HIV AND MARRIAGE: FACTORS BEHIND HIV INFECTION AMONG MARRIED PARTNERS IN TEMEKE MUNICIPALITY, DAR ES SALAAM TANZANIA.

BY

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A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF PUBLIC HEALTH IN THE UNIVERSITY OF DAR ES SALAAM SEPTEMBER 2004

CERTIFICATION

The undersigned certify that they have read and hereby recommend for acceptance by the University of Dar es Salaam a Dissertation titled: "HIV and marriage: Factors behind HIV infection among married partners in Temeke Municipality" in partial fulfilment of the requirements for the degree of Master of Public Health.

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DECLARATION

I Jovin F. Riziki, declare that this dissertation is my own original work and that it has not been presented to any other university for similar or any other degree award.

Candidate's signature: .....

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DEDICATION

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ABSTRACT

An exploratory descriptive cross-sectional study involving 117 married p artners; men and women aged 15 years and above was carried out in Temeke Municipality, Dar es Salaam between June and July 2004. A multistage random sampling method was used to identify the district for the study, wards, streets, and households. In the households, only married consenters were interviewed. Instruments were pre-tested and necessary adjustments made. Ethical Clearance permission was obtained from the responsible authorities. Epi Info programme was used in analysing information obtained from the respondents. Results are presented in percentages; tables and quotations. Discussions and recommendations are also presented. The study sought to find out factors behind HIV infection among married partners. The respondents had different educational attainments, age, religious affiliation, duration in marriage as well as occupations. Findings show that knowledge about transmission and prevention of HIV was low. Most of the married partners are involved in extra marital sex. Many married partners perceived themselves to be at risk of HIV infection. High-risk perception among married partners was not associated with taking preventive measures against HIV infection. About 70% of married partners said that extramarital sex was unavoidable. More than half of the married women who had extra marital sex did not use condoms. Condom use in extra marital sex was low. Few couples accepted faithfulness in marriage as preventive options against HIV infection. About a half of the respondents who had extra marital sex did not tell their marital partners so as to provide a room for discussing condom use. Conflict among couples, dissatisfaction in sexual intercourse and

transactional sex were some of the reasons causing couples to engage in extramarital sex. It is concluded that marriage is not protective against HIV infection and many factors are contributing to this. Most of the married couples are involved in extramarital sex and therefore HIV infection is not a surprise. Low knowledge about transmission and prevention of HIV and a serious dislike of preventive options contributes to HIV infection. Extra marital sexual intercourse, secrecy among couples about their sexual behaviour and unwillingness to use condoms in extra marital sex complicates the problem. It is recommended that an HIV/AIDS programme for married couples be initiated. Using opportunities available before marriage contracts to impart information on HIV/AIDS and voluntary counseling and HIV testing. Addressing perceptions and beliefs which partners have about marriage, condoms use and extra marital sexual intercourse is necessary. Secrecy among couple about their sexual behaviour and sexual needs require addressing by both religious leaders and secular leaders in this era of HIV / AIDS control, treatment and care.

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LIST OF ACRONYMS

AIDS	-	Acquired Immunodeficiency Syndrome
ESCACON	-	The East, Central and Southern African College of Nursing
HIV	-	Human Immunodeficiency Virus
MOH	-	Ministry of Health
MTCT	-	Mother to Child Transmission
NACP	-	National Aids Control Programme
STI	-	Sexual Transmitted Infections
TB	-	Tuberculosis
UNAIDS	-	Joint United Nation Programme on HIV/AIDS
UNDP	-	United Nations Development Programme
UNFPA	-	United Nations Fund for Population Activities
VCT	-	Voluntary Counselling and Testing
WHO	-	World Health Organization

DEFINITION OF KEY CONCEPTS

For the purpose of this study the following terms are used to mean the following:

Married partner/s: Is used in this context to mean people who live together as man and woman /women and are socially known to be living as husband and wife either through traditional, religious or legal contract. This operational definition excludes co-habiting individuals as well as homosexuals. Marriage is defined as socially sanctioned union that reproduces the family. A legally recognized relationship between an adult male and female that carries certain rights and responsibilities (Marshell, 1994). It entails exclusive rights and duties of sexual performance.

INTRODUCTION

1.1 BACKGROUND INFORMATION

HIV infection among married partners is on the increase in Tanzania. In the year 2001 and 2002, of all AIDS cases diagnosed in health facilities, 47% and 56% was of married people respectively (NACP, 2002; 2003). The increasing number of married people infected with HIV raises a lot of questions on the whole concept of marriage and its protective values against HIV infection. According to the Christian faith, married partners are called to maintain faithful love for each other (Peschke, 1992). In marriage any sexual relationship outside the wedlock is not acceptable, not only in religious teachings, but also by societal norms.

In the marriage institution in Islam, for example, it is required that both partners must be free from some disease conditions before marriage. Chronic and infectious diseases, which are disfiguring and debilitating such as leprosy, insanity, impotence and any other disease that is incurable must be ascertained before marriage contract is signed (Sarkinfada, 2003). Islamic *sharia* allows polygamy, which is a marriage where one man marries more than one wife; and it is unlawful in *sharia* for a wife to have more than one husband (Sarkinfada, 2003). According to Sarkinfada (2003), marriage in its essence, whether monogamous or polygamous and whether in the Muslim or non-Muslim, is protective against the spread of HIV in the absence of any socio-cultural vices that may fuel the spread of the infection. But to what extent these religious prerogatives are observed among Muslems and Christians remains a question to investigate. Some reasons have been developed to account for the reasons

behind multiple partnership and divorce. These reasons include: marriage no longer has much connection with desire to perpetuate property and status from generation to generation; economic independence of women making marriage of less economic value; greater economic prosperity making it is easier to establish a separate household in case of marital disaffection (Lee, 1982). Other reasons include the growing tendency to evaluate marriage in terms of level of personal satisfaction it offers (Charlin, 1990). Low incomes are likely to make individuals to engage in transactional sex (White, 1990). Childless marriage is likely to propel partners engage in extra marital sex. The stronger is the credo of religious conviction among couples the less is likely hood for the couples' tendency to engage in extramarital sex (Giddens, 2000).

However, no society allows total freedom with regard to sexual behaviour (Chaflan et al, 1988). While there is tremendous variation regarding what is acceptable from society to society, sex is generally permitted and sanctioned within marital relationship (Chalfant & Labeff, 1988). Religious teachings as well as societal norms allow sexual intercourse within an acceptable socially sanctioned relationship. Sexual relationship outside the sanctioned parameters is considered as deviation from norms. The a greement is that HIV infection that is spread mainly through sexual intercourse with an infected person could be low among the married partners if faithfulness among them could be observed. This study intends to investigate what factors may be responsible in increasing HIV infection among married partners who are expected to be least exposed to HIV infection due to stable sexual relations they ought to lead.

1.2 STATEMENT OF THE PROBLEM

This study intends to explore the socio-economic and cultural factors that lead couples to be infected by HIV/AIDS. Research reports from the Ministry of Health indicate an increase in HIV infection among married couple in health facilities from 47% to 56% (NACP, 2002; 2003) respectively. Married partners who are also parents are not targeted in many campaigns targeting prevention of HIV infection. Many campaigns assume that youths and children are the population group at higher risk of acquiring HIV. Parents are assumed to be knowledgeable about HIV/AIDS and are able to contain their sexual urges as well as maintain stable relationship with their sexual partners. This assumption is contrary to research findings (Charlin, 1990). Factors such as the level of knowledge on HIV/AIDS; the attitude of the married partners toward faithfulness in marriage; sexual behaviour of married partners; risk perception of couples to HIV infection and communication among partners on sexual matters need to be explored. One could be tempted to ask the following questions: "Is marriage protective against HIV infection?" Is faithfulness marriage something realistic? Is it practicable to tell married partners to just trust each other? And, to what extent is faithfulness in marriage observed in our society? Marriage is thought be protective against HIV because partners are assumed to having stable relations. The fact that HIV infection among couples is on the increase and the lack of evidence in the literature to account for reasons behind increasing HIV infection among couples makes this study important for generating information necessary for HIV prevention among married couples.

1.3 RATIONALE OF THE STUDY

The prevalence rate (56%) of HIV infection among couples as given by (NACP, 2002) gives a picture of how the situation is like and why it is important to research on the factors that may explain HIV infection among married partners. We could not find evidence in the literature that shows that HIV infection among married couple has been targeted. Findings of this study are helpful in explaining the problem of HIV among couples in Tanzania. National policy on HIV/AIDS calls for scientific research, which can help in generating new knowledge, which is relevant, useful and utilizable by the community. National Multi-sectoral Strategic Framework on HIV/AIDS (2003-2007) clearly states that men and women, boys and girls are differently affected by and exposed to the threats of the epidemic hence information from each of these groups is needed. Effort has to be undertaken to take these differences into account in the approaches, programmes and interventions aiming at addressing HIV infection among these population groups. HIV/AIDS related research focusing on married partners, as a special group needing special attention in the whole struggle against HIV/AIDS needs to be done. This study is partly a response to this call as it explores the factors leading to HIV infection among couples as a special area of focus in anti HIV/AIDS campaigns.

1.4 RESEARCH QUESTION

This study intended to answer one fundamental question: "What are the factors that might influence HIV infection among couples?" The increasing rate of HIV infection among couples raises a great concern about the future of marriage as couples keep perishing because of HIV/AIDS disease.

1.5 GENERAL AND SPECIFIC OBJECTIVES OF THE STUDY

The broad objective of the study is to find out the factors behind HIV Infection among married partners in Temeke Municipality; Dar es Salaam. In order to achieve this general objective stated above, this study addressed six specific objectives as follows:

1. To establish the level of knowledge of married people on HIV/AIDS.
2. To understand attitudes of married people on the concept of faithfulness in marriage.
3. To generate an understanding of general sexual behaviour of married couples.
4. To establish the level of communication of married partners on sexual issues.
5. To understand risk perception of married partners to HIV infection and
6. To solicit opinion of respondents on what can be done to reduce HIV infection among couples.

2. LITERATURE REVIEW

In the year 2001, of all AIDS reported cases in Tanzania mainland, 47% were of married people; 32% single, 6% Divorced, 5% separated, 2%cohabiting and 0.4% widowed (NACP Dec. 2003). In the year 2002, 56% were married people (NACP, 2003). Prevalence of multiple partnerships among youths was higher in both men and women of older age group. Marital status and possible source of transmission for the reported cases remained heterosexual contact (NACP 2003).

Surveillance of HIV and syphilis among antenatal enrolees for 2001-2002 in six regions of Tanzania mainland namely, Kilimanjaro, Dodoma, Mbeya, Mtwara, Kagera and Dar es Salaam show that HIV prevalence was highest in women aged 25-35 years (NACP, 2001-2002). The NACP, (2001-2002) report shows that prevalence among married women who had been pregnant before was 9.8%. Reasons why the married people score higher in both HIV infection and venereal diseases remain un established.

Surveillance of HIV and syphilis among antenatal clinic enrolees shows that age specific prevalence of syphilis was highest among women aged 35 years and older (NACP, 2001-2002). Prevalence of HIV/Syphilis in relation to marital status showed that 9.1% and 8.2% HIV and syphilis respectively (NACP, 2001 - 2002). Over 80% of women co-infected with HIV and syphilis were married, had formal education and

lived in urban areas (NACP 2003). However, these findings do not point out the underlying factors behind the high HIV infection among married partners.

Control of HIV is proving hard to implement because control measures are focusing on individual efficacy neglecting the environment in which an individual is a part. Community norms and attitudes of people have very big impact in peoples behaviour. HIV/AIDS campaigns have focused on imparting fear that sex is dangerous. People know and believe that sex is pleasurable. Conflicting messages such as avoid sex while others teach that have sex using a condom creates confusion and contradicts cultural as well as religious beliefs of the audience (Mwami et al, 2002) .The call on condom use ignores the individual's efficacy to use them, individuals power to decide on condom use and psychological and emotional feelings associated with condom use (Mwami et al, 2002). Again, to the extent married people use condom in extra marital sex is not known.

A study on socio- behavioural determinants of consistent condom use among hotel and bar workers in Northern Tanzania shows that condom use is accepted by women who had more than three living children (Manongi, et al, 2002). The cross sectional interviewing conducted by Manongi (opcit) focused only on women who worked in bars and hotels the group of people which is perceived to be at risk, and also people who perceive themselves to be at risk of sexual transmitted infections. Married women in particular were not targeted in this study regarding their use of condoms in extra marital sexual intercourse. Also, this study focused only on condom use leaving out all other preventive options like faithfulness to un infected partner and

abstinence. Prevalence of HIV infection among married people is also evidenced by a study of surgical patients in Muhimbili National Hospital (Kwesigabo et al, 2002). The study found that married people had seroprevalence of 15.3% against 13.4% for single (Kwesigabo et al, 2002). The study only gives an epidemiological picture but does not answer the question as to why there is high infection among the married people.

Lack of condom use in some married couples in extra marital sex is still a problem. A study in Mahonda Zanzibar Urban on risk factors for HIV–1 involving 49 participants: 36.7% of respondents were unmarried and 51% were married. The study found out that 12.2% had sex out of their marriage, while 4.1% did not use a condom. More men (14.3%) than women (10.7%) had extra marital sex. The study also found out that 100% of women who had extra marital sex did not use condom compared to 66% of men (Makwaya, et al, 2002). This study indicates that couples were having extra marital affairs. But why they were having extra marital affairs remains the subject of this study.

Young girls marrying older men expose themselves to HIV infection. A study by UNAIDS (2003) found that marriage does not always protect young women against HIV infection because young women are likely to marry an already experienced man (UNAIDS, 2003). This argument by UNAIDS leaves out the fact that there are also men who marry already infected young girls and similarly there are uninfected couples who get infected within marriage suggesting that something happens within marriage. Also, in the fight against HIV infection victim blaming shifts attention

from addressing the real issues. So, as an alternative explanation needs to be explored to establish determinant factors leading to of HIV infection among married partners.

Reasons which are forcing these sugar daddies to go to young girls remain an area worth investigation because a study done in Zambia found that some adolescent girls are attached to sugar daddies much older, relatively well off, usually married men who support them in exchange for sex (UNFPA, 2003). They support them with gifts such as soap, perfume, meals, Jewellery, money for school fees or to help their families. Low income has been found to contribute to HIV infection. A UNAIDS study (2003) of 72 countries showed that both low per capita income and high-income inequality were linked to high national HIV infection rates, and $2000 increases per capital income was associated with a 4% reduction in infection (UNAIDS 2003). The observation by UNAIDS is a good one, but poverty alone cannot explain the psychological and emotional drives associated with sex. It is not always true that only poor people get infected with HIV suggesting that increase in income alone is not a guarantee against HIV infection.

Failure to negotiate condom use was associated with age of the involved partners. A study conducted in Kisumu, Kenya, found out that about a half of the married women whose husbands were 10 years older were infected with HIV compared to women whose husbands were only up to three years older (UNAIDS, 2003). Age of the sexual partner cannot be taken as an explanatory factor for HIV infection in marriage in the absence of other factors. A study by UNAIDS (2003) found out that

in marriage, it is difficult for women to negotiate condom use especially if they are much younger than their husbands (UNAIDS, 2003). The study findings are convincing but sexual activity of individuals often start long before the existing marriage leading to inability to establish cause-effect relationship. Also, there are infections, which occur within marriage which the study did not account for. Therefore, more factors need to be established to account for HIV infection in marriage.

The marriage institution in the Islamic faith has some provisions which those who want to marry should observe. It is provided that health status of each couple must be known before the marriage contract. Absence of HIV/AIDS, which is equated to leprosy in Islam, must be assured by guardians (Wili) of both partners (Sarkinfada, 2003). It is, therefore, not the prerogative of intending couples to have them tested without the indulgence of their respective guardians (Sarkinfada, 2003). This provision aims at protecting partners against HIV infection, but even if the newly wed couples are not infected by the time they marry they can still be infected after marriage if they are not faithful to each other. Furthermore, Sarkinfada (2003) concludes that polygamy and widow inheritance are other factors causing HIV infection among couples:

> *If that the diseased who died of AIDS left behind three wives who by implication may be HIV positive though looking healthy, the widow are more likely to be married to other men who already have other wives ranging from one to three. Each of the widow will transmit the virus to her new husband who will transmit to his wife (ves) (p.3).*

This argument failed to note that in case the deceased person was not infected the subsequent husband would not be infected. In the spread of HIV/AIDS, it is the biological relationship which favours the transmission of HIV and not the marriage (Sarkinfada, 2003). Marriage in its essence, whether monogamous, polygamous has minimal role to play in the absence of any social-cultural vices that may favour the spread of the infection.

Catholic morals emphasise that in the context of HIV/AIDS pandemic our moral decision are literally a matter of life and death. The most effective and efficient prevention is sexual abstinence before marriage and faithfulness after marriage (Bauer, 2003) .The extent to which moral teaching is observed remains an area to be investigated.

Inability of couples to forgive each other, resentment, and failure to communicate among couples leads into unhappy marriage. According to Huges (1994), failure of many marriages is attributed to bottled-up resentment, (unwillingness to communicate feelings) which prevent communication between couples making partner to seek a less stressful environment. To what extent-married partners communicate about sexual needs in Tanzania is not known.

Failure to negotiate sex contributes to infection. Studies in Kenya and Zambia by GENDER-AIDS (2003) found out that young married girls are more susceptible to HIV infection because they have sex more often, use condom less and are often un able to refuse sex and have partners who are more likely to be HIV- positive. This

finding does not state whom usually these young married girls have sex with and why they desire sex often. The study does not explain why these young married girls fail to negotiate the use of condoms. Similarly, the study did not provide the basis for judging that the partners these married girls had sex with were HIV positive.

Verge (1997) when trying to explain why prevention of the spread of HIV is taking long time, he concluded that some people have reacted against reality of AIDS probably to justify sexual behaviour, which they do not intend to change. At its extreme, some people say that AIDS information is fiction, there are already cure for that, and for those just infected there will be cure by the time they reach symptomatic stage (Orubuloye, 1995). Caldwel and Caldwel (1997) wondering about Africans' under reaction to AIDS epidemic said that the epidemic is fuelled by belief that death causation are multiple, timing of death is predetermined by God and that most certain way of becoming sick is to worry about the possibility and change ones way of life. Also, there is belief that males are biologically created to need sexual relations with more than one woman including even parallel relationships. Claims by Caldwell and Caldwell (1999) do not reflect the truth of African culture, which exhorts virginity, marriage and responsible parenting. Therefore, more research is needed to capture for the reasons fuelling HIV infection in marriage rather than relying on simplistic claims like those made by Caldwell and Caldwell.

From the above literature review it is clear that there are few studies that have addressed HIV infection among married partners. However, most of the existing literatures give the general picture of HIV infection without focusing on married

people as a special group posing special challenge in the whole fight against HIV/AIDS. Similarly, such study has rarely been conducted in Tanzania. A study in Zanzibar conducted by Makwaya et al (2002) cited above did not seek to understand on reasons which force married people to seek extra marital sex which expose partners to HIV infection. This study intended to establish reasons behind HIV infection among married partners. In addition, this study opens more areas for research and HIV interventions.

3. METHODOLOGY

Research Design:

This was a descriptive, exploratory, cross sectional study. The study of this nature tries to study a given population at a point in time using structured and semi-structured questions in order to get quantitative as well as qualitative information from the respondents regarding a given research problem like ours.

Study Area

This study was conducted in Temeke Municipality in Dar es Salaam Region, Tanzania. Temeke Municipality was randomly selected out of the three districts of Dar es Salaam region.

HIV/AIDS situation in Temeke Municipality is as follows: The number of people who were diagnosed with HIV/AIDS in various health facilities in the Municipality kept increasing year after year. In the year 2001, the number of people who tested HIV positive was 2,502, in the following year 2002 the number of HIV infected people was 3,880. In the succeeding year 2003 the number of those who tested for HIV and were found to be infected was 5,154. In the same period, the number of patients who were clinically AIDS positive was also high. For example, in the year 2001 the number of patients who were clinically positive was 1,191, in the year 2002 the number went down to 426 but in the year 2003 the number was 3,081. However, no data were available in the Municipality showing the proportion of married couples who were infected with HIV/AIDS.

Temeke municipality has an inhabitant population of 771,500 people of whom 383, 255 are men and 389,245 are women (National Census, 2003). The population growth rate in the municipal is 2.4% per annum. Temeke Municipality has 3 divisions, 24 wards, 97 streets, 15 villages and 62 sub-villages. This study was conducted in 3 wards: Kigamboni, Kurasini and Keko. The Municipal has one government and 2 private hospitals, 5 health centres of which 4 are private people and 1 belongs to the government. There are 22 government dispensaries and 54 private ones. There are also 240 pharmacies and 9 laboratories.

Study population

The study population consisted of married couple aged 15 years and above residing in Temeke Municipality.

Study sample

The study sample consisted of married couple a ged 15 years and above, selected from 3 wards using multi- stage sampling procedure as explained below:

Sample size

The sample size was calculated using the Tanzania HIV/AIDS prevalence of 12.5% in the general population.

Sample size calculation formula: $n = \frac{Z^2 pq}{E^2}$

Where

n= sample size

z = % point corresponding to significance level of 5% = 1.96

p= national HIV/AIDS prevalence.

q = 100 –p

E= maximum likely error 6%

Hence n = $\frac{3.8 \times 12.5 \times 87.5}{36}$ = 115.45

To adjust for non-response, two respondents were added to make a sample size of 117.

Assumption

We need to be 95% confident that the population values were within the estimates.

Sampling Methods: -

Multistage random sampling method was used involving the following steps:

1. A list of 24 wards in Temeke Municipality was listed and numbered.
2. Of the 24 wards listed in the sampling frame 3 wards were chosen randomly using the table of random number.
3. From the chosen wards a sampling frame of streets was made and 2 streets were chosen randomly using a table of random numbers from each ward.
4. From each street, a sampling frame of household was made and 19 households were chosen randomly using a table of random numbers.
5. In each household all married individuals aged 15 years and above within each household were interviewed.

It was made very clear to all research assistants that in the event that the selected respondent was not present at the household during the time of interview, a follow up visit had to be scheduled, unless the respondent was sick or travelling and not

expected to return within the study period. This study did experience this problem and replacement was done where there was a need.

Methods:

Structured interview using a pre-tested questionnaire consisting of closed and open - ended questions was designed in English. It was translated into Swahili, the national language that is widely spoken. Translation of the questions into Kiswahili helped respondents to answer the questions without difficulties, thus giving the study maximum co-operation. The interview was administered to all married couples in the selected sample. Seven trained interviewers conducted the interview. The author trained these assistants for one-day prior to going to the field. Training of research assistants helped to ensure that whatever was collected was relevant for the study. Role-plays involving all research assistants were done to minimize inter observer variation. Qualitative data were obtained using open -ended questions. Pre-testing of the questionnaire was done in Keko Magurumbasi by the author prior to official data collection. Pre-testing of the instruments helped the author to modify the questions that were not clear to the respondents. The pre-testing involved 10 married individuals aged 15 years and above. Knowledge on HIV/AIDS was measured using Likert Scale and the analysis of this study focussed only on basic knowledge required about transmission and prevention of HIV/AIDS.

Data collection, quality control and data processing:

The author supervised the research assistants closely. He ensured that the procedure and schedule were followed strictly. At the end of the day, the research team

reviewed the forms for completeness. Interviews were conducted at the individual's household. Respondents were to provide their demographic characteristics, knowledge about HIV/AIDS, attitude toward faithfulness in marriage, risk perception to HIV infection, attitude toward condom use in extra marital sex, reasons for extra marital sex and what could be done to prevent HIV infection among partners.

Data Analysis:

The field data was coded, checked for completeness, consistency and then entered into the computer using Epi Info 6 and analysed. Presentation of data was made in the form of text, and tables. Quotations are used to substantiate qualitative results.

Ethical Considerations:

Informed verbal consent was sought from all participants in this study, having explained the purpose and nature of the study. The participants were free to discontinue the interview at any point if they so wished. Participants were informed that the information obtained was confidential and would be used only for the purpose of the research and partial fulfilment of the requirements for a degree of master of Public Health of the University of Dar es Salaam. Findings of this study could also be used for HIV prevention campaigns. No remuneration in cash or kind was given to participant save verbal expression of appreciation for participating in the study. Ethical approval was obtained from the Research and publication committee of the Muhimbili University College of Health Sciences and permission to conduct the study was obtained from the Temeke Municipal Authorities.

4. RESULTS

Socio-demographic characteristics of the respondents

Understanding of socio-demographic characteristics of the respondents was important in knowing how these variables affect knowledge on HIV/AIDS, perception toward faithfulness in marriage and communication on sexual issues among couples and disclosure of sexual needs. The socio-demographic characteristics of the respondents analysed in this study include age, sex, education religion, and occupation and marriage duration.

Table 1: Demographic characteristics of the respondents

Variable	No	Frequency %
Age		
15 – 24	14	12.3
25 – 34	37	32.7
35 – 44	33	29.4
45 – 54	14	12.4
55	15	13.2
Total	**113**	**100**
Sex		
Male	48	41
Female	69	59
Total	**117**	
Education		
No school	3	2.5
Madrasa \ adult education	13	13.2
Primary education	67	58.8
Secondary education	29	25.4
Post secondary education	5	4.4
Total	**117**	
Occupation		
Employee	12	10.5
Petty trade	48	42.1
Peasant	24	21.1
Not employed	27	23.7
Business	3	2.6
Not employ	3	2.6
Total	**117**	

Duration in marriage		
0 – 1	16	14.0
1 – 10	50	43.9
11 – 20	24	21.1
21 – 30	16	14.0
31 – 40	5	4.4
41	3	2.6
No response	3	2.6
Total	**117**	
Religious affiliation		
Christians	58	49.5
Muslims	59	50.4
Total	**117**	

The majority (32.7%) of respondents were in the 25-34 years age group and the least in 15-24 (12.3%) years age group and 45-54 (12.3%) years age group respectively. The study had more females compared to males. Lower proportion of men was due to failure to get them even after repeated follow up. Some of men were away, others were difficult to reach due to nature of their occupation especially fishermen and the respondents who were business men and had to attend their customers. Also, some respondents were sick such that interviewing them was impossible. Some had not recovered by the end of this study. These reasons made this study end up having more women respondents than men.

Educational level of the respondents ranged from no formal schooling to post secondary education according to Tanzania standards. Majority of the respondents had primary level of education. The study sample had a slightly higher proportion of Moslems 50.4% compared to Christians (49.6%). Majority of the respondents' source of livelihood was petty trade 42.1% and the minority (2.6%) of the respondents who had licensed business and were paying taxes to the government.

In the studied sample, majority of the couples (43.9%) had been in marriage for up to ten years and the least group (2.6) were couples who had been in marriage for 40 years. Majority (75%) had not experienced divorce in their lifetime. Of all respondents interviewed, 4 respondents did not like to disclose their marital duration. The proportion of years of marriage for the respondents who had been in marriage for 31-40 years was slightly higher (4.4%) than that of respondents who had been in marriage for over 40 years (2.6%). While 12 (10.3%) reported breast-feeding by an infected mother as a means of getting the infection.

4.1 What married people know about HIV/AIDS?

This section analysed the level of knowledge of the couples about HIV/AIDS. Respondents were asked about the modes of transmission of HIV and ways of preventing HIV infection. Most (92.3%) respondents mentioned unprotected sex with infected person the mode of transmission of HIV. About 59 (31.6%) respondents mentioned contact with body fluids (blood) of an infected person. Infection of HIV trough sharing sharp objects was reported by 66 (56.4%) respondents. Condom use was mentioned by 63 (54.8%) respondents as a means of preventing HIV transmission, while faithfulness to uninfected sexual partner was mentioned by 46 (40%) respondents and avoiding contaminated blood and sharp objects was mentioned by 20 (17.4%) respondents.

Knowledge on HIV/AIDS is defined as an ability of an individual to recount basic information/facts about HIV/AIDS which enables that person to make informed decision about the actions one wants to make while quite clear of the benefits and

losses one may face as a result of a particular decision. Results on knowledge about transmission and prevention of HIV were analysed in terms of demographic characteristics of the respondents and other variables.

Table 2: Knowledge about transmission and prevention of HIV / AIDS

Variable	No. (with low knowledge)	Frequency %	P - Value
Age			
15 – 24	12	85.7	
25 – 34	35	94.6	
35 – 44	30	90.9	
45 – 54	12	85.7	
55	18	94.7	0.75
Total	**107**		
Sex			
Male	44	91.7	
Female	63	91.3	0.61
Total	**107**		
Education			
Madrasa & no school	12	100	
Adult education	4	100	
Primary education	64	95.5	
Secondary education	23	79.3	
Post secondary education	4	80.0	0.68
Total	107		
Religion			
Christians	50	89.3	
Muslims	57	94.8	0.52
Total	107		

Occupation			
Employee	8	66.7	
Petty traders	44	91.7	
Peasant	24	100	
Business	3	100	0.019
Housewives	25	92.6	
Not employed	3	100	
Total	**107**		

Results show that low level of knowledge on transmission and prevention of HIV was apparent in all age groups; 85.7% of respondents aged 15-24 years, (94.6%) of respondents aged 25-34 years, 90.9% of respondents aged 35-44 years, 85.7% of respondents aged 45-54 years and 94.7% of respondents above 55 years. Knowledge on transmission and prevention of HIV when analysed in terms of sex results show that male (91.7%) as well as females (91.3%) had low knowledge, p=0.61.

Low knowledge about transmission and prevention of HIV/AIDS varied according to educational level of the respondents. Results showed that respondents with no schooling had 100% low knowledge about HIV/AIDS followed by respondents who had primary education (95.5%), (79.3%) for respondents with secondary education and (80%) for respondents with post secondary education.

When the results were analysed in terms of religious affiliation the results showed that 89.3% of the Christians and 94% of the Muslims had low knowledge about HIV/AIDS. Results were analysed in terms of occupation of the respondents, results show that 66.7% of those who were employed had low knowledge, followed petty

traders (91.7%), house wives 92.6%, and finally business people, unemployed people as well as peasants had 100% low knowledge on HIV/AIDS.

4.2 Risk of contracting HIV infection

Respondents were asked a question whether they were at risk of HIV infection, what made them say they were at risk, and steps they were taking to avoid contracting HIV.

Less than half 53 (45.2%) said they were at risk of HIV infection.

Table 3: Risk perception to HIV infection in relation to some demographic characteristics of the respondents

Variable	No. Perceived to be at risk of HIV infection	Frequency %	P - value
Age			
15 – 24	6	42.9	
25 – 34	19	51.4	
35 – 44	18	58.1	
45 – 54	6	42.9	
55	4	23.5	0.2
Total	53		
Sex			
Male	20	43.5	
Female	33	49.3	0.54
Total	**53**		

Findings show that respondents below 55 years said they were more at risk compared to respondents above 55 years. Less than half (42.9%) of respondents (15-24) years reported to be at risk of HIV infection; (51%) for respondents aged 25-34, (58.1%) for respondents aged 35-44 years, (42.9%) for respondents aged 45-54 years and

(23.5%) for respondents above 55 years. Despite of these apparent differences in risk perception, the results were not statistically significant, p= 0.21. Risk perception when further analysed in terms of sex the result show that 43.5% of male respondents perceived themselves to be at risk compared to (49.3%) of females. However, the noted difference was not statistically significant, p= 0.54.

From qualitative interview, this study managed to explore the following:

1. Distrust of the partner's sexual behaviour:

A female respondent aged 50 married to a pastor said:

> *I don't trust my sexual partner, I don't know whether he has other sexual partners or not because sexual intercourse is secretly done* (Interview, Kurasini Ward, July 5th, 2004).

2. Separation of couples due to occupation; a woman married to a truck driver said:

> *My husband is a truck driver and as you know truck drivers, they have many sexual partners, I don't know how can I be saved from this disease,* (Interview, Kurasini Ward, July 5th, 2004).

3. Failure to stand sexual temptations; a 63 years old retiree from Tanzania Harbours Authority said:

> *It is impossible to win all sexual temptations* (Interview, Kurasini Ward, July 5th, 2004).

4. Caring for AIDS patients: An old woman aged 65 years said,

> *I can not be sure that I can be free from HIV infection because I have cared for my children who died of AIDS* (Interview, Keko Ward, June.26th, 2004).

Respondents perceived themselves not at risk of HIV infection gave a number of reasons:

1. Faithful to the married partner; a 42 years old woman said:

   I am married, I don't have many sexual partners (Interview, Kigamboni Ward, July 4th, 2004).

2. Giving life to God; a female respondent said:

   I am saved and I have given my life to God (Interview, Keko Ward, June.24th, 2004).

3. Condom use was sighted as another reason reducing risk of HIV infection among couples; a man aged 32 years said:

   I always use condom in extra marital sexual intercourse (Interview, Kigamboni, July. 4th, 2004).

4.Abstaining from sexual intercourse

5. Reduced the number of sexual partners

6. Discussing with the partner about HIV/AIDS.

Respondents were asked to state measures they were taking having known that they were at risk of HIV infection. These measures included:

1. Talking about HIV/AIDS with the partner
2. Using condoms
3. Left the HIV pandemic in the hands of God
4. Lead a committed life to God.

3.3 Attitude of married partners about the concept of faithfulness in Marriage

Respondents were asked questions about their perception of faithfulness in marriage, reasons for extra marital sex, condom use in extra marital sex and measures which partners were taking in case the partner was unfaithful.

About 50% of respondents aged 15-24 years, 59.4% of respondents aged 25-34 years, 60.6% of respondents aged 35-44 years, 65.3 % of respondents aged 45-54 years and 78.9% of respondents aged 55 years and above believed that condoms are protective against HIV infection. There was a higher proportion (78.9%) of respondents aged 55 years and above who said that condoms were protective against HIV infection compared to 50% of respondents aged 15-24 years. More males (68.8%) compared to females (58%) stated that condoms could prevent HIV infection. Higher proportion (80%) of respondents with post-secondary education said that condoms could prevent HIV compared to 50% and 66.7% of respondents who had adult education and no formal schooling respectively, $p = 0.23$

Some respondents raised concerns on the effectiveness of condoms and mentioned:

1. Poor quality of condoms was mentioned as the main reason making some respondents' decline from using them; a male respondent said:

   Condoms are of poor quality, they tend to burst during sexual intercourse, (Interview, Keko Ward, July.3rd, 2004).

2. Fear that condoms were infected with HIV virus; a 52 years old man said:

   Condoms are injected with HIV virus by Europeans to kill Africans (Interview Keko Ward, June. 22 and, 2004).

3. Experience of seeing some people who used condoms contracting HIV and becoming pregnant; a woman aged 38 years said:

   I know persons who claimed that they always use condoms in extra marital sex but they became pregnant and others have AIDS (Interview, Kirasini Ward, July.4th, 2004).

4. Improper use of condoms was another concern raised by the respondents; a 26 male respondent said:

   Many people do not use condoms properly and more often under the influence of alcohol (Interview, Kurasini Ward, July.4th, 2004).

5. Dislike of condom use due to religious beliefs; a woman in Keko Ward said:

   Condom use is sinful and using it is equivalent to worshiping idols (Interview. Keko ward, July3rd, 2004).

4.3 Attitude towards condoms:

Respondents were asked on what they thought about the protective ability of condoms from HIV infection. Only 44(38.9%) respondents said that condoms could prevent HIV infection and 12 (10.6%) respondents were uncertain about ability of condoms to prevent HIV infection. Attitude of the respondents were analysed according to their demographic characteristics see Table 4.

Table 4: Shows: Attitude to condoms use, faithfulness in marriage, condom use extramarital sex, and expression of sexual needs among married partners

Variable	No. Condom can prevent HIV	Frequency %	P - value
Age			
15 – 24	7	50	
25 – 34	22	59.5	
35 – 44	20	60.6	
45 – 54	9	64.3	
55	15	78.9	0.5
Total	**73**		
Sex			
Male	33	68.8	
Female	40	58.0	0.23
Total	**73**		
Education			
No school	6	66.7	
Madrasa & adult	4	50.0	
education	39	58.2	
Primary education	20	69.0	
Secondary education	4	80.0	0.73
Post secondary education	**73**		
Total			
Extramarital sex in relation to demographic characteristics of the respondents			
Age	**No. Its impossible to avoid extra**		
15 – 24	6	50.0	
25 – 34	28	75.7	
35 – 44	20	64.5	
45 – 54	9	64.3	
55	15	83.3	0.28
Total	**78**		
Sex			
Male	33	70.2	
Female	45	69.2	0.91
Total	**78**		
Education			
No school	7	77.8	
Madrasa & adult	5	75.0	
education	40	62.5	
Primary education	23	82.1	
Secondary education	3	60.0	0.39
Post secondary education	**78**		
Total			

Condom use in the last extra marital sexual intercourse in relation to some demographic characteristics of the respondents

Age	No. Who didn't use condom in the last extramarital sex.		
15 – 24	5	62.5	
25 – 34	12	40.0	
35 – 44	13	54.2	
45 – 54	5	41.7	
55	8	61.5	0.79
Total	43		
Sex			
Male	16	45.7	
Female	27	51.9	0.09
Total	**43**		
Education			
No school	2	28.6	
Madrasa & adult education	2	25.0	
Primary education	26	53.1	
Secondary education	11	47.8	
Post secondary education	2	66.7	0.64
Total	**43**		

Ability to express sexual dissatisfactions among couples in relation to demographic characteristics of respondents

Age	No. Of respondents who were able to express sexual dissatisfaction to their partners.		
15 – 24	14	100.0	
25 – 34	32	86.5	
35 – 44	21	65.6	
45 – 54	8	57.1	
55	13	76.5	0.42
Total	**88**		
Sex			
Male	41	89.1	
Female	47	69.1	0.012
Total	**88**		
Education			
No school	6	66.7	
Madrasa & adult education	4	100	
Primary education	50	75.8	
Secondary education	24	85.7	
Post secondary education	4	60.0	0.42
Total	**88**		

4.4 Refraining from extra marital sex

Results show that 69.6% of the couples said that it was impossible to refrain from extra marital sexual intercourse. Table 4 shows the relationship between age, sex and education in relation to defrayment from extra marital sex.

Results show that 50% of the respondents aged 15-24 years stated that it was impossible to refrain from extra marital sex. Among those who reported extra marital sex to be unavoidable, 75.7% were aged 25-34 years, 65.5% were aged 35-44 years, 64.3 % were aged 45-54 years and 83.3% were aged 55 years.

Results show that comparatively, younger couples said it was possible to refrain from extra marital sex, 50% compared to 83.3% of respondents aged 55years and above. In addition, results show that 70.2% of men compared to 69.2% of women reported that it was impossible to refrain from extra marital sex. Both male (70.2%) and females (69.2%) said that it was impossible for the couples to refrain from extra marital sex.

About 77% of respondents with no formal schooling, 75% of respondents with adult education, 62.5% of respondents with primary education, 82.1% of respondents with secondary education and 60% of respondents with post-secondary education reported that it was impossible to avoid extra marital sex.

4.5 Condom Use in Extra Marital Sex

In order to establish to what extent couples protected themselves against HIV infection for those who could not be faithful, respondents were asked whether they used condom to prevent HIV infection in last extramarital sexual intercourse. Almost half (49.4%) of the respondents stated that they did not use condoms.

It was found out that age of respondents did not appear to influence condom use in extra marital sex for prevention of HIV infection. Condom use was 62.5% for respondents aged 15-24 years, 40% for respondents aged 25-34 years and 54% for respondents aged 35-44 years.

About 45.7% of married men and 51.9% women reported to have not used condom in the last extra marital sexual intercourse. Men appeared to have protected themselves more in the last recent extra marital sex compared to women, p= 0.09.

Educational level of the respondents did not influence condom use in extra marital sex, p=0.64. Only 28% of respondents with no formal schooling did not use condoms, followed by 25% of respondents with adult education, 53.1% with primary education, 47.8% with secondary education and 66.7% with post secondary education. The results showed that more respondents with higher education didn't use condom in extra marital sex for prevention of HIV compared to respondents with lower educational levels.

4.6 Reasons for extramarital sex

Respondents were asked why they had extra marital sex. Responding to this question, interviewees gave some reasons as follows; issues such as quarrels among couples; long separation of the couple due to occupation; dissatisfaction in sexual intercourse; advised by friends; and transactional sex were mentioned as reasons fuelling extra marital sex among married partners.

> *If you are not in good terms with your wife you can not feel the urge of having sex with her* (Interview, Kurasini Ward,July.4th, 2004).

A female respondent reported:

> *A man comes and you have sex with him, he ejaculates too quickly or gets tired before you reach the climax. If this becomes routine, you can not always endure this you will have to find a person who can make you reach the climax* (Interview, Keko Ward, June22nd, 2004).

A 23 years old female interviewee reported:

> *You hear peers talking about how their partners satisfy them sexually, you get tempted to do the same to see the difference* (Interview, Kigamboni Ward, July 3rd, 2004).

Another respondent said that she is forced to have extra marital sex because the husband fails to provide the basic needs:

> *I am married, you find that you need this and that and the husband is not able to provide; you get tempted to have sex with the man who can solve your problems* (Interview, Keko Ward, July.3rd, 2004).

The last respondent (male) aged 53 years made a statement justifying extra marital sex:

> *Temptations are many and as a man you can not stick to just a single woman, there are many beautiful women tempting us, you find yourself to have fallen in love with them* (Interview, Kurasini Ward,July 4th,2004).

Measures partners were taking when one partner was unfaithful:

1. Divorcing the partner (12.9%)
2. Refuse sexual intercourse (15.5%)
3. Advice to test for HIV (24.1%)
4. Use condoms (14.7%)

Of all respondents interviewed, 33.6% stated that they could not do any thing when the partner was unfaithful.

4.7 Communication about sexual needs among couples

The respondent were asked about communication among couples on their sexual needs, barriers making couples fail to express their sexual needs and the willingness of partners to suggest the use of condom in case one of the partners happened to have unsafe sex with a person whose HIV sero negativity is not known.

4.8 Ability to Express Sexual Dissatisfaction among Partners

Respondents were asked whether they were able to tell their partners in case they were satisfied or not after sexual intercourse. Table 4 summarises the findings. Only a small proportion (22.8%) of the respondents could not inform their partners when they were not satisfied.

Results show that more females than males reported sexual dissatisfaction to their partners. Majority (89.1%) female respondents stated that they could tell their male partners when they were not sexually satisfied. About 69.1% of male respondents could tell their partners when they were not satisfied during sexual intercourse. All

respondents aged 15-24 years; both males and females could tell their partners when they were not sexually satisfied. Reporting dissatisfaction in sexual intercourse varied according to the age of respondents 86.5% for respondents aged 25-34 years, 65.6% for respondents aged 35-44 years, 57.1% for respondents aged 45-54 years and 76.5% for respondents aged 55 years and above.

Education level of respondents was another variable, which was analysed to determine whether education influences ability to communicate sexual dissatisfaction among respondents. Results show that 66.7% respondents who had no formal schooling reported that they could communicate to their partners when they were not sexually satisfied. About 100% of the respondents who had adult education could communicate with their partners when they were not satisfied sexually. Only 75.8% of the respondents with primary education could tell their partners as well as 85.7%of respondents with secondary education and 60% for respondents with post secondary education.

4.9 Dissatisfaction in Sexual Intercourse and Extra Marital Sex

About 69.6% of the respondents reported that dissatisfaction could lead someone to having extra marital sex. When respondents were further asked whether they could tell their partners to use condoms when in doubt of their HIV status, results show that 53.6% of the respondents reported that they could not dare to tell their marital partners or suggest use of condoms.

The reasons given as to why respondents could not tell their marital partners to use condom include:

1. Feeling of shame because extra marital sex is not an acceptable behaviour (76.1%)
2. Judgement that the partner is not responsible to tell the other partner (5.6%).
3. Fear of quarrels and ultimate divorce (18.3%)

5. DISCUSSUON

Successful implementations of HIV/AIDS prevention programmes depend on the responses of the people. This, in turn, is influenced by various socio-economic and cultural aspects of their lives that may constitute major constraints to the control of the spread of HIV (Sarkinfada, 2003). These socio-economic and cultural factors influence the way people perceive HIV/AIDS, faithfulness in marriage, risk perception, attitude to condom use and couple communication. This study attempted to understand how married people view various issues surrounding transmission and prevention of HIV, and relates them to the realities surrounding them. The past twenty years of fighting against HIV/AIDS epidemic has focussed on increasing awareness and knowledge about HIV/AIDS. Knowledge on modes HIV transmission and prevention were widely taught but the rate of infection continues to increase.

In this study most of the respondents were aware that sexual intercourse was the major route of HIV infection. Fewer respondents knew contact with infected blood, sharing contaminated instruments and HIV infection through breast milk of an infected mother. The implication of these findings is that people were likely to take more preventive measures to prevent HIV transmission through sexual intercourse than prevention of infection through contact with infected blood, sharing piercing instruments and infection through breast-feeding. However, findings of this study shows that increased knowledge does not result into taking preventive measures in sexual intercourse. There was less knowledge about possibility of infection of HIV through other known modes of transmission; therefore there is a need of scaling up

knowledge of HIV transmission by empowering people about other ways of HIV transmission.

About 54.8% of the study sample population said that condom use prevents HIV infection, 37.4% said that abstinence from sex was practicable preventive option against HIV infection. Faithfulness to uninfected partner was mentioned by 40% of the respondents as preventive option. This implies that measures proposed for preventing HIV infection appear too difficult to some people. It appears that willingness to use condoms is low. Lack of knowledge about the preventive options available or unwillingness to use them reduces the number of people taking preventive measures to combat the pandemic. This observation supports the conclusion made by Mwami et al (2002), that HIV control is taking time to solve due to the fact that preventive measures are focusing an individual efficacy, neglecting the environment in which an individual is a part.

This study found out that majority (82.6%) of the respondents in the study sample had low knowledge about transmission and prevention of HIV/AIDS. Low level of knowledge about transmission and prevention of HIV/AIDS was apparent in all age groups. The implication of this finding is that campaigns should be scaled-up to increase people's knowledge focusing on transmission and prevention of HIV/AIDS. Married people, therefore, become one of the target areas. Similarly, both sexes had low knowledge about HIV. The implication of this finding is that efforts for promoting education on transmission and prevention of HIV/AID should involve both sexes.

Surprisingly, educational level of an individual did not increase knowledge about HIV/AIDS. For example, 80% of the post secondary respondents and 79.3% of those who had secondary education had low knowledge on HIV/AIDS. This implies that effort to combat the spread of AIDS should involve people with higher levels of education as well.

This study found out that occupation of the respondents influenced knowledge on HIV/AIDS. About 66.7% of employed respondents had low knowledge about HIV/AIDS while 91.7% of petty traders, 100% of housewives and peasants had low knowledge about HIV/AIDS. Some knowledge about HIV/AIDS envisioned among the married employees may be attributed to higher mobility; exposure to information and literacy level of employees to access HIV related literature or communication with colleagues. Low knowledge noted amongst petty traders, housewives and farmers call for concerted effort to provide HIV/AIDS health education targeting these populations. If knowledge is related to occupation and income, then, this findings some how conformed with the World Bank study of 72 countries which showed that low per capital income and high-income inequality were linked with HIV infection rates and $2000 increase in per capital income was associated with a 4% reduction in infection (UNAIDS 2003).

This study found out that 38.9% of the respondents said that condoms could prevent HIV infection. About 10.6% were not certain that condoms could prevent HIV infection. Negative attitude toward condoms could discourage one from using them in extra marital sex, which could lead to HIV infection. Respondents who were

unclear about ability of condoms to prevent HIV infection may either use or not use condoms in case they had extra marital sex. Younger couples and the older ones had same level of acceptance of condoms for HIV prevention. Although education level of the respondents didn't appear to have significant influence in couples' perception about protective ability of condoms against HIV infection, it is interesting to note that 80% of respondents with post secondary education said that condoms can prevent HIV infection compared to 50% of respondents with adult education. These findings imply that there is a need of increasing condom promotion and use in the general population and specifically among married partners in order to reduce HIV infection.

This study also found out that there is resistance in condom use for various reasons including lack of knowledge. Some respondents commented that condoms were of poor quality, they break or were infected with HIV virus, some people used condoms and they were infected with HIV or become pregnant. This negative attitude towards condoms could discourage people from using condoms and engage in unprotected sex in extra marital sex which could fuel the spread of HIV. Rampant lack of use of condoms noted in this study by married partners supports findings from a study done in Mahonda Zanzibar where condom use was very low. This study noted that 100% of women who had extra marital sex did not use condom against 66% of men (Makwaya et al, 2002). A call on condom use ignored issues related to that individual's ability and incentive to use them, power to decide on condom use and psychological condition of the person Mwami et al, (2002). Efforts need to be made

to respond to perceptions about condoms so that couple who can not remain faithful to their partner(s) could develop positive attitude toward condom use.

Risk perception of married people to HIV infection

This study found out that about 46.9% of the respondents perceived themselves to be at risk of HIV infection. Risk perception decreased as ages of respondents increased. This implies that younger couples perceived themselves at high risk of getting new infections than older couples. This finding is similar to findings from a study conducted in Zambia and Kenya which found out that young married girls are more susceptible to HIV infection because they had sex more often, use condom less, and are unable to refuse sex (Gender –AIDS, 2003). The fact that young married girls do sex more often with many partners and they use condom less often increase chances for HIV infection.

The fact that this study could not find significant difference between males (43.5%) and females (49.3%) in terms of risk perception to HIV infection implies that any programme aimed at increasing awareness and knowledge about HIV/AIDS should target both females and males.

We found out that 43.5% males perceived themselves at high risk of HIV infection, which suggests that they would use condoms in extra marital sex. Similar findings were found in a study in Zanzibar where 66% of males who had extramarital sex in that study sample used condoms (Makwaya et al 2002). However, the trend is not the same for the females. This study found out that 49.3% of females perceived

themselves to be at risk of HIV infection, yet 51.9% didn't use condom in the last sexual intercourse. The implication is that risk perception is an important but not sufficient factor for someone to take precautionary measures in extra marital sex. However, but it greatly reduces risk behaviour taking. A study conducted in Zanzibar although it did not study risk perception among married partners but the findings show that risk taking was very high. That is, 100% of females who had extra marital sex did not use condoms (Makwaya et al, 2002). In ant HIV/AIDS campaigns more effort is needed to increase awareness about the extent to which couples are at risk of HIV infection as a result of their sexual decisions.

Lack of trust among partners appeared to increase risk perception among couples that they were at risk of being infected with HIV. The risk of infection in marriage is a real one because partners do not use condom. It is important to address this risk and make it an agenda in HIV/AIDS programming. A belief that one cannot stand sexual temptations as given by respondents shows human weaknesses, which are natural. But succumbing to these sexual urges at the expense of oneself is even worse especially when there is deliberate refusal of condom use to protect one and others. Similarly, a belief that it is normal for truck drivers to have many sexual partners becomes a problem when the truck drivers internalise this belief and engage in reckless sex thus risking their life and that of their partners. It is evident from this study that some peoples' sexual behaviour differs from what religions and societal values teach. Married partners are called to maintain faithful love for each other (Peschke, 1992); Islamic *sharia* allows polygamy where a man marries more than one wife and it is unlawful to have extra marital sexual relations

(Sarkinfada, 2003). The fact that some couples are not able to remain faithful to their partners and some are not using condom in extra marital sex poses a challenge on the possibility of the couples to survive in this era of HIV/AIDS. There is a need, therefore, to increase awareness among couples about the risk of HIV/AID facing them through couple counselling on the disease as well as encouraging dialogue among couples on sexual issues.

This study found out that although some respondents perceived themselves at high risk of HIV infection could do nothing to avert the risk except to commit their life to God. Such conclusion is dangerous because one has sacrificed one's personal responsibility to protect oneself from HIV infection. Understanding by some respondents that using condoms was similar to worshipping idols put them in great danger of infection in case their partners were unfaithful. These findings match to conclusion made by Caldwell and Caldwell (1997) in West Africa about Africans' under reaction to AIDS Epidemic which concluded that belief that death causation are multiple and time of death is pre determined fuelled the epidemic.

Perception about Faithfulness in Marriage

More than half (69.6%) of the respondents in the study sample reported that it is impossible to avoid extra marital sex. These findings are contrary to religious ideals, which stress on mutual faithfulness among couples. Bauer (2003) urges that the most effective and efficient prevention measure of HIV infection is abstinence before marriage and faithfulness after marriage. Christian faith demands that married partners should maintain faithful love for each other (Peschke, 1992). This finding

show a serious gap between what people promise in marriage vows and what they actually do. If this perception about inability of married partners to avoid extra marital sex (69.6%) and belief that condoms cannot prevent HIV infection (50.4%) remain unchanged, married partners are likely to be at risk of HIV infection.

This study found out that there was generalized explanations, regardless of ages of the respondents, about unavoidability of extra marital sexual intercourse. Efforts to promote condoms or increase knowledge about HIV/AIDS should target all people because HIV is not age specific. The fact that men (70.2%) and women (69.2%) stated that it was impossible to avoid extra marital sexual relations, special intervention is needed on the need to be faithful in marriage or have protected sex. The findings are similar to results from a study which reported that marriage does not always protect young women against HIV infection because young women are likely to marry an already experienced men (UNAIDS, 2003) unless their attitude to faithfulness in marriage are addressed.

Misunderstandings among couples, separation of couples due to occupation, failure of one of the couples to perform sex to satisfy the sexual needs of the other partner are were reported as reasons making partners to seek extra marital sex. Other reasons propelling extra marital sex reported include influences from peers on how their partners perform sex well making them reach the orgasm, failure of the partner to provide the needs of the other partner and failure to stand sexual temptations. This is a challenge to all those who are addressing HIV/AIDS because there are so many factors that contribute to HIV infection in marriage. There is a need to minimize the

risks by promoting dialogue among partners on sexual needs and risks confronting them. HIV/AIDS prevention efforts should include condom promotion if change of perception or mutual faithfulness is difficult to maintain. Anti-AIDS campaigns should go hand in hand with addressing cultural values that propel the pandemic.

Another interesting finding from this study was that education level of an individual did not lead to changed attitude toward extra marital sex. About (82.1% and 60%) of respondents with secondary and post secondary education respectively stated that it was impossible to avoid extra marital sex. If this is the scenario, then, chances are that HIV/AIDS will affect all sections of the population. Further research is needed to explore more on the perception of extra marital sex and what people promise when they marry.

Self protection against HIV infection

Respondents reported the measures partners were likely to take in the event that one of the partners was unfaithful. Some of the measures mentioned included: - divorcing the partner, refusing sexual intercourse, advice to test for HIV or use condoms. The implication of these findings is that extra marital sex, which the partners may indulge in, would be made secret in order to avert negative consequences that could follow, thus creating chances of infecting each other with HIV virus. Therefore, there is a need to address the problem of secrecy in marriage so as to curb the pace of infection among couples.

Communication about sexual needs in marriage

Very few respondents (22.8%) reported that they could not tell their partners when they were not satisfied with sex. More women (89.1%) than men (69.1%) stated that they reported sexual dissatisfaction to their partners. These differences between sex imply that statistically more men were satisfied with sex compared to women or that the high percentage of women does not get satisfied during sexual intercourse. The percentage of men who could not tell their female partners in case were not satisfied with sex can imply that their alternative is extramarital sex.

Readiness to report sexual dissatisfaction decreased with age. About (100%) disclosure of respondents aged 15-24 years compared to (57.1%) of respondents aged 45-54 years were ready to report dissatisfaction with a sexual intercourse. The increased disclosure among respondents aged 15-24 and (86.5%) for respondent's age 25-34 years could be attributed to influences of mass media and adoption of foreign values and increased interrelationship between couples, modern education and decreased adherence to cultural values due to urbanisation. However, this study did not attempt to capture this.

Educational attainment of the respondents, religious affiliation and employment status did not appear to influence ability to communicate on sexual needs among respondents in this study sample. Therefore, ability to communicate sexual needs is a function of other factors, which need exploration.

This study also found out that only (53.6%) of the respondents could dare to suggest taking preventive measures to protect themselves in the event that they were doubtful of their HIV status following unsafe sex with a person of unknown HIV status. Feelings of shame fear of testing for HIV, feeling of irresponsibility and fear of conflict and separation greatly contributed to secrecy and silence among partners. Partners can easily infect each other unknowingly if silence is maintained. There is a need to promote dialogue between couples, which should focus on how partners can protect each other in this era of HIV/AIDS.

Findings that dissatisfaction in sexual intercourse accounted for about (69.6%) of the extra marital sex and fact that only (53.6%) used condoms in the extra marital sexual intercourse raises a great concern about failure of many marriages to protect their partners. It appears that it is high time for married couple to reflect and decide about behaviour change on sexual issues to avoid contracting HIV. There is a need for government and civil societies to mainstream married partners in the programmes addressing HIV/AIDS.

Protecting Couples against HIV infection

Respondents stated that faithfulness in marriage could save partners from HIV infection. This understanding is quite important. However, its implementation appears difficult to many couple. It demands a lot of self-control and sacrifice amidst many temptations. This implies that going against cultural, psychological, economic as well as social pressures that may be impacting an individual.

Respondents reported an increase in income as a way of reducing HIV infection among couples. Although respondents observed that increased income can curb HIV infection among couples, this measure alone cannot prevent HIV infection unless people change their perceptions and attitude toward sex and marriage. Improved communication on sexual issues among couples was sighted as a measure for reducing HIV infection in couples.

Respondents suggested other measures that can be used to reduce HIV infection on couples including: religious leaders should remind couples to remember the promise of faithfulness and responsibility they made to each other. But this may require religious leaders to understand the reality that abstinence and faithfulness are not always best alternatives for many couples. It is, perhaps, too late and even inappropriate for the religious leaders to talk against condoms because couples are dying because of AIDS. The fact that majority of the respondents stated that it was impossible to avoid extra marital sex confirms a need to promote condom use among couples who cannot remain faithful. Therefore, people should be given opportunity to use alternatives available to save their lives. It is important that couple change their behaviour in the way they perceive faithfulness in marriage and attitude to condom use. Accessibility to voluntary counselling and testing (VCT) services is an approach, which could help curb HIV infection among partners by testing before and while in marriage. However, fear that surrounds HIV testing and issues of stigma and discrimination need to be addressed in order for VCT services to be user friendly for couples.

6. CONCLUSIONS AND RECCOMMENDATIONS

CONCLUSIONS:

The following section gives a conclusion of the major findings of this study as written below:

- Marriage is not protective against HIV infection and many factors are tempting couples fail to be faithful to each other.
- Most of the married couples are involved in extramarital sex and therefore are likely to be infected with the HIV virus.
- Risk perception was not associated with taking preventive measures against HIV infection.
- There was a gap between knowledge about HIV/AIDS and practice in that increased knowledge didn't lead to change in behaviour.
- Women though appeared to have higher risk perception than men; they were less likely to take protective measures.
- Faithfulness in marriage was proposed as the safest way of protecting partners against HIV infection.

RECOMMENDATIONS

Protection of couples from HIV infection

Respondents recommended a number of a measures which couples have to take to prevent contracting HIV infection. These measures have been arranged according to the level of intervention that could be done starting from what can be done at individual level, community level, policy level and at programme level.

The respondents cited some measures that could be taken to protect couples from HIV infection. Here are some of the suggestions given by respondents:

Measures at individual level:

- Majority of the respondents advised couples to be faithful to each other.
- Couples were urged to fight poverty at household level by ensuring that each of the couple generates some income.
- Empowering couples with information and skills on how to express their sexual need and how to meet the needs of each partner.
- More education on HIV/AIDS is needed for couples to help them know to what extent they are at risk and on how to reduce the risk of infection.
- Religious leaders should remind couples about the vows they made to each other and to God to observe faithfulness and their responsibility to protect the life of each other in these days of HIV/AIDS.

Measures at community level:

- Reducing poverty at household and Community levels as well as ensuring that there is adequate hospital services to minimize risk of infection of HIV in hospitals.

- Addressing the problem of women wearing short dresses, which stimulate sexual urges, was mentioned as another measure to solve the problem of HIV infection in marriage.

Measures at policy and programme level:

- This measure should go hand in hand with censorship of newspaper and Television pornography, which stimulate sexual arousal
- Ensuring accessible HIV testing facilities, encouraging couples to test for HIV before marriage and while in marriage ensuring availability of couple counselling on HIV/AIDS not necessarily HIV testing.

From this study apart from the recommendations made by the respondents this study make the following recommendations as stated below:

For Programme/Project Planners

Just as there are programmes addressing HIV/AIDS for youths, there is need a programme for married people. Using opportunities available before marriage contracts/ceremonies to impart knowledge on HIV/AIDS and how risky marriage can be if behaviours of the couples are not restrained. This could also be an opportunity for the couples to voluntier for HIV/AID testing.

Religious leaders need to be aware that their followers are in great danger and faithfulness in marriage is proving to be difficult to many couples. Religious leaders need to work with the government to address this pandemic to come up with practicable options rather than ideals.

I recommend scaling up of HIV/AIDS VCT services to make couple-friendly for the married people. This will also be possible by addressing stigma and discrimination associated with HIV/AIDS.

Finally religious leaders being the gatekeepers in the local communities can be used to make great contribution in the fight against HIV in marriage. This will be achieved by organising sessions with religious leaders to address the problem of HIV/AIDS in marriage and challenges associated with preventive options.

For Researchers:

The problem of HIV infection in marriage is a complex one. This study could not capture the full picture about the problem of HIV infection in marriage. There are some issues, which need further research to complement findings from this study. For example, more research is needed to find out what constitutes sexual satisfaction in Marriage, what makes couples perceive that extra marital sex is unavoidable and on strategies to reduce secrecy among couples about their sexual behaviour.

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