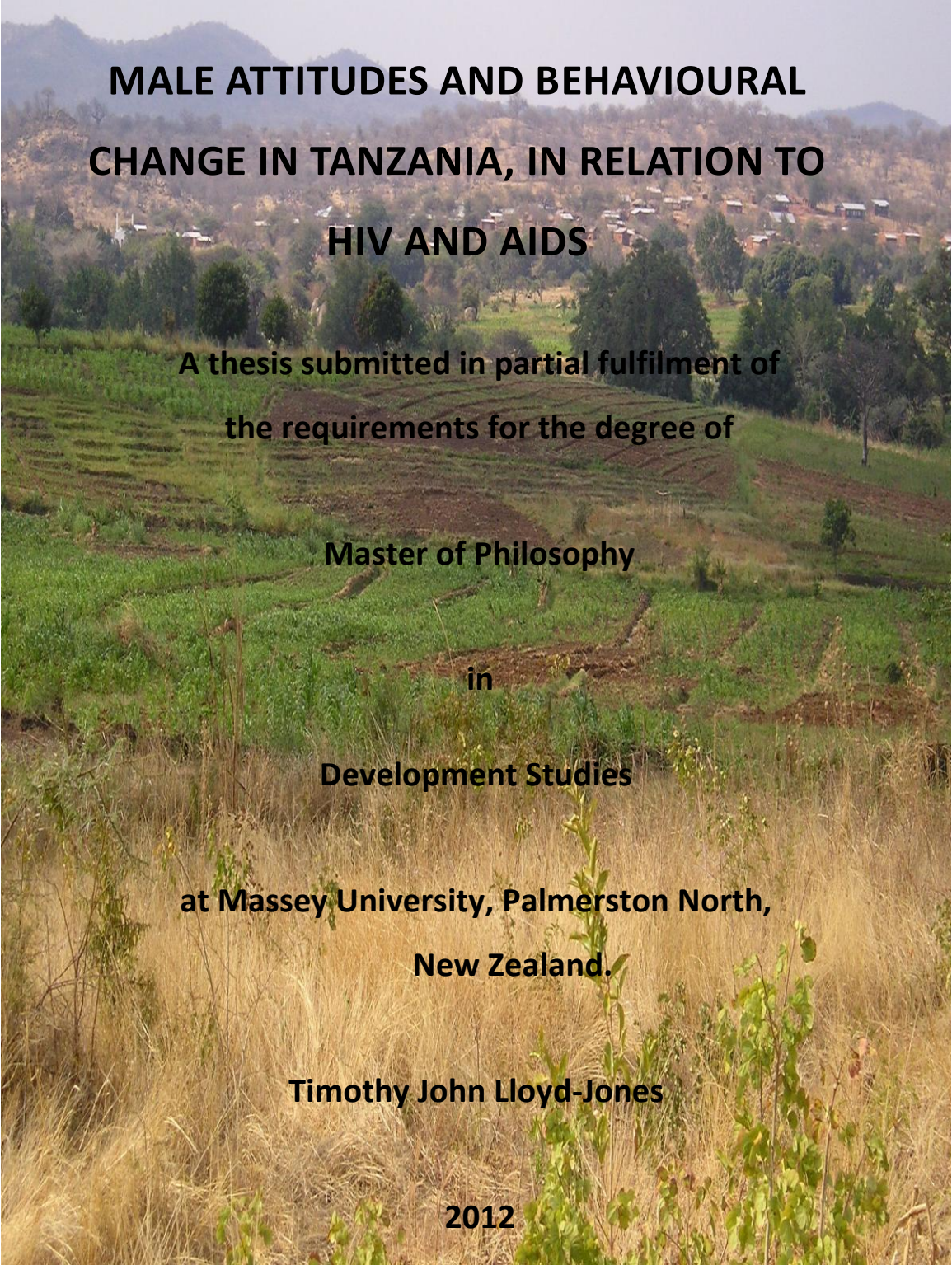


Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.



**MALE ATTITUDES AND BEHAVIOURAL
CHANGE IN TANZANIA, IN RELATION TO
HIV AND AIDS**

**A thesis submitted in partial fulfilment of
the requirements for the degree of**

Master of Philosophy

in

Development Studies

**at Massey University, Palmerston North,
New Zealand.**

Timothy John Lloyd-Jones

2012

ABSTRACT

Although there has been some encouraging progress towards combating the Human Immunodeficiency Virus (HIV) and the resulting Auto Immune Deficiency Syndrome (AIDS) in recent years, AIDS continues to cause premature death and hardship for many families. Sub-Saharan Africa accounts for 68 percent of the worldwide HIV infections, an estimated 22.5 million people (UNAIDS 2010:2). This thesis examines the relationship between men's attitudes and behaviour in relation to HIV and AIDS. It is important to focus on men in the battle against HIV because men often control women's sexual and reproductive health. Grieg (2005:1) and other commentators believe the socialization of boys and young men to be a major factor in the spread of HIV/AIDS. The ways in which boys and young men are socialised are strongly influenced by prevailing cultural norms.

Fieldwork was carried out in the Iringa region of the United Republic of Tanzania during June 2008. Interviews and focus group discussions were conducted with men of different ages and socio-economic backgrounds. Results showed that culture and influential role models strongly influence men's attitudes and behaviour in relation to HIV and AIDS. This thesis confirms other research for example Silberschmidt (2001), who argued that sub-Saharan Africa is undergoing an identity crisis as changes in society have eroded men's traditional role as hunter and provider. Many men are facing feelings of inadequacy, inferiority, lack of self-esteem and depression. Faced with these feelings of disempowerment,

many men often resort to alcohol and extra-marital relationships, which increase the prevalence of HIV. One of the challenges facing those involved in reducing the spread of HIV is to help men face up to these feelings of inadequacy and develop a healthy lifestyle, despite changing social and economic conditions in 21st century sub-Saharan Africa.

ACKNOWLEDGEMENTS

New Zealand

I would like to thank my primary supervisor Dr Maria Borovnik for her constructive advice and encouragement throughout this study project. Without her help, I would not have completed this project. I would also like to thank my second supervisor Associate Professor Regina Scheyvens for making time while on a field trip to Tanzania, to assist me with this study project and providing valuable feedback throughout the study programme.

This thesis is the final presentation of a Master's programme in Development Studies at the Institute of Development Studies, Massey University, Palmerston North, New Zealand. I would like to thank all the staff and fellow students of the institute for their friendly discussions, which have broadened my perspectives on development.

Tanzania

Firstly, I would like to thank my wife Adrienne and the family for their encouragement, patience and endurance throughout the entire study programme. You are a great team.

Secondly, I would like to thank all the participants, who graciously shared freely their insights, thoughts and valuable time. Thank you for your patience and enduring my broken Kiswahili. I would also like to thank all those people at Iringa University College who assisted with arranging interviews, focus group discussions and providing excellent facilities. In the rural area, Mr Richard Chavala kindly assisted me with contacting participants.

I thank Mr Peter Msigwa and Ms Flora Makafu for their valuable assistance in checking and correcting the Kiswahili information sheet, consent forms and question guidelines.

I thank Rt Reverend Donald Mtetemela of the Diocese of Ruaha, Iringa, for allowing me to conduct this study project.

Lastly, I would like to thank all the people of Tanzania. It is a lasting privilege to live and work in your wonderful country. I dedicate this study to you and especially those caught up in the turmoil of the HIV and AIDS pandemic.

TABLE OF CONTENTS

ABSTRACT.....	III
ACKNOWLEDGEMENTS	V
TABLE OF CONTENTS.....	VI
LIST OF FIGURES AND TABLES.....	X
ACRONYMS AND ABBREVIATIONS.....	XI
GLOSSARY OF TERMS	XII
CHAPTER 1: INTRODUCTION.....	14
RESEARCH AIM, QUESTIONS AND OBJECTIVES	16
BACKGROUND TO HIV AND AIDS IN SUB-SAHARAN AFRICA.....	17
GENERAL BACKGROUND TO TANZANIA	23
TANZANIA, HIV AND AIDS.....	26
IRINGA REGION, HIV AND AIDS.....	35
STRUCTURE OF THESIS	37
CHAPTER 2: LITERATURE REVIEW ON BEHAVIOURAL CHANGE, HIV AND AIDS.....	40
INTRODUCTION.....	40
DEVELOPMENT APPROACHES TO HIV AND AIDS	44
<i>Modernisation</i>	<i>44</i>
<i>Neo-liberalism</i>	<i>45</i>
<i>Alternative development.....</i>	<i>46</i>
<i>Rights based response to HIV and AIDS.....</i>	<i>47</i>
THEORIES OF BEHAVIOURAL CHANGE AND INDIVIDUAL FACTORS RELATING TO HIV	49
FAMILY AND COMMUNITY FACTORS INFLUENCING HIV PREVENTATIVE BEHAVIOUR	60
STIGMA, HIV AND AIDS	62
THE CHURCH, HIV AND AIDS.....	63

ECONOMIC AND SOCIAL FACTORS INFLUENCING HIV PREVENTATIVE BEHAVIOUR	65
SOCIAL AND POLITICAL FACTORS INFLUENCING HIV PREVENTATIVE BEHAVIOUR	72
SUPPORT FOR PEOPLE WITH HIV AND AIDS.	77
SUMMARY.....	80
CHAPTER 3: MEN, MASCULINITIES, HIV AND AIDS	82
INTRODUCTION	82
CHANGING MASCULINITIES IN THE EAST AFRICAN CONTEXT.	84
REINTEGRATING MEN INTO GENDER AND DEVELOPMENT.	89
SEXUAL HEALTH, SEXUALITY AND GENDER	91
MASCULINITY AND SEXUAL WELLBEING	93
YOUNG MEN AND MASCULINITIES: REWRITING THE SCRIPT	96
SUMMARY.....	104
CHAPTER 4: RESEARCH PROCESS	106
INTRODUCTION	106
PROGRESSION OF SOCIAL SCIENCE RESEARCH ON HIV AND AIDS.....	107
ISSUES OF BIASES AND POWER IN RESEARCH	111
ETHICAL CONSIDERATIONS	115
RESEARCH METHODS	116
SELECTION OF PARTICIPANTS.....	119
INTERVIEWING PROCESS.....	120
FOCUS GROUP DISCUSSIONS.....	122
LIMITATIONS AND STRATEGIES TO OVERCOME THESE LIMITATIONS.....	124
SUMMARY.....	126
CHAPTER 5: FIELD RESULTS	127
INTRODUCTION	127
SCOPE OF HIV AND AIDS IN TANZANIA.....	129

INDIVIDUAL FACTORS INFLUENCING HIV PREVENTATIVE BEHAVIOUR	131
<i>Prevention practices regarding HIV</i>	134
<i>Personal perception of risk to HIV</i>	136
<i>Personal convictions and beliefs in relation to HIV and AIDS</i>	138
FAMILY FACTORS INFLUENCING HIV PREVENTATIVE BEHAVIOUR.....	140
<i>Parental role-modelling and openness to discussing sensitive issues</i>	140
COMMUNITY FACTORS AFFECTING HIV PREVENTATIVE BEHAVIOUR	143
<i>Peer pressure</i>	143
<i>Modern education</i>	145
<i>Stigma, HIV and AIDS</i>	149
CULTURAL FACTORS INFLUENCING HIV PREVENTATIVE BEHAVIOUR	151
<i>Polygyny and wife inheritance</i>	152
ECONOMIC FACTORS INFLUENCING HIV PREVENTATIVE BEHAVIOUR	154
<i>Gender inequity</i>	156
SUMMARY	157
CHAPTER 6: DISCUSSION AND CONCLUSION	160
INTRODUCTION.....	160
MEN’S SENSE OF BEING INVULNERABLE.....	161
RESISTANCE TO USE OF CONDOMS	163
ENCOURAGING YOUTHS TO ABSTAIN FROM SEX	164
EARLY SEXUAL DEBUT, PEER PRESSURE AND INFLUENCE OF ROLE MODELS.....	165
WORKING FOR GREATER GENDER EQUITY VIA APPROPRIATE SOCIALISATION OF BOYS	166
CHANGE IN SOCIETY REGARDING AGE OF MARRIAGE AND SEX EDUCATION	168
CULTURAL TRADITIONS HAVE A STRONG INFLUENCE ON PEOPLE’S ATTITUDES AND BEHAVIOUR	171
EMPOWERMENT OF WOMEN AND ALSO VULNERABLE MEN IS NEEDED	173
INTERVENTIONS SHOULD FOCUS ON SOCIETAL CHANGE NOT JUST INDIVIDUAL CHANGE	175

PERSONAL CONVICTIONS AND FAITH IN RELATION TO HIV AND AIDS.....	176
THE NEED FOR A CULTURE OF OPENNESS	178
CONCLUDING STATEMENTS	179
APPENDICES	182
APPENDIX 1: QUESTION GUIDELINES IN ENGLISH.....	182
APPENDIX 2: QUESTION GUIDELINES IN KISWAHILI.....	184
APPENDIX 3: INFORMATION SHEET IN ENGLISH.....	185
APPENDIX 4: INFORMATION SHEET IN KISWAHILI.....	187
APPENDIX 5: PARTICIPANT CONSENT FORM IN ENGLISH.	189
APPENDIX 6: PARTICIPANT CONSENT FORM IN KISWAHILI	191
REFERENCES	192

LIST OF FIGURES AND TABLES

FIGURE 1: MAP SHOWING DISTRIBUTION OF THE NUMBER OF PEOPLE LIVING WITH HIV.	18
FIGURE 2: PERCENTAGE OF ADULTS ESTIMATED TO BE LIVING WITH HIV BY REGION, 2009.	19
FIGURE 3: WOMEN AS PERCENTAGE OF ADULTS LIVING WITH HIV/AIDS BY REGION, 2009.	22
FIGURE 4: CHILDREN AT A TANZANIAN ORPHANAGE.....	23
FIGURE 5: MAP OF UNITED REPUBLIC OF TANZANIA.....	24
FIGURE 6: HIV PREVALENCE IN TANZANIA 2007-2008.....	27
FIGURE 7: HIV PREVALENCE BY LIFETIME NUMBER OF SEXUAL PARTNERS.	27
FIGURE 8: CHILDREN COLLECTING WATER IN RURAL TANZANIA.....	29
FIGURE 9: HIV PREVALENCE BY EDUCATION IN TANZANIA.	29
FIGURE 10: PERCENTAGE OF WOMEN AND MEN IN TANZANIA AGED 15-49 WHO ARE HIV- POSITIVE, BY REGION.....	36
FIGURE 11: DIAGRAM OF FACTORS INFLUENCING HIV PREVENTATIVE BEHAVIOUR.	42
FIGURE 12: TRANSMISSION EFFICIENCY OF HIV OVER TIME.	57
FIGURE 13: PRIMARY SCHOOL CHILDREN IN A VILLAGE IN RURAL TANZANIA.	61
FIGURE 14: VILLAGE MEN ATTENDING A TRAINING SEMINAR IN RURAL TANZANIA.	87
FIGURE 15: WOMEN TALKING AT A FUNERAL IN RURAL TANZANIA.	104
FIGURE 16: MAASAI WOMEN AND GIRLS IN CENTRAL TANZANIA.	109
FIGURE 17 : DIAGRAM OF FACTORS INFLUENCING HIV PREVENTATIVE BEHAVIOUR AMONG TANZANIAN MEN IN THIS STUDY.	128
FIGURE 18: TEENAGE BOYS ON THEIR WAY BACK FROM SCHOOL IN RURAL TANZANIA.	159
TABLE 1: DEMOGRAPHIC, SOCIAL AND ECONOMIC INDICATORS FOR THE UNITED REPUBLIC OF TANZANIA, 2009.	32
TABLE 2: INTERVIEW PARTICIPANTS	120

ACRONYMS AND ABBREVIATIONS

AIDS	Auto Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
FGM	Female Genital Mutilation
GAD	Gender and Development
HIV	Human Immunodeficiency Virus
KAP	Knowledge, Attitude, Practice
MAP	Men as Partners
MDG	Millennium Development Goal
MTCT	Mother-to-Child Transmission of HIV
MUHEC	Massey University's Human Ethics Committee
NACP	National AIDS Control Programme
NGO	Non-Governmental Organisation
PLA	Participatory Learning and Action
PLWA	People living with HIV/AIDS
PRA	Participatory Rural Appraisal
SADC	Southern African Development Community
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UN	United Nations
UNAIDS	United Nations Agency for Control and Prevention of AIDS
VCT	Voluntary Counselling and HIV Testing
WHO	World Health Organisation
WID	Women in Development
WFP	World Food Programme

GLOSSARY OF TERMS

Discrimination.	Unfair or bad treatment directed at those that belong to, or are perceived as belonging to, a marginalised group, such as people living with HIV/AIDS. Discrimination reinforces social stereotypes and inequities and, for populations marginalised on more than one basis (for example homosexuals living with AIDS), it has a harmful multiplicative effect. Discrimination based on “race, colour, sex, language, religion, political or other opinion, natural or social origin, property birth or other status” is prohibited under international human rights law (The Universal Declaration of Human Rights, Article 2).
Food insufficiency	The condition of not having a quantity of food available to meet the hunger or nutritional needs of an individual at any time in the past twelve months.
Gender	A social and cultural construct; the widely shared expectations and norms within a society about appropriate male and female behaviour, characteristics, roles and relationships.
HIV	Human Immunodeficiency Virus: a retrovirus that damages the human immune system thus permitting opportunistic infections that eventually cause fatal diseases. The causal agent for AIDS.
HIV prevalence	Total number of persons with HIV infection alive at any given moment in time.
Incidence	An epidemiological term that refers to the number of new cases of a disease occurring in a population during a given period of time, usually a year.
Opportunistic Infections	The many parasitic, bacterial, viral and fungal infections, which are able to cause disease once the immune system has been damaged. These are the most common clinical manifestations that establish the diagnosis of AIDS. They are characterised by an aggressive clinical course, they resist therapy and have a high rate of relapse.

Pandemic	A pandemic is a disease prevalent throughout an entire country, continent or the whole world.
Sexual Risk-Taking	Practices or circumstances that are likely to expose an individual to the risk of HIV transmission through sexual intercourse without a condom with a person infected with HIV. These include having multiple sexual partners, having a relationship with an older and experienced partner (intergenerational relationships) where the younger partner is also likely to lack control over condom use and other aspects of the relationship, and other intimate relationships where the partner, and not the individual, makes decisions regarding sexual matters.
Stigma	A loss of status and the social sanctioning of prejudice, domination and inequity based on membership in a particular group. Stigma arises when a community or authority links social differences to negative stereotypes and categorizes these “others” as different from and inferior to themselves. HIV- related stigma developed out of an early association of AIDS with already marginalized populations- the poor, ethnic minorities, women, homosexuals, sex workers and IV drug users- as well as the association of AIDS with death.
sub-Saharan Africa	This region encompasses the forty-seven countries including the southern African countries.
Vulnerability	The risk of being exposed to HIV infection, including due to social factors and determinants in the external environments, which are beyond an individual’s control. Women and girls are a population group with an elevated vulnerability to HIV infection as a result of unequal gender relations and entrenched gender inequity and sex discrimination.

Source: Carter, I. (2004:56-7) and International HIV/AIDS Alliance (2006:62-5)