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RISK FACTORS ASSOCIATED WITH HIV/AIDS TRANSMISSION
IN MBARALI DISTRICT, MBEYA REGION, TANZANIA

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1.0 INTRODUCTION

HIV/AIDS pandemic is a major challenge to development. It is recognized world-wide as one of biggest fatal diseases. It has serious direct and indirect adverse effects on communities.

The HIV/AIDS pandemic leads to loss of human capacity. It reduces productive time when caring for family and attending funerals. It also leads to poverty due to diversion of funds for medical expenses, sick leaves, and funeral costs. The nature of the pandemic has made international and national organisations to declare it a disaster that requires urgent action to reduce the magnitude of its effects. Many countries, including Tanzania, have developed national strategic frameworks to control the pandemic.

The formulation and adoption of the National AIDS Control Programme (NACP) in Tanzania, under the Ministry of Health, to coordinate the efforts to combat the spread of HIV/AIDS is one of such strategies.

1.1 PROBLEM STATEMENT

Despite the various measures taken to fight against HIV/AIDS, the pandemic still affects many people in Tanzania. Available data show that the level of affectedness by HIV/AIDS and the speed of spread varies from one place to another in the country. Generally, the most hit population is that of age ranging from 15 to 44 years. The urban areas appear to be most affected than the rural areas. Among the more risky groups are women and divorced men. Data in Tanzania also show that more educated women are at higher risk than their counterparts. Such disparities denote that there are economic, behavioural, social, or cultural factors that are associated to HIV/AIDS transmission that call for study to iron out such disparities. A better knowledge of these risk factors is important. Hence addressing the determining factors of the epidemics is currently the best strategy for fighting against HIV transmission, with a view to preventing

it. The purpose of this study, therefore, was to examine the level of socio-cultural risk factors associated with HIV/AIDS infection and transmission.

1.3 JUSTIFICATION

Identification of risk factors associated with HIV/AIDS transmission is one of the challenges of social scientists and policy makers. Available data show that transmission of HIV/AIDS is, to large extent, is a behavioural issue. It is associated with socio-cultural behaviours that tend to be unique in certain settings and tend to shape the way individuals behave. In Tanzania, for instance, heterosexual HIV infection is claimed to dominant. Researches have shown that about 80% of the HIV/AIDS infections are through sexual activities. The other ways of HIV/AIDS transmission, such as mother-to-child transmission and blood transfusion, hold the remaining 20%. Hence, examining socio-cultural and behavioural aspects that increase the risk of HIV/AIDS infection has been a crucial one. Data also show that Mbeya region ranks highest in HIV/AIDS infection compared in Tanzania Mainland as shown in the table below:

- Mbeya (13.5%) and Iringa (13.4%).
- Dar-es-Salaam 10.9%
- Less than 5% in the regions of Dodoma, Kagera, Kigoma, Lindi, Manyara, Mara and Singida.
- Infection range from 5% to 10% to the remaining

It is to this reason that the research was conducted in Mbeya region, particularly in Mbarali district which ranks first in the region.

1.4 Objectives of the study

The main objective of the study was to determine the socio-cultural risk factors associated with HIV/AIDS transmission in order to assist, among others, policy makers and programmes concerned with combating HIV/AIDS pandemic in

getting correct and relevant information the transmission of HIV. The specific objectives of the study included the following:-

- To establish the level of practice of: widow inheritance, women cleansing, vaginal products use, and circumcision (male and female);
- To determine the status of: sexual partner exchange, sexual mixing, practice of pre- and post-marital sexual relations and discussion of sexual health matters in the community;
- To determine the attitude of the respondents towards: widow inheritance, women cleansing, partner exchange, circumcision, sexual mixing, practice of pre/post marital sexual relations, discussion of sexual health matters, condom use, and low status of women; and
- Document best practices on sexual matters.

2.0 RESEARCH METHODOLOGY

2.1 Sampling procedures

The sample size for the study was 400 respondents from four villages located in three rural wards in Mbarali District. The sample included 219 male and 181 female respondents with a distribution as seen in Tables 2.1 and 2.2. The three rural wards were selected using simple random sampling, mainly to obtain typical rural characteristics. Typical rural areas are expected to maintain traditional norms; hence they are rich in showing the influence of culture.

Table 2.1: Sample Distribution by Ward and Sex (%)

Name of ward	Male ($n_m = 219$)	Female ($n_f = 181$)	Total ($n = n_m + n_f = 400$)
Mawimbi	30.6	46.4	37.8
Utengule-Usangu	42.9	33.7	38.8
Mahongole	26.5	19.9	25.5
Total	100.0	100.0	100.0

Table 2.2: Sample Distribution by Village and Sex (%)

Name of Village	Male (n_m = 219)	Female (n_f = 181)	Total (n= n_m + n_f =400)
Itipingi	30.6	46.4	37.8
Utengule-Usangu	5.0	4.4	4.8
Magurula	37.9	29.3	34.0
Ilongo	26.5	19.9	23.5
Total	100.0	100.0	100.0

2.2 Data collection methods

Quantitative data were collected using a questionnaire whose copies were used to interview respondents at the household level. In each household both the head and spouse were interviewed. If none of them was readily available, any household member aged 15 years and above was interviewed. In order to get insight into cultural issues in the research area, key informant in-depth interviews and focus group discussions (FGDs) were conducted. These were aimed at determining the attitudes of the respondents towards various socio-cultural issues related to HIV/AIDS transmission. In-depth interviews were conducted to selected elders, community leaders, officers-in-charge of NGOs involved in control of HIV/AIDS, and traditional leaders. In addition, interviews were conducted to religious leaders, traditional birth attendants as well as District AIDS Coordinators (DACs). FGDs were conducted to three broad groups, namely widows, polygamists and peers.

2.3 Data processing and analysis

Quantitative data collected were analysed using the Statistical Package for Social Sciences (SPSS) for Windows. Frequency distributions and measures of central tendency were computed to describe the major variables of the study. This descriptive analysis was used to determine the level of cultural risk factors. Qualitative data were analysed using content analysis. In-depth interviews and FGDs were classified to discern major risk factors and what

respondents talk about the most. In addition, the analysis was done to determine how various risk factors were related to one another.

3.0 FINDINGS

3.1 Research Findings in Relation to Socio-Cultural Practices

The study, as stated earlier, investigated different types of socio-cultural factors/issues and practices which are feared to be the main source of wide spread of HIV and AIDS. These include polygamy, impregnation of a wife of man with sterility by a man who is close relative of her husband, married men and women sharing wives and husband sexually, widow inheritance, ethnic cleansing, promiscuity, premarital sexual relations and use of vaginal products. Sections 3.1.1-3.1.9 give explanation of the research findings in relation to the above stated socio-cultural factors/issues and practices associated with HIV/AIDS transmission:

3.1.1 Polygamy

Polygamy is one of the marital statuses that is related with prevalence of the HIV and AIDS. Records show that about 9.9% of women and 9.0% of men in polygamous unions are HIV positive as compared to only 6.6% of women and 7.7% of men in monogamous unions being infected with HIV (TACAIDS, 2005).

The study sought to find out if polygamy is commonly practiced in the community of the study area. From this study it was revealed that 92.5% of the respondents were aware that polygamy was being practiced by many people in Mbarali district. Only 7.5% of the respondents tended to be not sure of the existence of the practice. With this result, one can easily conclude that polygamy is still being practiced in Mbalali District. Since polygamous people are easily affected by HIV/AIDS compared to

monogamous ones, it will not be surprising to find a large population in Mbarali district being at risk of getting HIV infection.

3.1.2 Relatives helping to impregnate a Barren Woman

One of the qualities of a married woman is to have children. In most cases, having children to married woman is considered as a reciprocal of bride price. In some tribes in Tanzania, however, when a newly married woman remains barren for some time and there is a suspicion that her husband is incapable of impregnating her, a close relative of the husband may be asked to have sexual intercourse with the barren woman in an attempt to make her pregnant. When she gets pregnant, the bride is restored to the husband. The study sought to find out if such practice was also common in Mbarali District. From this study, 37% of the respondents admitted that they were aware of the existence of such practice in Mbarali District while 62% argued that they were not aware of the existence of the practice while the remaining 1% appeared to not sure of he existence of the behaviour.. Since the exercise in done secretly, and that some are aware of existence, it is obvious that the exercise is being practised. Due to the fact the exercise is done with an intention of getting children, one can not hesitate to conclude that the exercise is done without protection. That being the case, both the man and barren woman involved in the sexual practice are at risk of getting HIV.

3.1.3 Sexual Partner Exchange

Sexual partner exchange refers to the practice of husbands exchanging their wives intentionally. Under this situation, both husbands and wives are aware that his/her partner has sexual affairs with some one's wife or husband. A question was set to find out whether or not the practice of sexual partner exchange exists in the district. Sexual partner exchange was studied under two headings, namely 'men sharing wives' and 'women sharing husbands. In this case, married men were investigated if they do

share the wives sexually. Similar investigation was done to married women i.e. sharing their husbands sexually.

With regard to married men sharing wives sexually, 132 respondents (about 32%) confirmed that it is very common for married men to share their wives sexually while 263 respondents (about 65.8%) tended to reject to have known the existence of the practice of married men sharing their wives sexually; i.e. it is practiced very rarely. The remaining 5 respondents (about 1.3%) were neutral..

The second category is that of married women sharing their husbands sexually. From this study, 124 respondents (about 31% of all respondents) indicated that it was common, in Mbarali community, for a married woman to share her husband sexually with another woman while 272 respondents (about 68%) argued that it is not common for a married woman to share husbands sexually. The remaining 4 respondents (about 1%) said that they were not sure whether or not the behaviour of married women sharing their husband sexually exists.

Like impregnation of a barren wife by a close relative of the husband, the exercise of married women sharing husbands sexually is usually done secretly. The respondents who agreed that the behaviour exists were sure of the existence, and probably they got the chance to practice. This means that there are people, particularly the practitioners, who fall at risk of getting HIV/AIDS through sharing husbands sexually.

3.1.4 Widow Inheritance

Widow inheritance refers to a practice of a brother of a deceased husband or close relative to inherit the wife of the deceased. Explanations from opinion leaders show that inheritance is practiced to ensure a continuous support and care of the wife and children of the deceased husband. On

the other hand, there are arguments that there is possibility for the widow (wife of the deceased husband) to get married to another person outside the clan of the deceased, or she may decide to go back to her parents or other relatives. This situation implies a loss of the paid *bride price* on the side of the deceased husband. Hence, inheritance of widow is sometimes taken as a way/strategy of compensating the paid *bride price*. Otherwise the parents of the widow are required to return back the paid *bride price* and allow their daughter (widow) to go back home or get married again. There are also some arguments that a man is a bread earner, so all the available properties are a contribution from the deceased husband. This validates the rationality of a widow being inherited by a close relative of a deceased husband. Based on such arguments, the research sought to find out if such practice of widow inheritance exists in Mbarali district. From this study, 313 respondents (about 78.85% of all respondents) confirmed to be aware that it is common in Mbarali district for a widow to be inherited after the death of her husbands; only 84 respondents (about 21%) tended to be not informed of the existence of the practice in exist in the district. The remaining 3 (about 0.75%) were not sure whether or not such cultural practice of widow inheritance exists in the area. From these findings, one can not hesitate to conclude that widow inheritance exists in the study area.

The study also investigated another dimension of widow inheritance. In this case a focus was made to explore if it is common for a man to be given a widow to inherit after the death of her husband. The study recorded 199 respondents (or 49.75% of the 400 respondents interviewed) being aware of the existence of the practice of men being given a widows to inherit). A similar number of 199 respondents (about 49.75%) argued that cultural behaviour of inheriting widows does not exist in the study area. The remaining 2 respondents (0.5%) claimed that they were not sure if such cultural behaviour exists or not in Mbarali district.

From such research findings, one can easily conclude that many people in Mbarali district practice widow inheritance. Since some of the deceased husbands might have died because of HIV/AIDS infection, there are possibilities that many people who practice this system of widow inheritance, are at risk of getting HIV and AIDS.

3.1.5 Widow Cleansing

Widow Cleansing is another cultural behaviour being practiced in many African tribes. On a specified day/period, the widow is supposed to play sex with a selected man based on the belief that the act purifies the widow and can get married again without problem.

This research sought to explore if socio-cultural practice exists in Mbarali district. The outcome was 198 respondents (about 49.5% of the 400 respondents studied) said that they were sure that *Widow Cleansing* was being practiced in Mbarali District while only 192 respondents (48%) argued that the behaviour does not exist. The remaining 10 respondents (about 2.5%) were neutral; they could neither refute nor accept the argument that widow cleansing exists in Mbarali district.

Based on this research finding, one can conclude that *widow cleansing* exists in Mbarali district. Since widow cleansing is a cultural practice which involves the widow to make sexual intercourse with a partner whose background is not known to the widow, the two performers of the cleansing ritual are at risk of getting HIV/AIDS since any one of them can be HIV/AIDS positive.

3.1.6 Promiscuity among Married Men and Married Women

Promiscuity among married men and women refers to rough and carelessness mixing (disorderly composition) character/behaviour of men and women when involved in sexual activity. The study aimed at

assessing if promiscuity among married men and women in Mbarali community exists and considered to be an acceptable behaviour. The findings are hereby considered separately for the married men and married women in sections 7.5.6.1 and 7.5.6.2:

3.1.6.1 Promiscuity among Married Men

The research findings study show that out of the 400 respondents interviewed, 305 respondents (about 76.25%) said that promiscuity among married men is acceptable in Mbalali district does exist and is acceptable while 90 respondents (about 22.5%) had the opinion that this type of socio-cultural behaviour is not acceptable in Mbalali community and if it is practiced, then it done very secretly. The remaining 5 respondents (only 1.25%) responded that they are not sure of anything concerning such behaviour. Based on these research findings, it is can be concluded that promiscuity among married men in Mbalali district exists. Since promiscuity is a rough and careless/mingling of men and women, no wonder that even if condom is used during sexual intercourse, it can not help; there are possibilities of damaging it, and thus having less protection to HIV infection. If care is not taken, promiscuity among married men in Mbalali district is likely to put many people at risk of getting HIV.

3.1.6.2 Promiscuity among Married Women

The study, as stated earlier, also probed on the acceptability of promiscuity among married women. From this research, 283 respondents (=70.75% of all 400 respondents) agreed that promiscuity among married women is acceptable in Mbalali community. Only 114 respondents (about 28.5%) rejected that promiscuity among women is acceptable in Mbalali community. The remaining 3 respondents (0.75%) said that they are not sure with

the existence socio-cultural behaviour; hence they can not say anything.

From this research result, one can not hesitate to conclude that many married women in Mbalali district do practice promiscuous sexual union. This situation facilitates for the majority of the married men and married women to be at high risk of being easily infected by HIV.

3.1.7 Refusal of Women to have Sex with their Husbands

There are cases that occur where spouses can refrain from playing sex due various reasons including a woman refusing to play sex with her husband, a situation which sometimes leads one or all of them seek a consoling partner outside. Based on this situation, a question was posed to find out if this situation does occur in Mbalali district. From this question, it was found that 148 respondents (about 37% of the 400 respondents) recognised the behaviour that a woman can refuse to have sex with her husband for various reasons while the majority of the respondents, 232 out of 400 (= 58%) had the feeling that woman cannot refuse to play sex with her husband. The remaining 20 respondents (about 5%) had no idea at all. From these findings, one can easily conclude that it is very difficult for a married woman in Mbalali district to refuse to play sex with her husbands even if proposes to play unsafe sex. Since, as explained above, some men have tendency of having sex with other persons outside marriage, many married women are at risk of getting HIV infection because they cannot refuse to have unsafe sex with their spouses.

3.1.8 Woman Refusal to have Sex with a Man who is not her Husband

On the other hand, the research sought to find out if respondents think that a woman can refuse to have sex with a man who is not her husband. Based on this issue, it was found that 242 respondents (about 60.5%) had the ideas that a woman can refuse to have sex with other man who is not

her husband while 147 respondents (36.75%) thought that a woman cannot refuse to have sex with a man who is not her husband. The remaining 11 respondents (2.75%) were neutral about the issue. The result is also summarized in Fig. 7.9. From the data many women appear not to accept having sex with men who are not their husbands. This is good way of prevention of HIV infection. Even though, the few women who feel shame of the incidence may be at danger of being infected by HIV, thus increasing the spread of HIV infections.

3.2 Research Findings in Relation to Taste Behaviour

3.2.1 Premarital Sexual Relations

Premarital sexual relations refer to the period between first sexual intercourse and marriage. It is often a time of sexual experimentation (USAID, 2005:62). The study was set to find out also if there exists such premarital sexual relationship in Mbalali community. Almost all 400 respondents (369 out of 400 respondents) recognised the existence of premarital sexual relation and it is very common within Mbalali community. Opposite to this only 28 respondents (7%) tended to refute the idea that premarital sexual relation does exist while 3 respondents (about 0.75%) claimed to have not any idea of premarital sexual relation.

With such big proportion of respondents (92.25%) acknowledging the existence of premarital sexual relation and that it is common in the Mbarali community, it could not be proper to have different idea on the issue; hence the conclusion that the population segment at an age between first sexual intercourse and marriage is at risk of getting HIV infection. This means that one can get HIV infection before her/his first marriage.

3.2.2 Women use of Virginal Products

Virginal product is to make one to access a dry sex. Hyena (1999) explains that the dry sex can be attained by applying herbs from “*mugugudhu* “ tree which are wrapped in a nylon stocking and inserted into the vagina for 10 to 15 minutes. The author added that “*Mutendo wegudo*” (dry soil where a baboon has urinated) is a traditional Zimbabwean recipe. In the case of dry sex, it is argued that the actors do experience friction which, at the end of the action, may lead to fresh wound on both performers/actors. This is a play used by ladies to cheat gents that they are virgin.

The research sought to examine if women in the study area use virginal products. The findings show that 63.5% of the respondents (254 out of the 400 respondents interviewed) pointed out that the use of virginal products by women during sexual intercourse is very common in Mbalali community. Only 27% (108 respondents out of the 400 respondents) tended to refute the existence of such practice. The remaining 9.5% of the respondents were not sure, they could not say anything. This being the real situation, it can be concluded that most people involved with use of virginal products in playing sex, are at high risk of getting HIV and AIDS.

3.2.3 Condom Use

Condom use is one of the most common methods applied in the prevention of infection of HIV and other sexually transmitted diseases (STDs). A question was set to find out if a woman can insist on the need of using condom before playing sex with her partner. Based on this question, it was observed that the majority (=63.25% of the 400 respondents) had a belief that a woman cannot insist on the use of condom before playing sex with

her spouse while 130 respondents (32.5%) has an idea that a woman can, and has the right to, insist on the need to use condom before playing sex with her spouse. The rest of the respondents, 17 out of 400 respondents (=4.25%), had no idea on whether or not a woman can insist to use condom before playing sex with her spouse. Since the majority believe that a women do not have say on sexual issue, there are possibilities that most women perform sexual intercourse with their spouse even if they not willing to do so under various circumstances such as suspecting that her partner/spouse is HIV positive. Hence, most of the woman can easily be infected by HIV through their spouses.

A question was also asked to probe if women do insist on the use of condom before playing sex with a man other than her husband/spouse. From this question it was found that the majority (54.5% of the 400 respondents), were aware that most of the women do insist on the use of condom before playing sex with different persons other than their husbands/spouses while 159 respondents (about 39.75% of all 400 respondents) had an idea that, due to socio-cultural behaviour, a woman cannot dare to insist to use of condom before having sex with any man other than her husband/spouse. Only 23 respondents (=5.75%) pointed out that they know nothing about this issues. From these findings, it can be easily concluded that the majority of the women in Mbalali district prefer using condom before playing sex with men who are not their husbands/spouses. This can be considered to be a good behaviour /cultural practice, for it serves them from being infected by HIV.

3.2.4 Negotiation for Condom Use

Negotiation for condom use refers to a dialog between a man and woman before having sex. It is common in African culture, Tanzania inclusive, many people, particularly the men, do not prefer to use condom due to a number of reasons, including the following:-

- No enjoyment when condom is used (i.e. tasteless).
- Condoms are planted with virus.
- Condom bust when playing sex.

With such arguments, a question was set to probe and know if there are women who succeeded to negotiate for condom use before starting to play sex. From this study, it was noted that the majority (=54.75% of the 400 respondents), had a feeling that negotiation for condom use before sex is not applicable due to various reasons; some of the are social and some are taste related such as having no enjoyment when using condom. Beliefs that condoms are planted with virus limits their use. Socially and culturally, it is shame for a lady to about condom use in front of a man. Hence, a woman can not dare to introduce a topic on condom use at the time of having sex. On the other hand, 131 respondents (32.75% of all 400 respondents) had an opinion that it is possible for a woman to negotiate but they have not succeeded in their negotiation for use of condom before having sex due men's rigidity to use condom mainly based on taste. Only 50 respondents (=12.5% of all 400 respondents) acknowledged that women have ever succeeded negotiating on the use of condom before having sex with a man. From these findings, it can be concluded that the 'cultural practice' of silence, which does not motivate both men and women to negotiate on use of condom before having sex, facilitates to be at risk of getting HIV easily.

7.6 CONCLUSION

Cultural practices exist in different communities and take different forms. Apart from the different forms they have positive and/ or negative contribution to people's life. From the study it has been found that the following cultural practices in Mbalali District do exist: Polygamy, relatives helping to impregnate barren women, sexual partners exchange and married women having more than one conjugal partner. Others include widow inheritance and cleansing, promiscuity among married men and married women, premarital sexual relations, use of virginal products, women refusal to have

sex with husbands and men who are not their husbands, negotiating for condom use before playing sex and talking with household members about delaying/avoiding sex. Such cultural practices are considered to be facilitators of HIV/AIDS. Hence they risk factors for HIV/AIDS transmission. Since such practices do exist, the community of Mbarali is at a high risk of being infected with HIV/AIDS.