

**TANZANIA**

**AND HIV/AIDS**

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**NA UKIMWI**

This booklet, which summarizes key findings on HIV/AIDS, is based on surveys and other studies conducted over the past decade in Tanzania. Major data sources include *Demographic and Health Surveys (1991/92, 1996)*, the *Knowledge, Attitudes, Beliefs and Practices Survey (1989)*, the *Tanzania Knowledge, Attitudes and Practices Survey (1994)*, and the *Reproductive and Child Health Survey (1999)*.

Many people and institutions contributed to these studies and this booklet, including the National Bureau of Statistics, the National AIDS Control Programme, The Tanzania AIDS Commission, USAID/Tanzania, MEASURE DHS+, MEASURE Evaluation, the Population Reference Bureau, and the World Health Organization. More details about the data sources are included on page 34.

Kijitabu hiki, kinachotoa muhtasari wa matokeo muhimu ya Ukimwi, kinatokana na tafiti katika kipindi cha muongo uliopita nchini Tanzania. Vianzo vikuu vya takwimu vilijumuisha utafiti wa *Demographic and Health Surveys (1991/92, 1996)*, the *Knowledge, Attitudes, Beliefs and Practices Survey (1989)*, the *Tanzania Knowledge, Attitudes, and Practices Survey (1994)*, and the *Reproductive and Child Health Survey (1999)*.

Watu wengi na taasisi mbali mbali wamechangia kufanikisha tafiti hizi na kijitabu hiki, wakiwemo Ofisi ya Taifa ya Takwimu, Mpango wa Taifa wa Kudhibiti Ukimwi, Tume ya Taifa ya Kudhibiti Ukimwi, USAID/Tanzania, MEASURE DHS+, MEASURE Evaluation, Population Reference Bureau, na Shirika la Afya Duniani (WHO). Maelezo zaidi yanayohusu vyanzo vya takwimu yamejumuishwa kwenye ukurasa wa 35.



# TANZANIA AND HIV/AIDS

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# TANZANIA NA UKIMWI

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## TANZANIA AND HIV/AIDS

### **HIV/AIDS is the most pressing social and health issue facing Tanzania.**

HIV has spread to all regions of mainland Tanzania and, at a slower rate, to Zanzibar. More than 2 million adults are living with HIV/AIDS. At least one out of nine adults is HIV-positive. Among women attending different antenatal care clinics on the mainland, 9.6 percent tested positive for HIV. Researchers have found even higher levels among blood donors—11 percent tested positive in 2001. Rates of HIV infection in larger towns and cities are often more than three times higher than in rural villages. Several smaller towns or trading centers and roadside settlements have HIV prevalence levels similar to larger towns and cities.

### **Women and young people are especially vulnerable.**

HIV infection levels tend to be higher among women than men. The proportion of adults living with HIV/AIDS who are women is approximately 58 percent. Young women are especially vulnerable for biological, cultural, and social reasons. In general, many Tanzanians with HIV/AIDS—female and male—first became infected during adolescence.

### **AIDS has become the leading cause of death among adults.**

Approximately 140,000 people died of AIDS in 2001 alone. As a result of HIV/AIDS, progress in child survival and life expectancy has been stalled or reversed. Childhood mortality stopped

declining during the second half of the nineties, possibly due to AIDS. The current life expectancy for Tanzania is about 52 years; without AIDS, it would be 64 years.

### **As AIDS-related deaths have increased, the number of orphaned children has grown.**

By the end of the 1990s, an estimated 960,000 children had lost their father, 525,000 had lost their mothers, and 165,000 children had lost both parents. The percentage of children who have lost both parents nearly doubled between 1996 and 1999.

### **AIDS is stressing the country's health systems.**

The health sector feels the impact of AIDS through such direct costs as the expense of medical treatment, supplies, and personnel, and through such indirect costs as falling numbers of medical providers and increased stress on health systems overwhelmed by the epidemic.

### **AIDS is much more than a health crisis.**

Its effects extend to nearly every dimension of social and economic life. AIDS deaths rob employees from the labor force, providers and caregivers from families, and teachers from communities.

In the past decade, some progress has been made: nearly all Tanzanians have heard of AIDS; condom use has risen; and levels of syphilis, a facilitator of HIV

Continued on page 4

## TANZANIA NA UKIMWI

**Ukimwi ni jambo linaloathiri sana masuala ya afya na ya kijamii yanayoikabili Tanzania.**

Ukimwi umesambaa mikoa yote ya Tanzania Bara na kwa kasi ndogo Zanzibar. Zaidi ya watu wazima milioni 2 wanaishi na Ukimwi. Mtu mmoja au zaidi kati ya watu wazima tisa wameshaambukizwa. Kati ya wanawake wanaohudhuria katika kliniki mbalimbali Tanzania Bara kwa ajili ya huduma za kabla ya kujifungua, asilimia 9.6 tayari wameshaambukizwa Ukimwi. Watafiti wamegundua kiwango kikubwa zaidi kati ya waliotoa damu—asilimia 11 waligunduliwa kuwa na Ukimwi mwaka 2001. Viwango vya walioathirika katika miji mikubwa na jiji kwa kawaida ni mara tatu zaidi kuliko vijijini. Miji midogo mingi au vituo vya biashara na makazi yaliyo kando kando ya barabara wana kiwango cha kuathirika na Ukimwi sawa na miji midogo na jiji.

**Wanawake na vijana ndiyo waathirika wakubwa.**

Viwango vya watu walioambukizwa na Virusi vya Ukimwi vinaonekana vikubwa kwa wanawake kuliko wanaume. Watu wazima wanaoishi na Ukimwi ambao ni wanawake inakaribia kuwa asilimia 58. Wanawake vijana ndiyo wanaathirika zaidi kutokana na maumbile ya kibaologia, tabia, na sababu za kijamii. Kwa ujumla, Watanzania wengi wenye Ukimwi—wanawake na wanaume—kwa mara ya kwanza waliambukizwa wakiwa vijana.

**Ukimwi unaongoza kuwa chanzo kikuu cha vifo kwa watu wazima.**

Karibu watu 140,000 wamefariki kwa Ukimwi mwaka 2001 peke yake. Kutokana na Ukimwi, maendeleo ya watoto kuishi au umri wa mtu kuishi baada ya kuzaliwa umebaki pale pale au kinyume cha hapo. Vifo vya watoto vimeacha kupungua katika kipindi cha pili cha miaka ya tisini, inawezekana ikawa imetokana na athari za Ukimwi. Umri wa sasa wa kuishi kwa Mtanzania baada ya kuzaliwa ni miaka 52, ungefikia miaka 64 kama Ukimwi usingekuwepo.

**Kadiri vifo vinavyohusiana na UKIMWI vilipoongezeka, na idadi ya watoto yatima iliongezeka.**

Ilipofikia mwisho wa miaka ya 1990, ilikadiriwa watoto 960,000 walifiwa na baba zao, watoto 525,000 walifiwa na mama zao na watoto 165,000 walifiwa na wazazi wao wote. Asilimia ya watoto waliofiwa na wazazi wote iliongezeka karibu mara mbili kati ya mwaka 1996 na 1999.

**Ukimwi unaathiri mfumo wa afya nchini.**

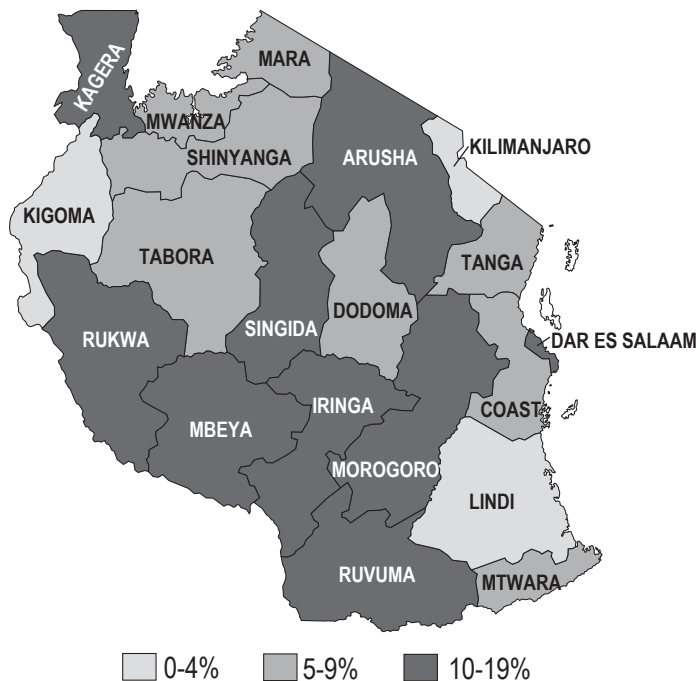
Athari za Ukimwi zimeathiri sekta ya afya kwenye gharama za moja kwa moja kama gharama za matibabu, vifaa na wafanyakazi wa afya, na katika gharama ficho kama kupungua watoa huduma za afya na kuongezeka kwa mzigo katika mfumo mzima wa afya uliozidiwa na mlipuko huo.

Continued from page 2

transmission, have decreased in some settings. Program efforts have demonstrated that different interventions—health education, condom promotion, and voluntary counseling and testing—can be effective against the disease.

Even still, there is major cause for concern. **Many challenges remain ahead in controlling HIV/AIDS.**

**Prevalence of HIV infection among blood donors ages 15 to 24; Mainland regions, 2001**



The prevalence levels among young people reflect new HIV infections. In 2001, researchers found especially high levels of HIV infection among young blood donors in Arusha (15.2 percent), Iringa (15.9 percent), Kagera (18.2 percent), and Morogoro (16.7 percent).

Inatoka ukurasa wa 3

**Ukimwi ni zaidi kuliko matatizo ya afya.**

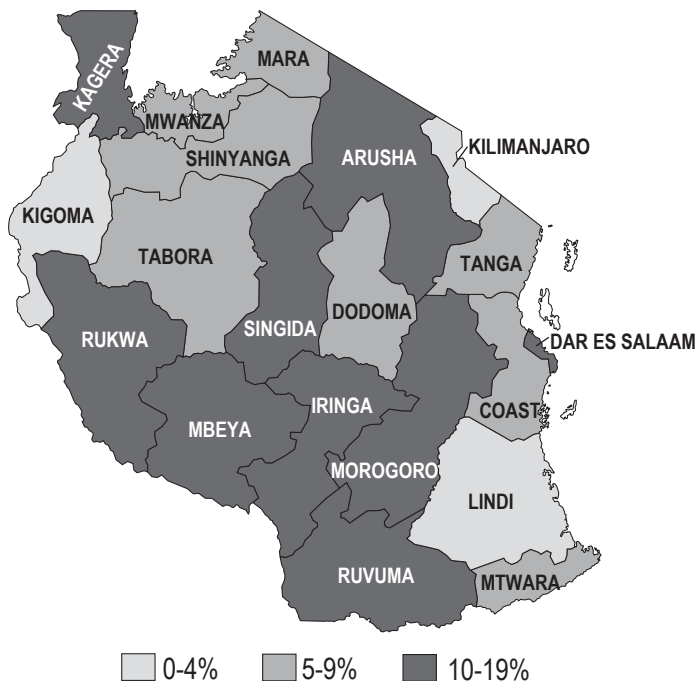
Athari zake zinaenea karibu katika kila nyanja ya maisha ya kijamii na uchumi. Vifo vinavyosababishwa na Ukimwi vinapunguza wafanyakazi kwenye nguvu kazi, watoa huduma na waangalizi wa familia na walimu katika jamii.

Katika muongo uliopita, maendeleo kiasi yamepatikana: karibu Watanzania wote wameusikia Ukimwi; matumizi ya kondomu yameongezeka; kiwango cha ugonjwa wa kaswende ambao unaongeza

uwezekano wa maambukizi ya virusi, kimepunguwa katika baadhi ya maeneo. Juhudi za programu mbali mbali zimeonesha mikakati mbali mbali—elimu ya afya, uhamasishaji wa kondomu na utoaji nasaha wa kujitolea na kupima—vinaweza kuwa njia sahihi za kupambana na ugonjwa.

Hata hivyo, kuna haja kubwa ya kujali. **Changa moto kubwa inabaki mbele yetu juu ya kuudhibiti Ukimwi.**

**Hali ya maambukizi ya Ukimwi katika watu waliotoa damu miaka 15-24, mikoa ya Tanzania bara, 2001**



Viwango vya Ukimwi miongoni mwa vijana vinaonesha maambukizi mapya ya virusi. Katika mwaka 2001, watafiti wameona kwa kipekee maambukizo makubwa ya virusi miongoni mwa vijana waliotoa damu Arusha (asilimia15.2), Iringa (asilimia 15.9), Kagera (asilimia 18.2), na Morogoro (asilimia 16.7).

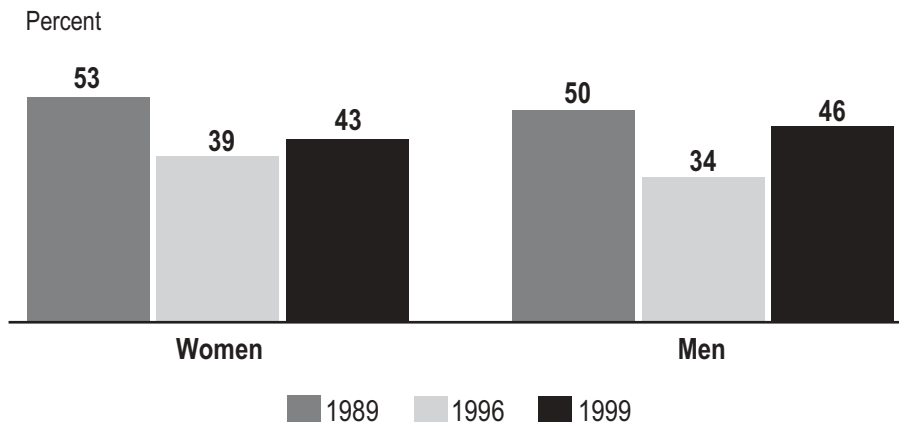
## **AIDS AWARENESS AND ATTITUDES**

- Even though most people have heard of AIDS, knowledge gaps and misconceptions persist.
- Women tend to be less knowledgeable than men and rural residents know less than their urban counterparts.
- Even though most people know someone who has AIDS or who has died of the disease, the majority do not feel at risk of being infected.

### **Most people believe they have no risk of AIDS**

Despite the increasing toll AIDS is taking in Tanzania, only about four in 10 adults feel at risk of the disease. The proportion has not changed much over the past decade. At the same time, most Tanzanians now know someone who is living with HIV or who has died of the disease. Among those who feel at moderate or great risk, most women say the main reason is that their partners have other partners, and most men say it is because they are having sex without using a condom. Among all age groups, the perception of no risk is highest for youth (ages 15-19 years).

### **Women and men who feel at risk of HIV infection, 1989–1999**





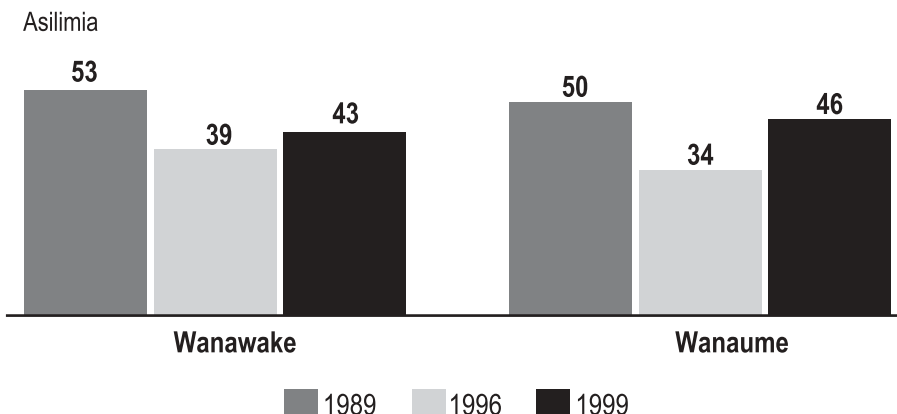
## UELEWAJI NA MTAZAMO WA UKIMWI

- Pamoja na kuwa watu wengi wameusikia Ukimwi, upungufu wa elimu na mitazamo potofu bado vipo.
- Wanawake wanaonekana kutojua kuliko wanaume na wakaaji wa vijijini wanaelewa kidogo kulinganisha na wenzao wanaokaa mijini.
- Ingawa watu wengi wanamjua mtu mwenye Ukimwi au aliyekufa kutokana na Ukimwi, wengi wao hawajisikii kuwa wako katika hatari ya kuambukizwa.

### Watu wengi wanaamini kuwa hawapo kwenye hatari ya kuambukizwa Ukimwi

Ingawa kuna ongezeko la Ukimwi Tanzania, karibu kwa kila watu wazima wanne kati ya 10 wanaohisi kuwa wamo kwenye hatari ya kupata ugonjwa. Kiwango hiki hakijabadilika sana katika muongo uliopita. Wakati huo huo, Watanzania wengi sasa wanamfahamu mtu anaeishi na virusi vya Ukimwi au aliyefariki kwa ugonjwa huo. Kati ya wale wanaohisi kuwa wamo katika hali ya kawaida au hatari kubwa, wanawake wengi wamesema sababu kubwa ni kuwa wapenzi wao wana wapenzi wengine, na wanaume wengi wanasema ni kwa sababu wanafanya mapenzi bila ya kutumia kondomu. Kati ya watu wote, wanaoamini zaidi ya wengine kuwa hawapo kwenye hatari ni vijana (umri wa miaka 15-19).

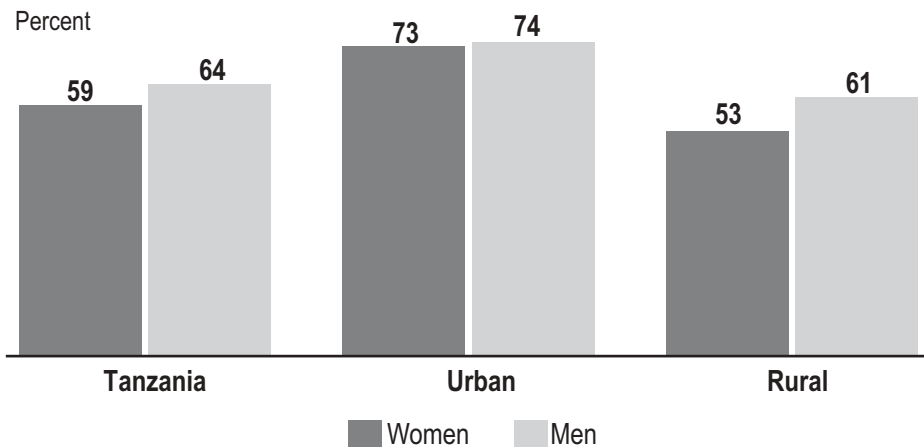
### Wanawake na Wanaume wanaohisi kuwa katika hatari ya kuambukizwa virusi vya Ukimwi, 1989–1999



**Some Tanzanians are not sure that eating with a person with AIDS is safe**

HIV is not transmitted by sharing food or eating utensils with someone who has AIDS. Although many Tanzanians know this, more than one-third of Tanzanians are unsure. This misconception, which could lead to discriminatory behavior toward people with AIDS, is more common among rural residents.

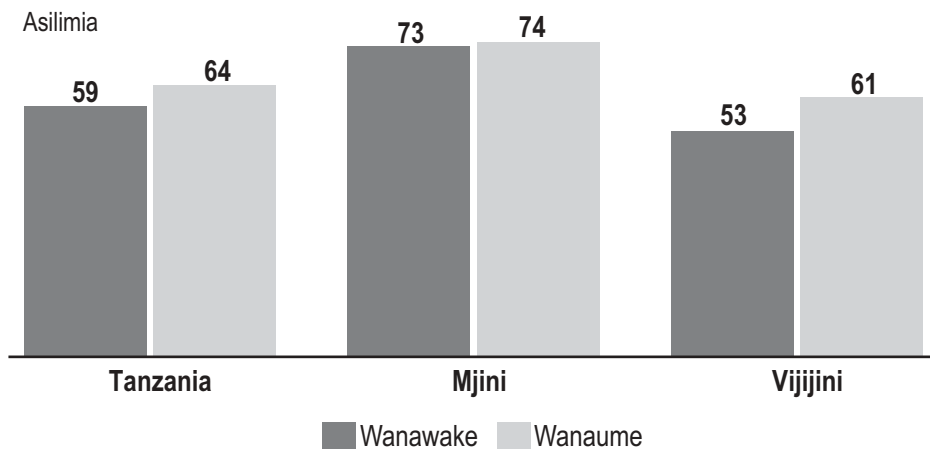
**Knows that HIV cannot be transmitted by sharing food or utensils, by residence, 1999**



## Baadhi ya Watanzania hawana uhakika kuwa kula pamoja na mtu mwenye Ukimwi ni salama

Virusi vya Ukimwi haviambukizwi kwa kula chakula pamoja au kwa kuchangia vyombo vya kulia na mtu mwenye Ukimwi. Ingawa Watanzania wengi wanalijua hili, zaidi ya theluthi moja ya Watanzania hawana uhakika. Mtazamo huu potofu, unaoweza kusababisha tabia ya kuwabaguwa watu wenye Ukimwi, imeenea zaidi miongoni ya wakaazi wa vijijini.

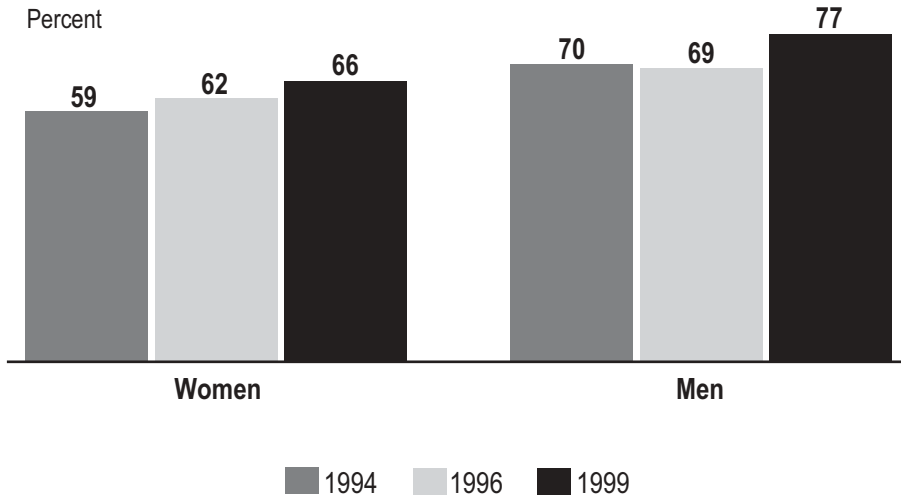
## Wanajuwa kuwa Ukimwi hauwezi kuambukizwa kwa kula pamoja au kuchangia vyombo vya kulia, kwa maeneo ya kuishi, 1999



### Most agree that condom use reduces the risk of HIV infection

AIDS awareness has improved over the past decade, and many know that condom use can reduce the risk of sexual transmission of HIV. Even still, nearly one-third of women and one-fourth of men do not think condom use can reduce the risk of HIV infection.

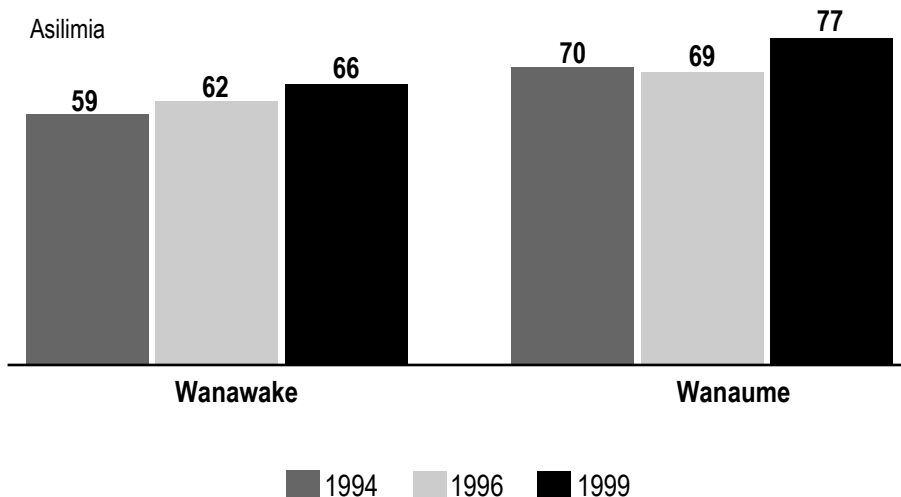
#### Agrees that you can avoid AIDS by always using a condom, 1994–1999



## Wengi wanakubali kuwa matumizi ya kondomu yanapunguza hatari ya kuambukizwa virusi vya Ukimwi.

Uelewaji juu ya Ukimwi umeongezeka katika mwongo uliopita, na watu wengi wanajua kwamba matumizi ya kondomu yanaweza kupunguza uwezekano wa maambukizi ya virusi vya Ukimwi kwa njia ya kujamiiana. Lakini pamoja na hili, karibu theluthi moja ya wanawake na robo ya wanaume hawaamini kama kweli yanaweza.

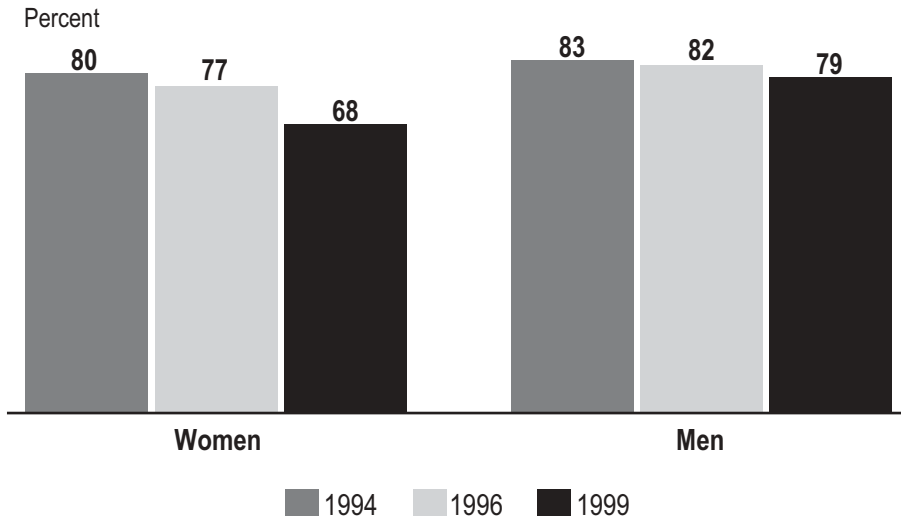
### Wanakubali kuwa unaweza kuzuia Ukimwi kwa kutumia kondomu wakati wote, 1994–1999



### **Women are less confident about preventive measures such as sticking to one faithful partner**

Sticking to one faithful partner is another strategy to reduce the risk of HIV/AIDS. Women are less likely than men to agree that sticking to one faithful partner confers protection against the disease. The percentage of women perceiving this as a preventive measure has declined since the mid-1990s. This may be because women believe they are at risk from the behavior of their partners, which is often beyond their control.

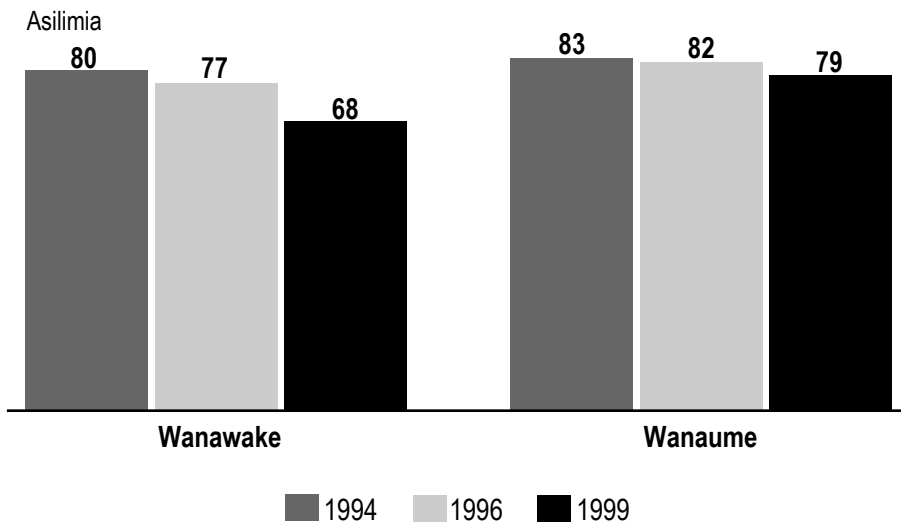
#### **Agrees that you can avoid AIDS by sticking to one faithful partner, 1994–1999**



## Wanawake hawajiamini sana kuhusiana na njia za kuzuia maambukizi kama vile kuwa na mpenzi mmoja mwaminifu.

Kuwa na mpenzi mmoja mwaminifu ni mkakati mwingine wa kupunguza uwezekano wa maambukizi ya Ukimwi. Wanawake wana mwelekeo mdogo wa kukubali kuliko wanaume kwamba kuwa na mpenzi mmoja mwaminifu ni kinga dhidi ya ugonjwa. Asilimia ya wanawake wanaouchukulia mtazamo huu kama kinga imepungua kuanzia katikati ya miaka ya 1990. Hii pengine inaweza kusababishwa na tabia za wapenzi wao, ambao mara nyingi iko juu ya uwezo wao kuweza kuizuia.

### Wanakubali kwamba unaweza kuepokana na Ukimwi kwa kuwa na mpenzi mmoja mwaminifu, 1994–1999



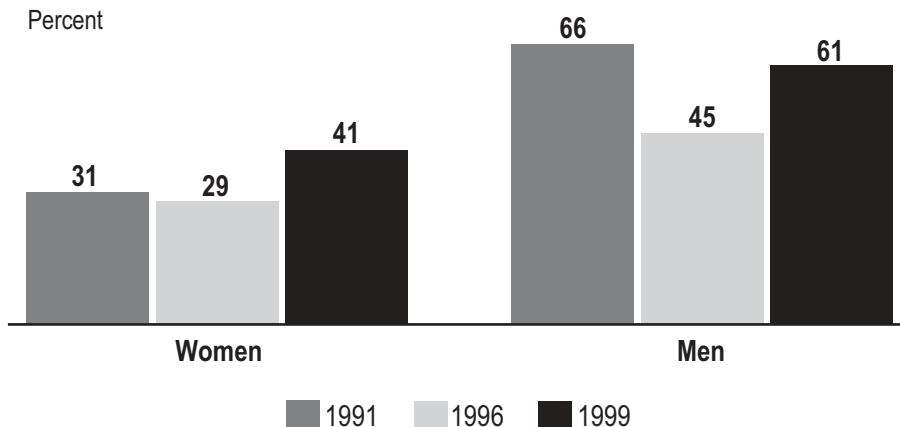
## SEXUAL BEHAVIOR

- Sexual activity among youth is common and has not declined over the past decade.
- Sexual behaviors that increase vulnerability to HIV are common.
- Interventions such as health education, condom promotion, and voluntary testing and counseling can affect sexual behavior.

### Premarital sex is common and there is little evidence of a decline

Delay of sexual debut is a key intervention in the AIDS prevention program. Survey data from 1999 indicate that most young men and about four in 10 women had premarital sex. The age at first sex has not changed much between 1991 and 1999. Women typically first have sex at age 16 or 17, and then marry about two years later.

#### Single women and men 15-24 who had premarital sex in the past year, 1991–1999





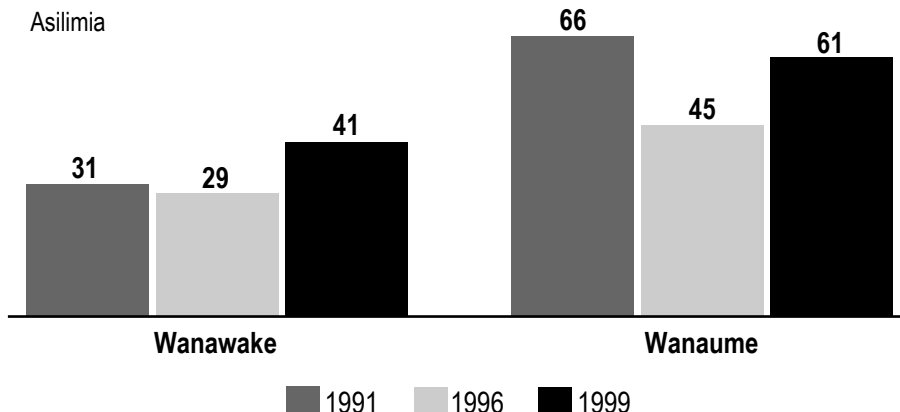
## TABIA YA KUJAMIIANA

- Kitendo cha kujamiiana kwa vijana ni cha kawaida na hakijaonyesha kupungua katika muongo uliopita.
- Tabia za kujamiiana zinazooonzeza uwezekano wa kuambukizwa Ukimwi zimekuwa za kawaida.
- Hatua kama elimu ya Afya, uhamasishaji wa matumizi ya kondomu, upimaji wa hiari na ushauri nasaha zinaweza kusaidia kubadili tabia za kujamiiana.

### Kufanya ngono kabla ya ndoa ni kawaida na inaonyesha kwamba inaendelea hivi

Kuahirisha kufanya ngono kwa mara ya kwanza ni hatua muhimu katika programu ya kupunguza Ukimwi. Takwimu kutoka kwenye utafiti 1999 zinaonesha kuwa vijana wengi wa kiume na karibu vijana wa kike wanne kati ya 10 wamefanya ngono kabla ya ndoa. Umri wa kufanya ngono kwa mara ya kwanza haujabadilika sana kati ya mwaka 1991 na 1999. Wanawake kwa kawaida wanafanya ngono kwa mara ya kwanza wakiwa na umri wa miaka 16 au 17, na huolewa karibu miaka miwili baadaye.

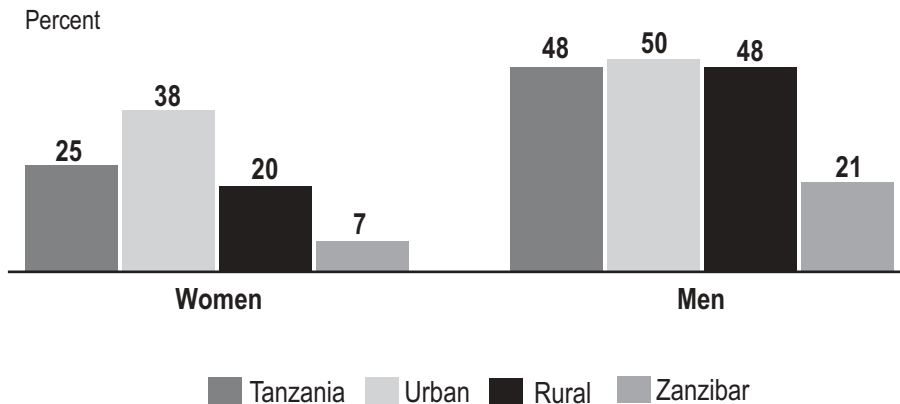
### Wanawake wasioolewa na wanaume wasiooa miaka 15-24 waliofanya ngono kabla ya ndoa mwaka mmoja uliopita, 1991–1999



## Nearly half of men have had one or more casual sexual partners

Most HIV infections in Tanzania are acquired through sexual contact. Having multiple sexual partners increases the risk of getting HIV. Despite this, nearly half of men and one-fourth of women reported having sex with one or more casual or non-regular (non-marital or non-cohabitating) partners in 1999. More urban than rural women reported having non-regular partners. Casual partners are relatively rare in Zanzibar.

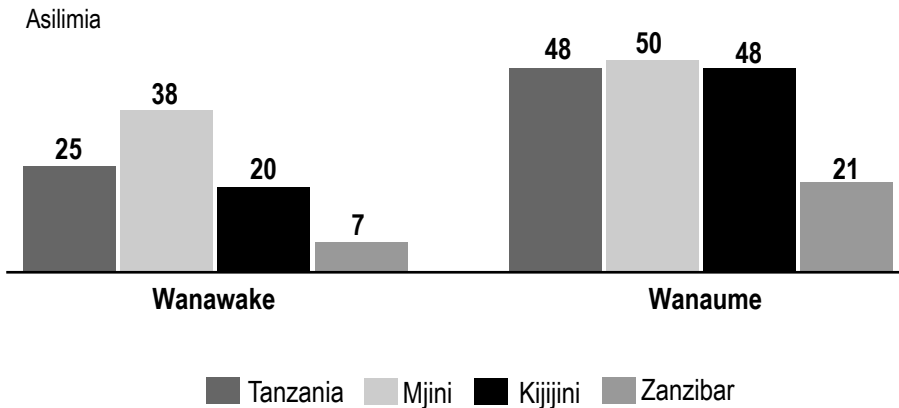
### Had one or more casual sexual partner in the past year, 1999



## Karibu nusu ya wanaume walikuwa na mpenzi mmoja au zaidi

Maambukizi mengi ya Ukimwi yanatokana na matendo ya kujamiiana. Kuwa na wapenzi wengi kunaongeza hatari ya maambukizi ya ukimwi. Pamoja na hatari hii, karibu nusu ya wanaume na robo ya wanawake wameripoti kujamiiana na mpenzi mmoja au zaidi wa asiye wa kawaida, yaani ni rafiki wa mara kwa mara asiye wa ndoa au asiyeishi pamoja kama mume na mke mwaka 1999. Wanawake zaidi wanaoishi mjini kuliko wa vijijini walisema wamejamiiana na wapenzi wasio wa kawaida. Wapenzi wasio wa kawaida ni wachache zaidi huko Zanzibar.

### Waliojamiiana na rafiki wa mara kwa mara mmoja au zaidi katika mwaka mmoja uliopita, 1999



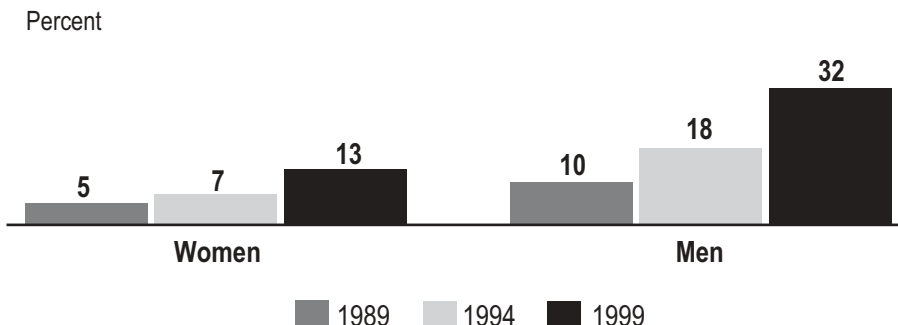
## CONDOM USE AND ATTITUDES

- Despite knowledge about condoms and their ability to prevent disease, use is not high.
- Condom use for sexual relations outside marriage is higher.
- Gaps in knowledge and negative attitudes may hinder efforts to increase condom use.

### One-third of sexually active men have used a condom at some point in their lives

Consistent use of condoms is an effective way to avoid HIV/AIDS. Over the past decade, more sexually active women and men report that they have ever used a condom. Although condom use is rising, most couples still have unprotected sex. Nearly 90 percent of women and 70 percent of men have never tried a condom.

### Women and men who have ever used a condom, 1989–1999



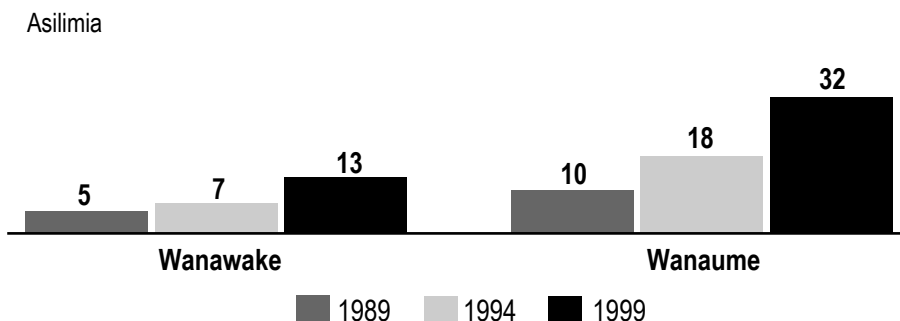
## MATUMIZI NA MITAZAMO KUHUSU KONDOMU

- Licha ya kuwa na elimu kuhusu matumizi ya kondomu na uwezo wake wa kuzuia magonjwa, matumizi ya kondomu bado yako chini.
- Matumizi ya kondomu kwa tendo la ngono nje ya ndoa yako juu.
- Mapengo katika ujuzi na mitazamo potofu yaweza kukwamisha juhudi za kuongeza matumizi ya kondomu.

### Theluthi moja wanaume ambao ni rijali wamewahi kutumia kondomu

Matumizi makini ya kondomu ni njia sahihi ya kuzuia Ukimwi. Katika muongo uliopita, wanawake na wanaume zaidi ambao ni rijali waliripoti kuwa walitumia kondomu. Ingawa matumizi ya kondomu yanaongezeka, bado wengi walioana au wapenzi wanajamiiana bila kinga yoyote. Karibu asilimia 90 ya wanawake na asilimia 70 ya wanaume hawajwahi kutumia kondomu.

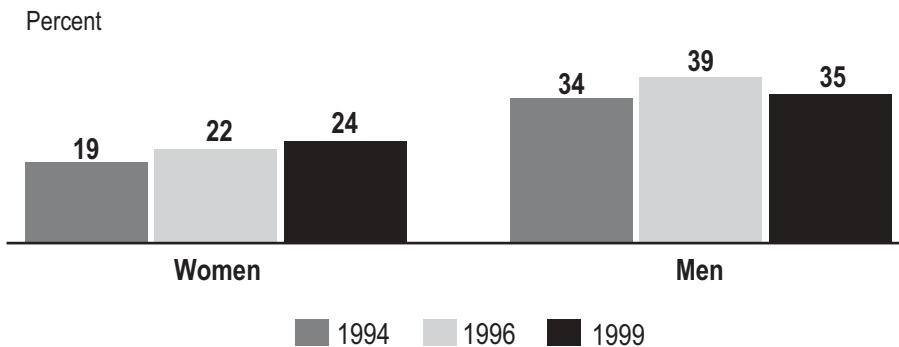
### Wanawake na wanaume ambao wamewahi kutumia kondomu, 1989–1999



### Condom use is more common with casual or non-regular partners

About one-fourth of women and one-third of men reported using a condom during last sex with a casual partner. These include people with whom the individual had sex, but who were not spouses or live-in partners. During the nineties, there was no overall change in the proportions of men who reported using a condom with non-regular partners, and very little change among women.

#### Used a condom during last sex with a casual partner, 1994–1999

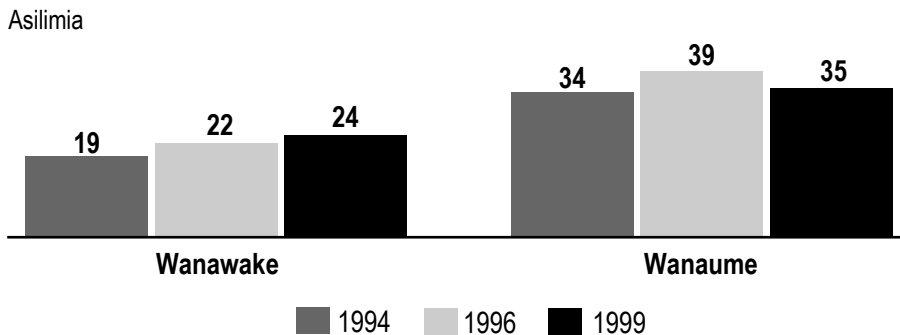


\*Based on individuals who had at least one non-regular partner who have also heard of condoms. Casual partners are those with whom the individual had sex, but who were not spouses or in cohabiting unions.

## Matumizi ya kondomu ni zaidi kwa wapenzi wasio wa kawaida, yaani marafiki wa mara kwa mara

Karibu robo ya wanawake na thuluthi moja ya wanaume waliripoti kuwa walitumia kondomu wakati walipojamiiana mara ya mwisho na rafiki wa mara kwa mara, yaani ni rafiki asiye wa ndoa au asiyeishi pamoja kama mume na mke. Katika miaka ya tisini, hakukuwa na mabadiliko ya ujumla ya sehemu ya wanaume ambao waliripoti kuwa walitumia kondomu na rafiki wa mara kwa mara na kulikuwa na mabadiliko kidogo sana kwa miongoni mwa wanawake.

### Matumizi ya kondomu wakati wa mwisho wa kujamiiana na rafiki wa mara kwa mara, 1994–1999

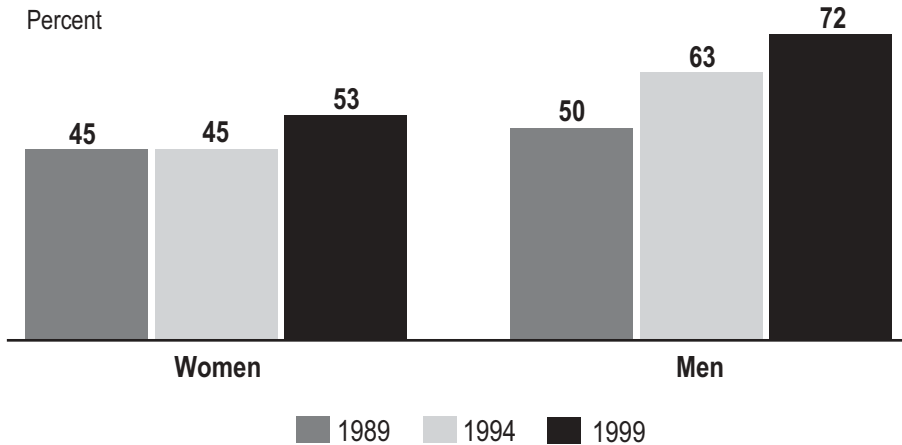


\*Inahusu watu binafsi ambao walikuwa na rafiki mmoja au zaidi ambaye siyo wa kawaida na alikwisha sikia kuhusu kondomu.

### Knowledge of where to obtain condoms has risen steadily among men

Despite rising awareness, nearly 30 percent of men and half of women still do not know where to obtain a condom. This may be a factor hindering greater condom use.

Knows where to get condoms, 1989–1999

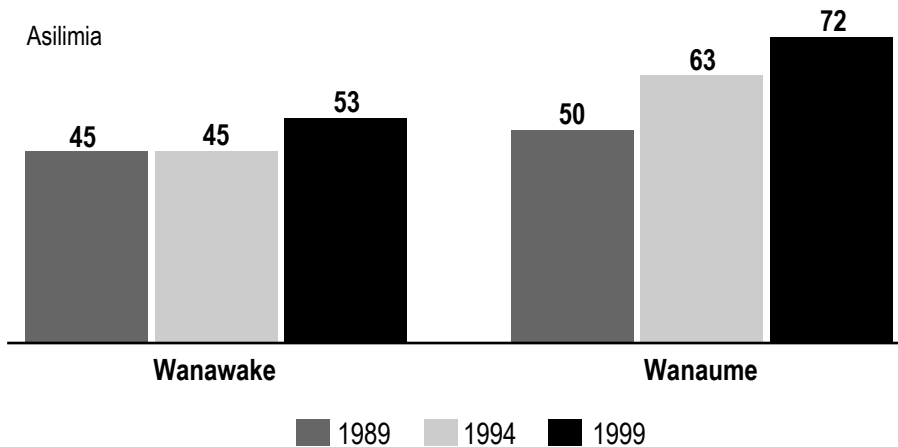




## Ufahamu wa mahali zinapokatikana kondomu umeongezeka miongoni mwa wanaume

Licha na kuongezeka kwa uelewaji, karibu asilimia 30 ya wanaume na nusu ya wanawake bado hawaelewi mahali wanapoweza kupata kondomu. Hii inaweza kuwa ni sababu inayokwamisha matumizi makubwa ya kondomu.

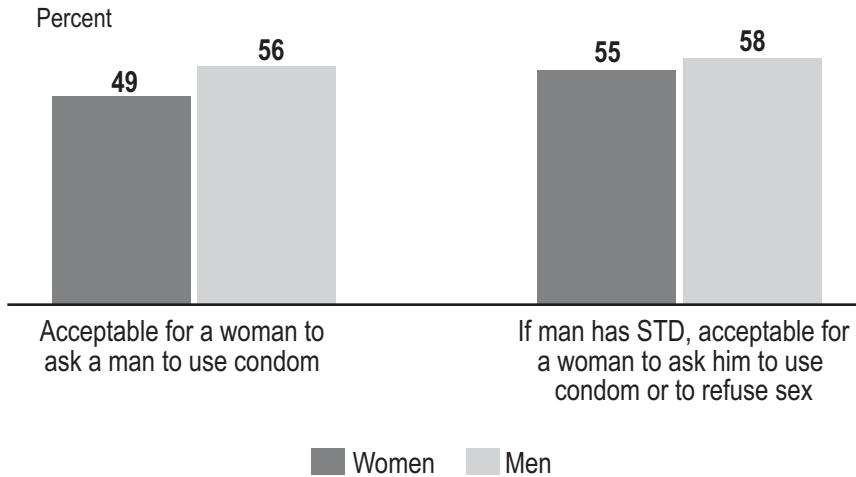
### Wanafahamu mahali pa kupata kondomu, 1989–1999



### Only half of women believe it is acceptable to ask a man to use a condom

Negative attitudes toward condoms might prevent greater use. Many men and women still believe it is not right for a woman to request a man to use a condom—even if that man has an STD.

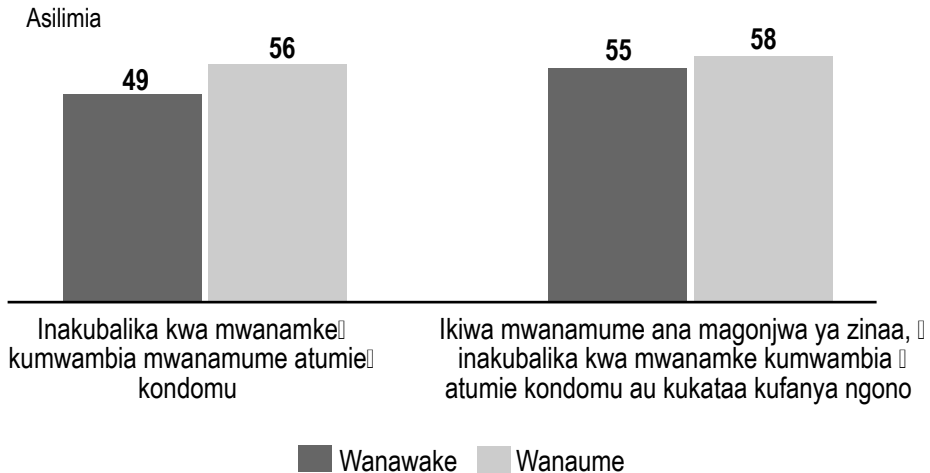
Acceptability of condom use, 1999



## Nusu tu ya wanawake wanaamini kuwa inakubalika kumwambia mwanamume atumie kondomu

Mtazamo potofu juu ya kondomu unaweza kuzuia matumizi makubwa. Wanaume na wanawake bado wanaamini kuwa si sahihi kwa mwanamke kumwomba mwanamume kutumia kondomu—hata kama mwanamume huyo anaugua ugonjwa wa zinaa.

### Kukubalika kwa matumizi ya kondomu, 1999



## **VARIOUS INTERVENTIONS CAN CHANGE SEXUAL BEHAVIOR TO PREVENT HIV/AIDS**

### **Health education and condom promotion can convince people to have fewer sex partners**

One study in the early 1990s showed that factory workers exposed to various prevention activities reported fewer multiple partners over a two-year period, from 22 percent to 12 percent. Similarly, a decrease occurred in the proportion of men reporting casual partners, from 10 percent to 5 percent. These changes were partly attributed to moderately intensive interventions, primarily health education and condom promotion.

### **Voluntary counseling and testing can increase condom use**

A recent study in Dar es Salaam demonstrated that after voluntary counseling and testing, fewer couples and individuals reported having unprotected sex. Two months after testing, the percentage of couples reporting unprotected intercourse dropped from 77 percent to 58 percent among men and from 80 percent to 63 percent among women. Individuals who received voluntary counseling and testing services were also less likely to engage in unprotected intercourse with non-primary partners than those who received only health information.

## HATUA MBALIMBALI ZINAZOWEZA KUBADILI TABIA YA KUJAMIIANA ILI KUZUIA UKIMWI

### Elimu ya Afya na uhamasishaji wa matumizi ya kondomu yanaweza kuwashawishi watu kuwa na wapenzi wachache

Utafiti mmoja katika miaka ya mwanzo ya 1990 ulionesha kuwa wafanyakazi wa kiwandani waliohamasishwa kutumia njia mbalimbali za kujikinga na maambukizi, waliripoti kuwa na wapenzi wachache katika kipindi cha zaidi ya miaka miwili ambao walipungua kutoka asilimia 22 mpaka asilimia 12. Vilevile, kupungua huko kulitokea katika sehemu ya wanaume waliripoti kuwa na marafiki wa mara kwa mara kutoka asilimia 10 mpaka asilimia 5. Mabadiliko haya kwa kiasi fulani yalisababishwa na hatua nzito na za wastani zilizohusisha hasahasa elimu ya afya na uhamasishaji wa matumizi ya kondomu.

### Ushauri nasha na kupima kwa hiari yanaweza kuongeza matumizi ya kondomu

Utafiti wa hivi karibuni uliofanyika Dar es Salaam ulionyesha kuwa baada ya kupata ushauri nasaha za kujitolea na kupima watu wachache zaidi waliripoti kuwa walifanya ngono bila kutumia kinga yoyote. Miezi miwili baada ya kupima, asilimia ya kufanya ngono bila kinga yoyote ya wale waliooana au ya wale wanaoishi pamoja kama mume na mke ilishuka kutoka 77 mpaka 58 kwa wanaume na vilevile asilimia hiyo ilishuka kutoka 80 hadi 63 kwa wanawake. Miongoni mwa watu ambao walipata shauri nasaha na kupata huduma za kupimwa kwa hiari walionyesha kutokuwa tayari kufanya ngono bila kinga na watu wasiokuwa wapenzi wa ndoa ukilinganisha na wale waliopata elimu ya afya tu.

### WHAT CAN BE DONE?

In countries where HIV prevalence has declined, three major changes in sexual behaviour often have taken place. These changes include an increase in the age of sexual debut, a reduction in the number of sexual partners, and an increased use of condoms in risky encounters. Although condom use has increased in Tanzania, the data indicate that there are major challenges ahead: there has been little or no change in the age when young people first have sex and casual sex partners are still relatively common.

#### **Encourage young people to postpone their first sexual experience**

Educational and behavior change programs need to encourage young people to abstain from sexual relations until they are adults. HIV/AIDS education for youth might be broadened to include sexuality, relationships, and gender roles to better prepare them for a healthy adulthood.

#### **Expand programs with a demonstrated impact on sexual behavior**

A number of interventions can influence sexual behavior. Health education and condom promotion interventions can convince people to reduce their number of sexual partners. Voluntary counseling and testing programs have yielded promising results in convincing people to use condoms.

#### **Intensify efforts to address the knowledge-behavior gap**

Despite increased awareness, many have multiple partners and unprotected sex. One study among sex workers, for example, found that many are using condoms in short-term relationships, but not long-term relationships, which are also “risky.” To address the knowledge-behavior gap, individuals need to be educated as to their risks and vulnerability and given the skills needed to practice safer sex. When information is insufficient, programs need to identify and meet the needs for new skills and resources for behavior change.

#### **Strengthen the ability of young women to protect themselves from HIV/AIDS**

HIV infection levels are higher among women than men, and young women are particularly vulnerable. Many are at a disadvantage in negotiating condom use or the fidelity of their partner. Interventions need to address the social norms that limit their role in sexual decisionmaking, and provide them with the skills to practice safer sex.

Continued on page 30

## NINI KINACHOWEZA KUFANYIKA?

Kwenye nchi ambako ukimwi umepungua, mabadiliko makuu matatu katika tabia za kujamiiana yamefanyika. Mabadiliko haya yakiwemo kuongezeka kwa umri wa kufanya ngono kwa mara ya kwanza, kupungua kwa idadi ya wapenzi na kuongezeka kutumia kondomu kwenye makutano yasiyo salama. Ingawa utumiaji wa kondomu umeongezeka Tanzania, takwimu zinaonyesha kuwa kuna changamoto mbele yetu: kuna mabadiliko madogo au hakuna kwa vijana kufanya ngono kwa mara ya kwanza na ngono kwa biashara bado ni jambo la kawaida.

**Kuwashawishi vijana kuahirisha kufanya ngono kwa mara ya kwanza**  
Programu za elimu na tabia zinahitajika kuwahimiza vijana kuacha kufanya ngono hadi watakapokuwa wakubwa. Elimu ya Ukimwi kwa vijana inaweza kupanuliwa kujumuisha mapenzi, uhusiano na jinsia kwa ajili ya kuwatayarisha vizuri kwa maisha ya ukubwani yenye afya.

**Kuzipanua programu ambazo zina mifano hai inayohusu tabia za mapenzi**  
Njia nyingi za kupambana na Ukimwi zinaweza kuchangia tabia mbaya ya mapenzi. Elimu ya afya na utiaji mkazo wa matumizi ya kondomu vinaweza kuwashawishi watu kupunguza idadi ya wapenzi. Programu za ushauri nasaha wa kujitolea na kupima zimetoea matokeo mazuri ya kuweza kuwashawishi watu kutumia mpira wa baba mama.

### **Kuongeza juhudi ili kuelezea pengo lililopo kati ya uelewa na tabia**

Ingawa kuna ongezeko la kuelewa, wengi wana wapenzi zaidi ya mmoja na wanafanya mapenzi bila ya kutumia njia salama. Utafiti mmoja uliohusu malaya, kwa mfano, umeonyesha kuwa wengi wao wanatumia kondomu kwa mapenzi ya muda mfupi, lakini siyo kwa mapenzi ya muda mrefu, ambayo pia ni “hatari”. Ili kuliongelea suala la mapungufu ya tabia ya kuelewa, kila mmoja anahitajika kuelimika kuhusu hatari na kuwa kwenye hali ya kuwa kwenye matatizo wanahitajika kupewa ujuzi ili waweze kutumia njia salama. Ikiwa tarifa hazitoshelezi, programu zinahitaji kutambua na kutosheleza matakwa ya ujuzi mpya na nyenzo kwa ajili ya mabadiliko ya tabia.

### **Kuimarisha uwezo wa vijana wa kike kujikinga ili wasiambukizwe virusi vya Ukimwi**

Kiwango cha maambukizo ya ugonjwa wa Ukimwi kiko juu kwa wanawake kuliko wanaume, na wanawake vijana ndiyo waathirika zaidi. Wengi wapo kwenye matatizo ya kujadili matumizi ya kondomu au mambo ya mumewe. Miradi inahitaji kuzungumzia tabia za kijamii na kuishia kwenye maamuzi ya kufanya ngono na kuwapatia ujuzi wa kufanya mapenzi salama.

Continued from page 28

### **Encourage young men to use condoms and stick to one partner**

Men tend to spend a longer time single and sexually active than young women. Men typically initiate sexual activity at ages 16 or 17, but marry around ages 24 or 25, considerably later than women. Although condom use is rising among men, many still have unprotected sex and multiple partners. Efforts need to increase condom demand and use, and encourage men to avoid casual or multiple partners.

### **Address misconceptions on HIV/AIDS, especially among rural residents**

Although knowledge has improved over the past decade, misconceptions persist. In general, rural residents are much less knowledgeable than urban residents, and the urban-rural knowledge gap has not changed much over time. Media and other communication efforts need to be intensified, and target people in rural areas.

### **Provide services for HIV/AIDS orphans**

Children who have lost one or both parents to HIV/AIDS often have special needs. School dropout is common. As the number of orphans increases, intensified efforts should focus on keeping orphans in school, and addressing their nutritional, developmental, and financial needs.



Inatoka ukurasa 29

### **Kushawishi vijana wa kiume kutumia kondomu na kuwa na mpenzi mmoja mwaminifu**

Wanaume wana tabia ya kutumia muda mrefu kwa tendo moja la ngono na wana nguvu kuliko vijana wa kike. Wanaume wana kawaida ya kushawishi ngono wakiwa na umri wa miaka 16 au 17, lakini wanao wakiwa na umri wa miaka 24 au 25, ni mbele zaidi ya wanawake. Ingawa matumizi ya kondomu kwa wanaume, wengi wao bado hawatumii njia salama na wana wapenzi wengi. Juhudi zinahitajika ili kuongeza mahitaji na matumizi ya kondomu, na kuwashawishi wanaume kuacha kufanya mapenzi na malaya au wanawake wengi.

### **Kukabiliana na imani potofu kuhusu Ukimwi, hasa kwa watu wa vijijini**

Ingawa kuelewa kumeongezeka katika muongo mmoja uliopita, Uelewa potofu bado upo. Kwa ujumla, wanaoishi vijijini uelewa wao bado finyu kulinganisha na wanaoishi mijini na pengo lililopo kati ya wanaoishi mjini na vijijini halijabadilika kwa muda wote. Juhudi za vyombo vya habari na vya mawasiliano zinahitaji kuimarishwa na kulenga maeneo ya vijijini.

### **Kutoa huduma kwa yatima wa Ukimwi**

Watoto waliopoteza mzazi mmoja au wote kwa ajili ya Ukimwi mara nyingi wana mahitaji ya kipekee. Wanaoacha shule ni jambo la kawaida. Kila idadi ya yatima inavyoongezeka, Juhudi zinahitajika kulenga kwenye kutunza yatima wabaki shuleni na kuwapatia lishe, maendeleo na mahitaji ya fedha.

## APPENDIX

DATA TABLE

	Tanzania				Urban mainland				Rural mainland				Zanzibar		
	1991	1994	1996	1999	1991	1994	1996	1999	1991	1994	1996	1999	1991	1996	1999
<b>Feel they are at risk for HIV transmission (%)</b>															
Women	na	40	39	43	na	50	42	49	na	37	38	42	na	20	33
Men	na	37	34	46	na	39	40	50	na	37	33	45	na	20	36
<b>Agrees that HIV can be avoided by using a condom (%)</b>															
Women	na	59	62	66	na	72	80	80	na	55	58	60	na	54	59
Men	na	70	69	77	na	80	80	86	na	67	67	74	na	33	67
<b>Agrees that HIV can be avoided by sticking to one partner (%)</b>															
Women	na	80	77	68	na	87	87	77	na	78	74	64	na	72	79
Men	na	83	82	79	na	88	89	84	na	81	79	76	na	90	83
<b>Knows that HIV cannot be transmitted by sharing food or utensils (%)</b>															
Women	70	72	57	59	79	82	70	73	66	69	53	53	83	64	62
Men	69	73	61	64	84	79	70	74	63	72	58	61	68	53	64
<b>Knows HIV infected person can appear healthy (%)</b>															
Women	57	67	68	69	72	85	85	86	52	61	64	63	57	57	75
Men	66	78	78	77	76	89	90	91	62	74	74	72	77	89	82
<b>Had premarital sex during past year (never-married 15-24) (%)</b>															
Women	31	28	29	41	39	36	39	49	29	24	25	35	2	1.6	3
Men	66	61	45	61	72	66	53	66	64	58	42	56	9	11	15
<b>Had one or more non-regular partners in the past year (%)</b>															
Women	na	6	4	25	na	8	6	38	na	6	3	20	na	1	7
Men	na	25	20	48	na	30	25	50	na	25	19	48	na	12	21
<b>Knows where to get condoms (%)</b>															
Women	45	45	46	53	64	70	67	75	39	37	40	45	49	37	41
Men	58	63	69	72	70	81	85	89	54	57	64	67	50	66	48
<b>Has ever used condoms (%)</b>															
Women	4	7	12	13	10	13	25	22	2	4	9	9	2	6	5
Men	17	18	34	32	26	26	49	45	14	15	30	27	8	8	18
<b>Used condoms during last sex with non-regular partner (%)</b>															
Women	na	19	22	24	na	29	37	34	na	15	13	17	na	17	9
Men	na	34	39	35	na	45	52	56	na	31	34	28	na	0	32

## KIAMBATANISHO

## JEDWALI LA TAKWIMU

	Tanzania				Mijini Tanzania Bara				Vijijini Tanzania Bara				Zanzibar		
	1991	1994	1996	1999	1991	1994	1996	1999	1991	1994	1996	1999	1991	1996	1999
<b>Wanahisi kuwa katika hatari ya kuambukizwa virusi vya Ukimwi (%)</b>															
Women	na	40	39	43	na	50	42	49	na	37	38	42	na	20	33
Men	na	37	34	46	na	39	40	50	na	37	33	45	na	20	36
<b>Wanakubali kuwa Ukimwi unaweza kuepukika kwa kutumia kondomu (%)</b>															
Wanawake	na	59	62	66	na	72	80	80	na	55	58	60	na	54	59
Wanaume	na	70	69	77	na	80	80	86	na	67	67	74	na	33	67
<b>Wanakubali kuwa Ukimwi unaweza kuepukika kwa kuwa na mpenzi mmoja (%)</b>															
Wanawake	na	80	77	68	na	87	87	77	na	78	74	64	na	72	79
Wanaume	na	83	82	79	na	88	89	84	na	81	79	76	na	90	83
<b>Wanajua kuwa Ukimwi hauwezi kuambukizwa kwa kula chakula pamoja au kuchangia vyombo (%)</b>															
Wanawake	70	72	57	59	79	82	70	73	66	69	53	53	83	64	62
Wanaume	69	73	61	64	84	79	70	74	63	72	58	61	68	53	64
<b>Wanajua kuwa mtu aliyeambukizwa anaweza kuonekana na afya nzuri (%)</b>															
Wanawake	57	67	68	69	72	85	85	86	52	61	64	63	57	57	75
Wanaume	66	78	78	77	76	89	90	91	62	74	74	72	77	89	82
<b>Walifanya ngono kabla ya ndoa mwaka mmoja uliopita (hajaoa/hajaole wa miaka 15-24) (%)</b>															
Wanawake	31	28	29	41	39	36	39	49	29	24	25	35	2	1.6	3
Wanaume	66	61	45	61	72	66	53	66	64	58	42	56	9	11	15
<b>Walijamiiana na rafiki mmoja au zaidi wasiyokuwa wa kawaida mwaka mmoja uliopita (%)</b>															
Wanawake	na	6	4	25	na	8	6	38	na	6	3	20	na	1	7
Wanaume	na	25	20	48	na	30	25	50	na	25	19	48	na	12	21
<b>Wanajua wapi watapata kondomu (%)</b>															
Wanawake	45	45	46	53	64	70	67	75	39	37	40	45	49	37	41
Wanaume	58	63	69	72	70	81	85	89	54	57	64	67	50	66	48
<b>Wameshawahi kutumia kondomu (%)</b>															
Wanawake	4	7	12	13	10	13	25	22	2	4	9	9	2	6	5
Wanaume	17	18	34	32	26	26	49	45	14	15	30	27	8	8	18
<b>Walitumia kondomu walipojamiiana mara ya mwisho na mpenzi asiye wa kawaida (%)</b>															
Wanawake	na	19	22	24	na	29	37	34	na	15	13	17	na	17	9
Wanaume	na	34	39	35	na	45	52	56	na	31	34	28	na	0	32

## SOURCES

This booklet is based primarily on the report *AIDS in Africa During the Nineties: Tanzania*. Full citation: MEASURE; National AIDS Control Programme, Tanzania; and Bureau of Statistics, Tanzania. *AIDS in Africa During the Nineties: Tanzania*. Carolina Population Center, University of North Carolina at Chapel Hill, 2001.

### National data sources for AIDS-related knowledge and sexual behavior indicators

Year	Data Source	Notes	Sample Details	
			Number of Men	Number of Women
1989/1990	World Health Organization's Knowledge, Attitudes, Beliefs and Practices Survey	Zanzibar not included	1,511	2,341
1991/1992	Demographic and Health Survey		2,114	9,238
1994	Tanzania Knowledge, Attitudes and Practices Survey	Zanzibar not included	2,097	4,225
1996	Demographic and Health Survey		2,256	8,120
1999	Reproductive and Child Health Survey		3,812	4,144

### Other sources

Ministry of Health, *National AIDS Control Programme HIV/AIDS/STI Surveillance Report*, Tanzania Mainland, January-December 2001 (Dar es Salaam, Tanzania: Ministry of Health).

National AIDS Control Programme, *Improved HIV/AIDS and Syphilis Serosurveillance Among Antenatal Clinic Enrolees in Tanzania, 2001-2002*, presentation (Dar es Salaam, Tanzania: Ministry of Health).

The Joint United Nations Programme on HIV/AIDS (UNAIDS), United Republic of Tanzania, *Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections 2003 Update* (Geneva, Switzerland: UNAIDS).

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## VYANZO

Kijitabu hiki kimsingi kimetokana na ripoti “Ukimwi Afika Katika Miaka ya Tisini: Tanzania.” Nukuu kamili: MEASURE; National AIDS Control Programme, Tanzania; na Bureau of Statistics, Tanzania. *AIDS in Africa During the Nineties: Tanzania*. Carolina Population Center, University of North Carolina at Chapel Hill, 2001.

### Vyanzo vya takwimu kitaifa za elimu inayohusiana na Ukimwi na vigezo vya tabia ya kufanya ngono.

Mwaka	Chanzo cha Takwimu	Maelezo	Maelezo ya sampuli	
			Idadi ya w/me	Idadi ya w/ke
1989/1990	World Health Organization's Knowledge, Attitudes, Beliefs and Practices Survey	Zanzibar haikuhusishwa	1,511	2,341
1991/1992	Demographic and Health Survey		2,114	9,238
1994	Tanzania Knowledge, Attitudes and Practices Survey	Zanzibar haikuhusishwa	2,097	4,225
1996	Demographic and Health Survey		2,256	8,120
1999	Reproductive and Child Health Survey		3,812	4,144

### Vyanzo vingine

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The Joint United Nations Programme on HIV/AIDS (UNAIDS), United Republic of Tanzania, *Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections 2002 Update* (Geneva, Switzerland: UNAIDS).

U.S. Census Bureau, International Data Base and unpublished tables, 2002.