YAG has instilled in me hope and passion to keep educating youth and helping them to adopt good sexual behaviour. When I finish school I want to educate the youth about teen pregnancies, child rights, HIV prevention etc. I also want to continue singing on the side and use my songs in my work to educate the youth." Venancia is now in form five.

Photo: UNICEF/Hiroki Gomi

have had no training in child development and rights or in the use of media for educational, rather than purely entertainment, purposes.

Lack of access to media among girls aged 15 to 19 years reflects the limited access experienced by women throughout their adult lives. Girls and women in Mwanza, Mara, Dodoma and Mtwara are especially affected; more than half of women lack any regular access to mass media. Men and adolescent boys have relatively greater access because they are usually more mobile and more likely to encounter media outside the home. Within the home men may control access to media by determining who listens to the radio and when. While many households report ownership of radios, these may be broken or lack batteries. Many of the adolescent girls who are without regular access to mass media are also likely to be less educated and less literate. As a result they are more dependent upon information passed on by family, neighbours and local leaders. Considerable gender and geographic differences are also found in Zanzibar. More than 40 per cent of women and over 30 per cent of men in Pemba North reported in the 2010 TDHS that they lacked regular access to mass media (Table 9).

Table 8 Trends in access to mass media among adolescents aged 15 to 19 years (TDHS 2004 and 2010)[137]

		Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media at least once a week	No regular media
Girls	2004	23.8	23.2	61.1	10.5	32.3
	2010	26.3	31.8	60.3	12.4	29.9
Boys	2004	33	26	75.9	14.3	18.5
	2010	26.3	38.8	72.2	16.1	21.2

Table 9 Percentage of men and women in Zanzibar aged 15-49 years who report no regular access to any mass media (TDHS 2010)

	Women	Men
Zanzibar South	8.6	5
Town West	13.6	1.6
Pemba North	41.4	34.5
Pemba South	26.6	21.7

Fig. 17 Access to Mass Media among Adolescents Aged 15 to 19 years (TDHS 2010)

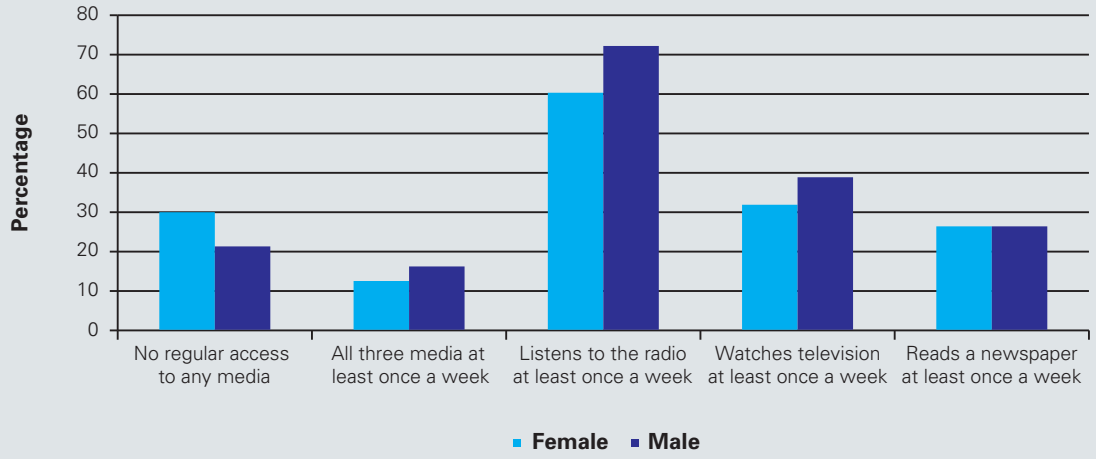
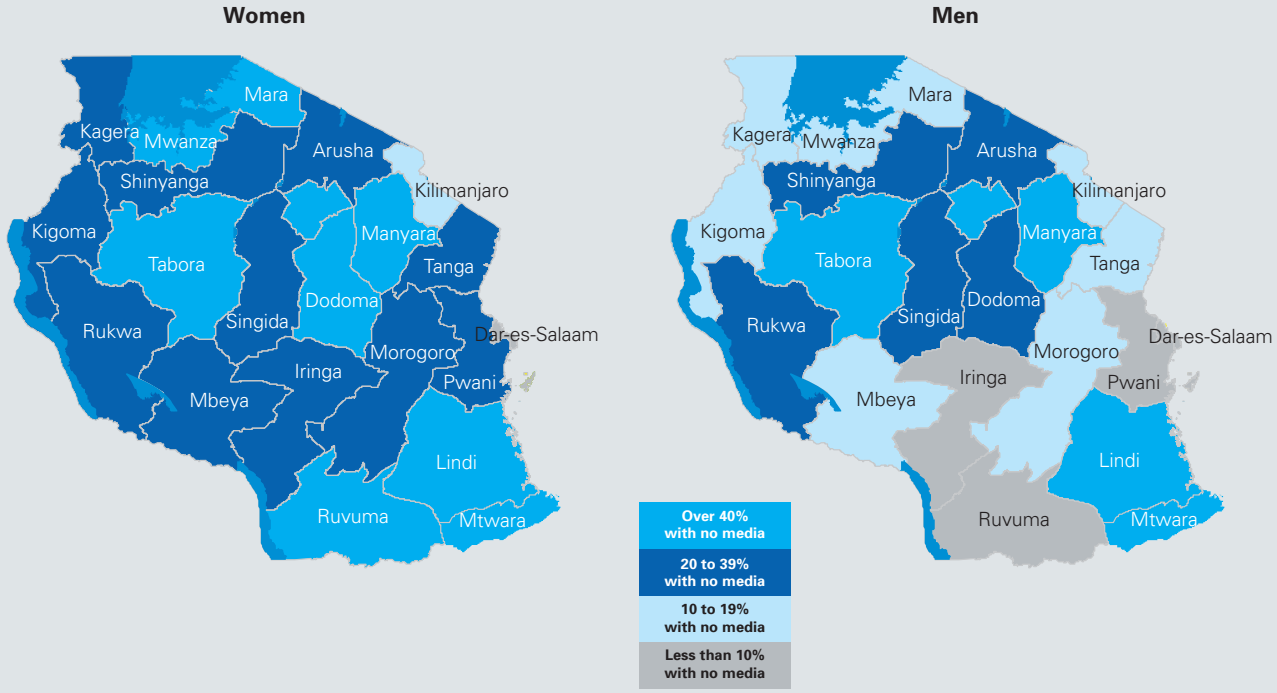


Fig.18 Comparison of men and women aged 15 to 49 years on the Tanzania mainland who lack access to media (TDHS 2010)



Shiraki (17 years)

"I don't see myself as different from other boys…"

Shiraki was born with a mental disability and while he struggles to read and write, he is very capable of expressing himself. His mother passed away when he was only three years old and he now lives in Bondeni with his uncle and three younger siblings. He attends school every morning, making the 10 minute walk to and from school alone.

"I like math, writing and drawing. When I finish school I want to work with computers. I first learnt how to use a computer in nursery school (madrasa) and I liked it right away. It helps you to write well and I could write my name on it."

"When I look in the mirror I just see a tall thin boy. I don't see myself as different from other boys, because I can play football, study and dress myself like everyone else. I like to play football and do kung-fu. I saw kung-fu on TV and I liked it so my parents found me a kung-fu master. He works me very hard; we break bricks with our bare hands!"

"In my community some of the adults point fingers at me and pinch my ears. It makes me feel bad because what they do is not nice and I don't know why they do that to me. When they pinch my ears, I tell them to leave me alone and that I don't want trouble. Sometimes my uncle has to come and help me."

"Since I'm the oldest in my family, I teach my siblings how to skip rope and I teach them to be respectful and obedient to elders."

Photo: UNICEF/Hiroki Gomi

Empowering girls through edutainment

Si Mchezo!, 32 pages, 175,000 copies published bi-monthly with a specific focus on out-of-school youth aged 15-25 years, particularly in rural areas. The magazine is distributed through more than 500 partner organisations in every region of Tanzania, reaching an estimated 2.6 million people.

Fema Magazine, 64 pages, 180,000 copies published quarterly and distributed free of charge to more than 2,400 secondary schools in every district of Tanzania, as well as to 364 partner organisations. Average readership per issue: 2.8 million. Both magazines follow a specific theme and a set structure with advice pages, photo novels, letters from readers and competitions.
Since 1999 Femina Hip has been using edutainment to engage young people and promote healthy lifestyles, gender equality, sexual health, HIV prevention, livelihoods and civic engagement. Through print (Fema & Si Mchezo! magazines), TV (Fema TV-Talk Show), radio (Pilika Pilika), web (Chezasalama.com), SMS (Semana Fema) and outreach activities, the Femina Hip organisation reaches an estimated 10 million people across Tanzania on a regular basis. Femina HIP's journalists and community teams travel across the country to collect stories, obtain feedback and engage with audiences. Monitoring reports suggest the organisation is influencing choices. In 2009 one study suggested that 82 per cent of Fema TV Talk show viewers believed that the show had positively influenced the way they live their lives, and 94 per cent either agreed or strongly agreed that the show had a positive impact on the choices they make regarding health and sexuality.[8]

Photo: UNICEF/Hiroki Gomi

Adolescents next

Adolescents can be the most effective protagonists of positive social change.

7. Adolescents next

Life is changing for millions of Tanzanian adolescents – much of it for the better. Fewer girls are getting married or pregnant when they are still children. More adolescent girls and boys who are sexually active are using modern contraceptive methods to avoid unwanted pregnancies and to provide protection from HIV. Many more adolescents who are sexually active have also recently received their HIV test results, indicating an increased understanding of the importance of knowing their HIV status. Many more adolescent boys and girls are entering secondary school. While adolescents who live in wealthier households have greater access to education, information and technology, some significant changes for adolescents are happening in almost every region and across all socio-economic groups.

Yet many concerns remain. Despite progress, the proportion of Tanzanian girls who get married or become pregnant while they are children is still too high. More than one in ten adolescents are sexually active before reaching 15 years, and a relatively higher proportion of these younger adolescents are getting pregnant. Reproductive health programmes are evidently not reaching this group. Infants born to these young mothers face much higher survival risks than babies born to more mature mothers. As noted in several studies, girls are often required to assume adult roles through work, marriage, parenting, or heading a household when they are not physically, mentally or emotionally prepared for these responsibilities – while boys may be pushed into exploitative labour.[140] Protecting adolescent girls and boys from premature entry into the adult world is a primary concern.

Both the Tanzania Demographic and Health Survey and the survey of Violence Against Children report a disturbing incidence of violence and abuse that primarily impacts adolescents – boys as well as girls. High levels of physical violence against children at home and at school point to its acceptance as a normative practice in child-rearing. In particular these surveys suggest wide acceptance of the use of physical violence as a means of social control used by those with authority and power over others. By extension, this normative role of physical violence influences gender relations and underlies widespread acceptance of violence against women, in particular, as an expected dimension of conjugal relations. Services to prevent and respond to violence, abuse and exploitation of children are at a rudimentary level. Moreover children and adolescents who come into contact with the justice system are rarely provided with the treatment and support they need.

While education is expanding, the poor quality of teaching and learning in primary and secondary schools is impacting the development of adolescents and reducing their potential contribution as they grow into adulthood. Many parents view adolescents as adults who should be ready to contribute to the household economy – and in the process may deny their children appropriate education opportunities.

Data on the situation of adolescents, and the changes happening in their lives, is central to strengthening their ability to make appropriate and informed choices as well as to ensure appropriate services. While considerable data is available on challenges and opportunities for older adolescents, aged 15 to 19 years, we know far less about adolescent girls and boys aged 10 to 14. From age 10 onwards, gender roles for girls and boys are already becoming more sharply defined. Health and social behaviours begin to develop that will shape and define the rest of their lives. Evidence of the way these changes unfold for girls and boys during early adolescence is vital in developing age-appropriate responses.

It is beyond the scope of this report to make recommendations for action on adolescents. The hope is that this document will stimulate discussion and planning that will protect and expand investment in those programmes that are working well for adolescents, while also seeking ways to help the Government to close the gaps by scaling up the most economic and effective strategies.

In some respects, the transformation that has occurred over the last five years – in expanding education access, reducing child marriage and adolescent pregnancy, increasing the use of contraception and raising awareness of HIV status – is so extensive that it points to significant social change. Social change only happens when the ideas that drive it move beyond programmes into everyday discourse. Adolescents are frequently the most effective protagonists of social change. When given a chance to make their voices heard, to influence the decisions that affect their lives, and to exercise their right to participate, they can – quite literally – change the world.

Mobile connections

Twenty-five per cent of households owned mobile phones in 2007 (NBS HBS). Since then a significant increase has taken place; overall mobile phone ownership by households almost doubled, to 46 per cent, including about 78 per cent of urban households and 34 per cent of rural households. There is no age-specific data on mobile phone ownership and use, nevertheless it is clear that more young people are using mobile phones and the technology holds considerable potential for communication exchange with adolescents on many issues.

THABIZA (16 years) "My mother bought me this cell phone in January 2010 so that I can easily communicate with her if I have any problem or am sick. Every weekend I fry groundnuts and sell them to local stores. I earn about Tshs.20,000 (about US$13) which I then use to buy vouchers for my phone and other basic needs and school items. I also use my phone to listen to music."

HAULA (18 years) "I used to use my phone in critical times only, like when I had a problem or was sick and needed assistance or if I had no food. I felt like I was bothering my friends to call and SMS them just to chat, so I didn't do that. So when I load a Tshs.500 (US$0.30c) voucher it lasted me a whole month, because I only beeped people. My mother is the one who bought me the phone, but I accidentally dropped it once and now I can't afford to have it repaired. Having a phone has its benefits and disadvantages. The good thing is you can quickly call for help if you are in trouble. The bad thing is that "fatakis" ("sugar daddies") and boys bother you a lot when you have a phone."

OMARI (16 years) "It is important for children to have a cell phone because when they are in trouble or get into an accident they can call home quickly. But the bad thing about cell phones they are costly to maintain. When they break you can stay a long time with no phone because you have no money to fix it. From watching people, I have now learnt how to fix phones, so I do that on the side and that's how I make money to buy vouchers. I spend about Tshs.1500 (US$1.00) a week on vouchers."

Photo: UNICEF/Hiroki Gomi

Rachel (19 years old)

“I sing about what is true”

“I was at home when I heard my first recorded song ‘Kizungu Kizungu’ (vertigo) on the radio – to be honest, I cried tears of joy. At first my parents didn’t approve of my desire to become a singer, but when they heard my song on the radio they were so proud and today they are very supportive.”

A few years ago Rachel moved from Kigoma to Dar es Salaam to pursue her education. She stayed with her aunt, but had to leave because they could not afford the fees beyond form two.

“I have always wanted to be a businesswoman, but since I couldn’t finish my studies next thing you know I found myself at the Tanzania House of Talent learning to act. Soon after, my acting teacher recognised a hidden talent in me. I wasn’t aware I could sing. But I was inspired by Ray C, she is one of my favourite artists and so I started to take lessons.”

“Some people sing for fame, some for the shows, but I sing because it is my job. I sing about what I see in our communities and I sing about what is true. Through my songs I try to educate our community, especially girls, because many of them are going astray. They take drugs, drink a lot, engage in unsafe sex with many men and they keep bad influential friends. People receive information from artists faster than they do from the news.”

Photo: UNICEF/Hiroki Gomi

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[104] TDHS, Table 16.8

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[113] Initial State report to the Committee on the Rights of The Child CRC/C/8/Add.14/Rev.1 25 September 2000 (paras 103,104,160)

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