

**TANZANIA**

**AND HIV/AIDS**

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 18.



# TANZANIA AND HIV/AIDS

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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

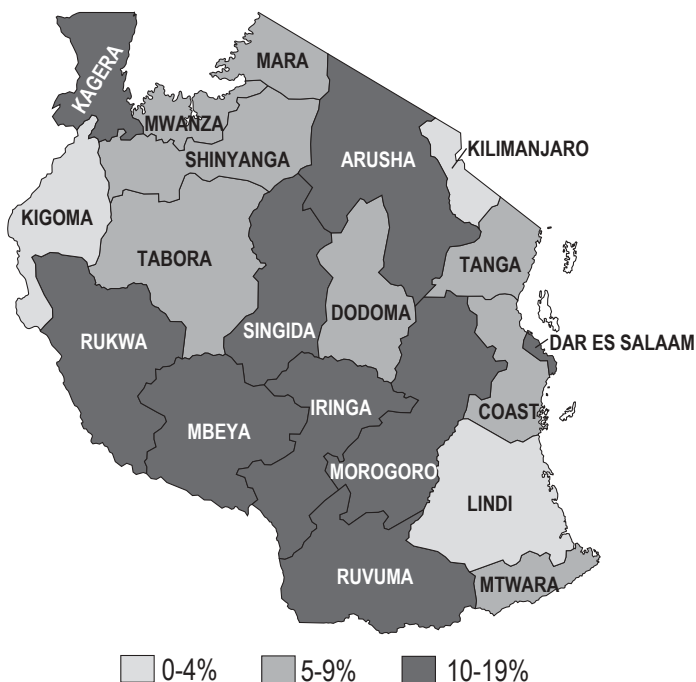
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transmission, have decreased in some settings. Program efforts have demonstrated that different interventions—health education, condom promotion, and voluntary counseling and testing—can be effective against the disease.

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).

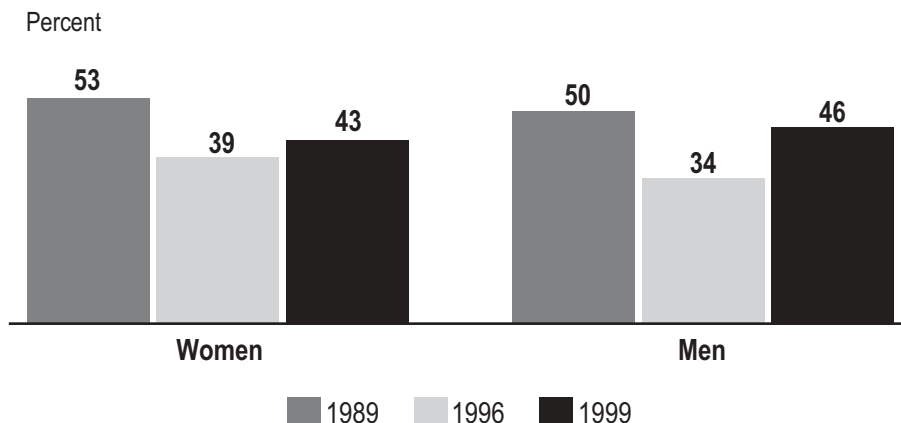
## AIDS AWARENESS AND ATTITUDES

- 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).

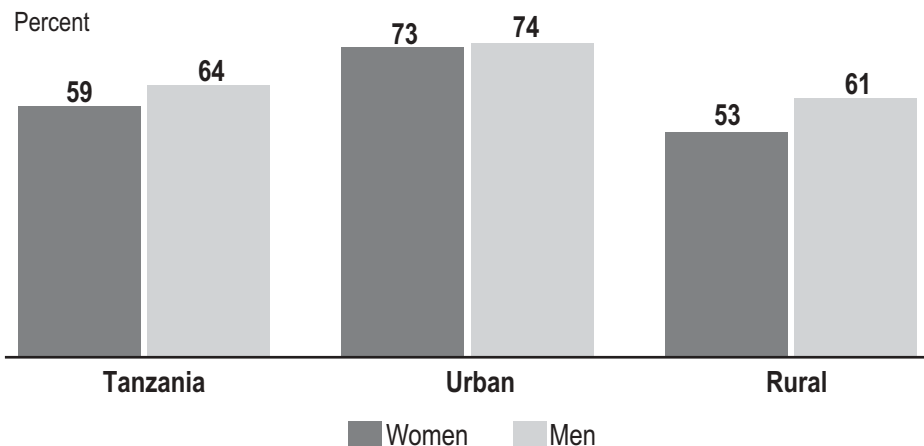
### Women and men who feel at risk of HIV infection, 1989–1999



## 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.

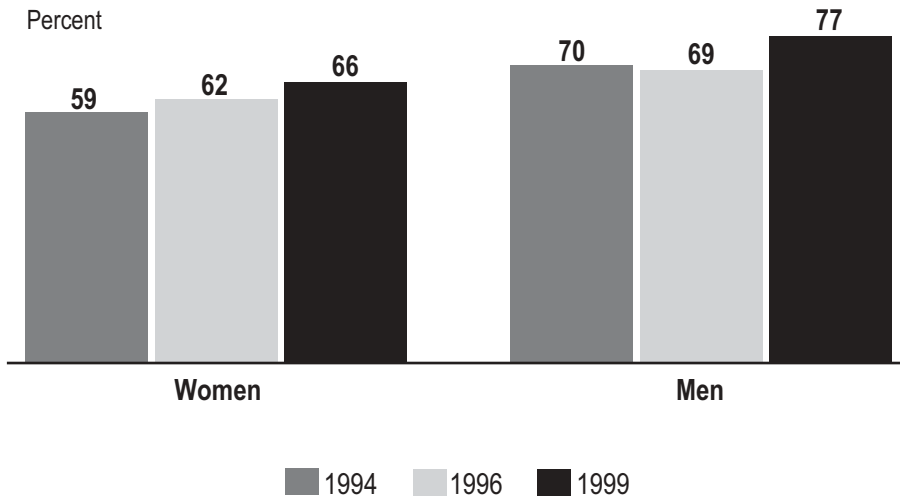
### Knows that HIV cannot be transmitted by sharing food or utensils, by residence, 1999



### 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

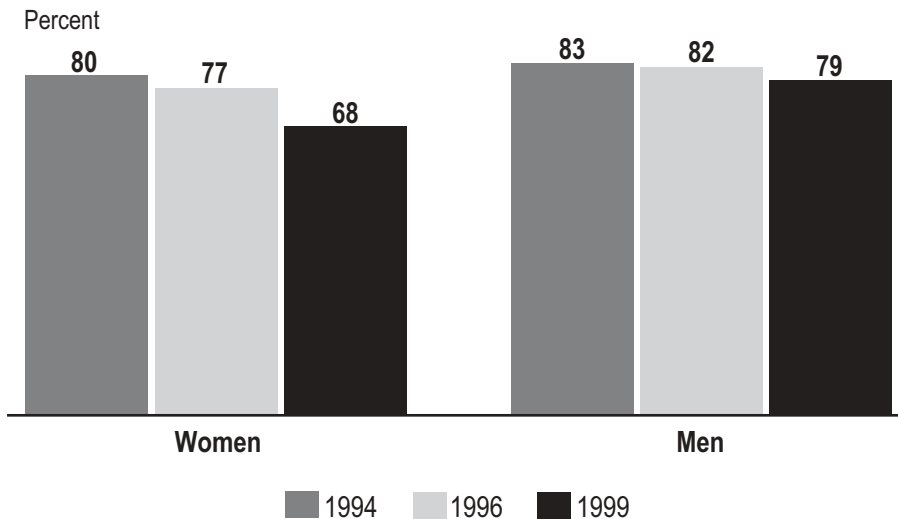




## Women are less confident about preventive measures such as sticking to one faithful partner

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



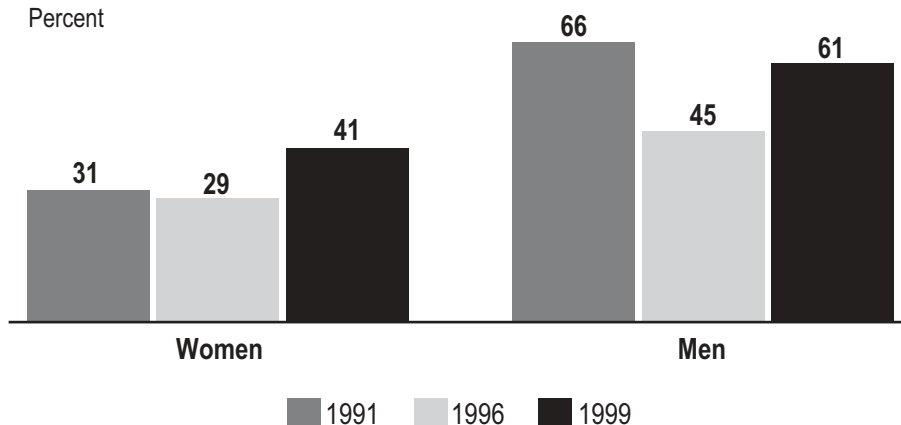
## SEXUAL BEHAVIOR

- 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.

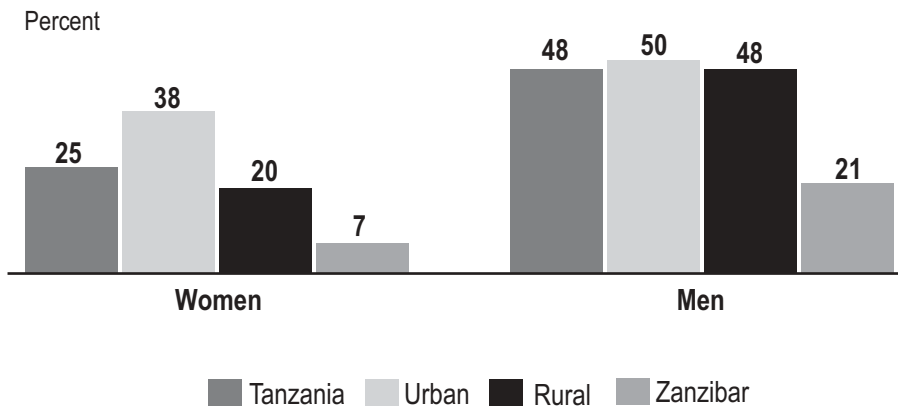
#### Single women and men 15-24 who had premarital sex in the past year, 1991–1999



## 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



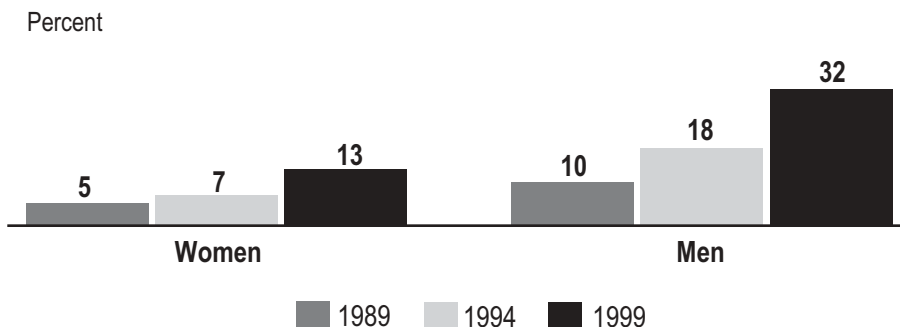
## CONDOM USE AND ATTITUDES

- 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.

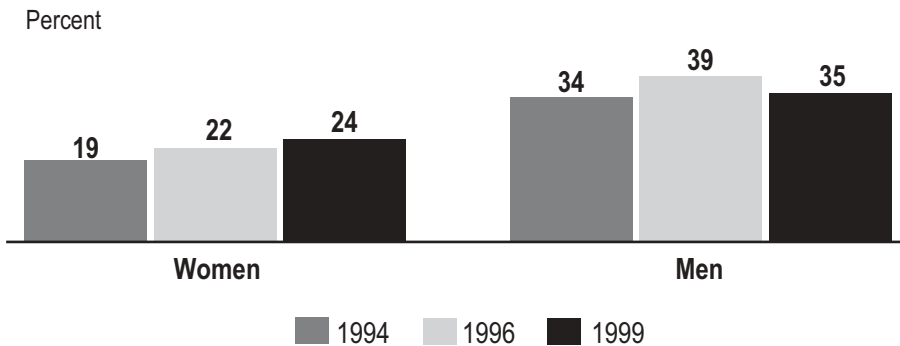
### Women and men who have ever used a condom, 1989–1999



### 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

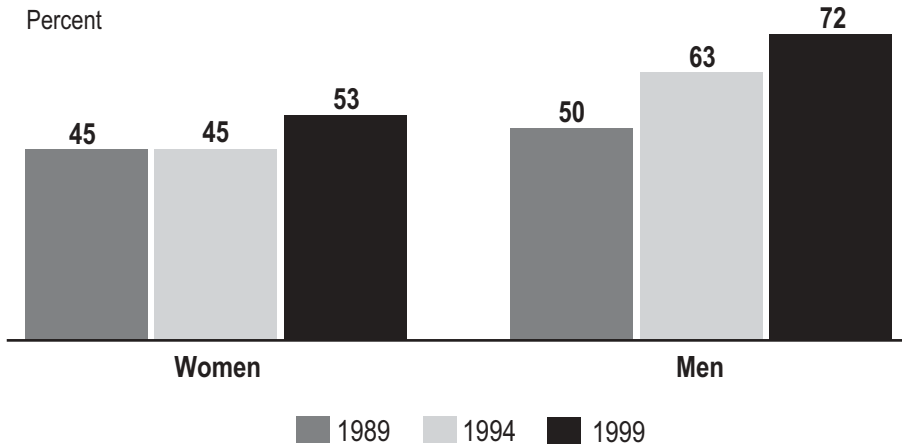


\*Based on individuals who had at least one non-regular partner who have also heard of condoms. Casual partners are those with whom the individual had sex, but who were not spouses or in cohabiting unions.

### 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.

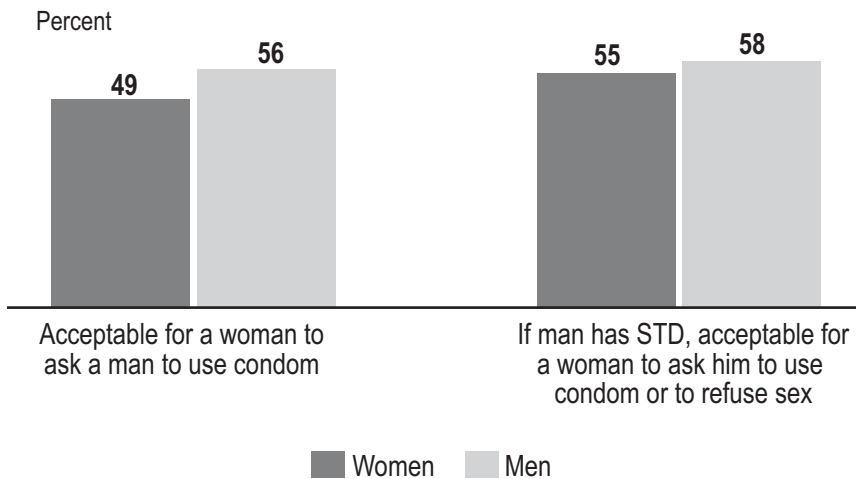
**Knows where to get condoms, 1989–1999**



## 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**



## **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.



### 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.

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### **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.

## 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

## 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).

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