

The Prevalence of HIV/AIDS in Mufindi District – Iringa Region

Author(s): SERAPHINE C.S KOMU

Abstract

The study examined the prevalence of HIV/AIDS Spread in Mufindi District-Iringa Region. It specifically aimed at examining why HIV/AIDS is still a problem in Iringa region and particularly in Mufindi district. There have been a lot of efforts to ensure that there are no new infection but Iringa still holds the first position for almost four years.

This study used cross-sectional research design, and the data collection was based on interview, key informants and focus group discussion. The Data analysis herein employed SPSS for simple descriptive statistics where percentages were generated. The study was undertaken in Mufindi District, whereby the entire sample size of the population was 120 respondents selected randomly. The results show that the use of local brew (45 percent), multiple sex partners and polygamy (24.2 percent) and some specific traditional cultures were the main sources of HIV spread. The major negative effects of HIV which were obtained from the study reveals a state of reduction on individuals income, reduction of individuals production and even poor performance in schools. Generally, HIV is highly affecting people who are poor and those who mostly take on local brew drinking who eventually engage in unsafe sex with multiple sexual partners thus leading to the high levels of HIV spread in Mufindi.

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About Author

Department of Philosophy and Religious Studies, ST Augustine University of Tanzania, Tanzania.

Qualifications: M.A-Philosophy. M.A-Rural Development, B.A-Philosophy (E-mail) seraphinekomu@gmail.com, seraphinekomu@yahoo.com (Corresponding Author)

1. BACKGROUND INFORMATION

HIV/AIDS is among contemporary diseases affecting millions of people worldwide. It is the primary cause of disease epidemic in developing countries and accounts for about 2.8 percent of the global burden of diseases worldwide (Taylor, 12). HIV/AIDS is not only found in Tanzania or in Africa alone but throughout the whole world. A total of 34.2 million people in the world live with HIV/AIDS; while 2.1 million of them are under the age of 15 (AMREF, 3). In 2007, an estimated 2.5 million people in the world were infected with HIV; whereas 420,000 were under the age of 15. Moreover, in the same year (2007) 2.1 million people died from AIDS; yet again 290,000 of them were under the age of 15 (AMREF, 7).

In Tanzania a total of 17,670 adults aged 15-49 years old (9,735 women and 7,935 men) were eligible for HIV testing in 2007-2008. Overall, 85 percent (90 percent of eligible women and 80 percent of eligible men agreed to provide blood for HIV test. The survey indicates that 6 percent of Tanzanian adults aged between 15-49 years old who were involved in the survey were infected with HIV. The prevalence of HIV is thus higher among women than men (7 percent and 5 percent respectively) (URT, 11).

1.1 Objectives**1.1.1 Major objective**

The main objective of the study is to examine the prevalence of HIV/AIDS at Mufindi in Iringa region.

1.1.2 Specific Objectives

- i) To explore on the Awareness/knowledge of HIV/AIDS
- ii) To examine the Source of Information reaching people about HIV/AIDS
- iii) To examine other factors which leads to high prevalence of the problem of AIDS

1.2 Problem Statement

HIV/AIDS is a serious health and socio-economic hazard in Tanzania. Since 1983 when the first victims were reported, the disease has spread everywhere. Effects of HIV/AIDS touch the whole nation including victims and those who are not yet affected. According to National Aids Control Programme reports (2007) on HIV/AIDS, the leading region in Tanzania was Iringa with 18.2 percent prevalence. However according to Tanzania HIV/AIDS and Malaria Indicator Survey (URT, 11), Iringa Region HIV/AIDS prevalence in 2008 was 15.7 percent which was higher than the National prevalence of 6 percent. Despite of all efforts done by the government as well as individual organizations, the problem of HIV/AIDS do not seem to highly being understood and attention kept. The researcher intends to fill the knowledge gap on the HIV/AIDS prevalence in Mufindi which is currently serious problem. The researcher is also in line with millennium development goals number six which is to combat HIV/AIDS, malaria, and other diseases up to 2030. The hope is with researcher on localized impacts of which expectations will be positive.

2. METHODOLOGY

2.1 Research Design

In this study a cross-sectional research design was used. This design allows data to be collected at a single point in time and is used in descriptive studies for the determination of relationships between variables (Kothari, 5) The relationship between socio-economic dynamic and HIV/AIDS spread was determined by the community awareness and social behaviours of the respondents.

2.2 Methods of data collection (Types and sources of data)

The study involved qualitative and quantitative methods. Data for this study was gathered through primary data collection which involved interview and also focus group discussion was adhered to. Key informants purposively were involved especially when the researcher wanted to secure the important issues and especially those hidden information.

2.3 Data processing and analysis

The collected data was edited, coded and summarized. Quantitative data from structured/unstructured questionnaires were analyzed using the Statistical Package for Social Sciences (SPSS) computer software to obtain percentages. The Qualitative data from key informants and FGD (Focus Group Discussion) were analysed according to themes of discussions given by the respondents by using content analysis.

3.0 LITERATURE REVIEW

Socio-economic factors appear to have been significant in explaining HIV transmission throughout the country. HIV/AIDS is widely spread in both urban and rural communities and mostly affects persons at the peak of their sexual and productive lives. There is a close

relationship between HIV/AIDS and socio-economic development. HIV/AIDS negatively affect socio-economic growth which makes it difficult for countries and individuals to initiate adequate and comprehensive responses to the epidemic due to a weak economic base. The economically and socially disadvantaged sections of the population including women, youth and other marginalized groups in society are disproportionately affected by the epidemic. The aim of this chapter is to deepen the understanding of those factors which seem to be important in explaining what is happening to the HIV epidemic in Tanzania.

3.1 The Role of income, Occupational Status and Poverty Vulnerability to the Spread of HIV/AIDS

Income, occupation status and poverty determine people's ability to solve their problems such as HIV/AIDS epidemic. So the relationship between income and occupational status cannot simply run from poverty to behaviours which expose individuals and their families to HIV infection because there are the non-poor who also exhibit risk behaviours which can and do lead to HIV infection. (Gillespie, 16).

The fact that HIV infection is also present amongst the most economically favoured will lead to substantial economic losses through the erosion of Africa's most able and most educated segment of the population (Masanjala, 110). On the other hand, the explanation would seem to lie in the opportunities which are available to these groups through their access to income and their position in society to engage in sexual behaviours which place themselves and their spouses at risk of HIV infection. This can be explained by the fact that many affluent opportunities are available to these groups through their huge income and/or their positions in the society enabling them to have easy influence in engaging in sexual behaviours which may end up placing themselves and their spouses at the risk of HIV infection (Masanjala, 112). Such groups are also characterized by patterns of employment which include high levels of mobility, and it would seem that this is a feature of their life style which provides an additional opportunity for unsafe sex (Gregson, 26). For this group it is certainly not poverty which explains their behaviour but the opposite; as a result, behaviour cannot be attributed to lack of access to education since many have achieved both secondary and often tertiary levels; but it does seem to be related to work and leisure patterns, and with high levels of labour mobility (Gregson, 28). There is even some evidence that HIV infection rises with the level of education and occupational status which is quite the opposite of what might have been expected given the widespread assumption that knowledge empowers people (Gillespie, 9).

For the poor who are infected with the virus the evidence is less counter intuitive. In this case, poverty will lead to economic stagnation which exposes the poor to risks of HIV infection. Thus both men and women will seek out livelihoods which offer the possibility of getting human basic needs, and this leads to migration from villages to towns and cities in search of jobs (Gregson, 27). Migration into towns and cities will lead to relaxation of traditional norms and behaviour. For the case of men, migration may lead to sexual activity where they will have many partners from both their present and former domicile. On the other hand, poor women, especially those from poor households will also engage in sexual transactions so as to support their families (De waal, 5).

With reference to the low income generation the hypothesis that AIDS could contribute to famine was first floated during the southern African drought of 2002-03, when the extent and depth of hunger surprised many observers who had expected that peace and economic growth would have banished food insecurity. The “new variant famine” hypothesis (De Waal, 7) posited that AIDS contributed to the crisis in several ways, most notably by reducing the resilience of affected households and limiting their ability to cope with the crisis. As detailed evidence became available, the hypothesis was refined (De Waal, 9). The role of AIDS in altering livelihood patterns and increasing household-level vulnerability to hunger was identified as significant, especially when combined with other shocks such as drought or market failure. Some evidence exists for AIDS as a factor in exacerbating child malnutrition during crises. No data have been collected to test whether AIDS contributes to higher mortality during periods of acute food insecurity (Gregson, 28).

3.3 Social behaviours and Cultural values

The evidence suggests that where women are not valued, and where they are largely excluded from protection of their rights as full members of society the epidemic diseases flourished (Gregson, 29). This is often reflected in unequal access to education for women, unequal access to credit, a lack of protection under the law for women's property, the continuing treatment of women as chattels to be disposed of at the will of their husbands, discrimination in access to health services, and so on. However, related to social behaviours and cultural values between men and women and between different social classes, it appears that HIV infection is higher where there is a social gap separating men and women (Rosen and Simon, 17).

Social behaviours like excessive drinking and multi-sexual practices put individuals at the high risk of contracting AIDS. According to Mboera, these behaviours have contributed much to the spread of HIV in Africa and Tanzania in particular for it is obviously seen that when an individual is drunk, fails to make proper judgments and decisions and as a result one goes to unsafe sex something that might lead to HIV infections.

4. FINDINGS AND DISCUSSION

4.1 Awareness/knowledge of HIV/AIDS

Being aware of something makes individuals to either get rid of it or get attached to it, but this depends on the knowledge of the perceiver. This subsection establishes awareness/knowledge of the respondent about HIV/AIDS. The respondents were asked if they have ever heard of the virus HIV/AIDS or illness called AIDS, if they know that HIV or AIDS exist, if in the 4 weeks they have heard or seen any information about the AIDS virus, if during the 4 weeks, they have discussed the AIDS virus with anyone, if they know someone with HIV or who has died of AIDS, if they would you say that they have enough information regarding HIV/AIDS, if it is possible for a healthy- looking person to have the AIDS virus, if they do think that a person can get infected with the AIDS virus through mosquito bites and other insects or if the people can get AIDS through casual contact e.g. Hand shaking, sharing food and hugging.

Findings shows that first of all about 63% of the respondents have knowledge on HIV/AIDS. Despite the fact that, people were aware of the pandemic disease; new infections are still continuing due to multi-sexual partner practices, use of local brews, inheritance of widows, and lack of proper knowledge on safe sex from individual levels to community levels.

4. 2 Source of Information about HIV/AIDS

The information about HIV/AIDS is very important to respondents simply because they raise the awareness of what is going on in their area and how they can handle the situation after knowing how dangerous the disease is. By knowing the effect of this pandemic, subsequently it becomes easier for them to control themselves for they know what the disease is, its symptoms and how it is transmitted. Majority of the respondents 55.0% got information about HIV/AIDS from radios. Another important source of information on HIV/AIDS was Televisions 17% while 10.8% of the respondents got information from pamphlets/posters. The remaining percentage of respondents (8.3%) got the information on HIV/AIDS from different awareness campaigns against HIV/AIDS from NGOs and health care workers. Others got information from national pamphlets and from CBO's.

4.3 Use of Condom

Consistent and proper use of condoms is a means of preventing individuals from becoming infected with HIV. To assess the extent of condom use from the beginning of sexual exposure, respondents were asked whether they used condoms whenever they had sex. The results in table 12 shows that 77.5% were in disagreement and only 22.5% were in agreement with the statements provided. This implies that majority (77.5%) do not use condom hence they might be at high risk of contracting HIV/AIDS when encountering with the infected.

4.4 Excessive Use of Local Brew

According to Rosen and Simon, broken families and the subsequent increase in the number of street children and HIV spread were among the outcomes of excessive alcohol drinking. This challenges the society to change the mindset from considering alcohol consumption as a sign of modernity. Traditionally, consumption of alcohol was associated with special occasions and the youths were not allowed to take too much alcohol. Today things are different since alcohol is a commodity widely available (Rosen and Simon, 7). Unfortunately, its consumption is closely associated with new HIV infections because alcohol impairs judgment (Rosen and Simon, 5).

The results show that 45.0% of respondents stated that it is excessive drinking of local brew that is the main source of HIV spread in Mufindi. Local brew consumption reduces inhibitions, proper thinking and increases risky behaviour. This implies that the use of local brew in conjunction with sexual activities is associated with lower prevalence of condom use and proper decision making. Local brew drinking was common among individuals (45%) of Mufindi due to the fact that, alcohol will render them incapable of proper decision making. Therefore, the study shows that most of Mufindi people are in exotic of drinking local brews.

Moreover, the culture of widow inheritance, multi sex partners, forced marriage seems to be part and parcel of their culture. Poverty is among the other factor leading to people

contracting HIV/AIDS where young ladies sell themselves in order to achieve their daily earning.

5.0 CONCLUSION AND RECOMMENDATION

5.1 Conclusion

In the study area HIV/AIDS is the greatest problem which has accelerated poor development (URT, 2009a). So the specific objectives of this study were addressed and supported by the findings from respondents, key informants and focus group discussions. Below are the conclusions made with regard to the specific objectives.

Social behaviors which contributed to the spread of HIV/AIDS is one of the specific objectives that were used in the study area. Social behaviors which contributed to the spread of HIV/AIDS included the excessive use of local brew, inheritance of widows, multi-sexual partner and poor use of condoms. Excessive drinking of local brew was at the high percentage as people drink overnight hence ending up with unsafe sex which results into HIV spread.

Economic reasons which contributed to the spread of HIV/AIDS were the influx of people who worked/traded while interacting in search for jobs at the timber and tea production factories. The employment and trading activities led to the high interaction of people from different places with different cultures and attitudes that led to the relaxation of moral order observation as they are no more bond by their cultural values simply because no one to control them as they used to.

The findings regarding the awareness and knowledge of HIV /AIDS spread to individuals of Mufindi district reflected that, respondents were aware and had knowledge on the spread of HIV /AIDS and the outcome of the disease; but some took no trouble/ignored as the new infections are still reported. With regard to attitudes of the individuals towards the spread of HIV/AIDS the findings showed that the overall attitude towards HIV/AIDS was unfavourable. Therefore, most of respondents had negative attitudes towards HIV/AIDS that led them not to take precaution when they have sexual contact.

5.2 Recommendation

This study is of great importance since it excavates root causes of HIV/AIDS spread in Mufindi district. In order to reduce HIV, spread in Mufindi district and Iringa region at large, the following recommendations which are derived from this study are made as follows.

1. The findings noted that HIV/AIDS pandemic hinders people's development as well as the country's development; hence preventive measures through various means such as education be continuously provided as to get away with cultural and social behaviors that put people at high risk of contracting HIV.
2. Some social behaviors and cultural practices like the excessive use of local brew, inheritance of widows, multi-sexual partner and poor use of condoms are the main route of HIV/AIDS spread in the study area, so the HIV/AIDS control programs should consider the family practices and the socio-economic dynamics of the respective community to get away on such risk behaviors. There is a need to design interventions that fit specific local context focusing rural areas that are considered to be the most affected such as Mufindi district in Tanzania.

3. Although some steps were taken to eradicate HIV spread; but the findings in the study area showed that the spread of HIV/AIDS is slowly decreasing but with a small pace therefore, there is a need to increase more efforts in the fight against disease by policy makers, the government and all stake holders who are engaged in the fight against HIV/AIDS as whole.
4. Unsafe sex was noted in the study area; hence there is a need to impart knowledge on safe sex to the individuals and insisting on the use of condoms so as to reduce chances of contracting HIV/AIDS.
5. Study has shown that alcohol use reduces inhibitions and increases risky behaviors. Alcohol use in conjunction with sex is associated with lower prevalence of condom use. Therefore, the government should enforce the rules to control the time of opening and closing local brew shops so as to avoid excessive drinking of local brews in order to reduce risky behaviors.



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