

Gender and Health Education: Youths Familiarity and Practices on Sexual Transmitted Infections in Bagamoyo District, Tanzania

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Abstract: The growth of the HIV/AIDS epidemic, STIs and RTIs infectious to women than men resulted to a global concern on gender vulnerability. This study therefore explored on the youth's familiarity and practices on gender and health education on sexual transmitted infections in Bagamoyo district, Tanzania. The study employed coaching method by outreach-research design through mentorship approach to youths. Data collection methods were informal discussion, interview and survey questionnaires. Random sampling was done to 10 teachers, 2 doctors, 20 aged parents, 7 nurses and 100 street youths and 400 secondary school students' together forming 539 participants. Qualitative data were collected and analyzed through excel program and thematically. Findings indicated that female who attended pregnancy clinic had familiarity to some extent on reproductive healthcare but were negatively practiced it in terms of sexual behaviour. Majority 87% lack understanding about STIs and RTIs but were aware on HIV/AIDS infections. 80% female were either already infected with STIs and RTIs or had HIV positive. 87% of both young women and men were infected with either Syphilis, Gonorrhoea or HIV/AIDS and 77% of victim experienced reproductive complications. The study concludes that the impact of STIs and RTIs is dangerous to reproductive health's of youths. Adolescents in schools engage in sexual practices at early age than it is expected by their parents. The study recommends on the establishment of a 'Moving Desks-Gender Healthcare Centre in schools and community to support available curriculum education to sensitize youths.

Keywords: Gender, Health, Sexuality, Youths, Adolescents and Infectious.

1. INTRODUCTION

In the past more than twenty years, changes have taken place in the international medical research to incorporate gender issues in practice and topics taking into account the weight of social representation for improved medical and research practice [8]. Medical research sector aimed at considering the way in which social roles and cultural context affected women's and men's health from physiological and pathological perspectives however the aim was on medication and not on educating about gender and health issues [8]. However, they realized that leaving education behind the implementation of gender and healthcare practices in medication become the difficult task because of lacking knowledge and understanding to patients about health and gender ethos. Thus, efforts were now directed to giving of awareness of the issues of gender, sexuality and health education in agencies dealt with medical research but it was rarely in other research fields [3].

The growing attention on the gender inequality and discrimination faced by women and girls globally and associated outcomes in particular reproductive health complications lead to the need of disseminating information for everyone to consider the issues. Studies that conducted on gender and health education related the concepts with sexuality education especially for tender age teenagers [6]. For instance, in 2009 the United Nations Educational, Scientific and Cultural

Organization (UNESCO) published the International Technical Guidance on Sexuality Education as an International Standards for conducting sexuality education [2]. In 2000 the concepts of gender, health and sexuality were now integrated into school curricula in different countries to be taught to every student and so the society at large. Several initiatives were taken in different countries including researches and interventions concerning gender issues, sexuality in relation to health education [8]. Various aspects of sexuality such as sexual behavior, sexual relationships, reproductive health, and gender inequality and identity were considered in school curricula especially in overseas countries like Hong Kong, Swaziland, Netherlands and Singapore [2].

The study in South Africa by [6] noticed that Sub Saharan African countries had a problem of having teenage pregnancies among girls. It has found that 10% girls in Sub Saharan Africa become mothers by the age of 16 years old. [6] pointed that in South Africa, a study on reproductive health knowledge and pregnancy related to school dropouts and sexual transmitted infections. Reviewed 11 school-based HIV/AIDS risk reduction programs for youths in Africa found that many adolescents and youths practice unsafe sexual intercourse and they lack knowledge on sexuality behavior and healthcare services [6]. The study found that minority of both girls (26.5%) and boys (41.4%) had experienced sex practices and among them girls who had experienced sexes (51.2%) reported that it was by force. Research studies informed that health education incorporated in school curricula of various countries were mainly focused on the knowledge of HIV/AIDS but limited on STIs and RTIs infections [2]. The study by [10] also found that the education provided to the society members through schools do not disseminate enough information because many victims of sexual transmitted diseases are youths. It is was informed further that, youths are sexual active but often they make risky decisions on reproductive health's [9]. Silent infections like STIs and RTIs are not known to many people like HIV/AIDS which is mentioned several times.

The STIs and RTIs infectious have been there since the old age but were not considered as an important areas of investigation in medicine and research. As a result in past few years from 2000 the rate of transmission of RTIs and STIs infections has reported to increase more in different countries especially for teenagers [5]. More effort globally has been on combating HIV/AIDS but not on STIs and RTIs infections. Moreover, initiatives done internationally and nationally at large were mostly not relating to STIs and RTIs infectious but were after sensitizing on the awareness to the causes, spread, symptoms and how to take care of HIV/AIDS. The study by [2] in overseas countries found that infection with Chlamydia trachomatis is the most common notifiable STI infection globally. The overall prevalence of Chlamydia trachomatis in Hong Kong was at 1.4% and the evaluated progresses on the STIs, HIV/AIDS infections were higher to young people. Like in Hong Kong, [1] found that in Taiwan young people face the problem of lacking sexuality education. Adolescents and youths the decisions they make on relationships and sexuality are not proper as in turn impact on their health and well-being for the rest of their lives. For instance, abortions, unplanned pregnancies, reproductive complications at birth and deaths.

The statistics on STDs worldwide indicates that both industrialized and developing countries their people are highly infected with STIs and RTIs infections but low attention is given to the impact of the infections especially to youths [6], [1]. The reason behind has been that people are not seeking health care for such diseases and they lack understanding on sexual transmitted infections except for HIV/AIDS. In some countries the knowledge about sexuality health was given to all people and statistics were taken [11]. For instance, [2] noticed that Netherland adopted a liberal, comprehensive approach to provide students with age appropriate knowledge and skills for making informed choices about their sexuality. [2] further noticed that Singapore and United States have adopted a conservative abstinence approach which encourages young people to delay their sexual activities until marriage and avoids sensitive sexual behavior and contraception's. The [11] provided statistics on the rate of infections on STIs and RTIs as can be seen in Table 1.1 below for different countries.

TABLE 1.1: RATE OF STIs AND RTIs INFECTIONS INTERNATIONALLY.

Country	Rate of Chlamydia	Ranks	Rate of gonorrhoea	Ranks	Rate of syphilis	Ranks
Belgium	44.49	15	9.03	17	9.2	3
Denmark	460.3	4	14.55	11	5.65	13
Canada	299	9	39	5	6	12
Sweden	786	2	3	6	8.4	7
USA	986	1	150	4	7.8	2

Source: [10].

The result on Table 1.1 above indicates that Denmark was infected much by Chlamydia at the rate of 460.3 and it rank at 4 positions among 4 developed countries. USA was infected much by Gonorrhoea at the rate of 150 more than in other industrialized country. Belgium was infected much by Syphilis compared to other industrialized countries as shown in Table 1.1. Among the presented STIs/RTIs rate of infections above it seems Chlamydia affected many people than Gonorrhoea and Syphilis. In African countries the spread of STIs and RTIs is also high. Findings in Table 1.2. shows the percentage of affected people in different countries.

TABLE: 1.2: STIs AND RTIs INFECTIONS IN SUB-SAHARAN COUNTRIES

Country	People infected by STIs and RTIs (%)
Uganda	3.3
Zimbabwe	3.4
Mozambique	4.7
Cameroon	13

Source: [10]

The results in Table 1.2 shows that STIs and RTIs infections were found at different rate in African countries. Cameroon showed to have more sexual transmitted infections than the other countries shown in the table. It is with no doubt that every country has STIs and RTIs infections though people are not aware of them.

Studies in the Republic of Tanzania, [6] noticed that teenage pregnancies was a problem facing adolescent girls. Moreover, among school-going adolescents there are problems of early pregnancies, rape and boys and girls were not likely to change their attitude about their reproductive health. Recent studies in Tanzania found that due to problems faced by youths and adolescents especially women and girls, the country decided to consider the issues of gender and health as an important aspects to be incorporated in the school curricula. In 2005 the content concerning gender and health education were incorporated in the curricula topics of all school levels. Elements of gender and health education are now taught in Tanzanian schools from pre-primary to advanced levels [7]. The government has strengthened the gender and sexuality policies especially heavy punishment to any men who engage in love affairs with school girl or the issues of pregnancies to students. Social interactions between men and women are considered much though there is still sexuality violence's at family level [9]. In Tanzania the infections of STIs and RTIs are lower in normal women than in pregnant ones [10]. In other words we can say that infections are exposed to pregnant women because they attend clinic and therefore checking their reproductive health frequently including infections of HIV/AIDS, STIs and RTIs. [6] noticed that in Tanzania adolescent pregnancies are indicators of more spread of infectious diseases because it is revealed that young people engage in unprotected sexual relationships. It is from such research findings this study engaged in exploration of youths' familiarity of gender and health issues related to sexuality behaviors in Bagamoyo district Tanzania.

Problem Statement

Recent report shows that there is limited education on sexual reproductive infectious diseases and on gender issues in schools and public particularly among adolescence and youths in Tanzania [6]. The group of young men and women were found to be infected much by STIs and RTIS infections than adults in different regions [4]. At the same time it has reported that over 1 million people, mostly teenagers worldwide are infected with STIs and RTIs every day and only 25 percent of people are aware of these infections through education provided in schools and public procurements [2], [10], [4]. Research findings indicated that in Tanzania the infections of STIs and RTIs are scattered across the whole country but it is cured silently [10] and adolescent pregnancies is a top concern among public health problems [6]. Findings indicates that available adolescent pregnancies were associated with other sexual risks like early marriages, unintended pregnancies, deaths during at birth, abortions, miscarriage, poverty, single parent children, school dropout, truancy and gender discriminations [6]. The study by [10] found that between 2011 to 2014 infected people in Tanzania were as in Table 1.3.

TABLE 1.3: INFECTED PEOPLE IN TANZANIA WITH STIs AND RTIs INFECTIONS

Regions	Infected people (%)
Mwanza	7.7
Mbeya	4.1
Kagera	14.9

Source: [10]

The observed results in Table 1.3 shows that in Tanzania the problem is even more serious because infected people in some regions were if compared to overall countries like those shown in Table 1.2. Kagera with 14.9% and Mwanza 7.7% infected young people is a worse situation which need immediate initiatives. More findings by [10] showed that STIs and RTIs infections among pregnant women in Moshi in 2011 were more than 6.5% of the whole region. The prevalence of HIV, active syphilis and herpes simplex virus-type 2 were 6.9%, 0.9% and 33.6% respectively while 0.5% were positive for gonorrhoea, 5.0% for vaginalis and 20.9% for bacterial vaginosis in Kilimanjaro Region [10]. Despite the serious problem identified among youths, available studies on the issue of gender and health do not explain on the interaction of both gender and health with a focus on the STIs, RTIs and HIV/AIDS infections and associated sexuality behaviours among youths as in this study. For instance [6] talk on the reproductive health to adolescence, [4] talk on the role of gender on women health but not on men and youth group; [8] talk on barriers of infections and women participation on health and gender but not infectious diseases. Basing on these findings, there is a gap concerning youths understanding, familiarity and what they practices after getting school education. This study therefore explored on the youth's familiarity on HIV/AIDS, STIs/RTIs infections in relation to gender education and practices in Bagamoyo district, Tanzania.

2. METHODOLOGY

In this study the youths familiarity on gender equality, equity and inclusion were found to be the core values to relate with health education and sexuality behavior in relation to vulnerability of females being infected much with sexuality infectious than men. The study on gender and health education with a focus on youths' familiarity of sexual transmitted infections of HIV/AIDS, STIs and RTIs was conducted in Bagamoyo district in Tanzania in 2019. The study evaluated the youths' understanding and practices of learning outcomes of the implementation of incorporated topics in school curricula concerning gender and health education. The exploration of youths' familiarity of HIV/AIDS, STIs and RTIs was done through employing coaching method by adoption of outreach-research design and mentorship approach to youths' in secondary schools and in the street (*Vijiweni*). Data collection methods were informal discussion, interview and survey questionnaires. Purposive sampling was done to 539 participants. These included 10 teachers, 2 doctors, 20 aged parents, 7 nurses and 400 secondary school students and 100 young women and men from streets thus, forming a population of 539 participants. Data were collected from secondary schools and social areas (*Vijiwe*) of youths in different streets in Bagamoyo district. Quantitative data were collected and analyzed through excel program to obtain descriptive statistics and qualitative data were collected and analyzed thematically.

3. FINDINGS AND DISCUSSION

The education on sexual transmitted diseases is of paramount to be taught in schools and other areas since its awareness is needed to every person. Sexual transmitted diseases include diseases such as HIV/AIDS, RTIs and STIs like Chlamydia, gonorrhoea, syphilis and others. STIs refer to sexual transmitted infections and RTIs refers to reproductive tract infections. STDs refers to sexual transmitted diseases. These infections predominantly are transmitted mostly due to unprotected sex between partners. Among them, more attention has been given to HIV/AIDS than to STIs and RTIs infections however, all of them are closely related and they have the same risk behaviors. The recurrence of STI's and RTI's infections in Bagamoyo district was found to be high compared to other district in Coastal region. However, the dissemination of information about the infections to youth and adolescents is still limited since the infections are just mentioned to specific group of people (young women) who are few. These are female who attends to clinic for pregnancies and for few infected person who are seeking treatment. This study found that there is no specific information about STIs and RTIs for men though it is mentioned that they are also infected especially those of adolescent and tender age. Through informal discussion, young men contended that the issue of healthcare in families is mainly a role of women since they are closer to children and all household activities. Young men involvement in HIV/AIDS, STIs/ RTIs services and education were not given in the community except for pregnant women and those with young children. This study also found that females at tender age were affected much by HIV/AIDS than men, almost 80% were using drugs of ARV (Data from Bagamoyo Regional Hospital 2019). The study further found that organizations involved in disseminating information about sexual transmitted infectious were not cooperating with the education sector directly instead information about HIV/AIDS were disseminated by ministries of health and other international or non-governmental organizations [4]. Education sector is the one which deal with many adolescents and youths in general as it deal with teaching directly in schools. Furthermore, education sector comprise professional teachers who have teaching methodologies of teaching any person and every content. Lacking of coordination from health sectors cause teachers in schools to teach the concept of HIV/AIDS and other sexual transmitted diseases with limited understanding and knowledge on the health education related to HIV/AIDS,

STIs and RTIs collectively known as Sexual Transmitted Diseases (STDs). Reviewed literature showed that up to 2000 many countries in Africa adopted a policy approach to issues of gender equality, equity, inclusive and health into their school curricula but without much emphasis on the impact to youths. The curricula content on STDs are not enough since have limited information concerning STIs and RTIs infections which currently are reported to threaten youths' health. Awareness of the issues of STIs and RTIs was limited to youths since education sector had no expertise on the sexual and reproductive infectious and was not directly handling the matter of health education. The outcome to the problem of lacking collaboration between health and education sector has led to youths remain redundant concerning their health on the matter of infectious diseases to their reproductive health's and sexuality practices. In this study youth were meant as young girls and boys of the age from (12 – 39 years of age).

Recently, the issues of equity between sex and gender in relation to health are at the pick of discussion academically since they were found to influence youths' reproductive health. Young women, girls and men in this study were found to be disadvantaged of getting sexual transmitted infections much more than adults. The study found that many factors such as life style, cultural norms, and religious believes, communities' perspectives on feminine and masculine activities to women and men in the societies and received cares from parents influence youths' sexuality behaviours. All these factors in turn affect youths' well-being especially those related to risky sexuality behaviours like love affairs among youths. Studies have shown that girls engage much in disadvantaged risky sexual behaviours including risky love affairs, abortions, unplanned pregnancies, reproductive complications at birth, deaths due to abortions, poor decisions on reproductive health services and gender discriminations from fellow partners [8]. In this study, it was found that 77% young women experienced reproductive complications that related to previous attack of STIs and RTIs infections (Data from Bgamoyo District hospital 2018). The interview with Bagamoyo district doctors informed further that, young women and girls are more disadvantaged since the sexual reproductive infections like HIV/AIDS, STIs and RTIs attack them more easily and frequently than men because of their biological characteristics nature. Doctors noticed that the nature expose women internal body than do men. For example, they mentioned on situations during giving birth, breast feeding even in personal hygiene of normal body cleanliness and at urination. Such situation led females to get infections than males. They added that even psychologically women hormonal secretions related with maternal issues are higher compared to men hence they are more sexual active at early age than counterpart men of same age.

Despite such situation it was found that there is paucity information through researches concerning youths' familiarity on both issues of health and gender and on actual practices they exhibit in their communities. This study found that youths in streets don't bother about HIV/AIDS instead females fear about getting pregnancies but not sexual transmitted infections. In schools 20% both male and girls were found to have reproductive health infections including fungal diseases. Boys were infected much than girls the problem which themselves said related to wearing of undried underwear. It was because of unfriendly school environment even 80% girls complained of lacking safe environment at school when they are in menstrual cycle. Parents involved in the study complained that children engage in sexual intercourse because of technology because they access related information and picture from internet. One parent was quoted saying;

My daughter who is in form two had a smart phone which she used to hide in her bedroom and call all the night. When you questioned her she said she was dreaming noisily. I was hearing her talking even at midnight! But one day I succeeded to catch her. I didn't even know to light on the phone but her young brother of 9 years old he helped to light on and opened it. My mom! my mom! I wonder to found pictures of people with naked body and video of people playing sexes! Mwe! Mwe! mweeee! I shouted! My daughter! Ohhh ...Our children are adult mothers virtually. It is paining.

Turned to teachers, in three schools the number of punishment to students were higher on the issues of mobile phones, messages of love affairs in phones, girls with pregnancies, dropout due to pregnancies and sexual intercourse between students themselves. One teacher was also quoted saying that;

There are students who were discontinued with studies because of possession of mobile phones which is not allowed in school policies. In investigating the issues of phones many of them are girls who got these phones from their boyfriends. When you read available messages in the phone all talk about promises of sexes either already done or expected to be done.

Interviewed nurses in other dispensaries and Bagamoyo district hospital noticed that, 87% men and women who attended for treatment in 2017-2018 had either of STIs and RTIs infections and majority were at the age between 22-38 years. In one of the town dispensary in Bagamoyo, nurses reported that 80% of females in 2018 attended for reproductive and other

sexual transmitted infections. In Bagamoyo the education on STIs/RTIs infections was limited and publication of such information to young people are rare in schools and communities. The exploration on the gender issues found that there is limited knowledge among youths on the gender and self-healthcare issues. This has led to youths' reproductive health problems and enduring into sexual risky behaviours. Through informal discussion with street youths about gender it was found that there is no familiarity at all about gender. Among 100 youths, only 5% said that gender is about men and women how they live in the society. Others, 10% said gender is leaders' speech to men to inform them not to beat their wives. Interviewed parent one of them said gender is about women and their rights.

Researches available were not much focusing on youth's education concerning gender and health especially how these relate to their daily to daily practiced behaviors. Focusing on combating inequality and discrimination of gender bias in health sector without thinking of relating the theme with education sector which deal with curriculum practices in schools create the gap and tough work of rectifying youths' sexual behaviours. This gap is of paramount to be covered since lack of knowledge on the relationship between the issues of gender, health and sexuality behaviours endanger youth's health and future lives. This study realized that some girls stay and interact with boys as enemies. Some religions believes directs girls to run out of boys all the time and therefore in schools they stay separated with no discussion on academic affairs. Youth practices bare sexes because they perceive and receive wrong information that at certain age you must practice to ensure that you are okay biologically. This statement was given by one of the interviewed young man of advanced secondary school level. Gender and health education given to students in schools is of paramount to support youths in the societies. The most important task is to ensure quality relevance and mode of disseminating information to reach targeted youths' all over the country. In this study it was found that youths' understanding on STIs and RTIs is of medium range. Responses from few youths in Bagamoyo peripheral areas, also from secondary school students and pregnant women about the sexual transmitted infections indicates that they were not familiar with the concepts of STIs and RTIs. Obtained results were as follows:

TABLE 1.4: YOUTHS FAMILIARITY ON THE CONCEPT OF STIs AND RTIs INFECTIONS

Group of Youth	Age	Understand well	Understand averagely	Not understand
Pregnant women	17-27	3	5	2
Ladies	15-31	1	9	30
Gentlemen	19-39	0	5	35
Secondary school students	Girls 14-17	2	6	2
	Boys 15-19	0	4	6

Source: Field data (2019)

The results on the table shows that among ten women participated in the study 5(50%) understand the concept of STIs and RTIs averagely where 2(20%) do not understand and 3(30%) understand well. It was realized that these results are due to the fact that pregnant women are educated on these infections when they attend clinic hence they are aware of the terms.

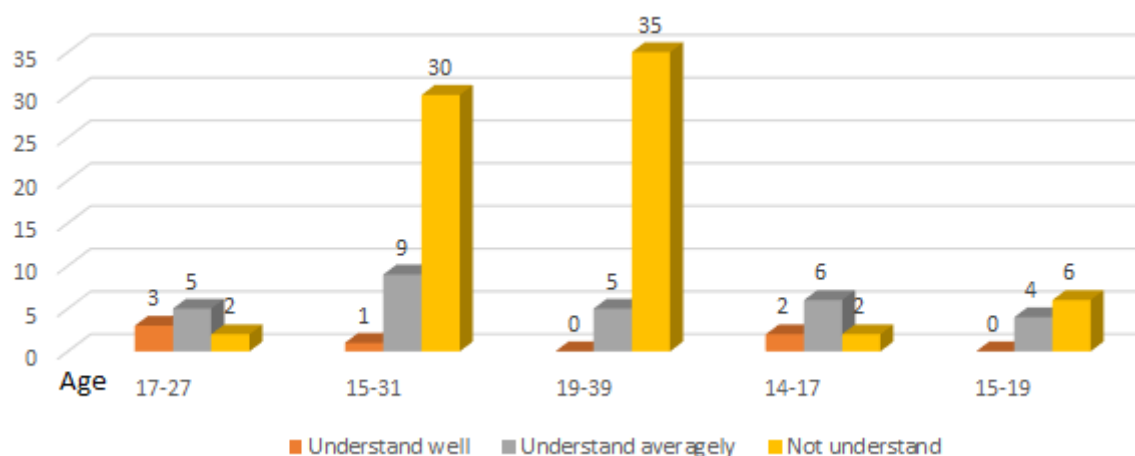


Fig 1: YOUTHS KNOWLEDGE ON THE CONCEPT OF STIs AND RTIs INFECTIONS

The above findings showed that youths aged between 15-31 and 19-39 their familiarity on the concepts on STIs and RTIs is nearly to zero. Many youths and adolescents do not understand the concepts. Few youths in all levels of age showed to be familiar with the concepts averagely and very few understand the terms. These findings agree with what [4] noticed in Simiyu region that the knowledge about STDs is limited among young people.

TABLE 1.5: THE MAGNITUDE OF STIs AND RTIs INFECTIONS AMONG YOUTHS IN BAGAMOYO DISTRICT IN 2017

Male	649
Female	2,169
Total	2,815

Source: Bagamoyo District Hospital (2019)

The Table above illustrates the estimated number of people who are suffering from STIs and RTIs infections who are in Bagamoyo district the year 2017. It is obvious from the table that youths are infected much by STIs/RTIs infections particularly women. These results show that in general coastal region is affected much because the number given above is for Bagamoyo alone and not for other districts. Moreover people who attended at Bagamoyo district hospital were found as follows:

TABLE: 1.6: PATIENTS INFECTED WITH STIs/RTIs INFECTIONS ATTENDED AT BAGAMOYO DISTRICT HOSPITAL IN 2017

Age group	Male	Female	Total
15-24 years and 10-24 years	123	569	692

Source: Doctors' Report Bagamoyo Hospital (2019)

The findings above in Table 1.6 shows patients who attended at the district hospital in Bagamoyo but remember that there are those who attended in dispensaries, in private hospitals and those who remain at home and seek traditional medications. It is with no doubt Bagamoyo youths need effective STIs/RTIs services because the infections are asymptomatic or with mild symptoms so many are affected but they survive silently. During informal discussion, one gentleman asserted that, the impact of STIs/RTIs infections or STDs are more problematic to women and they cause destruction in the womb. The problem is identified when the issue of pregnancies arise, either abortions, close of tubes, death of babies in mother's womb and lack of pregnancies. This is a big problem in the family. Moreover, one teacher said that students who engage in sexual intercourse first of all it is a bad habit, second if the problem is known that student can run out of school because of shame. Nurses noticed that patients of STIs/RTIs infections when admitted themselves they feel shame and they come with severe pains because of hiding from being known their problems. One woman who had the problem of gonorrhoea three years ago in a friendly language was quoted saying.

My young brother and sisters let me tell you, sexual transmitted diseases are very bad and dangerous don't play with sexual game before time. Myself I got the infections before actual marriage because I played sex with someone's husband who was infected. I didn't know but after few days I was unable to walk and I was hiding but later on I was forced by a situation to tell my aunt. After reaching hospital I was admitted and I had bad smell, Nurses abused me and I heard someone talking that it will be difficult for me to have babies in my life because the infections affected reproductive organs. Up to now I have two years in my marriage and I don't see any sign of pregnancy.

The responses given by that woman revealed the impact of STIs/RTIs infections to many people who have problems in their families. Even one gentleman noticed that his uncle got infections from prostitute women. Among youths interviewed some were married while others were not yet they revealed not valuing protecting their reproductive health. Majority 87% interviewed adolescents are still schooling, so they need much the education on gender and sexuality behaviors for their developmental health's. Some young women got awareness on STIs/RTIs infections through attending seminars and masses in church and mosques but few are informed through other sources though this is not enough.

4. CONCLUSION AND RECOMMENDATION

This study concludes that the problem of STIs and RTIs to youth is still acute due to the increase of technology and globalization which have influenced youth to engage in pornography activities. Young women and men engage in prostitution so as to get their basic needs by gaining money. Also, in the ways of improving clinical practices, there is a

need of relating youths' sexual behaviors with gender in health education provided in schools. Youth's sexuality behaviors and gender health form an interactive process between biology and social environment. Therefore, sexual transmitted infections (STIs) and reproductive tract infections (RTIs) are public health problem of major significance in many countries of the world though they were not given due weight since the past years. Interviewed elderly people in this study informed that it was believed by some people that these infections are shameless diseases so were even treated secretly. It has found in this study that the infections are more dominant to young women than counterpart men of same age in Bagamoyo district. So, the education in most cases are given to pregnant women but not to other young ladies or men. Thus, this study propose the establishment of gender and healthcare education which is vital to students and youths in Tanzania community. Findings from this study informs policy makers, educational and healthcare officials, youths, students and community members to take concern on gender, health and sexuality education. The establishment of a *Moving Desks-Gender Healthcare Centre* in schools and community will sensitize the whole country to take care. Need-based youths' healthcare research should be done and findings translated into health-gender policy.

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