Introduction: Schistosomaisis is a parasitic disease caused by trematoda worms of the genus Schistosoma. Schistosomaisis is second major parasitic problem of the world effecting 200 million people are at risk to this infestation. In Tanzania, the first cases of schistosomiasis were reported in the early 19th century. Since then, various studies have reported prevalence of up to 100% in some areas.

Objective: Schistosomiasis is still a public health problem in Pemba Island. A survey conducted in Zanzibar in 2008 showed that schistosoma haematobium infection was 13% amongst the total population in Unguja and Pemba respectively (MOH, 2010). If the disease persists in the community it could lead to kidney failure at the age of 45 – 55 years which is a productive age (ibid). Also it will lead to increase morbidity, mortality and eventually causes economic loss to the Nation Objectives of the study; The overall objective of this study was to assess factors influencing persistent transmission of Schistosomiasis heamatobium infection among men aged 18 to 45 years in Wete district – Pemba, Zanzibar. Specifically, the study aimed at determining the influence of water contact behaviors on the transmission of S. haematobium among men aged 18 to 45 years in Wete district, determining the socio economic factors that affect transmission S. haematobium among men aged18 to 45 years in Wete district, assessing Health system factors that influence S. haematobium infection among men aged 18 to 45 years in Wete district.

Methodology: A cross sectional study design was conducted, qualitative and quantitative study of 196 respondents at Kangagani, Kizimbani, Limbani, Bopwe and ole. The study population was men aged 18-45 years. Data collected by using administrative questionnaire and key informant on persistent transmission of schistosoma haematobium among men aged 18 to 45 years.

Results: Few households were less than a kilometer from the water body with 81 (41.3%) responses. 109, 55.6% of the respondents had visited a stream other than the local one within the past 3 months. On activities engaged in, majority did do fishing and swimming with 71 (36.2%) and 51 (26.0%) responses respectively. For activities like swimming 25 (49.0%) of the men spent 1 hour, 3 hours while fishing with 35.2% (25) responses, 10 minutes for those who engaged in bathing 9 (47.4%). Water contact behaviors that showed associations with S. haematobium transmission included distance of water body from household, and the activities in the water. Socio economic factors had a significant influence on transmission of S. haematobium, these were education level, income, and occupation. Few health centers that provide schistosomiasis treated existed in the study area with 17.9% (35) responses. About 49.0% of the respondents admitted they go to the community health centers for schistosomiasis treatment though the rest disagreed.

Conclusion and recommendations: The incidence of S. haematobium in Wete district though has decreased over time is still high, and is related to water contact behavior and socio economic conditions of the people in the district. Few health centers have S. haematobium treatment facilities

in the district. It is recommended that Sensitization of the people to attend health education classes be done to create awareness among them and thus avoid risk behaviorrs that may predispose them from acquiring the infection. More S. haematobium treatment centers should be established all through Wete district to improve access to the services.