DISSERTATION ABSTRACT

Doctor of Philosophy
Organizational Leadership

Adventist University of Africa

School of Postgraduate Studies

Title: EXPLORING MAASAI CULTURAL INFLUENCE ON MALE YOUTH SEXUAL RISK BEHAVIOR AND THE ROLE OF LEADERSHIP IN LONGIDO DISTRICT, TANZANIA

Researcher: Winfrida Aneth Mitekaro

Primary Advisor: Daniel Ganu, DrPH

Date Completed: April 2022

The main objective of this study was to explore the Maasai cultural influence on male youth sexual risk behavior and the role of leadership in Longido District, Tanzania, and to generate possible solutions to mitigate the current problem. Sexual risk behavior has become a global leadership crisis as well as a sexual and reproductive health challenge. It is the leading cause of STIs and other adverse consequences (Chawla & Kassa et al., 2016; Sarkar, 2019). A study done by Abdul et al. (2018) on the prevalence of self-reported symptoms among youth in Tanzania indicated that STIs prevalence is very high and knowledge about STIs is deficient. Maasai male youth of Longido District in Tanzania have been reckless in their sexual behavior. No evidence from the surveyed literature on what the leadership in place has been doing to combat the sexual risk behavior issue among the Maasai male youth. A study was required to explore the cultural influences on Maasai youth SRB

and the role of leadership within this particular community since there was none. Again, Maasai's perception in regard to SRB was unknown. The persistence of this condition would lead to increasingly poor health in the community and unnecessary deaths.

The study used a focused ethnographic case study design which is an in-depth qualitative method of inquiry that challenged and improved the conventional ways due to its brief time in data collection, its focus on a single social phenomenon, and an in-depth inquiry. Research instruments were individual interviews, focus group discussions, observations, and documents. The finding from this study led to the development of seven themes which revealed that there was STI prevalence due to sexual risk behavior influenced by cultural socialization process and indigenous knowledge. It was also found out that government leadership and non-government organizational leadership played their role in many aspects to improve lives, but so far, no health intervention attempt has been made due to a lack of courage to face well-rooted and protected cultural practices. The study recommended a hybrid health and leadership intervention model to mitigate the existing challenge.
Keywords: Sexual risk behavior, Leadership, intervention, Maasai, Longido.

Adventist University of Africa

School of Postgraduate Studies

EXPLORING MAASAI CULTURAL INFLUENCE ON MALE YOUTH SEXUAL RISK BEHAVIOR AND THE ROLE OF LEADERSHIP IN LONGIDO DISTRICT, TANZANIA

A dissertation

submitted in partial fulfillment

of the requirements for the degree

Doctor of Philosophy in Leadership

by

Winfrida Aneth Mitekaro

April, 2023

EXPLORING MAASAI CULTURAL INFLUENCE ON MALE YOUTH SEXUAL RISK BEHAVIOR AND THE ROLE OF LEADERSHIP IN LONGIDO DISTRICT, TANZANIA

A dissertation

submitted in partial fulfillment

of the requirements for the degree

Doctor of Philosophy in Leadership

by

Winfrida Aneth Mitekaro

APPROVED BY

Primary Adviser Daniel Ganu, DrPH	Program Director, PhD Musa Nyakora, PhD
Secondary Adviser Derick Deya, PhD	Head of Department, Social Sciences Musa Nyakora, PhD
Methodologist Safary Wa-Mbaleka, EdD, PhD	Dean, School of Post Graduate Studies Lossan Bonde, PhD

External Examiner
George Gongera, PhD

Date: _____

First and far most I dedicate this work to God Almighty, the giver and sustainer of everything. Secondly, to my family; my beloved husband, our children Fadhili, Gideon, Josiah and Sarah who lovingly and tirelessly offered their support and encouragement in every stage of my studies.

Their sacrifices and prayers did not go unnoticed.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
COVID-19	Corona Virus Disease
FGDs	Focus Group Discussions
HBM	Health Belief Model
HIV	Human Immunodeficiency Virus
SDGs	Sustainable Development Goals
SEM	Social Ecological Model
SLT	Social Learning Theory
SRB	Sexual Risk Behavior
SRH	Sexual and Reproductive Health
SRHR	Sexual Reproductive Health and Right
STIs	Sexually Transmitted Infections
TBP	Theory of Planned Behavior
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/ Acquired Immune Deficiency Syndrome
UNDESA	United Nations Department of Economic and Social Affairs
UNICEF	Sexual Risk Behavior
WHO	World Health Organization
YFS	Youth Friendly Services

ACKNOWLEDGMENTS

I thank God for His grace and blessings which have been sufficient throughout my entire academic journey. I thank Him for the health, protection, and provisions that brought me this far; may all glory and honor be ascribed to Him alone.

I am also deeply indebted to my primary supervisors Dr. Daniel Ganu, my secondary supervisor Dr. Derrek Deya and my methodologist Dr. Safary Wa-Mbaleka for their guidance, encouragement, patience, support, and constructive criticisms which led me to the successful completion of this study. Without them, this work would not be possible. To you all, I say thank you and may God Almighty richly bless you.

Also, my immeasurable appreciation goes to the Adventist University of Africa SPS faculty who continually offered the needed encouragement, support, and required cooperation wholeheartedly.

I wish to express my sincere gratitude to my classmates for their slogan of “no one left behind” which became my motivation to press forward without forgetting my many friends and colleagues for their moral support, encouragement, and prayers.

Also, my completion of this study would not have been realized without the East-Central Africa Division Leadership granting me permission to study while working; with their prayer, encouragement, and financial support I feel greatly indebited.

Further, I thank the AUA-worthy student scholarship fund, Brempong -Antwi scholarship, and ECD bursary for their financial support, without which I would never have completed my studies.

Finally, I deeply appreciate the immeasurable support and guidance I received from Evangelist Joseph and his family during the data collection period together with brother Kiling'ot Lembika for his excellent translation in the field.

I also thank all who have contributed to the success of this study and who may not have been captured in these acknowledgment notes. Their contribution is highly valued the same. May you all be blessed by God Almighty.

CHAPTER 1

INTRODUCTION

Background of the Study

Globally, health challenges associated with Sexual Risk Behaviors (SRB) are alarming (Kassa et al., 2016; Sarkar, 2019). Despite the efforts made by each country worldwide to deal with this problem, it has continued to be a sex and reproductive health concern (Pereira & Abeysena, 2018). These risk behaviors result in unintended health outcomes like Sexually Transmitted Infections (STIs), including HIV/AIDS (Tarkang et al., 2019), a condition that Mitiku et al. (2020) describe as a global development challenge. Although sexual relationships are regarded as an essential part of human nature, it hurts people's health and well-being when done carelessly or too early in life (Grimay & Mariye, 2019). What leaders do in all these, is crucial because leadership cuts across all aspects of life.

Having an unhealthy nation or an unhealthy community can handicap the leadership in place. Leadership at all levels play a vital role in mobilizing all its resources to make sure it maximizes health impacts on the people being led (Ksrinathet al., 2017). When people's health in the community is compromised, leadership is threatened as well. Any development is brought about by healthy individuals. One of the many roles of leadership is to holistically serve, and protect the people they lead and enable them to achieve maximum health potential (Holden et al., 2015). Sex and reproductive health are part of maximum health potential. Sex and reproductive health are listed by the United Nations as one of the Millennium

Development Goals (MDGs) for 2030 (Fang et al., 2020). Achieving this goal requires shared accountability and the responsibility of leadership in creating a healthy community.

Ways of addressing this goal may vary depending on the context. Such contexts may include social-economic, political, and cultural (Fang et al., 2020). With this complexity, leadership may be required to develop or implement existing policies and identify indicators existing in the specific community about sexual and reproductive health. For a better result, there must be a collaboration between individuals, institutions, and systems like those of education and health, etc., in addressing health issues. With this fact, one is reminded that Maasai too, deserve a quality life as first-class members of society. It is upon the leadership to pay attention to the well-being of the Maasai without affecting their good cultural values and practices (Mitekaro & Awour, 2021), a fact that may demand an excellent model of public health and leadership intervention. Such a model of community leadership may include positively influencing, motivating, and enabling the community members to effectively and successfully take charge of their individual and community health.

The continent of Africa, especially sub-Sahara Africa, is identified by literature as a continent leading in being affected by STIs, which are regarded as the leading cause of death in this part of the world (Ntaganira, 2012; Rich et al., 2015). According to Global Information and Education on HIV and AIDS (2020), 73% of all new infection is found among adolescents in Africa. The number of infected youths is estimated to increase if nothing is done.

A meta-analysis was done in 26 countries, 20 of them being from sub-Sahara Africa; the study reported that youth aged 15-24 engaged in high-risk sexual behaviors for wealth index, place of residence, and level of education (Berhan, 2015).

In the same study, male youth appeared to be at a higher risk than female youth (Berhan, 2015). Other researchers consider culture and gender as contributing factors to SRB. Another study on sexual health and SRB suggests that adolescents' decisions about sexual abstinence may be influenced by the intersection of culture and gender (Homma et al., 2013).

The three eastern African countries, Kenya, Uganda, and Tanzania are not spared from this global crisis. Studies have suggested that economic activities, cultural practices, and domestic violence contribute to the prevalence of SRB in these countries (Juma et al., 2017; Kwena et al., 2020; Chiang et al., 2021). Moreover, research confirms that Tanzanian youths compared with other age groups are severely affected by SRB as it is in other parts of the world (Abdul et al., 2018; Mcharo et al., 2020).

Risky sexual behaviors are characterized by having multiple sexual partners, sex with strangers, early debut, and unprotected sex (Kassa et al., 2016; Maluleke, 2010). Usually, these behaviors result in an increased risk of adverse outcomes, such as contracting or transmitting diseases, death, or the occurrence of unwanted pregnancies. This condition may reduce the quality of life. The conditionmay not only affect young people because most of the time, the cultivated habit tends to be extended to adulthood as well. The increased negative outcome of SRB leads to an increased cumulative risk of acquiring and transmitting STIs, including HIV and AIDS.

In this study, I explored Maasai cultural factors that may influence SRB because such behaviors occur within specific contexts in some places. An example of cultural influence may be found across Lake Victoria in the western part of Kenya where a high prevalence of STIs and HIV/AIDS among adolescents is experienced

according to Juma et al. (2014). As is expressed in the same study, some of these practices include: “Adolescent sleeping arrangements, funeral ceremonies, replacing a deceased married daughter with her younger sister in marriage, widow inheritance among boys, early marriages among girls, and preference for boys/sons” (Juma et al., 2014, p.2). According to Siegler et al. (2013), similar experiences are seen among the Maasai where cultural practices appear to be the catalyst of male youth SRB.

Even though the Maasai have preserved their rich cultural heritage with norms and practices which have been kept and passed from one generation to another to unite them as one people, some of these practices like family sleeping arrangements, age-set systems, wife sharing, polygamous marriages and community ceremonies (Siegler et al., 2013) contribute directly or indirectly to SRB behaviors. Exploring cultural factors that influence male youth sexual risk behavior among the Maasai in Longido and the role of leadership potentially helped in recommending a culturally sensitive intervention, which may yield the highest impact on the community. Some of the cultural practices are described in this section as follows:

Maasai huts are usually tiny, round in shape, and one-roomed (see Appendix T). These small round huts are called Engaji (Pakdamana & Azadgoli, 2014). A Maasai homestead can have 12 – 30 engajis forming a large circle with the paddock at the center where cattle gather. The homesteads are fenced using thorn trees to protect the cattle and people from predators (Chege et al., 2015). In each engaji lives a nuclear family with two beds, one for parents and another for children (boys and girls). The Manyatta has a fireplace for cooking in the middle. When girls reach the age of nine and boys 11-12, they move from their parent’s engaji and live in a separate engaji within the homestead. Typically, it is in the hut of an older woman, usually a widow and a warrior’s mother, where children from different households

gather to sleep (A Conversation with Mr. Narok, 2021). Boys and girls share the same beds, a state which increases the chances of experimenting with sexual behavior (Pakdamana & Azadgoli, 2014). When addressing the effect of culture on sexual health, the same research reveals the danger associated with Maasai sleeping arrangement with this expression: “Children grow up witnessing their parents engaging in sexual intercourse and learn the act from a young age” (p. 37). Therefore, from this study, Maasai sleeping arrangements could be one of the factors contributing to the development of sexual risk behaviors.

The Maasai age-set system or (rite of passage) serves as a political and social structure whose recruitment is based on biological age. It is from this age-set system that their community leadership is formed. A particular age group is assigned specific tasks to perform, and a particular behavior is expected of them. Age set and Leadership applies primarily to men because the Maasai community is firmly patriarchal. As explained in the Maasai Association (n.d., Ceremonies and Rituals, para.2), Maasai women identify with their husbands’ age group regardless of their biological age. At the same time, Maasai women belong to two major groups; Childhood (before initiation) and adulthood after initiation (which may begin as early as age nine onward). Usually, an initiation ceremony for males and females introduces a passage from one period set to another. This is the most critical stage of men’s life because it is the time when they transform from being boys to junior warriors. Maasai men have five age sets: Boys, junior warriors (Moran), senior warriors, junior elders, and senior elders.

Boys become junior warriors after an initiation ceremony where circumcision and other rituals are performed. Usually, junior warriors are not allowed to marry or have sex with married women until they are promoted to senior warriors. As stated in

the Maasai association (n.d, Ceremonies, and Rituals, para.13-14), after circumcision, the warrior's next step is to create an Emmanyatta - warrior's camp from a homestead of their choice. At this time, they move around and within the Maasai land, learning speech eloquence skills, animal keeping, a sense of belonging as brothers, and their land security, cattle, and people, an exercise that prepares them to be future leaders (A conversation with Mr. Narok, 2021). In the past, cattle security included cattle raiding as well. During their movements, when evening comes, they sleep at any homestead in a manyatta where uncircumcised girls and boys sleep. This time young boys pave the way for their elder brothers (warriors). They socialize by engaging in *esoto* dance with uncircumcised girls between the ages of 8-16. This socialization involves sexual games that the Maasai community recognizes and endorses (Talle, 2007).

Studies on the Maasai and esoto dance in Tanzania indicated that "*esoto* was closely linked to sex with 80% of those surveyed reporting that the dance always ended in sexual partnership" (Siegler et al., 2013, p. 3). This study indicated that there is more than what is only seen superficially in any cultural practice.

Within the Maasai cultural arrangements, there is a specified time for promotion from junior warrior to senior warriorhood- a ceremony known as the *Eunoto* ceremony (Siegler et al., 2013), which occurs after each 8-10 years; after that, a new group is recruited to form a new age- set of junior warriors. Eunoto is a ceremony highly celebrated by Maasai because the ceremony allows junior warriors to engage in the decision-making process in the community. It prepares them to become future decision-makers. In short, at this time, junior warriors are entering manhood. Age-set system among the Maasai directly or indirectly encourages SRB. Even the Maasai themselves say it; according to Talle (2007), "When you ask a Maasai why they entertain a large sexual network, they will usually refer to the

workings of their age-set system and the social prestige that sexual attractiveness gives among peers" (p. 355). From the above studies, one would say that the age-set system or rite of passage could be another contributing factor to SRB among the Maasai youth of Longido.

Premenarcheal Maasai girls and Moran are allowed to have multiple lovers with unprotected sex or share their partners without any problem (Siegler et al., 2013). For 8-10 years before their promotion to a new age – set, junior warriors meet these girls unless they are initiated and given into marriage. Parental or community restrictions are usually not expected. Maasai refers to these sexual games between unmarried male youth and premenarcheal girls as play. During these plays, an older woman (widow) supervises the games so that girls who are too young do not participate in *esoto* (Talle, 2007).

Early sexual debut, as Talle (2007) emphasizes, is considered necessary for a girl's health and breast development. Girls are not expected to say no to these games, nor are they expected to be virgins on their wedding day as it is regarded as an embarrassment for a girl. These games promote SRB among Maasai male youth and later on as senior men.

Sharing of wives is common among the Maasai because their cultural, and sexual autonomy is far more significant among married people of their culture. For this reason, extramarital sexual relationships are considered an inevitable aspect of any marriage (Sharp &Twaiti, 2016). Having multiple sex partners is culturally acceptable among married Maasai (Pakdamana & Azedgori, 2014); especially when it comes to members of the same age set group, they can exchange their wives and are permitted to engage in sexual activities outside their marriage (Sharp & Twaiti, 2016).

According to Maasai, sex in marriage is only for reproduction. Sex for pleasure and entertainment is done outside marriage (Talle, 2007). Sex within marriage is strictly regulated, while sex outside marriage has no clear guidelines if it maintains respect for the man. For example, a pregnant woman or breastfeeding mother is prohibited from having sex with her husband. This is regarded as one of the reasons why polygamy and sharing of wives are practiced to satisfy the sexual desires of the men.

According to Talle (2007), sharing girlfriends during *esoto* events continues when a warrior marries and advances to elder status within their age-set system. These men are people of the same age group who knew each other from the past and enjoyed sharing lovers. Age–set ideology prescribes that agemates 'share' wives. If a man of the same age set enters another man's house for shelter, the father and the man of the family leave the visitor with his wife and children to create a space. He also leaves and seeks another free house of his agemate, where he may sleep until the visitor leaves. This gesture is done out of a good heart because hospitality is a cherished virtue in the lives of the Maasai. In the process of kindness, it becomes very easy to fall into the temptation of engaging in SRB. The Maasai practice of wife-sharing seems to contribute to SRB among male youth and has made them particularly susceptible to HIV/AIDS and other STIs (Mitekaro & Awour, 2021).

Maasai culture is filled with a variety of ceremonies and rituals that bring them together to celebrate events related to a different age–set groups (Sebasta, 2018). These ceremonies contribute to bringing about unity and maintaining the community's traditions. Some of these ceremonies include the *esoto* dance, which is celebrated by Moran and young girls who have not reached puberty as discussed earlier; *eunoto* – A promotion day from junior warriorhood to becoming elders; *oloip* – shady places in

the bush where Moran and girls may decide to meet for their play day time; *inkipot* – when a Maasai girl selects her boyfriend and announces publicly through milk gifting rituals (Talle, 2007); and *olamal* - which are fertility rituals (Siegler et al., 2013). These rituals have often promoted SRB and contribute to STIs including HIV/ AIDS.

For the Maasai, like many other African tribal marriage arrangements, polygamy is the way of life. The Maasai are polygamous because women feel the need for companionship and someone to help with their many household chores (Sharp & Twati, 2016). Again, being a polygamist in a Maasai community is a prestigious and respected source. According to Höschele (2006), a man who has been promoted from warriorhood needs a sizeable household to be respected and have prestige in society. It is difficult for Maasai parents to discourage youth from being carefree and exposed to multiple partners throughout their childhood while they also have many partners (Pakdamana & Azadgoli, 2014). Having multiple partners in youth encourages polygamous marriage arrangements in adulthood.

The above cultural practices found among the Maasai of Longido district motivated the exploration of their influences on male youth SRB and lead to finding out what role the government and local community leaders can play in minimizing the existing challenge. This helped in proposing a suitable intervention model to mitigate the perceived danger to sex and reproductive health within the Maasai community of Longido.

Statement of the Problem

Sexual risk behavior has become a global leadership crisis as well as a sex and reproductive health challenge. It is the leading cause of STIs and other adverse consequences (Chawla & Kassa et al., 2016; Sarkar, 2019). A study done by Abdul et al. (2018) on the prevalence of self-reported symptoms among youth in Tanzania

indicated that STIs prevalence is very high and knowledge about STIs is deficient. Maasai male youth of Longido District in Tanzania have been reckless in their sexual behavior. The surveyed literature did not show clear evidence of what the leadership in place is doing to combat the sexual risk behavior issue among the Maasai male youth. A study was required to explore the cultural influences on Maasai youth SRB and the role of leadership within this particular community since there was none. Again, Maasai's perception in regard to SRB was unknown. The persistence of this condition would lead to increasingly poor health in the community and unnecessary deaths.

The main objective of this qualitative-focused ethnographic case study was to explore the Maasai cultural influence on male youth sexual risk behavior and the role of leadership in Longido District, Tanzania, and to generate possible solutions to mitigate the current problem. To achieve this objective, the study aimed explicitly at answering the following questions:

Research Questions

1. What cultural practices influence the Longido District Maasai male youth SRB?
2. How does the Maasai community in Longido District perceive male youth SRB?
3. What is the role of leadership intervention in the Longido District's Maasai Community?
4. What health interventions have been made to the community to address male youth SRB in Longido District?
5. What is the effective and culturally sensitive health intervention model recommended to mitigate harmful behavior among the Maasai in Longido?

Theoretical Framework

A theoretical framework is a map or a foundation upon which research is constructed; it reflects the reasoning of the entire research process (Adom et al., 2018). A theoretical framework defines the relationship among different grounding concepts, which helps explain the specific research problem in a new and unique way (Tolley et al., 2016) and gives direction and confidence.

Various theories, especially those dealing with health promotion, behaviors, and disease prevention, were looked into to see how they fit in explaining Maasai male youth sexual risk behavior. The studied theories were the Social Learning Theory (SLT), Health Belief Model (HBM), and Social-Ecological Model (SEM).

Social Learning Theory

As stated in the literature, Social Learning Theory (SLT) was developed by Albert Bandura, who suggested that people learn through observation, imitation, and role modeling (Horsburgh & Ippolito, 2018). The theory emphasizes the importance of the social or external environment to learning and acquiring new behavior. Social Learning Theory is one of the theories much used in child development. The suggestion received from this theory is that a change in environment can help modify undesired behavior. Although the practical part of this theory connects informal learning with formal as Cilliers (2021) expresses, little room is given for a rational mind and individual accountability for their behavior; instead, the weight is placed on the environment and the community. Social Learning Theory did not appear suitable for this study. It demonstrated weakness in a change of behavior due to the above reasons and could not give a sufficient explanation of the phenomenon being studied.

Health Belief Model

On the other hand, the literature suggests that the Health Belief Model (HBM) is another theory widely used in public health interventions, especially in community health promotion (Jones et al., 2015). Studies show that HBM has been used to help understand sexual risk behavior (SRB) as they are experienced in different age groups. The model is also used in health intervention programs (McKellar & Sillence, 2020). Conner & Norman (2015) seem to have a different opinions on the theory. They suggest that the approach focuses on an individual's belief in a change of behavior but ignores the role of a person's attitudes, ideas, and environmental factors that do not relate to health. In another publication, the authors argued that HBM has moderate success in contributing to people's behavior change because the theory is not fully developed and still needs more tests. This also did not appear suitable for the current study because what is ignored by HBM was considered significant by this study and is an area that deserved much attention.

Social-Ecological Model

The current study considered the Social Ecological Model (SEM) as a theory from which the Maasai male youth's sexual risk behavior, the role of culture, leadership, and intervention could be explained because multiple factors work together to create cultural practices, customs, and individual behavior. The framework is widely used in public health research and practice (Golden et al., 2015). Urie Bronfenbrenner (1917 – 2005) developed the social-ecological model in the 1970s as a conceptual model for understanding the human maturation process. In the 1980s, it was officially formalized and became known as a theory (Kilanowski, 2017). Kilanowski (2017), suggests that "It is a theory-based framework for understanding the multifaceted and interactive effects of person and environmental factors" (p. 295).

Therefore, this model will be used as a map that will organize and direct the thinking in this complex study.

Understanding Maasai male youth's sexual risk behavior may require researchers to consider the importance of each level as an essential factor that impacts the whole. Scholars consider SEM as a complex approach used in dealing with societal issues, especially health issues (Golden et al., 2015; Muchimba,2019; Salazar et al., 2020) Kilanowski, 2017). As Muchimba (2019) suggests, this theory may allow the possibility of assessing the Maasai male youth's sexual risk behavior from all these different angles (Muchimba, 2019). Below is the figure describing the Social Ecological Model.

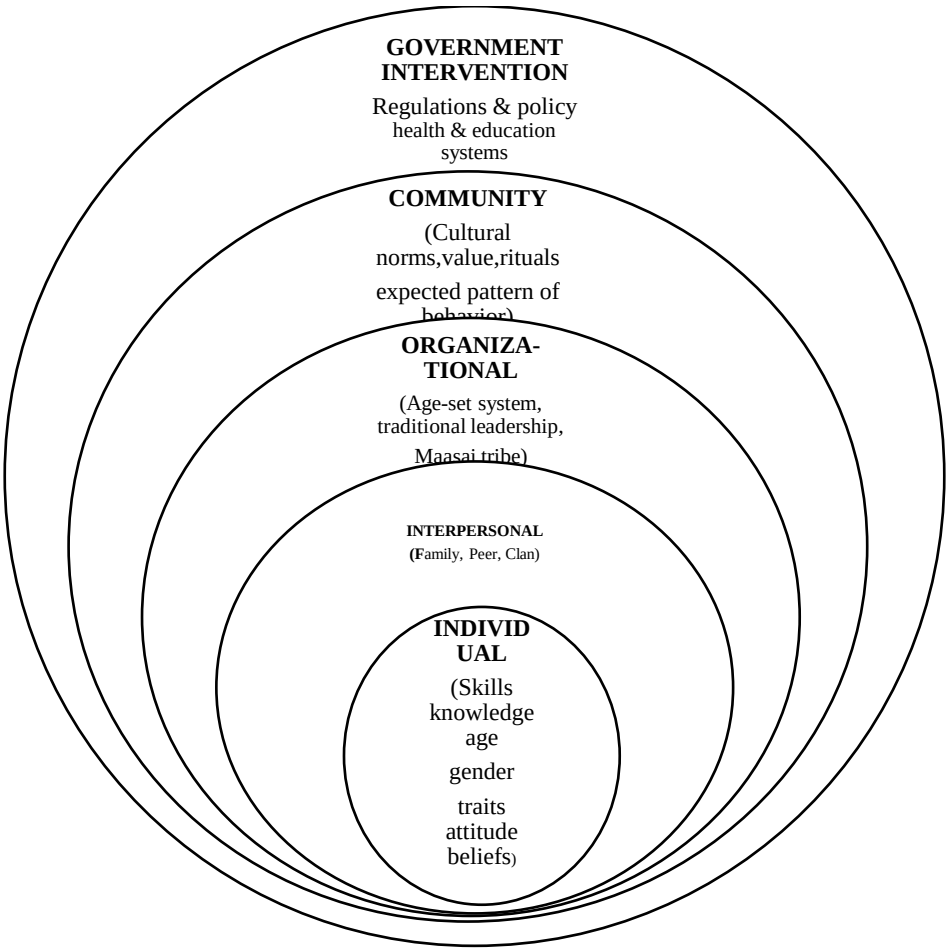


Figure 1.

A Theoretical Framework for Maasai Male Youth Sexual Risk Behavior

Note: Adapted and modified from Communication for Development (C4D) Capability Development Framework, UNICEF and 3D Change, 2009

The Social-Ecological Theory suggests that the behavior of an individual or community is influenced by multiple factors, which are categorized into five levels, namely: Individual (intrapersonal), interpersonal relations, organizational, community, and public policy (Salazar et al., 2010). According to Kilanowski (2017), "SEM states that health is affected by the interaction between the characteristics of the individual, the community, and the environment that includes the physical, social, and political components" (p.2). It is assumed that multiple factors accelerate SRB practiced by Maasai male youth of the Longido community, as reflected in the adopted SEM above, most of them being hooked on the culture. The framework levels overlap and have constant interaction (Kilanowski, 2017; Poux, 2017; Salazar et al., 2010). It is also understood that a larger social group influences individuals and the same individuals can impact their surroundings too. This is a dynamic relationship because each level interacts with the other.

Individual (Intrapersonal) Level

The SEM Individual-level stands at the core encompassed by other multiple systems. The model suggests that an individual's traits, skill, knowledge or educational level, age, gender, economic status, and attitudes determine intentions and the course of action or behavior (Poux, 2017; Ngwenya et al., 2020). This is likely to be a fact for a community like Maasai, where individual age and gender are ascribed to a specific pattern of behavior. According to Brown (n.d), the only thing that can contribute to a change of behavior when doing an intervention on an individual level is understanding those behaviors and exposing him/her to new knowledge or skills through behavior change communication.

Interpersonal Level

The interpersonal level in SEM refers to an individual's interaction with the immediate surroundings or social network, including peers, family, or clans (Brown, n.d.). The interpersonal relationship discussed here consists of both formal and informal. (Poux, 2017). These interpersonal relationships influence an individual's decision-making process and conduct because they create ascribed statuses attached to specific behavioral expectations and are beyond an individual's choice. Golden & Earp (2012) propose that change in relationships or social change communication can help in bringing an effective intervention. As Brown describes (n.d), the system of social change communication suggests that an individual or community can change harmful or destructive social norms, cultural patterns, or what is favorable in their environment and policies on their own.

Organizational Level

At the organizational level, individuals are influenced by the social institutions surrounding them, such as informal leadership, membership to a particular tribe (in this case Maasai tribe), and age set- a highly structured system among the Maasai schools, etc. Golden & Earp (2012) and Poux (2017) suggest that intervention done following SEM must work on the social relationship between institutions or different organizations to bring behavior development or change undesired behavior by determining regulations and restrictions. This is what Brown (n.d) calls social mobilization.

Community Level

At the community level in SEM, an individual is influenced by factors beyond immediate interactions; these factors are values, cultural norms, and rituals that

dictate the expected patterns of behavior of an individual or group. As Poux (2017) suggests, we can understand where behaviors originate by observing the community. Planning for intervention may require partnerships with agencies, increasing services, and empowering disadvantaged groups (Golden & Earp, 2012).

Government intervention

Being the highest level of SEM, government intervention, especially in this study, refers to policy regulation, government leadership, and health and education systems that influence lifestyle, behavior choices, and health. According to Golden & Earp (2012), intervention on this level may require implementing policy with health benefits and employing and mobilizing citizen advocacy.

As seen in the framework above, all levels have equal importance in their power to influence people's lives. Therefore, any intervention must plan to address issues at all levels. One of the model challenges is that it can be time-consuming and expensive (Brown, n.d); nevertheless, Poux (2017) suggests that SEM is a suitable model for helping individuals at risk in any given society. This study assumes that multiple factors accelerate SRB practiced by Maasai male youth of the Longido community, most of them being hooked on the culture. Since it understands that a larger social group can influence individuals and the same individuals can impact their surroundings, SEM appears to be a suitable model for the current study.

Significance of the Study

The present study explored how and why the Maasai cultural practices contribute to the SRB of Maasai male youth and how leadership plays its role in the Longido District. Therefore, the study may contribute to creating awareness in the Longido community on how cultural practices may impact sexual risk behaviors and

their dangers. It is hoped that this study will contribute to a deeper understanding of the phenomenon being studied. The findings may make an essential contribution to the field of Sexual and Reproductive Health. Again, with an engagement of social capital in the intervention process the community may effectively work together to achieve the common goal which is a positive transformation.

This work is a response to three of seventeen United Nations (UN) Sustainable Development Goals (SDGs) 2030, which are:

GOAL NO. 1. To end poverty in all its forms everywhere

GOAL NO. 3. To ensure healthy lives and promote well-being for all ages

GOAL NO. 5. To achieve gender equality and empower all women and girls (UN, 2015).

These three goals are interdependent. Thinking of goals number one and three, there is an excellent relationship between health and the economic status of an individual or society. STIs have a negative social impact, including costs for health services (National Guidelines for Management of Sexually Transmitted Infections in Tanzania, 2008). When people are healthy, their life expectancy may increase, and their economic status may change due to increased production and hence better life. This is an area where leadership plays its role in bringing a better life to society.

Again, the study may promote gender equality for girls and married women because girls are denied education due to early marriages or early pregnancies due to high levels of sexual engagement at a young age (Sharp & Twati, 2016). Women will cease to become men's sexual objects, and it may reduce early sexual debut, which is of public health concern. Further, the research may contribute and pave the

way for appropriate sex education and health promotion within Longido District and other communities with similar cultural practices and settings.

Scope and Limitation of the Study

The study was conducted in Longido District, located in the Arusha region, an area of 7,782sq km, in the northern part of Tanzania bordering Kenya. I selected this geographical location to contribute to the Maasai community's well-being in terms of leadership and sex and reproductive health in Tanzania. Further, Maasai are the majority in this area, with few people from other tribes working in offices and others having small-scale businesses in Longido town center. This makes it possible for the researcher to access first-hand information from the horse's mouth.

Although Maasai reside in different locations in Kenya and Tanzania, this study will not cover all Maasai territories in these two countries; therefore, the study was limited to Longido District, which was much more accessible than other Maasai locations. For the same reason, the study followed a focused ethnographic case study design instead of a conventional ethnographic design which demands a prolonged period with people and their settings. The combination of these designs complemented each other's shortcomings (Fusch et al., 2017); and came up with detailed information that helped in understanding complex issues in the real-life setting of the Longido community. The majority of the young Maasai generation understood and could speak Swahili, but many of the older generations could only speak Maa, a language which I am not acquainted with. To avoid distortion of information, translation was required in some cases when conducting the interview.

Finally, there might have been unknown conditions and factors which could have led to questionable information; still, an effort was made and triangulation was employed to maintain accuracy and avoid misinterpretation.

Operational Definition of Key Terms

Age-set System: This term was used in this study to mean a system found in the Maasai culture where a group of people of a similar age goes through an initiation ceremony together as they experience the passage from one age to another together.

Cultural Practice: This term was used in this study to mean actions of culture expressed through traditions and customs.

Initiation Ceremony: This term was used in this study to mean a ceremony celebrated by Maasai, a practice whereby boys are promoted to junior warriors and girls to womanhood.

Leadership: This term was used in this study to mean the potential or ability an individual has to influence others. This may be a group of people, a community, or an organization.

Maasai male youth: This term was used in this study to mean individuals who have entered warriorhood from childhood.

Polygamy: This term was used in this study to mean a practice whereby one man or woman is married to two or more spouses simultaneously.

Sexual risk behaviors: This term was used in this study to mean conducts that may lead to the contraction of infections. The behavior is characterized by having multiple sexual partners, sex with strangers, early debut, and unprotected sex.

Sexually Transmitted Infection: This term was used in this study to mean infections that are transmitted through sexual Contact.

CHAPTER 2

REVIEW OF RELATED LITERATURE

This chapter summarizes related key literature sources and information relating to the research topic, which is "Exploration of the influence of Maasai culture on male youth sexual risk behavior (SRB) and the role of leadership in Longido, Tanzania. Both online and physical forms of literature were used in this study. To be specific, the process started with observing the behavior of the Maasai, which led to the formulation of the research topic.

Further, living with Maasai for about 26 years in Arusha (some lived in my home) facilitated the establishment of conversations that exposed me to the background knowledge of the perceived problem, which needed attention and thorough study.

Together with other sources, the Adventist University of Africa's physical and online library was used to access books and major journals. In searching and collecting resources google scholar, JSTOR, ProQuest, ResearchGate, NCBI, MyLoft, and Ebscohost databases were used. Keywords included sexual risk behavior, sexual and reproductive health, Maasai Culture, Leadership, Health and leadership, focused ethnography, Trustworthiness in qualitative research, Data Collection Methods, and case study research designs. This literature review synchronized other scholars' ideas and contributions in comparison to the present study using a thematic approach. The chapter also reveals and discusses the literature gap(s) in detail, and finally, ends with the conclusion.

Sexual Risk Behavior

Although Sexual risk behavior may be defined differently depending on contexts such as culture, age, and gender Chawla & Sarkar (2019); still Chawla & Sarkar (2019) and Mitiku et al. (2020) describe SRB as behavior that seeks to gratify one's sexual needs and whose consequences put an individual to health at risk. Keto et al. (2020) define sexual risk behavior as "activities that may make an individual liable to the risk of sexually transmitted infections including Human Immunodeficiency virus (HIV) and unplanned pregnancies" (p.1). (Ssewanyana et al., 2021) are of the opinion that sexual risk behavior may include transactional sex, especially for youth living in poor and marginalized communities, it may also include engagement in sex while still in a tender age, intergenerational sex, unprotected sex, and sexual violence. According to Ssewanyana et al. (2021), these behaviors are all associated with poorer health outcomes. Every part of the world has been affected by SRB because no continent on this globe has been left untouched by it (Keto et al.;2020). For that reason, scholars have written extensively in regards to this subject.

Sexual Risk Behavior Globally

The surveyed literature was in total agreement that globally, sexual risk behavior (SRB) is the leading cause of STIs, including HIV/AIDS, unplanned pregnancies, unsafe abortions, and even death (Chawla & Sarkar, 2019; Kassa et al., 2016; Keto et al., 2020; Mcharo, 2020; Ssewanyana, 2017; Tarkang et al., 2019). Today, SRB accounts for a severe global sexual and reproductive health crisis. It is a challenge faced by both rural and urban dwellers, rich and poor, and is found in both developed and developing countries.

A study done by Buttmann et al. (2011) on 22,000 Danish men's sexual behavior indicated that even in Europe, where there may be no serious problem with

the availability of healthcare facilities and knowledge about the dangers associated with acquiring STIs, SRB is still strongly affecting public health and STIs prevalence is increasing across Europe. Fino et al. (2021) discovered that in the United Kingdom, STIs prevalence among university students of ages 18-25 is high. According to World Health Organization, more than one million STIs are acquired every day globally (WHO, 2019) due to reckless sexual behavior, especially among young people. Mitiku et al., 2020 found that due to sexual risk behavior, HIV/AIDS had become the world's most serious development challenge for several decades of which Keto et al; (2020) comment that the crisis is increasing globally. A global crisis was worthy of looking at unitedly with seriousness.

Sexual Risk Behavior in Africa

Across several studies, it was evident that the African continent is leading in the suffering associated with unintended adverse consequences of SRB. According to Ntaganira et al. (2012), out of 33.3 million people worldwide living with HIV/AIDS in 2012, 68% were in sub-Saharan Africa. Nyqvist et al. (2015), referring to what UNAIDs reported, said that the continent of Africa had nearly 26 million people infected with STIs, including HIV AIDS, in 2016. 1.2 million new infections were reported in Africa alone within the same year. From the African continent, studies showed that Sub-Sahara was the most affected part of the world (Keto et al., 2020; Lwelamirwa & Masanyiwa, 2015). Ntaganira (2012), Tarkang et al. (2019), and Ssewanyana (2017) asserted that SRB was a public health challenge in Africa. As a result, AIDS has become a leading cause of death, especially in sub-Saharan Africa. Knof et al. (2017) suggest that 78% of adolescents infected by HIV are found in Sub- Sahara Africa. According to Govender et al. (2019), 7.1% of those infected with HIV were located in South Africa alone.

The study done in the northwest province of South Africa by Rich et al. (2015) showed that African men tend to have a high level of alcohol consumption compared to women; this male drinking behavior leads to SRB and contributes to HIV infections in Sub-Sahara Africa. On the same note, Khumalo et al. (2020) described that the culture allowed SRB to be perceived as normal behavior for men hence accelerating the behavior's occurrence. Referring to women, Chiang et al. (2021) proposed that women's engagement in transactional sex in childhood led to a closer relationship with SRB in youth age and adulthood.

Concerning the problem at hand, Lwelamirwa & Masanyiwa (2015) and Ssewanyana (2018) proposed that dealing with the HIV and AIDS crisis in Africa should begin with finding ways to combat SRB among its youth population. This statement shows how serious the situation is on the continent regarding SRB.

Sexual Risk Behavior in East Africa

East Africa being part of the globe, is not left out from being affected by SRB. Knof et al. (2017), in their study, indicated that 21% of HIV infections among adolescents in sub-Sahara Africa were found in the three East African countries of Kenya, Tanzania, and Uganda. The research done in six fishing communities of Lake Victoria in Kenya, Tanzania, and Uganda indicated that women were highly engaged in SRB (Kwena et al., 2020). As Kwena et al. (2020) described, such behaviors occur when women provide services to fishers, such as selling food and drinks, scaling, etc. Such behaviors have increased women's susceptibility to STIs, including HIV and AIDS.

Again, the study done by Chiang et al. (2021) revealed that childhood transactional sex is a widespread practice in Uganda. This behavior seems to be accelerated by poverty and domestic violence. Although many factors are associated with SRB, Juma et al. (2017) suggested that eastern Africa's (especially around Lake Victoria

in Kenya) cultural practices surrounding gender and sexuality were to be blamed. Some of these cultural practices identified by Juma et al. (2017) were gender preference for childbearing, childbearing adolescents sleeping arrangements, early marriages, especially for girls, wife's inheritance, and funeral ceremonies.

Sexual Risk Behavior in Tanzania

When the literature review focused on Tanzania, studies indicated that SRB in Tanzania was very high, especially among adolescents (Mutasingwa & Mbirigenda, 2017; Nkata et al., 2019). Research findings by Hill et al. (2018) state that; "in Tanzania specifically, 40 percent of new infections occur among 16–24-year-old" (p.77). Moreover, Lwelamirwa & Masanyiwa (2015) found in their research that Sexually Transmitted Infection (STIs), including HIV/AIDs, are among the major sexual reproductive health concerns in Tanzania due to poverty, ignorance of the effects of STIs, and other risks associated with SRB, peer pressure, alcohol abuse and low level of formal education. Lwelamirwa & Masanyiwa (2015), commenting on the UNICEF report of 2013, pointed out that 25% of female and male young adults of ages 15-24 who were interviewed in Tanzania reported having had sexual intercourse before the age of 15. As Knof et al. (2017) state, 4.7% of the country's general population is HIV infected. The study done by Mcharo (2020) in the Mbeya region, Tanzania, suggested that young people, especially university students, practiced SRB because of the perceived freedom from parent/teacher supervision and peer influence.

According to Nkata et al. (2019), Tanzania was recorded among the top10 highest frequency of adolescent pregnancy. Adolescent pregnancy is regarded as a public health problem resulting from sexual risk behavior that leads to maternal mortality. Referring to maternal mortality, Nkata et al. (2019) describe: "In Tanzania, neo-natal mortality is much higher among adolescents (41 per 1000) than mothers aged 20 to 29

years (22per100 live births" (p. 8). This is indeed a description of a problem that deserves attention if society is after saving the lives of the young generation.

The Most Affected Group

Although sexual risk behavior may not be limited to a specific age group because young and old can engage in careless sexual conduct and suffer the same consequences, consulted literature in this study revealed that researchers have their views regarding a specific age group that is most likely vulnerable.

Studies show that the majority of the people infected are youth who should have been in society's workforce. Sub-Sahara Africa is regarded as a youthful population in which youth comprise 33 percent of the entire population, according to Kabiru (2013). This may be one of the factors that Africa is highly affected by STIs and HIV/AIDS because literature has revealed that HIV/AIDS and other STIs are highly prevalent in youth (Abdul et al., 2018; Berhan, 2015; Hill et al., 2018). This is evident in a considerable body of literature that suggests that young people are sexually active between the ages of 15 and 24 (Girmay & Mariye, 2019; Keto et al., 2020; Muchimba, 2019), which scholars regard as the youth age. The report given by the Centers for Disease Control and Prevention (2020) indicates that half of all newly reported infections each year are among young people 15 to 24 years of age. This is in convergence with the current study, which focuses on male youth and not any Maasai male because, as proposed earlier (Talle, 2007), Maasai male youth are those individuals who have entered warriorhood from childhood. Their ages range from 15 to 35.

Similarly, in their studies on youth SRB in Tanzania, Mcharo et al. (2020) and Abdul et al. (2018) affirm that youth, especially those of adolescent age, are highly affected compared to other age groups. Kassa et al. (2016) made it even more threatening by suggesting in their findings that young people can start SRB as early as the

age of five in Ethiopia. It is worth noting that, as per global information and education on HIV and AIDS (2020), 73% of all infections affect adolescents in Africa. This is alarming for the young generation, which calls for some intentional intervention.

Wiafe et al. (2021) propose why sexual risk behavior is rampant among adolescents. He suggests that adolescents experience many changes in their developmental process as they transition from childhood to adulthood, a stage that behavioral psychologists call Identity Vs. Identity confusion and a time when they are not yet fully prepared for a decision-making crisis (Erikson,1968). Again, this is when adolescents feel free from parental guidance and adult monitoring, according to Rich et al. (2015).

On the other hand, Ssewanyana et al. (2018) regard the adolescent stage as a time of sensation seeking. At this time, adolescents are highly in need of hopefulness and self-esteem, which is a sign of mental health. According to Ssewanyana (2018), if hopefulness and self-esteem are promoted, youth are protected against harmful influences they receive from their peer. The above facts suggested that more focus should be directed to young people when dealing with SRB.

Maasai Male Youth and Sexual Risk Behavior

Visited literature for the current study suggests that, generally, males and females express and experience sexual behavior differently (Puente et al., 2011; Romero-Etudillo et al., 2014). According to a study done by Puente et al. (2011) on gender differences in SRB among adolescents in Catalonia, Spain, results indicate that SRB was higher in boys than girls; one of the reasons is their attitude towards sex. Boys were more sexually active with multiple sexual partners, and they engaged earlier in an age in unprotected sex. Another study at big construction sites proposed that male labor workers practiced SRB more than female workers (Mitiku et al.,2020).

These observations would tempt a reader to believe that males are prone to sexual risk behavior and tend to practice sex carelessly.

Another contributing factor expressed in literature is male youth's tendency to experiment with other risky behaviors like violence, alcohol drinking, smoking, and abuse of many other drugs (Rich et al., 2015). Romero-Etudillo et al. (2014) describe female youth as individuals who tend to worry about getting pregnant or contracting STIs, things that do not cross male youth's minds easily. Literature shows that sometimes sexual risk behavior involves coercion; mostly male against female (Nkata et al., 2-19); in such situations, female youth do not have the right to negotiate sex.

In Maasai culture, sexual behaviors are gender-based because women have minimal control over their sexuality; men have (Matogo, 2011). Men are expected to be sexually active, and the Maasai community is lenient about their behavior even if it crosses other people's such as female boundaries (Siegler et al., 2013; Talle, 2007). This statement seems to agree with what Khumalo et al. (2020) suggest; that SRBs are perceived as normal behavior for men in many African societies. According to Talle (2007), girls' early sexual debut among the Maasai is not an issue as junior warriors are allowed to have sex games with premenarcheal girls. Again, as Sebastian, 2018 and Siegler, 2013 put it, Maasai ceremonies and rituals promote male youth's sexual behavior as many of these ceremonies allow them to engage in sex. Multiple sexual partnerships are an accepted norm in the Maasai community (Pakdamana & Azedgori, 2014). The extramarital relationship is cherished (Sharp & Twaiti, 2016), putting Maasai male youth in the position of quickly engaging in sexual risk behavior. The Maasai male sexual risk behavior seems to be more embedded in the culture, although they are not exempted from other factors that affect other youth globally.

Characteristics of Sexual Risk Behavior

Although the degree of prevalence, influence, and circumstances leading to SRB may differ from place to place, the literature consulted suggested that individuals who engage in SRB tend to share some common characteristics, as discussed here below.

Previous and current scholars agree that SRB is characterized by unprotected sex, early debut, having multiple sexual partners, frequent change of partners, sex with strangers, sex with sex commercial workers, or sex under alcohol and substance influence (Alimoradi et al., 2017; Govender et al., 2019; Kassa et al., 2016; Maluleke, 2010; Mcharo, 2020; Ssewanyana, 2017) which are the characteristics commonly seen among youth (Homma et al., 2013). Some of the traits mentioned above are identified by scholars such as Pakdamana & Azedgori 2014; Table, 2007; Siegler et al., 2013; Sharp & Twaiti, 2016 as existing among the Maasai community as their culture seems to be lenient against those practices.

Unprotected Sex

The term unprotected sex is generally understood to mean engaging in sexual practice without using a condom to protect you from STIs and unplanned pregnancy (Anyanwu et al., 2013). An increasing number of studies have found that even with the knowledge of the dangers associated with unprotected sex, youth and careless adults still neglect the protective value of condoms (Cheng et al., 2015; Anyanwu et al., 2013). It has been suggested that unprotected sexual behavior happens, especially when young people are intoxicated with alcohol or other illicit drugs such as marijuana, cocaine, etc. (Anyanwu et al., 2013). In this sense, unprotected sex comes accompanied by many other risky behaviors.

Referring to unprotected sex among HIV/AIDS patients, Anore et al. (2021) suggested, that some reasons for unprotected sex include a desire to have a child and negative attitudes against condom use. Exavery et al. (2011) underlined the idea of negative attitudes against condom use as the thought that condom use portrays distrust in a partner. He concludes that this is why some use a condom initially, but when the relationship deepens, they continue with unprotected sex. Poverty is another factor expressed in literature, especially for females who are coerced to unprotect themselves in transactional sex and be paid more (Anore et al., 2021). This raised a concern for a girl child from a low-income family becoming a victim of sexual risk behavior.

For Maasai, sex is regarded as entertainment (Talle, 2007) which, when done in the context of rituals and ceremonies, has support from elders and youth (Siegler et al., 2013). Culturally, siemens are regarded as beneficial for girls, especially for breast development (Siegler et al., 2013), and the use of condom interfere with that belief. In such an environment, it is hard to imagine condom use. Unprotected sex is the leading cause of STIs and HIV/AIDS, a crisis on Africa's continent, especially sub-Sahara Africa (Anyanwu, et., 2013; Cheng et al., 2015). Unprotected sex is a significant characteristic of sexual risk behavior among youth. More than using a condom to protect oneself from undesired harm, complete protection would be for young people to excise total abstinence from this dangerous behavior.

Early Sexual Debut

Although societies differ in determining age for sex in terms of gender (Asante et al., 2018), scholars define early sexual debut as having sex for the first time before the age of fifteen (McClinton et al.,2021). In some societies, sexual engagement can begin as early as age five (Kassa et al., 2016) and be regarded as standard.

Nevertheless, the literature indicated that early sexual debut increased the risk of contracting STIs, including HIV/AIDS (Durowade et al., 2017), and it led to further engagement in increased sexual risk behavior in later life (Nkata et al., 2019). In their analysis, Asante et al. (2018) proposed that some of the negative consequences of an early sexual debut were poor academic performance, early pregnancy, and STIs infection. Generally, the behavior affects an individual's well-being causing them to live a life of regrets and disappointment (McClinton et al., 2021). Studies showed that association with friends who engage in sex or alcohol drinking can be one of the major risk factors leading to an early sexual debut (Durowade et al., 2017). While early sexual debut may be regarded as immoral behavior by some societies, it may have a different perception in a Maasai community because it is structured within the accepted cultural rituals and ceremonies.

When it comes to Maasai youth, studies indicated that Early sexual debut was not a big issue (Talle, 2007). According to Siegler et al. (2013), a Maasai girl can begin engaging in sex as early as the age of ten years because junior warriors, for a period of 8-10 years after the initiation ceremony, are permitted by elders to engage in sex with premenarchal girls (Talle, 2007). The above overview suggests that what is regarded as an early sexual debut in other societies does not necessarily mean early for Maasai.

Multiple Sexual Partners

Having multiple sexual partners is regarded as infidelity in many societies of the world. The term multiple sexual partners are another way of describing extramarital relationships (Sharp & Twaiti, 2016), which Mutinta (2014) describes as a condition of having more than one sexual partner over some time. For some, the state may mean polygamous marriage arrangements, especially in African cultural

setup (Pakdamana & Adzadgoli, 2014), frequent change of partners, sex with strangers, sex with sex commercial workers, or sharing of wives as is the case with the Maasai culture (Sharp &Twaiti, 2016; Pakdamana & Adzadgoli; Talle, 2007). Observation from Exavery (2014) pointed out culture in the list of contributing factors to Multiple sexual Partner relationships. In Maasai culture, both males and females are exposed to multiple sexual partners throughout their youth behavior that continues into their adult lives through polygamy and sharing of wives (Pakdamana & Adzadgoli, 2014).

Research shows that multiple sexual partner relationships are increasing among youth, especially university students (Mutinta, 2014). A study done with students from KwaZulu-Natal University revealed that 44.2% of 385 students who were interviewed were involved in multiple sexual partner relationships (Mutinta, 2014). In the same study analysis, Mutinta (2014) provided several reasons university students engage in such risky behaviors as alcohol drinking, living alone in a rented apartment, and peer pressure. Multiple partner relationships fuel the prevalence of the HIV/AIDS pandemic. Addressing the pandemic can only be successful if it is with this risky behavior.

Factors Leading to Sexual Risk Behavior

Knowing the cause of every action is a step toward finding a solution. According to the consulted literature, SRB has reasons or factors behind it. Some factors are associated with people's environment, and others are universal. Until those factors are fully explored and dealt with, any community affected can be free from its effect.

Literature about factors leading to SRB strongly suggested that alcohol drinking, drug abuse, ignorance of the dangers involved, gender-based violence, and selfishness (Alimoradi et al., 2017; Kassa et al., 2016; Keto et al., 2020; Mcharo et al.,

2020) contributed significantly to the behavior. Other scholars such as Riley & McDermott (2018) and Wang (2015) blamed parenting, especially for male youth, as the main factor of SRB. Srahbzu & Tirfeneh (2020), in their study on students aged 15-19 in Tigray Ethiopia, found that SRB was associated with poor social support, such as parental neglect and alcohol drinking. Other scholars associated SRB with a lack of cognitive and emotional maturity in the adolescent stage, where young people experience more sensational arousal than cognitive control (Thongmixay et al., 2019), or they link the behavior with one's level of education, economic status, peer influence and place of residence (Berhan, 2015; Kassa, 2016, Mcharo, 2020; Mutasingwa & Mbirigenda, 2017 and Nkata et al., 2019). On the other hand, Thongmixay et al. (2019) blame lack of knowledge, which he refers to as cognitive too, and lack of awareness as barriers that contribute to the way youth behave when it comes to taking precautions in their behavior and in accessing reproductive health.

Alcohol Drinking and Substance Use

Studies conducted among youth, especially adolescents, demonstrated a strong relationship between alcohol, illicit drug use, and sexual risk behavior (Anore et al., 2021; Asante et al., 2018; Durowade et al., 2017; Epstein et al., 2014 and Mutinta, 2014). It has been suggested in a recent review of literature that when people are intoxicated with alcohol or any drug of abuse, their risk perception is lowered, their decision-making process is affected and their fear of contracting STIs diminishes (Armed et al., 2019, Mitiku et al., 2020). Alcohol drinking and drug abuse affect not only people's sexuality but also many other social and health aspects of life. As revealed by Pitpitan et al. (2012) and Ssewanyana et al. (2021), alcohol and other drug use are highly associated with depression, and depressed individuals are prone to

risky behaviors, including SRB. There is still uncertainty about the Maasai people and alcoholism because the visited literature seems to be silent about it.

Level of Education, Ignorance, and Sexual Risk Behavior

Several experts, such as Cheng et al. 2015; Mcharo, 2020; Ntaganira, 2012; Ssewanyana et al. (2021) agree that lack of knowledge on the dangers associated with particular risk behavior, or lack of precaution majors against it, contributes a lot to the increase of SRB. Ignorance was referred to as a lack of exposure/awareness, cognitive maturity (Thongmixay et al., 2019), lower level of education, or illiteracy. Lack of mental and emotional maturity was mainly experienced by adolescents who are still transitioning to adulthood (Wiafe et al., 2021).

According to Ssewanyana et al. (2021), lower education is associated with SRB. Wahome & Waithema (2019) take it further by suggesting that a low level of education leads to lower self-esteem, which is the leading cause of alcohol drinking, hence victims becoming vulnerable to temptations of engaging in SRB. On the other hand, Kassa et al. (2016) admitted that the case could be vice versa because SRB is a leading factor in school dropout for young people. In other words, the studies seem to emphasize the power of knowledge and cognitive maturity in dealing with SRB.

Gender-Based Violence, Selfishness, and Sexual Risk Behavior

Selfishness in the context of sexual behavior is expressed when an individual coerces another person into a sexual act to satisfy their sexual desire. In the study done by Pitpitan et al. (2012), it was discovered that gender-based violence is one of the major contributing factors to SRB. The same study revealed that alcohol use goes hand in hand with gender violence to the extent that even women who are sexually abused most of them report having had such an experience in a drinking environment

(Pitpitan et al., 2012). Research evidence shows that some people drink with their selfish motive to gain confidence in exercising abusive sexual risk behavior toward the victim. Other studies suggest that mental illnesses such as depression and stress or frustration can lead to alcohol drinking and sexual violence.

According to recent research findings by Chiang et al. (2021), sexual violence is expressed through transactional sex. Female partners provide sex and engage in domestic chores while males provide material support and other benefits apart from marital relationships. Chiang et al. (2021) thought that for transactional sex to happen, unhealthy norms in a given society are to be blamed. Ssewanyana et al. (2021), in their study, asserted that values, attitudes, and beliefs influenced people's behavior.

Studies have shown that, in the Maasai culture, young girls are neither expected to deny sexual games with junior warriors nor are they expected by their families and community to maintain their virginity (Pakdamana &Adzadgoli, 2014). Yet, scholars from this study proposed that such practices were regarded as SRB and had the potential for negative physical and emotional health consequences for the people involved.

Influence of Parenting on Sexual Risk Behavior

Parenting cuts across all spheres of life. When parenting is done poorly or exceptionally well, its consequences can be traced in every society. Literature shows that good parenting can help minimize risky behavior, including sexual in any given culture (Epstein et al., 2014, Kassa et al., 2016; Mcharo, 2020). According to Epstein et al. (2014), where there is parental monitoring, discipline, and a closer relationship between parents and adolescents, a delayed beginning of sexual intercourse and other antisocial behavior such as alcohol drinking and drug use can be experienced. Also referring to transactional sex, Chiang et al. (2021) suggested that through good

parenting and intentional protection of children and adolescents, transactional sex can be minimized or avoided.

On the other hand, scholars such as Lwelamirwa (20); Wang (2015); Riley & McDermott (2018), and Srahbzu &Tirfeneh (2020) seemed to suggest that parent's irresponsibility or neglect tend to affect young people's sexual health. Parental neglect may include a lack of communication between youth and parents about sex, as Tarkang et al. (2019) described. Ermed et al. (2019) described this kind of parenting as permissive parenting, which sets no boundaries in the lives of children and adolescents. Such parenting makes adolescents vulnerable to peer pressure and negative media influence (Kassa et al., 2016). Family discord was also identified by Chawla & Sarkar (2019) as another contributing factor to substance abuse, alcoholism, and depressed adolescents (Epstein et al., 2014), which in the end, leads to SRB.

Emphasizing the parental role in SRB, studies by Mcharo (2020) underlined that the onset of SRB was associated with adolescents being free from parental supervision, especially when they join university life. This freedom is characterized by limited interaction within a family circle and more focus on outside relationships (Ntaganira, 2012). From the above experts' suggestions, one thing may be clear, in the end, parental involvement contributes to reducing STI prevalence among adolescents. However, one raised issue is that SRB seems not to be an issue of concern among the Maasai because visited literature on this topic does not indicate any Maasai parental involvement in protecting young people, especially males from engaging in SRB. This gives a glimpse of the need to explore how the Maasai perceive SRB.

Economic Status and Sexual Risk Behavior

According to a study done by WHO (2019), SRB is highly experienced in low-middle-income countries, especially among the marginalized population such as sex workers. Poverty is pointed out by Anore et al. (2021) as one of the critical factors related to sexual risk behaviors, especially among university students from low-income families. According to Chiang et al., (2021), in the process of female partners seeking material support and other benefits, they engage in SRB. As Mcharo (2020) suggests regarding transactional sex, young female females tend to engage in SRB with more prosperous male partners for economic stability. According to Anore et al. (2021), some females are ready to go for unprotected sex to be paid more to sustain themselves or their families.

Peer Influence and Sexual Risk Behavior

Literature has demonstrated, that when adolescents have poor parental guidance and limited information on preventive behavior or dangers associated with SRB, they tend to trust suggestions given by their peers and media because they are not prepared for the independent decision-making process during a crisis (Cheng et al. 2015; Mcharo, 2020; Ntaganira, 2012 and Rich et al., 2020; Thongmixay et al., 2021 and Wiafe et al., 2021). On the other hand, as described by Trudeau et al., (2012), parental support and control seem to be effective in minimizing deviance. Studies done by Keto (2020) also affirmed that peer influence had a stronghold on youth behavior.

According to Pesambili & Novelli (2021), peer influence is even stronger among the Maasai youth because Maasai attachment to their rituals and traditional practices attracts youth to spend their time together. He additionally says that this is

the reason why many fail to stay in school because they want to remain attached to their customs like eating meat together with their fellow warriors and adventuring freely in the Maasai land. Looking closely at these statements, the literature is suggesting that peer influence among the Maasai youth is not regarded as deviance but rather conformity to the cultural norm and practices within their community because that is where youths are expected to be even when it means practicing SRB.

Influence of Cultural Practices and Sexual Risk Behavior

Surveyed literature revealed that culture plays a significant role in influencing sexual risk behavior. Researchers such as Becker et al.; 2014, Juma et al.; 2014 and Khumalo et al.; 2020 attest to this statement. Juma et al. (2014) report a study that investigated the perceptions of cultural beliefs and practices that increase sexual risk behavior among adolescents in Western Kenya. The study aimed at understanding the meaning of these culture, beliefs, and practices and their effects on orphans and non-orphans in an environment where there is a high prevalence of HIV/AIDs and teenage pregnancy. This particular study was qualitative descriptive cross-sectional in its design which consisted of 14 focus group discussions whose participants were 78 adolescents, 68 parents/guardians, and 13 key informant interviewees composed of community leaders, healthcare, and child and adolescent welfare workers.

From the study, it was found that cultural practices such as sleeping arrangements for adolescents, funeral rituals and ceremonies, deceased married daughters being replaced with their younger sisters in marriage, boys inheriting widows, early marriage among girls, and preference for boys made adolescents' orphans and non-orphans susceptible to sexually risky behavior. Factors such as sleeping arrangements for adolescents, funeral rites, and sisters' replacement were identified as cultural risks that evenly affect both orphans and non-orphans (Juma et

al., 2014). Widow inheritance among boys and a preference for a boy over girl children were identified as factors correlated more with orphans than non-orphans. The researchers came to the conclusion, that adolescent sexual risk depletion series of measures should be developed; taking into consideration the specified cultural context, employing strategies that allow communities to challenge the commonly accepted cultural norms that may generally make young people susceptible, to sexual risk behaviors while singling out those which unequally impact orphans.

Khumalo et al. (2020) affirm that the sexual behaviors of young men are shaped by cultural norms and practices. To fully understand this intersection, Khumalo et al. (2020) examined how cultural norms influence sexual risk behaviors among young men. The researchers used a qualitative approach, conducting four focus group discussions with 36 male students from various levels of study at the University of KwaZulu-Natal. The findings highlighted that agents of socialization such as family, peers, and community play a significant role in shaping young men's sexual behavior through cultural influences.

Khumalo et al. (2020), found that young males are trained from an early age to conform to prevailing ideas about masculinity in their particular community Engaging in sexual risk-taking like having multiple partners or not using protection during sex may be considered a typical behavior for men (Khumalo et al., 2020). Unfortunately, some young men adopt these normalized sexual practices, which can have harmful consequences for their future (Khumalo et al., 2020). Within the university environment, alcohol use was found to hinder informed decision-making about condom use and increase exposure to sexually transmitted infections and other risks. Khumalo et al. (2020) suggest that sexual risk reduction programs in

universities should consider the specific cultural context and empower young men to question and challenge accepted norms that may lead to sexual risk-taking behaviors.

According to Becker et al. (2014), the relationship between cultural variables and sexual risk behaviors among Latino youth was not well understood, with inconsistent findings across studies. Becker et al. conducted a longitudinal study and tracked the acculturation patterns of Latino youth in Southern California from 2005 to 2012. The researchers used data from 995 participants and conducted logistic and ordered regression analyses to enquire into whether cultural variables measured in high school were related to sexual risk behaviors in early adulthood, and whether these associations were attributed to gender. The results showed that the cultural value of respect for parents was negatively related to the discrepant of reporting for sexual debut and of not using condoms for most of the latest sexual intercourse.

However, a measure of socialization reflecting U.S. cultural practices was positively related to the probability of being sexually experienced, having simultaneous sexual partners, and having multiple partners (among males only) (Becker et al., 2014). The strength of supporting Latino cultural practices was adversely related to females' lifetime number of partners but positively associated with males. The findings suggest that cultural variables play a complex role in Latino youths' sexual behaviors and that interventions aimed at promoting sexual health among this population should take into account cultural factors. Further, the study suggested, that research is required to better understand the mechanisms underlying these associations.

In order to address the challenges that adolescents face in accessing sexual and reproductive health services, youth-friendly services (YFS) have been introduced (Munea et al.; 2022). However, the same study expressed limited evidence on the

effectiveness of YFS in addressing the socio-cultural norms that influence the sexual behavior of unmarried adolescents. To explore this issue, Munea et al. conducted a qualitative study in West Gojjam Zone, North West Ethiopia. The researcher used purposive sampling to select 112 participants from both the YFS program and non-program areas, including unmarried adolescents, parents, religious leaders, community elders, health professionals, teachers, and unmarried adolescents who had experienced SRH problems. Thematic analysis of the data revealed that the sociocultural norms associated with adolescent sexuality were similar in both areas. The community was found to be intolerant of premarital sex and SRH service utilization by unmarried adolescents and discouraged SRH communication with unmarried adolescents. Participants believed that such communication could encourage unmarried adolescents to initiate sex (Munea et al., 2022). The study suggests that YFS interventions should take into account these socially accepted sexual norms, including sexual abstinence.

Adolescents and youths in Samburu and Turkana counties in Kenya are mostly affected by sexual and reproductive ill-health, just like in other developing countries (Kinaro et al., 2019). These counties have an average of very high total fertility rates, which are much higher than the national average, making it essential to establish factors that influence the use of sexual and reproductive health services by youth and adolescents between the ages of 10 and 24 (Kinaro et al., 2019). To develop an effective program Kinaro et al. (2019) used primary data collected through focus group discussions, in-depth interviews, and key informant interviews with various stakeholders, including adolescents and youths, health care providers, community health volunteers, chemist assistants, parents, teachers, spiritual leaders, and traditional activists. The findings of the study revealed that sociocultural factors such

as early marriage, male dominance in decisions on sexuality matters, fear of family, and fallacy and misconceptions about birth control, influence the use of sexual and reproductive health services and information.

The findings indicated that young people need to be educated about the sources of sexual and reproductive health information, how contraceptives work, and how to use them. Empowerment of health care providers, community health volunteers, teachers, parents, and community leaders on adolescence, the sexual needs of adolescents, and the drawbacks of FGM, including early marriage, is also important (Kinaro et al., 2019).

Jahanfar and Pashaei (2021) assessed the sexual attitudes and factors associated with sexual risky behavior among university students, specifically girls, and boys, who are in their early years of fertility and more likely to engage in such behaviors. The study was conducted using a self-administered questionnaire on 800 students, mostly single females. Findings revealed that sexual attitudes, culture, and sexual risk behaviors are closely related. Sexual attitudes refer to the beliefs, values, and opinions individuals hold about sex and sexual behaviors. It was evident in the study that culture also plays a very important role in shaping sexual attitudes and behaviors, as it provides a framework for understanding what is considered acceptable and appropriate sexual behavior (Jahanfar & Pashaei, 2021). In cultures where sexual activity is stigmatized or tabooed, individuals may engage in riskier sexual behaviors such as unprotected sex or having multiple partners to avoid being labeled as "sexually repressed." On the other hand, in cultures where sexual activity is more accepted and celebrated, individuals may engage in riskier sexual behaviors because they perceive fewer negative consequences (Jahanfar & Pashaei, 2021). Results showed that girls were more religious, visited cinemas more frequently, and discussed

sex matters more openly with family members than boys. However, there was no significant variation in the total results of sexual attitudes between the genders, and both genders had a negative point of view toward sexual risky behavior. Those who attended parties, bars, or movies were more likely to engage in risky sexual behavior while being religious was a protective factor against such behavior.

Unhealthy cultural values within an institutional setup are a precursor for sexual risky behaviors within institutions of learning and the surrounding communities (Jahanfar & Pashaei, 2021). The study suggests the need for interventions in schools and universities to educate students and increase awareness of the consequences of sexual risky behavior.

Influence of Maasai Cultural Practices on Male Youth and Sexual Risk Behavior

Culture is an excellent influencer of all ways of life. Culture stands behind almost everything that happens in a given society, beginning from education, economy, and philosophy to social life in any community, culture has its voice (Unger & Schwartz 2012). A study done by Conner & Norman (2015) on conceptual considerations in studies of cultural influences on health behaviors concluded that culture has a significant influence on people's health behavior, and the results of those behaviors are complex. Culture affects how people perceive health, illness, and death issues, including beliefs about causes of diseases, approaches to health promotions, how illness and pain are experienced and expressed, and what kind of treatment a patient prefers to receive. Referring to levels of organizational culture, Daft & Lane (2015) suggested that some values are so deeply embedded in the deeper level of the culture that they cannot be easily seen at the surface. Maasai people belong to those whose cultures have deeper roots. To understand these values, one needs to dive deep

into these roots. Some of the areas of Maasai cultures that I have dived into in this literature review include Maasai culture and risk behavior, Maasai sleeping arrangements, age-set -system, rituals and ceremonies, polygamous marriages, and sharing of wives.

Specific Areas of Maasai Culture and Sexual Risk Behavior

As is the case in other cultures of the world, the literature reveals that the Maasai people have traditions, norms, and practices that govern their day-to-day behaviors (Chege et al.,2015). Studies showed that Maasai were diligent in preserving these cultural practices, passing them on to the next generation (Chege et al., 2015). A conversation with Nyambutu (2021) proposed that elders who usually are decision-makers in the Maasai community work hard to see that the younger generation abides by the existing norms, practices, and values in their society.

The same observation is expressed and supported by Sebasta (2018), that norm preservation has led the Maasai community to be the pride of Kenya and Tanzania, especially when compared with other tribes who have adopted modern lifestyles. According to Avieli and Sermoneta (2020), Maasai culture is well-defined and preserved, which has made them a center of attraction in the tourism industry.

Studies reveal that with all these positive heritages found in Maasai culture, some cultural practices are harmful to their sexual and reproductive well-being. Scholars admit that these practices favor the occurrence of SRB (Pakdamana & Azedgori, 2014; Talle, 2007; Siegler et al., 2013; Sharp &Twaiti, 2016). Freitas (2014) claims that the Tanzanian government does not produce statistics according to tribes. However, still, the same scholar admits in his study that HIV infections are rising in Maasai communities due to their cultural norms and practices towards sex and sexuality.

Researchers have addressed cultural practices that promote SRB among the Maasai as Maasai family sleeping arrangements (Pakdamana & Azedgori, 2014; Chege et al., 2015) which allow children to sleep in one room with their parents, age-set system or rite of passage that encourages ceremonies and rituals that favor sexual practices (Talle, 2007; Siegler et al., 2013), polygamous marriage arrangements which promote sex with multiple partners (Sharp & Twati, 2016; Pakdamana & Azedgori, 2014 and Höschele, 2006), wife sharing (Sharp & Twati, 2016; Pakdamana & Azedgori, 2014 and TaTable2007), rituals and ceremonies that are embedded with sexual practices (Talle, 2007; Siegler et al., 2013) and early sexual debut (Siegler et al., 2013; Talle, 2007). The findings expressed by this group of scholars gave an impression that a problem exists and needs an urgent move-in seeking a solution to create a healthy community among the Maasai in Longido and other societies that might also be affected by the same cultural practices. Below are some explanations from literature given to some of these cultural practices which contribute to promoting SRB among the Maasai.

Maasai Family Sleeping Arrangement

Humanistic psychologists suggest that observation learning is one of the effective types of knowledge. Children tend to learn faster by imitating observed behavior conducted by adults (Horsburgh & Ippolito, 2018). Studies on some aspects of Maasai culture indicate that children learn to observe sexual conduct from their parents in their childhood as they grow (Pakdamana & Azadgoli, 2014). As reflected in literature, the structure of Maasai huts and sleeping arrangements introduce young children to observing sex as they sleep in the same room with their parents (Chege et al., 2015; Pakdamana & Adzadgoli). Boys and girls sleep in the same bed; this practice informs children to grow without significant boundaries between gender

(Pakdamana &Azadgoli, 2014). As Ssewanyana et al. (2021) state, the values, attitudes, and beliefs of a given culture influence people's behavior. Growing up in such an environment makes it easier for youth to freely practice what they have familiarized themselves with for a long time as they advance in their age.

Age-set System

Each society has its cultural arrangement on how things and happenings are governed. Maasai culture operates under age-set system arrangements where people's status, duties, and responsibilities are defined by the age from which an individual (especially men) belongs (Talle, 2007). Further, Table 2007 described Maasai age-set classification as childhood, warriorhood, junior elderhood, senior elderhood, and elderhood. According to Siegler et al. (2013) and Sebasta (2018), each age- set is assigned duties that are well structured. Moving from one age group to another is accompanied by rituals and ceremonies (Siegler et al., 2013; Talle, 2007). Most of these rituals and ceremonies were proposed by researchers and they seem to promote SRB among Maasai people knowingly or unknowingly (Chege et al., 2015; Pakdamana & Azadgoli, 2014; Siegler et al., 2013; Ssewanyana et al., 2021 and Table, 2007). A literature review on Maasai rituals and ceremonies highlighted how they are practiced and how they influence Maasai male youth SRB.

Rituals and Ceremonies

Maasai people practice many rituals and ceremonies which define their values, attitudes, and beliefs. In this section, the focus is on those practices that relate to the age-set system and seem to influence Maasai male youth SRB. These ceremonies and rituals are described in the literature as *esoto, olamal, inkpot,* and *eunoto* (Siegler et al., 2013; Talle, 2007). Several studies claim that when male children become

warriors or Moran, they are introduced to esoto ceremonies (Sebasta, 2018; Siegler et al., 2013; Talle, 2007; Gilmore, 2010). This is the time when young girls of ages 6-15 and warriors of ages 13-27 gather together to sing and dance as lovers at night in one of the Manyattas; an exercise which ends in sexual games, and everyone in the community is usually aware of this occasion (a conversation with Lemada, 2021; Wilmore, 2010). Although the practice may be regarded as primitive by other tribes, Maasai people typically take pride in it.

When the exact singing and dancing are done in daylight, the occasion is called Olamal (a conversation with Lemada, 2021). Wilmore (2010) refers to this time as a period of freedom in youth's life that even older women have joyous memories of. Siegler et al. (2013) underline this statement, and in addition, he suggests that Maasai refer to this time in life as an exciting period and essential for everyone.

The literature revealed another meaningful ceremony celebrated by the Maasai, called *inkpot.* Maasai refers to the inkpot as a milk-drinking ceremony. This ceremony is done in a Maasai girl's home a month or a few months before being circumcised. People come to drink milk prepared in her home, and a girl is given the privilege to choose her *esoto* boyfriend by giving him milk publicly. The boyfriend may eventually become her *esoto* lover, but most of the time, he may not necessarily become her future husband because the right to choose a husband is done by parents (a conversation with Lemada, 2021; Narok, 2021; Wilmore, 2010). Studies also suggested that married women continue to have sex with their esoto lovers in life (Siegler et al., 2013; Talle, 2007; Wilmore, 2010).

On the other hand, *eunoto* is a ceremony celebrated by Maasai when men graduate from warriorhood to junior elderhood. At this point and time, new responsibilities and powers are assigned to them. This time is also called the shaving

ceremony, where warrior mothers take the responsibility of shaving their sons' hair publicly (UNESCO, 2018).

Polygamous Marriages and Sharing of Wives

Studies showed that sharing wives and polygamous marriage are standard practices found among the Maasai (Siegler et al., 2013; Talle, 2007; Wilmore, 2010). Referring to Maasai sexual behavior (Siegler et al. (2016) define sharing wives as "unhindered sexual access to age-mates' wives, especially during Desoto dance" (p. 684). Some authors suggested that having lovers among the Maasai is a practice that begins with rituals and ceremonies and continues to be part and parcel of life within the culture (Siegler et al., 2013; Talle, 2007; Wilmore, 2010). In the era of STIs and HIV, this practice can endanger the community's health under study.

On the other hand, studies suggested that polygamous marriage among the Maasai means having multiple wives sharing one husband (Pakdamana & Azadgoli, 2014) because Maasai are a patrilocal society polyandrous marriage is not part of their culture. As reported in the literature, culturally, for the Maasai, there is nothing amoral about a man having multiple wives; on the contrary, it is regarded as a prestigious thing (Höschele, 2006). Studies show that Maasai women enjoy companionship with their co-wives as they team -up to help each other with domestic chores and other duties attached to women (Sharp & Twati, 2016; Pakdamana& Azadgoli, 2014). While it may be socially acceptable to exercise polygamous marriages, health consequences resulting from the practice remain the same and would need a solution.

Effects of Sexual Risk Behavior

Sexual risk behavior results in complex consequences which may include health and psychosocial adverse. These consequences add a burden to individuals, families, and society.

Health effects found in the visited literature include early physical maturity, STIs contractions such as gonorrhea, syphilis, hepatitis, genital herpes, and HIV/AIDS, and fetal diseases such as cervical and genital cancers (Sally Cartwright, 2008; Mahumud et al., 2022 and Pinyopornpanish et al., 2017). Referring to psychosocial effects the same scholars connected depression, unwanted pregnancies, impaired relationships, suicides, stigma, and substance abuse. Whether SRB is culturally supported or not, the consequences remain the same.

Perception of Maasai Community on Male Youth SRB

People's perception plays a vital role in any given environment or society. Any existing reality comes from what is perceived in people's minds. It informs how individuals understand their environment through the interpretation of sensory information. Perception affects people's memory, behavior, attention, judgment, and expectation. For any learning or change to occur, it has to begin with people's perceptions.

Like many other African patriarchal cultures, male youths are positioned as dominant and are treated with some degree of leniency compared to female youths (Helman & Ratele, 2016). Some studies suggest that Maasai male youth are expected to be sexually active (Talle, 2007). Age–set systems, rituals, ceremonies, and early debut appear to care about male sexual pleasure, and their liberty is protected by their patriarchal community (Talle, 2007; Siegler et al., 2013). An important question associated with the male youth SRB is whether the community perceives this behavior

as congruent to what they wish to see happening in society or if there is any desire for change. In short, the aspect of the perception of the Maasai community on male youth SRB is not presented in the literature. Unless this is made clear, no suitable health intervention can be expected.

The Role of Leadership in the Maasai Community

Leadership is of great essence for any organization or community to realize success or change of any sort (Germeda & Lee, 2020). Several studies suggest that leadership incorporates one's ability to influence, persuade, bring about a needed change, or bring people in the desired direction (Baker, 2014; Blackaby & Blackaby, 2011; Hao & Yazdanfard, 2015). Every aspect of human life requires the presence of leadership.

Leadership and Health of the Community

When it comes to people's health, Holden et al. (2015) state that the role of leadership is even more crucial because leadership depends on the health conditions of the people being led. The presence of unhealthy practices in a given community is a problem that needs an urgent leadership solution. One of the critical leadership competencies is problem-solving. Donahue (2018) suggests that a successful leader must be able to analyze and find ways of bringing a solution to the community's existing challenges. WHO (2007) identifies leadership and governance as one of the six health system building blocks which stand at the center to enhance the efficiency of the other five. Moreover, WHO (2007) clarifies that leadership and governance "involve ensuring strategic policy frameworks exist and are combined with effective oversight, the coalition–building, the provision of appropriate regulations and incentives, attention to system–design, and accountability" (p. 3). Any change in the

community requires leadership and governance; it is the leadership that promotes teamwork, strategic thinking, problem-solving, flexibility, and resilience, leading change, influencing, and negotiating.

The Role of Leadership in Addressing Sexual Risk Behaviors among the Youths

The role of leadership in addressing societal issues is very crucial. Sexual risk behavior is also a challenge that needs leadership attention among many other challenges in any given community. Evans (2012) presents five fundamental beliefs for a modest model of leading a community, using examples and narratives as support. The first belief is that community leaders are catalysts for change. The second belief is that community leaders are motivated by a set of central values and principles concerning community action. The third belief is that possessing technical leadership skills or holding a formal position is insufficient to be an influential and transformative leader in a community. The fourth belief is that community leadership is intricate and extends beyond the abilities of any individual who possesses charismatic leadership qualities. Lastly, as Evans (2012) suggests, community leadership is considered praxis, which means that it involves taking action based on practical knowledge and theory that is critically evaluated to generate new insights and strategies.

Community leaders thus have a key role to play in addressing sexual risk behaviors among the youths through the adoption of appropriate change initiatives that promote positive cultural values. Chimatiro et al. (2020) investigated the impact of community leaders on the sexual and reproductive health rights of adolescents in Mulanje, Malawi. The researchers aimed to understand how different roles played by community leaders influence health-seeking behaviors and improve SRH rights

among adolescents, based on local perspectives. Chimatiro et al. used a qualitative study approach, conducting 12 Focus Group Discussions and 17 Key Informant Interviews with community leaders. The findings suggested, that community leaders have several roles in promoting adolescents' knowledge of STIs, HIV/AIDS, and SRH rights, including providing advice and support, regulating cultural practices, creating and enforcing by-laws, and handling sexual abuse complaints. However, community leaders with religious affiliations have different views compared to those representing other institutions (Chimatiro et al., 2020). Additionally, most community leaders reported having limited knowledge about adolescent SRH rights. Based on the findings, Chimatiro et al. (2020), suggested that the roles of community leaders vary depending on their position and institutional affiliations. According to Chimatiro et al., (2020), Community leaders without religious affiliations may encourage certain behaviors among adolescents, while those with religious backgrounds may discourage them (Chimatiro et al., 2020). These scholars emphasize, that stakeholders involved in promoting HIV and SRH rights should focus on capacity building among community leaders to improve their understanding of adolescent SRH rights.

Kohli et al. (2017) examined the risk behaviors of adolescents in the Democratic Republic of Congo, particularly their sexual behaviors, consumption of alcohol, and use of violence. The researchers also investigated how these behaviors affect the adolescents' future well-being and relationships and sought to identify the key components of an intervention program that can prevent these risk behaviors while strengthening protective factors for young people in the post-conflict region. To gather data, Kohli et al. conducted one-on-one interviews with 28 male and female adolescents, 20 parents and guardians, and 20 stakeholders from three rural villages in South Kivu Province. The findings indicated that the adolescents' risk behaviors were

influenced by various factors such as peer pressure, parental behavior, cultural practices, school enrollment, and poverty. The consequences of engaging in these behaviors included damage to family and social relationships, reduced economic and educational productivity, and diminished prospects for the future. Kohli et al. (2017) concluded that prevention interventions, such as youth leadership development that promote protective factors and reduce exposure to risk factors can have both immediate and long-term impacts on the health and behavior of young people. Such interventions may include community leadership which may engage youth, adults, and local stakeholders in a range of social, educational, and economic activities to address risk behaviors in the community.

Iwasaki (2015) explored the reflective experiences of seven youth leaders and 12 community agency partners who participated in a community-based research project over several years. As Iwasaki (2015) proposed, meaningful youth engagement and youth leadership as mechanisms for positive youth development and social justice youth development are important in communities with high sexual risk behaviors. He identified key concepts related to positive youth development, such as using a strengths-based approach, building capacity, and collaborating with youth in research processes. The findings also reveal key concepts related to social justice youth development, including empowering youth to effect social and systemic change and translating research into practical action in helping address risk behaviors among the youth. The study highlights the vital contributions of youth leaders to promoting positive youth development and social justice youth development.

The use of approaches that involve young people in HIV prevention efforts can be effective in improving health outcomes for this population. One such approach is Photovoice, which allows young people to identify the strengths and challenges

within their communities (Karagianni & Montgomery, 2017). That knowledge that it is in sub-Saharan Africa, where people are vulnerable to HIV/AIDS infection particularly young; Karagianni and Montgomery (2017) reported on a Photovoice project called Youth Photovoice, which was conducted in rural Malawi and focused on identifying community situations and places that put young people at risk of HIV infection through sexual risky behaviors. A total of 24 young people, aged between 13 and 17, participated in the project and identified five key areas that put them at risk of unsafe sex and HIV infection. These included initiation ceremonies, isolated locations, community celebrations, local businesses like bars and rest houses, and church-sponsored activities. The young people developed action plans using a systematic planning process and presented them to local leaders and parents. The response from parents and leaders was positive, and they agreed to support the young people in carrying out their plans, which included youth leadership development initiatives.

Karagianni and Montgomery (2017) report that if successful, these plans could directly reduce the risk of HIV infection among young people. The findings revealed that the youth Photovoice project enabled young people to acquire new skills, form new partnerships, and present their ideas to community leaders. The integration of the action planning process into Photovoice helped guide young people in implementing their HIV prevention plans in their community (Karagianni & Montgomery, 2017). The action planning process that provides leadership development opportunities for the youth could also be effective in addressing other community issues in various settings, such as the Maasai community which are the focus of this study.

Villa-Torres and Svanemyr (2015) examined the concepts of adolescence and youth, provided a summary of the models and frameworks that have been created to

conceptualize youth participation, and reviewed research that has assessed the implementation and impact of youth participation in sexual and reproductive health and rights (SRHR) from 2000-2013. While "young people" are generally defined as those aged between 10 and 24, what it means to be a young person differs widely across cultures and depends on various socioeconomic factors (Villa-Torres & Svanemyr, 2015). Researchers argue that several frameworks have been developed to better understand youth participation, with some designed to monitor youth development programs that involve youth participation. Although these frameworks are not specifically geared toward SRHR, they can be adapted and used in adolescent SRHR programs (Villa-Torres & Svanemyr, 2015). The most commonly monitored and evaluated intervention type is peer education programs, which foster leadership development among the youth. Villa-Torres & Svanemyr (2015) suggest, that youth participation is a right that should be prioritized in program and policy development and should not only be evaluated in terms of effectiveness and impact.

The Role of Government Leadership for Population Health

UNICEF (2020) proposed that government leadership is responsible for political and financial stability, policymaking, providing resources, education, social services, and protection. It is responsible for negotiating, creating health awareness, persuasion, and leading the population toward the desired goal. This is in harmony with the current studies' theoretical framework, which places government leadership at the highest level. Government leadership, in this sense, directs and oversees that regulations, health policies, and suitable education systems are correctly put in place (WHO, 2007). Generally, leadership influences any given society's health system and health reforms.

Other scholars, such as Fang et al. (2020), have pointed out that sexual and reproductive health is one of the United Nations Millennium Development Goals that leadership needs to work toward its achievement. Green et al. (2015) suggested, that the starting point for leaders is to have a health needs assessment of the population they are leading to define the problem, know the cause, and plan for intervention strategies. Without proper leadership in place that cares for the population's well-being, ready to cast, communicate and implement a vision for the community, no change can be expected**.**

The Role of Community Health Workers

Community health workers are an extension of public health and government health ministries' leadership which facilitates health and safety in the community. They must mobilize the community towards improving their health by providing guidance, information, instruction, and training (Olaniran et al., 2017). This process offers education on preventive issues and addresses values and cultural practices that endanger or threaten the community's well-being. They decongest health facilities, reduce the disease burden on the people they serve, and bring complex solutions to complex problems in society.

Local Community Leadership

According to McCabe et al. (2020), the Tanzanian government leadership extends up to the village level, where its governance involves the village chairperson, secretary, treasurer, village executive officer, and sub-village leaders. These are positioned to implement government plans and initiatives within the community. Although people may be tempted to focus their attention on government leadership in many aspects of local community development (Heard, 2018), studies show that

without local cultural-based community leadership involvement in grassroots innovation, government leadership is subjected to challenge. In addition to government local community leadership, McCabe et al. (2020) point out that the Maasai have a healthy–structured social organization with a well-ordered form of leadership where duties are well ascribed. Research clarifies; that Maasai are divided into clans, and each clan has a leader; senior elders are decision-makers in their groups and within the community. Each age–set group has a leader who reports to elders (McCabe et al., 2020; a conversation with Sandayian, 2021). Until these informal community leaders are convinced, one cannot expect any intervention. The change can only come if there is a leveraging of social capital in the intervention strategy (Eriksson, 2011; Shan et al., 2014). The concept of leadership in the Maasai community is reflected in the theoretical framework of this study.

Clark et al. (2019), clarifying the availability of Health Intervention/s made to the community to address male youth SRB defined health intervention as "a combination of activities or strategies designed to assess, improve, maintain, promote, or modify health among individuals or an entire population" (p.1). Scholars identify different types of intervention depending on the evaluation results (Morrow & Ross, 2015), but so far, no literature has been seen reporting any known health intervention that may have been deployed to address Maasai male youth SRB in Longido Tanzania. One of the objectives of this study was to explore the availability of possible health intervention/s made to the community to address male youth SRB and propose a way forward.

Viewing Culture through the Lens of Hofstede Theory of Multicultural Management

Hofstede's theory of cultural dimensions has been one of the most widely used frameworks for understanding cultural differences in management practices. This theory was introduced by Geert Hofstede in his 1980 book "Culture's Consequences: International Differences in Work-Related Values". In this literature review, I explored the Hofstede theory of multicultural management, its relevance in today's globalized business environment, and its limitations. Hofstede's theory proposes six cultural dimensions that define the differences between national cultures: power distance, individualism vs. collectivism, masculinity vs. femininity, uncertainty avoidance, long-term vs. short-term orientation, and indulgence vs. restraint. These dimensions have been extensively researched and validated across cultures and have been found to have significant impacts on organizational behavior, communication, and management practices (Hofstede, 1980).

Power distance refers to the degree of acceptance of hierarchical structures within a society, whereas individualism vs. collectivism refers to the degree to which individuals value their personal autonomy versus their connections with others. Masculinity vs. femininity refers to the degree to which a society values competitiveness, assertiveness, and materialism versus cooperation, modesty, and caring. Uncertainty avoidance refers to the extent to which a society feels threatened by ambiguity, and long-term vs. short-term orientation refers to the extent to which a society values tradition and long-term planning versus immediate gratification. Finally, indulgence vs. restraint refers to the degree to which society permits the gratification of basic human desires (Hofstede, 1980).

When considering the African culture as a whole with regard to Hofstede’s theory, some general observations can be made. For instance, the African culture

generally has a high-power distance orientation, which means that people in positions of authority are respected and are expected to be obeyed (Duze, 2012). This is reflected in the traditional hierarchy in African societies, which is often based on age, gender, and social status. In terms of individualism vs. collectivism, African cultures are generally more collectivist, meaning that the needs of the group are prioritized over individual needs (Duze, 2012). This is reflected in the importance placed on family and community in African societies, as well as the emphasis on group decision-making processes. With regard to masculinity vs. femininity, African cultures tend to value qualities traditionally associated with masculinity, such as assertiveness, competitiveness, and material success (Duze, 2012). However, this is balanced by recognition of the importance of feminine values, such as nurturing, compassion, and emotional expressiveness. In terms of uncertainty avoidance, African cultures tend to have a moderate level of uncertainty avoidance, meaning that they are willing to take risks but also have respect for tradition and a desire for stability (Duze, 2012). This is reflected in the importance placed on social norms and customs in African societies.

With regard to the Tanzanian culture in general, Hofstede's theory suggests that Tanzania is a country with high power distance, which means that people are more accepting of the unequal distribution of power and wealth. This is reflected in the way people interact with each other, especially in the workplace. According to Hoftede's (1980) research, Tanzania has a high-Power Distance society (PD), with a score of 70, signifying a significant reverence for authority and hierarchy. Moreover, Tanzania has a low individualism ranking of 25 which indicates a strong preference for collectivism and a strong sense of loyalty toward groups. This is reflected in the way people interact with each other, especially in the workplace.

Also, Tanzania is a feminine society, which means that people place a high value on competition, achievement, and assertiveness. This is reflected in the way people interact with each other, especially in the workplace. Hofstede (1980) states that Tanzania has a low Masculinity (MAS) ranking of 40, which indicates that the society is largely feminine in that the focus is on "working in order to live", striving for consensus, equality, solidarity, and quality of life. With regard to uncertainty avoidance, Tanzania is a society with moderate uncertainty avoidance. According to Hofstede (1980), Tanzania is characterized by a moderate level of uncertainty Avoidance with a score of 50. This implies that Tanzanians are open to taking risks while also holding a strong appreciation for traditional values and the need for stability.

Furthermore, he suggests, that Tanzania is a society with a short-term orientation, which means that people place a high value on immediate results and gratification. Hofstede (1980) suggests that Tanzania is ranked low in Long-Term Orientation (LTO) with a score of 34, which indicates a significant inclination toward achieving instant outcomes and expedient solutions.

To end, Tanzania is a society with a low level of indulgence, which means that the culture is one characterized by restraint. According to Hofstede's (1980) findings, Tanzania has a restrained culture with a low indulgence (IND) ranking of 38, which indicates that their actions are Restrained by social norms and feel that indulging themselves is somewhat inappropriate. Hofstede's theory of cultural dimensions provides insight into the values and behaviors of Tanzania culture. Hence, according to Hofstede (1980), Tanzania is a country with high power distance, collectivism, femininity, uncertainty avoidance, restraint, and short-term orientation. These cultural dimensions should be taken into consideration by organizations when dealing with

Tanzanians. However, it is important to note that the cultural dimensions of Tanzanians described herein are for the Swahili people of the coastal region and might not necessarily reflect the cultural framework of other tribes including the Maasai community.

Research Gap

A research gap refers to a missing piece of information or an unanswered question from the literature review. When a research gap is discovered, the researcher's contribution to the body of literature is expected. In this current study, four unanswered questions were identified and are presented as follows:

First, scholars like Keto et al. (2020); Mcharo (2020); Alimoradi et al. (2017); Kassa et al. (2016); Wang (2015), and Reley & McDermott (2018). Others like Siegler (2016); Sharp &Twaiti (2016); Homma et al. (2013); Pakdamana & Azedgori, 2014; Chege et al. (2018), and Talle (2007) are the people who have done extensive studies on Maasai culture. These scholars have revealed in their studies how Maasai culture influences SRB, but how Maasai culture specifically influences male youth SRB in the Longido district is arguably an essential question that previous and current scholars have left out.

Second, several authors like Germeda & Lee (2020), Blackaby & Blackaby (2011), and Bake (2014) defined so well and stressed the importance of leadership in any given community. Also, McCabe et al. (2020) and Sandayian (2021) gave light on how leadership is structured in the Maasai community; unfortunately, they do not explain the role that the leadership is currently playing or ought to play in dealing with sexual and reproductive health about male youth SRB in Longido district.

Thirdly, there seems to be no researcher in the reviewed literature who may have described the perception of the Maasai themselves towards SRB. This is a

question that has remained unresolved. Finally, there is still considerable uncertainty in the literature concerning whether any health intervention has taken place in the Longido district to address SRB. This study addressed all these gaps in the scientific literature about the phenomenon being studied

CHAPTER 3

METHODOLOGY

This chapter looks into the study methodology. Research design, sampling procedure, instruments for data collection, data collection procedure, data analysis, trustworthiness, and ethical considerations will be explored in this chapter.

The current study used a qualitative approach to reach this goal. The qualitative approach is informed by inductive logic, in which potential understandings of a phenomenon are derived from the data (Creswell, 2013). Qualitative research typically does what quantitative analysis lacks by finding out what numbers and statistics about the phenomena being studied cannot satisfy. Qualitative researchers immerse deep into the real life of the participants by describing life experiences that cannot be described quantitatively, like feelings, intentions, and perceptions (Sharique et al., 2019), giving them meaning to gain insights and explore the depth and complexity ingrained in the phenomena. Through this qualitative research, the study explored the complex features of Maasai male youth SRB to contribute to the body of knowledge.

Research Design

The study used a focused ethnographic case study research design. This was a combination of two designs. It was anticipated that blending these two-study designs would bring a harmonious balance, which would lead to the achievement of the desired goal for the study.

Ethnography Design

As described by scholars, ethnography refers to a research design that focuses on providing accurate and detailed information gathered from the real-life happenings in the research setting, such as the cultures and lifestyles of participants (Babbie, 2016, Fetterman, 2010, Lichtman, 2013; Wolcott, 2008). Creswell and Poth (2018) state, "Ethnography involves extended observations of the group, most often through participant observation, in which the researcher is immersed in the day-to-day lives of the people and observes and interviews the group participants." (p.90). This is done through the researcher's engagement in the field, observing patterns of group behavior for a prolonged period.

Ethnography design demands researchers to spend enough time in the research setting to understand social life since culture is a complex phenomenon to comprehend, especially if you do not belong to it, as Wa-Mbaleka (2018) expresses. This may include seeking to understand even unspoken norms, practices, and traditions. In this study, I opted not to spend a prolonged period in the research setting; therefore, I used a blended design, a Focused Ethnographic Design, instead of conventional ethnography. This design suited the current study because of its efficiency. The design allowed participants to get firsthand information in their settings and provided in-depth information within a short period.

Focused Ethnography Design

According to Higginbottom et al. (2015), focused ethnography refers to a study that focuses on exploring specific beliefs and practices of a particular culture while allowing participants to share detailed knowledge regarding the phenomenon of the study. The notion of a focused ethnography is old, although it has recently gained popularity (Knoblauch, 2005). The strength of focused ethnography is that the

approach allows the researcher to use the information gained from existing literature, prior conception, or background knowledge of the culture being studied (Atherton et al., 2018; Wall, 2015).

Focused ethnography design is flexible in exploring the culture. Instead of just describing culture as classic ethnographic does, focused ethnography gives room for designing strategies for change. Just as Wall (2015) proposed, focused ethnography is problem-focused and context-specific. As Côté-Boileau et al. (2020) asserted, contrary to conventional ethnography, focused ethnography design makes it possible for the researcher to go to the field with just a specific area of inquiry or a single social phenomenon and not the total or limitless aspects of the culture of the population being studied. Moreover, Higginbottom et al. (2015) suggested that focused ethnography allows participants to share their knowledge and ideology of a particular societal phenomenon. Table 1 indicates the comparison between focused and conventional ethnography designs.

Table 1. A Comparison between Focused Ethnography and Conventional Ethnography

Focused Ethnography	Conventional Ethnography
Specific aspect of field studied with purpose.	The entire social field is studied.
Closed field of investigation as per research question and objective	Open field of investigation as determined through time.
Background knowledge usually informs research question.	Researcher gains insider knowledge from participatory engagement in field.
Informants serve as key participants with their knowledge and experience.	Participants are often those with whom the researcher has developed a close relationship.
Intermittent and purposeful field visits using particular timeframes or events may eliminate observation.	Immersion during long-term experiential intense field work.
Data analysis intensity often with numerous recording devices including video cameras, tape recorders, and photo cameras.	Narrative intensity
Data sessions with a gathering of researchers knowledgeable of the research goals may be extensively useful for providing heightened perspective to the data analysis, particularly of recorded data.	Individual data analysis

Adopted from Higginbottom et al. (2015) p. 4

Case Study Design

Despite the strengths mentioned above accompanying focused ethnography, there is one weakness exposed by scholars; scholars find it difficult to theoretically generalize findings found or information gained within a brief period (Harwati, 2019; Wall, 2015). Therefore, to complement focused ethnography, case study design studied, described specific cases, and provided an in-depth understanding of those cases about a complex phenomenon being studied (Rashid et al., 2019). As Côté-Boileau et al. (2020) suggest, the case study played a supportive role in what focused ethnography found out.

The case study design is commonly used in social sciences. It is based on an in-depth exploration of a single individual, group, family community, institution, activity, or event case (Miles et al., 2014) and gives rich information or a deep

understanding of a phenomenon (Yin, 2009). A case study works very well with any research and answers the why and how question of the phenomena.

Focused Ethnographic Case Study Design

Considering the nature of this study, neither focused ethnography nor a case study could stand alone to answer the research question to the fullest. The solution to this problem was to combine the designs above Focused Ethnography and Case Study; hence "Focused Ethnographic Case Study Design." This study design used an in-depth qualitative method of inquiry which challenged and improved the conventional ways of doing research due to its brief time in data collection, its focus on a single social phenomenon, and an in-depth inquiry. The blended or hybrid study design intends to mitigate the limitation and use the strength of both (Fusch et al., 2017).

Sampling Procedure

Since the current study was qualitative, the selected sampling techniques for the analysis were purposive and snowball; information about participants was required before recruitment. Not every individual had an equal chance to be included, according to Creswell (2013). Scholars suggest that the purposeful sampling technique allows researchers to recruit participants who can provide detailed and accurate information about the phenomenon under study because of their knowledge, experience, and competence (Creswell, 2013; Lichtman, 2013; Merriam & Tisdell, 2016).

On the other hand, the snowball sampling technique is used when a researcher asks the already-known participants to refer to other participants who know about the phenomenon (Wa-Mbaleka, 2018). Therefore, it was intended, that when it is required

to increase the number of experienced and knowledgeable participants according to the inclusion criteria stipulated, the already known participants would be requested to recommend people from their social networks who would potentially contribute to the study and that is exactly what happened. Snowball was used as a complementary strategy. An effort was made so that participants' recruitment would be culturally appropriate by observing the dos and don'ts of the culture of the study (Jacobsen, 2016). All in all, these were people who had valuable information in response to the research questions.

This particular sampling technique was selected because of inclusion criteria which considered varied and appropriate characteristics like age (male youth of ages 15-25). For example, I intended to have Maasai warriors, girls, older women, and senior elders being interviewed to represent different groups in the community; gender representation where both men and women would be included, and possession of specific knowledge or professions. These consisted of an evangelist, a teacher, a community health worker, a village chairman, medical personnel, a rural development officer, and an agricultural officer. Those participants with experiences were mature parents of a Moran(s), a polygamous man, and a clan leader. From these, only willing respondents with the ability to communicate and who possessed specific knowledge and experiences of the phenomena being explored were solicited, as recommended by Palinkas et al. (2013) and Wa-Mbaleka (2018).

When recruiting to form a sample of the study, I considered the following steps: First, I made an appointment for a meeting with a contact person. This is an evangelist who has been working in the Longido district for many years. Together, we had a forum to discuss the entire plan and I expressed the need of participants and their inclusion criteria. The evangelist advised on the suitable location and proposed

some qualified participants whom he knew. Then I sought both formal and informal permission from the community gatekeepers who control access to the site and people. The evangelist became the intermediary who gave an introduction, and together we provided the necessary documents from the university and government offices at all levels. Although there was no cohesion for people to participate in research, as Green & Thorogood (2013) suggest, gatekeepers still helped in their persuasiveness for research to take place. They gave more assistance in locating the right participants.

Second, through snowball sampling, the few selected and willing participants were requested to recommend, refer, or nominate other suitable participants they knew that they possessed the needed knowledge (DeCarlo, 2018; Merriam &Tisdell, 2016) or who were more knowledgeable than them. The predetermination of the number of participants was not employed because the saturation of data determined the number of participants and maximum variation was ensured in the sense that the selection of participants was made with the purpose of representation in mind; meaning that an effort was made so that the broadest possible range of common population characteristics of study interest were well represented (O'Leary, 2017; Merriam & Tisdell, 2016) for example, age, gender, and social status were well considered (Palinkas et al., 2013) to get a varied understanding of the phenomena.

In summary, the steps which were taken in sampling participants were as shown in Table 2.

Table 2. Steps for Sampling Participants

No.	Step
1.	Set selection criteria for participants
2.	Get ethical clearance
3.	Acquire necessary documents and permission from the government
4.	Make an appointment with the contact person in Longido District
5.	Meet the contact person and discuss the plan
6.	Identify a suitable location for data collection
7.	Identify qualified participants (purposeful) assisted by the contact person
8.	Get permission from the community gatekeepers
9.	Do the actual recruitment
10.	Recruit more participants using snowball sampling

The setting for this study was in Longido District within the Arusha region, 85.4 km from Arusha city, in the northern part of Tanzania, touching the border of Kenya (See Arusha on the Tanzania Map Appendix: A). Longido has an area of 7.782 km^2. Longido is named after Mount Longido, in the northeast of the Arusha region. People of the Maasai tribe mainly inhabit the Longido District, and they were the target population for this study. These people have long been nomads, but they have started settling into villages in recent years.

Instruments of Data Collection

Data collection is an important area of research. This area involves numerous tools and techniques depending on the research design used in the study (Saldana, 2015). Scholars advise that for any good qualitative study, researchers must make sure that a precise research approach and data collection instruments are made available right at the planning stage (Creswell & Poth, 2018). This is because research instruments impact the evaluation, and if not well done, the research goal may not be achieved. The data for this study were collected through individual interviews, focus group discussions (FGDs), observation, and documents.

Individual Interview

The individual interview is a method used in data collection. A researcher gets into a deeper conversation with the interviewee to explore the participant's attitudes, feelings, perceptions, beliefs, or opinions regarding the research question. Merriam and Tisdell (2016) state, "Interviewing is necessary when we cannot observe behavior, feelings or how people interpret the world around them. It is also necessary to interview when we are interested in the past events that are impossible to replicate" (p.109). Individual interviews help discuss personal and sensitive questions about the phenomenon being studied without fear of being challenged, criticized, or discouraged by others (Merriam & Tisdell, 2016). The method sought in-depth information from knowledgeable participants who possessed experiences related to the research questions. Individual interviews were conducted face-to-face. See guiding questions for the individual interview in the interview matrix Appendix B &C. Proposed steps for interviewing are presented in Table 3.

Table 3. Steps For Conducting an Interview

No.	Step
1.	Decide on the research questions
2.	Determine what type of interview
3.	Use adequate recording procedures
4.	Design and use an interview protocol
5.	Determine the place for conducting an interview
6.	Obtain consent from the interviewee to participate in the study
7.	Use good interview procedures

Adapted from Creswell (2013) p. 164

Focus Group Discussion

FGD was defined by Bryman (2012) as "an interview with several people on a specific topic or issue" (p. 501). Through FGD, researchers explore feelings, attitudes, values, beliefs, and experiences from the participant's world (Gray, 2018) or behavior that cannot be observed (Merriam & Tisdell, 2016). Focus group discussion was

chosen because it was expected to yield a flexible shared social interaction, reaction, and perspective of participants within a short time (Sulton & Austin, 2015). Again, through various arguments and possibilities to challenge each other's views during FGD, one can minimize inconsistency that may have been experienced in an individual interview (Bryman, 2012). It was anticipated that in FGD, participants would try their best to speak the truth as it is known by others to avoid opposition from other participants and maintain their reputation in the community. Usually, participants in FGD tend to refine their views when they hear other people's opinions.

Before starting, FGDs participants were reminded of the consent forms and their freedom during the discussion. Some guiding rules adopted by Tolley et al. (2016) were also communicated to participants. These rules were:

- Participants should speak clearly and slowly for better recording.
- Every speaker should be left to talk without interruption.
- Each one's thoughts and expressions should be respected.
- Mobile phones should be switched off during the discussion.

Each question had non-biased follow-up and probe questions (Creswell, 2014; Tolley et al. et el., 2016) which included; silent probe, tell me more probe, uh-Huh, echo, and long question probes as proposed by Bernard & Bernard (2013) to gain in-depth information from the participants' perspectives (Jacobsen, 2012). Open-ended questions lead to minimum control over the participant's expression and pace (Bernard & Bernard, 2013). As proposed by Maxwell (2013), both individual interviews and FGD helped in understanding the participant's perspective, giving information that may not be gained through observation and confirming what has been observed by giving it a description. See guiding questions for FGD in the FGD interview matrix (Appendix D & E)

Observation

Observation is described by Creswell (2014) as "the process of gathering open-ended, firsthand information by observing people and places at a research site" (p.211). Observation is a combination between sensation and perception from which a researcher develops meaning about the phenomenon under study (Gray, 2018). The observation method was helpful in the current research as it gave room to collect data on the research setting, behaviors, events, or unspoken actions of participants, which were not captured on the site while interviewing (Creswell, 2014). Observation helped in generating more raw data to answer the research question. I decided to take the role of the active observer (overt observation where participants were aware that they are being observed) to record information as it occurred (Creswell, 2014). In this case, my role and goal as a researcher were known to the participants. The steps in observing is displayed in Table 4.

Table 4. Steps for Observation

No.	Step
1.	Select a site where observation should take place
2.	Identify who or what to observe, when and for how long
3.	Determine, initially a role to be assumed as an observer
4.	Design an observation protocol as a method of recording notes in the field
5.	Record aspects such as portraits of the informants, physical settings, particular events, and activities
6.	Be passive and friendly
7.	Withdrawal from the site
8.	Prepare your full notes

Adapted from Creswell (2013, p.167)

Documents

As proposed by Higginbottom et al. (2013), documents in research are referred to as research instrument that includes available records, such as government records and statistics, maps, photographs, and artifacts. Other document sources may be letters, meeting minutes, personal diaries, and journals. Documents are advantageous

because they provide information that may neither be found from interview observation nor field notes. Another advantage expressed by Creswell (2014) is that documents are ready for analysis because they do not need to be transcribed. I used to document sources that were at my disposal as long as they related to the research question. Such documents were found in schools, dispensaries, and village offices. Table 5 presents the guidelines that were followed when collecting document resources.

Table 5. Guidelines for Collecting Documents Resources

No.	Guideline
1.	Identify the types of documents that can provide useful information to answer your qualitative research questions.
2.	Consider both public and private documents (e.g., personal diaries) as sources of information for the research.
3.	Seek permission to use them from the appropriate individuals in charge of the materials.
4.	Examine the documents for accuracy, completeness, and usefulness in answering the research questions in the study
5.	Record information from the documents.

Adapted from Creswell (2014) p. 222

From all the data collected, I developed field notes. Allen (2017) suggests that "field notes are written observations recorded during or immediately following participant observations in the field and are considered critical to understanding phenomena encountered in the field" (p.564). Again, Allen (2017) thinks that field notes are primarily used in ethnography studies where practical information by the researcher is written during or immediately after a field visit. As described above, when making field notes, a description of observed activities, conversations, non-verbal actions or behavior, physical environment or setting, and self-reflection regarding what is observed in the research field about the research phenomena were included.

Field notes helped in writing accurate information in an unhampered manner. According to Fetterman (2010), forgetting is very easy; therefore, information was recorded immediately after observation or during the interview. I used a notebook to write field notes in short forms in this study. Later I transcribed the raw data in a more descriptive and organized way in a larger notebook.

Having multiple data sources enhances credibility through triangulation or comparing information gathered from different methods and seeing if, despite their differences in the approach, they all still support the single conclusion (Maxwell, 2013). In other words, it is to test the quality of information gathered (Fetterman, 2010). When carrying out an interview, open-ended questions or semi-structured interviews were employed to allow the participants the freedom to control the pacing and subject matter of the interview and get a more comprehensive understanding of the phenomenon from multiple perspectives. A semi-structured or non-standardized interview (Gray, 2018) with eight questions for the Individual Interview matrix (See Appendix: B & C) and 12 questions for the FGDs interviews matrix (See Appendix: D&E) were employed.

These questions were based on the five research questions of this study. With the participants' permission, their experiences and expressions were recorded in their own words as recommended by Jacobsen (2016) and stated in the consent form (See Appendix: G & H). Although it is hard to know when community events take place, still along the interview sessions there were observations for non-verbal cues (Jacobsen, 2016) or for whatever was happening in the environment including some things that participants avoided commenting which are relevant to the research phenomena (Creswell, 2013; Green & Thorogood 2013; Merriam & Tisdell, 2016). All these were noticed and recorded.

Before the interviews occurred, participants proposed a convenient time and venue for the meeting. Interviews were carried out face to face, whereby minimal notes were taken during and a lot more after the interview. Two recording methods were employed to generate data: Note-taking by quickly highlighting key points and audio recording. Audio recording ensured preservation and correctness to fill in the missed information and later for the quality of the verbatim transcription. Observation of non-verbal communication was also taken seriously when conducting the interview.

The researcher's team was made up of 2 people. I was the moderator, who was also a note-taker (transcriber). I used a form prepared to record what the interviewees spoke in response to the questions asked (Gray, 2018; O'Leary, 2017, while audio recording at the same time. The second team member was the translator, translating from Kiswahili to Maa and vice versa for a better understanding of the interview and fluency in the participant's response (Gray, 2018). We spent two weeks in the research setting. The first week was spent familiarizing myself with the setting and developing a rapport with gatekeepers and the community in general. The evangelist and gatekeepers helped in identifying respondents. The remaining week was used for conducting interviews. Interviews took 75 – 120 minutes for FGDs and 45 – 60 minutes for individual interviews. We had two meetings with FGDs and one meeting for each individual interviewee will and this was determined by saturation. I had one FGD with seven participants and 12 individual interview participants and from these data, saturation was achieved.

Trustworthiness

Trustworthiness in qualitative research refers to the accuracy or degree of confidence a researcher has in the data collection procedure, methods, and findings

(Creswell, 2014). Accuracy is obtained when principles of trustworthiness are observed, and the results reflect the reality of the world being studied (Yin, 2018). Lincoln and Guba were the first in the 1980s to propose a framework of four principles of trustworthiness to describe rigor in qualitative research (Elo et al., 2014; Bradshaw et al., 2017). In the current study, six principles of reliability were followed as several scholars identify them. These principles are credibility, consistency, dependability, transferability, confirmability, applicability, and reflexivity (Wa-Mbaleka, 2018). This study realized and strived to safeguard all these principles.

Credibility

Korstjens & Moser (2017) define credibility as "confidence that can be placed in the truth of the research findings" (p.2). Credibility stands as an essential aspect of trustworthiness in qualitative research. Achieving credibility is a step towards safeguarding and establishing the principles of trustworthiness and confidence in the study findings.

Participants were described accurately in the field notes and recordings during the interview process to ensure credibility. Some of the questions were asked in more than one way to assess information accuracy. Participants were allowed to hear what has been recorded or transcribed (Member checking). They were allowed to clarify or give additional input to the study to ensure participants' trust and research credibility (Fusch et al., 2017). At the close of each FGD, a summary of the key points was read to the participants and allowed them to correct points that were not well recorded.

I exposed observed and documented information to triangulation to gain confidence in the data. I also included the participants' own words during data analysis and when giving the final report. It was anticipated that credible data obtained from participants would lead to credible findings.

Consistency

According to Wa-Mbaleka (2018), consistency in qualitative research is observed when the study can allow replication of inquiry in a similar or the same environment or with participants. The decision trail used during data collection and analysis must be transparent to other researchers' access to achieve this.

Therefore, methods and source triangulation, audit trail, and transparency were employed to enhance consistency in this study. This means the current research was committed to doing all these by explaining steps and procedures in methodological activities and data analysis to obtain consistency. Again, I shared with participants what we had discussed to clarify and correct discrepancies in the information.

Finally, as Patton suggested (2015), Integrity was maintained in the whole process of data analysis by deepening the analysis through multiple reexamining of initial findings and validating the findings against the data. Consistency in research leads to another element of trustworthiness known as dependability.

Dependability

Dependability refers to how the findings will remain stable over time in the future and under different conditions (Korstjens & Moser, 2017). This is attained by maintaining data integrity whereby transcripts, notes, audio, and photos are maintained and preserved for auditing to determine if the data would maintain its stability under different research situations and if it continues to correspond with the population circumstances.

To ensure the study's dependability, a step was taken to continue with interviews until data saturation was attained. Scholars such as Gray (2018) and Bryman (2012) propose using audit trails through data as another way of ensuring

dependability. An audit trail refers to documenting the sequence of research activities to see the meaningful coherence; this means recording and keeping a record of every step taken in the research process until the conclusion (Wa-Mbaleka, 2018). In this study, the audit trail was made in the reflective journal, which will be open to other researchers. Generally, dependability depends on the consistency that can be traced in the whole research process.

Transferability

When the result of qualitative research qualifies to be transferred to other settings with different participants, the trustworthiness of data in the form of transferability has been achieved (Korstjens & Moser, 2017). According to Tolley et al. (2016), qualitative data collection and analysis are firmly rooted in a specific context that needs intentional and rigorous work to get its usefulness to other people and similar contexts.

To attain transferability for this study, I developed an in-depth- description of the data and an accurate description of the study environment. The data went through a process of coding, identifying issues, reflecting, sifting, exploring, and judging its relevance and meaning, and eventually developed themes during the time of research analysis to ensure transferability. The study conclusion was done carefully, ensuring that it was supported by the data collected (Tolley et al., 2016).

Due to the specificity of the research phenomenon, the research findings may not necessarily be transferable to all other research contexts; this is left to the reader to decide what is relevant or familiar in their context and may be able to infer their situation. However, similar cultural contexts may benefit from this study because all data collection and analysis processes were transparent, allowing other researchers to follow to find similar patterns. Again, since this is an under-searched topic, the study

may lead to a new way of seeing and viewing things hence facilitating theoretical concept generalizability.

Confirmability

Confirmability refers to the potential for congruence between two or more independent people about data accuracy, relevance, or meaning. The main concern of this trustworthiness principle is to find out whether the data represent the information that participants provided. It must show that the researcher did everything in good faith and that he/she did not use imagination or theoretical inclination to interpret data (Bryman, 2012).

Therefore, in this study, confirmability was determined by linking data to their source and by being open for other researchers to replicate the result to prove independence and to confirm if personal bias was minimized (Wa- Mbaleka, 2018) or if their own beliefs and values did not overshadow observation. Further, to ensure confirmability, data, and researcher triangulation was employed daily after every data collection (Briggs et al., 2012). Triangulation is defined by Briggs et al. (2012 as "comparing many sources of evidence to determine the accuracy of information or phenomena" (p. 84). Moreover, an audit trail was presented to provide the reasons behind the decisions made.

Applicability

Applicability in research is another way of asking if the study will be useful or if others will benefit from the study (Wa-Mbaleka, 2018). In other words, one would ask a question to find out if the study's findings are expected to make sense in different contexts outside the study situation. It is anticipated that this study will become something of benefit to readers and other researchers.

Data collection continued until data saturation was realized to achieve applicability. Since multiple research methods were used, I described clearly where data saturation had occurred. This study may be applicable and valuable for public health, sex and reproductive health experts, and leaders. The knowledge obtained may be useful for the well-being of the Maasai and other communities with similar contexts and the government leadership of Longido, Arusha, and Tanzania at large. The study findings may also add to the resource pool of the Adventist University of Africa.

Reflexivity

This refers to "the recognition that the researcher is part of the process of producing data and their meanings, and to a conscious reflection on that process" (Green & Thorogood, 2013, p. 230). This means becoming aware of how my belief, attitudes, work experiences, or history plays a part in my research and how they inform the interpretation of the data in the study (Creswell &Poth, 2018). This can be practically exercised in the way questions are asked during the interview or interpretation of data collected.

To achieve reflexivity, I had a reflexive journal (research log) to capture my feelings, reflections, and experience (Yin, 2018) to limit or minimize subjectivity during data collection. Data were analyzed inductively to make an effort so that explanation will come from reading data collected and reduce the influence of preconceived ideas and preconceived theories, as Green and Thorogood (2013) suggest. Wa-Mbaleka (2019) supports Green & Thorogood's (2013) suggestion that a researcher is considered a part of the research instruments in qualitative research. For this reason, reflexivity was employed during data analysis because I consciously took my emotional experience, background knowledge, and assumptions into account to

enhance credibility and trustworthiness (Wa-Mbaleka, 2019). Below, my personal beliefs, educational background, and past experiences are discussed:

In my culture and Christian belief, pre-and extramarital sexual relationships are considered immoral, and social sanctions accompany such behaviors. These beliefs do not match Maasai's cultural beliefs in many ways. Therefore, my beliefs were keenly evaluated when designing interview protocols, data collection, and data analysis. Also, with my educational background as a social worker and a leader, it is easy to be tempted to think of individual and community transformation, empowerment, and advocacy. Still, scrutinizing this awareness in the background of my mind when conducting research, helped the minimization of possible bias.

Further, living and interacting with Maasai in my home, neighborhood, and with workmates provides me with some background knowledge about the Maasai community. Just as Wa-Mbaleka (2019) suggests, validation of research instruments was employed so that the pre-conceived ideas did significantly affect the data collection process.

Translation

The translation is crucial in maintaining data trustworthiness; however, if it is carefully done, it can contribute to the world’s knowledge without distorting the meaning (Regmi et al., 2010). This study was conducted in the Maasai community, where the English language is not used. For this reason, the instruments, consent forms, and other participant agreements were prepared in English and then translated into Swahili. The interview was carried out in Kiswahili and then transcribed into English for information clarity. For participants who did not understand Kiswahili, translation was provided during interviews by a translator who speaks both Maa and Kiswahili. During data analysis, direct quotations of participants were written in

Kiswahili, and English translations for the same followed written in brackets. To ensure trustworthiness, this study followed five adopted steps of translation, as shown in Table 6.

Table 6. Translation Stages

No.	Translation Stages
1.	Determination of the relevance or context
2.	Forward-translation of the research instruments (e.g., Interview guides for both FGD and Individual interview, recorded material &Field notes) and transcribe all data in English
3.	Backward-translation and discuss with my team to agree whether the translated material conveys the original message.
4.	Examination of the translated meaning in both source (Kiswahili) and target languages (English)
5.	Revisiting the whole process to get similar interpretations.

Adapted from Weeks et al. (2007) p.

All research instruments recorded and transcribed data were kept secure for credibility and confirmability.

Data Collection Procedure

Data collection is a crucial step in the research process. The quality of study findings is determined by how this step is handled. During the data collection process, both the participants and researcher cooperate in contributing to the world of knowledge.

Before going to the research setting or beginning any data collection process, ethical clearance and an introduction letter from the university to conduct research were obtained. Permission to conduct research from relevant authorities such as the President's Office – Regional Administration and Local Government (PO-RALG), the Arusha regional office, and the Longido district council were sought. Further, it should be noted that Maasai men are not easily or often found in their homes; they are known for their independence and pride and are wary of strangers.

They do not like to talk about themselves for fear that this knowledge might be used to change their lives. They intentionally avoid changes (Sebasta, 2018). Therefore, I sought permission from clan leaders before conducting the research. To gain clan leaders' trust, I engaged socially accepted individuals and those perceived positively by the Maasai community, such as community health workers, religious leaders, and well-respected community gatekeepers, to minimize the tension. Most Maasai speak Kiswahili very well; this is an added advantage because I am conversant with the language, and I will use the same to communicate with them.

One week was spent in the community to develop a rapport with the participants, gatekeepers, and other community members (Yin, 2018). This led me to exposure and familiarization with the research context (see image: Appendix S). I was non-judgmental, watched my choice of dress, guard my body language and expression, and avoided disapproval gestures to what has been exposed to me from the culture (Yin, 2018). This enabled an understanding of participants' attitudes (Green & Thorogood, 2013) and created a welcoming atmosphere in the community. Establishing rapport with a targeted community is key to a successful data collection process. After establishing a rapport, the gatekeepers and well-accepted community members introduced me as their friend who wishes to learn about Maasai culture. This convinced them to trust me with their information.

Mixing men and women, young and old, in one group during FGDs among the Maasai is next to impossible and will not bring fruit (a conversation with Lekundayo, 2021). Girls will not speak before their mothers and older women, and women will not talk before men; likewise, warriors and junior elders before their senior elders. In this study, I had one FGD composed of 7 professionals. The seven professionals in the FGDs were composed of a teacher, medical personnel, a rural development officer, an

agricultural officer, a community development intern, an evangelist, and a village chairman. In this FGD, older women and senior elders were represented. The saturation of information determined the number of meetings. Individual interviews will be composed of five male youth warriors, one clan leader, one junior leader, and four female youth and one adult female; making a total of 12 individual interview participants.

Table 7. Steps that Will be Followed in Conducting Individual Interviews

S. No	Step
1.	Identify interviewee
2.	Determine the type of interview to use (which is a one-on one interview)
3.	Locate a quite suitable place for conducting interview
4.	Obtain consent from the interviewee to participate in the study
5.	Audiotape during the interview questions and responses
6.	Have a plan but flexible
7.	Take brief notes during the interview
8.	Use Probe Questions to obtain additional information
9.	Be courteous and professional when the interview is over.

Adopted from Creswell (2014) p. 219-220

When moderating FGD, I followed the following sequence:

Table 8. FGD Moderation Sequence

No.	Sequence
1.	Introduction: Welcoming, thanking people for coming and introduce both participants and research team.
2	Briefly outline the goal of research
3.	Give reasons for recording the session
4.	Sketch out the format of FGD
5.	Present conventions of FGD participation Such as: Confidentiality, speaking in turn, freedom to withdraw when not comfortable, time that will be taken up, anonymization of data, valuing each one's idea/s, switching off cellphones during the interview etc.
6.	Lead the discussion beginning with the first question
7.	Check the correctness of observation with the participants (member checking)
8.	Thank the group for participation and announce the arrangement for next session if there will be one.

Adopted from Bryman (2012, p. 523).

Table 9. Field Notes Writing and Observation Protocol

Observational Field notes: On cultural influence on Maasai male SRB		
Setting:		
Observer:		
Role of Observer:		
Time:		
Length of Observation:		
Time	**Description of activity**	**Reflection notes**
	1.	
	2.	
	3.	

Adopted from Creswell (2014) p. 215

Ethnographic Case Study Data Analysis

Data analysis is a complex process that demands researchers use appropriate means to make sense of the data collected (O'Dwyer & Bernauer, 2014). At the data analysis stage, senses are made from the massive amount of information, and data are transformed into findings (Patton, 2002). Qualitative data analysis partially begins in the field of data collection and documentation. It is a process that keeps the researcher moving back and forth (Eriksson & Kovalainen, 2015) between research questions, theoretical ideas, and findings in organizing and categorizing data until thoughts, feelings, and lessons obtained from the field bring meaning. They are in a way that is easy to look at (Schutt, 2014).

According to Fetterman (2010), analysis has no single form or stage in ethnography, but in this study, I began well at the research site, allowing analysis to take place throughout the research process by doing careful documentation and coding. Immediately after each interview, writing and organizing notes followed when the memory was still fresh to minimize memory loss. When transcribing, Sulton & Austin (2015) advise inserting a notation pause, for example when a person becomes more emotional or when there is an expression of laughter. All information collected from the individual interview, FGDs, Observation, and documents, were

recorded and transcribed. Reading through the field notes and listening to recordings were done multiple times to familiarize the information gathered (Wa-Mbaleka, 2018). Patterns, connections, and similarities or contrastive points were paid attention to; then, an analytical memo of these was made (Eriksson & Kovalainen, 2015). The next step was categorizing concepts and ideas to build or identify overarching themes or patterns to help respond to the research questions (Eriksson & Kovalainen, 2015; O'Dwyer & Bernauer, 2014). This was done by observing repetitions, overlaps, or similarities and differences. To be specific, I adopted a hybrid of Fetterman's (2010) and Creswell's (2013) p.190-191 model of ethnographic case study analysis which is broadly expressed as it appears below:

Table 10. Ethnographic Case Study Data Analysis

SN	Stage	Check
1.	Map the flow of activities and information by making the flow chart	
2	Drawing of both formal and informal organizational charts to clarify the structure and functions within the community.	
3	Create, and organize files of data information and describe the social settings, actors & events	
4.	Read through the text multiple times and think critically to make sense of the information gathered	
5	Identify key events that provide lenses through which to view the culture	
6	Triangulate various data collection methods in order to improve the Quality of data and accuracy of the findings	
7	Make margin notes from initial codes to develop sense of data	
8.	Use of descriptive matrices for noting simultaneously and systematically, differences and trends in responses from participants	
9.	Identify matching patterns of thoughts, theme and behavior	
10.	Analyze information found in documents	
11.	Interpret and make sense of the findings to show how the culture works.	
12.	Present narrative presentation and in-depth picture of case or cases using tables, figures and sketches.	

Adopted from Creswell (2013) p.190-191 and Fetterman, 2010, p. 93-112

Much care was taken to protect data from being misplaced, lost, distorted, or mixed up, as suggested by Wa- Mbaleka (2018). Throughout the data analysis

process, triangulation of data and different research methods was employed to minimize biases and increase the trustworthiness of the research findings (Sulton & Austin, 2015), [see table 13]. For better organization of thoughts and data management, all information gathered was kept in the computer in different file categories such as transcripts, audio, observation data, and photographs (Wa-Mbaleka, 2018). Finally, the data were written in an organized manner giving a flow of thoughts that brings meaning to the research topic.

In this study, ethnographic data analysis provided a deeper understanding of the research context because, through interviews and observation, rich contextual field notes about people, actions, cultural practices, and phenomena hidden from public awareness were described (Reeves et al., 2013). From ethnographic data, case studies were developed, described, and analyzed. Figure 2 indicates the flow of activities and information during data collection:

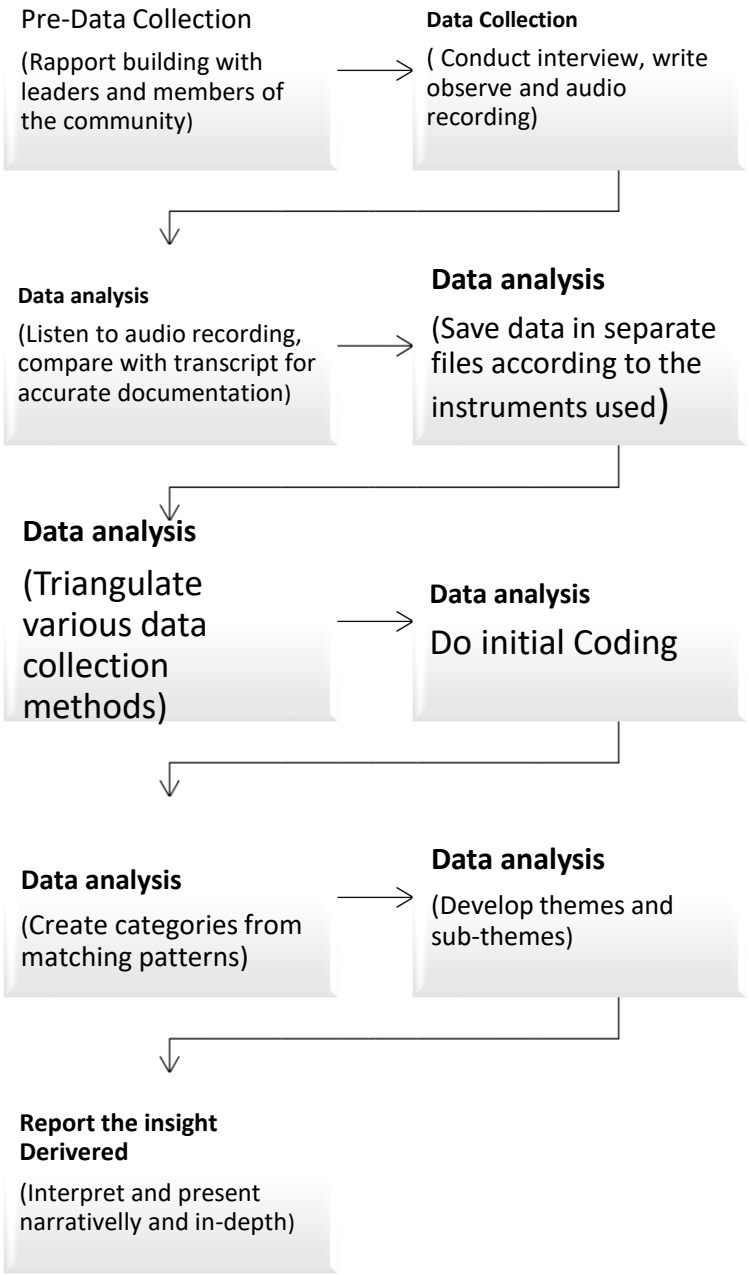


Figure 2. The Flow of Activity and Information

Ethical Considerations

Ethical consideration is a concern that needs to be exercised in all stages of qualitative research, especially in ethnography, where researchers play the role of research instruments too (Sanjari et al., 2014). According to Aluwihare-Samaranayake (2012), any researcher should protect the people they are studying; without taking ethical issues seriously, such as anonymity, confidentiality, and research consent, research can raise ethical and legal issues which have the potential of putting a researcher's integrity in question. Before starting the individual interview and FGDs, participants were reminded of the consent forms and their freedom during the discussion. Some guiding rules adopted by Tolley et al. (2016) were also communicated to participants. These rules were:

- Participants should speak clearly and slowly for better recording.
- Every speaker should be left to speak without interruption.
- Each one's thoughts and expressions should be respected.
- Mobile phones should be switched off during the discussion.

Before any research engagement on-site, Human Research Ethics clearance was acquired (Aluwihare-Samaranayake, 2012). An introduction letter from the university and authorization to conduct research from national, regional, and district offices of the Tanzania government authority were sought. Two kinds of informed consent were administered: verbal for illiterate participants and written forms for literate ones. An informed consent statement was read in the participants' hearing, and literate participants were requested to read along silently. Participants were given enough time to decide whether to participate or not. The willing literate participants were given the consent form before data collection for signing (See Appendix: G & H). All participants received a copy of a signed informed consent statement with the

researcher's contacts information to allow them to ask anything in case there is a concern (Jacobsen, 2016).

As said earlier, the entire exercise did not use coercion to convince participants. It was made clear that participants were free to decide otherwise and withdraw from participating even after they had signed the forms. In this study, minors did not participate. There were situations whereby there was a need to obtain consent from husbands before interviewing their wives and such men were requested to sign for them.

Permission to make audio recordings and take photographs of the discussions was solicited from the participants who agreed to participate in FGDs and Individual interviews (see informed consent form Appendix: G &H). Again, participants were offered the freedom to withdraw from the interview at any time without any penalty. Methods that were used to protect the confidentiality of the information shared were implemented. Participants' protection was done by removing identifiers like names, specific places, and significant events (Sulton & Austin, 2015), especially when sharing data with others. Instead of using participants' actual names, individual cases and transcripts were identified by labeling them with code numbers. Identifiable information about participants were secured and kept away separate from other data (Green & Thorogood, 2013). Also, confidentiality and anonymity of information shared were taken seriously to protect the respondent by locking the recordings and all non-computerized documents in a secure cabinet. Soft copy data documents were kept in the computer with password protection (Jacobsen, 2016).

During the interview process, when signs of visible discomfort of the participants were observed, the exercise was terminated or paused. For direct quotations needed in reporting, permission was sought from the respondent, and this

section was included in the consent form (see Appendix: I&J). Again, participants were given a little compensation according to the guidelines found in the research location. This was done with much care to not propose a cohesion impression. Finally, participants were promised a debriefing at the end of each data collection, and the promise was kept.

CHAPTER 4

RESULTS AND DISCUSSION

This chapter contains findings and discussions of the focused ethnographic case study conducted to answer five research questions that explored Maasai cultural influence on male youth sexual risk behavior and the role of leadership in Longido District, Tanzania. The chapter also includes a description of the demographic characteristics of participants, the study area setting, data analysis process, presentation of themes, proposed intervention process, desired results from the intervention, presentation of health and leadership hybrid intervention model on Maasai male youth sexual risk behavior and integration of theoretical framework with the intervention model. All these were guided by the research questions, participants' information, literature review, and theoretical framework of the study.

From the current study, seven themes were developed, and themes were the socialization process, indigenous knowledge, Maasai perception of their cultural practices, government leadership, non-government organization leadership, health intervention challenges, and a proposed health and leadership intervention model.

The Demographic Characteristics of Participants

From the targeted population, nineteen participants were interviewed. Twelve out of nineteen participated in individual interviews and the remaining seven participated in focus group discussions. The composition of participants and sampling procedures were fully explained in chapter three. In this chapter, the same demographic characteristics of participants are presented in tables.

Table 11. Individual Interview Demographic Characteristics

Participant No.	Age	Gender	Education	Occupation	Marital status
P1	35	M	BA in Education	An entrepreneur	Married
P2	61	M	---	Clan leader	Married 2 wives
P3	50	F	---	Homemaker	Married
P4	20	M	Primary	Pastoralist	Single
P5	24	M	Primary	Pastoralist	Single
P6	22	M	---	Pastoralist	Married
P7	20	M	---	Pastoralist	Single
P8	29	M	---	Pastoralist	Married
P9	16	F	---	Homemaker	Married
P10	18	F	---	Homemaker	Married
P11	20	F	---	Homemaker	Married
P12.	17	F	Primary	Homemaker	Married

The female age of individual participants ranged between 17 and 20, except for the clan leader's wife who was 52. This fact indicates that early marriage is the practice because all these young women were married for some years and each had children. In regards to this, Individual participant P12 of age seventeen said:

> *"Mimi niliolewa nikiwa na miaka kumi na miwili, sasa nina watoto wawili. Nilipenda sana shule, tena nilifaulu mtihani wa darasa la saba kwenda sekondari, lakini baba yangu alinikatalia na kuniambia niolewe.""*
>
> *("I got married at age twelve, and now I have two children. I loved school very much and I passed class seven examinations which allows me to join secondary school, but my dad refused and told me to get married.")*

On the other hand, male participants' age ranged between 20 and 35 except for the clan leader who was 61. It is also worth noting the level of literacy whereby out of 12 individual participants, only 4 had gone to school; three had primary education and only one had a college degree who also admitted that he was the only one who had gone to school in his entire family. The level of illiteracy was a red flag in relation to

the research question I was dealing with as scholars such as Cheng et al. (2015); Mcharo (2020); Ntaganira (2012) and Ssewanyana et al. (2021) suggest that ignorance or lack of information about the dangers involved in a certain behavioral practice can be one of the contributing factors to SRB. The number of both male and female participants was determined by the saturation of information during data collection.

Contrary to Individual interview participants' demographic characteristics, the Focus group discussion (FGD) was composed of literate individuals who had different leadership roles to play in the Maasai community. Out of four men, two were Maasai and the other two were none Maasai who had lived in the community for quite a long. Two women were non-Maasai while one was a Maasai. These were informed of the dangers associated with sexual risk behavior and were very much aware of their environment. All seven members were of different ranges of age as seen in Table 12.

Table 12. Focus Group Discussion Demographic Details

Participants No.	Age	Gender	Occupation	Marital status	Education
P1	54	M	Village Chairman	Married	Form Four
P2	26	F	Intern	Single	BA community development
P3	40	F	Rural Development Officer	Married	Diploma
P4	38	M	Medical Doctor	Married	BSc. Medicine
P5	42	F	Agricultural Officer	Married	Diploma
P6	55	M	Evangelist	Married	Form Four
P7	35	M	Teacher	Married	BA Education

From the observation, Maasai were generally honest during the interview. Most of the participants I approached were willing to be interviewed. Only two individuals politely declined to be part of the participants. It was observed, that once individuals accept to be interviewed, they will tell you the reality, even if it sounds ugly, and will not tell you just what they think you want to hear. For example, Maasai

women were very shy during individual interviews. Still, when some questions required deep personal information, these women would cover their faces but still respond to the question with detailed information. Their honesty and transparency accelerated the saturation of the data.

Study Area Setting

The current study was done in Tanzania within the Arusha region in the Longido District. Specifically, data was collected in one of the villages in this district. The center of this village is the ward headquarter (a village is the lowest government administrative structure in Tanzania). According to the statistics from the village office, the village has a total population of 6200; 2400 were Females,1800 males, and about 2000 children. About 98% of the Maasai in this village and the entire ward are semi-nomadic pastoralists, and only 2% are small-scale farmers.

Once a week is a market day for the entire ward. Traders bring foodstuffs, domestic utensils, and clothing articles from Arusha for sale. Maasai sell their cattle to cater for their household needs. For some Maasai, it is a time to increase the number of their herds by buying more cows, goats, and sheep because Maasai's life revolves around their livestock. I observed that in the Maasai economy, cattle represent a currency. Again, every market day is a great gathering moment with people from all corners of the ward and other neighboring communities. Market day is a time for socializing and exchanging news with friends from afar villages. On this day, even carrying out an interview was not possible.

This Maasai community has few institutions which offer services to the community. The village has three primary schools (two government and one private). The entire ward (composed of five villages) owns one secondary school and one dispensary, which everyone depends on for treatment because the next health facility

is 40 kilometers away. All these are the government's efforts to improve living conditions by providing education and health care services to the Maasai community.

Maasai's traditional, physical environment and local government leadership impact the entire Maasai livelihood. Still, when compared, the traditional leadership structure has a closer touch and a stronger voice in the people's lives because of having deeper roots in their cultural values and the commitment to patriotism. Below, both traditional and local government leadership structures are presented. Maasai's traditional leadership structure has six levels on the hierarchy.

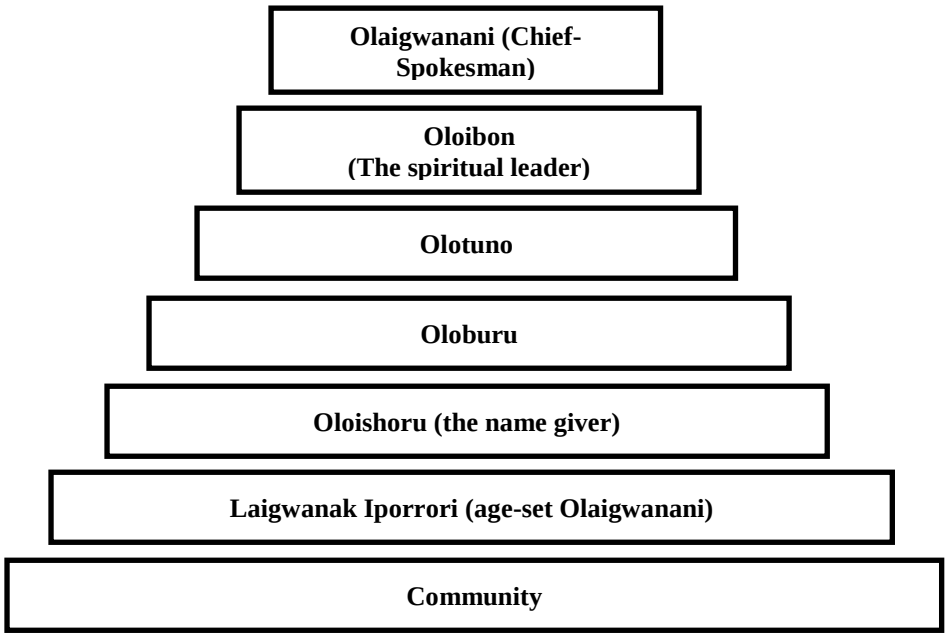


Figure 3. Maasai Traditional Organizational Structure

On the highest leadership level stands the Olaigwanani, a chief spokesman for the entire Maasai community. He is perceived as a king who plays three major roles, coordinating the Maasai community, decision-making, and chairing meetings. He is overall and is responsible for all age set groups of the Maasai in Kenya and Tanzania. He has a lot of work and a lot of decisions to make. He is the most respected and feared person. Under the overall Olaigwanani are many other Olaigwananis of the

lower levels, such as the age set Olaigwanani, who are responsible for specific age sets leadership. The Olaigwanani who excels in knowledge, wisdom, and integrity above all others is the one who is selected as the overall Olaigwanani or king. Although Olaigwanani is the overall leader, the beginning of his leadership starts with the age set group (Ol-aji).

Next to the Olaigwanani is Oloibon. Oloibon is a chief spiritual leader who gives spiritual guidance. He is a fortune teller, so many things zero in on him. He is consulted in calamity, cattle raiding, lion hunting, drought, etc. Oloibon works like a prophet and a priest because it is believed that he counsels, heals, blesses, and prays. There is no raid that a community can undertake before he gives a nod. For example, individual participant P1 explained" *"In the case of cattle raiding, he directs the Moran where to go for raiding. Oloibon sits on a stool, and he sprinkles water mixed with milk on the Morans using branches of a specific tree as they pass before him to signify blessing to the mission ahead of them".*

Olaibon is also consulted before the establishment of enkepaata (recruitment of a new age set). He organizes ceremonies and rituals related to the event. He also works with a prophet (Oloibon Nkidong) and the one who gives sacrifice like a Levite (Olopolosi-Olkiteng). A participant said" "*when it comes to praying for the rain the Oloibon leads a delegation to the mountain with a lamb for sacrifice followed by a series of rituals, and it is believed, after coming down from the mountain the rain should fall".*" Not everyone can be an Oloibon, it is hereditable following the lineage of the priesthood as it is in the Bible. Of many members of the clan, only one who possesses the gift is selected because of his wisdom, knowledge, and power of understanding.

The third in rank is called Olotuno. He is chosen or found during the graduation of the warriorhood (Eunoto) when the young men are set to become junior Elders. Olotuno ends warriorhood on behalf of other warriors, then he concludes by killing an ox that will be eaten by warriors for the first time in public. Olotuno is like a sacrificial lamb who carries the sins of the whole age set group, the rituals of throwing a curse on him are performed, and it is believed that the age set group is set to sail safely after these rituals. He is very important and strong in the Maasai Leadership and much respected in the age set group. He is responsible for guiding in wisdom and is regarded as a father of the age set. Each age set group has its own Olotuno.

Next to these leaders is Oloburu -Enkeene. His work is more similar to Olotuno, especially that of transmitting knowledge to the next generation, but he follows very much what Olotuno does since Olotuno is more senior than him. Oloboru Enkeene is found mostly during the final part of the ceremony which is the eating of the meat. He makes strings from the skin of the slaughtered oxen to symbolize unity. On this occasion, the Olaigwanani eats the heart of the slaughtered oxen. After all, rituals are performed, the settlement for Olotuno is next and opposite to that of Oloburu-Enkeene.

Oloishoru Enkarna Ol-aji (The one who gives the name of the age set) is the fifth in the rank of leadership in the Maasai community. He gives the name when the age set finishes all that it takes to unite the whole age set and form one group. The name is given after a series of rituals, such as slaughtering a bull and calling sixteen representatives, composed of eight elders who are parents of warriors and eight warriors. These hold the horns of the slaughtered bull while starting a fire by rubbing sticks. As they rub, Oloishoru keeps suggesting names, if the name is mentioned and

the fire starts, it becomes an official name for that particular age set. Oloishoru is the priest of the age set (Oloibon). On top of that, he is responsible for the community justice system.

Laigwanak Iporrori appears at the second lowest level of the hierarchy after the community in general, but not the lowest in importance. He is the age set Olaigwanani. Every age set group has an Olaigwanani who is selected before circumcision during the delegation of elders (enkepaata) after serious scrutiny, as discussed earlier. Age-set leaders are also highly respected in their sections and are consulted in a matter pertaining to Ol-aji (age-set group). Once the age-set leader is chosen, he is also given a stool or chair smeared with ochre white in color. The stool is blessed, then his thighs brandmarked. Never will the age set ever go against or disagree with him; he is a chief and spokesman of the age sets. He leads and governs the age set until they become old.

This structure of leadership is recognized by the government and the by-laws that are passed from one generation to another are followed by the Maasai community to the letter. Sanctions and punishment for those who may not abide are well stipulated.

Village Government Organizational Structure

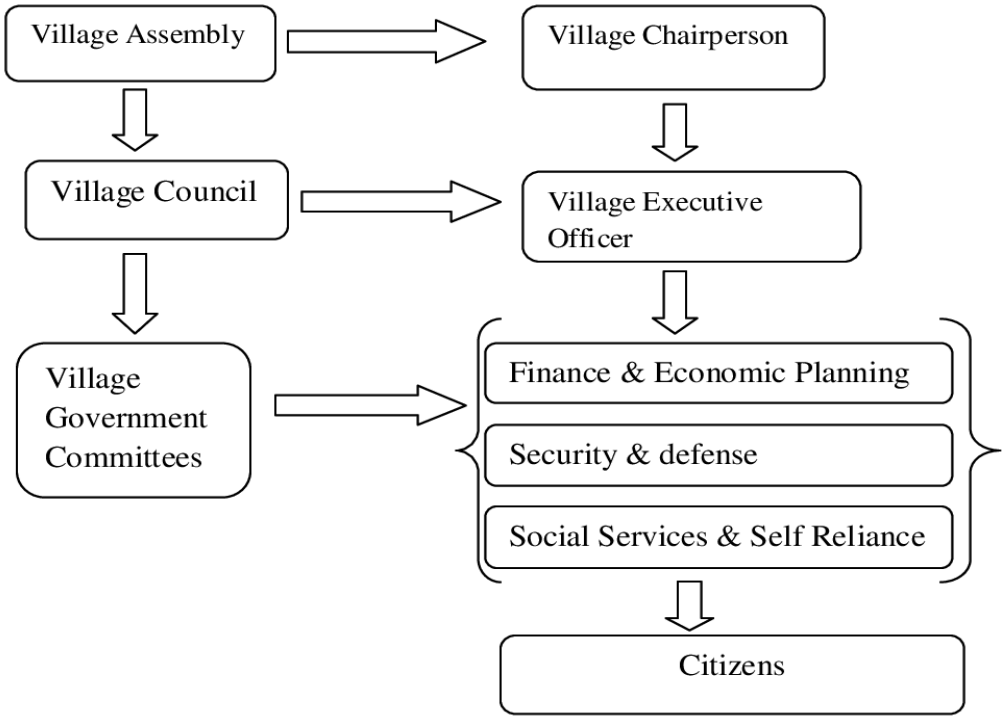


Figure 4. Structure of Village Government in Tanzania

Adopted from: Decentralization and Community Secondary Schools Development in Mbozi District Council- Mbeya Tanzania by Adde Mhufu, 2015

The highest organ of the village organizational structure in Tanzania is the village assembly, composed of all members of the village community of eighteen years and above. According to Mdee & Thorlay (2016), the village assembly meets after every three months to perform the following functions: To receive reports of development, income, and expenditure, elect village leaders, and fire corrupt leaders.

Receiving reports of development, income, and expenditure. The power of the village council is delegated to the village council committees, which are; finance and economic planning, security and defense, social services, and self-reliance. All these bring reports of development, income, and expenditure to the village council and thereafter to the village assembly while abiding by the stipulated by-laws.

However, these by-laws are not blind to the community's cultural values, beliefs, and practices in the community. The implementation of government communications to the village is made at the Hamlet level (sub-village).

A hamlet is composed of about 50 households and several hamlets make a village. A hamlet chairperson brings recommendations to the village council because she/he is the ex-official member of the village council. These chairpersons encourage the hamlet community to participate in the village development. It is at the Hamlet level where conflict and misunderstandings are managed because these chairpersons are the people who share cultural beliefs and values with the members of the community. This finding confirms what was expressed in the literature review by Heard (2018), that without local cultural-based community leadership involvement in grassroots innovations, government leadership is subjected to challenge. Therefore, the local government leadership has to work in collaboration with hamlet leaders for the successful execution of government plans.

Electing and firing corrupt leaders. A village assembly has a voice to elect leaders of their choice who later become members of the village council that governs on behalf of the village assembly. The council has the authority over all policy matters and affairs of the village. The council has the power to make by-laws for the implementation of national and local policies, together with giving penalties for breach of by-laws. Generally, the village council maintains order in the village.

As we can see from the description of the research environment, one would realize that everything in the environment impacts the Maasai's livelihood socially, physically, economically, and spiritually. This is in agreement with this study's theoretical framework where scholars such as Kilanowski (2017), suggest that in the

social-ecological model, the behavior of an individual or community is influenced by multiple factors presented in the five levels framework.

Data Analysis Process

The main source of data in this study was an individual interview, focus group discussion, observation, and documents. Analysis of data was guided by ethnographic case study data analysis according to Creswell (2013, p.190-191) and Fetterman, (2010, p. 93-112). During the interview, the content was carefully documented through audio recording and note-taking. Member checking was done before moving to the next question, concluding the interview, and leaving the site by restating the data received and reading the summarized information, and asking the participants to confirm its accuracy. Each evening was spent in reflection and proper transcription after comparing recorded and written data to ensure transcription accuracy as reported by participants. Recorded data were downloaded and saved in a computer file for protection, transcription, and analysis purposes. Four separate files were opened for individual interviews, focus group discussions, audio-recorded files, and observation/ reflection notes.

As was mentioned in the methodology section, comparing many sources of evidence helps in determining the accuracy of information (Briggs et al. (2012). Therefore, the triangulation of data and methods was done multiple times throughout the process of data collection. Table 13 below is a sample of triangulation of all fully recorded separate files of the data.

Table 13. Data Triangulation Matrix

Research Question	Source: Individual Interview	Source: FGD	Source: Observation	Source: Documents	Possible Conclusion
1. What cultural practices influence the Longido District Maasai male youth SRB?	Esoto, taboos for breastfeeding and pregnant mothers, rite of passage in general. Thus, how we are brought up.	The Rite of passage is next to God and it facilitates all behaviors. Conformity to cultural practices leads to blessing.	Participants are very much acquainted with their culture and are truthful	Maasai engaji	Rite of passage and the attached rituals, taboos, and celebrations
2. How does the Maasai community in Longido District perceive male youth SRB?	Good and proud of good tradition, cattle cultural heritage, and bravery	Maasai culture is good, there is respect, love, good dressing code, hospitality, forgiveness, and unity.	Proud and happy when narrating participation in sexual risk behavior	A number of Art-facts at the district level	Positive perception of own's culture
3. What is the role of leadership intervention in the Longido District's Maasai Community?	Traditional leaders are more powerful than government leaders. No intervention. Gov. leaders should be a voice of Maasai to the governmet.	-Government Leaders have no courage. -Leaders serve the community	Leaders have the desire for change and are need of support.	A good number of school dropouts, especially girls was found in schools records	No Intervention has been made by leaders
4. What health interventions have been made to the community to address male youth SRB in Longido District?	Not known STIs are not a problem. We have traditional medicine	No intervention has been made	Some IPs appeared not to know exactly what I was referring to.	Dispensary has records of STIs prevalence	An intervention model is needed
5. What is the effective and culturally sensitive health intervention model recommended to mitigate	-Everything should remain as it is. -Everything about Maasai is beutiful	-We should think of killing esoto and stop child marriages. -Think of an alternative rite of	-Leaders are in a dilemma - The level of illiteracy for individual	Non-existent	Intervention should incorporate community and traditional leaders

Research Question	Source: Individual Interview	Source: FGD	Source: Observation	Source: Documents	Possible Conclusion
harmful behavior among the Maasai in Longido?	- Dialogue is needed before doing anything and we are ready.	passage but it is not easy -Health education is needed	participants is high.		

Coding and Categorization

After the stage of recording, transcribing, and organizing the coding stage followed. The process of creating or assigning codes to the text was done to generate themes. I found it easier to print the transcript and do coding by hand and made margin notes from initial codes to develop a sense of data. I chose inductive coding, meaning that coding emerged from data. This was done as I familiarized myself with the data by reading the transcript line by line and scanning paragraphs repeatedly as recommended by Merriam & Tisdell (2015); Wang, (2021). In this initial cycle, I used in vivo coding of excerpts (verbatim coding) to help me remain in touch with stories, understanding, and ideas as they were expressed by participants. Next, I reviewed the coding and compared it with the text, I kept interacting with the data and refined and corrected the oversights which I discovered in the process. Below is a sample of how initial coding was done, shown in Figure 5.

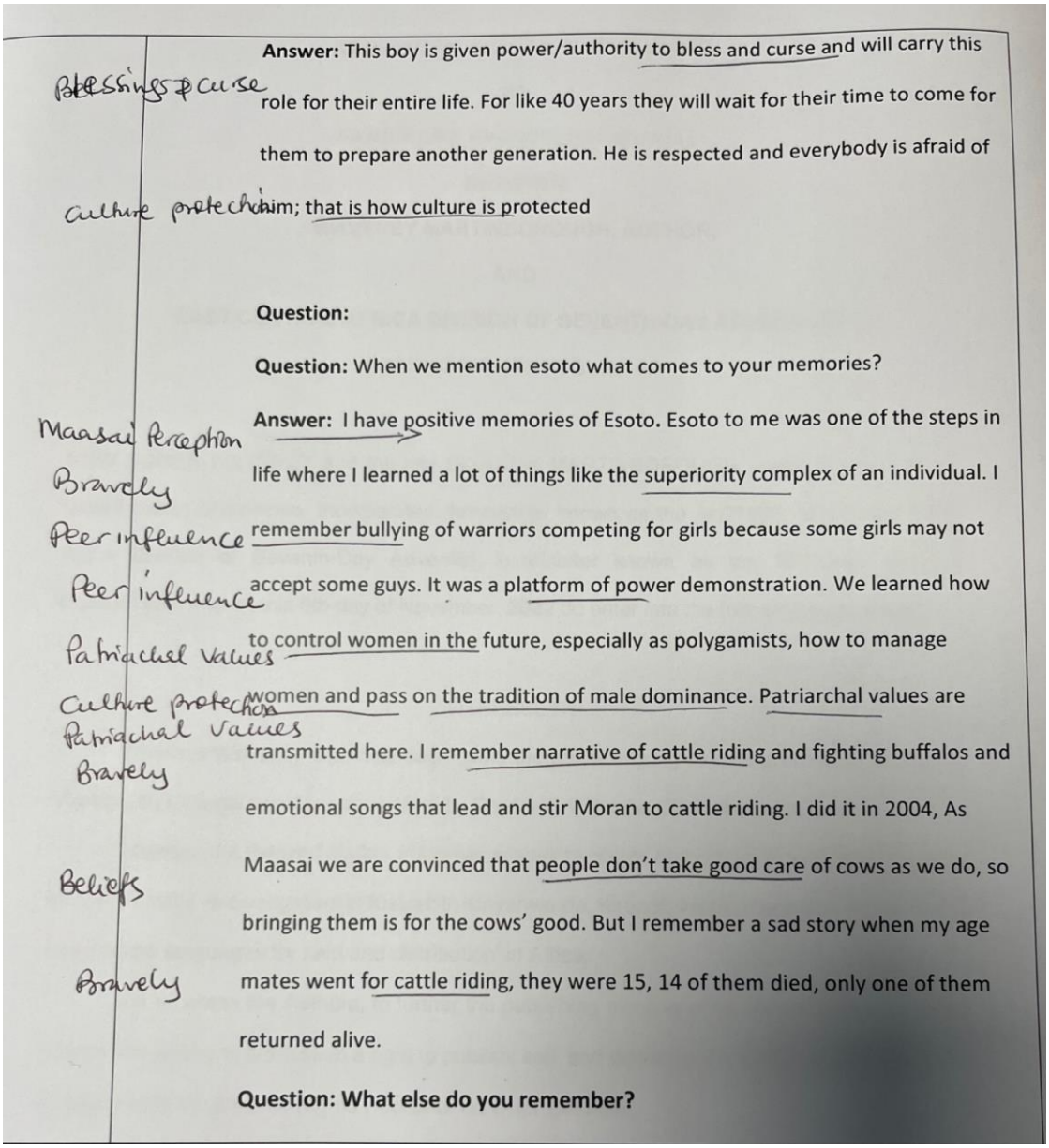


Figure 5. Sample of Initial Coding

After this initial stage, I kept on reading repeatedly and critically to make sense of the data I had collected. Then, similar open codes were chunked to form a unifying code, making them fewer and more comprehensive categories (Merriam & Tisdell, 2015, p.208). These categories were tentatively assigned labels by creating a concept shared by the codes. As analysis continued some groupings were collapsed together to bring more clarity and some codes were assigned to new groups, causing

some groups to be abandoned (Harding &Whitehead, 2013). See below the example of categorization in Figure 6.

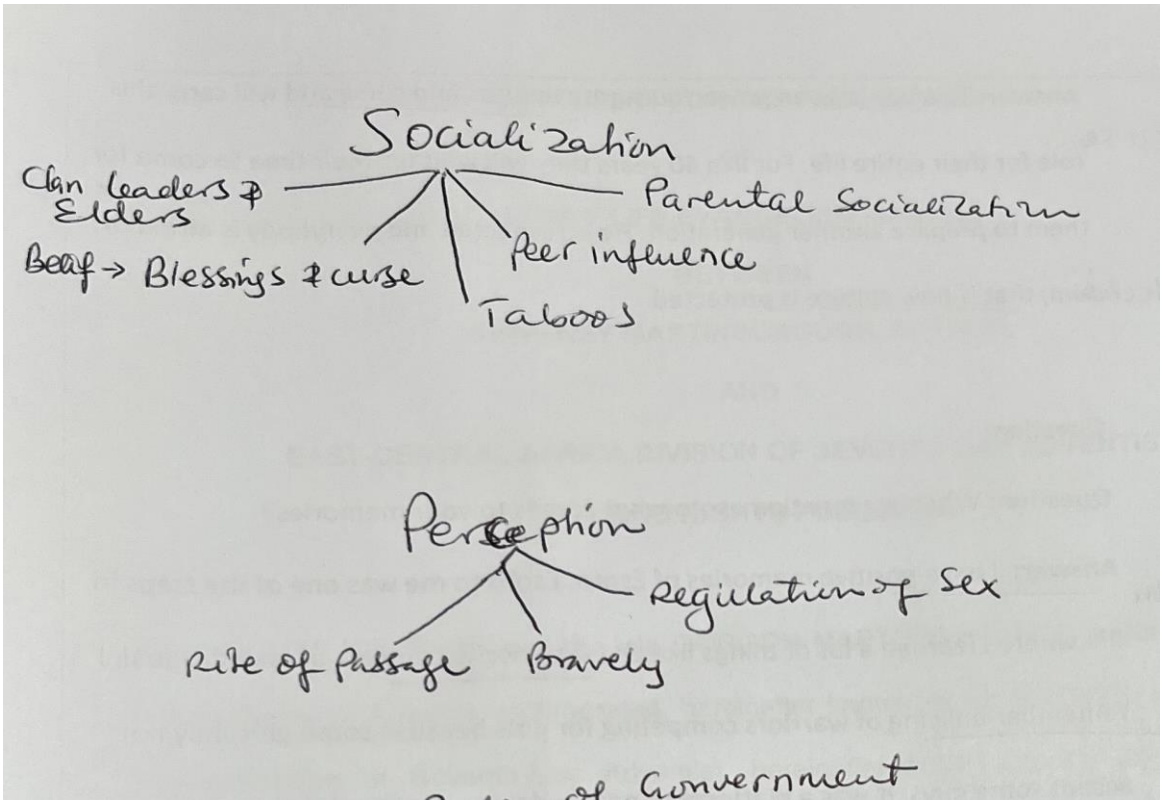


Figure 6. Sample of Categorization of Unified Codes

Themes Presentation

The categorization process led to the third stage of conceptualizing patterns into levels of categories (themes). The iterating process in data analysis helped in the scrutiny of the developed themes concerning the data collected, the research questions, and the theoretical framework. Seven themes emerged from this study, as listed here below, and Table 14 indicates research questions, coding, categories, and themes.

Table 14. Research Question Codes

Research Question	Codes	Categories	Themes
Q1. What cultural practices influence the Longido District Maasai male youth SRB?	A. Warrior discipline B. Singing/dancing C. Esoto	I. Peer Influence	1. The Socialization process
	A. Age-set visitor B. The rich/the poor C. Hospitality	II. Blessing and curse	
	A. Breastfeeding B. Pregnancy C. Breast development	I. Cultural beliefs system	2.Indigenous knowledge
	A. A delegation of elders B. Age set C. Eunoto	II. Maasai system of education	
	A. Sex education B. Sleeping arrangement C. Early marriage	III. Parenting of youth and children	
Q2. How does the Maasai community in Longido District perceive male youth SRB?	A. Culture preservation B. Intergeneration interaction C. Rituals	I. Rite of Passage	3. Maasai perception of their cultural practices
	A. Positive memories B. Generosity C. Unity, D. Connection with nature, E. Comfortable with culture,	II. Cultural identity formation	
	A. Cattle raiding B. Security of the community C. Fearlessness	III. Maasai bravery	
	A. Age for sex B. Circumcision C. Multiple lovers D. Mate selection	IV. Traditional regulation of sex	

Table 14 (Continued).

Research Question Codes			
Q3. What is the role of leadership intervention in the Longido District of Maasai Community?	A. Health services B. Clean water C. Cattle dips D. Infrastructure	I. Public service delivery	4.Government leadership
	A. Education B. Motivation C. Information delivery	II. Overseeing government initiatives	
	A. Conflict resolution B. Land distribution C. Peace	III. Peacemaking and reconciliation	
	A. Gender equality B. Female genital mutilation C. Early marriage	I. Advocacy	5.Non-government organization leadership
Q4. What health interventions have been made to the community to address male youth SRB in Longido District?	A. No health intervention B. Minimal health awareness C. Swahili diseases	I. Knowledge of STIs and their effect on health	6. Health intervention challenges
	A. Female education B. FGM awareness	II. The contribution of NGOs	
Q5. What is the effective and culturally sensitive health and leadership intervention model recommended to mitigate harmful behavior among the Maasai in Longido?	A. Maasai philosophy of education B. Sensitivity to culture C. No desire for change	I. A need for dialogue	7. A proposed health and Leadership Intervention Model
	A. Government leaders B. Health professionals C. Traditional leaders D. Development partners' support	II. Need for Health and Leadership Hybrid intervention	

The Socialization Process

The first research question was about what cultural practices influence the Longido District Maasai male youth SRB. From this study, I found out that the Maasai community has a well-defined socialization process that safeguards the continuity of culture from one generation to another. Little & McGivern (2014) define socialization as "the process through which people are taught to be proficient members of society. Socialization describes the ways that people come to understand societal norms and expectations, to accept society's beliefs, and to be aware of societal values." (p.141). The socialization process happens through agents of socialization such as family, peer influence, neighborhood, religion, social media, social institutions, workplace schools, and government (Little & McGivern (2014). In the study at hand, the socialization process was expressed in the form of peer influence and cultural beliefs in blessings and curses.

Peer influence. Peer identity is core in Maasai culture, as it was expressed by Individual interview participants. Acceptance among the same age-set group members requires that each member strives to fit in. When asked about their experience as youth, they all referred to esoto time when they sang and had romantic conversations, when girls and warriors were permitted to sleep together, and when they also learned techniques from each other on how to propose to girls. During this time, warriors learned comradeship with their fellow warriors. For example, when individual participant P5 was asked how he thinks about peer influence at esoto he said: *"Kwakweli tukiwa huko, tulikuwa tukikubaliana na kila kinachoendelea. Nakumbuka tukilala kitanda kimoja na wasichana, wakati mwingine tuliweza kubanana hadi kufikia kumi (murani watano na wasichana watano) ndani ya kitanda kimoja, na*

hatukuoneana aibu. Kule, tulijifunza kwa vitendo na kwa kutazama; iIlikuwa raha sana nisingefikiria kuikosa"

"To be sincere, when we were there, we would agree with whatever was happening. I remember us sleeping with girls in one bed, sometimes we would squeeze up to ten of us (five Morans and five girls) in one bed without being ashamed of each other. There, we learned by practice and by observing, it was fun and I could not imagine missing it."

Participants admitted that belonging to a particular age set facilitated them with security and a sense of belonging. These findings replicate the study findings by Keto (2020); Mcharo, 2020; Ntaganira, 2012 and Rich et al, 2020 as expressed in the literature review, that peer influence has a stronghold on youth and, that through its influence, adolescent's decision-making process is affected. The only difference here lies in the context: In many cultures, peer influence, is most of the time perceived negatively, as was expressed in literature by Epstein et al., 2014; Kassa et al., 2016 and Mcharo (2020); suggesting that parental monitoring of peer influence is crucial in delaying the beginning of sexual intercourse and protecting against youth sexual risk behavior.

In the context of my research environment, peer influence is promoted, and parents encourage their sons and daughters to learn from their peers because the behavior learned from the peer do not deviate from society's norms. Non-conformists of the practice are rebuked and sometimes punished for misbehaving because their behaviors are regulated by culture. Such behaviors are respect, bravery, cattle keeping, sexual games, etc., which are not questionable to the community (Pakdkamana & Adzadgori, 2014). During the interview, individual participant P8 said:

"Wakati wa esoto mama anaweza kumwambia binti yake, unafanya nini hapa wakati watu wa umri wako wameenda esoto?" Nenda.

Kwanini anamsukuma hivyo binti yake? I probed.

Kwa sababu wakiwa esoto moran wanawapa wasichana mafunzo, mfano wanawafundisha namna ya kuwa wake wazuri na kuwa na heshima na hii inatufurahisha sana sisi Wamaasai."

"During esoto, a mother would tell her daughter, "What are you doing here when all your agemates have gone to esoto?" Go."

Why does she push her daughter this much? I probed.

"*Because at esoto moran teach girls how to be good wives and how to be respectful, and this pleases us Maasai."*

From this perspective, peer influence in Maasai culture has a positive connotation compared to peer influence in other cultures because waywardness in youth is not expected when they mingle with their peers. It is a time for learning, skills, attitudes, Maasai doctrines, bravery, and conformity to the norms of their society. At the interpersonal level of the social-ecological model, the role of peers in influencing behavior in a community is captured.

Blessings and curses. Cultural beliefs on curses and blessings have shaped the Maasai people's values and uprightness of character in their context, which is an admirable virtual. Culturally, Maasai are hospitable. If you come to a home of a Maasai as a stranger, you are well greeted by everyone, including children. A senior woman in the homestead (boma) will ask you to which age set you to belong, after clearing your identity, you are then directed to the house (engaji) of your age set group. The woman in the house will give you food and shelter and make you feel at home as she would have done to her husband. When her husband comes, he will make

a follow-up to see if the guest was rightly treated because a guest in a Maasai community is regarded as a messenger from God who comes with a curse or blessings depending on the treatment he receives. Since the Maasai engaji has only two beds (see image Appendix 11), small children will be split into two groups, girls will sleep with their mother and boys with the guest. This finding corresponds with what was discussed in the literature regarding a sleeping arrangement in Maasai culture, that lack of significant boundaries in sleeping arrangements can contribute to sexual risk behavior (Pakdamana &Azadgoli, 2014).

A woman who treats her guests well is regarded as a good wife. She receives blessings for her family and the entire age group of her husband. Hospitality is a part of Maasai cultural norms, values, beliefs, and expected patterns of behavior as it is stipulated in this study's framework at the community and individual levels. For instance, individual participant P2 said:

> *"Kama watu wakiona mtu mifugo yake ina afya watamuuliza, 'umebarikiwa na rika ee'? Atajibu, 'ndiyo.' Kama biashara yake iko vizuri watamuuliza ni nini siri ya mafanikio yako? Mtu atajibu, 'nimebarikiwa na rika kwa sababu napokea wageni vizuri na kuwakirimu.'"*
>
> "*If people see a person having healthy livestock, they will ask, 'Are you blessed by the age-set, isn't it? The person will respond, 'yes' If 'er/his business is flourishing, he/she will be asked, what is the secret of your success? A person will respond, 'I am blessed by the age-set because I receive well guests and I am hospitable'".*

for this reason, Maasai regard having a visitor as a special favor from God. Even if someone pays a visit for a short time in a Maasai boma, he or she is expected at least to drink something such as milk, or tea or eat food. Denying to do so is disrespectful

and unkind to withhold God's blessings. Speaking of a guest who comes for a night shelter in a boma, this is what was expressed by P6 during the focus group discussion:

> *"Mwanamume wa rika yangu akilala kwangu, nikimkuta, nageuza na kutafuta mahali pa kulala. Nikiondoka, siruhusiwi kurudi nyuma kuchungulia kujua mazingira ya kinachoendelea ndani ya nyumba yangu kati ya mke wangu na mgeni, kufanya hivyo ni kosa, ni tafsiri mbaya na kuna adhabu yake, unaweza hata kutengwa na wengine maana wivu mbaya hautakiwi katika jamii ya Wamaasai."*
>
> *"If I find a man from my age-set group sleeping in my house, I turn around to find a shelter elsewhere. After leaving, I am not permitted to come back and secretly investigate what may be happening in my house between my wife and the guest in my absence, doing so is an offense, it is not perceived well and it is accompanied by a punishment, you may even be isolated because bad jealous is unwelcomed in the Maasai community."*

In this case, it is regarded as likely; that the visitor will honor the hospitality offered to him and behave well because by doing so he will be blessed and will leave blessings to the family of his host before leaving on the following day. If he abuses this opportunity by sleeping with the woman in the house severe punishment will be applied. Both visitor and the woman are punished. Through it all, the hosting man sits to listen and watches what the clan decides. However, participants admitted that it is also possible for the visitor to misbehave and remain unnoticed by anyone in the community.

This finding is contrary to the popular belief that an age-set group member can decide to enter the home of his fellow age-set member and leave the spear outside to make the owner of the house notice the presence of another man in his house so that

he does not disturb. But the finding indicated that Maasai are highly disciplined in this because they fear curses. Violation of this rule may happen, but it is in rare cases.

The Indigenous Knowledge

Maasai have a rich indigenous knowledge that dictates and guides their behavior and all cultural practices. Some of this knowledge have a backup from the Maasai cultural belief system, the Maasai system of education, and the Maasai parenting philosophy of youth and children

Cultural belief system. Although laws of the land exist and are recognized by the Maasai and although Christianity has found its way into Maasai land, Maasai still have their belief system and by-laws which have survived from the time of their ancestors and are passed from one generation to another. These laws are clearly defined, consequences that follow violation are very clear, and punishments are well stipulated. From their belief systems and by-laws Maasai have developed cultural taboos that are understood and are to be keenly observed by every Maasai.

Some taboos are such as, an uncircumcised man is regarded as a child, even if he is above eighteen. How the law of the land defines youth may not apply to the Maasai community in every circumstance. An uncircumcised man is prohibited to touch a woman. Therefore, circumcision is an act of acquiring the freedom to have sex. Contrary to this, when men are free, women are not free, and vice versa. Uncircumcised girls are permitted to have sex with circumcised males (Moran/warriors). For that reason, girls may begin engaging in sex with warriors at a very young age, starting from around eight years until they are circumcised.

Participants admitted that it is at this stage of life when youth have multiple sexual partners. After circumcision, girls are prepared for marriage and they cease to

have multiple lovers and have sex for pleasure. On the other hand, warriors are permitted to continue with multiple lovers even when they are married.

Another taboo is that a married Maasai warrior cannot eat meat at home because it is seen by women or eat alone without a fellow Moran; even if he is very hungry, he will still have to look for his fellow warrior/s. This practice promotes unity and brotherhood among age-set members. The practice continues until they are graduated from warriorhood to becoming junior elders.

It is also taboo for a man to sleep with his wife when she is breastfeeding or when she is pregnant. A child is breastfed for two years or even more. Violation of this is punishable for both the woman and her husband because it is believed that sperms are dirty and can harm a child. During interviews, participants admitted that at this time men are tempted to go for another wife or go to sleep with other women of the age set, a behavior to which their wives cannot object. An extramarital practice for a man is justified as long as it is done respectfully; that is when it is hidden from his wife. The findings in this section capture what was presented in the framework of this study. At the individual level of the social-ecological model, some characteristics such as age, gender, attitudes, and beliefs are suggested to influence someone's behavior and choices.

Maasai system of education. Rite of passage is a treasured tradition of the Maasai. It is regarded as an education system in which Maasai elders are highly involved. A few years before the initiation of a new age-set group, there is a delegation of elders in the community (Olamal enkepaata) in all Maasai land from one location to another announcing recruitment of a new age-set group. In camps, youth are gathered and taught Maasai doctrines, patriarchal values, life in the semi-arid land, and pastoralism through Maasai sayings, proverbs, songs, and narratives of the past.

Youth are taught to be brave; they are prepared to be fearless and to tolerate any kind of pain in their bodies, especially at the time of circumcision.

Taboos and cultural restrictions are taught here. It is the time for asking elders so many things about life and a time for exchanging news about all activities of herding. All these happen under the shade, which is known to Maasai as oleng'oti. The teachings become part and parcel of their lives. Elders choose a leader for this age-set group after strict scrutiny of his family tree and proof that the boy is clean and free from immoral and any kind of crime together with his entire lineage. This boy receives this leadership role even before circumcision. He is given the power and authority to bless and curse, he will have this role for the rest of his entire life. The prophet and elder leader perform the rituals of giving him this position.

The boy is respected and everyone is afraid of him. After 40 years, it will be time for the age group to prepare another generation after them. Clan leaders' and elders' socialization cuts across the interpersonal level, organizational, and community levels of the framework of this study. This level of socialization is the beginning e*soto, olamal, inkpot,* and *eunoto* (Siegler et al., 2013; Talle, 2007) which are attached to Maasai rituals and ceremonies as discussed in the literature review. That is how culture is preserved from generation to generation.

Parenting philosophy of youth and children. Maasai start to protect their culture at the level of the family. A Maasai mother has the responsibility of teaching her girl child. She begins at a very young age and continues through all the stages of her life. She teaches her to observe her menstrual circle when she goes for esoto to sleep with warriors because uncircumcised girls are not permitted to become pregnant. Through the carried interview, participants expressed that, girls becoming pregnant before circumcision is a disgrace to the family and it normally doesn't

happen. This is one of the reasons why Maasai deny girls to attend school because of incidences of premarital pregnancies in schools.

A mother also prepares her daughter to be a good wife by teaching her how to respect her husband, take care of children, and the many home-making activities. Mothers have access to teaching their boy children up to the age of four to five. Thereafter the father takes over the role until circumcision and beyond. A father cannot talk to his girl child, especially on issues of sex. Children learn other behaviors by observing how adults behave in the family and replicate the same behaviors. At the interpersonal level of the framework, a family plays a key role in the socialization of an individual. As it is stipulated earlier in the literature review, sexual risk behavior does not seem to be an issue of concern in parenting except for the stipulated taboos.

Maasai Perception of Their Cultural Practices

During both focus group discussions and individual interviews, participants demonstrated pride, happiness, and satisfaction with their culture. The overall perception of their culture was positive. The interview was geared toward answering research question two, which stated: How does the Maasai community in Longido District perceive male youth SRB? Amongst the aspects of culture which were identified as the one bringing them pride were the rite of passage, cultural identity formation, Maasai bravery and traditional regulation of sex. I observed that this positive perception of own culture is key in planning for an intervention strategy. P2 in a focus group discussion boastfully described how he perceives his culture:

"Mimi napenda kila kitu katika utamaduni wa kimasaai, mfano ni sisi tu tuliobaki na nguo za asili wakati wengine wanavaa za wazungu, wake zetu wana heshima, tuna sherehe zetu mbalimbali zinazoelimisha jamii yetu, tunapenda

wanyama hasa ng'ombe na hata namna tunavyosuluhisha migogoro ya katika jamii ni bora kuliko serikali au waswahili".

"As for me, I love everything in the Maasai tradition, for example, it is only us who have remained with our traditional attire when others are wearing like white men, our wives are respectful, we have different celebrations that educate our community, we love animals, especially cows, even the way we handle conflicts in our community is better than the government or Swahili people".

Rite of passage. It was observed in this study that, the whole of Maasai culture is embedded in the rite of passage. Killing the rite of passage is killing the Maasai culture. All rituals, ceremonies, traditional education, indigenous knowledge, cultural identity formation, and leadership structure have no platform of their own except through the rite of passage. Referring to this rite of passage in the focus group discussion P4 said:

> "*Rite of the passage gives birth to age set groups which in reality are next to God. When you require help when you have committed an offense or have a crisis in marriage or you are in an economic crisis, you need an age set...As Maasai, we don't celebrate birthdays every year as others do, instead, we have rituals and celebrations which happen during circumcision and transition from one age set group to another; therefore, a rite of passage is very important in our culture."*

P7 supported this by saying:

"Rite of passage is one of the sweetest practices; we have a good tradition".

Cultural identity formation. Findings in this interview indicated that rite of passage provides a Maasai with a sense of belonging and identity that defines individuals' behavior and which prepares respectful youth in society. It is the rite of

passage that ascribes job descriptions of age-set groups and defines boundaries in society. The study findings indicated that the culture of rite of passage categorizes age set groups with their current names as follows:

- *Childhood (layioni)* whose responsibility is to attend to livestock and to respect elders and parents unquestionably. These have no age-set name. They receive an age-set name after circumcision, a name they will carry throughout their lives. The name is used for any kind of introduction, and it is the name that gives them a sense of belonging and which leads to receiving help in their time of need.
- *Warriorhood (Ages 15- 31)*: These are circumcised youth, they plait their hair, and have seasons of treating their bodies which involves bulls slaughtering and a lot of meat eating in the bush. These have the role of protecting livestock and the community against predators, cattle riders, and any danger. They carry spears, sticks, and bush knives all the time. They are permitted by the culture to stay with girls. Girls are the ones who collect milk for them and sing with them. At this time there is a lot of teasing, games, eating, milk drinking, and sleeping with girls. Few of these are married. Their age-set name is *Iritumbula or Nyanguro.* The majority of participants in the individual interview came from this group.
- *Junior elders (ages 30-45):* These are all in marriage and they have children. They participate more in learning indigenous knowledge. They have the power to make decisions at their family level. Their age-set name is *Irikipone or Korianga.* This is another group where I managed to get a few participants for individual interviews and focus group discussions.

Senior elders (ages 45-55): Senior elders participate in major decision-making in the community and they also participate in performing Maasai rituals. Their age-set name is *Irekidotuu or King'onde (ages 55-75):* These are retired elders; their role is to give education and words of wisdom to the younger generation. They are consulted when tough decisions are to be made. Their age set name is *Irkeshumu or Makaa.*

- *Ages above 75* are very few and are there to receive care and love from the younger generation. Maasai are very keen on this because respect for elders is taken seriously and it is believed that the violation of the same can result in disasters such as curses and misfortunes. These elders are patriarchs. They are a fading away generation. When collecting data, I managed to see only two of these just for the sake of greeting them and listening to their wisdom. They are peaceful and full of wisdom.

Rite of passage/age-set system and traditional leaders are mentioned at the organizational level of the theoretical framework in this study. The organizational structure of Maasai culture is at the center of every cultural practice in the Maasai community. Through the rite of passage cultural norms values, rituals, and expected behaviors are defined.

Maasai bravery. Maasai are known for their bravery, and that gives them pride and good feelings. Findings in this study show that bravery is taught in their traditional education system before circumcision, during, and after. During circumcision, no anesthesia or any kind of painkiller is applied; elders watch to see if there is any flinching in any part of the body because it is not allowed. Tolerance to pain is rewarded. Circumcision done in a hospital is not accepted, and whoever goes

through it is not regarded as a man. No woman will be willing to marry a coward man.

After circumcision, boys become warriors who go through a particular training in the camp (Emmanyatta). Part of their traditional schooling is learning how to live in a harsh environment, livestock management, patriotism, and many others, this is the reason Maasai are fearless when it comes to cattle riding and lion hunting. Below I have a case study of two participants who narrated their bravery experience:

P1 from the individual interview.

"I am happy to be a Maasai because of pastoralism. After listening to the narratives of cattle riding, praising nature, and learning emotional cow songs from elders, I determined that I will also participate in cattle raiding. As Maasai, we believe that we have better knowledge of cattle keeping and we are not amused when we see other tribes not handling them well as they are supposed to be handled. So, cattle riding is an action out of love for cows and it is an attempt to rescue them from mistreatment. This undertaking is not without danger, it is very dangerous but we are courageous, we fear nothing, and we are ready to die a heroic death. I remember vividly it was in the year 2004. Do you know, fifteen warriors went for cattle riding in the village of the non-Maasai tribe, but fourteen were killed and only one returned unwounded, it is sad but it was a courageous move". Then, I asked the young man, how come they were killed? didn't consult the Oloibon before going for a raid? He responded: "*vijana kwa sababu walijisikia ujasiri sana walijikuta wameenda bila mashauri ya Oloibon na mabaya yakawapata". Since warriors felt so courageous, they simply went without making consultation with Oloibon and the unfortunates found them".*

P4 from individual interview.

"Circumcision, teachings of elders, and songs of assault sang to us instigated bravery and killed cowardness. After circumcision, we waited for a time of healing, then I was given this spear and bush knife. When we become warriors' parents trust that we can protect our families and livestock from predators like lions, hyenas, and leopards who terrorize heard. Among the fond memories of bravery I have, is Olamaiyo (lion hunting). I was circumcised in 2019, then in 2021, we went nineteen of us, with our spears and knives lion hunting. We went twice, we missed him for the first time, and the second time we killed him using these weapons (he was showing the weapons he had with him during the interview) *and we came back to the village victorious. The experience increased my courage; for sure I fear nothing."*

This boldness, pride, and courage of one's culture, make people fear talking to Maasai about ill behaviors that may be harmful to their health; but I observed that Maasai are friendly and loving. They are kind in their dealings especially when they realize that they are being treated with respect; because respect is an important virtue in Maasai culture. They hate being treated as ignorant, when they believe that they have a lot of indigenous knowledge which many are not aware of.

Traditional regulation of sex. As said earlier, Maasai culture has guidelines and reasons as to when and where to begin engaging in sex as a male or female. Sex is regulated even in marriage as we have discussed when it comes to taboos. Girls have sex with warriors before their circumcision for the purpose of breast development and socialization. Warriors believe it is their responsibility to make it happen and they treat the girls like their wives. Boys on the other hand are asked before circumcision to skip a knife as a swearing indication that they have never slept with women. Due to fear of the curse, boys don't lie, they admit their behavior if they were not faithful, and they are punished before circumcision takes place. At esoto, where a lot of sexual

activities are done, is a place where girls get lovers and their future husbands after circumcision. For this reason, there is nothing to hide because parents and the entire community are aware of it. A warrior P5 in an individual interview when asked about his esoto experience said:

"*Nililala na wasichana wengi sana wakati wa esoto, hasa yule aliyekuja kuwa mpenzi wangu wa kweli na wazazi wangu walijua. Mpenzi wangu ndiye aliyenichagua wakati wa inkipot (sherehe ya kunywa maziwa). Siku ya kwenda kunywa maziwa niliwaaga wazazi wangu na wakaniruhusu."*

"I slept with so many girls during esoto, especially with the one who become my true lover and my parents were aware of it. My true lover is the one who chose me during the inkipot (milk-drinking ceremony). On the day of milk drinking, I told my parents and they gave me permission.

Maasai elders treat some sexual behavior leniently because of the patriarchal values in society; for example, step brother's wives become legal wives; not having sex with your pregnant or breastfeeding wife gives extreme freedom for a man to engage with other lovers. P1 in the focus group discussion supported this by explaining his own experience:

> *"Mimi, baba yangu ana na wake nane, yule mke wa kaka yangu tuliyezaliwa tumbo moja tunaheshimiana sana, lakini wake za hao kaka zangu tunaochangia baba tu, ni wake halali kwangu kimila."*
>
> *"My father has eight wives, there is a great respect between me and the wife of my brother whom we share a mother (my sister-in-law), but the wives of other brothers whom we share only the father are my legal wives traditionally."*

Having the above statement in mind, there are still other sexual behaviors that are treated with strictness. For example, during *eunoto* (hair-shaving ceremony) when warriors become junior elders, every Moran comes with his mother because it is the mother's duty to shave her son's hair but the mother must be free from the guilt of sleeping with their son's age- set member (age-set member does necessarily translate the same age, it is the group of those who were initiated and circumcised at the same period.) Since some women enter into marriage with old men when they are still very young, they are tempted to sleep with the younger generation, a behavior which is highly discouraged and disqualifies them from participating fully in the eunoto celebration.

After *eunoto,* Maasai celebrate *Oranyesherr* a ceremony that permits warriors to eat meat anywhere even with their families. It is their wives who feed them meat only if they are free from the guilt of sleeping with a Moran younger than their husbands. Guilt is just for women who would love to take part in their husband's traditional achievements, but it does not condemn their husbands who may have slept around when they were breastfeeding or pregnant. At this time, women are honest because they fear curses. As it is explained above, these restrictions and sex regulation have no backup for protecting young people against sexual risk behavior but it is for safeguarding some of the few selected areas of cultural practices.

Government Leadership

Another research question that was addressed during individual interviews and focus group discussions was; what is the role of leadership intervention in the Longido District of the Maasai community? This question targeted government leadership. As discussed earlier, all levels of village local government leaders have their presence in the village at study. Data gathered to show that participants

demonstrated awareness of leadership function in the community; however, due to Maasai people's rigidity in safeguarding the sustainability of their culture, the government treads softly when dealing with their cultural practices, especially those dealing with their traditional leadership structure rituals and ceremonies connected with the rite of passage.

According to Rugeiyamu et al., (2021), The local government in Tanzania is responsible for social development, public service delivery, facilitation and maintenance of law and order, and promotion of local development and participatory process. During the interview, participants expressed what they thought was the role of the local government in their village. All the roles are chunked into three roles for clarity purposes. These roles are public service delivery, overseeing government initiatives, and peacemaking and reconciliation.

Public service delivery. The presence of government leadership in the community is of great benefit to the Maasai of the research community. Its presence makes them feel valued and cared for as citizens. When speaking of public service delivery, we are referring to ensuring the availability of primary and secondary schools, teachers, and other relevant facilities for easy access to education as stipulated by (Mdee & Thorlay, 2016; Rugeiyamu et al., 2021). Moreover, it means meeting the complex interrelated social and economic needs which involve the provision of water for drinking and irrigation, health care facilities and health care workers, cattle dipping, electricity, a market, and roads to connect the community to the feeder road and with other villages and townships, etc. Participants acknowledged the government's effort in providing those services, although not all of them, especially the problem at the study. Focus group P7 had this to say:

"Tunashukuru uwepo wa serikali ya Kijiji, umetuletea shule na watu wetu wanaanza kuelewa umuhimu wa shule, tunashukuru hata kwa barabara, hata kama siyo nzuri sana lakini inatusaidia kupata mahitaji ya nyumbani kutoka Longido na kupata vyakula toka Arusha."

"We are grateful for having the Village government, it has brought schools to us, and our people have started to understand the importance of school. We are also grateful for the road even if it is not so good but it helps us to get our domestic needs from Longido and to get foodstuff from Arusha."

Participants in the FGD shared that it was also the responsibility of the village local government to bring communication from the central government, supervise land distribution, bring education, health, and economic development awareness, and see to it that government revenues are collected. The village council is counted successful if the above-mentioned public services are realized and disputes among villagers are managed. *"Tunatarajia viongozi wawe sauti ya jamii ya wamasai kwa serikali kwa sababu wanaishi nasi na wanaelewa kila tunachokipitia*". Individual interview participant P2 commented. *"We expect the leaders to be a voice of the Maasai community to the government because they live with us and see what we are going through".*

What is described as the role of leadership in the community is in harmony with what was proposed by WHO (2020) as described in the literature review. Government and public policies appear at the highest level of the study's framework. The overall well-being of the members of the community depends on how public policies are executed.

In the issue of conflict management Maasai participants expressed that they were not comfortable with the government's legal framework. They suggested that the

Maasai way was the best. When asked how? This was the response from one FGD P5 of which everyone agreed:

> *"Sisi wamaasai hatuamini juu ya kisasi au gereza. Tunaamini juu ya msamaha. Kesi zetu hazina rushwa wala upendeleo, kwa sababu kwa kufanya hivyo unaweza kupata laana badala ya baraka. Hakuna kosa lisilo na usuluhisho hata la mauaji ambalo nalo hutokea mara chache sana umasaini. Msamaha wa kimasaai ni wa kweli. Wazee kupitia mfululizo wa vikao na mikutano mingi na mashauriano, watahahikisha ufumbuzi unapatikana, fidia, adhabu vimetolewa na mahusiano yamerejeshwa kwa asilimia mia moja."*
>
> *"Us Maasai do not believe in revenge or imprisonment. We believe in forgiveness and reconciliation. We run cases without favoritism or corruption because doing so can lead to receiving a curse instead of a blessing. There is no offense without a solution even if it is a murder case that happens rarely among the Maasai. A Maasai forgiveness is genuine. Through a series of meetings, elders will make sure that a solution is found, compensation and punishments are employed and reconciliation is achieved at one hundred percent."*

These reconciliations are concluded by performing a series of rituals to clear curses and pronounce blessings for the families involved.

Overseeing government initiatives. According to the participants, when the government provides facilities such as schools, teachers, or dispensaries. It is upon the village leadership to make sure the awareness is made and the institutions are serving according to the intended purposes. All the implementation, monitoring, and evaluation are left to be engineered by the leadership at the grassroots which is the village.

In the past, village leadership was composed by local traditional leaders, but nowadays the government use learned people who are prepared for the role. However, as said earlier, hamlets chairpersons are members of the local community who share values with the people they are leading. These are not paid, but they are more trusted by the people they lead than the government leaders. Success in implementation depends on awareness within the hamlets. Taking the example of schools, from the observation, it is obvious that they are slowly making a difference in the community, but the number of illiteracies is still high. It is the duty of the village leadership to find out the core reason for this and create an intervention strategy.

Peacemaking and reconciliation. When conducting the interview, the gap of knowledge, attitude, and belief between the majority members of the individual interview and those of FGD was obvious. While the understanding of the culture remained the same for the two groups many factors guided their attitudes and perception of things. Some of these factors were education and exposure. Members of FGD were educated and had some duties to perform in the village government. These were well versed with Maasai cultural practices but were also exposed to the government's opinions on various matters and their reasoning had a backup of their education and exposure. On the other hand, the majority of the members of the individual interview were those who did not have formal education but were rich in the indigenous knowledge and had their opinion on how issues should be handled. One can see how difficult it is for the government to realize the implementation of its initiatives, and how hard it is to harmonize the two worldviews.

> "*For example*" a focus group discussion P1 expressed *"a family may decide to give into marriage a daughter in her early teens to a man of seventy years just because he is very rich. In such cases, the government interferes with the*

family decision but it is not easy." Below are two cases that can better explain how the government stands as a middleman in its leadership.

Case 1: *During my data collection exercise an incident happened; A man wanted to steal someone's wife, this man had business in Longido and wanted this woman to join him where he was. They agreed with the woman that she follows him after he had left the village for Longido. So he hired a motorbike to take the woman a distance of more than 40 kilometers from where the lover was staying, away from her husband and children. The deal was successful, but back home the man started searching for his wife, informers told the family about the woman how she was stolen, and where she was.*

The woman was brought back and elders started handling the case traditionally, The man who stole the woman and the woman were punished and compensation was demanded especially from the man. The motorbike rider was also demanded to pay a huge amount of money for carrying someone else's wife without permission from her husband, but he politely argued that he was on business carrying a customer who came for his service and he did not know if he was participating in stealing someone's wife. The man and the stolen woman confirmed that they had not revealed the plan to the rider, but the elders would not understand. Therefore the village government stood in the gap for the motorbike rider and he was exempt from the punishment.

Case 2: *The day I was conducting a focus group discussion in the village office's vicinity, I observed a commotion from the Maasai youth (male and female) on the compound. They had come to vote for their new youth leader for the ruling party.*

For Maasai everyone who is in warriorhood is regarded as a youth; this is between ages 15-35). The candidates were expected not to be beyond age 30, but in

this case, the beloved and well-accepted candidate was 32. Young people were not ready to drop his name because according to their culture, he was still regarded as a youth. The leadership intervened to clarify the existing discrepancy and they were able to drop the beloved candidate's name and calm the commotion.

From these two cases, it is obvious that government leadership plays a vital role in peacemaking and reconciliation between Maasai cultural functions and definitions of things with that of the government. As it was discussed in the literature review, scholars have written so much on the role of leadership to the community, but understanding what leadership does in dealing with Maasai male sexual risk behavior is the research gap that was presented in this study.

Non-Government Organizational Leadership

Both focus group discussion and individual interview participants expressed awareness of the presence of non-government organizations in their community. When asked what their roles were, the participants' general response was, that their role in the community was advocacy. This finding is in harmony with the study done by Mtuge & Mokaya (2016) on the role of non-government leadership in the implementation of community development in the Arumeru district, Tanzania in which 65.2% of respondents indicated that the role of NGOs in advocacy

Advocacy. In performing an advocacy role, non-government organizations become a voice for those who are vulnerable in society and cannot speak for themselves. To accomplish this, NGOs in my study area bring awareness to human rights that are violated in the Maasai community, such as female genital mutilation (FGM) and early marriages for girls. By safeguarding these rights, they promote a girl child’s rights to education. Individual participant P3 expressed:

"Hawa wageni wamekuwa wakituita kwenye mikutano yao hata kutuzungukia majumbani wakipiga vita ukeketaji wa wasichana na kuwaambia wakasome wasiolewe mapema. Hata kama bado ukeketaji na kuolewa mapema kwa wasichana kunaendelea kisirisiri, bado kuna wachache wamesaidika"

"These visitors have been calling us to their meetings, and sometimes coming to our homes to speak against female genital mutilation and early marriage for girls, advising them to go to school and avoid early marriages. Even though we still have FGM going on secretly, still there are few who have benefited from their advocacy."

Health Interventions Challenges

Research question number four of this study asked: What health interventions have been made to the community to address male youth SRB in Longido District? From all the participants, there was no recall of any attempt that was made to bring about health education or awareness in relation to sexual risk behavior in the Maasai community of the research area. Despite admitting that sexual risk behavior was a major crisis in the Maasai community, the FGD participants expressed a lack of courage in bringing health intervention that directly addresses cultural beliefs and practices. P1 said:

"We are penetrating into the community through the establishment of schools and in a way, Christianity is helping somehow, but directly addressing the cultural practices that are harmful to people's health needs a lot of courage to face those leaders. I am a Maasai, as a leader, I have never done that, I think we need to do something."

P4 added: "*In many incidences at the dispensary, I see a man bringing another man's wife to the hospital and say she is his wife. I usually know the truth, but I have*

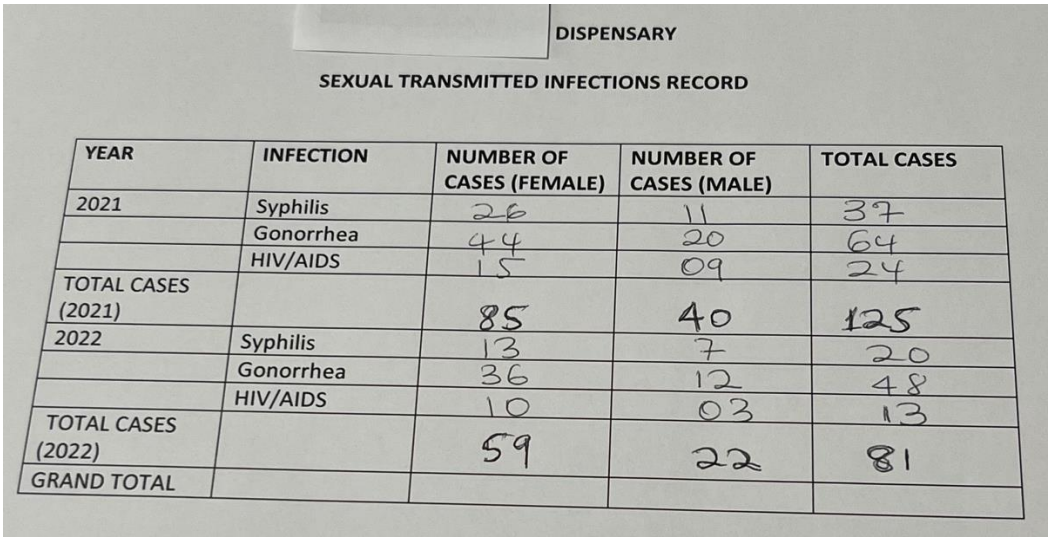
no courage to say I know this woman's husband. People see it and they say nothing because they lack the courage to do so, and it is normal to them."

When participants were asked what the leadership has done to protect male youth's sexual well-being in their community, their response was "nothing" or not "known". They said they have never received any health education except for treatment at the ward dispensary or district hospital when they get sick. Findings from this study indicated clear evidence that the community had limited knowledge of STIs and their effects. All these are an expression that intervention on sexual risk behavior is still a challenge and is not available at present.

Limited knowledge of STIs and their effects on health. From the above discussion, it is obvious that the absence of intervention contributes to limited knowledge of the existing problem. During the interview, participants expressed no fear of STIs; an indication that knowledge about them and their effect on people's health is limited. This is what individual interview participant P7 expressed:

> *"Mimi napenda kila kitu cha utamaduni wa kimasai; kama ni esoto iendelee tu, sisi hatuogopi magonjwa ya zinaa, hata kama yakija tuna dawa za asili."*
>
> *"As for me, I love everything about Maasai culture, if it is esoto, let it just continue, we don't fear STIs we have traditional medicines."*

Some participants who had an idea of STIs said it was a problem for Swahili people in towns and cities. In other words, it is a civilization disease that is less of their concern. If at someone brings it from cities, participants trusted in the ability of the traditional medicines to cure the maladies.



DISPENSARY

SEXUAL TRANSMITTED INFECTIONS RECORD

YEAR	INFECTION	NUMBER OF CASES (FEMALE)	NUMBER OF CASES (MALE)	TOTAL CASES
2021	Syphilis	26	11	37
	Gonorrhea	44	20	64
	HIV/AIDS	15	09	24
TOTAL CASES (2021)		85	40	125
2022	Syphilis	13	7	20
	Gonorrhea	36	12	48
	HIV/AIDS	10	03	13
TOTAL CASES (2022)		59	22	81
GRAND TOTAL				

*Figure 7***.** Sexual Transmitted Infections Record in the Research Community

Source: Document data 2021&2022.

Pieces of evidence obtained from the community dispensary whose name is protected for confidentiality purposes indicated the prevalence of STIs in the research area. It should be noted that the majority don't go for health checkups because they trust in their traditional medicine, hence the record may not give the clear magnitude of the existing problem. Gonorrhea appears to be leading followed by syphilis and HIV/ AIDs coming last both in the years 2021 and 2022. Records show that females are more vulnerable to the infection compared to men in both cases. There seems to be an improvement in cases in the year 2022 compared to 2021. These records come as a cry for intervention. In this study's theoretical framework, Government leadership regulations, health policies, and education systems are at the top of everything in influencing people's behavior in the community. Therefore, something must be done by these administrative organs to break the existing chain

The contribution of NGOs. Despite the fact that participants expressed the absence of Health and leadership intervention in their community, as stated earlier, still they recognized the contribution of NGOs who came to do promotion on girl

child's education and advocacy against Female Genital Mutilation (FGM); apart from that, nothing else they could recall in regards to intervention.

A Proposed Health and Leadership Intervention Model

When participants were asked about what they desired to be changed in their culture, a good number of them did not see any need for change. Expressions like these were heard: “You can change anything but not the rite of passage, nothing should change”, “we are happy with everything about us, and expressions like; “government is bringing more problems to Maasai culture”. Individual Interview P6 even said: “*Sioni haja ya serikali kutuingilia maisha yetu, kila kitu kiendelee kama kilivyo, na kama kuna ugonjwa wowote watu watatibiwa, kwanza tuna dawa zetu pia, sisi Wamaasai hatuogopi kifo”.*

“I don’t see any need for the government interfering with our lives, let everything continue as it is, and if there is any sickness, people will be treated, after all, we also have our herbs, as Maasai we don’t fear death.”

There are some participants who expressed a need for change and who could see how things are no longer the same as they used to be and therefore thought that children should be encouraged to go to school because children who go to school are of advantage and some practices such as early marriages and esoto can be avoided but did not know how. These were interested in having a platform for dialogue.

According to Greer Hofstede's dimensions of understanding culture, Maasai people would be categorized as having high power distance, collectivist, uncertainty-avoidant, masculine-oriented, and restrained culture (Orr & Hauser, 2008). Any intervention directed to search cultures requires respect and a deep understanding of their cherished values. Maasai have a traditional heritage that other non-Maasai communities can learn from. In the interview, a good number of participants

expressed no desire for change and those few who wanted to give it a chance expressed a need for dialogue.

A need for dialogue. The participants who were open-minded to change had feelings that sometimes the government proposes changes without full knowledge of the Maasai culture. These participants admitted that there was truly a need for church, schools, health education, and Maasai culture at the same time. Therefore, no group among these should feel inferior to the other; there must be a balanced approach in order to benefit from each of these and maintain them all. For example, this was an expression from individual participant P3: *"Other communities and the government think Maasai are ignorant, but it is them who are ignorant about us. The government may teach what they don't know or what they want to teach without thorough learning about the Maasai culture. I think we should come to the table and exchange our philosophies; education be given to both sides; we identify what is bad and maintain what is good."*

Health and leadership hybrid intervention model. This section seeks to answer the fifth question of this study: What is the effective and culturally sensitive health intervention model recommended to mitigate the harmful behavior among the Maasai in Longido? The main objective of this qualitative-focused ethnographic case study was to explore the Maasai cultural influence on male youth sexual risk behavior and the role of leadership in Longido District, Tanzania, and to generate a possible intervention to mitigate the current problem.

The result of the study indicated that so many Maasai cultural practices influence male youth and, eventually adult sexual risk behavior. The findings show that most of the cultural practices are embedded within the rite of passage, which gives birth to the age set system. Right at the beginning of warriorhood, sex is

introduced to warriors and early sexual debut for girls through esoto. It is at esoto where multiple sexual partners practice begins. As discussed earlier, results prove that elders' and parents' socialization contribute greatly to SRB, and hospitality to age-set members suggested the possibility of engagement in sexual risk behavior due to fear of curse and pursuit of blessings for one's family and the community at large.

Further, it was observed that their belief system which led to taboos in marriage life gave men a loophole to recklessly engage in sex with their esoto lovers and become polygamous. When I inquired about the role of local government leadership in the community, I found that the government has contributed much to social and community development, but the issue of reproductive health, specifically sexual risk behavior, has remained untouched due to a lack of courage to face the Maasai elders. All these, findings show that Maasai positively perceived their cultural practices and some did not see the need for change. They were committed to making sure, that the values are passed on to the next generation.

Unfortunately, according to the records obtained from the village dispensary, STIs such as HIV/ AIDS, syphilis, and gonorrhea have become an issue of concern that need serious intervention. Again, esoto interferes with school life by increasing the number of dropouts, especially for girls, contributing to sexual debut and early marriages. According to the records shared by P7 in the focus group discussion, in schools at the primary level, girls get pregnant at a range of 1-2% while in school and immediately after finishing primary school education. In secondary levels, out of 50 girls who start form one, only 30-35 finish form four. These 15-stop schooling due to pregnancy cases obtained during holidays.

Despite all these challenges, it was observed that the Maasai have an excellent culture with very good values, a heritage that needs to be preserved and protected.

Maasai live an extraordinarily harmonious life, they respect each other, they are truthful, and have a well-structured leadership and justice system which is well managed. Maasai have a system of education that provides them with rich indigenous knowledge on how to manage and preserve their environment. They have special attention and love for livestock; they are brave and ready to protect their community.

Literature and participants' information confirmed that so far, no attempt of intervention has ever been made to the community; meaning the research environment is ripe for intervention. The intervention model that is going to be proposed intends to encourage the continuity of good values and mitigate harmful behavior. The intervention will target the beginning (enkepaata) of the age set and the esoto where everything starts so as to break the chain of sexual risk behaviors in other aspects of life. Since esoto has so many other good elements of culture which need to be maintained, the intervention will entertain a hybrid approach to the rite of passage where there is a collaboration between traditional elders/leaders and an intervention team composed of government leaders and professionals. The intervention will be called *Health and Leadership Hybrid intervention model: On Maasai Male Youth Sexual Risk Behavior.*

The Intervention Process

The intervention process will comprise of seven phases; which are Preparation, Negotiation, Dialogue, Recruiting and Training, Implementation, Graduation, and Evaluation. Figure 8 below indicates and briefly describes the seven intervention phases.

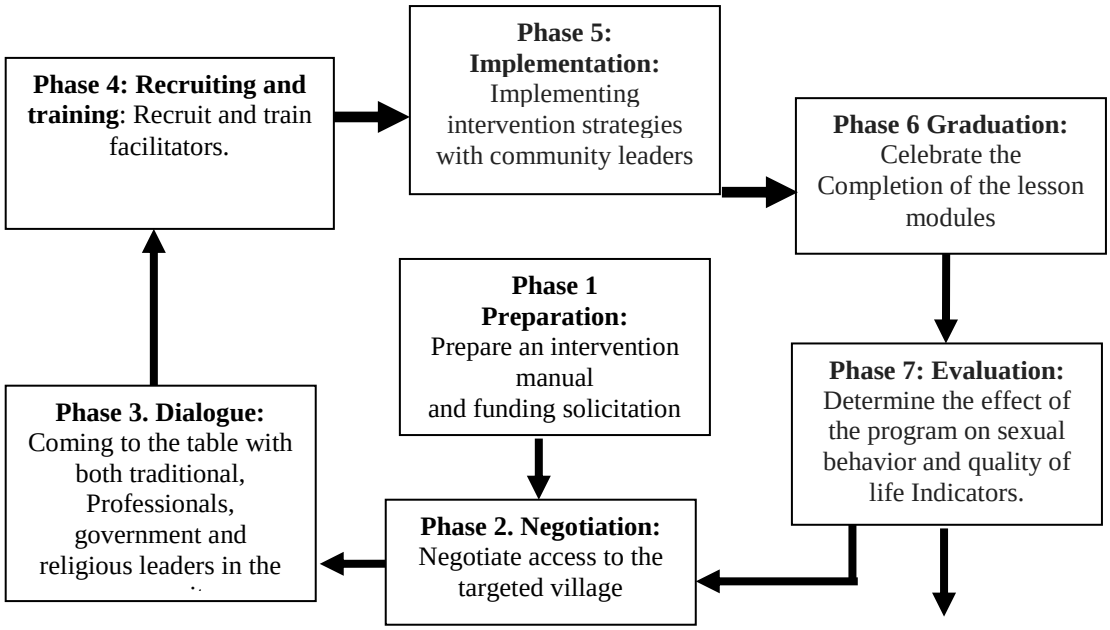


Figure 8. Intervention Phases

Adopted and modified from: Example of an intervention model: sequence of community group activities in the City Initiative for Newborn Health, Mumbai, India

Phase 1: Preparation

The intervention phase will involve preparation of an intervention manual. I will prepare a detailed intervention manual with the vision and mission of the intervention, I will describe the Intervention environment, analyze the urgency for the Intervention strategy, propose intervention modules, means of delivery, the recruitment process of facilitators, the type of facilitators needed, duration of intervention, and evaluation criteria. Seeking financial means to execute the plan will also be a part of the preparation phase.

Phase 2: Negotiation

The second phase will involve negotiating access to the targeted village. However, the enkepaata exercise involves a larger community of Maasai which goes beyond one village and may involve several Olaigwananis. Therefore, seeking permission from the government leadership will express this need too. I will go

through all required levels of administration, and present the problem and the need for intervention.

Phase 3: Dialogue

The dialogue stage will involve the coming-to-the-table exercise with traditional, government, professionals, and religious community leaders. During data collection, participants expressed the need for dialogue with government and church leaders in matters pertaining to any needed change; they expressed a dislike for any imposed change of their long-cherished values.

Religious leaders are added to the dialogue because of their influence in the community as trusted members of society. Even during data collection, religious leaders such as the evangelist who assisted me were highly accepted. As described earlier in the Maasai leadership organizational structure, the Oloibon (Maasai religious leader) is feared and respected by everyone, and his councils are followed to the letter. During data collection, I observed the same respect being transferred to religious leaders by Maasai who converted to Christianity or Islam. Therefore, their presence can make a positive difference in the dialogue phase.

It is the participant's proposal to have a dialogue as a part of the intervention strategy. A dialogue will create an opportunity for discussion with the community, government, professionals, and religious leaders; an exercise that will lead to bringing awareness on how cultural practices inform sexual risk behavior and then presenting the proposed intervention. The dialogue stage is vital for creating informed decisions for members of the community, collaboration, and a team-oriented environment between the traditional, government, religious leaders, and professionals.

Phase 4: Recruiting and Training

Since this is a hybrid intervention model that seeks to maintain good Maasai cultural values and promote change in harmful behavioral practices, phase four will involve the recruitment and training of facilitators with competencies in sexual and reproductive health, human development, education, and indigenous knowledge. This will also include the recruitment of a Maasai doctor accepted by the community to come and perform circumcision rituals during the initiation of warriors after the enkepaata. As discussed earlier, Maasai do not accept hospital circumcision because it kills bravery due to induced anesthesia to the patient. A Maasai who goes to the hospital for circumcision is not regarded as a man in the community. Therefore, bringing Maasai to a circumcision camp will appeal to their need for bravery since no anesthesia will be applied, but at the same time, only sterilized hospital types of equipment will be used to safeguard their health. The recruitment of a Maasai doctor will also be presented in the dialogue phase.

Phase 5: Implementation

The Implementation of intervention strategies is key in the whole intervention process. It is intended that the intervention will take place during the recruitment of a new age set (enkepaata). Five modules will be presented in two sessions spread one year apart. In the first-year phase, three modules will be covered in the three weeks period during enkepaata (warrior recruitment camp).

The modules will address the areas of indigenous knowledge presented by traditional leaders and sex education facilitated by professionals. Through indigenous knowledge Maasai male youth will be equipt to understand the line of duties in their community, they will be exposed to positive Maasai moral values and learn to develop a sense of belonging as they learn about patriotism age set system livestock

rearing, and traditional conflict resolution strategies. In addressing sex education, Maasai male youth will learn about what is STIs and their effects, the decision-making process together with the relationship that exists between sex and culture. The intervention will take a period of three weeks.

The second part of intervention implementation will take place in the following year after circumcision is complete (circumcision does not come immediately after recruitment). The modules will cover the areas of human development and the importance of education. In the area of human development, both physical, mental, and psychosocial human development from childhood to adulthood will be included as part of the training while emphasizing the aspect of good parenting. In the area of education, the importance of education for both individual and community development will be emphasized especially on the aspect of including the girl child in the education plan. The module will include various life skills as a part of the intervention in education. Prepared professionals will handle these topics.

Topics presentation will take place at the conducive time proposed by the community leaders. The time of intervention will most likely occur in the evening when everyone is at home and when livestock would have safely arrived. This second session will take a period of two weeks and the third week will be for graduation; which is the sixth of the intervention phases. After the second session, it is expected that warriors will participate in all esoto ceremonies as practiced by Maasai, such as singing, dancing, etc. except for sleeping with girls in the night and practicing sex with multiple sexual partners.

Phase 6: Graduation

The graduation exercise will involve all who have participated in the training. It is expected that warriors will be able to present their learned lessons on the graduation (motor production) day as proof that learning had taken place. Warrior's motor production is a part of social participation that can influence healthy behavior by activating the cognitive systems of learners (Eriksson, 2011). Graduands will all be in uniforms and traditional singing and dancing and eating will be allowed on that day. The presence of government, religious leaders, facilitators, development partners, and traditional leaders is expected at this event.

Phase 7: Evaluation

The evaluation phase will take place in three terms which are Short-term (1- 6 months), Mid-term (after 6 months), and Long-term (after 7-8 years) to determine the effect of the program on sexual behavior and quality of life Indicators. Evaluation will tell if the intervention strategies were effective or if there is any need for improvement or use of a different approach.

Table 15 below presents the plan summary of the Hybrid intervention modules, Indicating the timeframe, module title, topic and expected outcome.

Table 15. Hybrid Intervention Modules

Year 1/Week	Module	Topics	Expected Outcome
1	Indigenous knowledge	• Patriotism • Age set system • livestock rearing • conflict management	Understand line of duties, moral values, sense of belonging & cultural values.
2.	Sex Education	• Relationships • Sexual health including STIs • Decision making • Sex and culture	Knowledge about healthy relationships, STIs and how culture influences behavior.
3.	Indigenous knowledge	• Legends • bravery • words of wisdom • Warrior dance	Understand history of Maasai culture, language and art.
Week/Year 2	Module	Topics	Expected Outcome
1.	Human development	• Pre-natal development • Childhood • Adolescence • Early adulthood • Adulthood	Understand both physical, mental and psychosocial development aspect of all humans and better parenting
2.	Education	• Education: Tool for development • Education: Life skills	Value and understand the importance of education in life, Interpersonal skills and building healthy relationships
3.	Graduation	• Singing • Dancing • Speeches from leaders and participants • Presentation of learned lessons by participants • Resolutions	Change of behavior and quality of life.

The Role of Social Capital in the Implementation of Intervention Strategy

Social capital is referred to as the ability to obtain social support favors, influences, or information from one's social connections or social network. Shan et al., 2014, define social capital as a collective asset in the form of shared norms, values, beliefs, trust, networks, social relations, and institutions that facilitate cooperation and collective action for mutual benefits" (p.1). Leveraging social capital in the intervention strategy is expected to open doors, and strengthen and spread ideas toward a positive change in the Maasai community of Longido. Social capital is regarded as a resource for action.

Three types of social capital are bonding, bridging, and linking; from these, I intend to mainly use bridging throughout the intervention phases, (Erickson, 2011). I intend to use both formal and informal networking with individuals or institutions that we share burdened interests and goals for improving lives in the community. These are health and education professionals, government leaders, religious leaders, development partners, traditional leaders, and civic engagement. According to Shan et al. (2014), any effective intervention must be conducted at multiple institutional engagements. Traditional and religious leaders are expected to bring social influence, social support, and social participation. Government leaders are needed in this intervention strategy to influence the political decision and provision of needed educational, healthy, and leadership resources to the community. On the other hand, development partners will come in for financial and material resources and it is through health and educational professionals that promotion for healthy norms, information, and knowledge will be obtained.

Desired Results

It is anticipated that engaging social capital in this intervention will bring value to the community. The intervention will be bringing about the realization of the significance of this study and becomes a source of transformation. The transformation will come as a result of members of the Maasai community adopting the desired change. This realization will be a direct response to the United nation sustainable development goals (SDGs), 2030 number one, three, and five (UN, 2015) which is to: end poverty in all its forms everywhere. STIs have negative impacts on individuals including the cost of health (National Guidelines for the Management of STIs in Tanzania, 2008). Healthy people will improve their economic status.

As discussed earlier, the literature indicates that early sexual debut increases the risk of contracting STIs, including HIV/AIDS (Durowade et al., 2017), and it leads to further engagement in increased sexual risk behavior in later life (Nkata et al., 2019). Therefore, through this intervention, early sexual debut, marriages, STI contraction, and school dropouts especially for girls will be minimized. Hence the study may promote gender equality. Further, sex education will lead the community to have an appropriate sex practice, which is a way to better sex and reproductive health.

Change Issues in the Intervention Process

Change is always not easy, but how change is managed determines the intervention's success. The first step to dealing with change issues is to have a well-structured change management process. The above-structured intervention phases give light to the path toward achieving the desired goal. In the intervention phases, the needed change has been identified, and the dialogue with stakeholders gives room for understanding the existing challenge and a plan for the project. The process includes

the celebration of the implementation of the change as well as the milestones achieved along the way.

Despite all these, there remain management challenges in intervention execution such as community resistance to change, communication issues, challenges in the implementation of a new lifestyle, and ethical issues.

Resistance to Change

According to Rehman et al., (2021) implementing change is not an easy task. For various reasons such as mistrust, or not liking the change, members of the community especially decision-makers may not immediately see the need and benefits they may gain from the change. They may worry even about what would become of their culture and the future of the young generation. The solution to this challenge would be transparency in the whole intervention process and acknowledgment of the challenge and benefits that may come as a result of the change. The solution will also require an efficacious training program and the involvement of all stakeholders in owning the project.

Communication Challenge

The communication challenges come as a failure to keep all stakeholders informed. Both, internal and external communication are needed for any successful intervention (Neill S., 2018). The solution to this challenge would be to ensure that there is clear and consistent communication across all channels which will be determined ahead of time. Possible communication barriers will be identified and attended to. Members of the community will be given ample time to share their fear and concern. And members of the intervention team will have enough time to make their undertaking clear. It is for the purpose of ensuring a clear communication dialogue is included in the intervention phases

Adaption/ Implementing and Sustaining a New Lifestyle

Some interventions fail at the stage of adaption, implementing, and sustaining a new lifestyle because transformation is complex and is a process that requires a time commitment and close follow-up (Rudes, 2021). To deal with this challenge, I will acknowledge that change is not easy and will allow it to be gradual.

Ethical Issues

Another important area of community intervention is dealing with ethical issues. As was expressed in the methodology section, ethical issues are an area of concern that needs to be exercised in all stages of qualitative research, including the time of executing intervention strategies (Sanjari et al., 2014). This addresses directly one's relationship with people. It is because of moral credibility and leadership I desire to make an intervention in the Longido Maasai community. I intend to exercise moral leadership both regally and professionally. This will be achieved by exercising respect for everyone by allowing the community members to fully participate in determining what could be the best need for society and then discussing the approach. It is at this point where the dialogue phase comes in.

Again, training will be strictly done by qualified and competent professionals and trusted traditional leaders who have owned the intervention plan and possess rich indigenous knowledge. Health and education professionals will be admonished to hold to the codes of ethics they ascribed unto. Integrity in the use of intervention funds will be maintained, meaning, there will be no billing for non-existing services while avoiding conflict of interest such as using my close relatives in handling money or involvement in major decision-making processes.

Health and Leadership Hybrid Intervention Model:
On Maasai Male Youth Sexual Risk Behavior

Following all the discussions above, I have developed a proposal for a hybrid intervention model to mitigate the Maasai male youth sexual risk behavior as is seen in Figure 9.

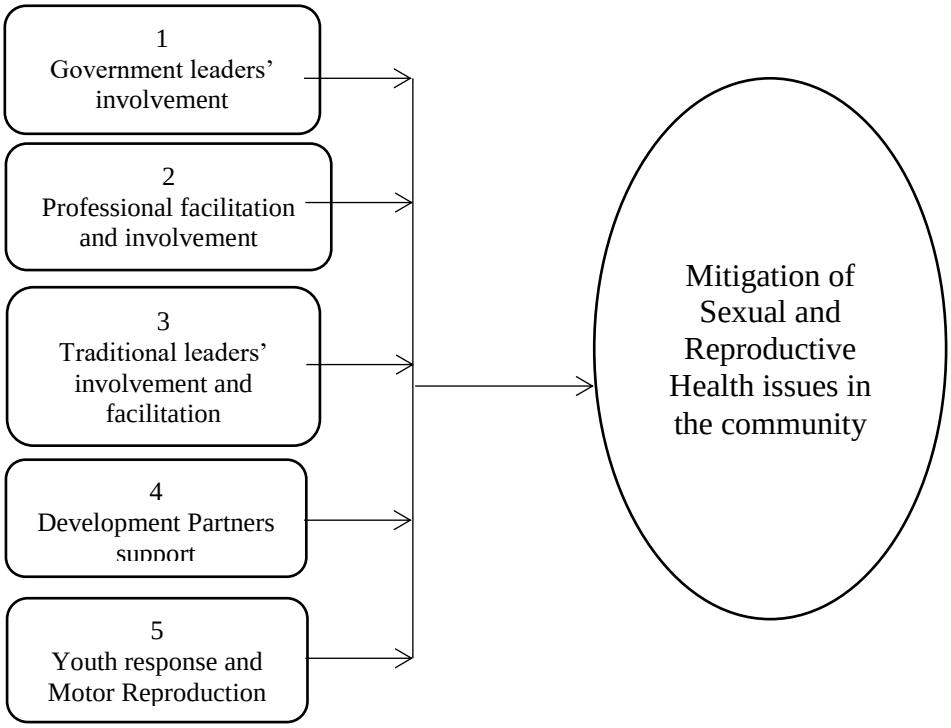


Figure 9. Health and Leadership Hybrid Intervention Model: On Maasai Male Youth Sexual Risk Behavior

It is this study's anticipation, that this model will produce positive results which are better community health, quality of life, better parenting strategies, community value for education, and successful tradition and local government leadership. The mitigation of harmful behavior and promotion of good Maasai values is the expected end results if the model will be followed meticulously. The desired result will only be accomplished through teamwork between traditional leaders, local government leaders, development partners' support, and professionals. It is my desire and my passion to undertake this intervention to the end given all it takes to finish the

project is made available; however, this will not be completed before I finish my studies because first it has to wait until the time of enkepaata (recruitment of a new age set), secondly the intervention needs funding and permission to gaining access to the community which is a long process. Alternatively, any other person interested in making similar interventions can benefit from using the same model.

Integrations of Theoretical Framework and Intervention Strategy

The social-ecological framework was used in handling this study. In the description of the framework Kilanowski (2017) was quoted suggesting that SEM states that health is affected by the interaction between the characteristics of the individual, the community, and the environment which includes the physical, social, and political components" (p.2). This suggests that behaviors in the community are systemic; they do not stand alone.

The intervention strategy will work on the issues at each level to bring about a positive change. For example, it is expected that at the individual level, Maasai, as individuals will learn and model an attitude of valuing sex and reproductive health, while at the interpersonal level where families, peers, and clans have influence, members of the Maasai community will learn skills for healthy relationships. Parents will learn how to model and teach healthy relationships as they become acquainted with the stages of human development. Further, Clan leaders will learn to give healthy socialization and mentor peer programs.

In other words, the integration of intervention strategy with the theoretical framework suggests that, if harmful behaviors in the community are systemic, positive behaviors can develop as a result of an intentional systemic influence. Figure 10 is the theoretical framework as it was presented in this study with labels indicating

how the intervention is geared to dealing with multiple factors that influence and accelerate SRB and their dynamic relationships.

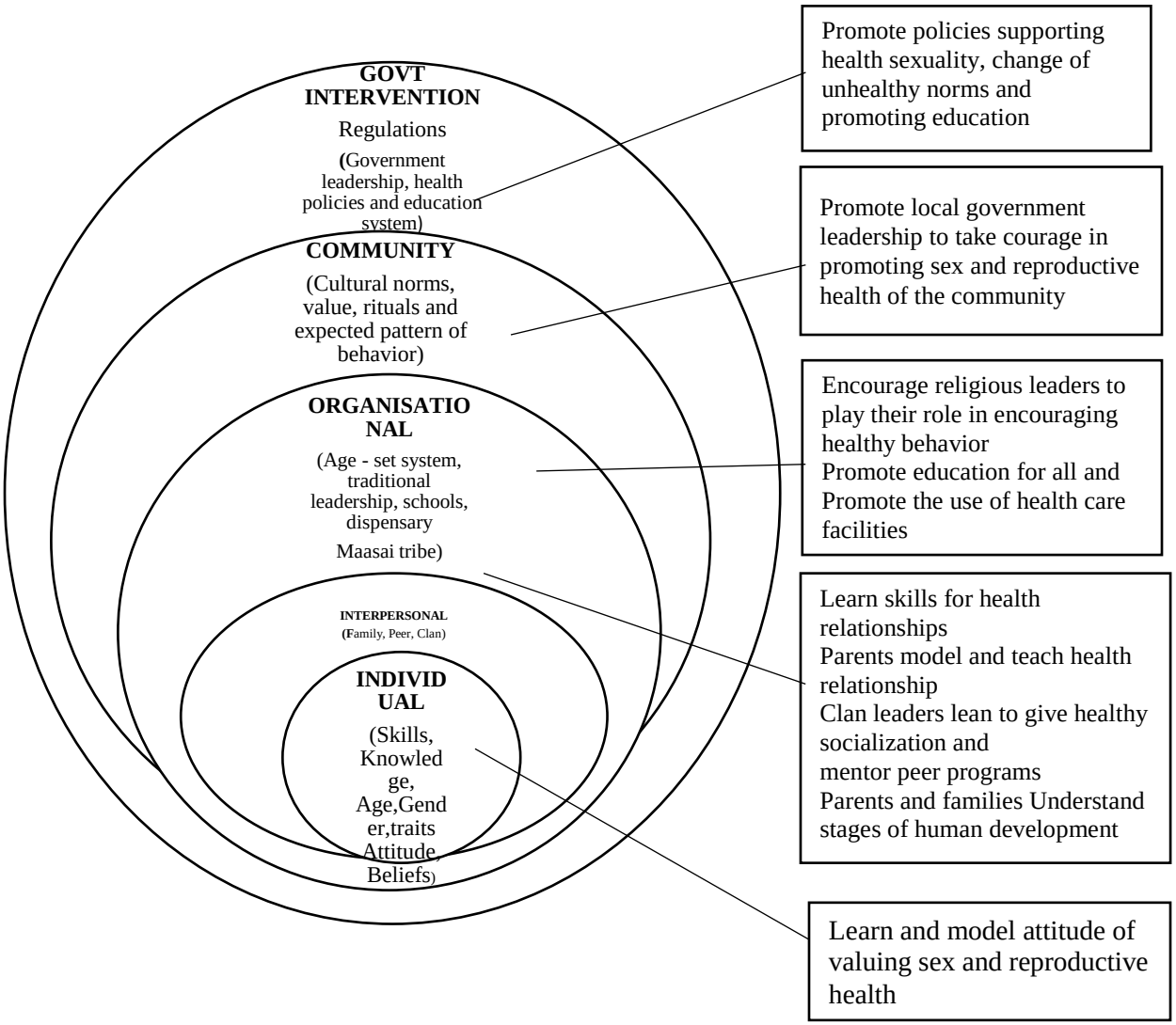


Figure 10. Social Ecological Model with Labels of Intervention Activities on Maasai Male Youth Sexual Risk Behavior

It is this study's intention that after the health and leadership hybrid intervention has been properly implemented in the Longido community as proposed, all negative factors contributing to sexual risk behaviors among Maasai male youth will be minimized and positive cultural values will be protected, and maintained. That is what is known as transformation.

CHAPTER 5

SUMMARY, CONCLUSION, AND RECOMMENDATION

The chapter begins with the presentation of the overall summary of the study, followed by the conclusion of the findings. The goes further to give recommendations both for change and for further studies based on the data analysis and findings from the previous chapter.

Summary

The overall purpose of this study was to explore the Maasai cultural influence on male youth sexual risk behavior and understand the role of leadership in the Longido District of Tanzania, and then generate possible solutions to mitigate sexual and reproductive health issues.

Sexual risk behavior was presented in the study as a global sexual and reproductive health challenge. The behavior was discussed as a leading cause of STIs and other adverse consequences Chawla & Sarkar, 2019 Kassa et al., 2016). As presented in chapter one, studies showed that STIs prevalence in Tanzania was very high, and knowledge about STIs was deficient (Abdul et al., 2018). It was also evident in the study that Maasai youth of the Longido district had been reckless in their sexual behavior and the surveyed literature showed no clear evidence of what the leadership in place was doing to combat the sexual risk behavior issue among the Maasai male youth.

A study was necessary because there has been no such study done to address the problem in this particular community so far. Again, Maasai's perception in regard

to SRB was unknown. It was feared that the persistence of this condition would lead to increasingly poor health in the community and unnecessary deaths.

The rationale of the study was to contribute to a deeper understanding of the research phenomenon and make essential contributions to the field of Sexual and Reproductive Health and leadership undertakings in addressing SRB issues. The study was also geared toward challenging leaders to make the health of the people they lead a priority so as to improve the quality of life, promote gender-equal access to education and improve the economic status of individuals in the community.

The study used a blended hybrid of focused ethnographic and case study, known as focused ethnographic case study research design, provided detailed information gathered from the real-life happening in the research setting. The study employed the use of purposeful techniques and snowball sampling. Instruments of data collection were individual interviews, focus group discussions (FGDs), field notes, observation, and documents.

Interviews were conducted with a total of 19 (male and female) participants. 12 of these participated in an individual interviews and the remaining seven participated in focus group discussion. The interview responses provided insight into responding to the five research questions which were:

RQ1. What cultural practices influence the Longido District Maasai male youth SRB?

RQ 2. How does the Maasai community in Longido District perceive male youth SRB?

RQ 3. What is the role of leadership in the Longido District's Maasai Community?

RQ 4. What health interventions have been made to the community to address male youth SRB in Longido District?

RQ 5. What is the effective and culturally sensitive health intervention model recommended to mitigate harmful behavior among the Maasai in Longido?

Seven themes consisting of 17 categories emerged from the data as a response to the five research questions. The seven themes were the Maasai socialization process, indigenous knowledge, Maasai perception of their culture, government leadership, non-government leadership, health intervention challenges and proposed health and leadership intervention model.

Maasai's socialization process and indigenous knowledge emerged as a response to research question number one. Findings indicated that some cultural practices such as believing strongly in curses and blessings, peer influence and the Maasai belief system were the key elements of the Maasai socialization process and had a great capacity of influencing sexual risk behavior among the Maasai community. Findings confirmed that the Maasai has rich indigenous knowledge which is transmitted through the Maasai system of education and parenting of youth and children.

Responding to research question number two, the overall response from participants was that Maasai perceived their culture positively. What stood out in the findings is that the rite of passage, cultural identity formation, bravery, and traditional regulation of sex made Maasai proud, happy, and satisfied with their culture, and could not think of any other life outside Maasai culture.

Findings obtained when seeking to answer research question number three indicated that both the government and non-government leadership played vital roles in improving the standard of living in the Maasai community in the forms of public service delivery, overseeing government initiatives, peacemaking and reconciliation, and advocacy. It was well noted that with all these good services to the community,

the subject of Maasai male youth sexual risk behavior and cultural practices leading to the behavior has remained untouched due to a lack of courage from the leadership.

This study found that no known health intervention ever took place to address the issue of sexual risk behavior except for the NGO's advocacy against FGM and early marriages. Findings confirmed that there were cases of STIs in the community and members of the community had limited knowledge of the effects of STIs on their health and their well-being in general. This uncovering came as an answer to question four of this study which was seeking to know the kind of health interventions that have been made to the community to address male youth SRB in Longido District.

Finally, theme number seven is a response to research question number five which was seeking to know if there could be a possibility of proposing a culturally friendly health and leadership intervention model to mitigate sexual and reproductive health issues. Findings indicated that there was a great need for intervention but there was also a gap between the Maasai understanding and perception of their cultural practices with those of professionals and government leaders.

Participants perceived that they were assumed by members of other communities as ignorant and uncivilized; therefore, they proposed that a dialogue between Maasai community members, government officials, religious leaders, and professionals should be established so as to clear the existing misunderstandings. The same findings indicated that the proposed dialogue could stand out as a path to a successful intervention. A health and leadership hybrid intervention model was then proposed and presented in chapter four to mitigate Maasai male youth sexual risk behavior. The proposed intervention allows all the parties involved to have an infomed decision as they approach the issue together as a team. It will also create a

sense of ownership in the success achieved. Collaboration, mobilization, and teamwork are desired competencies in for any successful leadership.

The proposed intervention goes through seven phases which engage the government leaders, professionals, traditional leaders, youth, and development partners in the intervention process. The intervention model is designed to address indigenous knowledge, healthy sex education, human development, and the importance of education.

Conclusion

This study has established that sexual risk behavior among youth is a global challenge and the Longido Maasai male youth in Tanzania are among the people who are affected. Causes of SRB especially those which are cultural or environmental differ from one society to another. Just as the social-ecological model suggested, any given behavior or practice of an individual or community is influenced by multiple factors such as individual, interpersonal, organizational, community, or public policies.

The findings of this study confirmed that each level of the framework was positioned as an essential factor that impacted the whole when it comes to sexual risk behavior among the Maasai community in the Longido district. Therefore, Maasai cultural practices such as the rite of passage, the socialization process, the belief system, etc. contributed greatly to sexual risk behavior among Maasai male youth. Continuation of such behavior paralyzes development in the community in many aspects because it is until people are healthy, that they can able to contribute to the well-being of their society.

The role of leadership to the community's well-being is vital here, especially when it comes to planning for health intervention and policy formulation. The lack of

courage of the leadership in addressing sexual and reproductive health issues has delayed solutions to the existing problem. This study has revealed that, when people's health in the community is compromised, leadership is threatened.

It has also been established in this study that Maasai have a positive and rich cultural heritage that needs to be preserved and protected in the face of many challenges that are threatening sustainability of the same. Moreover, Maasai are friendly and open to constructive dialogue if they are involved and respected; therefore, a leadership and health hybrid intervention would be the antidote to the current crisis. Unforeseen issues to change may raise in the process of executing intervention, such issues are; resistance to change, communication challenges ethical issues, and adaption challenges; but as it was presented in this study, preparation for change management and meeting those challenges have been proposed. It is anticipated that cases of STIs and other development challenges among the Maasai would be minimized and hence improve the quality of life in the community.

Recommendations

Based on the findings, analysis, and conclusion obtained from the study, the following are recommendations:

1. The government leadership, specifically those who are in the health sector should seriously promote policies and guidelines that support sexual and reproductive health, change unhealthy social norms and attitudes, and education for all. With education for all, girls will be protected from engaging in esoto (which is a platform for sexual debut and early marriages) and male youth will be exposed to better ways of integrating their rite of passage with health norms. This can be achieved through public awareness campaigns,

community outreach programs, and by engaging religious and cultural leaders in promoting positive attitudes towards sexual health.

It is also important for the same leadership to be well acquainted with the root causes of sexual risk behavior, early sexual debut and early marriages, gender inequality, and lack of access to education and healthcare. By addressing these underlying factors, we can create a more supportive environment for young people to make healthy decisions about their sexual health and well-being.

2. The local government leadership needs to take courage in promoting the sex and reproductive health of the Maasai community and encourage the use of the available healthcare facilities, especially for testing and treating STIs including HIV/AIDS. The local government can organize community outreach programs to increase awareness about the importance of sex and reproductive health, the risks of STIs including HIV/AIDS, and the available healthcare facilities for testing and treatment. Providing education on sexual health and reproductive rights can be an important way to empower individuals in the Maasai community to take control of their own health.

   This education should cover topics such as contraception, family planning, and safe sex practices. Local government leadership can work to improve access to healthcare facilities that provide testing and treatment for STIs, including HIV/AIDS. This may involve improving transportation, infrastructure or providing mobile clinics to reach remote areas. The Maasai community has unique cultural beliefs and practices that may present barriers to seeking healthcare services related to sex and reproductive health. The local government can work to address these barriers by engaging with community

leaders and involving them in the promotion of sexual and reproductive health. Encouraging open communication about sex and reproductive health can help to break down stigmas and promote healthy behaviors. The local government can provide platforms for open discussion and encourage community members to ask questions and seek information on sexual health.

3. Religious leaders should play their rightful role in encouraging healthy sexual behavior among the Maasai believers because religious leaders are trusted by the community. Religious leaders often hold significant influence within their communities and can play a role in promoting healthy sexual behavior. However, it is important to consider that different communities may have different cultural norms and values when it comes to sexual behavior. Therefore, religious leaders must be sensitive to these cultural differences and approach the issue in a way that is respectful and effective to the Maasai people. Moreover, it is essential to recognize that religious leaders are not trained healthcare professionals. Therefore, it is important that they seek guidance and collaborate with public health experts to ensure that the messages they promote are evidence-based and accurate.
4. The local government needs to engage professionals in teaching healthy relationships among youths and teach clan leaders how to guide youth with healthy socialization during the enkepaata and esoto periods. To teach clan leaders on how to guide youth with healthy socialization during enkepaata and esoto periods, the local government could consider organizing workshops or training sessions. These sessions could cover topics such as the importance of healthy socialization, effective communication strategies, how to identify and prevent unhealthy behaviors, and the role of clan leaders in promoting positive

socialization practices. It is also important to involve Maasai elders and community members in this initiative to ensure that the program is culturally appropriate and relevant. The local government could work with community leaders to identify the most effective ways to engage and educate Maasai youth and their families.

5. The government leadership should intentionally invest in Maasai people by using professionals in teaching parents and families to understand the stages of human development. Professional training for parents and families to understand the stages of human development can help them to better understand the needs and challenges of their children as they grow and develop. This can include education about healthy relationships, consent, and safe sexual practices. By equipping parents and families with this knowledge, they will be better equipped to support their children in making healthy decisions about their sexual health. Investing in the Maasai people in this way can also help to break down cultural barriers that may prevent open and honest discussions about sex and sexuality. By providing education and resources, the government can encourage a more open dialogue about sexual health within the community, which can help to reduce the stigma and shame associated with seeking out information and resources related to sexual health. Thus, investing in the Maasai people by providing education and resources to prevent sexual risk behaviors among children is an important step towards improving the health and well-being of the community. By empowering parents and families with knowledge about healthy relationships and safe sexual practices, the government can help to create a healthier, more informed, and more resilient community.

6. The local government leadership in collaboration with educated Maasai should seek ways of preserving the good Maasai heritage and indigenous knowledge as a whole. Preserving Maasai heritage and indigenous knowledge is crucial to the conservation of cultural diversity and the promotion of sustainable development. The Maasai community has a rich cultural heritage that is rooted in their unique way of life, beliefs, and practices. Therefore, it is essential to recognize the value of this heritage and take steps to safeguard it for future generations. One way that local government leadership can collaborate with educated Maasai is by establishing cultural centers that showcase Maasai art, music, dance, and other cultural expressions. These centers can serve as a hub for cultural exchange and provide opportunities for Maasai elders to share their knowledge and traditions with younger generations.

    Another way to preserve Maasai heritage is through education. Educated Maasai individuals in collaboration with the Ministry of Education can work with local schools to develop curricula that include Maasai history, culture, and traditional ecological knowledge. This approach can help to bridge the gap between traditional knowledge and modern education while promoting intergenerational learning.

    Moreover, the local government leadership can also support initiatives that promote sustainable development within the Maasai community. This can include eco-tourism ventures that highlight Maasai culture and lifestyle while providing sustainable livelihoods for the community. The government can also collaborate with Maasai communities to establish sustainable land use practices that respect traditional ecological knowledge while preserving

natural resources. Preserving Maasai heritage and indigenous knowledge is vital to promoting cultural diversity and sustainable development. Collaboration between local government leadership and educated Maasai can go a long way in safeguarding this heritage and ensuring that it is passed on to future generations.

7. The government leadership should engage health professionals and NGOs in creating awareness of health risks caused by STIs and overcoming stigma. Engaging health professionals and NGOs in creating awareness of STIs caused by sexual risk behaviors and overcoming stigma among the Maasai can be an effective approach to address this issue. Health professionals can provide accurate information about STIs, prevention strategies, and the importance of seeking medical care if symptoms develop. NGOs can also play a vital role in providing education and resources to the community to reduce the stigma associated with STIs and promote healthier practices. Government leadership can support these efforts by providing funding and resources to these organizations and collaborating with them to develop culturally appropriate messaging and outreach strategies. By working together, health professionals, NGOs, and government leaders can help reduce the spread of STIs and improve the health outcomes of the Maasai community.
8. I recommend the use of the health and leadership hybrid intervention model in mitigating sexual risk behavior among Maasai male youth as presented in chapter four of this study. This model combines health education with leadership training to promote positive behavior change. The health component of the intervention provides information about sexual health and HIV prevention, including safe sex practices. The leadership component

focuses on developing skills such as communication, negotiation, and decision-making, which can help youth make more informed and responsible choices regarding their sexual behavior. It is important to note that interventions targeting sexual risk behavior must be culturally sensitive and tailored to the specific needs and beliefs of the target population. The Maasai culture has unique values and traditions that must be respected and incorporated into any intervention designed to address sexual risk behavior among Maasai youth.

9. I recommend providing sex education to the Maasai youth using a culturally sensitive approach regarding sexual risk behaviors in their community. When providing sex education to the Maasai from Longodo Tanzania, it is important to consider the Hofstede cultural dimensions of the Maasai culture, which can impact their attitudes towards sexuality and education. Below are a few strategies to keep in mind while implementing sex education for the Maasai youth.

    First, the Maasai culture has a high-power distance, which means that they respect and defer to authority figures. To effectively provide sex education, it may be helpful to work with local community leaders, elders, and respected individuals to gain their support and approval.

    Secondly, the Maasai culture is also known for its high masculinity, which can influence attitudes toward gender roles and sexuality. It is important to be mindful of these attitudes and ensure that sex education is presented in a way that is sensitive to traditional gender roles and expectations.
    Thirdly, the Maasai culture is collectivistic, emphasizing the importance of family and community. When providing sex education, it may be helpful to

focus on how healthy sexual behaviors can benefit the community as a whole, rather than just the individual.

Fourthly, the Maasai culture has a low uncertainty avoidance, which means that they may be more open to discussing sensitive topics. However, it is important to be respectful and sensitive when discussing topics such as sexuality, which can be considered taboo in some cultures.

Fifth, the Maasai culture has a long-term orientation, which means that they may prioritize future benefits over immediate gratification. It may be helpful to frame sex education in terms of the long-term benefits of healthy sexual behaviors, such as reducing the risk of sexually transmitted infections and unwanted pregnancies.

Sixth, the Maasai of Tanzania tend to be more on the restraint end of the spectrum, meaning that they tend to be more conservative and traditional in their beliefs and practices. It is important to understand and respect the Maasai's cultural values and beliefs about sex and sexuality. This means avoiding imposing Western values and beliefs on them and instead seeking to understand their own cultural norms and values. It is important to use age-appropriate language when providing sex education to the Maasai. This means using simple, clear language that is easy to understand, and avoiding technical terms that may be unfamiliar or confusing.

While the Maasai may have traditional beliefs about sexuality, it is important to emphasize the importance of safe sex practices, to prevent the spread of sexually transmitted infections (STIs) and unwanted pregnancies. Overall, providing sex education to the Maasai from Longido requires a culturally sensitive approach that is respectful of their traditions and attitudes

toward gender roles and sexuality. Working with community leaders, emphasizing the benefits of healthy sexual behaviors for the community as a whole, and framing sex education in terms of long-term benefits may all be effective strategies to consider. Finally, providing resources such as educational materials, and access to healthcare can help to ensure that the Maasai are able to make informed decisions about their sexual health.

Recommendation for Further Research

The Maasai community is going through a lot of changes; this includes, land scarcity which no longer gives them the freedom to keep their normally large number of livestock and allow them to migrate from one place to another. Climate change is also another factor affecting the Maasai traditional ways of life because they interfere with their culture of economy and socialization of the new generation. Due to these changes, a lot of adjustments are required for them to survive as members of society in terms of economy, indigenous knowledge, and healthwise.

Therefore, my recommendation for further study would be *The role of leadership in helping the Tanzanian Maasai to intelligently preserve their cultural heritage in the face of climatic change and land scarcity.* An additional recommendation for further study would be*: Understanding the role of Leadership in empowering female youth school drop-outs in Longido District, Tanzania*

REFERENCES

Abdul, R., Gerritsen, A., Mwangome, M., & Geubbels, E. (2018). Prevalence of self-reported symptoms of sexually transmitted infections, knowledge, and sexual behavior among youth in semi-rural Tanzania in the period of adolescent-friendly health services strategy implementation. *BMC infectious diseases*, *18*(1), 229. https://doi.org/10.1186/s12879-018-3138-1

Adom, D., Hussein, E. K., & Agyem, J. A. (2018). Theoretical and conceptual framework: Mandatory Ingredients of quality research. *International Journal of Scientific Research*, *7*(1), 438–441.

Alimoradi, Z., Kariman, N., Simbar, M., & Ahmadi, F. (2017). Contributing factors to high-risk sexual behaviors among Iranian adolescent girls: A systematic review. *International Journal of community-based nursing and Midwifery*, *5*(1), 2–12.

Allen, M. (2017). *The sage encyclopedia of communication research methods*(1-4). Sage.

Aluwihare-Samaranayake, D. (2012). Ethics in qualitative research: A view of the participants' and researchers' world from a critical standpoint. *International Journal of Qualitative Methods, 11*(2), 64–81. https://doi.org/10.1177/160940691201100208

Ann May, & McCabe, J. (2004). City work in a time of AIDS: Maasai labor migration in Tanzania. *Africa Today*, *51*(2), 3-32. http://www.jstor.org/stable/4187648

Anyanwu, F. C., Goon, D., Tugli, A., Olukoga, A., Amusa, L. O., Nethshikweta, L., & Ajao, B. (2013). Perception of susceptibility to the negative outcomes associated with unprotected sex among the University of Venda students. *Pakistan Journal of Medical Sciences*, *29*(6), 56-68. https://doi.org/10.12669/pjms.296.4111

Atherton, H., Brant, H., Ziebland, S., Bikker, A., Campbell, J., Gibson, A., McKinstry,B., Porqueddu, T., & Salisbury, C. (2018). The potential of alternatives to face-to-face consultation in general practice, and the impact on different patient groups: A mixed-methods case study. *Health Services and Delivery Research,* 6(20), 1-200. https://doi.org/10.3310/hsdr06200

Avert. (2018, July 26). *Global information and education on HIV and AIDS*.

Advocacy Accelerator - The power of strong advocacy. https://advocacyaccelerator.org/resource/global-information-and-education-on-hiv-and-aids/

Avieli, N., & Sermoneta, T. (2020). Maasai on the phone: Materiality, tourism, and the extraordinary in Zanzibar. *Humanities and Social Sciences Communications*, *7*(1), 23-29. https://doi.org/10.1057/s41599-020-00607-7

Baker, E. L. (2014). Leadership and management—Guiding principles, best practices, and core attributes. *Journal of Public Health Management and Practice*, *20*(3), 356–357. https://doi.org/10.1097/phh.0000000000000063

Bastos, J. L., Duquia, R. P., González-Chica, D. A., Mesa, J. M., & Bonamigo, R. R. (2014). Field work I: Selecting the instrument for data collection. *Anais Brasileiros de Dermatologia*, 89(6), 918-923. https://doi.org/10.1590/abd1806-4841.20143884

Becker, D., Thing, J. P., Baezconde-Garbanati, L., Schwartz, S. J., Soto, D. W., & Unger, J. B. (2014). Cultural measures associated with sexual risk behaviors among Latino youth in Southern California: A longitudinal study. *Perspectives on Sexual and Reproductive Health*, *46*(4), 193-201. https://doi.org/10.1363/46e1514

Bernard, H. R., & Bernard, H. R. (2013). *Social research methods: Qualitative and quantitative approaches*. Sage.

Berhan, Y., & Berhan, A. (2015). A meta-analysis of risky sexual behavior among male youth in developing countries. *AIDS Research and Treatment*, 2015, 1–9. https://doi.org/10.1155/2015/580961

Blackaby, H. T., & Blackaby, R. (2011). *Spiritual leadership: Moving People on to God's Agenda, Revised and Expanded* (Revised ed.). B&H Books.

Boskey, Elizabeth P. (2020, October 13). How the health belief model influences your health choices. Retrieved from https://www.verywellmind.com/health-belief-model-3132721

Bradshaw, C., Atkinson, S., & Doody, O. (2017). Employing a qualitative description approach in health care research. *Global Qualitative Nursing Research, 4*, 233339361774228. https://doi.org/10.1177/2333393617742282

Briggs, A. R., Morrison, M., & Coleman, M. (2012). *Research methods in educational leadership and management*. Sage.

Bryman Alan. (2012). *Social research methods* (4th ed.). Oxford.

Buttmann, N., Nielsen, A., Munk, C., Liaw, K. L., & Kjaer, S. K. (2011). Sexual risk-taking behavior: Prevalence and associated factors. A population-based study of 22 000 Danish men. *BMC Public Health*, *11*(1). https://doi.org/10.1186/1471-2458-11-764

Centers for Disease Control and Prevention. (2021, June 14). *Sexual risk behaviors can lead to HIV, STDs, & teen pregnancy*. Centers for Disease Control and Prevention. https://www.cdc.gov/healthyyouth/sexualbehaviors/index.htm.

Chawla, N., & Sarkar, S. (2019). Defining "high-risk sexual behavior" in the context of substance use. Journal of Psychosexual Health, 1(1), 26-31. https://doi.org/10.1177/2631831818822015

Chege, P. M., Kimiywe, J. O., & Ndungu, Z. W. (2015). Influence of culture on dietary practices of children under five years among Maasai pastoralists in Kajiado, Kenya. *International Journal of Behavioral Nutrition and Physical Activity*, *12*(1). https://doi.org/10.1186/s12966-015-0284-3

Cheng, T., Johnston, C., Kerr, T., Nguyen, P., Wood, E., & DeBeck, K. (2015). Substance use patterns and unprotected sex among street-involved youth in a Canadian setting: A prospective cohort study. *BMC Public Health*, *16*(1). https://doi.org/10.1186/s12889-015-2627-z

Chiang, L., Howard, A., Stoebenau, K., Massetti, G. M., Apondi, R., Hegle, J., Kyatekka, M., Stamatakis, C., Wasula, L., & Aluzimbi, G. (2021). Sexual risk behaviors, mental health outcomes, and attitudes are supportive of wife-beating associated with childhood transactional sex among adolescent girls and young women: Findings from the Uganda violence against children survey. *PLOS ONE*, *16*(3), e0249064. https://doi.org/10.1371/journal.pone.0249064

Chimatiro, C. S., Hajison, P., & Muula, A. S. (2020). The role of community leaders on adolescent HIV and sexual reproductive health and rights in Mulanje, Malawi. https://doi.org/10.21203/rs.2.21395/v1

Cilliers, E. J. (2021). Reflecting on social learning tools to enhance the teaching-learning experience of Generation Z learners. *Frontiers in Education*, 5. https://doi.org/10.3389/feduc.2020.606533

Clarke, G. M., Conti, S., Wolters, A. T., & Steventon, A. (2019). Evaluating the impact of healthcare interventions using routine data. *BMJ*. Published. https://doi.org/10.1136/bmj.l2239

Côté-Boileau, É., Gaboury, I., Breton, M., & Denis, J. (2020). Organizational ethnographic case studies: Toward a new generative in-depth qualitative methodology for health. https://doi.org/10.1177/1609406920926904

Creswell, J. W. (2013). *Research design: Qualitative, quantitative, and mixed methods approach*. SAGE.

Creswell, J. W., Poth C. N. (2018). *Qualitative inquiry and research design: Choosing Among Five Approaches*. SAGE.

Crowe, S., Creswell, K., Robertson, A. *et al.* (2011). The case study approach. *BMC Med Res Methodol* 11, 100. https://doi.org/10.1186/1471-2288-11-100

Daft, R. L., & Lane, P. G. (2015). *The leadership Experience*. Data gathering, analysis, and protection of privacy through randomized response techniques: Qualitative and quantitative human traits. (2016). *Handbook of Statistics.* https://doi.org/10.1016/s0169-7161(16)x0002-8

DeCarlo, M. (2018). *Scientific inquiry in social work*. Open Social Work Education.

Donahue, W. (2018). Building leadership competence: *A competency-based approach to building leadership ability.*

Durowade, K. A., Babatunde, O. A., Omokanye, L. O., Elegbede, O. E., Ayodele, L. M., Adewoye, K. R., Adetokunbo, S., Olomofe, C. O., Fawole, A. A., Adebola, O. E., & Olaniyan, T. O. (2017). Early sexual debut: Prevalence and risk factors among secondary school students in Ido-Ekiti, Ekiti state, south-west Nigeria. *African Health Sciences, 17*(3), 614. https://doi.org/10.4314/ahs.v17i3.3

Duze, C. O. (2012). Appropriate management in an African culture: Implications for education. *International Journal of Education Administration and Policy Studies, 4*(2), 53-60. DOI: 10.5897/IJEAPS10.039

Ebneyamini, S., & Sadeghi Moghadam, M. R. (2018). Toward developing a framework for conducting case study research. *International Journal of Qualitative Methods,* 17(1), 160940691881795. https://doi.org/10.1177/1609406918817954

Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014). Qualitative content analysis. SAGE Open, 4(1), 215824401452263. https://doi.org/10.1177/2158244014522633

Epstein, M., Bailey, J. A., Manhart, L. E., Hill, K. G., & Hawkins, J. D. (2014). Sexual risk behavior in young adulthood: Broadening the scope beyond early

sexual initiation. The Journal of Sex Research, 51(7), 721-730. https://doi.org/10.1080/00224499.2013.849652

Erikson EH. Identity, You, and Crisis. New York, NY: W.W. Norton & Company, Inc;1968

Eriksson M. (2011, February). *Social capital and health implications for health promotion*. https://file:///Users/user/Downloads/GHA-4-5611%20(1).pdf

Eriksson, P., & Kovalainen, A. (2015). Qualitative methods in business research: A practical guide to social research. Sage.

Ermed, B., Taddele, M., Temesgen, B., Tiruneh, T., Atnafu, N., & Abebe, K. (2019). Risky sexual behavior and associated factors among high school and preparatory school students in Yaedwha, east Gojjam, Ethiopia, 2019. https://doi.org/10.21203/rs.2.13977/v1

Evans, SD. (2012). Community leadership. *Global Journal of Community Psychology Practice, 3*(3), 1-6.

Exavery, A., Lutambi, A. M., Mubyazi, G. M., Kweka, K., Mbaruku, G., & Masanja, H. (2011). Multiple sexual partners and condom use among 10 - 19-year-Olds in four districts in Tanzania: What do we learn? *BMC Public Health*, *11*(1). https://doi.org/10.1186/1471-2458-11-490

Fadyl, J. K. (2020). How can societal culture and values influence health and rehabilitation outcomes? *Expert Review of Pharmacoeconomics & Outcomes Research*, *21*(1), 5-8. https://doi.org/10.1080/14737167.2021.1848550

Fang, J., Tang, S., Tan, X., & Tolhurst, R. (2020). Achieving SDG-related sexual and reproductive health targets in China: What are appropriate indicators, and how do we interpret them? *Reproductive Health*, 17(1). https://doi.org/10.1186/s12978-020-00924-9

Fetterman, D. M. (2010). Ethnography: Step-by-step. (3rd ed.). Los Angeles: Sage.

Fino, E., Jaspal, R., Lopes, B., Wignall, L., & Bloxsom, C. (2021). The sexual risk behaviors scale (SRBS): Development & validation in a university student sample in the UK. *Evaluation & the Health Professions*, *44*(2), 152-160. https://doi.org/10.1177/01632787211003950

Freitas, H. (2014). The Fire Is Coming: An HIV-Prevention Intervention Contextualized to The Maasai People of Tanzania. Christian Journal for Global Health, 34–43. https://doi.org/10.15566/cjgh.v1i1.11

Fusch, P., Fusch, G., & Ness, L. (2017). How to conduct a mini-ethnographic case study: A guide for novice researchers. The Qualitative Report. https://doi.org/10.46743/2160-3715/2017.2580

Gemeda, H. K., & Lee, J. (2020). Leadership styles, work engagement and outcomes among information and communications technology professionals: A cross-

national study. Heliyon, 6(4), e03699. https://doi.org/10.1016/j.heliyon.2020.e03699

Girmay, A., & Mariye, T. (2019). Risky sexual behavior practice and associated factors among secondary and preparatory school students of Aksum town, northern Ethiopia, 2018. *BMC research notes*, *12*(1), 698. https://doi.org/10.1186/s13104-019-4714-1

Golden, S. D., McLeroy, K. R., Green, L. W., Earp, J. A. L., & Lieberman, L. D. (2015). Upending the Social Ecological Model to Guide Health Promotion Efforts Toward Policy and Environmental Change. *Health Education & Behavior*, *42*(1_suppl), 8S-14S. https://doi.org/10.1177/1090198115575098

Govender, K., Cowden, R. G., Asante, K. O., George, G., & Reardon, C. (2019). Sexual risk behavior: A multi-system model of risk and protective factors in South African adolescents. *Prevention Science*, *20*(7), 1054-1065. https://doi.org/10.1007/s11121-019-01015-3

Govender, S., Gerwel Proches, C. N., & Kader, A. (2018). Examining leadership as a strategy to enhance health care service delivery in regional hospitals in South Africa. Journal of multidisciplinary healthcare, 11, 157–166. https://doi.org/10.2147/JMDH.S151534

Gray, D. E. (2018). *Doing research in the real world*. SAGE Publications.

Green, J., Tones, K., Cross, R., & Woodall, J. (2015). *Health promotion: Planning &* strategies. Sage.

Hammarberg, K., Kirkman, M., & De Lacey, S. (2016). Qualitative research methods: When to use them and how to judge them. *Human Reproduction*, 31(3), 498-501. https://doi.org/10.1093/humrep/dev334

Hao, M. J., & Yazdanfard, R. (2015). How Effective Leadership Can Facilitate Change in Organizations through Improvement and Innovation. *Global Journal of Management and Business Research: An Administration and Management*, *15*(9).

Harwati, L. N. (2019). Ethnographic and case study approaches Philosophical and methodological analysis. *International Journal of Education and Literacy Studies*, 7(2), 150. https://doi.org/10.7575/aiac.ijels.v.7n.2p.150

Hassan, F. M., Gatrell, C., & Downs, C. (2018). Muted Masculinities – Ethical and personal challenges for male qualitative researchers Interviewing Women. The SAGE Handbook of Qualitative Business and Management Research Methods: History and Traditions, 400-414. https://doi.org/10.4135/9781526430212.n24

Heard, C. P. (2018). Informal Leadership in the Clinical Setting: Occupational Therapist Perspectives. *American Journal of Occupational*

Therapy, *72*(4_Supplement_1), 7211510179p1. https://doi.org/10.5014/ajot.2018.72s1-po4018

Helman, R., & Ratele, K. (2016). Every day (in)equality at home: complex constructions of gender in South African families. *Global Health Action*, *9*(1), 31122. https://doi.org/10.3402/gha.v9.31122

Hill, L., Moody, J., Gottfredson, N., Kajula, L., Pence, B., Go, V., & Maman, S. (2018). Peer norms moderate the association between mental health and sexual risk behaviors among young men living in Dar es Salaam, Tanzania. *Social Science & Medicine*, *196*, 77–85. https://doi.org/10.1016/j.socscimed.2017.10.030

Higginbottom, G., Pillay, J., & Boadu, N. (2015). Guidance on performing focused ethnographies with an emphasis on healthcare research. The Qualitative Report. https://doi.org/10.46743/2160-3715/2013.1550

Hofstede, G. (1980). Culture's Consequences: International Differences in Work-Related Values. India: SAGE Publications.

Holden, K., Akintobi, T., Hopkins, J., Belton, A., McGregor, B., Blanks, S., & Wrenn, G. (2015). Community-Engaged Leadership to Advance Health Equity and Build Healthier Communities. *Social Sciences, 5*(1), 2. https://doi.org/10.3390/socsci5010002

Homma, Y., Saewyc, E. M., Wong, S. T., & Zumbo, B. D. (2013). Sexual health and risk behavior among East ASIAN adolescents in British Columbia. *The Canadian Journal of Human Sexuality*, *22*(1), 13–24. https://doi.org/10.3138/cjhs.927

Horsburgh, J., & Ippolito, K. (2018). A skill to be worked at: Using social learning theory to explore the process of learning from role models in clinical settings. *BMC Medical Education,* 18(1). https://doi.org/10.1186/s12909-018-1251-x

https://www.betterevaluation.org/sites/default/files/print_pdf/Qualitative%20Research3_june.pdf

Iwasaki, Y. (2015). The role of youth engagement in positive youth development and social justice youth development for high-risk, marginalized youth. *International Journal of Adolescence and Youth*, *21*(3), 267-278. https://doi.org/10.1080/02673843.2015.1067893

Jacobsen, K. H. (2016). Introduction to health research methods. Jones & Bartlett Publishers.

Jahanfar, S., & Pashaei, Z. (2021). Sexual attitudes and associated factors of risky sexual behaviors among university students. https://doi.org/10.21203/rs.3.rs-774669/v1

Juma, M., Askew, I., Alain, J., Bartholomew, L. K., & van den Borne, B. (2014). Cultural practices and sexual risk behavior among Adolescent orphans and non-orphans: A qualitative study on perceptions from a community in western Kenya. *BMC Public Health*, *14*(1). https://doi.org/10.1186/1471-2458-14-84

Kassa, G. M., Degu, G., Yitayew, M., Misganaw, W., Muche, M., Demelash, T., Mesele, M., & Ayehu, M. (2016). Risky Sexual Behaviors and Associated Factors among Jiga High School and Preparatory School Students, Amhara Region, Ethiopia. *International Scholarly Research Notices*, 2016, 1–7. https://doi.org/10.1155/2016/4315729

Kabiru, C. W., Izugbara, C. O., & Beguy, D. (2013). The health and wellbeing of young people in sub-Saharan Africa: An under-researched area? *BMC International Health and Human Rights*, *13*(1). https://doi.org/10.1186/1472-698x-13-11

Karagianni, D., & Jude Montgomery, A. (2017). Developing leadership skills among adolescents and young adults: A review of leadership programmes. *International Journal of Adolescence and Youth*, *23*(1), 86-98. https://doi.org/10.1080/02673843.2017.1292928

Keto, T., Tilahun, A., & Mamo, A. (2020). Knowledge, attitude, and practice towards risky sexual behaviors among secondary and preparatory students of Metu town, southwestern Ethiopia. *BMC Public Health*, 20(1). https://doi.org/10.1186/s12889-020-09371-4

Khumalo, S., Taylor, M., Makusha, T., & Mabaso, M. (2020). Intersectionality of cultural norms and sexual behaviors: A qualitative study of young Black male students at a university in KwaZulu-Natal, South Africa. Reproductive Health, 17(1). https://doi.org/10.1186/s12978-020-01041-3

Kilanowski, J.F. (2017) Breadth of the Socio-Ecological Model, *Journal of Agro medicine*, 22:4, 295-297, DOI: 10.1080/1059924X.2017.1358971

Korstjens, I., & Moser, A. (2017). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1), 120-124. https://doi.org/10.1080/13814788.2017.1375092

Kinaro, J. W., Wangalwa, G., Karanja, S., Adika, B., Lengewa, C., & Masitsa, P. (2019). Socio-cultural barriers influencing utilization of sexual and reproductive health (SRH) information and services among adolescents and youth 10 - 24 years in pastoral communities in Kenya. *Advances in Sexual Medicine*, *09*(01), 1-16. https://doi.org/10.4236/asm.2019.91001

Knopf, A. S., McNealy, K. R., Al-Khattab, H., Carter-Harris, L., Oruche, U. M., Naanyu, V., & Draucker, C. B. (2017). Sexual learning among East African adolescents in the context of generalized HIV epidemics: A systematic qualitative meta-synthesis. *PLOS ONE*, *12*(3), e0173225. https://doi.org/10.1371/journal.pone.0173225

Kohli, A., Remy, M. M., Binkurhorhwa, A. K., Mitima, C. M., Mirindi, A. B., Mwinja, N. B., Banyewesize, J. H., Ntakwinja, G. M., Perrin, N. A., & Glass, N. (2017). Preventing risky behaviours among young adolescents in eastern Democratic Republic of Congo: A qualitative study. *Global Public Health*, *13*(9), 1241-1253. https://doi.org/10.1080/17441692.2017.1317009

Little W., & McGivern R. (2014). Socialization. In Introduction to Sociology-1st Canadian Edition (1st ed., pp. 141-166). Rice University.

Lwelamirwa, J., & Masanyiwa, Z. (2015). Prevalence and Determinants of Risky Sexual Behaviour Among Youth in Chamwino District, Central Tanzania. *Rural Planning Journal*, *17*(1), 61–74.

Maasai Association. (n.d.). Maasai culture Ceremonies and rituals. Maasai Association Kenya. https://www.maasai-association.org/ceremonies.html

Mahumud, R. A., Rahman, M. A., Gow, J., Kamara, J. K., Koly, K. N., Shahjalal, M., Law, C. K., Hossain, M. G., & Renzaho, A. M. (2022). The global and regional burden of sexual behaviors and food insecurity and their combined association on the magnitude of suicidal behaviors among 121,248 adolescent girls: An international observational study in 67 low- and middle-income and high-income countries. *Journal of Affective Disorders*, *298*, 481-491. https://doi.org/10.1016/j.jad.2021.11.023

Maluleke, T. X. (2010). Sexual risk behavior amongst young people in the Vhembe District of the Limpopo province, South Africa. *Health SA Gesondheid*, *15*(1). https://doi.org/10.4102/hsag.v15i1.505

Marinigh, L. (2020, March 31). The Leader of Change in Maasai Mara, Kenya. Twirltheglobe.Com. https://www.twirltheglobe.com/africa/the-leader-of-change-in-maasai.

Matogo, J. N. (2011). P2-S9.01 the impact of customs and sexual practices on young Maasai women's ability to negotiate their sexual and reproductive health in relation to HIV and AIDS in Loitokitok, Kenya. *Sexually Transmitted Infections*, *87* (Suppl 1), A261-A261. https://doi.org/10.1136/sextrans-2011-050108.387

Maxwell, J. A. (2013). *Qualitative research design: An interactive approach: An interactive approach*. SAGE.

McCabe, J. T., Leslie, P. W., & Davis, A. (2020). The Emergence of the Village and the Transformation of Traditional Institutions: A Case Study from Northern Tanzania. *Human Organization*, *79*(2), 150–160. https://doi.org/10.17730/1938-3525.79.2.150

McClinton Appollis, T., Jonas, K., Beauclair, R., Lombard, C., Duby, Z., Cheyip, M., Maruping, K., Dietrich, J., & Mathews, C. (2021). Early sexual debut and the effects on well-being among South African adolescent girls and young women

aged 15 to 24 years. *International Journal of Sexual Health*, 1-12. https://doi.org/10.1080/19317611.2021.1979162

Mcharo, R. D., Olomi, W., Mayaud, P., & Msuya, S. E. (2020). Risky sexual behaviors among young adults attending higher learning institutions in Mbeya, Tanzania: Implications for STIs and HIV preventive programs. *AAS Open Research*, *3*, 41. https://doi.org/10.12688/aasopenres.13123.1

McMahon, S. A., & Winch, P. J. (2018). Systematic debriefing after qualitative encounters: An essential analysis step in applied qualitative research. *BMJ Global Health*, *3*(5), e000837. https://doi.org/10.1136/bmjgh-2018-000837

Mdee, A., & Thorlay, L. (2016). Good governance, local government, accountability and service delivery in Tanzania Exploring the context for creating a local governance performance index (2). E.S.R.C Economic & Social Research Council. https://www.intrac.org/wpcms/wp-content/uploads/2016/11/WP2_Local-governance-and-accountability-in-Tz_Mzumbepaper_FINAL_311016.pdf

Merriam, S. B., & Tisdell, E. J. (2015). Qualitative research: A guide to design and implementation. John Wiley & Sons.

Mitekaro, W., & Awuor, R. A. (2021). Factors Influencing Prevalence of Sexually Transmitted Infections in the Maasai Community of Ilkeekonyokie, Kajiado, Kenya. *Pan-African Journal of Education and Social Sciences*, 2(1). Retrieved from https://journals.aua.ke/pajes/article/view/9

Mitiku, K. W., Yenesew, M. A., Bantie, G. M., & Aynie, A. A. (2020). The magnitude of risky sexual practice and associated factors among big construction site daily laborers in Bahir DAR city, Amhara region, Ethiopia. *PLOS ONE*, *15*(10), e0241220. https://doi.org/10.1371/journal.pone.0241220

Morrow, R. H., & Ross, D. A. (2015). *Field trials of health interventions: A toolbox*. Oxford University Press, USA. Mtuge A. Rajabu., & Mokaya O. Samuel. (2016). Role Of Non-Governmental Organizations Leadership In The Implementation Of Community Development Projects In Arumeru District, Tanzania. *INTERNATIONAL JOURNAL OF SCIENTIFIC & TECHNOLOGY RESEARCH*, *5*(11), 168-178. https://www.ijstr.org/final-print/nov2016/Role-Of-Non-governmental-Organizations-Leadership-In-The-Implementation-Of-Community-Development-Projects-In-Arumeru-District-Tanzania.pdf

Munea, A. M., Alene, G. D., Debelew, G. T., & Sibhat, K. A. (2022). Socio-cultural context of adolescent sexuality and youth friendly service intervention in west Gojjam zone, northwest Ethiopia: A qualitative study. *BMC Public Health*, *22*(1). https://doi.org/10.1186/s12889-022-12699-8

Mutasingwa, L. V. & Mbirigenda, S. K. (2017, March). *Investigating risky sexual behaviors among youth in the context of the HIV epidemic in Mbeya Region, Tanzania.* Dar es Salaam, Tanzania.

https://www.measureevaluation.org/resources/publications/wp-17-175/at_download/document

National Guidelines for Management of Sexually Transmitted Infections in Tanzania (2008). https://www.jica.go.jp/project/tanzania/001/materials/pdf/sti_01.pdf

Neill S. M. (2018). Change Management Communication: Barriers, Strategies & Messaging. *Public Relations Journal*, *12*(1). https://www.researchgate.net/publication/327057178_Change_Management_Communication_Barriers_Strategies_Messaging

NESH, Guidelines for Research Ethics in the Social Sciences, Humanities, Law, and Theology, Oslo (1993) 2019 August 6). Forskningsetikk. https://www.forskningsetikk.no/en/guidelines/social-sciences-humanities-law-and-theology/guidelines-for-research-ethics-in-the-social-sciences-humanities-law-and-theology/

Nkata, H., Teixeira, R., & Barros, H. (2019). A scoping review on sexual and reproductive health behaviors among Tanzanian adolescents. *Public Health Reviews*, *40*(1). https://doi.org/10.1186/s40985-019-0114-2

Ntaganira, J., Hass, L. J., Hosner, S., Brown, L., & Mock, N. B. (2012). Sexual risk behaviors among youth heads of household in Gikongoro, south province of Rwanda. *BMC Public Health*, *12*(1). https://doi.org/10.1186/1471-2458-12-225

Nyquist, M., Corno, L., De Walque, D., & Svensson, J. (2018). Incentivizing Safer Sexual Behavior: Evidence from a Lottery Experiment on HIV Prevention. *American Economic Journal: Applied Economics*, *10*(3), 287-314. Retrieved August 16, 2021, from https://www.jstor.org/stable/26528403

Orr, L. M., & Hauser, W. J. (2008, September). *A re-inquiry of Hofstede's cultural dimensions: a call for 21st-century cross-cultural research*. MMA | Marketing Management Association Website.

Pakdamana, S., & Azadgolia, B. (2014). Maasai Culture and its Effect on Sexual Health: A Field Study on the Disparities of Knowledge within the Community. *The Columbia University Journal of Global Health*, *4*(1), 36-41. https://doi.org/10.7916/thejgh.v4i1.4898

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 533-544. https://doi.org/10.1007/s10488-013-0528-y

Patton, M. Q. (2015). Qualitative research & evaluation methods: Integrating theory and practice (Fourth edition). SAGE Publications, Inc.

Pesambili, J. C., & Novelli, M. (2021). Maasai students' encounter with formal education: Their experiences with and perceptions of schooling processes in Monduli, Tanzania. *International Journal of Educational Research Open, 2*, 100044. https://doi.org/10.1016/j.ijedro.2021.100044

Pinyopornpanish, K., Thanamee, S., Jiraporncharoen, W., Thaikla, K., McDonald, J., Aramrattana, A., & Angkurawaranon, C. (2017). Sexual health, risky sexual behavior and condom use among adolescents, young adults and older adults in Chiang Mai, Thailand: Findings from a population -based survey. *BMC Research Notes, 10*(1). https://doi.org/10.1186/s13104-017-3055-1

Puente, D., Zabaleta, E., Rodríguez-Blanco, T., Cabanas, M., Monteagudo, M., Pueyo, M. J., Jané, M., Mestre, N., Mercader, M., & Bolíbar, B. (2011). Gender differences in sexual risk behavior among adolescents in Catalonia, Spain. *Gaceta Sanitaria, 25*(1), 13-19. https://doi.org/10.1016/j.gaceta.2010.07.012

Rashid, Y., Rashid, A., Warraich, M. A., Sabir, S. S., & Waseem, A. (2019). Case study method: A step-by-step guide for business researchers. *International Journal of Qualitative Methods*, 18, https://doi.org/10.1177/1609406919862424

Reeves, S., Peller, J., Goldman, J., & Kitto, S. (2013). Ethnography in qualitative educational research: AMEE Guide No. 80. *Medical Teacher, 35*(8), e1365-e1379. https://doi.org/10.3109/0142159x.2013.804977

Reddy, K.S., Mathur, M.J., Negi, S. & Krishna, B. (2017). Redefining public health leadership in the sustainable development goal era. *Health Policy and Planning*, Volume 32, Issue 5, June 2017, Pages 757–59. https://doi.org/10.1093/heapol/czx006

Regmi, K., Naidoo, J., & Pilkington, P. (2010). Understanding the processes of translation and transliteration in qualitative research. *International Journal of Qualitative Methods, 9*(1), 16-26. https://doi.org/10.1177/160940691000900103

Rehman, N., Mahmood, A., Ibtasam, M., Murtaza, S. A., Iqbal, N., & Molnár, E. (2021). The Psychology of Resistance to Change: The Antidotal Effect of Organisational Justice, Support and Leader-Member Exchange. *National Library of Medicine: National Center for Biotechnology Information*.

Rich, E. P., Nkosi, S., & Morojele, N. K. (2015). Masculinities, alcohol consumption, and sexual risk behavior among male tavern attendees: A qualitative study in the northwest province, South Africa. *Psychology of Men & Masculinity, 16*(4), 382-392. https://doi.org/10.1037/a0038871

Riley, B. H., & McDermott, R. C. (2018). Applying Self-Determination Theory to Adolescent Sexual-Risk Behavior and Knowledge: A Structural Equation Model. *Journal of the American Psychiatric Nurses Association*, 24(6), 482–494. https://doi.org/10.1177/1078390318776369

Rudes S. D., Portillo S. S., & Taximan F. F. (2021). he Legitimacy of Change: Adopting/Adapting, Implementing and Sustaining Reforms within Community Corrections Agencies. *The British Journal of Criminology*, *61*(6), 1665-1683. https://doi.org/ 10.1093/bjc/azab020

Rugeiyamu, R., Kashonda, E., Shayi, A., & Mohamed, B. (2021). Local Government Authorities in Promoting Local Economic Development and Service Delivery to Local Communities in Tanzania. Local Administration Journal, 14(2), 123-144.

Salazar, L. F., Bradley, E. L. P., Younge, S. N., Daluga, N. A., Crosby, R. A., Lang, D. L., DiClemente, R. J. (2010). Applying ecological perspectives to adolescent sexual health in the United States: rhetoric or reality? *Health Education Research*, 2, 552-562.

Saldana, J. (2015). The qualitative data collection circle. In The coding manual for qualitative researchers (pp. 3-4). Sage Publications.

Sally Cartwright. (2008). *Sexual behaviour*. Welcome to HealthKnowledge | Health Knowledge. https://www.healthknowledge.org.uk/public-health-textbook/disease-causation-diagnostic/2e-health-social-behaviour/sexual-behaviour

Sanjari, M., Bahramnezhad, F., Fomani, F. K., Shoghi, M., & Cheraghi, M. A. (2014). Ethical challenges of researchers in qualitative studies: the necessity to develop a specific guideline. *Journal of medical ethics and history of medicine*, 7, 14.

Schutt, R. K. (2014). Investigating the social world: *The process and practice of research.* SAGE Publications.

Sebesta A. (2018). The Maasai tribe. http://www.kenya-information-guide.com/maasai- tribe.html. https://arcgis.com

Sexually transmitted infections (STIs). (2019, June 14). https://www.who.int/en/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis)

Shan H., Muhajarine N., Laptson K., & Jeffrey B. (2014). Building social capital as a Pathway to Success: community development practices of an early childhood intervention program in Canada. *Health Promotion International*, *29*(2), 244-255. https://doi.org/10.1093/heapro/das063

Sharp, J., & Twati, L. (2016, December). Documentation of Maasai Culture - UNESCO) Dar. http://www.unescodar.or.tz/unescodar/publications/documentation_of_maasai_culture.pdf

Sharique A., Saeeda W., Sumaiya I., Sudarshana G., Amshika S., & Zarina F. (2019). Qualitative VS Qualitative Research. Journal of Evidence-Based Medicine and Health Care, 6(43), 2828-2832. https://doi.org/10.18410/jebmh/2019/587

Siegler, A. J., Mbwambo, J. K., & DiClemente, R. J. (2013). Applying the dynamic social systems model to HIV prevention in a rural African Context. *Health Education & Behavior*, *40*(6), 683–693. https://doi.org/10.1177/1090198112474004

Srahbzu, M., & Tirfeneh, E. (2020). Risky sexual behavior and associated factors among adolescents aged 15-19 years at governmental high schools in Aksum town, Tigray, Ethiopia, 2019: An institution-based, cross-sectional study. *BioMed Research International,* 2020, 1-8. https://doi.org/10.1155/2020/3719845

Sutton, J., & Austin, Z. (2015). Qualitative research: Data collection, analysis, and management. The Canadian Journal of Hospital Pharmacy, 68(3). https://doi.org/10.4212/cjhp.v68i3.1456

Ssewanyana, D., Mwangala, P. N., Marsh, V., Jao, I., van Baar, A., Newton, C. R., & Abubakar, A. (2017). Young People's And stakeholders' perspectives of adolescent sexual risk behavior in Kilifi COUNTY, Kenya: A qualitative study. *Journal of Health Psychology*, *23*(2), 188–205. https://doi.org/10.1177/1359105317736783

Ssewanyana, D., Mwangala, P. N., Van Baar, A., Newton, C. R., & Abubakar, A. (2018). Health risk behavior among adolescents living with HIV in sub-Saharan Africa: A systematic review and meta-analysis. *BioMed Research International*, *2018,* 1-18. https://doi.org/10.1155/2018/7375831

Ssewanyana, D., Abubakar, A., Mabrouk, A., Kagonya, V. A., Nasambu, C., Dzombo, J. T., Angwenyi, V., Kabue, M., Scerif, G., & Newton, C. R. (2021). The occurrence of sexual risk behaviors and its association with psychological well-being among Kenyan adolescents. *Frontiers in Reproductive Health, 3*. https://doi.org/10.3389/frph.2021.659665

Talle, A. (2007). 'Serious games': Licenses and Prohibitions in Maasai sexual life. *Africa*, *77*(3), 351–370. https://doi.org/10.3366/afr.2007.0062

Tarkang, E., Pencille, L., Amu, H., Komesour, J., & Lutala, P. (2019). Risky sexual behaviors among young people in sub-Saharan AFRICA: How can parents use the Ottawa charter for health promotion for change? *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, *16*(1), 77–80. https://doi.org/10.1080/17290376.2019.1636710

Thepthien, B., & Celyn, C. (2022). Risky sexual behavior and associated factors among sexually-experienced adolescents in Bangkok, Thailand: Findings from a school web-based survey. *Reproductive health*, (19). https://doi.org/10.21203/rs.3.rs-1317940/v1

Thongmixay, S., Essink, D. R., Greeuw, T. D., Vongxay, V., Sychareun, V., & Broerse, J. E. (2019). Perceived barriers in accessing sexual and reproductive health services for youth in Lao people's democratic Republic. *PLOS ONE*, 14(10), e0218296. https://doi.org/10.1371/journal.pone.0218296

Thomas, D. B., Oenning, N. S., & Goulart, B. N. (2018). Essential aspects in the design of data collection instruments in primary health research. *Revista CEFAC*, 20(5), 657-664. https://doi.org/10.1590/1982-021620182053218

Tolley, E. E., Ulin, P. R., Mack, N., Succop, S. M., & Robinson, E. T. (2016). Qualitative methods in public health: *A Field guide for applied research*. John Wiley & Sons.

Tolley, E. E. (2016). Qualitative methods in public health: *A field guide for applied research* (Second edition). Wiley.

Trudeau, L., Mason, W. A., Randall, G. K., Spoth, R., & Ralston, E. (2012). Effects of parenting and deviant peers on early to mid-adolescent conduct problems. *Journal of Abnormal Child Psychology*, *40*(8), 1249-1264. https://doi.org/10.1007/s10802-012-9648-1

Unger, J. B., & Schwartz, S. J. (2012). Conceptual considerations in studies of cultural influences on health behaviors. *Preventive Medicine*, 55(5), 353-355. https://doi.org/10.1016/j.ypmed.2012.09.024

UN. Transforming our world: the 2030 Agenda for Sustainable Development.:. *Sustainable Development Knowledge Platform*. (n.d.). Retrieved from https://sustainabledevelopment.un.org/post2015/transformingourworld

UNICEF. (2020, January 15). *Adolescence: policy opportunities and challenges*. UNICEF for Every Child. https://www.unicef-irc.org/

Viberg, N., Mujinja, P., Kalala, W., Kumaranayake, L., Vyas., Tomson, G. & Stålsby, C. Lundborg. STI management in Tanzanian private drugstores – practices, and roles of drug sellers. Sexually Transmitted Infections, *BMJ Publishing Group*, 2009, 85 (4), pp.300. 10.1136/sti.2008.032888. Hal-0055279

Villa-Torres, L., & Svanemyr, J. (2015). Ensuring youth's right to participation and promotion of youth leadership in the development of sexual and reproductive health policies and programs. *Journal of Adolescent Health*, *56*(1), S51-S57. https://doi.org/10.1016/j.jadohealth.2014.07.022

Wall S. (2015). Focused Ethnography: A Methodological Adaptation for Social Research in Emerging Contexts. *Forum of Qualitative Social Forschung* (FQS), 16(1)

Wa-Mbaleka, S. (2018). Writing your Thesis and Dissertation Qualitatively: *Fear no more*. Oikos Biblios Publishing House.

Wa-Mbaleka, S. (2019) The Researcher as an Instrument. In A. P. Costa, L. P. Reis, & A. Moreira (Eds.), *Computer-supported qualitative research: New trends on qualitative research (WCQR2019)* (pp. 33-41).

Wahome, L., & Waithima, C. W. (2019). Alcohol use dynamics and mitigation among adolescents in rural Kenya. *Asian Journal of Interdisciplinary Research*, 44-55. https://doi.org/10.34256/ajir1925

Wang, B., Stanton, B., Deveaux, L., Li, X., & Lunn, S. (2015). Dynamic Relationships Between Parental Monitoring, Peer Risk Involvement, and Sexual Risk Behavior Among Bahamian Mid-Adolescents. *International Perspectives on Sexual and Reproductive Health, 41*(2), 89-98. doi:10.1363/4108915

Weeks, A., Swerissen, H., & Belfrage, J. (2007). Issues, challenges, and solutions in translating study instruments. *Evaluation Review*, *31*(2), 153-165. https://doi.org/10.1177/0193841x06294184

WHO. (2007), Everybody's business: strengthening health systems to improve health outcomes: WHO's a framework for action. Geneva: World Health Organization.

Wiafe, S., Mihan, A., & Davison, C. M. (2021). Neighborhood-level influences and adolescent health risk behaviors in rural and urban sub-Saharan Africa: A systematic review. *International Journal of Environmental Research and Public Health*, *18*(14), 7637. https://doi.org/10.3390/ijerph18147637

Wight, D., Wimbush, E., Jepson, R., & Doi, L. (2014). Six steps in quality intervention development (6SQUID). European Journal of Public Health, 24(suppl_2). https://doi.org/10.1093/eurpub/cku161.114

Young people, HIV and AIDS. Avert. (2020, April 23). https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/young-people

APPENDIXES

APPENDIX A

TANZANIA POLITICAL MAP INDICATING ARUSHA REGION

Arusha Region with Longido District

Source: MapsofWorld.com

APPENDIX B

INDIVIDUAL INTERVIEW MATRIX- ENGLISH

Research Question	**Probe Questions**
1.What cultural practices influence the Longido District Maasai male youth SRB?	1 (a) Maasai people have a wonderful culture in many ways; tell me how you think or feel about your culture. (b) Explain why. (c) What do you like most in your cultural practices? (d) Why do you like the practice? (e) Whose responsibility is it to give sexual education in your community? (f) Who helps in your community to understand the rules of sexual behavior? (g) What is the best age allowed for a sexual relationship? (h) Why is that so? (i) From whom do you learn how to behave properly? (j) How is your opinion regarding sexual behavior different from that of adults in your community? (k) What do you like about your culture regarding sexual behavior? (l) How do peers' sexual experiences influence you? (m) What outside cultures influence your understanding of sexual behavior in your community?
2.How does the Maasai community in Longido District perceive male youth SRB?	2 (a) What is the role of clan leaders in regards to sexual behavior in your culture? (b) What is the role of your mother regarding sexual behavior in your culture? (c) What is the role of your father regarding sexual behavior? (d) What do you like about the life in the family circle within your community? (e) What do you wish to be changed in your culture?
3.What is the role of leadership intervention in the Longido District's Maasai Community?	3 (a) What have the community leaders done to promote sexual well-being of the people in the Longido district? (b) How is your health care system dealing with SRB and STIs in the Longido Maasai community? (c) What do you like about your community leaders? (d) What can leaders do better or differently in the area of sexual behavior in your community?

4.What health interventions have been made to the community to address male youth sexual risk behavior in Longido District?	4 (a) Tell me about any health intervention program that has happened in your community. (b) What does this intervention mean in supporting the health of the well-being of the youth? (c) What did you learn from the interventions, if you attended any?
5.What is the effective and culturally sensitive health intervention model recommended to mitigate the harmful behavior among the Maasai in Longido?	5 (a) In your opinion, what do you think should be done to mitigate sexual risk behaviors among male or female youth? (b) Explain why. (c) Is there anything else that you would like to share that may help me understand?

APPENDIX C:

MPANGILIO WA MAHOJIANO YA MTU BINAFSI- KISWAHILI

Swali la utafiti	**Maswali ya udadisi**
1.Je tamaduni zipi Kimaasai zinazosababisha mwenendo hatarishi wa kingono kwa vijana wa kiume?	1 (a) Kwa namna mbali mbali, Wamasai wana utamaduni mzuri sana, tafadhali niambie unavyofikiri na kujisikia kuhusiana na utamaduni wenu. (b) Eleza ni kwanini unajisikia hivyo. (c) Ni jambo gani unalolifurahia sana katika utamaduni wa kimasai? (d) Kwanini unalifurahia? (e) Nani mwenye jukumu la kutoa elimu ya ngono katika jamii yako? (f) Ni nani ana jukumu la kuielimisha jamii yako katika kuelewa kanuni za mahusiano ya kingono? (g) Je, ni umri gani mtu anaruhusiwa kuwa na mahusiano ya kimapenzi na kwa nini? (h) Kwanini umri huo? (i) Unajifunza tabia nzuri kutoka kwa nani? (j) Je, maoni yako kuhusu ngono yanatofautianaje na ya watu wazima? (k) Nini unachokipenda katika utamaduni wako kuhusiana na tabia ya kujamiiana? (l) Je, uzoefu wa ngono wa wanarika wenzako unakuathiri vipi? (m)Ni tamaduni gani za nje zinazoathiri uelewa wako wa tabia ya ngono katika jamii yako?
2.Je mtazamo wa jamii ya Wamaasai kuhusu mwenendo hatarishi wa kingono wa vijana wa kiume ukoje?	2 (a) Ni nini jukumu la viongozi wa ukoo katika masuala ya tabia ya kujamiiana? (b) Je! mama ana jukumu gani kuhusiana na tabia ya ngono katika utamaduni wako? (c) Je, baba ana nafasi gani kuhusu tabia ya kujamiiana? (d) Unapenda nini juu ya maisha ndani ya familia katika jamii yako? (e) Ni mambo gani ungependa yabadilishwe katika utamaduni wako?

3.Je uongozi una wajibu gani katika kushughulikia masuala ya kiafya katika jamii ya Wamaasai ya Longido	3 (a) Je viongozi katika jamii wamefanya nini katika kuhamasisha afya bora katika mahusiano ya kingono ya watu wa wilaya ya Longido? (b) Mfumo wa afya unashughulikiaje masuala ya ngono hatarishi na magonjwa ya zinaa katika jamii ya Maasai wa Longido? (c) Mambo gani yanayo wafurahisha katika uongozi wa jamii? (d) Je ungependa viongozi wabadilishe au waboreshe nini kuhusiana na mahusiano ya kingono katika jamii?
4.Je kuna shughuli gani za kiafya ambazo zimewahi kuwapo katika jumuia ya Longido zinazolenga mwenendo hatarishi wa kingono wa vijana wa kiume	4 (a) Tafadhali niambie juu ya uingiliaji kati wa aina yoyote ambao umewahi kufanyika katika jamii kuhusiana na afya ya uzazi katika Wilaya ya Longido (b) Je, uingiliaji kati huu unamaanisha nini katika kusaidia afya na ustawi wa vijana? (c) Ulijifunza nini katika uingiliaji kati huo kama ulihudhuria?
5. Je, ni njia gani yenye ufanisi kiafya na rafiki kwa utamaduni ipendekezwe kuingilia kati ili kupunguza tabia hatarishi miongoni mwa Wamasai wa wilayani Longido?	5 (a) Kwa maoni yako, unadhani nini kifanyike ili kupunguza makali ya mwenendo hatarishi wa kingono kati ya vijana wa kiume? (b) Kwanini? (c) Je kuna jambo jingine ungependa kusema linaloweza kunisaidia kuelewa zaidi?

APPENDIX D

BACK TRANSLATION

THE ORDER OF INDIVIDUAL INTERVIEW

Done by Bethesheba Nellena Bina Kamawu, BSc-BM, MBA

Research Question	**Probe Questions**
1. Which Maasai traditions pause danger to the sexuality of young men.	1 (a) Maasais have different good different traditions. Please tell me what you think and how you feel about your traditions. (b) Explain why you feel so. (c) What in particular makes you happy about Maasai traditions. (d) Why are you happy about it? (e) Who is responsible for educating your society with regard to sexual relations? (f) At what age is anyone allowed to engage in sexual relations? (g) Why that particular age? (h) Who do you learn good behavior from? (i) How does your view about sex differ from adults in your community? (j) What do you love about your tradition when it comes to sexual relations? (k) In what way does your peer's habitual sexuality affect you? (l) How are you influenced by your peer's sexual behavior? (m) What foreign traditions affect your understanding of sexual behaviors in your society?
2. How is the Maasai society's view regarding the dangers of sexuality in young men?	2 (a) What is the role of clan heads with regards to sexual behaviors in your culture? (b) What role does a mother have in regards to sexual behaviors in your tradition? (c) What position does a father have in sexual relations? (d) What do you love about family life in your society? (e) What would you like to be changed in your traditions?

3. How does the leadership involve itself in the society's health issues of the Maasais at Longido?	3 (a) How has the society leadership helped in emphasizing good healthy sexual relations of the people in Longido district? (b) How is the health sector involved in the issues of sex dangers and sexual transmitted diseases in the Maasai society of Longido? (c) What things make you happy about the society leadership? (d) What would you like the leadership to change or improve on sexual behavior in the society?
4. What health activities have there been in the past in the Longido society that were aiming at the dangers of sexual behaviors in young men?	4 (a) Please tell me about any involvement that has been there in the society in relation to the reproductive health in the district of Longido. (b) How does this involvement mean in helping the society development in young people? (c) If you were there, what did you learn in this involvement?
5. What specific friendly and healthy ways can be introduced to the culture so as to reduce the dangerous behaviors among the Maasais of Longido district?	5 (a) In your own view, what do you think can be done to minimize the harshness of the dangers of sexual behaviors among young men? (b) Why? (c) Is there anything else you can say to help me understand better?

APPENDIX E

INTERVIEW MATRIX FGDS- ENGLISH

Research Questions	**Probe Questions**
1. What cultural practices influence the Longido District Maasai male youth SRB?	1 (a) Among the many Maasai cultural values, which one is the most important to you? (b) Explain why? (c) How are these values protected? (d) What cultural practices are connected to the behavior of the youth sexual practices? (e) What is the role of the family in cultivating sexual well-being for male and female youths? (f) Please tell me what happens during Esoto, Inkipot, Oloip, and Oalama (g) What do you remember about Esoto, Inkipot, Oloip, and Oalama? (h) What do you like about your culture regarding sexual education? (i) What has changed in your culture regarding sexual wellbeing? (j) Why? (k) Please share with me your feeling about the age-set system in the Maasai culture. (l) How does the age-set system occur?
2. How does the Maasai community in Longido District perceive male youth SRB?	2 (a) How do you explain your experience with male or female youth sexual behavior in your community? (b) What do you want to be improved?
3. What is the role of leadership intervention in the Longido District's Maasai Community?	3 (a) Whom do you recognize as your community leaders? (b) What do you think are the roles of leadership in your community regarding youth sexual behavior? (c) What is done to protect male sexual wellbeing in your community from the community leaders' side? (d) Please tell me what the government leaders do to protect youth from sexual risk behaviors

4. What health interventions have been made to the community to address male youth sexual risk behavior in Longido District?	4 (a) Where do you get health education? (b) When did you have health education serminars related to sex reproductive health for the last time? (c) In case of sickness, who provides service?
5. What is the effective and culturally sensitive health intervention model recommended to mitigate the harmful behavior among the Maasai in Longido?	5 (a) What do you think are the benefits of having a culture that cares about sexual relationships? (b) What do you think should be done to mitigate sexual risk behaviors among male youth of Longido? (c) Is there anything else that you would like to share that may help me understand?

APPENDIX F

MPANGILIO WA MAHOJIANO YA KIKUNDI- KISWAHILI

Swali la Utafiti	**Maswali ya Udadisi**
1. Je tamaduni zipi Kimaasai zinazosababisha mwenendo hatarishi wa kingono kwa vijana wa kiume?	1 (a) Kwa maoni yako, kati ya tunu nyingi za utamaduni wa kimaasai ni tunu ipi unaona ya muhimu sana kuliko zote? (b) Eleza ni kwanini? (c) Tunu hizo zinalindwaje? (d) Je, ni desturi gani za kitamaduni zinazohusianishwa na tabia ya mazoea ya kingono kwa vijana? (e) Je familia ina nafasi gani katika kuangalia ustawi wa kingono wa wanaume na wanawake? (f) Niambie kile kinachotokea wakati kunapokuwa na Esoto, Eunoto, Oloip, Inkipot na Oalama. (g) Ni nini unachokukumbuka kuhusiana na esoto, Inkipot, Oloip na Oalama? (h) Unapenda nini katika utamaduni wako kuhusiana na utoaji wa elimu ya ngono? (i) Ni nini kimebadilika katika utamaduni wako kuhusiana na ustawi wa kingono (j) Kwa nini? (k) Tafadhali niambie, hisia zako kuhusu mfumo wa rika katika utamaduni wa Wamaasai. (l) Mpangilio wa mfumo huo ukoje?
2.Je mtazamo wa jamii ya Wamaasai kuhusu mwenendo hatarishi wa kingono wa vijana wa kiume ukoje?	2 (a) Je, unaelezeaje uzoefu wako na tabia ya ngono ya vijana wa kiume na wa kike katika jamii yako? (b) Nini unapenda kiboreshwe?

3.Je uongozi una wajibu gani katika kushughulikia masuala ya kiafya katika jamii ya Wamaasai ya Longido?	3 (a) Nani unawatambua kama viongozi wako katika jamii? (b) Unafikiri wajibu wa viongozi hao ni upi, kuhusiana na masuala ya afya ya uzazi? (c) Je, uongozi wako wa jamii unafanya nini ili kulinda ustawi wa kijinsia wa wanaume katika jamii yako? (d) Kwa upande wa ngazi ya selikali ni nini kinafanyika kuwalinda vijana dhidi ya ngono hatarishi?
4. Je kuna shughuli gani za afya ambazo zimewahi kuwapo katika jumuia ya Longido zinazolenga mwenendo hatarishi wa kingono wa vijana wa kiume	4 (a) Elimu ya afya mnaipata wapi? (b) Je ni lini mlipata warsha elimishi zinazohusiana na afya ya uzazi? (c) Wagonjwa wanapewa huduma na nani?
5.Je, ni njia gani yenye ufanisi kiafya na rafiki kwa utamaduni ipendekezwe kuingilia kati na kupunguza tabia ya ngono hatarishi miongoni mwa Wamaasai wa wilayani Longido?	5 (a) Je unafikiria kuna faida ya kuwa na utamaduni unaojali mahusiano ya kingono katika jamii? (b) Unafikiri nini kifanyike ili kukabiliana na vitendo vya ngono hatarishi katika jamii ya Longido? (c) Je kuna jambo jingine mngependa kusema linaloweza kunisaidia kuelewa zaidi?

APPENDIX G

BACK TRANSLATION

THE ORDER OF GROUP INTERVIEW

Done by: Bethesheba Nellena Bina Kamawu, BSc-BM, MBA

Research Question	**Probe Questions**
1. What Maasai traditions are contributing to the dangerous sexual behaviors to the young men?	1 (a) In your own view, which among the many treasured traditions of Maasai do you see is more important than all the others? (b) Explain why? (c) How are these treasured traditions protected? (d) What traditional customs are involved in the habitual characteristics of sexual behaviors in young people? (e) How is the family involved in seeing the sexual development of men and women? (f) Tell me what happens during Esoto, Eunoto, Oloip, Inkipot and Oalama. (g) What do you remember in relation to Esoto, Inkipot, Oloip and Oalama? (h) What do you like about your tradition when it comes to sex education? (i) What has changed in your tradition in relation to sex development (j) Why? (k) Please tell me how you feel regarding the age-set system in the Maasai tradition. (l) How is that system is organized?
2. How is the Maasai society's view with regards to dangerous sexual behaviors of young men?	2 (a) How do you explain your experience with sexual behaviors of the young men and women in your society? (b) What would you like to be improved?

3. How is the leadership involved in the health issues of Maasai society in Longido?	3 (a) Whom do you recognize as your leaders in society? (b) What do you think are the leader's obligations in relation to reproductive health? (c) What is the society leadership doing in protecting the development of the men gender in your society? (d) On the side of the government, what is being done to protect the youth against dangerous sexual behaviors?
4. What programs/activities have there been in the Longido society that aim at the dangerous sexual behaviors in young men?	4 (a) Where do you get your health education from? (b) When did you have any educational workshops in relation to reproductive health? (c) What services do the sick receive?
5.What specific way that is friendly and healthy to the traditions that can be suggested to intervene and minimize the sexual behaviors that are dangerous among the Maasais in the Longido district?	5 (d) Do you think there is a benefit of having a tradition that cares for sexual relationships in the society? (e) What do you think needs to be done to address the sexual behaviors in the Longido society? (f) Is there anything else you would like to say to that you think would help me understand better?

APPENDIX H

OBSERVATION PROTOCOL

1. Space: Identify the physical place where data is being collected
2. Objects: Note the physical things present in the research environment that can provide descriptions of youth sexual risk behavior
3. Actors: Describe the participants
4. Acts: Note and jot down their actions or behaviors that seem to give information in regards to the research question.
5. Events: Write the activities, often engaged in by several actors that describe specific cultural practices under the study.
6. Goals: Try to understand what actors are trying to accomplish whether it supports youth sexual risk behaviors or not.
7. Emotions: Observe and describe non-verbal cues expressed by actors in relation to sexual risk behavior.

APPENDIX I

RESEARCH PARTICIPANTS INFORMED CONSENT FORM- ENGLISH

Research Title: Exploring Maasai Cultural Influence on Male Youth Sexual Risk Behavior and the Role of Leadership in Longido District Tanzania.

RESEARCHER

Researcher-**Winfrida Aneth Mitekaro**
Department: **Social Sciences**
Address: **Adventist University of Africa, Advent Hill, Off Magadi Road, Ongata Rongai Nairobi Kenya**
Phone: **+254739176758**
Email: **mitekarow@ aua.ac.ke**

You are being asked to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

PURPOSE OF STUDY
The purpose of this study is to explore how the Maasai cultural practices influence the Sexual Risk Behavior of male youth in Longido District and the Role of Leadership.

BENEFITS
There will be no direct benefit to you for your participation in this study. However, we hope that the information obtained from this study may contribute to the sexual and reproductive health of the Maasai in the Longido Community.

CONFIDENTIALITY
Every effort will be made by the researcher to preserve your confidentiality including the following:
You will NOT write your name on this form; this is to ensure that your identity will not be revealed. No one other than the researcher(s) and advisers will have access to the data. All data will be kept on a password-protected computer.

Participants will be assigned codes or numbers that will be used on all research notes and documents without revealing their identities.

CONTACT INFORMATION
If you have questions at any time about this study, or you experience adverse effects as a result of participating in this study, you may contact the researcher whose contact information is provided on the first page. If you have questions regarding your rights as a research participant, or if problems arise that you do not feel you can discuss with the primary researcher directly, please contact the Chair of the AUA Institutional Ethics Review Committee (Dr. Josephine Ganu, ganuj@aua.ac.ke):

VOLUNTARY PARTICIPATION
Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

CONSENT
I confirm that have read and understood the provided information and have had the opportunity to ask questions.
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost.
I agree that my interview may be photographed or audio-recorded.
I agree that my conduct can be observed as I participate in this research.
I understand that I will not benefit directly from participating in this research.
I understand that all information I provide for this study will be treated confidentially.
I understand that in any report on the results of this research my identity will remain anonymous.
I understand that disguised extracts from my interview may be quoted in the dissertation
I agree to maintain the confidentiality of the information discussed by all participants and researchers during the focus group/interview/discussion session.

Participant's Signature _____ Date _____

Researcher's Signature _____ Date _____

APPENDIX J

RESEARCH PARTICIPANTS INFORMED CONSENT FORM - KISWAHILI

FOMU YA UKUBALI WA WASHIRIKI WA UTAFITI WALIOELEWESHWA

Kichwa cha Habari cha Utafiti:

Kuchunguza Ushawishi wa Utamaduni wa Wamaasai katika mwenendo hatarishi wa kingono kwa vijana wa kiume, pamoja na wajibu wa uongozi katika wilaya ya Longido nchini Tanzania.

MTAFITI

Mtafiti:	**Winfrida Aneth Mitekaro**
Idara:	**Sayansi ya Jamii**
Anwani:	**Adventist University of Africa** **Advent Hill, Off Magadi Road, Ongata Rongai** **Nairobi, Kenya**
Simu:	**+254 739 176 758**
Barua pepe:	mitekarow@aua.ac.ke

Unaombwa kushiriki katika uchunguzi wa kitafiti. Kabla haujaamua kushiriki katika uchunguzi huu, ni muhimu kwanza uelewe kwa nini utafiti huu unafanyika, na utahusu nini. Tafadhali soma taarifa zifuatazo kwa uangalifu. Ikiwa kuna jambo lolote ambalo halieleweki au kama utahitaji taarifa zaidi usisite kumuuliza mtafiti.

KUSUDI LA UTAFITI

Kusudi la utafiti huu ni kuchunguza jinsi utendaji wa utamaduni wa Wamaasai unavyoathiri mwenendo hatarishi wa kingono wa vijana wa kiume katika wilaya ya Longido na wajibu wa uongozi.

FAIDA

Hapatakuwa na faida ya moja kwa moja kwa ushiriki wako katika uchunguzi huu. Hata hivyo tunatazamia kwamba taarifa zitakazopatikana katika utafiti huu zitachangia katika afya ya uzazi na mwenendo wa kingono wa Jumuia ya Wamaasai wa Longido.

HALI YA USIRI

Mtafiti atafanya jitihada zote kuhakikisha kwamba usiri wako unahifadhiwa, pamoja na:

Hutaandika jina lako kwenye fomu hii, hii ni kuhakikisha kwamba utambulisho wako hautafichuliwa. Hakuna mtu mwingine isipokuwa mtafiti na washauri atakayeweza kufikia data. Data yote itawekwa kwenye kompyuta iliyolindwa na nenosiri. Washiriki watapewa alama au nambari ambazo zitatumika kwenye maelezo na hati zote za utafiti bila kufichua utambulisho wao.

MAWASILIANO
Ikiwa una maswali wakati wowote kuhusu uchunguzi huu, au pengine umepitia uzoefu usiofaa kama matokeo ya ushiriki wako, unaweza kuwasiliana na mtafiti ambaye mawasiliano yake yametolewa hapo juu katika ukurasa wa kwanza. Ikiwa una maswali huhusu haki zako kama mshiriki katika utafiti, au ikiwa kuna matatizo yaliyojitokeza ambayo unadhani hauwezi kuyajadili moja kwa moja na mtafiti mnayefanya naye kazi, tafadhali wasiliana na Mwenyekiti wa kamati ya taasisi ya mapitio ya maadili ya AUA (Daktari Josephine Ganu, ganuj@aua.ac.ke)

USHIRIKI WA HIARI
Ushiriki wako katika utafiti huu ni wa hiari. Ni juu yako kuamua ikiwa utashiriki au hautashiriki katika uchunguzi huu. Ikiwa utaamua kushiriki, basi utaombwa kuthibitisha kwa kuweka sahihi yako kwenye fomu ya ukubali. Baada ya kuweka sahihi kwenye hiyo fomu ya ukubali, bado uko huru kujitoa katika zoezi hili wakati wowote hata bila kutoa sababu ya kujitoa. Kujitoa kwako katika utafiti huu hakutaathiri uhusiano wowote uliopo kati yako na mtafiti. Na hapo utakapojitoa katika ushiriki wa uchunguzi huu kabla ya kukamilisha zoezi la kukusanya taarifa, basi utarudishiwa zile taarifa au zitaharibiwa.

UKUBALI
Ninathibitisha kwamba nimesoma na kuelewa taarifa iliyotolewa na nimepata fursa ya kuuliza maswali.

Ninaelewa kwamba ninashiriki kwa hiari yangu mwenyewe na kwamba niko huru kusitisha ushiriki wangu wakati wowote hata bila kutoa sababu ya kusitisha na pia bila gharama yoyote.

Ninakubali kwamba mahojiano yangu yanaweza kupigwa picha au sauti kunakiliwa (kurekodiwa).

Ninaelewa kwamba sitapata faida ya moja kwa moja kwa kushiriki kwangu katika utafiti huu.

Ninaelewa kwamba taarifa zote ninazotoa kwa ajili ya uchunguzi huu zitahifadhiwa katika hali ya usiri.

Ninaelewa kwamba katika taarifa yoyote ambayo ni matokeo ya utafiti huu, utambulisho wangu hautafahamika.

Ninatambua kwamba dondoo fichika zote kutoka katika mahojiano yangu zinaweza kunukuliwa katika tasnifu

Ninakubali kudumisha usiri wa maelezo yanayojadiliwa na washiriki na watafiti wote wakati wa kipindi cha kikundi/mahojiano/majadiliano.

Sahihi ya mshirika wa ufafiti _____ Tarehe _____

Sahihi ya Mtafiti _____ Tarehe _____

APPENDIX K

PERMISSION TO USE DIRECT QUOTATIONS FOR PARTICIPANTS
IN INDIVIDUAL INTERVIEWS OR FOCUS GROUPS

Permission to Quote:

I may wish to quote your words directly in reports and publications resulting from this interview, focus group, or discussion. With regards to being quoted, please check yes or no for each of the following statements:
Researchers may publish documents that contain quotations by me under the following conditions:

Ye ☐ No ☐ I agree to be quoted directly (my name can be used).

Ye ☐ No ☐ I agree to be quoted directly if my name is not published (I remain anonymous).

Ye ☐ No ☐ I agree to be quoted directly if a made-up name (pseudonym) is used.

By signing this consent form, you are indicating that you fully understand the above information and agree to participate in this study.

Name: _____

Signature: _____ Date: _____

APPENDIX L

RUHUSA YA KUTUMIA NUKUU ZA MOJA KWA MOJA KWA WASHIRIKI KATIKA MAHOJIANO YA MTU MMOJA AU KUNDI - KISWAHILI

Ninaweza kutaka kunukuu maneno yako moja kwa moja katika taarifa na machapisho yanayotokana na mahojiano haya, kikundi lengwa, au mjadala. Kuhusiana na kunukuliwa, tafadhali andika ndiyo au hapana kwa kila kauli ifuatayo:

Watafiti wanaweza kuchapisha hati zilizo na nukuu zangu kwa masharti yafuatayo:

Ndio ☐ La ☐ Ninakubali kunukuliwa moja kwa moja (jina langu linaweza kutumika).

Ndio La Ninakubali kunukuliwa moja kwa moja ikiwa jina langu halitachapishwa (Nisijulikane)

Ndio ☐ La ☐ Ninakubali kunukuliwa moja kwa moja ikiwa jina la bandia litatumika.

Kwa kuweka sahihi kaika fomu hii ni uthibitisho, kuwa unaelewa kikamilifu maelezo yaliyo hapo juu na unakubali kushiriki katika utafiti huu.

Jina _____

Sahihi_____Tarehe_____

APPENDIX M

PERMISSION FOR PHOTOGRAPHY FOR RESEARCH PARTICIPANTS
IN ANY PICTURE TAKEN BY A RESEARCHER

Permission to Use Photograph(s):

If any photographs or likeness of you, a minor member of your family, or your property have been taken during this research, we request your permission to use them in a published document. Once the document is published, the photographs could appear in media, such as the internet.
Permission to use your photograph(s)/likeness is voluntary. You do not have to consent to participate in this study. You do not have to agree to have pictures taken or published.
Regarding the publication of photographs/likenesses of me, a minor member of my family, or my property:

Ye ☐ No ☐ I agree to be photographed and have the photographs used in a publication.

Ye ☐ No ☐ I permit a minor member of my family to be photographed and the photograph used in a publication.

Ye ☐ No ☐ I agree that my property can be photographed and the photograph used in a publication.

Ye ☐ No ☐ I do not permit any of the above uses of my photograph, likeness, minor family member, or property.

By signing this consent form, you are indicating that you fully understand the above information and agree to participate in this study.

Name: _____

Signature: _____ Date: _____

APPENDIX N

RUHUSA YA KUTUMIA PICHA ZA WASHIRIKI WA UTAFITI KATI YA

PICHA YOYOTE ILIYOPIGWA NA MTAFITI- KISWAHILI

Ikiwa picha au mfano wako wowote, mwanafamilia, au mali yako zimepigwa wakati wa utafiti huu, tunaomba ruhusa yako ili kuzitumia katika hati itakayokuwa imechapishwa. Baada ya hati kuchapishwa, picha zinaweza kuonekana kwenye vyombo vya habari, kama vile mtandao.
Ruhusa ya kutumia picha/mfano wako ni ya hiari. Huna haja ya kukubali kushiriki katika utafiti huu. Sio lazima ukubali kupigwa picha au kuchapishwa.

Kuhusu uchapishaji wa picha/mfano wangu, wa mwanafamilia yangu, au mali yangu:

Ndio ☐ La ☐ Ninakubali kupigwa picha na picha zitumike kwenye chapisho.

Ndio ☐ La ☐ Ninaruhusu mwanafamilia familia yangu kupigwa picha na picha itumike katika chapisho

Ndio ☐ La ☐ Ninakubali kwamba mali yangu inaweza kupigwa picha na picha kutumika katika chapisho.

Ndio ☐ La ☐ Siruhusu matumizi yoyote kati ya yaliyo hapo juu ya picha yangu, mfano, mwanafamilia, au mali.
Kwa kuweka sahihi katika fomu hii ya idhini, unaonyesha kuwa unaelewa kikamilifu maelezo yaliyo hapo juu na unakubali kushiriki katika utafiti huu.

Jina_____

Sahihi_____Tarehe _____

APPENDIX O

LETTER OF ETHICAL APPROVAL

OFFICE OF THE CHAIRPERSON
INSTITUTIONAL SCIENTIFIC ETHICS REVIEW COMMITTEE
UNIVERSITY OF EASTERN AFRICA, BARATON
P.O. BOX 2500-30100, Eldoret, Kenya, East Africa

B3114072022 July 14, 2022

TO: Winfrida Aneth Mitekaro
School of Postgraduate Studies
Adventist University of Africa

Dear Winfrida,

RE: Exploring Maasai Cultureal Influence on Male Youth Sexual Risk Behaviour and the Role of Leadership in Longido District, Tanzania

This is to inform you that the Institutional Scientific Ethics Review Committee (ISERC) of the University of Eastern Africa Baraton has reviewed and approved your above research proposal. Your application approval number is UEAB/ISERC/31/7/2022. The approval period is 14th July, 2022 – 14th July, 2023.
This approval is subject to compliance with the following requirements;

i. Only approved documents including (informed consents, study instruments, MTA) will be used.
ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by the Institutional Scientific Ethics Review Committee (ISERC) of the University of Eastern Africa Baraton.
iii. Death and life threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to the Institutional Scientific Ethics Review Committee (ISERC) of the University of Eastern Africa Baraton within 72 hours of notification.
iv. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to the Institutional Scientific Ethics Review Committee (ISERC) of the University of Eastern Africa Baraton within 72 hours.
v. Clearance for export of biological specimens must be obtained from relevant institutions.
vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
vii. Submission of an executive summary report within 90 days upon completion of the study to the Institutional Scientific Ethics Review Committee (ISERC) of the University of Eastern Africa Baraton.

Prior to commencing your study, you will be expected to obtain a research license from research licensing body in Tanzania to allow you to carry out your research.

Sincerely yours,

Prof. Jackie K. Obey, PhD
Chairperson, Institutional Scientific Ethics Review Committee

University of Eastern Africa, Baraton
14 JUL 2022
P.O. Box 2500-30100, ELDORET
Research Ethics Committee

APPENDIX P

INTRODUCTION LETTTER FOR DATA COLLECTION
FROM THE UNIVERSITY

Adventist University of Africa
Mbagathi 00503, Nairobi, Kenya

ARUSHA REGIONAL COMMISSIONER'S OFFICE
P.O BOX 3050
ARUSHA - TANZANIA

Dear Sir/Madam,
RE: INTRODUCTION LETTTER FOR DATA COLLECTION – MADAM WINFRIDA ANETH MITEKARO:
This is to take this opportunity to introduce **Madam Winfrida A. Mitekaro** to your office for the purposes of data collection for academic purposes.
Madam Mitekaro is our PhD in leadership student who has now reached a level of going to the field for data collection. As a PhD level student, one of the requirements of finalizing her studies at the Adventist University of Africa (AUA) is to write an academic research paper which is purely for academic purposes.
Her research topic is entitled: **"Exploring Maasai Cultural Influence on Male Youth Sexual Risk Behavior and the Role of Leadership in Longido District, Tanzania".** The research is to be conducted in Longido District, Arusha starting from July, 2022.
It is, therefore, with this in view that AUA is requesting permission from your esteemed office to allow this researcher to conduct her research assignments within her area of interest as stated above.
The Adventist University of Africa will greatly appreciate any support and/or assistant accorded to the researcher in the light of the purposes stated above.
Thanking you in advance for your help in this regard.

Prof. Musa Nyakora, PhD.
Director of MA and PhD in Leadership Programs, AUA.

APPENDIX Q

PERMISSION LETTER FROM THE GOVERNMENT TO CONDUCT RESEARCH IN LONGIDO DISTRICT

JAMHURI YA MUUNGANO WA TANZANIA

OFISI YA RAIS
TAWALA ZA MIKOA NA SERIKALI ZA MITAA

Anuani ya Simu "TAMISEMI" DODOMA
Simu Na: +255 26 2321607
Nukushi: +255 26 2322116
Barua pepe:ps@tamisemi.go.tz

Mji wa Serikali – Mtumba,
Mtaa wa TAMISEMI,
S.L.P. 1923,
41185 DODOMA.

Unapojibu tafadhali taja:-

Kumb. Na. AB.307/323/01/ 89 **19 Julai, 2022**

Katibu Tawala wa Mkoa,
Ofisi ya Mkuu wa Mkoa,
S.L.P 3050,
ARUSHA.

Yah: **KIBALI CHA KUFANYA UTAFITI KUHUSU EXPLORING MAASAI CULTURAL INFLUENCE ON MALE YOUTH SEXUAL RISK BEHAVIOR AND THE ROLE OF LEADERSHIP IN LONGIDO DISTRICT, TANZANIA**

Tafadhali rejea somo tajwa hapo juu.

2. Ofisi ya Rais –TAMISEMI imetoa kibali kwa **Bi. Winfrida A. Mitekaro, Mwanafunzi** kutoka ***Adventist University of Africa*** kwa ajili ya kufanya utafiti tajwa katika Halmashauri ya Wilaya ya Longido Mkoani Arusha.

3. Muda wa kufanya utafiti huu ni kati ya mwezi Julai, 2022 na mwezi Septemba, 2022. Ofisi ya Rais -TAMISEMI kwa kushirikiana na Taasisi nyingine za Serikali itafanya ukaguzi wakati wowote kujiridhisha na utekelezaji sahihi wa kibali hiki. Takwimu zitakazokusanywa kutokana na utafiti huu ni kwa ajili ya matumizi ya ndani tu na iwapo zitatakiwa kuchapishwa na kusambazwa kibali kutoka Mamlaka husika kitapaswa kuombwa.

4. Kwa barua hii, tafadhali muelekeze Mkurugenzi wa Halmashauri tajwa ili kutoa ushirikiano utakaohitajika na kukamilisha utafiti huu kama uilivyokusudiwa. Kazi hii isimamiwe na Mtakwimu wa Mkoa na Halmashauri husika na kutoa taarifa ya utekelezaji.

5. Ninakushukuru kwa ushirikiano wako.

Prof. Riziki S. Shemdoe
KATIBU MKUU

kala:- Katibu Mkuu Kiongozi,
Ofisi ya Rais,
IKULU,
1 Barabara ya Julius Nyerere,
Chamwino,
S. L. P. 1102,
40400 DODOMA. *(Aione RSO wa Mkoa wa Arusha).*

Prof. Musa Nyakora, PhD,
Adventist University of Africa,
S. L. P 2500-30100,
NAIROBI. *(Rejea barua yenye Kumb Na. B3114072022)*

Bi. Winfrida A. Mitekaro,
ARUSHA. *(Nakala ya taarifa ya utafiti iwasilishwe Ofisi ya Rais - TAMISEMI na Ofisi husika ya Mkuu wa Mkoa na Halmashauri. Kibali kinaweza kufutwa muda wowote endapo kutakuwa na ukiukwaji wowote au sababu nyingine yoyote)*

Jiandae kuhesabiwa Siku ya Jumanne tarehe 23 Agosti, 2022

APPENDIX R

PERMISSION LETTER FROM LONGIDO DISTRICT

JAMHURI YA MUUNGANO WA TANZANIA
OFISI YA RAIS
TAWALA ZA MIKOA NA SERIKALI ZA MITAA
HALMASHAURI YA WILAYA YA LONGIDO

Unapojibu tafadhali taja:
KUMB NA HW/LONG/U/04/VOL.2/90

06 Julai, 2022

MTENDAJI WA KATA,
KATA YA ENGARENAIBOR,
HALMASHAURI YA WILAYA YA LONGIDO,
S.L.P 84,
LONGIDO

YAH: KIBALI CHA KUFANYA UTAFITI (RESEARCH) KATIKA HALMASHAURI YA WILAYA YA LONGIDO

Tafadhali husika na mada tajwa hapo juu.

1. Ofisi ya Mkurugenzi Mtendaji imepokea barua kutoka kwa Katibu Tawala Mkoa wa Arusha yenye Kumb. Na. FA.132/195/01'Q'/140 ya tarehe 22 Julai, 2022 ikimtambulisha **Ndugu WINFRIDA A. MITEKARO** kutoka Chuo Kikuu cha Advetist, Nairobi ili aweze kufanya utafiti katika Halmashauri ya Wilaya ya Longido (Kata ya Engarenaibor).
2. Utafiti wake unahusu **"Exploring Maasai Cultural Influence on Male Youth Sexual Risk Behaviour and the Role of Leadership"** Utafiti utaanza mwezi Julai 2022 hadi Septemba 2022.
3. Hivyo ninamtambulisha katika Ofisi yako ili uweze kumpa ushirikiano katika utafiti wake kwa kipindi chote atakachikuwa akifanya utafiti.
4. Ninakutakia kazi njema.

Stephen M.S
Kny: Mkurugenzi Mtendaji
HALMASHAURI YA WILAYA LONGIDO

Nakala:
1. Bi. Winfrida A. Mitekaro
   Chuo Kikuu cha Advetist, Nairobi.

S.L.P 84 | 1120 Barabara ya TCA Namanga | 23582 Longido, Arusha
| Simu: +255 (027) 25 39 603/2 | Nukushi: +255 (027) 25 39 603,
Barua pepe: ded@longidodc.go.tz | Tovuti: www.longidodc.go.tz

APPENDIX S

RAPPORT BUILDING IMAGES

Source: Field research 2022

Source: Field research, 2022

APPENDIX T

MAASAI HUT (ENGAJI)

Adopted from Jessica Marteinson Photography

CURRICULUM VITAE

Personal Information
Surname: Mitekaro
Name: Winfrida Aneth
Nationality: Tanzanian
Email: mitekarow@aua.ac.ke

Education

Institution:	Msalato Girls Secondary School, P.O Box 933, Dodoma, Tanzania
Date:	1986 Secondary School Education
Degree:	Secondary School and National Examination Certificate
Institution:	Friedensau Adventist University, An der Ihle 19, 39291Möckern, Germany
Date:	1991-1994
Degree:	BA in Social Work
Institution:	Friedensau Adventist University, An der Ihle 19, 39291Möckern, Germany
Date:	1994-1996
Degree:	MA in Social Work

Relevant Professional Experience

Date:	1/9/2022- Present
Location:	Nairobi, Kenya
Organization	East-Central Africa Division of Seventh-day Adventist
Position:	Family Ministry &Revival and Reformation/Prayer Ministry Coordinator
Date:	1/1/2016-2022
Location:	Nairobi, Kenya
Organization:	East-Central Africa Division of Seventh-day Adventist
Position:	Ministerial spouses, Pastors' Kids, and Prayer Ministries Coordinator
Date:	30/9/2013-2015
Location:	Arusha, Tanzania
Organization:	Northern Tanzania Union Conference of Seventh-day Adventist
Position:	Sabbath School, Women, and Children Ministries director
Date:	1/1/2011-2013
Location:	Arusha, Tanzania
Organization:	Tanzania Union Mission of Seventh-day Adventist
Position:	Sabbath School, Women, and Children Ministries director

Date: 1/1/1998- 31/12/2010
Location: Arusha, Tanzania
Organization: University of Arusha
Position: Lecturer