The Implications of HIV and AIDS Awareness on Attitude toward People Living with HIV and AIDS in Tanzania. A Case of Secondary School Students in Morogoro Region

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Abstract
This study was done to establish an understanding of school based HIV and AIDS related stigma in selected secondary schools in Morogoro Region, Tanzania. Past studies had focused more on aspects of knowledge and awareness related to HIV and AIDS[31][32]. Few studies had looked into HIV and AIDS related stigma especially among secondary school youths. This study examined patterns of interactions between students and Students Leaving with HIV and AIDS (SLHA) in the sample of 291 secondary schools students. Results indicated that some students held stigmatic attitudes toward PLHA. Self stigma was the commonest form of stigma experienced by SLHA. It was hence recommended that intervention programmes should focus on dispelling misconceptions and negative attitudes toward PLHA. Specific training should be offered to PLHA, especially SLHA to increase their social skills and to promote positive self concept.

Keywords HIV and AIDS, Stigmatic Attitude, PLHA Morogoro Region, Information Services, Youths, SLHA, Self Stigma

1. Introduction
AIDS has killed over 25 million people making it one of the major causes of death in the last century[1][36]. More than a half of people living with HIV and AIDS are in Sub Saharan Africa. The global pandemic is concentrated among adolescents, young adults and women[33]. It has created the largest number of orphans on the earth. For that matter, curbing HIV and AIDS has remained one of the top most international agenda.[35][36].

Despite the efforts that have been put in place to fight HIV and AIDS, successes have been held by stigma directed to PLHA. Studies have shown that worldwide, 20% of people belief that PLHA are immoral and deserve their fate[10]. These beliefs lead to discrimination in employment, housing, social relationship, medical care and violence. As a result of these reactions the number of people getting tested for HIV infection and PLHA disclosing and discussing their health status is lower than expected[14][23][27][29]. Combating stigma and discrimination against PHILA is important to improve care, quality of life and emotional health for PLHA and for reducing the number of new HIV infection.

Stigma refers to the discrediting label that affect an individual’s self concept and disqualify that person from full social acceptance[20]. In many societies stigmatized individual is believed to possess some attributes that convey social identity that is devalued in particular social context [6][11]. Stigmatized individuals include mentally ill, drug addict, physically impaired, PLHA and people with health condition that are believed to be contagious, highly infectious or serious/fatal[14]. Stigmatization is accompanied by one or several of the following motives: stigmatizer wants to gain self esteem, stigmatizer wants to legitimize social status and power relations, stigmatizer wants to discredit stigmatizee ideas. The stigmatized people lose self esteem, lose life satisfaction and may become depressed[2][10]. Numbers of social psychology theories have been put forward to explain stigma and stigmatic process. According to Kellys’ theory of correspondence inference, people have preference for making dispositional attribution[10]. In that regard, external attributions are rare options especially for undesirable behaviours. In many societies, contracting HIV is strongly associated with immoral behaviours like prostitution[23].

Aim of the Research
Responses to HIV and AIDS have increased community awareness on HIV and AIDS. However level of stigma and discrimination to PLHA is still high. Incidences of insulting, gossiping, exclusion from social services and employment have widely been documented[13][19][34][37]. Stigmatization endangers the success in the war against the pandemic.
For example, many people have been reported to escape from testing for fear of being separated or being labeled as a prostitute as a result they fail to take HIV testing and go on spreading the diseases unknowingly[27][33]. Understanding the factors influencing attitude toward people living with HIV and AIDS is important in designing effective intervention programmes and in enhancing services and care to people living with HIV and AIDS[10] [22][31][32][34][37].

The purpose of this study was to establish an understanding of school based stigma. Specifically the study aimed at documenting forms of stigmatic attitudes and behaviours held and experienced by SLHA and compared the stigmatic attitude and behaviours as held and experienced by boys and girls.

2. Methods and Materials

2.1. Research Participants

Data was collected among secondary schools students randomly selected from ten secondary schools in Morogoro Region. The secondary schools included Mgulasi, Tushikamane, Kingolwira, Urugulu, Mafiga and Morogoro secondary schools of Morogoro Municipality and Kisumu, Mkuyuni, Kiloka, Kinole and Matombo secondary of Morogoro District. Form Two and Form Three students participated in the study. As Form one students were still reporting while Form Four students were on preparation for zonal examinations they were excluded from this study.

2.1.1. Sample Characteristics

Two hundred and ninety one (291) students participated in this study. The maximum of thirty (30) students were drawn from each of the participating schools. Out of two hundred and ninety one (291) participants, 135 (46%) were boys and the remaining 156(54%) were girls. In terms of age, age of respondents ranged between 15 and 20 years with the mean of 16.12 years.

For those students who participated in mobile phone interview, three were girls and only one was a boy.

2.2. Data Collection Tools and Procedures

Data was collected using a questionnaire. Most of the items in the questionnaire were adopted from Tanzania HIV and Malaria Indicator Survey (THMIS)[31][32], where they had been tested and found to have reliability of cronbach alpha 0.7 which is satisfactory for scientific investigation[4][22][30]. Stigmatic attitude data was collected using four-points-scaled items. The items are included in Table 3.

Qualitative data was collected by Telephone interview involving four students attending Antiretroviral Therapy (ART) clinic based in Morogoro municipality. These key informants were captured by contacting services providers who requested those interested to participate in the study to contact the researcher through researcher’s mobile telephone number. It was hypothesized that such approach could increase anonymity hence ensure good response. Four respondents were interviewed.

2.3. Data Analysis

Data was analyzed using SPSS version 16 showing means, percentages and cross tabulation. Stigmatic attitude measured at four-point-scale were collapsed into two points of ‘Agree’ and ‘Disagree’ as indicated in Table 3. Qualitative data was analyzed by content analysis.

2.4. Ethical Issues

One of the critical challenges in HIV and AIDS studies is handling confidentiality[3][5][19][38]. When the confidentiality is bleached there is always the danger of exposing research participants to stigmatization and discrimination. In order to maintain confidentiality, research participants especially PLHA and their affiliated centers of care and support were kept anonymous.

3. Results and Discussion

3.1. Social Demographic Characteristics of the Participants

As indicated in Table 1, Participants studying in urban areas were slightly over represented as 58.8 percent of the participants were studying in urban areas compared with 41.2 percent who were studying in rural areas. The proportions of Christians and Muslims were almost equal. Though majority of Tanzanians are Christians, in the eastern part of the country where this study was conducted, Muslim population is significantly large.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious affiliation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christians</td>
<td>147</td>
<td>50.2</td>
</tr>
<tr>
<td>Muslims</td>
<td>144</td>
<td>49.8</td>
</tr>
<tr>
<td>Residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>120</td>
<td>41.2</td>
</tr>
<tr>
<td>Urban</td>
<td>171</td>
<td>58.8</td>
</tr>
<tr>
<td>Level of education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form two</td>
<td>137</td>
<td>47.1</td>
</tr>
<tr>
<td>Form three</td>
<td>154</td>
<td>52.9</td>
</tr>
</tbody>
</table>

3.2. Stigmatization Behaviours

As indicated in the Table 3, 154 (42%) respondents were unwilling to share utensils with SLHA. However out of 291 respondents, 241 (82.9%) did not support the statement that SLHA should be placed in a separate school.

These findings indicate that students attitude toward PLHA is positive. Attitude was compared between girls and boys. It was found that the boys and girls did not differ in those attitudes showing that both groups had positive attitude toward SLHA. However, more girls were more likely to take
care of SLHA even though the difference was not statistically significant at p=0.05.

### Table 2. Stigmatic attitude

<table>
<thead>
<tr>
<th>Stigmatic attitude</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can share utensils with PLHA</td>
<td>132</td>
<td>159</td>
</tr>
<tr>
<td>Whether can play with PLHA</td>
<td>258</td>
<td>33</td>
</tr>
<tr>
<td>Whether can buy items sold by PLHA</td>
<td>270</td>
<td>21</td>
</tr>
<tr>
<td>Whether can shake hands with PLHA</td>
<td>271</td>
<td>20</td>
</tr>
<tr>
<td>Whether can take care of PLHA</td>
<td>263</td>
<td>27</td>
</tr>
<tr>
<td>Students with positive HIV should placed separate school</td>
<td>50</td>
<td>241</td>
</tr>
</tbody>
</table>

### Table 3. Stigmatic attitude by gender

<table>
<thead>
<tr>
<th>Item</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>Can share utensils with PLHA</td>
<td>63</td>
<td>72</td>
</tr>
<tr>
<td>Can play with PLHA</td>
<td>118</td>
<td>140</td>
</tr>
<tr>
<td>Can buy food from PLHA</td>
<td>122</td>
<td>148</td>
</tr>
<tr>
<td>Can hang hands with PLHA</td>
<td>125</td>
<td>146</td>
</tr>
<tr>
<td>Can take care of PLHA</td>
<td>121</td>
<td>142</td>
</tr>
</tbody>
</table>

### 3.3. Stigmatic Behaviours

SLHA reported various forms in which HIV related stigma is manifested in schools including breakdown of relationship/friendship, humiliation, threats, self stigma and lack of care for SLHA in school.

On breakdown of relationships/friendship respondents reported that it was easy for SLHA to be abandoned by her partner as one of the key informants put it;

*I had a boyfriend whom we loved each other, I had disclosed about HIV status. At first he was saying it was not a big deal and our friendship continued but as time went on his frequency of communication was becoming less and less. Now days we don’t even talk to each. -----I do not know whether he was fooled by my beauty and came to realise later that he was in wrong place. At the same we are not together. --- Though I still love him but its over.*

Termination of friendship may be contributed by several factors including lack of knowledge about how HIV is transmitted. In Tanzania youths still hold some misconception that HIV can be transmitted by shaking and hugging[31][32]. Breakdown of friendship may also be caused by fear of stigma. Studies show that people fear to be in company with stigmatized individual because they may also be victims of stigma[14].

Another form of stigma reported was humiliation. One of the key informant reported that she was subject of insults and bad names from a person who formally was a boyfriend. In her own word she said

*he used to tell me I don’t want to be in relationship with a prostitute*

This reduces the dignity of SLHA and may affect them psychologically

Another stigma manifestation was threats. At a time SLHA were given threatening words by associating any illness with AIDS. One informant reported that whichever illness he encountered he was told that is was because of AIDS and that he had no time before facing death.

*When I sneeze, they say AIDS, when I cough they say AIDS, fever-AIDS, this is very embarrassing. Threatening may be practiced as joke. Unfortunately we may not be able to read the cognitive process and find out how a person is interpreting these threatening actions. Especially because PLHA are normally struggling to hide their status and hence very cautious of the signal that the status has been revealed.*

Respondents interpreted lack of care and support services in school as a form of stigma. All key informants explained that there were no trained teachers or personnel to take care of SLHA. Though all key informants reported that there were some teachers designated for counseling, they also reported that the teachers had no skills for counseling but also there were no building for providing the services. Many schools in Tanzania face critical challenges of shortage of teachers and poor infrastructure. Therefore few schools especially those owned by private organization have school counselors and appropriate infrastructures for providing counseling services.

All the key informants reported the reduced self worth. Some key informants felt that education was no longer useful and they had attempted to drop out of schools. One respondent said

*I think educating a person with HIV is wastage of Resources I can not expect to enjoy my education.*

This could be the psychological consequences of mistreatment of SLHA.

### Coping strategies and support mechanisms

SLHA reduced the effect of stigma by hiding their HIV status. Among the Four respondents, only Two had disclosed their HIV status. This disclosure was done to intimate friends and people with shared religious beliefs. Disclosure was done for the purpose of alerting sexual partners to take precaution during the sexual relationship or during making decision prior to engagement to the relationship.

Disclosure was also done for sake of eliciting care and support from closed friend and for religious services.

SLHA reported that they got HIV and AIDS care and support from NGO, VCT and from churches. Though matron and patrons provided some counseling services in schools students did not make use of them for fear that their HIV status could be revealed.
4. Conclusions

This study has indicated that though knowledge of HIV and AIDS has increased in many countries including Tanzania, much effort is needed to dispel stigma to PLHA. There is a need to encourage people to talk openly about HIV and AIDS especially in school. Teachers should play the leading role in reducing fears of HIV and AIDS by making sure those students understand methods through which HIV is transmitted. These findings indicate that SLHA lose friendship at the moment they need it. Friends may be one of important source of care and support when a student is at school especially because this is a place they spend most of their time. If the environmental is not conducive they are likely to be affected even academically.

There is a need to increase accessibility to HIV and AIDS information via ICT like mobile and social networks.

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