Protecting teenage girls from HIV/AIDS: The role of the state and society in Tanzania

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Introduction

HIV/AIDS is one of the greatest threats to Tanzania's security and social economic development as well as to its citizen's survival and wellbeing. This is evidenced by data from the National AIDS Control Programme. The data show that Tanzania is seriously affected by HIV/AIDS. Between 1 January and 31 December 2002, a total of 12,675 cases were reported to the National AIDS Control Programme from 21 regions of the Tanzania mainland. Using prevalence among blood donors and the 2002 census data to estimate the 2002 burden of HIV infection in Tanzania mainland, the following estimates were made: A total of 1,894,160 individuals (791,318 males and 1,102,842 females) aged 15 years and above were living with HIV in Tanzania during the year 2002. Of these, 1,665,309 (672,825 males and 992,484 females) were aged between 15 and 49 years. Regarding the youth aged 15-24 years who constitute 20 per cent of the total Tanzania mainland population, a total of 566,129 of them are HIV-infected (214,918 males and 351,211 females) National AIDS Control Programme (March 2003).

The HIV and AIDS epidemic disproportionately affects adolescents. Although adolescents of between 13 and 18 years constitute 20 per cent of the Tanzania population, they compose about 6 per cent of the new HIV infection (Ministry of Community Development, Gender and Children, August, 2004).

Studies show that girls are more affected by HIV than boys of same age. Research in Tarime Hospital in 1995 indicated a big age difference between males and females who had recently tested HIV positive. 32 girls were positive while only one boy (13-18 years) and 203 females to 84 males of 18-25 years were tested positive (Kamazima, 1995).

HIV/AIDS is therefore a developmental issue with devastating social and economic consequences. The control of HIV/AIDS is complex, difficult and costly, therefore strong, political and governmental leadership is necessary in spearheading the fight against the epidemic.

The human rights concerns

Tanzania is a signatory to the African Charter on the Rights and Welfare of the Child. It has also ratified the Convention on the Rights of the Child. Article 21(1) of the African Charter on the Rights and Welfare of the Child requires governments to eliminate all social and cultural practices that are harmsful. It states:

> '21(1) States parties shall take all appropriate measures to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child and in particular:
>
> (a) those customs and practices prejudicial to the health or life of the child; and
>
> (b) those customs and practices discriminatory to the child on the grounds of sex or other status.
>
> (2) Child marriage and betrothal of girls and boys shall be prohibited and effective action, including legislation, shall be taken to specify minimum age of marriage to be 18 years and make registration of all marriages in an official registry compulsory.'

Girl children in Tanzania are not protected in the way these international provisions require. Cultural practices such as early marriages are still rampant while the rate of school dropout is still high in Tanzania. For example, the majority of girls have their first child at age of fifteen (UNFPA, 2001). According to Ministry of Education statistics in Tanzania Mainland, 3,080 primary school girls dropped out of school due to pregnancy in 1999 (Tanzania Ministry of Education and Culture, 2000) and 2,550 by September 2004 (Tanzania Ministry of Education and Culture, 2004). The rate of drop out is higher in the rural areas than in towns. Under these circumstances, the obligation of the state to protect the girl-child is not being met.

Article 19 of the Convention on the Rights of the Child calls upon the state parties to ensure that all children are

protected from all forms of abuse while in the care of parents or legal guardians. Article 19(1)[1] of the convention requires state parties to protect the child from abuses, including sexual abuse. It states:

> 'State parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment, or exploitation, including sexual abuse, while in the care of parents, legal guardians, or any other person who has the care of the child .'

Article 10(h) of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), requires states to eliminate discrimination against women by providing information on health and family planning. For purposes of clarity the article is reproduced below:

> 'Article 10
>
> State parties shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education and in particular to ensure, on the basis of equality of men and women:
>
> (h)Access to specific educational information to help to ensure the health and wellbeing of families, including information and advice on family planning.'

Thus it is the duty of every state party to CEDAW to make sure its citizens have correct educational information on reproductive health for them to ensure their health status. Teenagers need information and advice not only on family planning but also information that will help them understand their bodies and how to avoid HIV infection.

Article 34 of the Convention on the Rights of the Child also requires state parties to undertake to protect the child from all forms of sexual exploitation and sexual abuse. It requires states:

> '…to take all appropriate national, bilateral and multilateral measures to prevent:
>
> a) the inducement or coercion of a child to engage in any unlawful sexual activity
>
> b) the exploitative use of children in prostitution or other unlawful practices.

Article 27 of the African Charter on the Rights and Welfare of the Child has similar provisions. These articles address activities such as involving children in prostitution. These illegal activities have to be dealt with by the state in order to protect children and the young generation from exploitation.

Taking this further, the International Guidelines on HIV/AIDS and Human Rights (2002) require governments to continue efforts towards the elaboration of guidelines on promoting and protecting respect for human rights in the context of HIV/AIDS. Guideline 6 states:

> 'States should enact legislation to provide for the regulation of HIV-related goods, services and information, so as to ensure widespread availability of qualitative prevention measures and services, adequate HIV prevention and care information and safe and effective medication at an affordable price.'

The provision of services and information targeting the prevention of HIV is a major humanitarian concern which creates obligations for states.

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[1] Article 16(1) of African Charter on the Rights and Welfare of the Child has a similar provision.

Tanzanian laws and policies responding to the welfare of children and their human rights in relation to their sexuality

Policy measures

Responding to the above International Instruments, the government of Tanzania has enacted a number of laws and initiated administrative and policy measures to safeguard the rights of children and these include the following:

- In June 2001, the government ratified the International Labour Organization (ILO) Convention number 182 on the Elimination of the Worst Forms of Child Labour.
- In March 2003 the government also ratified the African Charter on the Rights and Welfare of the Child and two Optional Protocols to the Convention on the Rights of the Child, including the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography (Ministry of Community Development, Gender and Children, August 2004).
- Initially the Child Development Policy of 1996 did not include HIV/AIDS issues. It has been revised[2] by adding the desire to address emerging issues, including child participation in all issues concerning their lives; effects of the HIV/AIDS pandemic; protection of children from worst forms of child labour; non-discrimination of children; and the protection of most vulnerable children necessitated this revision.
- The National Policy on HIV/AIDS was adopted in November 2001 with the objective of providing a framework for leadership and coordination of the national multi-sectoral response to the HIV/AIDS epidemic.
- In February 2003 a national multisectoral strategic framework on HIV/AIDS for 2003-2007 was initiated and is being implemented by various sectors and institutions.
- The Health Policy of 1990 was revised in 2002 with a focus on people at risk, and to encourage health centres to be more responsive to HIV/AIDS.
- The Women in Development Policy of 1992 was revised in 2000 and designated as 'Women and Gender Development Policy' to accommodate gender concerns and to promote responsibilities of both parents in the care and development of children (Ministry of Community Development, Gender and Children, August, 2004).

Legal measures

Evidently Tanzania has made efforts to respond to the international obligations. Article 12 of the Constitution of the United Republic of Tanzania, 1977 recognizes all human beings as equal and born free. However, the Law of Marriage Act 1971 and the Sexual Offences Special Provisions Act 1998 are among the legal provisions regulating the welfare of women, both single and married. Section 9 of the Law of Marriage Act 1971, provides for marriageable age. Boys may marry at the age of 18 years while girls marry at the age of either 15 or 14 years with leave of the court, and this is a violation of Article 21 of the African Charter on the Rights and Welfare of the Child which stipulates the minimum age of marriage to be 18 years.

The Marriage Act regulates all types of marriages including civil, religious and customary marriages. The above cited provision sets out the minimum age at which the girls can marry so long as the parents' consent is obtained. A girl at the age of 14 has probably not finished her primary education[3] nor has she developed in terms

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[2] The revision was awaiting for the approval of the Cabinet (Ministry of Community Development, Gender and Children, August 2004).

[3] Pupils are admitted to primary schools in the year in which they turn seven.

of her body and mental status enough to make informed decisions. It is my considered opinion that even if the parents give their consent this marriage should be treated as void.

The definition of a child under the international instruments[4] is 'any person under eighteen years'. The Constitution of the United Republic of Tanzania of 1977 sets the age of majority as 18 years but, while the government is under the above international obligations, it allows marriages for girl-children. The policy-makers need to review the Marriage Act so that the marriageable age for both girls and boys conforms to the Constitution and international instruments.

The Sexual Offences Special Provisions Act 1998 was enacted to safeguard the personal integrity, dignity, liberty and security of women and girls. However, this law has pitfalls, which need to be looked at for review. It provides for 30 years imprisonment for people who are married to girls under 18 years and rapists but at the same time if there is parents' consent under the Marriage Act 1971, the offender will be free. These two provisions do not meet the intended goals of protecting young women and girls. As a result, the girls are exposed to health risks, including contracting HIV at an early age.

The Sexual Offence Special Provision Act (SOSPA) 1998 amended the provisions of section 130 of the Penal Code.[5] Section 130(2) (e) reads as follows:

> 'Section 130 (2)
>
> A male person commits an offence of rape if he has sexual intercourse with a girl or a woman under circumstances falling under any of the following descriptions: (e) with or without her consent when she is under eighteen years of age, unless the woman is his wife who is 15 or more years of age and is not separated from the man.'

According to this provision, any sexual intercourse with a girl under 18 is sexual abuse and is rape punishable by 30 years imprisonment. This is irrespective of the consent by the girl. At the same time, the Act negates rape if the girl is at least 15 and is married to the man. This provision is self-contradictory because while it provides protection on the left hand it removes it by the right hand. The vulnerability and susceptibility of girls remains an issue because even where the girl is forced into an early marriage, the man will be freed under this section. In addition, where this law blesses the marital rape of a teenage girl, the same girl will be protected if divorced.

Although the government of Tanzania has enacted the Sexual Offences Special Provisions Act 1998 in compliance with the international instruments it has ratified, a lot has to be done to accomplish the obligations. The state has to put an infrastructure in place to monitor abuses by parents and the community. There is no point in having laws on paper without actions. There are a number of houses in townships, especially in Dar-es-Salaam, that are alleged to keep young girls for commercial sex. The adults involved in this kind of dirty business are enriching themselves, not only by exploiting the girls but they are also facilitating their deaths through HIV infections. The owners of these places are well known, but nobody bothers to take any action. Society needs to be sensitized so that whenever such incidents are discovered in their areas they should team up and report the abusers for the law to take its course.

Girls are also discriminated against, contrary to article 21(1) (b) of the African Charter on the Rights and Welfare of the Child. The literature (in the next section) indicates how society has negative attitudes towards the provision of condoms and the enabling environment for safe sex. Even where the laws are clear, the patriarchal attitudes deny women equal rights with men. The National HIV/AIDS Policy clearly requires every person, including school pupils, to be protected from HIV by all means possible and condoms are among the contraceptives recommended for safe sex.

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[4] The African Charter on the Rights and Welfare of the Child (CRWC) and the Convention on the Rights of the Child (CRC).

[5] Chapter 16 of the Laws of Tanzania.

The section following below, discusses the lived realities of teenagers in relation to family-life education, information on sexuality and the use of protective measures in HIV/AIDS.

The sociocultural and economic factors preventing teenagers from practising safe sex

The rights of teenagers to use contraceptives in relation to safe sex are well recognized by international and national laws as well as national policies. However, there are cultural, social and economic reasons why teenagers do not access the services.

Cultural factors

In understanding the real status of the girl-child in relation to reproductive health and protection from HIV/AIDS, it is important to address the cultural norms, attitudes and economic activities of the community she comes from and how these have been shaped by social and economic factors (Kabeberi-Macharia, : 1998)

While many parents believe that the majority of today's adolescents are sexually active, only a small percentage believe that their child is having sex. Parents often have an unrealistic perception of their own teenager's sexual practices and teenage sexuality in general. (Darvill and Powell: 1995).

Although parents find it difficult and uncomfortable to talk to their teenagers about sex, studies have indicated that young people who receive sex education from their parents or primary carers are more likely to delay first sexual intercourse, to use the contraceptives when they do have sex and to have fewer sexual partners (Darvill and Powell, 1995:116).

Many women find the heterosexual relationship a difficult one in which to negotiate a strategy for their safety. In many societies sex continues to be defined primarily in terms of male desire with women relatively passive recipients of male passions (Richgel, 1992; Gavey, 1993) Women find it difficult to assert their wish for safer sex, and as a result their own health and that of others may be put at grave risk. This applies in particular to very young women who are often sought out by older men because of their presumed passivity and freedom from infection (Bassett and Mhloyi, 1991; de Bruyn, 1992; Kabeberi-Macharia, 1998).

Forced early marriage is again a factor in teenage girls' HIV infection rate. Girls are forced to marry at a very early age, to acquire dowry and parents fear that daughters will get pregnant. This is especially so for parents who do not value their daughters' education. Getting pregnant outside wedlock is considered shameful to parents and the family in general. Parents often arrange for and force their young daughters to marry immediately after attaining puberty to avoid pregnancy outside wedlock. The forced marriages more often lead these young girls to high risks of contracting HIV because they marry older men who are also socially more powerful than the girls, thereby forcing them into unprotected marital sexual relationships (UNFPA, UNPF and Tanzania Ministry of Education and Culture, 2001).

Furthermore, early forced marriages deny girls the right to enjoy their childhood, the right to education and the right to choose a husband of their own choice and age group. In addition, early marriages put the girls at high risk because they are not fully matured and, in the absence of family education, they will have no proper knowledge on their own reproductive as well as health rights, including protection against HIV, let alone the use of condoms by a sexual partner.

Social factors

AIDS is recognized as a problem of gender because gender-linked cultural and economic factors mean that men and women have different degrees of control over their lives, including in decisions about sexual relations. (Holden, 2000: 19)

Due to economic and social insecurity, many girls and women face the threat of physical violence if they are not sufficiently responsive to a partner's desires. Under these circumstances, they will prefer to risk unsafe sex in the face of more immediate threats of their wellbeing. However, this is the outcome of complex interpersonal negotiations in which the social constraints of gender inequality play a key role. In most cases, the most affected are the poorest women and girls who have the fewest choices. They run the most frequent risks and are most likely to become infected (WHO, 1998). Social constructions of sexuality and gender relations are therefore major deterrents to sexual and reproductive health and rights.

Male violence can also impede women's ability to protect themselves from HIV and other sexually transmitted diseases (STDs). It is assumed that violence can increase a woman's risk of contracting STDs through non-consensual sex or by limiting her willingness to get her partner use a condom. Heise *et al*. (1994) suggest that an AIDS prevention strategy is based on equity of power between men and women. In reality, this does not exist in many relationships. In many cultures, suggesting individual use of condoms is widely associated with promiscuity, prostitution, and disease. Thus a woman raising condom use can be perceived as indicating her infidelity a male partner's right to conduct outside relationships (Heise et al.,1994:27).

There are social aspects for either girls or boys which are barriers to the use of contraceptives or condoms. These include the attitudes of both girls and women and boys or men on the use of condoms. The following statements evidence this:

> 'Girls think that we are promiscuous when they see us with condoms.'
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> 'Boys accuse us of being promiscuous when we want to use condoms'(Sambisa and Chibbamulilo, 1998).

Such statements indicate society's negative attitude to the use of condoms. The young people often think that the planning necessary to use condoms or other methods of contraception takes away the romance of sexual activity. Darvill and Powell (1995) also suggested that teenagers think that for sex to be romantic it has to be spontaneous and not premeditated. This may be attributed to general discomfort in talking about sex with their partner and also because of the portrayal of sexual behaviour in novels, on television and in films (Darvill and Powell, 1995: 113).

Furthermore, many young people who do know something about HIV often do not protect themselves because they lack the life skills or the means to adopt safe behaviours. Even young people who know all the ways to prevent infection may be unable to because of poverty or sexual violence, for example, or the absence of youth and gender friendly health services (UNICEF, undated). Studies have also indicated that sometimes teenagers intentionally engage in risky sex to become pregnant. They see pregnancy as a way of improving a relationship or keeping a relationship going. Girls with low self-esteem may perceive that becoming a mother is a way of gaining status and a sense of identity, of guaranteeing being needed and loved (Darvill and Powell, 1995: 112).

The use of contraceptives and condoms in particular, is also affected by the balance of power. A study by CIDA has also indicated how cultural attitudes affect the capacity of women and teenage girls to make use of condoms. The study suggested that women often have less control over their lives and their bodies compared to men. Women often have limited capacity to negotiate sex in a relationship. For example, it can be difficult for women to refuse to have sex or to convince their partners to use a condom, especially their husbands. If a woman suggests that her husband use protection, that may imply that she is cheating on him or does not trust him. Also, cultural attitudes often make it difficult for women to appear knowledgeable about sex or to request the use of a condom. When women do demand protection, they may face rejection, violence and/or economic hardship. A woman may suffer violence or rejection by her family and community (YOUTH ZONE, undated).

Thus, sometimes although women and girls may have knowledge about the effects of engaging in unsafe sex they perceive it as preferable for their own reasons. Some women are not comfortable with the use of condoms and they prefer not to use them.

Economic factors

FAWE studies noted that due to the lack of economic alternatives in the labour market, many girls perceive marriage as an escape from family poverty and mistakenly believe that pregnancy will help them to 'hook' husbands. Unfortunately, it is also noted that premarital pregnancy does not necessarily result in marriage. Instead, girls end up ruining their school careers and life chances, becoming socially and economically dependent on their families (FAWE, 1994 : 61) and some ending up being infected with HIV.

Poverty contributes to teenagers' failure to access contraceptives such as condoms for safe sex. Condoms are not always free. At times a person who needs them has to buy them. This means if a female or male partner is poor he or she will not be in a position to buy them even if the use is accepted. The places where condoms are offered free of charge are toilets in big hotels, guesthouses, bars and discos. These are not places where most ordinary people go for sexual encounters. Most of them are found in the small and tiny guesthouses. Under these circumstances, the HIV/AIDS policy guidelines are being implemented in a relatively limited manner and the services reach just a small population despite the national objectives.

Thus the government has to undertake the provision of condoms instead of leaving it to individuals who are merely interested in business. This may seem to be an expensive exercise but the cost of treating sick people is far greater than the prevention suggested here. Connected with the above arguments is the neglect of the youths. Rarely do youths look for contraceptives in the same places where adults would be served. The government has an obligation therefore, to provide specific separate centres for the youths where they can access these services without fear and intimidation from the adults. The service-providers have to be sensitized so that they treat the youth with patience and encourage them to change their perceptions of the use of condoms in order to save their lives and those of their partners.

Criminal activities and prostitution

Criminal activities such as rape, defilement and prostitution also contribute to the HIV infection rate of teenage girls. Adults expose girls to HIV infection through prostitution and criminal abuse.

A teenage girl is disadvantaged as well as discriminated against. She is also vulnerable to sexual abuse and exploitation. This discrimination is within the family, the community and even along commercial lines. Cases of incest and other forms of sexual abuse are committed against girls even by the family members. But even where these abuses occur at home, the offenders are rarely punished. In such kinds of abuses the girls will never be in a position to negotiate for safe sex. Even where the girls are aware of their sexual rights and have information about HIV, it will be very difficult for any discussion prior to the action. This is because the victims, will not be aware of the ill intentions of these family members, who may seem innocent and friendly to them. In addition, in times of war or conflict, women and particularly girls are often attacked and raped, increasing their exposure to sexually transmitted infections, unwanted pregnancy, and HIV infection (YOUTH ZONE, undated).

There are women and teenage girls who involve themselves in prostitution or transactional sex. This group finds it difficult to negotiate safer sex, and often being at greater risk of violence and stigma may make it more difficult for them to access health services (De Bruin, 1994).

Teenage girls are also sexually exploited because they are involved in exchanging sexual favours for material support not only for their families but also to support sick relatives. Girls and women usually bear the burden of caring for relatives who are sick, or they may need to work more to make up for the lost income of relatives. Unfortunately, to do this work, girls must quit school. Without an education, there is less chance for girls to become economically independent and they are not able to leave situations where sex is forced and unprotected and unable to afford treatment when they are sick. Some women are forced into the sex trade, or to undertake

'transactional sex' in exchange for food and services (YOUTH ZONE, undated).

The state has a responsibility to ensure that this practice ceases to be necessary. The social and economic policies have to be reviewed to see to it that families are economically sustained. Measures have to include poverty reduction strategies to increase people's purchasing power. The health policies have to take care of the sick population so as to reduce the burden on the dependants and other members of the family, allowing them to exercise their right to development.

Some practical interventions

The Tanzanian experience clearly indicates that teenagers do not access the services, knowledge and information as policies advocate, hence a need for interventions.

Having the provisions of law and clear policy is one thing, but what is important is implementation. The policies are written in clear language but their implementation is not done effectively. For example, while the National HIV/AIDS Policy, 2001 and the Family Life Education for Schools and Colleges advocate for safe sex – using condoms – female condoms are rarely to be found. The current public awareness campaigns carried out by the mass media do not include female condoms.

In a patriarchal society where there is an adverse balance of power between the sexual partners, female condoms can liberate women. They should assist in solving the problem as women or girls will have some capacity to decide when to use condoms. Where female partners fail to negotiate safe sex with male partners, they will have an option if female condoms are easily available.[6] It is therefore recommended that stakeholders concentrate on the availability of female condoms and also make the public aware of their existence and how to get them in case they want to use them. This awareness will also reduce the existing barriers for condom use where girls find it too difficult to ask their partners to use condoms.

Early marriages and prostitution which expose girls to risks of contracting HIV have to be addressed by the government. Political will is needed so as to fulfil the requirements of the International HIV/AIDS and Human Rights International Guidelines by reviewing and reforming the criminal laws and other correctional systems, and by strengthening anti-discrimination and other protective laws that will protect vulnerable groups.[7]

To protect girls from sexual abuses, parents have to make sure that girls have equal access to resources. If girls attend day schools where food is not provided, there is the possibility that they may be tempted to accept offers from men with alterior motives. Girls should therefore be given food or money to buy food during the day and money to buy educational materials and pay for their transport to and from school. However, this can only be possible if parents are also empowered by raising their standards of living.

Parents have to play an active role in empowering teenagers and girls in particular to take control of their lives so that they do not depend on men and remove the perception that men are the ones to help them solve their economic problems. Parents should also focus on building their children's future by giving them advice about concentrating on their schoolwork to prepare for a better future. The parents and the community have to provide role models for girls to aspire to achieve success in life.

Since African men consider girls as sexual objects, it is important that the girls understand their sexual role in society, including their reproductive health rights. It is therefore stressed that they need to know how to prevent unwanted pregnancies and sexually transmitted diseases. They also need to know how to avoid HIV and AIDS.

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[6] Currently, the female condoms are not available for women who may want to use them.

[7] HIV/AIDS and Human Rights International Guidelines: United Nations, Office of United Nations High Commissioner for Human Rights and the Joint United Nations Programme on HIV/AIDS HR/PUB/98/1 New York and Geneva.

It is further argued by FAWE that girls need more meaningful education about sexuality. All the information goes with growing into and becoming an adult must teach and empower girls to say no to advances from boys, men and male teachers. Boys on the other hand, must be taught to treat girls with the sexual respect they deserve (FAWE, 1994:49).

Sexual activity begins in adolescence for the majority of people, many of whom don't have the facts on prevention**.** In sub-Saharan Africa, half the teenage girls surveyed did not realize that a healthy looking person could be HIV-positive. A proportion of teenagers had never heard of AIDS or still believed HIV could be transferred through supernatural means (UNICEF, undated). Research by UNICEF (1999-2001) indicates that most teenagers in Tanzania know little about HIV prevention. The report showed that about 90 per cent of young women aged 15-19 had heard of AIDS but only below 40 per cent had knowledge about the three main ways of protection, that is, abstinence, being faithful and consistent condom use. The research also showed that 68 per cent of Tanzanian girls aged 15-19 years have serious misconceptions about HIV/AIDS. The misconceptions include:

> 'HIV can be transmitted through witchcraft and mosquito bites and a healthy looking person cannot have the AIDS virus' (UNICEF, 1999-2001).

Also we must provide our schoolgirls with the protection they need. Giving them not just accurate knowledge about the way their bodies function sexually but also the tools with which to protect themselves from the failure of society to teach them to say no, by providing contraceptives and especially condoms (FAWE,1994: 49-50). The provision of condoms is not only to curb teenage pregnancy and school dropouts but to tr to prevent early and painful death. However, condoms do not replace proper moral training that society should give the youth. Condoms are meant to act as safety nets to avoid disaster in case those charged with imparting upright moral values to the youth fail in their mission (FAWE,1994: 60).

There is a saying that 'information is power'. When it is delivered properly and is timely, information can be a potential power for women or girls protection and liberation. Since teenage sexual activity is often unintended and sporadic, much of the sexual activity occurs in the absence of sexual information and knowledge of contraceptive use.

Traditionally, it is said, African cultures had devised efficient systems of providing sex education to adolescents. Today these systems have either greatly weakened or have disappeared altogether. Neither parents nor schools are willing to fill the vacuum that has consequently been created. As a result, teenagers rely on misinformation on sexual matters from peers and the mass media (FAWE,1994: 69).Education is a basic human right which individuals are entitled to despite religious or parental resistance on the introduction of family-life education. It is also an essential vehicle for empowerment and achieving gender equity. Education provides positive values and life skills for personal and national development.

In line with these needs, the United Nations Population Fund (UNFPA) in collaboration with the Tanzanian Ministry of Education and Culture developed teaching manuals for Family Life Education for schools and teachers' colleges, so the pupils and college students should receive this kind of information. However the curriculum has not changed to reflect the inclusion of the Family Life Education.[8]

There is a need for the Ministry of Education and Culture to initiate follow-up arrangements and assess the impact of the training. Without such a move, the books may be available for teaching while no effective training is conducted by the teachers due to the negative attitude already perceived in them as parents as well as teachers.

Parents, teachers and the community have either neglected their responsibility or remained silent in teaching sexuality and family-life education to teenagers. The information disseminated by the mass media is important

[8] The policies and teaching manuals are not reflected in the schools and teacher's colleges curricula and the teaching has not started.

in breaking the silence that the parents and teachers have failed to do. It is recommended that the key action required is to break the silence by creating safe spaces for information and dialogue. Health services can provide competent and accurate advice on sexuality, reproductive health and HIV prevention.

The life skills education in schools should be comprehensive, and youth programmes should encourage girls to feel free to express their likes and dislikes. In addition, the young men should also learn what constitutes appropriate and respectful sexual behaviours (UNAIDS, undated). Policies and programmes for school services covering sex and gender education, counselling in relation to the promotion of positive self-images, family planning, prevention of STDS and HIV/AIDS should be emphasized. This is one of the most urgent investments needed in young people, who suffer injury or even death, as a result of societies' unwillingness to invest in sexuality, gender education and services for both unmarried and married young people (Germain *et al*., 1994).

In my conclusion I concur with the remarks of Holden (2004) that education has a great impact on reducing pupils' and teenagers' susceptibility and vulnerability as it helps them to learn important life skills, not only the ability to read and write but also to reflect on problems, find solutions, make decisions and acquire practical skills to earn a living (Holden, 2004: 88).

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