ASSESSMENT OF THE CHALLENGES FACING WOMEN LIVING WITH HIV/AIDS IN ILALA DISTRICT, DAR ES SALAAM CITY

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A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK OF OPEN UNIVERSITY OF TANZANIA

2017

CERTIFICATION

The undersigned certifies that, he has read and hereby recommends for acceptance by the Open University Tanzania, a dissertation titled: ***Assessment of the Challenges Facing Women Living With HIV/AIDS in Ilala District, Dar es Salaam City*** in partial fulfillment of the requirements for the Degree of Master of Social Work of the Open University of Tanzania.

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Dr. Emmanel Patroba Mhache

(Supervisor)

.....

Date

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DECLARATION

I, **Azuruni Mpate Kishimba,** do hereby affirm that this dissertation is entirely a result of my own original work and it has never been submitted and will not be presented to any other University for a similar or any other award.

……

Signature

……..

Date

DEDICATION

This dissertation is fanatical to the whole family of Dr. and Mrs. Mpate and Robert Kishimba for their continued support, love and affection. This family has been very supportive and inspiring in my growth and carrier. To you I dedicate this piece of work.

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ABSTRACT

This study assessed challenges facing women living with HIV/AIDS in Ilala District, Dar es Salaam City. This study specifically aimed to examine factors contributing to women contracting HIV/AIDS in Ilala District, assess challenges facing women with HIV/AIDS in Ilala District and explore measures that address challenges facing women with HIV/AIDS in Ilala District. The study involved a sample of 100 women from Ilala District. This study further employed different data collection methods which were questionnaires, interviews, and focus group discussion. The findings of this study were analysed, tabulated and presented with the help of a computer software program called Statistical Package for Social Science (SPSS version 15.0). The findings of this study revealed that, factors contributing to HIV/AIDS among women include unfaithfulness among partners, sexually transmitted diseases, lack of education, having unsafe sex and blood transfer. The findings also noted that challenges facing women with HIV/AIDS including but not limited to; isolation, aggression, lack of support services, bad relation and lack of transport. The findings further revealed the measures taken by the Government to women with HIV/AIDS which incorporate provision of ARVs, financial support, provision of education through television and other educational materials such as leaflets and magazines. This study concluded that, women living with HIV/AIDS should accept their conditions and make sure they follow all advices given by the health workers. The study recommends that, education should be provided to the public on precautions and prevention of HIV/AIDS infections.

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AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
HIV-1	Human Immunodeficiency Virus type 1
OPV	Oral Polio Vaccine
STD	Sexual Transmitted diseases
TACAIDS	Tanzania Commission for AIDS
ARV	Antiretroviral

CHAPTER ONE

INTRODUCTION

1.1 Background to the Problem

HIV/AIDS is not an issue to be neglected today. Many people have been affected by HIV/AIDS worldwide. Women are the greatest growing population infected with HIV (Richard *et al.* 2009). According to the center for disease control and prevention in United Nations (2015) approximately one in four people living with HIV infection in the United States are women. the study further indicates that, a good number new HIV infections in women are from heterosexual contact 84%. An estimated 88% of women who are living with HIV are diagnosed, but only 32% have the virus under control. Furthermore, TACAIDS (2012) indicates that, HIV prevalence data were obtained from blood samples voluntarily provided by a total of 20,811 women and men diagnosed. Of the eligible women and men aged 15-49, 90% of women and 79% of men provided specimens for HIV testing. Overall, 5.1% of Tanzanians age 15-49 are HIV-positive.

TACAIDS (2012) reveals that, HIV prevalence is higher among women (6.2%) than among men (3.8%). what's more the Joint United Nations Programme on HIV/AIDS (UNAIDS,2012) indicates with the intention of, women may be at greater risk of being infected with HIV during sexual contact than men. This is due to the delicate tissues of the vagina can scratch slightly during sex and give permission to the virus to enter in the body. These cases are mostly encountered among girls less than 18 years. The vagina also has a large surface area that can be exposed to the virus, thus

increasing risk of infection. The report goes on to explain that, anal tissues are also fragile and prone to tearing slightly during sex. Women are at higher risk of infection via anal sex than by vaginal sex with an infected man. This information indicates that, women are more affected by HIV/AIDS which affect them and their families. Therefore, there was a need to investigate challenges that make women more prone to HIV/AIDS than men (*ibid*).

Women biologically are at higher risks of getting HIV/AIDS than men. On the other hand, women who are affected by HIV/AIDS are abandoned by their partners and the families are left behind. However, women have more family responsibility compared to men. This makes women with HIV/AIDS to live a challenging life than men. Currently, women with HIV/AIDS complain on their status. However, there are no any initiatives to help women with HIV/AIDS to minimize the challenges in their lives. Therefore, this study assessed the challenges facing women living with HIV/AIDS in Dar es Salaam city.

Prior to 1983, medical professionals in Tanzania took Acquired Immunodeficiency Syndrome (AIDS) as a disease occurring in America and Europe. (TACAIDS, 2012).Very little attention was focused on this disease. The first three patients with AIDS were reported from Ndolange Hospital in the Kagera Region in November 1983. The clinical features of these patients were clearly similar to those reported in Rwanda and Zaire. Soon after this alarm, more and more cases were reported from this region and by late 1985 these cases were serologically confirmed by the enzyme-linked *immunosorbent* assay (ELISA) and Western blot tests (CEDAW, 2014).

Preliminary inspection of AIDS cases as reported in Kagera pointed out that, the early cases were among adults of both sexes who were involved in cross-border trade, war, commercial sex workers and truck drivers (CEDAW, 2014). This population group indeed accelerated HIV transmission to other parts of the country; starting with urban centres and then on to the rural areas.

Even though between 1983 and 1987 Kagera Region continued to report increased numbers of AIDS patients more than any other region, by 1986 all regions of Tanzania Mainland had reported AIDS cases to the Ministry of Health (TACAIDS,2012).

It is also likely that multiple reporting of cases may be occurring; weak AIDS case surveillance system and the possibility of patients attending for treatment in different hospitals in the country. Most cases of AIDS have been reported from the age groups of 0-5 years and 15- 45 years with both sexes equally represented (TACAIDS, 2012). The epidemic of AIDS and HIV infection in Tanzania is associated solely with HIV-1, although elsewhere in the world infections due to HIV-2 also occur.

According to analysis of the genetic diversity of HIV-1 in samples from Dar es Salaam and Kagera (Lyamuya *et al.*, 1998) and from Mbeya (Hoelscher *et al.*, 1998) three viral subtypes are common in Tanzania: HIV-1 subtype A, C and D. It can be argued that, the mobility of people and social interruption caused by the war between Uganda and Tanzania that ended in 1979, were a conducive environment for the preamble of the Human Immune-Deficiency Virus (HIV) and a fertile ground for its spread. (Ministry of Health and Social welfare, 2016).

1.2 Statement of the Problem

HIV/AIDS is a challenge and a problem to Africa and Tanzania in particular. Kata (2011) indicates that, 61% of people living with HIV/AIDS virus in sub-Saharan Africa are female. The highest rates of HIV/AIDS infections are among 15 to 49 years old women in the Southern Africa, predominantly in Botswana, Lesotho, Swaziland, and South Africa. Women with HIV/AIDS in most cases are unable to continue with their income generating activities that supports their families. Many people are infected with this disease and most of them are not powerful economically.

Richard et al., (2009) elaborates that, poverty and education have long been related with HIV/AIDS. Poor economic situation of the infected people prevents women with HIV/AIDS have access to benefits such as hospitals and good diet. The situation is bad especially for women because they are a key person to their families. When a woman is sick, all family becomes sick. Women with HIV/AIDS lack access to health care and preventive education which increases the chances of transmission to their children, families and their partners. Therefore, this study assessed the challenges facing women living amid HIV/AIDS in the Ilala District inside Dar es Salaam city, Tanzania.

1.3 Research Objectives

1.3.1 General Objective of the Study

The main objective of this study is to assess the challenges facing women living with HIV/AIDS in Ilala District in Dar es Salaam City.

1.43.2 Specific Objective of the Study

(i) To identify factors contributing to women contracting HIV/AIDS in Ilala District

(ii) To assess challenges facing women living with HIV/AIDS in Ilala District

(iii) To explore measures that address challenges facing women living with HIV/AIDS in Ilala District.

1.4 Research Questions

(i) What are the factors contributing to women contracting HIV/AIDS in Ilala District?

(ii) What are the challenges facing women living with HIV/AIDS in Ilala District?

(iii) What are the measures used to identify challenges facing women living with HIV/AIDS in Ilala District?

1.5 Significance of the Study

The findings provides information to the Ministry of Health on the challenges facing women living with HIV/AIDS in Ilala District and Tanzania at large. Besides, the study was benefit the academic institutions whose scholars may wish to do researches on HIV/AIDS in the future, this dissertation being the source of reference.

1.6 Limitation and Delimitation of the Study

1.6.1 Limitation of the Study

The study was essentially controlled in the midst of time due to the fact that time was not enough to have a wide sample size leading the study to be done in Segerea ward,

Ilala District. Time was further a limitation to this study due to fact that, time provided to complete this study was short compared to the real situation on the ground. The study was also financially constrained because the researcher is self sponsored and there were no enough funds for this study. However, the researcher addressed all this challenges by managing the short time appropriately to accomplish this study on time. The researcher also concentrated on a small but informative area to gather data in order to address the financial constrains present.

1.6.2 Delimitation of the Study

This study was delimited to Segerea Ward in Ilala District, Dar es Salaam Region.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews published and unpublished research literatures, journals and articles related to the study objectives. Apart from reviewing the same, the chapter presents definition of key concepts, theoretical literature review, empirical literature, research gap and conceptual framework.

2.2 Definition of the Key Concepts

2.2.1 AIDS

AIDS is Acquired Immune Deficiency Syndrome (American Dictionary, 2016). According to American Dictionary (2016) AIDS is a serious diseases caused by a virus that destroys the body's natural protection from infection and can results in death. This implies that people with AIDS have high possibilities of getting infections such as cancers and neurological disorders.

2.2.2 HIV

The Human Immunodeficiency Virus (HIV) is a retrovirus that infects cells of the immune system, destroying or impairing their function (Vanable *et al.* 2006). As the infection progresses, the immune system becomes weaker, and the person becomes more susceptible to infections. The most advanced stage of HIV infection is acquired immunodeficiency syndrome (AIDS). It can take 10-15 years for an HIV-infected person to develop AIDS; antiretroviral drugs can slow down the process even further (World Health Organization, 2015).

2.2.3 Women

Woman is a female human. The term woman is usually reserved for an adult, with the term girl being the usual term for a female child or adolescent. The term *woman* is also sometimes used to identify a female human, regardless of age, as in phrases such as "women's rights". "Woman" may also refer to a person's gender identity (Galanti, 2003).

2.3 Theoretical Framework

2.3.1 Hepatitis B Vaccine (HBV) Theory

Hepatitis B vaccine is a vaccine that prevents Hepatitis B. This includes those with poor immune function such as from HIV/AIDS and those born premature (Hepatitis, 2009). The Human Hepatitis B virus causes acute and chronic hepatitis and is considered one of the most serious human health issues by the World Health Organization, causing thousands of deaths per year (Breno *et al*,. 2014). Breno *et al.*, (2014) continues to emphasize there are similar viruses belonging to the Hepadnaviridae family that infect non-human primates and other mammals as well as some birds.

The majority of non-human primate virus isolates were phylogenetically close to the human hepatitis B virus, but like the human genotypes, the origins of these viruses remain controversial. However, there is a possibility that human hepatitis B virus originated in primates. Knowing whether these viruses might be common to humans and primates is crucial in order to reduce the risk to humans. This theory does not show the origin of HIV virus and how the virus is transmitted from one person to another.

2.3.2 Oral Polio Vaccine Theory

Oral Polio Vaccine (OPV) Theory speculates that the AIDS virus, Human Immunodeficiency Virus type 1 (HIV-1), may have crossed into humans as a result of contamination of the Oral Polio Vaccine (OPV) (Worobey *et al.* 2004). Worobey *et al.* (2004) stresses OPV/AIDS theory claims that, chimpanzees from the vicinity of Stanleyville now Kisangani in the Democratic Republic of Congo were the source of a Simian Immunodeficiency Virus (SIVcpz) that was transmitted to humans when chimpanzee tissues were allegedly used in the preparation of OPV. It showed that SIVcpz is indeed endemic in wild chimpanzees of this region but that the circulating virus is phylogenetically distinct from all strains of HIV-1, providing direct evidence that these chimpanzees were not the source of the human AIDS pandemic.

This study relied on Oral Polio Vaccine (OPV) theory because the theory emphasizes that, HIV/AIDS is transmitted from one person to another due to contaminations. The theory indicated that the Human Immunodeficiency Virus type 1 (HIV-1) may have crossed into humans as a result of contamination of the oral polio vaccine. However, the theory also indicated that HIV virus originated from chimpanzees, this claim proves the fact that HIV/AIDS virus must come from a certain origin. Therefore, the Oral Polio Vaccine theory is very applicable to this study.

2.4 Empirical Literature Review

2.4.1 Causes for Women Affected with HIV/AIDS

Women do not like to be affected with HIV/AIDS in their lives. Women with HIV represent a large number of populations in Tanzania (Ellsberg and Betron, 2010).

Women are supposed to be educated on the factors causing them to be more affected with HIV/AIDS than their counterparts' men. The impact of HIV/AIDS on women disturbs whole family. The following are some of the reasons which causing women to be more affected with HIV/AIDS than men.

2.4.1.1 Due to Unfaithful Partners

Unfaithful partners are bad in marriages. No person prefers to marry unfaithful partner. Unfaithful partner contributes to the transmission of HIV/AIDS from one person to another. Some of men they do not satisfied with their wives. This makes many women vulnerable to HIV/AIDS infections from their partners. On the other hand, there are men who make sex with other men (homosexual). This may also contaminate men and automatically women are also being affected. Sometimes, women are also not faithful; they may be engaged with men who are affected with HIV/AIDS making it easy for the disease to enter the couple and caused many challenges to women (Global information and advice on HIV & AIDS, 2016).

2.4.1.2 Sex Without Condom

When women meet with rough men and vice versa. Men may want sex without condom while women want with condom. But due to the character of many men, they force women to agree to have sex without condom as a result, women are at great risk of being infected if a man has HIV/AIDS. This is because women are receivers of the sperms which increase the chance of being contaminated with HIV/AIDS and can face different challenges after being affected (Global information and advice on HIV & AIDS, 2016).

2.5 Challenges Facing Women Living with HIV/AIDS in Tanzania

People living with HIV/AIDS have difficult lives. Their plans are not going well because they are not healthy. All in all, women suffer more than men and despite the sickness family matters must continue as usual. Due to this situation, women are severely impacted by HIV/AIDS compared to men. Women with HIV/AIDS pass through different challenges in their daily lives (CEDAW, 2014). The following are a few challenges that women living with HIV/AIDS go through in a daily basis.

2.5.1 Stigma/Discrimination

Discrimination against women with HIV/AIDS is a common thing in Tanzania even in other parts of the world (Ellsberg and Betron, 2010). Women with HIV/AIDS feel rejected from closest people such as husbands, lovers, family members and co-workers. All these people see women who have been affected with HIV/AIDS as a person who have curse in their families. Additionally, when a status of women with HIV/AIDS is open to people who had a sexual relationship, the men can increase the tendency to control them either physical or sexual violence. This makes women with HIV/AIDS to be lonely and discouraged because of bad treatment from people who had good relationship. This discourages them and the situation can affect their mental health and may lead to early dearth (David and Andrew, 2003).

Women with HIV/AIDS in most cases decide to hide their condition escaping stigmatization. Most women are in fear of disclosing their HIV/AID status due to isolation from the community members. Isolation of women affected with HIV/AIDS status can increase the effects of HIV/AIDS and may die before time (TACAIDS, 2012). According to Ellsberg and Betron (2010) approximately 68% of

people impure with HIV/AIDS worldwide live in sub-Saharan Africa, where the virus disproportionately affects women. Gender-Based Violence has been identified as a significant driver of HIV/AIDS infections in women in the region, and international organizations are progressively more focusing on the elimination of violence against women as key in the battle against the spread of the epidemic.

2.5.2 Lack of Health and Support Services

Every woman with HIV/AIDS needs support from the society (Bowleg *et al.*, 2000). Even though a woman may be well financially, yet in one way or another she needs support from other people. Women with HIV/AIDS need affordable transport to and fro the hospitals. Lack of affordable transport can increase frustration to women with HIV/AIDS. On the other hand, women with HIV/AIDS have children and sometimes they have no any source of funds to carter for their children (Caetano and Clark, 2003). This situation makes them feel bad because their children want to eat while they cannot afford to provide them with proper food. Furthermore, women need to access their medication (ARVs) from time to time, however, this may not be the case due to lack of affordable transport to and from the hospital (Caetano and Clark, 2003).

2.5.3 Supports for Women Living with HIV/AIDS in Tanzania

All people who are close or related to women with HIV/AIDS such as family, friends and co-workers have the duty to support women affected with HIV/AIDS. Good support to women with HIV/AIDS can help them live longer with a better quality life. TACAIDS (2012) explains the support that women living with HIV/AIDS can be provided which include the following:

2.5.4 Moral Support

Moral support is highly needed by women with HIV/AIDS. Most of women with HIV/AIDS are widows. However, few of them are not widows. But these few women with HIV/AIDS are like widows because after they contract HIV/AIDS and disclose their status they tend to be ostracized and are let alone with the children or sometimes with no family at all.

This makes many women with HIV/AIDS to left helpless with no support from other family members or the entire community. Moral support can be provided to women living with HIV/AIDS by people with strong faith from either the Muslims or Christians or both. Telling women with HIV/AIDS about God is very important because the word of God instills hope to these women. Therefore, all people with good faith are responsible to visit women with HIV/AIDS and give them hope about God who can help them in their situations (UNAIDS, 2012).

2.5.5 Medical Support

Medical support is highly needed to provide quality health for women with HIV/AIDS. Women who have been affected with HIV/AIDS can easily infect their young ones at birth or during breastfeeding (Centers for Disease Control, 2000). Therefore, women with HIV/AIDS need suitable medical services to prevent the transmission of HIV/AIDS to their children during pregnancy, delivery and breastfeeding (Centers for Disease Control, 2006). Women with HIV/AIDS have the duty to protect themselves from infecting their children from HIV/AIDS. Women with HIV/AIDS need to be aware of preventive measures such as taking anti-HIV-drugs and learning proper way of feeding their children in the early stages of their

lives in order to prevent the transmission of HIV/AIDS virus from mother to child. On the other hand, women with HIV/AIDS have the duty to prevent unexpected pregnancies by using contraceptives. The use of contraceptives help to prevent new transmissions of HIV/AIDS to children and is very effective and inexpensive method (Centers for Disease Control, 2006).

Antiretroviral (ARVs) is essential for women with HIV/AIDS. World Health Organization, HIV/AIDS (2015) indicates that, Standard Antiretroviral Therapy (ART) consists of the combination of antiretroviral (ARV) drugs to restrain the HIV virus and stop the progression of HIV disease. ART also prevents onward transmission of HIV. Huge reductions have been seen in rates of death and infections, particularly in early stages of the disease. WHO recommends ART for all people with HIV as soon as possible after diagnosis without any restrictions of CD4 counts. It also recommends offer of pre-exposure prophylaxis to people at substantial risk of HIV infection as an additional prevention choice as part of comprehensive prevention (Centers for Disease Control, 2006). Countries are now implementing these recommendations within their own epidemiological setting. This indicates that ARV is very important to women with HIV/AID for better health.

2.5.6 Shortage of Services Support

Women with HIV/AIDS have different needs because some of them were abandoned by their husbands without properties in possession. Some other women with HIV/AIDS, their properties had been stolen by the relatives of the deceased husbands. This situation left most women in poverty due lack of properties. In any case, women with HIV/AIDS need support on different services (Centers for Disease

Control, 2006). Women with HIV/AIDS need good and convenient transport facilitates to and from the hospital with minimal tiredness. On the other hand, women with HIV/AIDS need support for their children. The support needed by these women with HIV/AIDS include education for their children and other quality childcare such as proper feeding. In an actual sense, all people are obliged to provide support to women with HIV/AIDS which facilitates quality of women lives. There is no need for women with HIV/AIDS to fight for services support from people because in so doing it undermines their health (Centers for Disease Control, 2006).

2.5.8 Inadequate Financial Support

Women with HIV/AIDS have different needs away from shelter, food and health. These women also need financial support. Financial support is required for women with HIV/AIDS because they have different needs which may not be disclosed to everyone. Therefore, there is a need for women with HIV/AIDS to organize themselves in a meaningful network. Networking for these women will help start their own small business which will be the source of income in their lives.

These women may be engaged in a number of small businesses including; livestock keeping, tailoring and the other small businesses of their choice (Centers for Disease Control, 2006). On the other hand, there is a need to establish an organization to support women with HIV/AIDS. These organizations can help provide shelter, assist with rape and abuse cases for women. Furthermore, there is a need to provide knowledge to women on sexual relationship in order to improve their decision making in the family (Centers for Disease Control, 2006).

2.5.9 Lack of Information Services

Information is important for everybody in this world (Centers for Disease Control, 2006). Women with HIV/AIDS need information on HIV/AIDS and other related information. Knowledge on HIV/AIDS is highly needed to women with HIV/AIDS in order to prevent further infections to other people and to their own very children during birth. Good information on HIV/AIDS makes women knowledgeable on HIV/AIDS aspects and increases their confidence in life since it will be clear to them having HIV/AIDS doesn't signify the end to life, since life continues as usual even if one is infected with HIV/AIDS (Coleman, 2003).

2.6 Research Gap

The reviewed literature showed that there is a research gap to be filled. Studies done by both Richard *et al.* (2009) and Robert *et al.* (2004) show that, societies or individuals are concerned only with the effects of HIV/AIDS for both men and women. Allanise *et al.* (2010) and Vanable *et al.,* (2006) conducted a study on challenges and impacts of HIV/AIDS for men and women.

All these studies dealt with HIV/AIDS, but they did not address specifically the challenges faced by women living with HIV/AIDS, both studies looked at both men and women. However, very little has been done to assess the challenges facing women living with HIV/AIDS in Dar es Salaam City, specifically in Segerea ward in Ilala District. Therefore, this study intends to fill this gap by assessing the challenges facing women living with HIV/AIDS in Ilala District in Tanzania.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the study area, research methodologies, study population and sample size. The chapter also presents sampling techniques, types and sources of data, data collection methods, data analysis validity and reliability and ethical consideration.

3.2 Research Design

According to Kothari (2004) research design is the framework that specifies the types of information to be collected, sources of data and data collection procedures. Research design is a strategy followed in doing research. This study adopted a case study research design where only women in Segerea ward were involved in this study. Zaidah. (2007) explains that, a case study method enables a researcher to closely examine the data within a specific context. In most cases, a case study method selects a small geographical area or a very limited number of individuals as the subjects of study. Case studies, in their true essence, explore and investigate contemporary real-life phenomenon through detailed contextual analysis of a limited number of events or conditions, and their relationships. Careful design of a case study is very important. This is because case study method, through interviews or journal entries, must be able to prove that: it is the only feasible method to bring out implicit and explicit data from the subjects, it is appropriate to the research question It follows the set of procedures with proper application, The scientific conventions

used in social sciences are strictly followed. A 'chain of evidence', either quantitatively or qualitatively, are systematically recorded and archived particularly when interviews and direct observation by the researcher are the main sources of data, . The case study is linked to a theoretical framework (Tellis, 1997). Case study research design in this study made it possible to make statements about empirical studies and evaluate or interpret cases relative to substantive and theoretical criteria that aim to assess the challenges of women living with HIV/AIDS in Segerea Ward (Yin, 2003).

3.3 The Study Area

This study was carried out in Ilala Municipal Council in Dar es Salaam city. The study area has been selected because it faces many challenges to women with HIV/AIDS. The selection of Ilala Council is due to the fact that there are more than 10,000 women living with HIV/AIDS (TACAIDS, 2012). The researcher also chose this study area due to its easy access to both communication network and the data available easy in Ilala Municipal Council. Therefore, Segerea ward in Ilala district was chosen as a study area suitable for this study.

3.4 Population of the Study

Population is essential unit in any research. Kothari (2004) describes a population is the totality of the objects from which a sample is obtained. Furthermore Cohen (2001) emphasizes population is a large group of people possessing one or more common characteristics, which a research study focuses. This study included a total of hundred (100) women with HIV/AIDS in Segerea Ward and five (5) counselors who support women with HIV/AIDS. Women living with HIV/AIDS and the

stakeholders working to safeguard the interest of women living with HIV/AIDS provided the answers to the research questions formulated from research objectives of this study.

3.5 Sampling Technique and Sample Size

3.5.1 Sampling Technique

Sampling techniques refers to the process of selecting the sample from the population (Kothari, 2004). This study used random sampling technique in selecting sample of women with HIV/AIDS. Women with HIV/AIDS have an equal chance of being selected. In Random sampling, each individual is chosen randomly and entirely by chance, such that each individual has the same probability of being chosen at any stage during the sampling process, (Yates, David and Daren 2008).

On the other hand, this study involved purposeful sampling for selecting WEO of Segerea and One Organizations deals with HIV/AIDS. This is the reason of using purposeful sampling. Purposive sampling represents a group of different non-probability sampling techniques**.** Also known as judgmental**,** selective or subjective sampling, purposive sampling relies on the judgment of the researcher when it comes to selecting the units for example people, cases/organizations, events, pieces of data that are to be studied. Usually, the sample being investigated is quite small especially when compared with probability sampling techniques.

3.5.2 Sample Size

Sample size is the exact number of items selected from a population to constitute a sample (Adam and Kamuzora, 2008). Sample is a small portion from the population

drawn for the study. According to Kothari (2004), the sample size must be 5% or 10% of the population. Segerea had total women of 3,000 women living with HIV/AIDS (Segerea Ward data, 2016). Due to this big number of women it was not easy therefore for the researcher to study the whole population due to scarcity of resources including time and finances. The solution to the above limitation is to sample the population in order to get the population size which is manageable and representative. According to Kothari, 2004, the sample of the study can be 5% or 10% of the population. Therefore, for the case of this study the population of the Women with HIV/AIDS will be 10% of 1000 which is equal to 100 with HIV/AIDS (Table 3.1). Yamane (1967) provides a simplified formula to calculate quantitative sample sizes. This formula was used to calculate the quantitative sample sizes in Segerea ward Ilala municipal in order to find out the challenges facing women with HIV/AIDS.

The formula states thus:

$$n = \frac{N}{1 + N(e)2}$$

Where n is the sample size, N is the population size which include a total of 3,000 populations of the , e is the margin of error and in this case, e = 10% (0.01) and 1 is constant. Therefore, from the above formula the calculated sample size is 99.66 which will be approximated to 100 sample size.

Table 3.1: Sample Size

S/N	Description	Population	Sample
1	Women with HIV/AIDS	1000	100
2	Counselors	5	5
Total		**1005**	**105**

Source: Field Data, (2016)

3.6 Data Collection Methods

3.6.1 Primary Data

Primary data are collected by the researcher from the field. The materials obtained from primary data should not been altered or distorted in any way. Primary data can be collected using interviews, observations and questionnaires. The data which is not documented, published and processed is called primary data (Kothari, 2004). Primary data presents data obtained directly from the source. The aim of collecting primary data from the field is to get the direct information from the source. Primary data was generated from women living with HIV/AIDS in Segerea Ward.

3.6.2 Secondary Data

Secondary data is the information collected from documents such as files, journals, internet and reports. Secondary data is the information that has not been collected by researcher directly. Secondary data tends to be readily available and inexpensive to obtain (Kothari, 2004).

3.6.3 Primary Data Methods

3.6.3.1 Questionnaires

Questionnaire is a research instruments designed to get information from respondents (De La Rosa, 2002). Questionnaires were administered by women living with HIV/AIDS. This method was selected because questionnaires can gather information well from the respondents and as well as a specific information on the matter under study (*ibid*). Questionnaires were distributed to the women living with HIV/AIDS to gather information related to the objectives of this study. The information from

questionnaires was analyzed using simple statistical methods and presented in tables and graphs.

3.6.3.2 Key Informants Interviews

Aim to collect information from a wide range of people who have firsthand knowledge about the community (Carter and Beaulieu, 1999). The study used this method because the views of the participants on the interested phenomenon are respected (the emic perspective) and not the views of the researcher (the etic perspective). Moreover, this method allows for follow-up and clarification as soon as possible which enables the researcher to further understand the meanings attached by people on daily life practice through observation and interviews (Patton, 2002). The Interviews schedules were administered face to face between the respondents and the researcher. The Ward Executive Officer and the management of organization dealing with HIV/AIDS in Segerea ward were involved in the key informant's interviews.

3.6.3.3 Focus Group Discussion

A focus group discussion is a good way of collecting information from people with the same experiences of life. A focus group discussion was guided by the researcher who facilitated the discussion. Three FGD were selected with ten people in each group making thirty participants. The FGD took approximately thirty minutes in each group making a total of ninety minutes for the three groups. The choice of this method is due to the fact that, it allows the participants to provide insight on the way the group thinks about a particular issue, the range of opinion and ideas, and the inconsistencies and variation that exists in a particular community in terms of beliefs and their experiences and practices (Kothari, 2004). The results from the focus

group discussion were useful to provide an insight of the challenges facing women living with HIV/AIDS in Segera Ward.

3.6.3.4 Observations

Observation is an obvious method of carrying out research. There are different methods of observations such as controlled observation, natural observation and participation. These methods of observations are good for collecting information from the participants (Kothari, 2004). Kothari (2004) continues to stress that, observations are relatively cheap to carry out and few resources are needed by the researcher. However, they can often be very time consuming and longitudinal. A check list was developed in order to observe the following aspects; relationship status of women affected with HIV/AIDS and the society, living conditions of affected women within terms of housing and business environment for women living with HIV/AIDS who had their own personal businesses.

3.7 Data Processing and Analysis

Data analysis involved editing, coding, classification and tabulation of collected data.(Yates, S.; David, S.; Daren S. 2008).Data analysis was done based on the research objectives and presented according to the research objectives. The researchers used a computer program known as Statistical Package for Social Sciences (SPSS) version 15.0 to process and analyse collected data. Frequency distribution tables, pie charts and bar graphs were used to present data in this study. On the other hand, qualitative data from interviews was analyzed by triangulating information and explanations to establish reasons on the challenges facing women

living with HIV/AIDS. This study present collected data through tables, figures, graphs and quotes from the FGD and Key Informant Interviews.

3.8 Ethical Considerations

According to Patton (2002) there are three objectives of research ethics. The first and broadest objective of ethics is to protect human participants. The second objective is to ensure that research is conducted in a way that serves interests of individuals, groups and/or society as a whole. Finally, the third objective is to examine specific research activities and projects for their ethical soundness, looking at issues such as the management of risk, protection of confidentiality and the process of informed consent. In this study, the researcher was responsible to ensure the respondent are respected and thus personal matters were not questioned.

The researcher was also ethically responsible to protect the rights of the respondents. The researcher beforehand sought permission from respondents before information was given. Furthermore, the researcher was confidential to the data as well as the privacy of the respondents.

3.9 Reliability and Validity of Research Instruments

Reliability is the consistency, stability, or dependability of data (Kothari, 2004). In other words, reliability is the degree to which the same results would be obtained in repeated attempts of the same test (*ibid*). On the other hand, validity is the extent to which a measurement does what it is supposed to do (Kothari, 2004). Thus, validity refers to data that are not only reliable but also true and accurate. Kombo and Tromp (2006) explain that, validity determines whether the variables measure what they are

intended to measure. From these definitions, it could be fairly stated that if a measurement is valid, it is also reliable.

It is also important to note that, not every reliable measurement is valid. To authenticate reliability and validity of data gathered from this study, the interview guides and questionnaires were sent to an experienced researcher for inputs and comments. The tools were further pre-tested with women respondents who live with HIV/AIDS. This pre-testing was done to check the consistency of data collection tools and whether they could bring onboard the expected results. After pre-testing, some corrections were done to make sure that questionnaires and interview guides suit the research objectives. In addition to pre-testing, the researcher ensured data were collected from relevant personnel and a crosscheck was made on the data given through questionnaires against those collected through interviews, observation and where possible it was documented for the purpose of ensuring reliability and validity.

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSION

4.1 Introduction

This chapter presents the findings of the study in line with the specific objectives. Specifically, the chapter presents the findings on the respondent's profiles; the factors contributing to women contracting HIV/AIDS, the challenges face women living with HIV/AIDS and measures that address challenges facing women with HIV/AIDS in Ilala district in Segerea ward.

4.2 Respondent's Profile

4.2.1 Ages of the Respondent

Respondents in this study were required to state their ages from the given options which included: below 20 years, 21 – 30, 31 – 40 and above 55 (Figure 4.1). Findings in Figure 4.1 reveal that, respondents who were affected with HIV/AIDS had different ages as shown 20.8% of respondents were below 20 years, 28.7% were between 21-30 years, 21.8% were between 31-40 years and 27.7% had more than 41 years. These findings further show that, more than 60% respondents were below 40 years where 27.7% of respondents were above 41 years.

The findings in Figure 4.1 imply that, young women are more affected with HIV/AIDS. These findings are further supported by the UNAIDS report (2014) which shows women in Tanzania who are affected with HIV/AIDS approximately 690,000 aged 15 years. The report also notes that 6.2% of women aged 23-24 are affected with HIV/AIDS. Moreover, the Tanzanian Commission for AIDS (2013)

stresses that, women tend to become infected earlier because they have older partners and get married earlier.

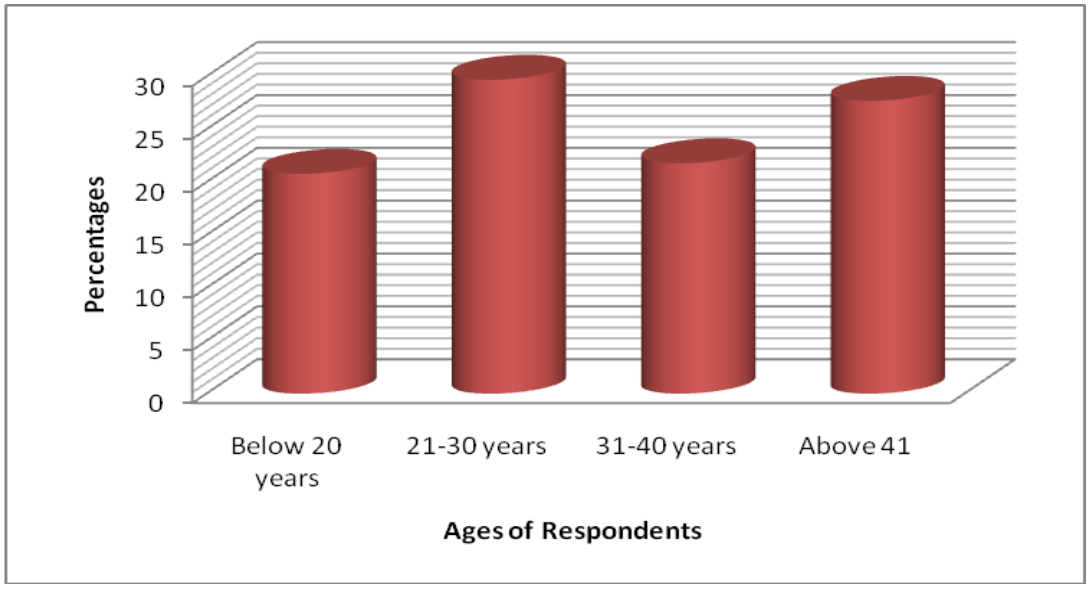

Figure 4.1: Ages of Respondents

Source: Field Data, (2016)

The early marriages for women meet with the challenge of negotiating for safer sex due to gender inequality. Many women are attracted to older men due to different reasons such as the need for money, affection and social advancement. Even though not all these relationship ends with HIV/AIDS, but there is a great risk for women to get infections due to gender inequalities (Tanzania Commission for AIDS, 2013).

4.2.2 Respondent's Education

Education for the women with HIV/AIDS is very important (Figure 4.2). This is because the general education to women can help women defend themselves from contracting more HIV/AIDS. Therefore, respondents were asked to indicate their level of education. The intention here was to find out whether the level of education among respondents helped them care of themselves with HIV/AIDS infection.

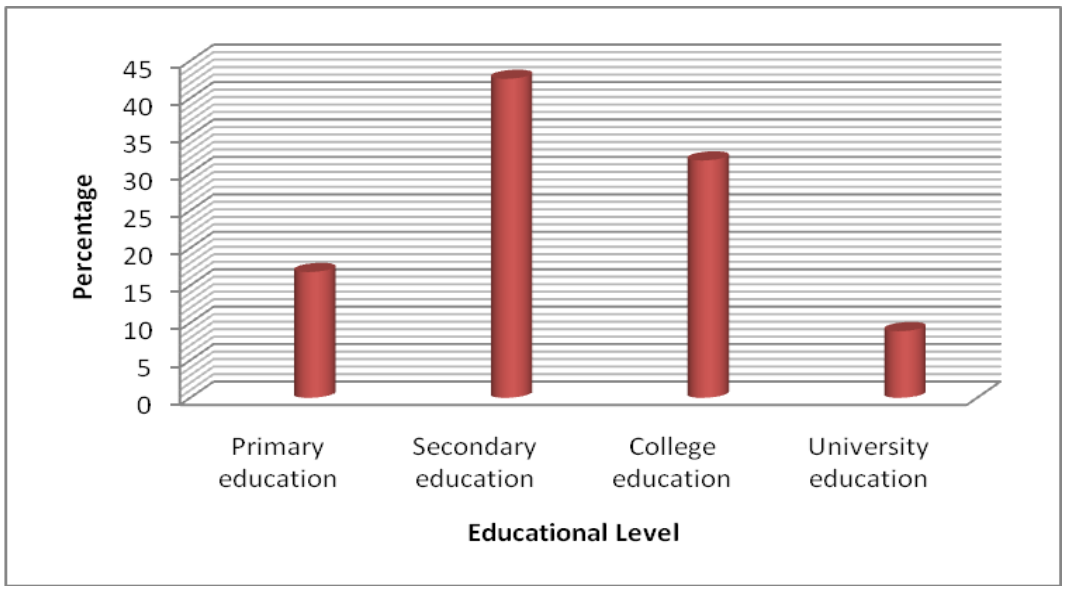

Figure 4.2: Respondent's Education

Source: Field Data, (2016)

Findings in Figure 4.2 reveal that, respondents had different levels of education as indicated by 16.8% of the respondents with primary education, 42.6% with secondary education, 31.7% with college education and 7.9% with university education. These finding show that, the respondents with secondary education had been mostly affected with HIV/AIDS followed by respondents with college education.

The findings imply that, women with low level of education are more affected with HIV/AIDS than women with higher level of education such as University. The higher numbers of women with low level of education are affected with HIV/AIDS perhaps due to poor economic situation which forced them to have relationships without taking great considerations. However, women with higher level education are not affected to a great extent probably due to the fact that most of them are not easy to have unknown relationship. They think before they enter into relationship.

4.2.3 Respondent's Survival Period with HIV/AIDS

Respondents were asked to state the period they have lived with HIV/AIDS. This is because living with HIV/AIDS is not a good thing since it affects people psychologically and physically. Therefore, there was a need to know the period in which the interviewed women have lived with HIV/AIDS. Respondents were asked to indicate the time they have lived with the disease by selecting one among the following categories: less than 1 year, 2-3 years, 4-5 years and above 6 years (Figure 4.3).

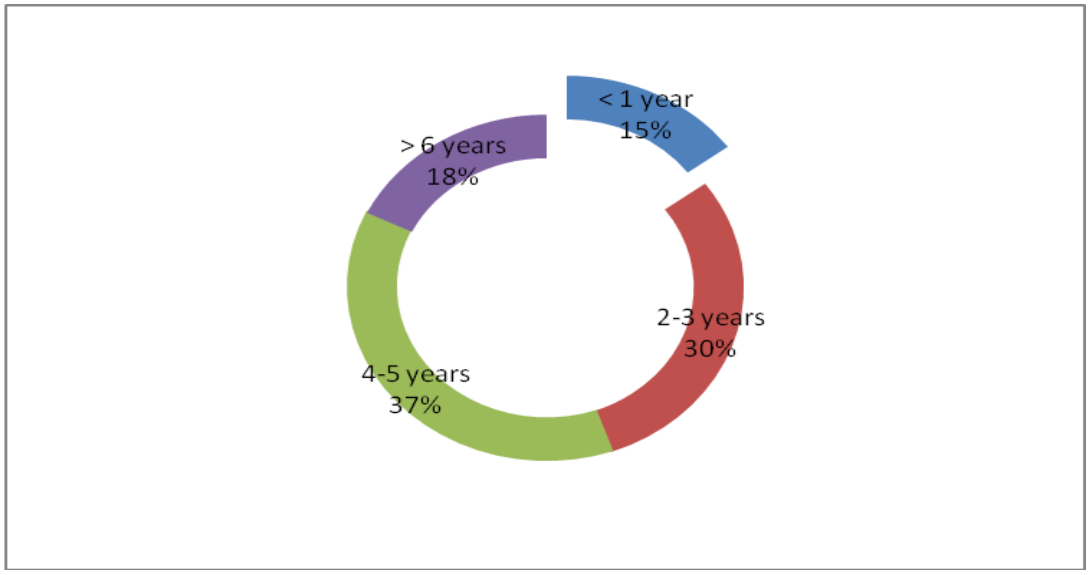

Figure 4.3: Respondent's Survival Period with HIV/AIDS

Source: Field Data (2016)

Findings in Figure 4.3 revealed that, respondents had different experiences on the effects of HIV/AIDS as shown by 14.9% respondents who lived with HIV/AIDS for less than 1 year, 29.7% of respondents lived for 2-3 years, 37.6% of respondents lived for 4-5 years and 16.8% of respondents who lived with HIV/AIDS for more 6 years and more. This finding shows that, more than 83.2% of respondent's

experiences fall from less than 1 year to 5 years. However, 16.8% of respondents had experiences of above 6 years. These findings imply that, there are new transmissions of HIV/AIDS because large numbers of respondents have less than 5 years of experiences. For the women who have lived with HIV/AIDS for 6 and more years were 16.8% compared to those with less than 5 years. The study further reveals that, women with HIV/AIDS were infected on different times. Therefore, the experiences on the disease differ depends on period in which the test for HIV/AIDS was done. A woman living with HIV/AIDS in Segerea ward had the following to say:

> *"……Testing for HIV/AIDS is not an easy task. Many people including men are not ready to be tested for HIV/AIDS. Sometimes it is very difficult to convince people to have their blood tested for HIV/AIDS. This is because accepting HIV/AIDS results requires a lot of confidence. Many people tend to ask themselves, what if they are HIV/AIDS positive, what they will do to sustain themselves. How the information can be shared with friends and family. It is important to understand therefore, it was not easy for me to test for HIV/AIDS until when I became pregnant. At the clinic all pregnant women must be tested for HIV/AIDS status whether one likes or doesn't There, I had no choice, this is how I found out about my status….."*
>
> (A woman living with HIV/AIDS in Segerea Ward, June 2016)

Therefore, the experience of women living with HIV/AIDS was not common. The reason is that, each woman tested for HIV/AIDS at different times and different circumstance leading to different experiences. However, most of women with HIV/AIDS are not ready to tell the truth regarding the period they were infected.

This is because most women living with HIV/AIDS fear to express their status on HIV/AIDS due to different forms of stigma that exist in the community they live in. Therefore, there is a need for the public to know having HIV/AIDS is a disease like any other disease and anybody can be infected in a number of ways the most familiar example in this case may be through blood transfusion and sexual intercourse.

These findings were further supported by Stefano *et al.,* (2006) who emphasize that, experiences on HIV/AIDS are occurrence of stigma. Stigma has been a normal situation in Tanzania especially in rural and even in urban areas. Experiences on social rejection and discrimination related with HIV/AIDS affect women with HIV/AIDS and make them more pains in their lives. On the other hand, HIV-positive women may respond to stigma by concealing their illness from others, concern about the consequences of inadvertent illness disclosure could interfere directly with self-care efforts.

4.3 Identifying Factors Contributing to Women Contracting HIV/AIDS in Ilala District

The first objective of this study sought to investigate the factors contributing to women contracting HIV/AIDS. Respondents were asked to indicate their feeling by selecting items from the provided list; unfaithful partners, sex without condoms, sexual transmitted diseases, lack of education and religious (Figure 4.4).

Respondents provided different factors contributing to women contracting HIV/AIDS as indicated by 35% of HIV/AIDS victims contract the disease due to unfaithful partners. Many women are infected with HIV/AIDS by their unfaithful

partners in the marriage or relationship. Being unfaithful is caused by different factors including the desire to be with different women of different shape and sizes, being attracted to wealth women or men due to poverty and the removal of stress that stems from discord.

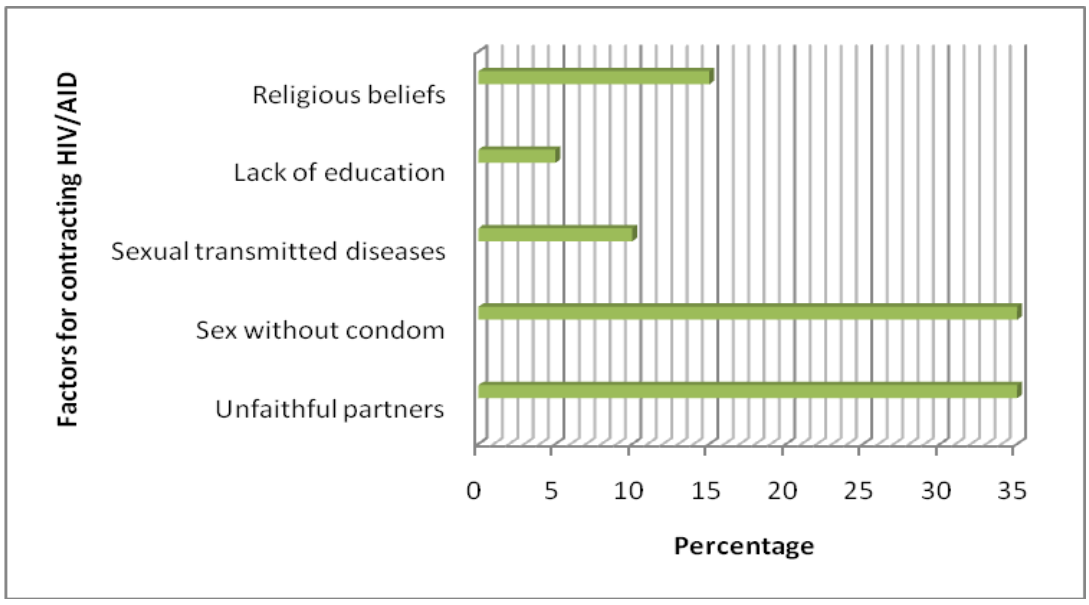

Figure 4.4: Factors Contributing to Women Contracting HIV/AIDS

Source: Field Data, (2016)

On the other hand, 35% of respondents said sex without condoms is another cause of HIV/AIDs. This may be attributed by the fact that many interviewed women seemed to lack knowledge on the use of condoms. This finding further revealed that, most women lack the knowledge on the use condoms and are incapable of defending themselves from men wanting sex without condom.

Moreover, women in marriages do not have power over their bodies due to the prevailing patriarchal systems in the society and the religious values that govern the marriages. It is also important to understand that, religious beliefs (15%) shown in

Figure 4.4 contribute to the spread of HIV/AIDS infections among women. Religion does not allow marriage couples to be divorced, this makes many women stay in their marriages even if the partner is not faithful to the marriage.

These findings are further validated by Atkins and Jacobson (2001) who in their study note that, over 25% of married men and 20% of married women engage in extra-marital sex over the course of their relationships. This implies that, unfaithful partners are a common thing for most of marriage. Unfaithful marriage or partners lead to relationship distress and increases relationship dissatisfaction. Dissatisfaction on relationship is very bad because increases the chance of all partners to go out of the marriage or to cheat. Cheating in relationship is a good door for the HIV/AIDS to affect both of the partners. There is small possibility of not being infected with HIV/AIDS if your partner is infected with HIV/AIDS.

These findings also note that, the spread of HIV/AIDS among women is not an issue to be neglected. However, the use of condoms during sexual intercourse prevents HIV/AIDS spread. Stefano e*t al.*, (2006) indicate that, despite the rapid spread of HIV, several countries have achieved important success in curbing its transmission. The extraordinary potential of HIV prevention is exemplified by such diverse efforts as Thailand's 100 percent condom program, Uganda's remarkable decrease in HIV prevalence, and the community-based syndromic management of sexually transmitted infections (STIs) in Mwanza, Tanzania.

On the other hand, the theory of HIV/AIDS is applicable in this study because HIV/AIDS is transmitted from one person to another due to contaminations. The

theory indicates that, the Human Immunodeficiency Virus type 1 (HIV-1) may have crossed into humans as a result of contamination of the oral polio vaccine. These findings acknowledges the fact that, partners who are not faithful and those who do not use condoms contribute greatly to the spread of HIV/AIDS from one person to the other.

To further support these findings women in the Focus Group Discussions shared their experiences on HIV/AID regarding the way they contracted the disease and other possible cause for the disease. A woman in a FGD in Segerea Ward expressed herself as follows:

> *"……The day I found out I was infected with HIV/AIDS, I was very worried and scared. I was worried because I was not infected through sexual intercourse but rather through blood transfusion. I was pregnant and my husband was in Europe for studies unfortunately, I was operated and I required blood, the transfused blood lead to HIV/AIDS infections in me. I was worried because I did not know what to tell my husband about the disease. I was very worried for a very long time not knowing what to tell my husband since I believed it would be hard for him to believe and understand my situation….."* (FGD with a 32 years old female respondent in Segerea Ward, May 2016).

Another woman living with HIV/AIDS expressed herself as follows:

> *"…….You can't believe when I tell you I was infected with HIV/AIDS by my parents. The day when I found out I was infected with HIV/AIDS; it was the saddest day in my life to date. One day I paid a visit to see my*

> *younger sister who lives with my grandmother during the visit I noticed my grandmother giving medicine to my younger sister, I wanted to know what the medicine were for. This is when my grandmother said my sister was HIV/AIDS positive so she needed to take her medication as prescribed. My grandmother went on to say we were both infected with HIV/AIDS by our parents that is why we all take frequent medication. I too was under medication but did not know what I was suffering from until the day my grandmother told me. My younger sister was taken to live with our grandmother after the death of our mother; but I did not know whether my younger sister was also infected with HIV/AIDS. These to date continue to be the most painful memories in me…"* (FGD with a 21 years Female respondent in Segerea Ward, May 2016).

The other woman also explained the way she contracted HIV/AID and this is what she had to say:

> *"…..I recall the day I was infected with HIV/ADIS to date. In that particular day, I had no money at all and I needed money for my family, I tried the hard I could to get money from friends but I could not. I met with this man who promised to give me the money I needed with the condition that we make love without using condom. I refused but he forced me and I did. I did because I was in need of money to support my family. I regret what happened that day…."* (FGD with a 27 years Female respondent in Segerea Ward, May 2016).

4.4 Challenges Facing Women Living with HIV/AIDS

Under objective two, the study sought to investigate the challenges facing women living with HIV/AIDS. There are different challenges facing women living with HIV/AIDS which need to be addressed. Therefore, Respondents were asked to indicate challenges facing women with HIV/AIDS. The following the challenges were captured from the respondents; isolation (31%) , aggression (18%), lack of support (25%), poor relations (16%) and lack of transport (10%) as indicated in (Figure 4.5).

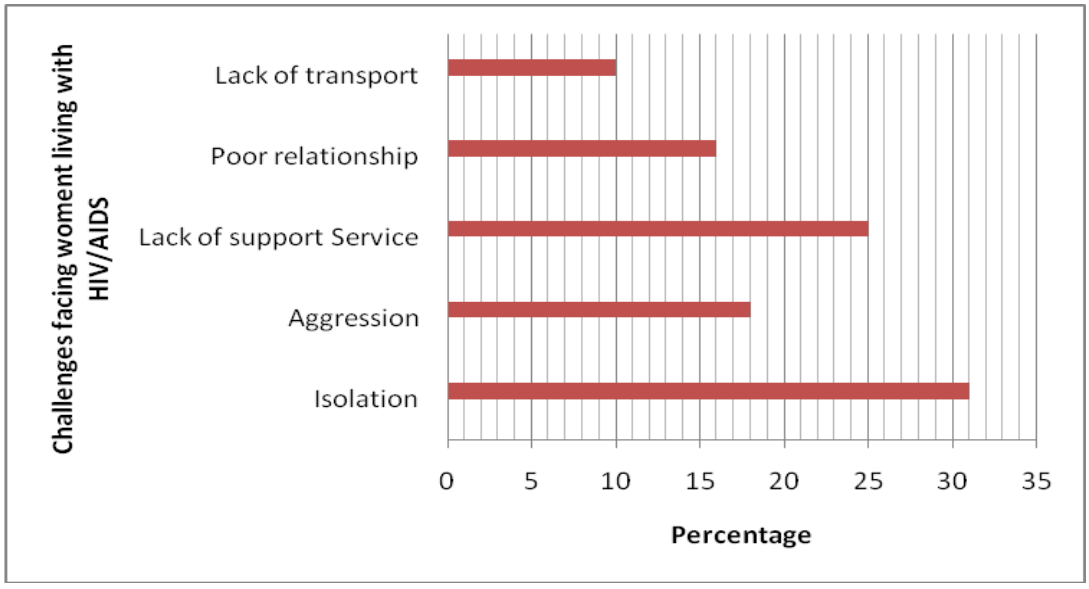

Figure 4.5: Challenges Facing Women Living with HIV/AIDS

Source: Field Data, (2016)

Bruyn *et al.* (1995) support these findings by explaining that, violence for women with HIV/AIDS especially rape for their partners is very common in Tanzania and in Africa at large. However, marital violence is easy to tolerate while violence outside the marriage is not easy. There is an increase of tendency of women being raped in Africa. Despite the realities of infection patterns, gender stereotypes allow women to

be blamed for spreading HIV/AIDS. Men are often reported to be infected by sex workers or casual girlfriends, who may be castigated by men and women alike, while less blame tends to fall on men than women who have multiple partners. However, lack of education on HIV/AIDS contamination has caused many women being contaminated and ends with death.

Many men also lack adequate information about their own bodies and tend to have even less information about women's bodies and needs. The theory on contamination of HIV/AIDS says that, contamination of HIV/AIDS is done by spread of the disease from one person to another. However, when women are prevented from these contaminations they can be prevented from the disease.

Findings in Figure 4.5 reveal that, 31% of respondents believe isolation of women living with HIV/AIDS is a very common practice in Tanzania. A similar state of affair is expressed by WHO (2005) emphasizing, isolation among women living with HIV/AIDS is a common practice in many Tanzania communities. Many women with HIV/AIDS are isolated from the families and are treated badly.

However, there are increasing tendencies of women living with HIV/AIDS being embarrassed by their partners making them vulnerable to both physical and sexual violence against women. This statement was also supported by this study through the Focus Group Discussion where a woman interviwed in Ilala Bungoni said:

"…..Women with HIV/AIDS face different challenges. When I knew I was infected with HIV/AIDS I told the man who lived with me,

because we were not officially married he decided to leave me and I remained alone from there onwards. This was a painful moment in my life since we had planned to be married the following year. A few days later after the man who left me came back to my house and he told me since he was the carrier of HIV/AIDS, he shall continue to infect many more women with the disease. This type of isolation from the person I expected to be married to increases pains in me as each day unfolds .....” (FGD with a female respondent in Ilala Bungoni, May 2016).

Another woman living with HIV/AIDS lamented as follows:

“……Many women who are infected with HIV/AIDS are greatly isolated in our communities. This is the major reason leading to women fear to expose their HIV/AIDS to the society knowing that they will eventually be isolated in different ways. For example, one day I went to take my ARVs in Temeke Hospital even though I was supposed to go to Ilala, Amana Hospital. While waiting for my medication, I met with a woman who came to Temeke to take ARVs. Because we were in the same room waiting for the medication, I asked her if she is there for medication as well. She agreed, but she told me that, she does not want people to know her status because she may be isolated from the society. Through this discussion, I discovered that women living with HIV/AIDS are still isolated to a great extent in our societies….” (FGD with a 45 years female respondent in Ilala Bungoni, May 2016).

4.5 Measures that Address Challenges Facing Women with HIV/AIDS

Under objective three, the study sought to investigate the measures that address challenges facing women living with HIV/AIDS in Ilala District. The finding in this study (Figure 4.6) shows that, many respondent 72% would like an increased government support to women living with HIV/AID, 16% of respondents would like a continuous provision of ARVs and only 12% of respondents wished to have inclusive dialogues on HIV/AIDS from the grass root levels.

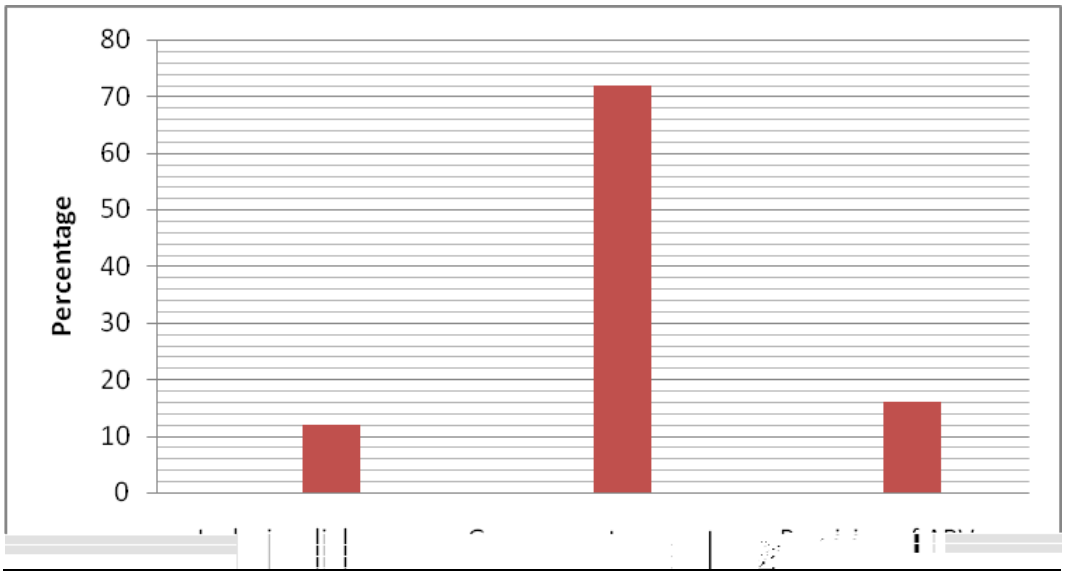

Figure 4.6: Measures to Address challenges Facing Women Living with HIV/AIDS

Source: Field Data, (2016)

This finding (Figure 4.6) show that, there are less inclusive dialogues on HIV/AIDS at Segerea ward. The less dialogues continue to exist in the community the more stigma will be present in the community. These findings are further supported by Deacon (2005) who explains different stigma that are present as a result of less inclusive dialogues in the community on HIV/AIDS. Deacon explains, self-stigma occurs when an individual internalizes feelings of shame or blame due to his/her

negative social judgment of the HIV positive status. Anticipated stigma is a negative response expected to be received from their family and community if their HIV positive status was made known. Enacted stigma is a discrimination, which involves actual acts or omissions that disadvantage a person on ARVs. This study understands that, all these forms of stigma continue to exist because less people are willing to talk and discuss on HIV/AIDS issues, that is why many HIV/AIDS victims continue to hide under this fear.

Moreover, this study continues to be supported by the Ministry of Health (2003) which proves the government supports all HIV/AIDS victims in Tanzania. National Health Policy of 2003 and National Policy on HIV/AIDS of 2001 were formulated aiming to prevent the continuous spread of HIV/AIDS in Tanzania. These policies aim to improve a sustainable health status of all the people, by reducing disability, morbidity and mortality, improving nutritional status and raising life expectancy. These polices recognize that, good health is a major resource essential for poverty eradication and economic development (Ministry of Health, 2003).

These findings continue to be acknowledged by the fact that, the government of Tanzania has not been idle to support women living with HIV/AIDS. The government has done many different things to support women living with HIV/AIDS by providing support on the preventive measures (HIV and AIDS report in Tanzania, 2015). The first thing which the Government of Tanzania does to the women living with HIV/AIDS was the prevention of mother-to-child transmission. This is because there are new infections in Tanzania due to mother-to-child transmission (MTCT).

According to (HIV and AIDS report in Tanzania,2015), Tanzania aims to virtually eliminate MTCT and reach 90% of all pregnant women with treatment, reduce the MTCT rate to less than 5%, and maternal and child mortality by 90% by 2017. Tanzania Ministry of Health (2014) also explains that, in 2013, 77% of all pregnant women were on antiretroviral treatment for PMTCT. The challenge facing this program of PMTCT was that, there was lack of access to PMTCT services to many health centers where there was a programme of PMTCT. On the other hand, there was a challenge on the availability or inefficient antiretroviral drug regimens, drug stock-outs and poor adherence to treatment. These cause problems to women living with HIV/AIDS especially in remote areas.

Furthermore, the Government of Tanzania provides condoms for prevention of the new transmission. The Government of Tanzania knows the importance of promoting condoms as a means to fight against women living with HIV/AIDS to get new infections (Tanzania Ministry of Health, 2014). Tanzania Ministry of Health (2014) explains in 2013, over 109 million condoms and 1.7 million female condoms were distributed. It was also noted that, condom use during last sexual intercourse has increased significantly from 46.3% to 58% for women. This is not a good progress; the Government of Tanzania has the duty to make sure the campaigns on HIV/AIDS continue in order to sensitize people to prevent themselves from getting new infection in Tanzania.

On the other hand, other forms of government support were noted across the sub-Saharan Africa, there was a cash transfer programmes as preventive measures for HIV/AIDS spread. The programmes aimed to work together with social protection

schemes such as PPF to facilitate the prevention of HIV/AIDS. The programmes have shown a great success on transmission of HIV/AIDS and other sexually transmitted diseases (STIs). In one Tanzanian pilot, cash incentives of US$10 or US$20 were given to young adults aged 18-30, as long as they were free from STIs. One year into the study, there was a 25% risk reduction STIs. These programmes show that economic benefit can positively influence people to use condoms more frequently (Heise, 2013).

Provision of ARVs (16%) to women living with HIV/AIDS is among the measure to reduce the effects of HIV/AIDS to women as indicated in Figure 4.6. One among the Women living with HIV/AIDS in the Focus Group Discussion Said:

> *"....I failed to take my medicine (ARVs) in my room because my friend most of the time was present. My friend was not aware that I had HIV/AIDS infections. In most cases I failed to take my medicine in front of my friend in fear that she will tell other people about my status. I had to wait for my friend to go for shower that is when I took my medication ...."*(FGD with a female respondent in Segerea Ward, May 2016).

This finding was further supported by the fact that, Tanzania provides antiretroviral medicines (ARVs) as a measure that helps women living with HIV/AIDS and makes them to continue with their duties. The provision ARVs in Tanzania started in 2003, and in 2004 the Tanzanian Government established National Care and Treatment Program which by August 2009 provided the life-prolonging drugs to approximately 235,000 patients (Antiretroviral Therapy in Tanzania, 2016). There are different

challenges on providing ARVs such as resistance of some virus. According to Tanzania Ministry of Health (2014) reports, the percentage of people receiving antiretroviral treatment in Tanzania stands at 37.5%. The number of people who use antiretroviral treatment increased since 2010 and by December 2013, 1.3 million people were enrolled at care and treatment centres, and 500,000 PLHIV were receiving ARVs. However, challenges remain on the provision of ARVs such as lack of financial resource for testing; weak supply chain management systems; and poor drug management and drug stock-outs.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the conclusion of the research findings per research objectives. It also provides various recommendations to address the problems raised in this study in order to improve the situation of women living with HIV/AIDS in Segerea ward but in Tanzania as a whole.

5.2 Summary of the Finding

5.2.1 Summary on Personal Particulars

The study involved women living with HIV/AIDS at Segerea ward in Ilala District. The findings revealed that, women living with HIV/AIDS had different ages. The findings noted that, 20.8% of respondents were below 20 years, 28.7% were between 21-30 years, 21.8% were between 31-40 years and 27.7% had 41 years and above. These findings show that, more than 60% of respondents were below 40 years old. However, 27.7% of respondents were above 41 years.

The findings also revealed that, women living with HIV/AIDS had different levels of education. It was further revealed that, 16.8% had primary level of education, 42.6% had secondary level of education, 31.7% had college level of education and 7.9% had university level of education. These results on education show that, the leading groups on education level comprised of respondents with both diploma and college level. However, the findings show that, university level respondents were 7.9% which was the least from the data. The findings imply that women with low level of

education are mostly affected with HIV/AIDS than women with higher level of education such as university level education.

On the other hand, the findings noted that, women living with HIV/AIDS had different experiences on the effect of HIV/AIDS. It was revealed that, 14.9% had experiences of less than 1 year, 29.7% had experiences of 2-3 years, 37.6% had experiences of 4-5 years and 16.8% had above 6 years. This finding show that, 83.2% of respondents experiences less than 1 to 5 years.

However, 16.8% had experiences of 6 years and above. This implies that, there are new transmissions of HIV/AIDS because large numbers of respondents had less than 5 years living with HIV/AIDS. Women who had 6 years and more were fewer 16.8% compared to less than 5 years which were 83.2%. Women living with HIV/AIDS were infected with the disease on different times. However, testing for HIV/AIDS was not easy for many women but they were forced with situations such as pregnancy to test for HIV/AIDS.

Under objective one, the intention was to examine factors contributing to women contracting HIV/AIDS in Ilala District. The study revealed different factors for HIV/AIDS infections. It was revealed that, 35.6% of respondents were infected due to unfaithful for male partners, 8.9% indicated that, infections were contributed due to unsafe sex, 17.8% indicated that the sexually transmitted diseases between partners are the factors for HIV/AIDS for women and 36.6% of respondents indicated that lack of education among women was the factors for contracting HIV/AIDS. This study also noted other factors for contracting HIV/AIDS including

blood transfusion, infections from the parents (during child birth and breastfeeding) and sexual intercourse.

Under objective two which intended to assess challenges facing women living with HIV/AIDS in Ilala District. The findings under this objective revealed different challenges facing women with HIV/AIDS. It was revealed that, 21.8% of respondents indicated isolations of women with HIV/AIDS as a common thing in Tanzania. Many women with HIV/AIDS are isolated from their families and are treated unfairly. There was a tendency of these women with HIV/AIDS to be embarrassed by their partners.

Other women had been divorced by their husbands due to HIV/AIDS status. The study as well noted that, there was a challenge on accessing ARVs. It seems that ARVs are accessed openly in the hospitals which expose victims to people who can inform others of their status. The finding as well noted that, 22.8% indicated aggression as another challenge facing women with HIV/AIDS. Women with HIV/AIDS face a challenge of being blamed by their partners. It is important at this point in time to understand that, not all the time women facilitate the spread of HIV/AIDS in marriages, but men are also sources of HIV/AIDS in many marriages.

The finding also noted that, 24.8% indicated lack of support services to women with HIV/AIDS. Women with HIV/AIDS need different support such as moral support and physical support. Moral support helps women with HIV/AIDS to strengthen their faith to God. Putting faith in God makes the women believe that, they can live in this world despite having HIV/AIDS infections. However, physical support helps women

living with HIV/AIDS to access important aspects of life including; provision of education, food, psychological support and be close family ties. It was also revealed that, 13.9% indicated bad relationship with their husbands and other relatives was found to be a normal thing in their daily lives. It was also revealed that, 15.8% indicated lack of transport for women living with HIV/AIDS. This is attributed by the fact that, some days these women may wakeup while sick and may fail to find their way to the hospital.

Under objective three which aimed to explore measures that address challenges facing women living with HIV/AIDS in Ilala District. The study revealed different measures to address challenges facing women with HIV/AIDS in Ilala District. This findings show that, there was a problem of joint discussion on HIV/AIDS at Segerea ward. Women with HIV/AIDS are facing different types of stigma. The types of stigma faced include; self-stigma, anticipated stigma, and enacted stigma. These entire different forms stigma increases pain to women living with HIV/AIDS and increases isolation. There is a need for the women with HIV/AIDS and the entire community to have an inclusive dialogue to address this plight.

The finding also revealed that, the Government of Tanzania supports women living with HIV/AIDS as indicated in the 2001 National Policy on HIV/AIDS. These findings show that, the Government provides support to women living with HIV/AIDS. The National Health Policy of 2003 and the National Policy on HIV/AIDS of 2001 were developed in order to regulate the spread of HIV/AIDS in Tanzania. These policies aimed to improve the sustainability of the health status of all the people, by reducing disability, morbidity and mortality, improving nutritional

status and raising life expectancy. The Government of Tanzania supports women to prevent mother-to-child transmission by providing appropriate medication. On the other hand, there are challenges on the availability or inefficient antiretroviral drug regimens, drug stock-outs and poor adherence to treatment.

The finding also revealed that, 91% of the respondents agreed that, the Government provides ARVs to women with HIV/AIDS while 9% disagreed. This finding acknowledges the fact that the Government provides ARVs to women living with HIV/AIDS. Provision of ARVs to women living with HIV/AIDS in Tanzania is very important because women are the one who take great responsibilities in their families. However, a major challenge remains on the confidentiality among close friends or relatives who see the HIV/AIDS victims access their ARVs causing poor relationship. Tanzania continues to provide antiretroviral medicines (ARVs) which help women with HIV/AIDS and makes them to continue with their duties. However, challenges continue to prevail on the provision of ARVs such as lack of financial resource for testing; weak supply chain management systems; and poor drug management and drug stock-outs.

5.3 Conclusions

5.3.1 Factors Contributing to Women Contracting HIV/AIDS in Ilala District

The finding revealed that, there were different factors leading to the spread of HIV/AIDS among women. The factors identified included; unfaithful partners, unsafe sex, sexual transmitted diseases, lack of education, blood transfusion, early marriage for girls, infections from the parents and sexual intercourse. It is therefore

concluded that, the fight against HIV/AIDS in Tanzania is not very easy especially with the identified factors being very dominant in Tanzania. This study goes on to conclude that; women should make sure that they get faithful partners by making a good choice of the partner, to use condoms in order to control HIV/AIDS infections together with other sexually transmitted diseases.

Moreover, early marriages for girls should also be abolished by parents and the Government as well. On the other hand, health workers should be very careful while transfusing blood between patients in order to eliminated unnecessary contaminations. Provision of education on HIV/AIDS should continue to prevent new infections for women.

5.3.2 Challenges Facing Women Living with HIV/AIDS in Ilala District

The findings revealed different challenges facing women living with HIV/AIDS. The challenges revealed among others are isolations, aggression, lack of support services for women with HIV/AIDS, bad relationship and lack/poor transportation to the health centers. Transport is an important thing for women living with HIV/AIDS.

The study concludes that, the challenges facing women living with HIV/AIDS are many and have adverse effects to their lives and family. It is also important to emphasize here however, women living with HIV/AIDS should accept their conditions and adhere to all the advices given by the health workers. The advice women living with HIV/AIDS get enables them to cope with their difficult situation in life.

5.3.3 Measures that Address Challenges Facing Women Living with HIV/AIDS in Ilala District

The study revealed different measures that address challenges facing women with HIV/AIDS in Ilala District. It was revealed that, they were no enough inclusive dialogues among different stakeholders on HIV/AIDS in Ilala District. Furthermore, it was revealed that, the government supports women living with HIV/AIDS by providing ARVs to them. The study concludes that, the government should make sure that, inclusive dialogues on HIV/AIDS are strengthened at the district level. This will help women living with HIV/AIDS and will decrease stigma towards HIV/AIDS victims. On the other hand, the study also concludes that, government should increase its support and the provision of ARVs to women living with HIV/AIDS. The government should also look on the possibilities of providing public transport to women living with HIV/AIDS. Lastly, ARVs access in both hospitals and health centers should be done in a much secured locations in order to minimize stigma from other community members.

5.4 Recommendations

(i) The study recommends that the Government should make sure early marriage for girls are forbidden and strict punishment should be imposed to all those who would be found guilty in order to fight against gender inequalities which increase HIV/AIDS affections.

(ii) Education should be provided to the public on the use of condoms as a preventive measure for sexually transmitted diseases and emphasized women to wait for faithful partners and not to rush into marriages.

(iii) The study recommends that there is a need for the Ministry of Health Community Development, Gender, Elderly and Children to emphasize their health workers to take precautions while transfusing blood from one person to the other in order to avoid new infections on HIV/AIDS.

(iv) The study recommends there is a need to provide education to the public through seminars or televisions to avoid increased stigma against women living with HIV/AIDS.

(v) The study recommends that there is also a need for the government or other stakeholders to support women living with HIV/AIDS get transport facilities or have a decrease bus fare to attend their clinics in the hospitals on a regular basis.

(vi) The study also recommends that the general public and the Government should continue supporting women living with HIV/AIDS so that the women can feel they are valued by the general public.

(vii) The study also recommends that there is a need to strengthen inclusive dialogues from the wards levels in order to continue sensitizing the community on the effects of HIV/AIDS.

(viii) The study recommends that, the Government support towards women living with HIV/AIDS should continue by doing away with unfaithful employees that tend deny support to women living with HIV/AIDS.

(ix) The study recommends that, accessing ARVs should be in a private room with access to HIV/AIDS persons only and no other unauthorized people gaining access. This shall reduce the rate of stigma to women living with HIV/AIDS.

5.5 Recommendation for Further Research

This study focused on the assessment of the challenges facing women living with HIV/AIDS in Ilala District in Dar es Salaam City. This study addressed only women challenges on HIV/AIDS. The researcher calls for further studies to address challenges faced by men on HIV/AID. Furthermore, the researcher recommends a comparative study should be conducted to address the challenges facing women and men living with HIV/AIDS both in urban and rural areas of Tanzania.

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APPENDICES

Appendix 1: Questionnaires for Women with HIV/AIDS

1. Gender

(i) Females ( )

(ii) Males ( )

2 Age

(i) Below 20 year ( )

(ii) 21- 30 years ( )

(iii) 31-40 years ( )

(iv) Above 41 years ( )

3. Your level of education

(i) Primary level ( )

(ii) Secondary level ( )

(iii) College level ( )

(iv) University level ( )

4. How long have you know that you are HIV/AIDS positive

(i) Less than 1 year ( )

(ii) 2-3 years ( )

(iii) 4-5 years ( )

(iv) More than 5 ( )

Factors (causes) contributing to women contracting HIV/AIDS in Ilala District

5. Rate the following questions in the Likert scale range from strongly disagree with the statement to strongly agree with the statement on factors(causes) contributing to women contracting HIV/AIDS in Ilala District whereby **1=strongly disagree, 2=disagree, 3=Do not agree, 4=agree 5=Strongly agree. Please tick (√) the appropriate box**

Factors for HIV/AIDS transmission	**1**	**2**	**3**	**4**	**5**
Unfaithful partners					
Sex without condoms					
Sexually transmitted diseases					
Sex abuse and infections					
Lack of education					

6. How did you know that you have HIV/AIDS?

7. How do you feel when you knew that you are HIV/AIDS?

Challenges facing women with HIV/AIDS in Ilala District

8.Rate the following questions in the Likert scale range from strongly disagree with the statement to strongly agree with the statement on challenges facing women with HIV/AIDS in Ilala District whereby **1=strongly disagree, 2=disagree, 3=Do not agree, 4=agree 5=Strongly agree. Please tick (√) the appropriate box**

Challenges for HIV/AIDS women	**1**	**2**	**3**	**4**	**5**
Isolations					
Aggression					
Lack of health and support Services					
Bad relation					
Transport to access hospital services					

9. What happened when your family knew that you are HIV/AIDS positive?

10. How would like health care to be from health workers regarding that your living with HIV/AIDS?

Measures to address challenges facing women with HIV/AIDS in Ilala District

11. Are there any joint discussion on spread of HIV/AIDS in your ward?

(i) YES

(ii) NO

(iii) Explain your answer……

12. Government has given you any support as far as your health condition are concerned

(i) YES

(ii) NO

(iii) Explain your answer……

13. The Government provides ARV's services for women with HIV/AIDS

(i) YES

(ii) NO

(iii) Explain your answer……

14. Do you have any suggestion on Measures to address challenges facing women with HIV/AIDS in Ilala District

Appendix 2: Interview Questions for Councellors for HIV/AIDS

1. What are the causes of HIV/AIDs in Segerea?
2. Is there any possibility of prevent from HIV/AIDS?
3. What are the challenges facing people with HIV/AIDS in Segerea?
4. The challenges facing Women with HIV/AIDS are permanent or not?
5. What are the organization/ institutions helping people with HIV/AIDs in Segerea?
6. Are people ready to test for HIV/AIDs? Explain your answer?
7. What do you do to convince people to test?
8. People who agree to test HIV/AIDS are ready to accept results?
9. Are there any challenges for people on accepting results of HIV/AIDS?
10. How do you help those who do not accepting the results?

Appendix 3: Focus Group Discussion

What are the leading factors for transmission of HIV/AIDS for women in Segerea?

1. Who convince you to test HIV/AIDS?
2. How do you feel when you find that you are HIV/AIDS?
3. What are the challenges facing you as a woman on this situation of HIV/AIDS?
4. Are those challenges are reversible or not?
5. What kind of services and support women with HIV/AIDS gets in Segerea?
6. How far the education on transmission of HIV/AIDS is known for women with HIV/AIDS in Segerea?
7. Are there any measures to prevent the challenges facing women with HIV/AIDS in Segerea?
8. Are there any organization in Segerea which dealing with HIV/AIDS?

Appendix 4: Research Plan

The research activities will be accomplished in six months.

Research plan

s/n	Activity	Month
1	Writing Proposal and Literature Review	1st and 2nd month
3	Research instruments and Data collection	3rd and 4th month
4	Data analysis	5th month
5	Writing report and presentation	6th month

Appendix 5: Research Budget

This study will cost 1,525,000 as indicated in here-under table

S/N	ITEM	UNIT	TOTAL
1	Secretarial work		500,000. 00
2	Books		500,000. 00
3	Report printing and binding	5 X 25,000/-	125,000. 00
4	Traveling and communication		400,000. 00
	TOTAL		**1,525,000. 00**

3.10 Expected time of commencing the study: November, 2015

3.11 Expected time of completing the study: October, 2016

3:12. Signatures:

Student

name……Signature……Date…….....

Supervisor’s

name.....Signature.....Date.....