

HIV and AIDS EDUCATION: The TANZANIAN CASE

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Research Proposal

The goal of my senior project is going to be regarding ways to help HIV/Aids in Sub-Saharan Africa. After my own personal experience teaching HIV awareness and education to Muslim people this past summer, I have seen firsthand the devastation that this epidemic has caused. It is heartbreaking to me that this is an avoidable disease, yet it is ruining the lives of millions of people. The goal of my project is to raise awareness about the epidemic. We, as Americans, have taken our basic knowledge of sexually transmitted diseases for granted, while to some, basic information about the transmission of STD's is unavailable. I will be using my personal experience for some insight before conducting research. I hope to explain my involvement with the program I travelled and taught with, and through that, unravel why this is such an avoidable and preventable problem. I also would like to examine some other areas that make this disease prevalent. The main areas I want to research are gender and family roles, the education system in sub-Saharan Africa, and religion. In my community, the people were Muslim and this presents barriers to the science of understanding HIV/Aids. To understand the stigma of the HIV/Aids epidemic, it is important to understand the culture of the people surrounded with the disease, and I hope that through exploring these aspects, we will be able to understand why this has become such an outrageous problem. I also plan to conduct research and find out some numbers/statistics on what area I specifically want to focus on. Lastly, I plan to conduct interviews with the founders of the program I travelled with, as well as people I am still in touch with in Zanzibar, Tanzania. I hope to help One Heart Source grow and develop as a functional program that promotes

education to those who cannot get it. I also hope to find, through research, an alternative approach that does not require thousands of miles of travelling to reach some form of solution.

Annotated Bibliography

Africa: Tanzania. (2012). *Central Intelligence Agency Factbook*, Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/tz.html#>
This was the website I used for the basic factual evidence about HIV/AIDS and the prevalence, population size, and other demographic statistics in Tanzania.

Amuri, M., Mitchell, S., Cockcroft, A., & Andersson, N. (2011). Socio-economic status and HIV/AIDS stigma in Tanzania. *AIDS Care*, 23(3), 378-382.
doi:10.1080/09540121.2010.50773. Along with the religious stigma, the socio-economic status of people living in Africa also have something to do with the stigma of Aids and the lack of accessibility to information and education. It mentions how poverty leads to loss of schools and lack of education possibilities. Again this article also mentions the religious aspects, and how many people believe that Aids is "punishment for sinning." Both of these aspects relate to my thesis as barriers to combatting the Aids epidemic.

AVERT: Averting HIV and AIDS. (2011). Retrieved February 27, 2012, from <http://www.avert.org/aids-timeline.htm#top> This informational website gave a detailed history of HIV/AIDS as well as information regarding transmission and helpful statistics. I will use this website for information regarding the history and spread of HIV in Africa and specifically in Tanzania.

Francis, D. A. (2010). 'Sex is not something we talk about, it's something we do': using drama to engage youth in sexuality, relationship and HIV education. *Critical Arts: A South-North Journal of Cultural & Media Studies*, 24(2), 228-244.
doi:10.1080/02560041003786508. This article explores a form of education. In my experience, we used education in the classroom to spread the word about HIV/Aids. In this article, the authors described that one form of teaching is to dramatize the information, and make a skit or play in order to show people how awful this epidemic can be. I would like to incorporate this into my thesis because I also am going to be exploring other methods of education at the end of my paper.

Haber, D. , Roby, J. , & High-George, L. (2011). Stigma by association: The effects of caring for hiv/aids patients in south africa. *Health & Social Care in the Community*, 19(5), 541-549. In this article, Haber described one of the main issues that is affecting treatment of HIV/Aids to occur- the low numbers of healthcare workers. There is a stigma that exists that is causing people to want to stay away from those who are infected in fear of contracting the disease themselves. This is pertinent to my study because it is one of the ways that healthcare could use improvement in South Africa.

Hargreaves, James R, et al. (2010, March 13th) '[Changes in HIV prevalence among differently educated groups in Tanzania between 2003 and 2007](http://journals.lww.com/aidsonline/Abstract/2010/03130/Changes_in_HIV_prevalence_among_differently_educated_groups_in_Tanzania_between_2003_and_2007)' *AIDS* 24(5) 755-761
[http://journals.lww.com/aidsonline/Abstract/2010/03130/Changes in HIV preval](http://journals.lww.com/aidsonline/Abstract/2010/03130/Changes_in_HIV_prevalence_among_differently_educated_groups_in_Tanzania_between_2003_and_2007)

[ence among differently.16.aspx](#). This is an overview of the current situation in Tanzania, describing the population's growing problem as limited because of education. It was helpful to contrast the difference between those who had been educated and those who had not, and their opinions about AIS.

Kelley, L. M., & Eberstadt, N. (2005). The Muslim Face of AIDS. *Foreign Policy*, (149), 42-48. Retrieved from EBSCOhost. This article talks about how to properly educate populations about diseases that they do not have access to. There are various associations explained that are outside the system of beliefs that Muslims adhere to, which inhibit their ability to put a halt to the spread of AIDS. I believe this is helpful because I witnessed this firsthand and want to add that part of it to my paper in the section talking about stigma.

Mbozi, P. (2000) The impact of negative cultural practices on the spread of HIV/AIDS in Zambia in: S.T. K. Boafo & C. A. Arnaldo (Eds) *Media and HIV/AIDS in East and Southern Africa: a resource book* (Paris, UNESCO), 75-82
This author initially studied impacts of education in Zambia and came up with ideas of the different ways that socially, people are unable to adapt to educational practices teaching about HIV/AIDS.

Muula, A. S. (2010). "I Can't Use a Condom, I Am a Christian:" Salvation, Death, and... Naivety in Africa. *Croatian Medical Journal*, 51(5), 468-471.
doi:10.3325/cmj.2010.51.468 Although I lived in a predominantly Muslim community, a large percentage of the people who live in Tanzania and deal with Aids are Christian. I would like to examine both the Christian and Muslim religions in association with Aids. This article specifically targeted the role of condoms as a preventative measure that is not socially acceptable. This is helpful as research prevalent to my thesis because it also is a combatant to the idea that Aids is simply prevented.

Oluga, M., Kiragu, S., Mohamed, M. K., & Walli, S. (2010). 'Deceptive' cultural practices that sabotage HIV/AIDS education in Tanzania and Kenya. *Journal of Moral Education*, 39(3), 365-380. doi:10.1080/03057240.2010.497617. These authors examine the numerous efforts that have been made to combat HIV/Aids, and explore why the prevalence remains so high. By examining the reasons why the numbers are so high, they dig into how these numbers could change. One of the main topics they cover is why education in schools is so important, which is directly relating to my thesis. I would love to make it so education is imperative in schools.

One Heart Source. (2011). Retrieved October 2011, from <http://www.oneheartsource.org> The One Heart Source website is a helpful website with all the demographical information about the area I was volunteering and about the other places that One Heart Source works. The website allows me to have

contact with the organization and to see their publicity in order to add ways to improve the organization into my paper.

Rimal, R., Sikka, R., Kakhobwe, T., Suzi, J., Mkandawire, G. , et al. (2010). The tisankhenji radio program for young girls in malawi: Using schools for promoting career goals to reduce vulnerability to hiv infection. *Conference Papers -- International Communication Association*, 1. These authors described a radio program as one way of spreading education about HIV/Aids. This is relevant to my thesis because it is directly spreading the word, and I would like to incorporate this as one of my ways of education. However, there were issues with this source of education that I would like to examine.

TACAIDS (2008, November) '[Tanzania HIV/AIDS and Malaria Indicator Survey 2007-2008](http://www.tacaids.go.tz/hiv-and-aids-information/about-hiv-and-aids.html)' <http://www.tacaids.go.tz/hiv-and-aids-information/about-hiv-and-aids.html> This is a website with information from a survey done from 2007-2008 describing the different numbers of infected individuals. I hope to use it to compare the different demographics and people infected. I have found using this source that women are more likely to be infected than are men.

UNAIDS (2010) '[UNAIDS report on the global AIDS epidemic](http://www.unaids.org/globalreport/Global_report.htm)' http://www.unaids.org/globalreport/Global_report.htm

This website gave me valuable information regarding the future of AIDS, and gave me numbers regarding where we are now. It also described how there has been aid coming in, but described how it has been largely unsuccessful.

UNESCO (2008) '[Supporting the educational needs of HIV positive learners: lessons from Namibia and Tanzania](http://www.unesco.org/new/en/hiv-and-aids/our-priorities-in-hiv/educaids/)' <http://www.unesco.org/new/en/hiv-and-aids/our-priorities-in-hiv/educaids/>

The UNESCO website gives information about different areas around the world that are in need of help. As we know, the epidemic is taking over Tanzania as well as other parts of Africa and this website gives basic information on HIV/AIDS and talks about how people who are uneducated hold stronger stigmas/beliefs about this disease.

WHO (2006) '[The World Health Report 2006 - Working Together for Health](http://www.who.int/whr/2006/en/)'

This website was helpful because it gave information about the healthcare realities that exist in Tanzania. It will give me information regarding the harsh conditions and lack of available healthcare means that citizens must cope with. <http://www.who.int/whr/2006/en/>

Wringe, A., Roura, M., Urassa, M., Busza, J., Athanas, V., & Zaba, B. (2009). Doubts, denial and divine intervention: understanding delayed attendance and poor retention rates at a HIV treatment programme in rural Tanzania. *AIDS Care*, 21(5), 632-637. doi:10.1080/09540120802385629. This article dives into why optional

education is not serving its purpose. This relates to my thesis because I believe that HIV/Aids education should be part of a school curriculum, because if given the choice, the stigma makes the people not want to attend. I experienced this firsthand in Zanzibar, Tanzania. Adults were more likely to say they wanted to learn about English than health, but when put in a gender divided classroom, both women and men separately brought up issues of healthcare. Denial of HIV is associated with low attendance rates.

Zou, J., Yamanaka, Y., John, M., Watt, M., Ostermann, J., & Thielman, N. (2009). Religion and HIV in Tanzania: influence of religious beliefs on HIV stigma, disclosure, and treatment attitudes. *BMC Public Health*, 91-12. doi:10.1186/1471-2458-9-75. This article examines why different religions are resistant to learning about HIV/Aids which is directly related to my thesis which states that religion is one of the main barriers to improvement in numbers of the disease. The article talks about many people's belief that "prayer can cure", but scientifically, it is not prayer that is going to help the infected people.

INTRODUCTION

Imagine walking through a village and rarely seeing a person over the age of 35. The awful effects of HIV/AIDS leave millions of children orphaned daily. The HIV epidemic that exists in Tanzania is considered a national disaster. Tanzania, on the southeast coast of Africa, is home to an estimated 1.2 million people living with AIDS, leaving 1.1 million children orphaned by parents who are unable to survive. (CIA Factbook, 2012) The women and children of Tanzania are the main victims of the disease because of socio-cultural factors that put them at risk. This disease has left devastating impacts on the people of Tanzania. The medical, emotional, and social costs are simply unattainable for a large portion of the population requiring care. These devastating numbers should be a wake-up call to anyone who cares about humanity. Something needs to be done about this epidemic.

My goal in this paper is to show that education should be the main goal for growth and change within this region. To me, knowledge about a preventable disease is a basic human right. By examining my personal experience in Tanzania and exploring the role religion and culture have on Tanzanian society and people, I want to point out a road for change. The millions of people who have AIDS deserve to be educated in order to prevent the spread, and the people who are still healthy deserve to be educated in order to avoid the chances of contracting the disease.

The main barriers that limit the education and the end of AIDS are religious, economic, and cultural. There is a universal stigma as well, which limits conversation and discussion about the disease. The Muslim religion does not allow sex until marriage, and therefore, it is not a topic that receives discussion. On a

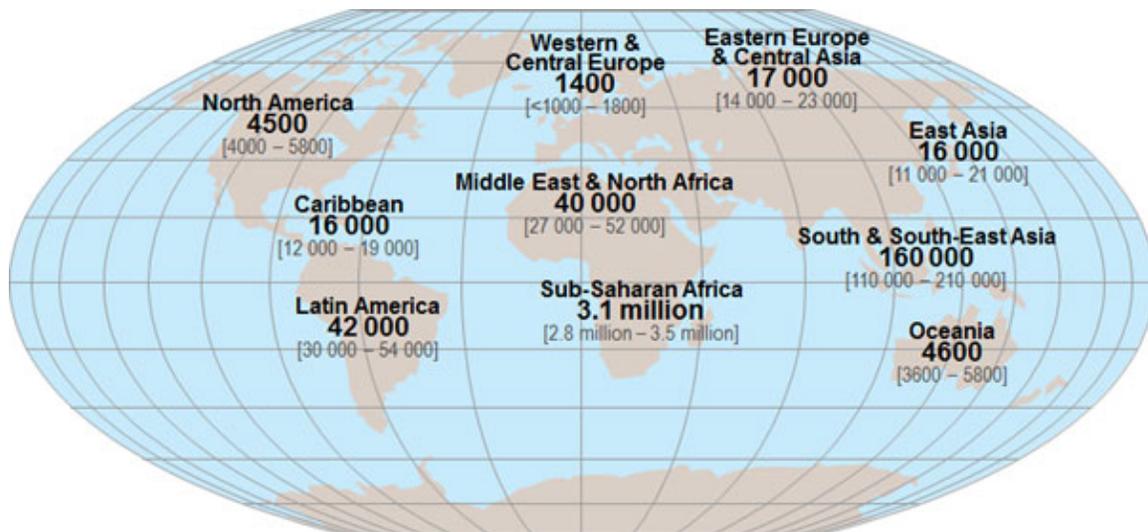
global scale, sex and sexually transmitted diseases are generally thought of as unacceptable to speak about, which is adding to the stigma. Talking about HIV/AIDS in the classroom is the first attempt to let people know that if we can talk about it, we can spread knowledge. The economic barriers mostly have to do with the fact that Tanzania is a poor country. Unfortunately, many Tanzanians do not have access to basic education and healthcare that every human should have. The cultural stigmas also play a big role in quieting the conversation about such a controversial topic.

We must keep in mind that HIV/AIDS is not only a problem in Tanzania, or in Africa. This is a global problem. We must keep in mind that although I will only be concentrating on Tanzania, we cannot let this idea slip away from us as not affecting us. Here is a chart with some global numbers on HIV/AIDS globally.

Global summary of the AIDS epidemic, 2010	
Number of people living with HIV in 2010	
Total	34.0 million [31.6–35.2 million]
Adults	30.1 million [28.4–31.5 million]
Women	16.8 million [15.8–17.6 million]
Children under 15 years	3.4 million [3.0–3.8 million]
People newly infected with HIV in 2010	
Total	2.7 million [2.4–2.9 million]
Adults	2.3 million [2.1–2.5 million]
Children under 15 years	390,000 [340,000–450,000]
AIDS deaths in 2010	
Total	1.8 million [1.6–1.9 million]
Adults	1.5 million [1.4–1.6 million]
Children under 15 years	250,000 [220,000–290,000]

(Unicef.org)

Here is a picture showing the number of children under the age of 15 living with HIV globally, as of 2010.



(Unicef.org)

As we can see, this epidemic has ruined and ended the lives of millions. Without education, there is little hope that we may be able to combat the misery that comes along with the infections.

OneHeartSource is an organization started in 2008 by a small group of college students interested in travelling and education. The program has run throughout the past few summers, and has given volunteer opportunities to many people trying to make a difference. The program allows volunteers from all over the world to live in a village in Africa for up to eight weeks and teach school children about the science, stigma, and prevention of HIV/AIDS, as well as to inform members of the adult population who are seeking information. OneHeartSource does a fantastic job in training their volunteers, but there are a few ways in which it should be altered to improve the effectiveness. The cost of the program and

availability of healthcare and food while volunteering are huge problems that make OneHeartSource a challenging experience for the volunteer. I will later go into detail on the ways in which OneHeartSource can grow and expand to remain an influential and successful way of educating people in Tanzania, and other parts of Africa as well.

I never envisioned myself visiting Africa for a summer, but the prevalence of this disease sparked my interest and opened my eyes. I endured a 10-week training course in which I was given the basic information about HIV/AIDS. I also was given a brief introduction to the Swahili language. In summer of 2011, I spent a month living with a Muslim family in Bwejuu, Zanzibar, which is an island off the coast of Tanzania. Living with my host family, I was exposed to a whole new culture, language, and religion that I had never been exposed to before. Zanzibar is predominantly Muslim, which, as we will see, is part of the reason the topic of HIV/AIDS is not discussed.

Along with improvements for OneHeartSource, I will examine other ways in which people have tried to spread education throughout the region. There have been radio shows with information, plays showing the influence of the disease in plays, and the people who created these attempts have found that they have failed. In this paper, I will further explain these ideas, and then offer insight on what I believe to be the most influential way to spread education. In the following research will be a brief history of Tanzania, followed by the background of the culture and religion. My hope is to offer educational improvement ideas to combat the AIDS epidemic.

Through the spread of education, we can overcome this disease. This is going to require cooperation, cohesion, solidarity, willingness to learn, and funding. This will be my attempt to come as close as possible to reasonable solutions for this devastating epidemic. AIDS has debilitating effects on individuals, families, and communities, and the spread continues to weaken the chance of ever ending it.

THE BIOLOGY

By understanding the biology of HIV/AIDS, it is easier to see why this disease is so contagious and transmittable. HIV stands for Human Immunodeficiency Virus. “Immunodeficiency” translates into an actual breakdown of the immune system, or a weakening. “AIDS” stands for Acquired Immunodeficiency Syndrome, and AIDS represents the final stage when the HIV virus takes over the human body. “Acquired” makes it known that the body is not born with this disease. Instead, it is introduced after the body is created. Again, the “immunodeficiency” represents the weakening of the immune system. And lastly, a “syndrome” is a set of symptoms that indicate a disease.

There are four “doors” and five fluids that contribute to the transmission of HIV/AIDS. The four doors in which HIV can enter are the anus, vagina, tip of penis, and open wounds. Blood, semen, vaginal fluid, pre-ejaculation, and breast milk are the five fluids. Any intersection of these four doors with any of these five fluids will allow the transmission of the virus. For this reason, the disease is known as an “opportunistic infection”, meaning that it will only spread with the opportunity of different situations. These transmissions can happen three ways. The first way is

from blood to blood. Situations like this include sharing needles. The next is through sexual contact. Because sexual contact includes almost all of the fluids and doors, sexual contact is the most common way that the HIV virus is transmitted. The third method of transmission is from mother to child. Most of these cases include small cuts in the baby's mouth during breastfeeding. The breast milk of an infected mother can travel through her breast milk into the baby's mouth, and if there is an open wound, the baby will be infected. A less common way that this happens is during birth when the mother is pushing her child out. It can occur that some of the fluids and doors may mix, although breastfeeding is more common when the transmission occurs from mother to child.

The human body carries CD4 cells and helper T-cells, which normally work to make the human immune system function normally. Throughout a process that can take up to ten years, the virus slowly takes over the CD4 cells, weakening the body's immune system. At the end of this period, in which the victim experiences waves of symptoms, and waves of normal health, the virus eventually becomes known as AIDS. The time that HIV takes to become AIDS varies greatly from person to person, depending on the available treatment and severity of the symptoms.

A common misconception about HIV/AIDS is that being around people who are infected is an easy way to attract the disease. This is wrong. Scientists have developed a saying, which I used many times during my teaching experience. "If it's dry, it has died." This saying refers to the fluids that are involved in the transmission of HIV. Therefore, if the blood on the knee of a boy playing soccer has dried, it is not possible for HIV to be transmitted. Also, there is a fear that saliva is one of the fluids

that can spread HIV. This is false. Saliva, and therefore kissing, is not dangerous in terms of transmission. (Averting HIV/AIDS, 2011)

DEMOGRAPHICS & HISTORY

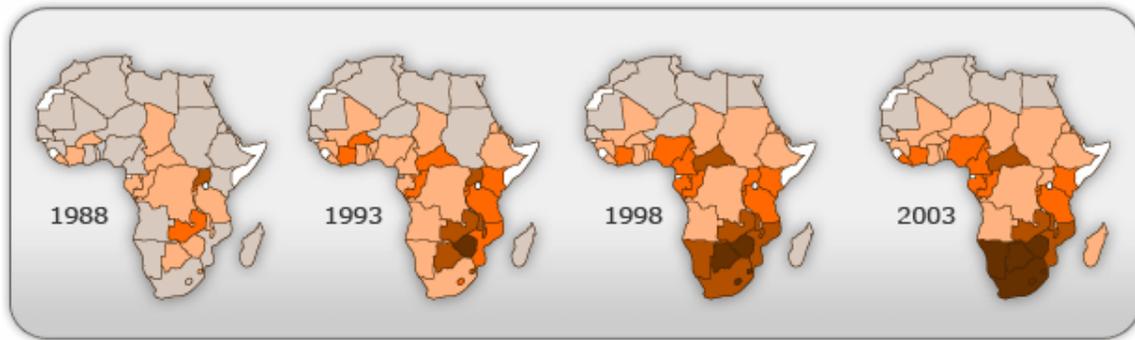
Tanzania is on the southeast coast of Africa. It is surrounded by the Indian Ocean, as well as the neighboring countries of Kenya, Uganda, the Democratic Republic of the Congo, Zambia, Malawi, and Mozambique. Here is a map showing Tanzania and its location within Africa.



(tanzaniacorruption.webnode.com)

(sugar4love.wordpress.com)

Here is a map showing the prevalence of HIV/AIDS throughout the past 15 years.



20%-30%
 10%-20%
 5%-10%
 1%-5%
 0%-1%
 data unavailable

(AVERT.org)

Historically speaking, there is evidence showing that about 2,000 people in Africa were infected with HIV by the 1960's. (Averting HIV/AIDS 2011) This evidence came from stored malaria research blood from the Congo in 1959, in which the blood also showed traces of HIV. The first AIDS epidemic, which was attained by an "opportunistic infection" showed up in Kinshasa in the 1970s. (Averting HIV/AIDS 2011) It was in the 1980s that HIV was carried into Eastern Africa, including Uganda, Rwanda, Burundi, and Tanzania, and this is when it reached epidemic levels. The rapid transmission caused exponential growth. This growth was due to many factors, including widespread labor migration, high ratio of men in urban populations, low status of women, lack of circumcision, and prevalence of sexually transmitted diseases. (Averting HIV/AIDS 2011) It was during this time that people were not aware they had the disease until it hit its final stage, which was when the victim was near death. The idea of getting tested and "cured" proved to be insignificant, as no helpful treatment existed.

If we look specifically at Tanzania, the situation is similar to the trends witnessed by the rest of South Africa. The first cases of AIDS were in the Kagera region of Tanzania in 1983, and by 1987, every region in Tanzania had reported instances of AIDS cases. (Averting HIV/AIDS 2011) At this point, although there was recognition by the Tanzanian government that this was a growing problem, it was not given the proper attention or funding in order to stop the growing numbers. A 2008 study found that among people in Tanzania, knowledge regarding sexually transmitted diseases was “alarmingly low”, and this lack of knowledge was associated with low condom use and HIV infection. (Averting HIV/AIDS 2011)

A brief look at the demographics and statistics as well as the history of HIV/AIDS in Tanzania will offer insight into how education can help combat the disease. Because HIV/AIDS is currently spreading, and because HIV and AIDS are two different things, it is almost impossible to put an exact number on the amount of people currently infected. Furthermore, the stigma and fear of having HIV/AIDS are so strong that people choose not to be tested. And unfortunately, some simply cannot afford to get tested. For many, it is unnecessary and irrelevant to get tested because there are no funds available for treatment.

Women account for 60% or more of the documented people living with AIDS. (TACAIDS, 2008) There are several factors accountable for this. First, women tend to marry at a very young age. In many cultures, the ancient image of women as a fertility symbol is still valued. In most societies in Tanzania, a woman is worshipped as a carrier of a child. Because men are expected to provide for their family, women

often have older sexual partners while the men are making a living before starting a family. In the Muslim parts of Tanzania, men can choose to marry up to four wives. Being sexually active with four women interchangeably is a direct pathway for HIV/AIDS to spread among these four women, leaving more women infected than the male.

Furthermore, women are in a difficult spot when they are the caretakers for children. In Tanzania, there are “sugar daddies” who are older men who accept sexual advances for incentives such as money. “I have a child and when I go with a man like him, he can give me something to buy milk for the child” – Aisha, a young woman at a party in the Mkinga district. (Averting HIV/AIDS 2011) This is another reason why, as women are expected to be the responsible party for children, the transmission can happen faster than people would think. Sadly, this is a reality that mothers will do anything to take care of their children.

Sadly, there are an estimated 160,000 children living with HIV/AIDS in Tanzania. (TACAIDS, 2008) Because religious barriers (which will be discussed later) prohibit many forms of birth control, transmission among the population is common. And because many of the people infected with HIV/AIDS do eventually die, millions of children are left as orphans. The tragedy here is that the Tanzanian government does little to provide basic rights for these children.

On a more positive note, the government *is* attempting to combat the epidemic. Since 2001, anti-retro-viral treatment has been a right for infected citizens. However, many simply do not care enough, or cannot get themselves to a health clinic in order to get the necessary tests or treatment. Sadly, in 2004, only

.5% percent of those living with HIV were receiving treatment. (TACAIDS, 2008)

According to the World Health Organization, Tanzania is at a loss because it has “one of the worst physician-to-patient ratios in the world, with just .02 doctors and .37 nurses per 1,000 people. (WHO, 2006)

A 2008 study found that education about HIV/AIDS was reserved for the wealthier Tanzanians, who had better access to schools. The study found that knowledge of sexually transmitted diseases was “surprisingly low.” (Hargreaves, 2010). The study also noted that reduced prevalence has been noted among the educated. This furthers my idea that education is a pathway to reducing the prevalence.

Because there is such a shortage of money and healthcare in Tanzania, it is unlikely that every infected individual will receive treatment, especially if they don't want to. The reality of this disease is that it is avoidable and preventable! Yet, it is responsible for tens of thousands of new infections each year. (UNAIDS, 2010). For these reasons, my belief is that education is the only hope for this epidemic to be combatted. We will now look at religion as one of the barriers of the end of HIV/AIDS.

SOME ATTEMPTS

Unfortunately, the Tanzanian HIV and AIDS response is heavily funded by outside funding. There is very little money designated for healthcare towards HIV/AIDS by the Tanzania government. Although the government does not seem to want to combat this epidemic, there are smaller organizations that have given some

creative attempts towards the spread of education and eventually, hopefully, the demise of the disease.

In KwaZulu-Natal, South Africa, dramatization of HIV/AIDS in plays at schools have been used as a bridge to educate students. Being able to express yourself through drama has given children an opportunity to learn about science while acting. (Francis, 2010) This dramatization has proved effective about communicating about the dangers of HIV/AIDS and actually showed some children how easy it can be spread. I like this idea, because it is not a strict classroom based lesson. If this works, it should be encouraged. It definitely is a way to make a generally sad topic be interesting and fun.

Another interesting project was the Tisankhenji radio program in Malawi, which targeted 10-14 year old girls. A study was done comparing the girls who listened to the radio programs about AIDS and then given a chance to have discussion in class, and with the girls who listened to the radio program, and then were not allowed discussion. The beneficial part about this attempt is that the teachers are not put in the awkward, potentially intrusive position to have to talk about sexually transmitted diseases to their students, which is something that might be upsetting to school programs or parents. This way, the girls are being educated about the biology and transmission of AIDS. This study showed that the availability of discussion with other individuals proved to be very influential and beneficial for the girls. The Tisankhenji radio program showed significant increases in self-efficacy, career aspirations, and educational attainment goals in the girls who were able to discuss the seriousness of HIV/AIDS. (Rimal et al. 2010)

These programs are not only creative but also effective. The classroom approach is basic and because HIV/AIDS is so stigmatized and culturally suppressed, these creative ways make this an easier topic to be taught.

THE UNIVERSAL STIGMA AS A BARRIER

“At home my mother and myself have tested and been found positive. She has told me not even to tell my relatives; not even my own sister because she is afraid I will be stigmatized” - *A young girl from Tanzania* (UNESCO, 2008)

Overcoming the stigma is the first step in the education of HIV/AIDS. M. Oluga et al. conducted a study that examined different ways that cultural practices can be deceptive, furthering the stigma. The study showed direct evidence that people simply do not discuss HIV/AIDS or other sexually transmitted diseases. College tutors, principals, and teachers all were asked about what happens when they talk about these topics. The general consensus among these educators was that talking about sex is considered “taboo.” (Oluga et al. 2010)

“In Kenya and Tanzania, not unlike other African countries, the discussion of sex with young people, especially girls, is seen as indecent, unhealthy, and unacceptable. It is not uncommon for female teacher trainees to walk out of the room when matters of sex were being discussed.” (Oluga et al. 2010) Also, college tutors struggle with the idea that they can talk to children about sex, but it is difficult to not upset parents while doing so. Therefore this exchange is secretive, and kept quiet. How are we supposed to spread education if this hushed subject is kept from discussion while parents are around? It is unrealistic to think that the older

generations are going to accept this, yet, it is unrealistic to expect any sort of change without the help of the other generations. This is our moral obligation and our job to break the stigma.

Furthermore, lack of education regarding HIV/AIDS is potentially the strongest contributor to prolonging the stigma. Ideas regarding behavior around those infected are confusing. According to a study in 2008, four out of ten women and a third of men surveyed in the 2007-2009 HIV and Malaria Indicator Survey reported they would not buy fresh vegetables from a shopkeeper who has HIV, and half of all women and 40 percent of men said they would need to keep it a secret if their family member was infected with HIV. (TACAIDS, 2008) This is a horrible reality. Hopefully, the scientific evidence in this paper can lift some of the stigma.

RELIGION AS A BARRIER

Religious freedom is a gift that some regions of Africa do not have. It is one of the positive points that we must pay attention to. It is beneficial to the people of Tanzania that different religions can coexist. Tanzania is comprised mostly of Christians and Muslims. Zanzibar, where I was teaching, is 99% Muslim. On the mainland, although most people associate with Christianity or Islam, there are other indigenous religions that make up a small part of the population. In both Christianity in Islam, God is the most powerful being and must be worshipped, whether it be 5 times a day in prayer, or just once a week in church. Religious holidays are observed that value both religions.

My experience in Bwejuu, Zanzibar was in a Muslim community. I lived with 3 other students and a family of 5 who all lived together in a hut, close to the beach, but also close to the Mosque. There were also 2 other orphaned children who joined my family for dinner regularly.

I had never been exposed to Islam before, and I was not sure what to expect. Everything I had learned in my religion classes in school proved to be true. Muslims do in fact pray 5 times a day, even if it conflicts with school or work. My baba (homestay father) got up at 4:45 to head to the mosque, while my mama (homestay mother) began the cooking for the day. Muslim women do not go to the mosque. It was not uncommon for my dada (homestay sister) to stay home from school to help our mama prepare food. Polygyny is practiced, as I stated before, and my baba had 3 other wives who occasionally dropped by our hut. We were instructed to only eat food using our right hand, and our baba would slap our hands if we used our left, because your left hand is supposed to be used to wipe after using the bathroom. Our hut had limited water supply and a "cho"- a hole in the ground used as a toilet. Women must always be covered head to toe. It was weird to me that I was not allowed to leave my room unless my arms and legs were fully covered. The Muslim women of the region always wore headscarves. I also noticed first, and then learned, that women and men cannot and will not touch until marriage. I attempted to hug my Tanzanian friend when I was leaving, and was sad when he awkwardly pulled away.

The other volunteers in my OneHeartSource group were American students from all over the country, and Tanzanian volunteers who were not from Bwejuu.

There were about five American students for every one Tanzanian volunteer. The idea of having the Tanzanian volunteers there was to be able to translate our lessons on HIV/AIDS. We were only given a brief tutorial on how to speak Swahili, and this program would be a complete failure if it weren't for our volunteers.

One day, we were all in a group doing some basic lesson planning for the rest of the week in the classroom. Abbu, one of the Tanzanian volunteers, and still a close friend of mine, decided that it would be a productive exercise to do practice teachings, in which we could set up a classroom-like environment, and experience what it would be like to perform real lessons, and answer real questions, in order to prepare us for the classroom. This exercise turned into one of the moments that transformed my experience from purely volunteering to really understanding why this disease has taken over. Yassin, another volunteer, raised his hand, and asked the question, "Is it true that if God hates you, you will be infected with HIV?"

Initially, I thought this question was ridiculous. I sat back and thought to myself, "why would he even ask that?" However it was my own background and beliefs that later made me feel stupid. It was the belief of most Muslims, at least around our region, that this was true. It is common that Muslims believe that if you are infected with HIV/AIDS, it is because you have done something wrong. This question opened up one of the most serious discussions I have ever been apart of. It took a while for most of the American volunteers to realize that this was a reality. We talked for hours, debating the reality of science versus the beliefs of the Muslim people. It was a terribly emotional and hard discussion. By the end of the discussion, we still could not explain to our volunteers that we believe that it is strictly natural

forces that cause this disease to take over a human body. It took me a long time to realize that religion and the belief in God as the most powerful being takes precedent over science. Although our Tanzanian volunteers, as Muslims, believed that God was the most important being, and contracting HIV/AIDS might be a punishment for sinning, they accurately translated our lessons. It was emotional, confusing, and a huge challenge to try to argue about the scientific evidence supporting the transmission of AIDS against their religious values. I felt many times that we were overstepping our boundaries with our beliefs, but I believe that the information we taught was helpful and received well by the students.

About a third of the people living in Tanzania are Christians. (Tacaids, 2008) While Muslims worship the Koran as the word of God, Christians value the Bible. The Bible, as well as the Koran, does not encourage premarital sex. Sex is purely for procreating and should not be used for pleasure. Therefore there is limited availability to contraception or other forms of birth control. In Zanzibar, a predominantly Muslim region, condoms are illegal. Not only are they stigmatized (which I will later explain) but they also are unavailable. This is one of the common beliefs of the Christians and the Muslim communities in Tanzania.

The religious aspect of many peoples' lives has led them to believe that it is God that chooses who becomes infected. This is, in my eyes, the most powerful barrier. In a culture where religion is the most important aspect of life, it is extremely difficult to convince anyone otherwise, but this religious barrier can hopefully be broken down by the influence of education.

CULTURAL ROLES AS BARRIERS

In many parts of Tanzania, regardless of religion, women and girls are responsible for the cooking, as well as household chores, care of babies, and agriculture around the home. Men are usually responsible for the major financial decisions in the home, and usually take care of the land or livestock for their income. It is safe to say that women have a lower standard of living than do men. Simply put, men are valued more than women. A baby boy is celebrated more than a baby girl. In my homestay, I witnessed my mama making one communal bowl of food for my roommates, her children, and me, while a separate tray, water cup, and bowl of food was separated for my baba, who ate alone.

M. Oluga et al. conducted a study looking at the cultural practices that exist in both Tanzania and Kenya in 2010 and came up with some basic ideas. First of all, they emphasized that "AIDS prevention efforts that are not culturally sensitive will be ineffective". (Oluga et. Al. 2010 336) This is an important concept because it is necessary to recognize that education can only do so much when their culture and religion have more powerful messages in their life. This study, conducted by researchers Cambridge University, found that difficulty in teaching about the disease has resulted in higher infection rates. (Oluga et. Al. 2010) Their research looked at the student's perspectives towards cultural practices. These three categories are: 1) Social conduct- resulting from the belief in the powers of an external force. 2) social or sexual traditions and practices and 3) Social relations based on tradition. (Mbozi, 2000). If we look at these three categories, it is applicable to the situation in Tanzania. First of all, the religious beliefs make the

belief in an external force possibly the most powerful barrier to reducing the prevalence. Second, “social or sexual traditions” most certainly apply. In a culture where polygyny is practiced, the result is more infected women than men. Third, social relations based on tradition also relate to the religious beliefs that many people of this region hold, preventing them from being open to learn. In Tanzania, and all over the world, the stigma about talking about HIV/AIDS is broken when we have the bravery and power to talk about it.

This is not to say that educators from wealthy countries can go in assuming they are correct and the people are wrong. Teachers with scientific knowledge must be sensitive to cultural practices of the countries in which need education, and must also bring their cultural ideas into account while the lesson being given. It requires sensitivity and patience in order to make a difference.

Another tricky issue discussed by Oluga et al. is that other traditional beliefs, not even concerning religion, are furthering the stigma towards HIV/AIDS. There is a Kenyan female teacher who says that the jackfruit is considered ‘sacred’ in her community. People believe that you can use the jackfruit to heal HIV/AIDS. By eating it for 3 months straight and rubbing the skin of the fruit on the body, you will no longer carry the disease. (Oluga et. Al 2010) Therefore, people who have access to this fruit will feel that they are protected, and even though they are enduring treatment, will “engage in risky behaviors.”

Traditional and culture values will continue to be a barrier, but I believe we can overcome this. With a basic scientific explanation and sensitivity to cultural beliefs, educators should be able to address this issue.

POVERTY AS A BARRIER

If you were to research HIV/AIDS, the initial approach Americans take is to “google it.” The internet is a pathway for education and provides information, research, statistics, and much more. If you visit the Tanzanian government’s official website, it will state that every infected individual has the right to treatment. However, it fails to show where this can happen, and how. It does not promote hope. Internet usage, or computer usage in general, is rare for the people of Tanzania. Only the wealthiest members of the population (who are usually already the most educated) have access to the internet. The low economic status of people living in Tanzania furthers the lack of access they have to educational resources, such as the internet.

It is unrealistic to expect that children are being given the right of education. Because it costs money to go to school, many simply cannot. The average school life expectancy is nine years for both males and females. (CIA Factbook, 2012) Only 69.4% of the total population is literate, and only 6.8% of Tanzanian’s GDP is spent on education. (CIA Factbook, 2012) Also, it is not likely that if the children are able to attend school, they will be taught anything regarding health, or HIV/AIDS specifically.

According to the CIA Factbook, in Tanzania, there are only 1.1 hospital beds per 1,000 people in the population. This is devastating. To me it seems that the Tanzanian government is not allocating enough money towards the improvement of this epidemic, or other healthcare problems either. There are .008 physicians per

1,000 people in the population as well, which shows that there are not nearly enough doctors to help the growing numbers of sick people. (CIA Factbook, 2012)

The government in Tanzania is not doing nearly enough. If the government does not even give money towards basic healthcare and educational needs, why should we think they care about one disease? The major infectious diseases in the region are bacterial diarrhea, hepatitis A, typhoid fever, malaria, and rabies, yet the government is spending only 5.1% of its GDP on healthcare expenditures. (CIA Factbook, 2012) Something is not right here. Now that outside agencies and the government has been exposed to the devastating numbers and information, it is their duty to do something about it. Because of their lack of interest in helping their own people, they are perpetuating the never-ending epidemic.

The poverty that takes place in Tanzania leads to an un-ending cycle of devastation. With low income being brought into the homes, children lose the ability to go to school. If a whole village goes through this process, eventually the schools and healthcare facilities will not even exist anymore. The socio-economic status of people in Tanzania directly leads to the lack of education opportunities for individuals. (Amuri et al. 2011)

FUTURE/ OPTIONS FOR CHANGE

OneHeartSource was a fabulous option for me to be exposed to the cry for help from Tanzania. However, some of the ways its performs are inadequate. OneHeartSource provides excellent training- teaching Swahili and all of the

HIV/AIDS curriculum. The training is crucial and important for the volunteers. However, when volunteers arrive in Africa, they are escorted to their homestays, where they are left with their only Swahili-speaking family. The food availability is scarce in most villages that OneHeartSource visits, and there is little safety information.

Here are a few of the ways that I believe OneHeartSource is reserved only for select individuals. First of all, the program requires people who can afford a plane ticket to Tanzania, which is often quite costly. The ideal program that will be created for educators to spread their knowledge would give discounts in fares for people who are working for this cause. OneHeartSource also has an initial payment. Although they help the volunteer with fundraising, it is not reasonable to expect every volunteer to be able to fund this. And it is a tragedy that there are people out there who are willing to donate time and energy, but don't have enough money to afford the program.

Education about this topic should be free. People are willing to give it for free, but are not allowed the opportunity to. Furthermore, many of the volunteers on my program became sick. The closest medical facilities were expensive and were more than two hours away than our home villages. The ideal program would have hired healthcare to be with volunteers at all times. This does not mean people with M.D.'s, but people with healthcare knowledge. The volunteers were sick and with limited transportation, the healthcare aspect was a reason for many people to have to return to their homes and not complete their teachings.

Personally, I designed a bracelet, which I have already invested in. The bracelets cost \$0.50 to make, and are visually appealing! They say “Hamna shida”, which means “No worries” in Swahili, and in small font, “Combatting HIV/AIDS in Tanzania”. I plan to sell these bracelets for \$5/each. Hopefully, these funds will be able to cover some of the basic costs of travelling to Africa. Eventually, I plan to go back to Zanzibar.

To create a more sustainable program, there must be cheaper transportation costs, more access to healthcare, and more help with funding. It is simply not sustainable the way it is working now. It is an incredible mission to become involved with this knowledge. Now that you are aware of all of the devastation caused by this epidemic, it is up to you to try to make a change.

CONCLUSION

In 2009, there were 1.4 million people living with HIV/AIDS. In comparison to the rest of the world, Tanzania ranks sixth in the highest percentage of people living with the disease. (CIA Factbook, 2012). In 2009, there were 86,000 deaths due to HIV/AIDS, making Tanzania fourth in the world in the number of deaths from HIV/AIDS. (CIA Factbook, 2012) Without the awareness of the Tanzanian, African, and international populations on the numbers of affected people, how can we ever expect these numbers to come down? Hopefully, the plan for education is going to combat this.

The ideas in this paper are not only indicative of Tanzania. This is a global problem. I tried to narrow my focus with individual experiences to show how influential this was for me, and the impact it can have on future volunteers. "If these gatekeepers close the doors to HIV/AIDS-prevention education, the pandemic has the potential to dramatically worsen." (M. Oluga et al. 2010) HIV/AIDS has put a tremendous strain on the already-weak healthcare system. We cannot expect to see change within a day, a month, or a year. It is unrealistic to expect one trip by one volunteer can make a change. Changing the demographics and statistics of infected individuals in Tanzania will require Tanzanian government commitment and funding. Not only this, but the change that needs to take place is going to require cohesion, between the people of Tanzania and the educator, cooperation, funding, and most importantly, education. We cannot expect the currently infected population to bounce back and recover from the disease they have. The key to fighting the HIV/AIDS epidemic is to concentrate on the generations to come and the future of the world. There is nothing we can do about the old stigmas, but we can cooperate with each other, no matter what religion, culture, or class, by spreading the word. With education, we can attain our goals. Through OneHeartSource and other supportive programs, I see a great opportunity.

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