

INTERNATIONAL LABOUR ORGANIZATION (ILO)

STUDY ON THE ROLE OF ECONOMIC EMPOWERMENT IN REDUCING HIV RISK AND VULNERABILITY AMONG WOMEN AND MEN IN SELECTED AREAS IN TANZANIA: MAY 2012

i. FOREWORD

The study on the role of economic empowerment in reducing HIV risk and vulnerability among women and men in selected areas of Tanzania was undertaken by International Labour Organization (ILO) for 30 days in the months of April and May in the year 2012. The areas of the study were hotspots within the Southern Highlands and two sites within the Northern Zone of Tanzania. The hotspots within the Tanzania-Zambia transport corridor were the Tunduma border-post, Mafinga and Ilula. The sites in the north were Rombo and Hai.

Information contained in this report was generated primarily from almost 600 persons. They participated in individual interviews, focus-group discussions and key-informant interviews during the study. They included: members of community groups and cooperatives, long-distance truck drivers, Commercial Sex Workers (CSW), traders in small-business, bar workers and traders in traditional brews. Various stakeholders, at the national and district council levels, involved in implementing or supporting interventions of HIV&AIDS and economic empowerment also provided input to the study.

This study generated critical evidence which will be used for: (a) informing the development of the third generation National Multisectoral Strategic Framework for HIV&AIDS (b) guiding development of future versions of the International Labour Organization programs for economic empowerment and HIV vulnerability as well as the United Nations Development Assistance Plans Tanzania (c) producing abstracts to share experiences at international meetings or conferences and (d) identifying information gaps and developing hypotheses for future research areas which will assist designing and targeting of interventions in a sound manner.

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May 2012

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iv. ABBREVIATIONS AND TERMS USED

Abbreviations:

AIDS	Acquired Immunodeficiency Syndrome
BDS	Business Development Services
COTWU	Communication and Transport workers Union of Tanzania
CSW	Commercial Sex Worker
FAO	Food and Agriculture Organization
FGD	Focused Group Discussion
FHI	Family Health International
HIV	Human Immune Deficiency Virus
ILO	International Labour Organization
KII	Key-Informant Interview
MDA	Government Ministries Departments and Agencies
MDG	Millennium Development Goal
MSME	Micro, Small and Medium Enterprises
NGO	Non Governmental Organization
NMSF	National Multisectoral Strategic Framework for HIV&AIDS
PLHIV	People Living with HIV&AIDS
SACCOS	Savings and Credit Cooperative Organizations
SADC	Southern Africa Development Corporation
SEO	Social Economy Organization
SIDA	Swedish International Development Agency
SRH	Sexual and Reproductive Health
TACAIDS	Tanzania Commission for AIDS
TDA	Tanzania Drivers Association
TFC	Tanzania Federation of Cooperatives
TIENAI	Tanzania Informal Economy Network on AIDS Initiatives
UA	Universal Access
UNAIDS	Joint United Nations Programme on AIDS
UNDAP	United Nations Development Assistance Plans Tanzania
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

Terms:

Commercial Sex Workers (CSWs): For purposes of this study, CSWs refers to persons who are engaged in commercial sex work as a career. They look at sex work as a form of employment and are keen on refining and growing in this career. CSWs do not practice sex for survival but rather as a career line.

Economic Empowerment: For purposes of this study economic empowerment is defined through various variables. The population groups are segmented according to levels of economic empowerment using variables such as: type of economic activity, employment status, income bracket, study site, age, sex, marital status, size of household, if they received business support, household property and assets.

Economic Resilience: For purposes of this study, economic resilience means the ability to be stable enough, in an economic sense, to overcome risks and vulnerability which may lead to HIV infection. Economic resilience is often improved by strengthening: assets, business skills, life skills, social connections, credit, savings, employment, sound business planning and management.

Forced or coerced sex: For the purposes of this study, forced or coerced sex refers to a situation whereby someone is physically forced and threatened into sex when they are not ready or willing.

General Population: For purposes of this study general population refers to population groups who are considered to face lower levels of HIV risk and vulnerability. These include the married, unmarried youth and students. Most members of cooperatives and community groups are from the general population.

HIV Risk and Vulnerability: For purposes of this study, HIV risk and vulnerability is seen as factors that may place someone at an increased likelihood of contracting the HIV virus. The main indicators used to assess risk and vulnerability in the study are: gender inequality, use of condoms, multiple sex partnerships, involvement in transactional sex and encountering forced or coerced sex.

Key Population Groups: For purposes of this study key population groups are those viewed to be at higher risk or vulnerability to HIV because of their sexual behaviour, living or working environment. These groups include CSWs, truck drivers, traders in alcohol and traders in small-business.

Kilabu: For purposes of this study, kilabus mean makeshift places where local brew is sold and consumed.

Risky Sex Behaviour or Practices: For purposes of this study, risky sexual behaviour or practices entail any of the following actions: gender inequality, failure to use condoms during sex, having multiple sex partners, engaging in transactional sex and encountering forced or coerced sex.

Sex for Survival: For purposes of this report sex for survival means engaging sex in order to meet basic needs like food, clothing, shelter and working capital. In the study, individuals involved in sex for survival were not considered as CSWs.

Traders in Small-Business: For purposes of this study traders in small-business are persons who run businesses with inadequate entrepreneurship skills and little capital. They often close-down and are therefore not going-concerns by nature. They include hawkers and food vendors.

Social Economy Organizations: For purposes of this study social economy organizations are divided into three broad types; public sector non-profit, market-based social organizations and civil society organizations. Each of these organizations, at its core, is focused on provision of service to members more than profits; has some degree of volunteerism in participation and is driven by social objectives.

SECTION 1: EXECUTIVE SUMMARY

Tanzania Mainland has a generalised epidemic in the productive ages of 15-49 years recording HIV prevalence rates of 5.7%, with 6.8% for women and 4.7% for men. The underlying drivers of the epidemic which still need to be addressed more intensely by stakeholders in the national AIDS response include: poverty, mobility, harmful traditional practices, gender inequality and abuse of substances such as drugs and alcohol. The International Labour Organization (ILO), in cognizance of this, supports interventions on HIV&AIDS and economic empowerment. The ILO development objective is ‘To contribute to Southern Africa Development Cooperation (SADC) goal of controlling and reversing the HIV&AIDS epidemic showed by the Millennium Development Goals (MDGs) and Universal Access (UA) commitments by 2015.’

ILO commissioned a small-scale study, in April and May 2012, to generate additional evidence needed on the correlation between HIV&AIDS and economic empowerment along the transport corridors of Tanzania. The study took place in Tunduma border-post, Mafinga, Ilula, Rombo and Hai. The study population comprised: members of community groups and cooperatives, long-distance truck drivers, Commercial Sex Workers (CSWs), traders in small-business, bar workers and traders in traditional brews.

The study segmented population groups based on their main demographic and socio-economic characteristics. These groups were then weighed and compared based on proportions who are engaged in risky sexual encounters such as multiple partnerships, transactional, and encountering forced or coerced sex. Overall, the population segments with larger proportions engaged in higher risky sex included: CSWs, truck drivers, bar workers, employed persons, economic middle class, those who did not receive any kind of business support, inhabitants of the Southern Highlands, persons aged below 24 years, the unmarried, those with smaller households and those not provided any kind of education on HIV and AIDS.

There was no significant difference in behavior of women and men. Some women, who are not CSWs, engaged in risky sex for purposes of providing food to their children and survival. Some men engaged in risky sexual activity because of the influence of alcohol, a sense of masculinity, wealth or to obtain sexual fulfilment. Girls who were disowned or ended up with unwanted pregnancies involved in risky

sexual activity to acquire luxuries in life such as cell phones. Boys were reported to engage in risky sex driven mainly by curiosity and to live up to the macho image projected in the mass media.

The study found several cases whereby search for income or survival placed respondents in a situation of encountering forced or coerced sex. Some women underwent widow inheritance to avoid property disinheritance while others did not negotiate safe sex in order to avert conflict; they feared being abandoned or denial of financial support. There were instances where women engaged in sex work because of economic destitution. House-girls and bar workers tolerated sexual exploitation and abuse to keep their employment. Occupational pressure drove long-distance truck drivers to risky sex.

Higher proportions of CSWs, truck drivers and bar workers engaged in transactional sex as compared to other study groups. Some traders in local or traditional brews used sex to attract more patrons or as settlement for brew consumed. There were traders in small-business who were involved in transactional sex to sell-off their merchandise, to raise working capital and to make-up for discounts offered to some of their clients. Some CSWs sought lifts, accommodation and entertainment from long distance truck drivers in exchange for sex. There were bar workers who involved in transactional sex, with their supervisors or bar owners, in order to guarantee their employment. A number of women in the community were involved in transactional sex with traders to obtain food and basic needs for the survival of their children. Some young girls sought potato-chips, telephones and telephone credit in exchange for sex.

Several actors support or implement interventions that seek to strengthen economic resilience against HIV&AIDS in the 5 study sites. However there are factors which curtail their impact: possibility of economic empowerment increasing risky sex especially among CSWs and drivers; some interventions do not adequately address the root and structural causes of economic dis-empowerment; some communities are not interested in the programs because of the lure of quick-money compared to the stringent demands of business loans; some projects provide inadequate loans; some individuals are not concerned about their HIV status and don't therefore see a need to adhere to safe sex practices and; mobile populations are hard to pin-down long enough for them to manage a business. These challenges, however, are ameliorated by several opportunities which exist: existence of a variety of HIV&AIDS actors who can build synergy and enhance the impact and efforts of interventions; high

levels of reported knowledge or understanding of HIV&AIDS among community members; supportive Government structures and organized community groups such as the existing cooperatives.

Overall, the study recommends that ILO could, in future, consider supporting the following activities: (a) Economic empowerment applied as a possible prevention strategy targeting women and youth. These women and youth include those who potentially could be or already are engaged in risky sex for survival (b) implementation of an expanded and comprehensive HIV&AIDS and Sexual and Reproductive Health (SRH) workplace program for hospitality and entertainment spots while targeting truck drivers, CSWs, traders in alcohol and traders in small-business in the hot spots (c) generation of employment for women, and youth through provision of large loans to establish or expand large private sector business enterprises and (d) strengthening an enabling legal and policy framework for HIV prevention.

In order to sustain these activities, the study suggests : that ILO provides business loans through reputable private commercial banks; the provision of business loans to private investors to establish or expand industries which generate substantial employment opportunities; legislation of by-laws for the adoption and implementation of comprehensive workplace programs on HIV&AIDS&SRH by the local councils; systematic transfer of knowledge and skills, to the target groups, for economic resilience and prevention of HIV. ILO should also generate and make available evidence to ensure that economic resilience for HIV&AIDS is fully addressed in the National Multisectoral Strategic Framework for HIV&AIDS (NMSF III), National HIV Prevention Strategy, National HIV&AIDS M&E Plan and HIV Prevention and Control Act. Functional and vibrant partnerships, with state and non-state actors all levels, will be critical in order to implement these study recommendations.

Information generated from the study will be applied in: advising or informing the development of the third generation NMSF; guiding development of future versions of United Nations Development Assistance Plans - UNDAP Tanzania; guiding implementation of the ILO Swedish International Development Agency (SIDA) program on economic empowerment and HIV vulnerability reduction; producing abstracts to share experiences at international fora and developing hypotheses for research areas which will assist the design of future programs.

1. DESCRIPTION OF THE STUDY

1.1 Introduction

HIV&AIDS has had devastating effects touching on all sectors and walks of life especially within the African continent where the pandemic is most widespread. For several decades now, professionals from all fields of discipline have made various attempts to stem the spread and mitigate negative impact of the HIV&AIDS epidemic. Previous research has suggested that, perhaps, the key drivers of the epidemic globally include: economic inequality or poverty; gender inequality and mobility. In Tanzania, the most commonly reported drivers of the HIV epidemic which increase risk or vulnerability of communities include: poverty, mobility, traditional practices which fuel gender inequality, denial and silence about HIV&AIDS and abuse of substances. Behaviours like multiple concurrent partnerships and gender based violence also place communities at high risk of HIV. The factors are more pronounced in the Southern Highlands, where ILO has program interventions, compared to the Northern Zone where ILO activities have already been phased out. The former also has higher HIV prevalence rates as compared to the latter.

1.2 Rationale and justification for the study

Through its interventions, ILO addresses the possible linkages between poverty with mobility and gender inequality as factors that spread HIV and its negative impacts within communities. Globally, it is generally believed that assets, skills and social connections forged by interventions of economic empowerment could be possible ways of enhancing the ability to avoid HIV infection. They would also enhance resilience and the ability to recover quickly from the effects of major shocks. Economic empowerment could take many forms including access to financial products and resources, such as credit, savings, knowledge and skills on business and employment.

Further, economic assets could, in turn, increase economic security and self-esteem, enhance long-term planning, and influence attitudes about risk-taking and risky behaviour. It is also believed that providing business or life skills, like planning, management, communication and negotiation, could

lead to increased self-esteem around communication and negotiation and increased autonomy with improved ability to make decisions. Participation in group-based programmes also could reduce isolation and build social capital.

Economic empowerment and HIV&AIDS programs have not been in place, in Tanzania, for long. Being at an early stage, there is need for further experience to guide understanding and the contexts in which economic empowerment strategies can be harnessed to strengthen effort of HIV&AIDS prevention and mitigation. It is important to provide evidence which shows that there could be a positive impact of economic opportunities on reducing sexual risk and vulnerability to HIV. Considering this need for evidence, ILO commissioned the study, documented in this report, to explore the relationship between economic empowerment and HIV&AIDS risk and vulnerability. The study advises on the most sound strategies and actions to adopt in programming for increasing economic resilience to HIV vulnerability.

1.3 The study sites

This study was commissioned by ILO on communities along the transport corridors within the Northern Zone and the Southern Highlands of Tanzania. In the Southern Highlands, it covered Ilula and Mafinga hot-spots in Iringa region and Tunduma hot-spot in the Mbeya region. In the Northern Zone it took place in Hai and Rombo in Kilimanjaro Region. The Southern Highland hot-spots are sites where the ILO project is being implemented at the early stages. It has already supported identification, mobilization and strengthening economic knowledge and skills of selected target groups within Social Economy Organizations (SEOs). In the Northern Zone, ILO previously supported a project; it ended three years ago. This project supported identification, mobilization and training and business grants for cooperatives and community groups.

Ilula is a small town located in Kilolo district just before Iringa town on the Tanzania-Zambia highway in the Southern Highlands. Ilula, in Iringa region, is traditionally known for its vibrant farming and supply of onions and tomatoes to other parts of Tanzania. The major markets where these agricultural products are sold are Dar es Salaam and Morogoro. Ilula also has seasonal migrant workers who come to plant, harvest and also buy the onions and tomatoes. The HIV prevalence in Iringa region, of which Ilula is part, is reported to be 15.7%. Risky sexual behaviour in Ilula is observed during the harvesting

periods when traders come to purchase onions and tomatoes involve in sexual relations with members of the local community. It is also noted that during harvesting period, migrant workers who are in the farms also at times engage in sex with local small business people and fellow workers. The factors that facilitate the spread of HIV in Ilula include traditional practices which fuel gender inequality, poverty, mobility, seasonal migrant laborers and the influence of alcohol.

Mafinga is on the Tanzania-Zambia highway as one travels from Iringa Mjini towards the Tunduma border. It is an industrial town in Iringa region of the Southern Highlands. Mafinga has large-scale commercial plantations for tea and timber which employ substantial numbers of seasonal migrant laborers. Industries in Mafinga process tea, pyrethrum, timber, paper, cereals and other types of foodstuff. Mafinga has one of the largest forests in Africa. Timber from this forest is sold to other parts of Tanzania and also exported to parts of the wider East Africa and destinations in the Middle East. Mafinga also has military camps, a health training college and a prison. Seasonal migrant workers stream in to Mafinga to participate in economic activities related to tea and timber. The HIV prevalence at in Iringa region, which includes Mafinga, is currently at 15.7%. HIV-risk behaviour in Mafinga is reported during the timber planting or logging. In such time, migrant workers who camp in the fields have sexual relations with each other, members of the local community and traders who provide them with food often in exchange for sex. Sexual encounters also occur between CSWs and long-distance truck drivers in Mafinga. The main drivers of the HIV epidemic in Mafinga are gender inequality caused by socio-cultural beliefs and practices, poverty and mobility.

Tunduma border-post is also in the Southern Highlands. It is the main entry from Tanzania into Zambia through the Mbeya region. Tunduma is a vibrant border-post with business people who trade in bulk and small-scale imports and exports between Tanzania, Zambia, Congo, Zimbabwe, Botswana, Malawi and Kenya. More than 200 vehicles pass through the Tunduma border on any one given day. The main HIV related risk behaviour reported in Tunduma includes transactional sex among travelers with CSWs, traders in small-business and under/ unemployed youth. Risky behaviour in Tunduma is often attributed to the long periods of stay as travelers await clearance at the border. Separation of mobile business populations, from their spouses also prompts some to seek sexual fulfillment outside marriage. The HIV prevalence in Mbeya region, which includes Tunduma, stands at 9.2%. The main

drivers of the epidemic reported in Tunduma are poverty, mobility as well as injecting drug use among the youth.

Rombo is a small township in Kilimanjaro region of the Northern Zone of Tanzania. Rombo is located in Northern highlands bordering Tanzania and Kenya. The main cash crop grown in the area is coffee. Coffee from Rombo is exported to markets in East Africa and Europe. The HIV prevalence at Kilimanjaro region, which includes Rombo, is reported to be 1.9%. Risky sexual behaviour commonly reported in Rombo is transactional sex for survival between local women and coffee traders in the harvesting period. Sex for survival is also reported between the local women with local traders such as shopkeepers, bar owners and butchers. Rombo is inhabited by a closely-knit community of relatives and neighbours with a few visitors who travel across to Kenya through the small border towns of Himo and Holili. The main factors facilitating the spread of HIV in Rombo are traditional practices which fuel gender inequality, poverty, mobility and abuse of alcohol.

Hai is a rural agricultural place which has now been converted into a township. It has a new district headquarters. It was initially part of Rombo district but became an independent district. With it becoming a township, the agricultural farms which were formerly under subsistence farming have now been converted to town plots. The HIV prevalence at Kilimanjaro region, which includes Hai, is reported to be 1.9%. Risky sexual behaviour commonly reported in Hai includes transactional sex for survival between local women and local traders such as shopkeepers, bar owners and butchers. There are also relationships of commercial sex which take place between lorry drivers travelling to or from Tanzania-Kenya Namanga border town with the local CSWs in Hai. The main factors which facilitate the spread of HIV in Hai include traditional practices which fuel gender inequality, poverty, mobility and abuse of alcohol.

Tunduma, Mafinga and Ilula in the Southern Highlands are urban centres which have large numbers of unrelated immigrants who are there mainly for the purpose of business and employment. Hai and Rombo in the North are semi-urban farming communities which live in closely-knit set up where people know and look out for each other.

1.4 The study population

The population, under study, comprised randomly selected members of cooperatives, community groups, truck-drivers, CSWs, traders in small-business, bar workers and traders in local brews at kilabus in each of the sites. Representatives of various stakeholder groups and Government Community Development Officers and Cooperative Officers were also selected, deliberately, to participate in Focus-Group Discussions (FGDs) and Key-Informant Interviews (KIIs) because of their unique roles in HIV&AIDS and interventions on economic empowerment. The table below provides report on the number of persons who were interviewed in the study sites.

Table 1: Numbers of study population group members interviewed at each site

Study population group	Tunduma	Mafinga	Ilula	Hai	Rombo	Total
Cooperatives	20	-	56	55	50	181
Long-distance truck drivers	7	10	10	9	10	46
Commercial sex workers	6	10	10	5	13	44
Traders in small business	48	56	10	13	7	134
Bar workers	4	10	10	16	10	50
Traders in local brews	6	10	10	2	10	38
Focus group discussion	17	11	18	17	17	80
TOTAL	108	107	124	117	117	573

1.5 Objectives of the study

This study was commissioned by ILO to explore the correlation between HIV&AIDS and economic empowerment within the Southern Highlands and Northern Zones. It generated both qualitative and quantitative data on the risk of contracting HIV that could be associated with economic disempowerment and the relationship between economic empowerment and HIV&AIDS. The study then made policy and programmatic recommendations that could be implemented in order to address economic vulnerability for HIV&AIDS. Below were the specific objectives of this study:

- a. Analysing the relationship between economic vulnerability and HIV risk and vulnerability and on the role that economic strategies may play as part of an overall strategy for HIV prevention and mitigation efforts by ILO in the country
- b. Exploring the vulnerability, constraints and opportunities for supporting work that addresses this intersection

- c. Elaborating potential programming directions that would support critical gaps and opportunities in this correlation and proposing sustainability measures experienced in other on-going interventions
- d. Determining why girls, young women and men are particularly vulnerable to HIV in these areas and how economic vulnerability correlates with gender inequality to exacerbate HIV risk and vulnerability
- e. Determining the current extent of reach of combined economic empowerment and HIV programs, including access to financial and health services, to these vulnerable groups. Identifying the existing programmes and efforts undertaken by different actors to mitigate the negative effect of HIV&AIDS
- f. Identifying the intermediate factors at the level of community and household, such as gender attitudes, access to education and economic opportunities that influence the level of risk and vulnerability of the targeted group particularly girls, young women and men
- g. Determining extent of transactional sex, exchange of sex for money, goods or favours, within the beneficiaries and their communities
- h. Studying and analysing how the economic empowerment approach can contribute to reduce HIV vulnerability features in national policies and strategies addressing HIV&AIDS and if not providing recommendations on the best way to engage national authorities
- i. Exploring the correlation and impact of economic empowerment on sexuality and behaviour change around HIV&AIDS

1.6 How the study was conducted

This study commenced with the development of an inception report which contained the study methodology, work plan, budget and tools. The tools were then translated from English to Swahili. After the translation, these tools were pre-tested in Dar es Salaam by the members of the study team. They were updated and finalized. Collection of data commenced after the ILO team approved the inception report and tools. Two study team members undertook the first field visits to orient an enumerator, one from each of the 5 study sites, to administer the individual questionnaires. After completion of interviews using individual questionnaires, data was captured into computerized files then packaged in tables for analysis and interpretation. This was followed by the second round of field visits by the study team. During these secondary field visits, data was presented, verified, validated,

analyzed and then interpreted through FGDs and KIIs with the local stakeholders at each of the 5 study sites. This report was written based on feedback from field visits, inputs from the stakeholder meetings and review of relevant literature.

1.7 Data collection methodology applied in the study

This study employed a variety of methods to collect secondary and primary data. These included desk literature review, individual interviews, focus groups discussions, key informant interviews and a stakeholder meeting.

The field data collection entailed: semi-structured individual interviews with the study population groups in all sites; FGDs with study groups in all sites; KII with stakeholders involved in managing or supporting HIV&AIDS and economic empowerment interventions at district and national levels. ILO organized a national stakeholder workshop for consultation and validation. This workshop included actors like Tanzania Commission for AIDS (TACAIDS), Food and Agriculture Organization (FAO), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), United Nations Development Programme (UNDP), Joint United Nations Programme on AIDS (UNAIDS) and Family Health International (FHI).

Data on relationship between economic vulnerability and HIV&AIDS and concerning the recommended role of economic strategies in HIV&AIDS responses was sourced mainly from individual interviews. Possible vulnerability, constraints and opportunities for supporting work that addresses HIV&AIDS and economic empowerment was discussed in KIIs with key stakeholders and FGDs. These discussions also made suggestions for potential programming directions and policies that would address gaps, opportunities and sustainability measures for the interventions.

Data on gender related vulnerability and risk of HIV was obtained mainly from KII, FGDs and individual interviews. The same methods were also applied to determine the interventions currently in place, the main risk factors for HIV and extent of transactional sex in the study sites.

1.8 The main limitations of the study

This study, being small-scale, was mainly designed to raise key issues and generate hypotheses for a future in-depth, long term and larger study. The study was planned to take place for 30 days with a budget for 2 consultants. Recognizing the human resource shortage, the consultants expanded the study team to include enumerators, pre-testers, translators and two study assistants. The study team has also made some recommendations for hypotheses which could be studied in-depth in future as had been planned.

The study also faced challenges in obtaining critical numbers of long-distance truck drivers and CSWs who were ready and willing to be interviewed without financial consideration. FGDs, in all groups in the 5 study sites, also experienced hesitation as participants expected an allowance for agreeing to participate in the sessions. The study team negotiated and contributed own resources for refreshments, not compensation, for the FGDs and individual interviews. This negotiation delayed the pace at which the team moved. The study team then embarked on lobbying and working at night and in bars in order to obtain information, particularly, from CSWs and truck drivers.

Finally, it was not possible for the team to conduct longer term observation of the study population because only 30 days of study-time were allocated. In some cases, the study depended on self-reported responses from the individual interviews. This could be subject of bias. This was worst in Mafinga among the community groups where the FGDs felt that the individual responses on risky sex behaviour seemed to have been under-reported or slanted to protect the image of the respondents. This data has been included, albeit with reluctance, as part of the overall data analysis.

1.9 Study quality assurance

The study was conducted in a participatory manner. This ensured that all stakeholders were provided privacy and space to convey honest and unbiased feedback. The discussions were based on high quality tools which were translated to Swahili, field pre-tested, refined and finalized with input of members of staff from ILO and study team from the Centre for Advocacy and Empowerment (CADEM). The consultants also obtained and compared data and lessons learnt from similar interventions undertaken by other stakeholders. Data obtained from discussions and review of

literature was analyzed and triangulated, during the FGDs and KIIs, for verification and validation. Before finalizing this report, the consultants also presented and discussed its findings at a stakeholder workshop which made further input to fine-tune and validate the study findings.

1.10 Application of the study findings

Information generated from the study, as contained within this report, will be applied for: (a) advising or informing the development of the third generation NMSF (b) guiding development of future versions of United Nations Development Assistance Plans - UNDAF Tanzania (c) guiding implementation of the ILO SIDA program on economic empowerment and HIV vulnerability reduction (d) producing abstracts to share experiences at international meetings and conferences and (e) identifying information gaps then developing hypotheses for research areas which will assist future program design.

2. OVERVIEW OF HIV&AIDS AND ECONOMIC EMPOWERMENT IN TANZANIA

It is now a quarter of a century since HIV&AIDS was first reported in the Tanzania in 1983. Tanzania Mainland reports a generalised epidemic with the productive ages of 15-49 recording HIV prevalence of 5.7%, with 6.8% for women and 4.7% for men. This epidemic affects different population sub-groups resulting in multiple and diverse sub-epidemics within the country. The UNAIDS report on the Global AIDS Epidemic 2010 estimates that at the end of the year 2009: 1,400,000 Tanzania adults and children were living with HIV&AIDS; an average of 200,000 new infections occurred; 86,000 AIDS-related deaths took place per year, and; 740,040 People Living with HIV&AIDS (PLHIV) enrolled into care and treatment.

HIV prevalence differs among the administrative regions in Tanzania Mainland. Mbeya and Iringa regions are among the highest in prevalence, while Kilimanjaro ranks as one of the regions with lower prevalence. Globally, the main factors reported to be driving the HIV epidemic includes: economic inequality or poverty, gender inequality and mobility. Mobility is witnessed mainly among truck drivers, business people, CSW and seasonal migrant workers mainly in the Southern Highlands. These drivers of the epidemic are more enhanced within the Southern Highlands as compared to the Northern Zone. Within the NMSF, economic empowerment is a strategy to not only prevent the spread but also

to mitigate the negative impacts of HIV&AIDS. Therefore various stakeholders, in an effort to address HIV&AIDS while guided by the NMSF, have implemented several HIV&AIDS and economic empowerment interventions within the country.

In the study sites, several programs which address HIV&AIDS and economic empowerment concurrently have been implemented by various Government and Non-Governmental actors. These actors improve economic resilience of communities by strengthening: assets, business skills, life skills, social connections, credit, savings and employment. Their interventions also aim at enhancing economic security through sound business planning and management in order to improve: self-esteem, long-term planning, communication, negotiation, decision making and autonomy, positive attitudes about risk taking and risky behaviour, healthy sexual behaviour and build social capital while reducing isolation.

3. INTRODUCTION TO THE ILO HIV&AIDS AND ECONOMIC EMPOWERMENT INTERVENTIONS IN IRINGA AND MBEYA

Until 3 years ago, ILO supported HIV&AIDS and economic empowerment interventions in Hai and Rombo. This program has since ended. ILO currently supports interventions of HIV&AIDS and economic empowerment in Iringa and Mbeya regions of the Southern Highlands. The ILO-supported Economic Empowerment and HIV Vulnerability Reduction Project along Transport Corridors is a regional project funded by SIDA. It is implemented in six countries of the Southern Africa: Malawi, Mozambique, South Africa, Tanzania, Zambia and Zimbabwe.

The project aims at building a more effective response to HIV&AIDS by addressing prevention and impact mitigation needs through tailored interventions towards vulnerable populations, including mobile and migrant persons along major transport corridors and across borders. The project engages SEOs, including cooperatives, mutual benefit societies, burial societies, producers and trade associations, and foundations to facilitate economic empowerment of vulnerable populations, particularly women.

Specifically, the project works on increasing the availability of social and economic services by organizing informal economy workers into cooperative/ producer associations. It seeks to promote

evidence-based knowledge sharing mechanisms to scale up interventions on HIV vulnerability and economic empowerment. The project implementation contributes to achieving outputs of the UNDAF 2011/ 2014. It also contributes towards addressing HIV&AIDS concerns of workers in the informal economy as identified in the Decent Work Country Programme for Tanzania.

This project's development objective is 'To contribute to Southern Africa Development Cooperation (SADC) goal of Controlling and reversing the HIV&AIDS epidemic showed by the millennium development goals and universal access commitments by 2015.' In line with this development objective, the desired outcomes of the program are as follows:

- *Policy environment:* Policy makers and promoters make evidence-based decisions to mainstream the economic empowerment model into HIV&AIDS regional and national agendas.
- *Service availability:* Increased availability of social and economic services to prevent and mitigate the impact of HIV&AIDS in selected transport corridors.
- *Access to services:* Increased access to HIV&AIDS prevention and impact mitigation services together with Business Development Services (BDS) provided by targeted operators (member organizations such as cooperatives, informal associations, Micro Small and Medium Enterprises - MSMEs) along selected transport corridors.

SECTION 3: MAIN STUDY FINDINGS ON HIV&AIDS AND ECONOMIC EMPOWERMENT ALONG THE TRANSPORT CORRIDORS OF TANZANIA

This section provides an overview of key findings of the study concerning the relationship between HIV&AIDS and economic empowerment within the study sites. Several variables were used to segment population groups in relation to their demographic and socio-economic status as an indication of level of economic empowerment. The study population groups were segmented according to: main economic activity, employment status, income bracket, study site, age, sex, marital status, size of household, if they did or did not receive business support or HIV education. These segmented groups were each assessed to determine their levels of HIV vulnerability and risk in relation to: gender inequality, use of condom, multiple sex partnerships, engagement in transactional sex and encountering forced or coerced sex. Factors like assets, partner support, social capital and decision making were also assessed. However this report has been limited only to the most significant key findings of the study.

1. STUDY FINDINGS ON EXTENT TO WHICH AND REASONS WHY STUDY POPULATION GROUPS ARE VULNERABLE OR AT RISK OF HIV

This section contains an overview of the main reasons why and extent to which of the study groups are engaged in risky behaviour that makes them vulnerable to HIV. Indicators of risky behaviour that increase HIV vulnerability included: not using condoms, having multiple sex partners, engaging in transactional sex and encountering forced or coerced sex. In an effort to unpack the root causes of risky sexual behaviour and potential spread of HIV in the study sites, the team attempted to interrogate the behavioral determinants among each of the study groups. This was undertaken through qualitative discussions through the FGDs. The FGDs reported that the main circumstances or reasons why each group engaged in risky sex was reported as documented below.

1.1 Study findings on extent to which and reasons why some CSW are vulnerable or at risk of HIV

Some CSW met during the study reported on practices that may make them vulnerable or at risk of HIV. 26% reported that they did not use condom at their last sexual intercourse, 84% had more than one sex partner, 84% were involved in transactional sex while 70% encountered forced or coerced sex. CSWs, interviewed during the study, reported various reasons why they engage in risky sexual behaviour. These include: trading in sex, as a business, to earn income for survival; the fact that sex work requires no working capital or training and also could offer attractive and quick financial benefits as opposed to other businesses; sex without condoms being more lucrative than sex with condom - they are simply taking advantage of a business opportunity; to fulfil their ambition to earn income in order to keep-up with fashion, image and high social esteem and because it is, like many others, a trade where they offer services for which others are ready to pay money.

'Sex work provides us easy money ... one does not require working capital, training or report writing.' CSW, Mafinga

1.2 Study findings on extent to which and reasons why some bar workers are vulnerable or at risk of HIV

Some bar workers met during the study reported on practices that may make them vulnerable or at risk of HIV. The study found that 51%, of bar workers, reported that they did not use condom during their last sexual intercourse, 48% had more than one sex partner, 55% were involved in transactional sex while 50% encountered forced or coerced sex. The study found only two main reasons why the bar workers engage in risky sexual behaviour; some male bar workers reported they engage in unprotected sex in order to maintain their social image as courageous, masculine and macho people. Secondly, some female bar workers engage in sex with the owners and supervisors in order to guarantee employment and income for survival.

'Some women even offer to work for free in bars in order to get a platform from where they trap customers with ease.' CSW Tunduma

1.3 Study findings on extent to which and reasons why some kilabu workers are vulnerable or at risk of HIV

Some kilabu workers met during the study reported on practices that may make them vulnerable or at risk of HIV. 66% reported that they did not use condom at their last sexual intercourse, 29% had more than one sex partner, 42% were involved in transactional sex and 45% encountered forced or coerced sex. The study also found two main reasons for risky sexual engagement among kilabu workers. The workers said they, at times, offer sex to their customers in order to lure them to maintain that custom and attract other customers to the outlet. Some customers reported that they have sex with kilabu workers, or fellow customers, as settlement for the local brew when they have no money to pay.

1.4 Study findings on extent to which and reasons why some traders in small businesses are vulnerable or at risk of HIV

Some traders in small businesses met during the study reported on practices that may make them vulnerable or at risk of HIV. 62% reported that they did not use condom during their last sexual intercourse, 18% had more than one sex partner, 35% were involved in transactional sex, while 26% encountered forced or coerced sex. The study found several main reasons why traders in small-

business engage in risky sexual behaviour. In Hai and Rombo traders in small-business, like shopkeepers, butchers, hawkers, bar and guest house owners, have more income than other community members. Some said they are overcome by demands from community members who offer them sex for in return for favours. In Ilula, Tunduma and Mafinga some traders in small-business said they engage in sex to generate more working capital to expand their businesses from better off business people. The latter are wealthy business people from other parts of the country who come to purchase onions and tomatoes from Ilula, timber from Mafinga and assorted goods at Tunduma. Mostly female and some male traders in small-business also reported that they engage in risky sex with the aim of disposing of goods quickly to customers who buy them out in order to spend time having sex with them. Some women traders in small-business also provide sex to long distance truck drivers who in-turn transport them in trucks and offer them accommodation on the way to their ultimate destinations along the Tanzania-Zambia highway. This way they save on business costs while maximizing on profits from their sales.

1.5 Study findings on extent to which and reasons why some long distance truck drivers are vulnerable or at risk of HIV

Some long distance truck drivers met during the study reported on practices that may make them vulnerable or at risk of HIV. 48% reported that they did not use condom during their last sexual intercourse, 58% had more than one sex partner, 63% were involved in transactional sex while 46% encountered forced or coerced sex. The study found several main reasons why the long distance truck drivers are engaged in risky sexual behaviour. Some drivers indicated that they wish to project the image that they are economically well-off, macho, brave and do not fear risk. Some drivers indicated that, on a day-to-day basis, they encounter serious dangers like tyre bursts or fire outbreak; to them HIV is just a small irritation and pales in significance. They reported that they are ‘hunted’ by CSWs who believe the truck-drivers not only have a lot of money but also ready to spend on them without attaching too many conditions. For instance in Hai truck stop, “they sit in the truck with windows open as they wait for the CSWs to come and get them.”

*“The truck driver asks you to order whatever you want as opposed to others who ask you ‘Shall I buy you soda?’ They respect us and give us space.”
CSW, Mafinga*

Truck drivers also noted that by being away from their wives for long periods of time they can only get sexual gratification from women who are obviously not their wives. Truck drivers experience cash-

outrage when their trucks break-down en-route or when awaiting clearance at Tunduma border post. When this happens they could be hosted by CSWs with whom they have sex and pay the CSWs when they receive their money.

1.6 Study findings on extent to which and reasons why some SEO members are vulnerable or at risk of HIV

Some members of SEOs within the general population who were met during the study reported on practices that may make them vulnerable or at risk of HIV. 68% reported that they did not use condom during their last sexual intercourse, 7% had more than one sex partner, 4% were involved in transactional sex, while 12% encountered forced or coerced sex. Some women reported that they find themselves engaging in risky sex for survival for lack of food, clothing, fees and other basic domestic needs for their children. In Ilula and Mafinga the women reported that they feel higher sense of self-worth and feel more respected and appreciated by their spouses when they contribute to taking care of the family.

‘That little plastic of yours, the condom, is nothing compared to the tyre bust that I could encounter on this journey. Do you realize that I face the possibility of burning down with my fuel tanker every day? That prospect, now, is indeed scary to me.’ Truck driver, Tunduma

Extra marital sex also takes place when spouses have gone away from home seeking work or on duty for long. In Ilula the men go off for tomato trade for up to a month while in Mafinga men go off to timber logging work up to three months. In Tunduma wives travel off into Zambia for long periods of time on business trips. For Mafinga, the timber plantations are served by a large number of resident mama lishe, women who sell food, in unsophisticated makeshift cafes. The mama lishe not only offer the men food to eat but also sex for an additional fee. A man would pay \$2 for the ‘whole package’ – \$ 1 for a plate of food and \$ 1 for having sex with the mama lishe.

In Hai and Rombo, women who have no control or ownership of land, at times, provide manual labour in tilling other people’s farms. When such work is not available they idle by the road. Often, they turn to male traders in small-business in Hai or farmers who have sold coffee produce in Rombo to offer them money or goods in return for sex. Since the survival of their children’s is at stake, the women are lured into or participate in risky sex for survival. The most vulnerable are the women whose husbands

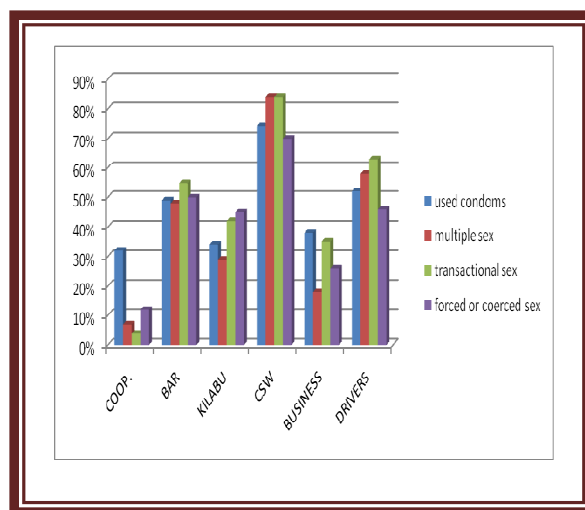
have left them home with no means of upkeep while they went off to work in other large towns like Dar es Salaam or those whose husbands are engaged in abuse of alcohol or substances and who no longer care about supporting their families.

1.7 Study findings on extent to which and reasons why some female and male youth are vulnerable or at risk of HIV

Through qualitative interviews, during FGDs and KIIs, the study found several reasons why the youth, within the general population in the study sites, engage in risky sexual behaviour. It was reported that they engage in risky sex in order to pay for goods and services which they require. In Ilula it was reported that hawkers sell goods at discounted rates to girls. Sometimes such sales are made, in part, on credit which is later paid-off through sexual favours from the girls. Risky sex, as a result of peer pressure was also noted in all sites. Some of the desired goods included trendy or fashionable clothes, cell phones, cell-phone air time, fried potato chips and soda. In all the study sites, some school girls who board far away from home, in other people’s homes, were reported to engage in sex in order to be provided with food and other luxuries like telephones. The influence of globalization was also reported as making youth, particularly boys, who were reported to engage in sex in order to keep up with fashion and the lifestyle they see on television, movies and the internet. Boys were also reported to be more curious about sexuality, but less keen on material benefits than girls. For instance the young boys have sex with well-dressed and sophisticated female traders from Dar es Salaam, Morogoro and other places in order to discover what it feels like.

1.8 Overview of HIV vulnerability and risk among the various study population groups assessed

Overall the study found that due to the kind of work, CSWs, long-distance truck drivers and bar workers are the groups who are most vulnerable and at risk of contracting HIV. 84% of CSW, 58% of truck drivers and 48% of bar workers had more than one sex



partner. 84% of CSW, 63% of truck drivers and 55% of bar workers were involved in transactional sex. 70% of CSW, 46% of truck drivers while 50% of bar workers encountered transactional sex.

However it was found that the same groups take the highest level of efforts to protect themselves from infection through condom use as follows: 74% of CSW, 52% of truck drivers and 49% of bar workers used condoms during their last sexual intercourse.

Table 2: HIV vulnerability among the various study population groups assessed

	HIV vulnerability or risk	COOP	BAR	KILABU	CSW	BUSINES.	DRIVERS
		N=181	N=50	N=38	N=44	N=134	N=46
1	%age used condoms during the last sex session	32%	49%	34%	74%	38%	52%
2	%age who had more than one sex partner	7%	48%	29%	84%	18%	58%
3	%age who were involved in transactional sex	4%	55%	42%	84%	35%	63%
4	%age who encountered forced or coerced sex	12%	50%	45%	70%	26%	46%

2. STUDY FINDINGS ON RELATIONSHIP BETWEEN ECONOMIC VULNERABILITY AND HIV RISK AND VULNERABILITY

'When a truck driver wants sex with me, he calculates the entire cost of all goods I hawk, pays me off and then for the rest of the day I am free to engage in sexual intercourse with him.' Hawker, Tunduma.

This section contains an overview of the study findings on how vulnerable a person is to HIV as they become more economically vulnerable.

Economic indicators used to determine economic empowerment or vulnerability in the study included: income levels as assessed by income bracket or living below or above poverty lines; being employed or unemployed, and; having received or not received any kind of business support.

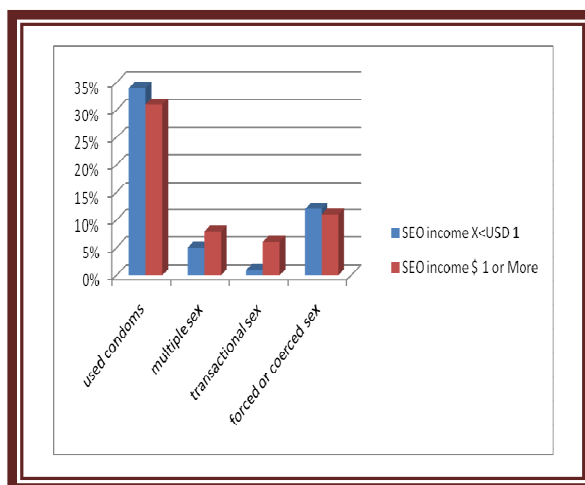
The study defined indicators of risky behaviour that increase HIV vulnerability as follows: not using condoms, having multiple sex partners, engaging in transactional sex and encountering forced or coerced sex.

'When the lorry driver pays more for not using condom, that provides double gain' CSW, Tunduma

2.1 Comparison of HIV vulnerability and risk among members of SEOs who live below and above poverty line

The study found that SEO members who live above poverty line are marginally more vulnerable to HIV due to risky sex behavior as compared to the ones living in poverty. The study found that members of SEOs who live below and above poverty lines did not

show much of a difference in terms of use of condoms at below 35% or encountering forced or coerced sex at below 15%.



However it found some marginally higher proportions of SEO members engaged in sex with multiple partners and transactional sex among those who live above poverty lines at 8% and 6% respectively; the corresponding figures for those living below poverty were 5% and 1%. It was reported that those female and male SEO members who live in absolute poverty do not have time or resources to engage broadly in sex because they are busy struggling to meet their basic needs like food, clothing and shelter. However it was acknowledged that those above poverty line can afford to engage in sexual relationships.

Table 3: Income levels HIV vulnerability or risk among members of SEOs

HIV vulnerability or risk	X<USD 1 N=73	\$ 1 or More N=104
%age used condoms during the last sex session	34%	31%
%age who had more than one sex partner	5%	8%
%age who were involved in transactional sex	1%	6%
%age who encountered forced or coerced sex	12%	11%

2.2 Comparison of HIV vulnerability and risk among bar workers who live below and above poverty line

Overall the study found that bar workers who live below poverty line are more vulnerable to HIV compared to those who live above poverty line. Condom use was reported to be higher among bar workers living below the poverty line at 56% as compared to those above poverty at 45%. 63% of bar workers who live below the poverty line had sex with multiple partners as compared to 36% who live

above the poverty line. 68% of bar workers who live below the poverty line reported engagement in transactional sex as compared to 45% who live above the poverty line. 63% of bar workers who live below the poverty line had sex with multiple partners as compared to 41% who live above the poverty line. The bar provides a possible platform to secure sex partners for survival therefore those who live in poverty and work in bars find not much option but to engage in risky sex. Bar workers who are better off financially reported that they are more selective with their sex partners and take less risk to have sex with strangers who could abuse, violate or exploit them.

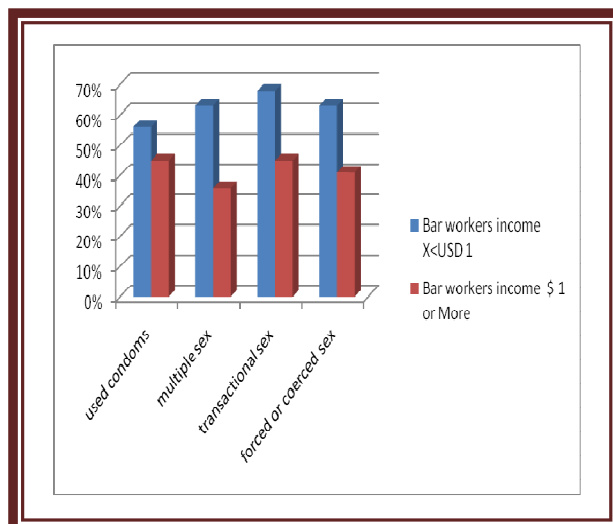
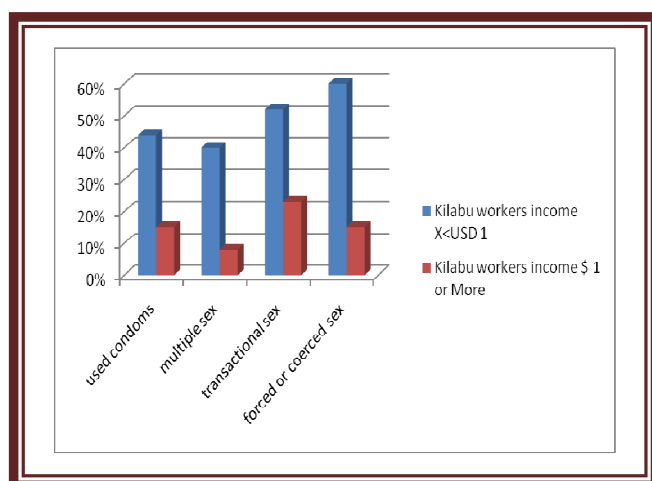


Table 4: Income levels and HIV vulnerability or risk among bar workers

HIV vulnerability or risk	X<USD 1	\$ 1 or More
	N=19	N=22
%age used condoms during the last sex session	56%	45%
%age who had more than one sex partner	63%	36%
%age who were involved in transactional sex	68%	45%
%age who encountered forced or coerced sex	63%	41%

2.3 Comparison of HIV vulnerability and risk among kilabu workers who live below and above poverty line



As is the case with bar workers, overall the study found that kilabu workers who live below the poverty line are more vulnerable to HIV compared to those who live above the poverty line. Although condom use was reported to be higher among those living below the poverty line at 44% as compared to those living above the poverty line at 15%, other forms of risk behaviour were also higher among those who lived below

the poverty line. 40% of kilabu workers who live below the poverty line had multiple sex partners as compared to 8% who live above the poverty line. 52% of kilabu workers who live below the poverty

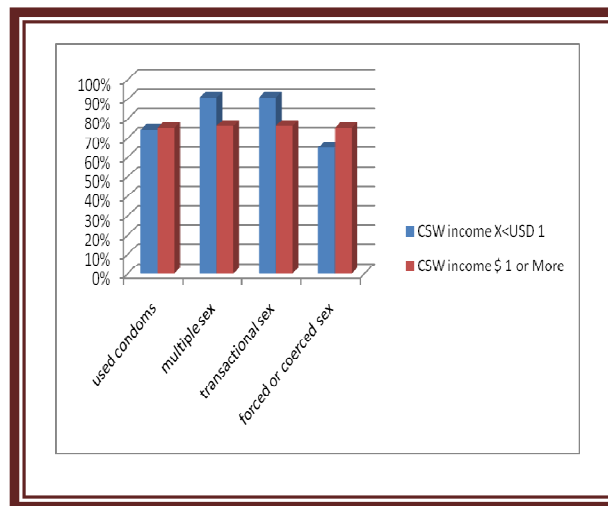
line reported engagement in transactional sex as compared to 23% who live above the poverty line. 60% of kilabu workers who live below the poverty line had multiple sex partners as compared to 15% who live above the poverty line. Working in the kilabus provides a possible platform to secure sex partners therefore those who live below the poverty line engage in risky sex. Kilabu workers who are better off financially are more selective with their sex partners and take less risk to have sex with strangers who could abuse, violate or exploit them.

Table 5: Income levels and HIV vulnerability or risk among kilabu workers

HIV vulnerability or risk	X<USD 1 N=25	\$ 1 or More N=13
%age used condoms during the last sex session	44%	15%
%age who had more than one sex partner	40%	8%
%age who were involved in transactional sex	52%	23%
%age who encountered forced or coerced sex	60%	15%

2.4 Comparison of HIV vulnerability and risk among CSW who live below and above poverty line

Overall the study found that CSWs who live below the poverty line are more vulnerable to HIV compared to those who live above the poverty line. There was not much difference in condom use between the two income groups which was reported at a high rate of over 74% and 75% respectively. 91% of CSWs who live below the poverty line engaged in sex with multiple partners compared to 76% who live above the poverty line. 91% of CSWs who live



below the poverty line engaged in transactional sex compared to 76% who live above the poverty line. There was not much difference between forced or coerced sex encounters for CSWs who live below the poverty line which stood as 65% compared to 75% for those who live above the poverty line. It was noted that condoms are available and CSW are sensitized about the need to use condoms. CSWs have been the target of rape, coercion and various forms of violence regardless of their income status. CSWs noted that being in the business of sex work for profit; they broaden the number of clients that

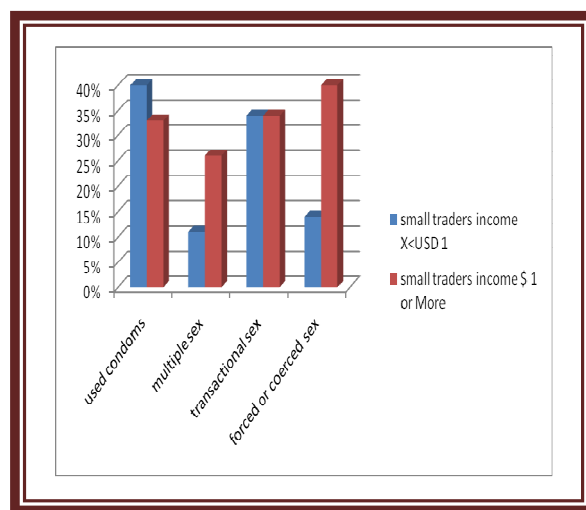
they engage in sex when their incomes fall. CSWs with higher incomes are selective and reduce the number of clients to a few and even where possible to one single client, who pays well.

Table 6: Income levels and HIV vulnerability or risk among members of CSW

HIV vulnerability or risk	X<USD 1 N=23	\$ 1 or More N=21
%age used condoms during the last sex session	74%	75%
%age who had more than one sex partner	91%	76%
%age who were involved in transactional sex	91%	76%
%age who encountered forced or coerced sex	65%	75%

2.5 Comparison of HIV vulnerability and risk among small business traders who live below and above poverty line

Overall the study found that both female and male traders in small-business who live above the poverty line are only marginally more vulnerable to HIV as compared to those who live below the poverty line. This is because traders in small-business have low income; they experience similar levels of income and working environment. Further they face the same socio-economic challenges, and same levels of vulnerability to HIV.



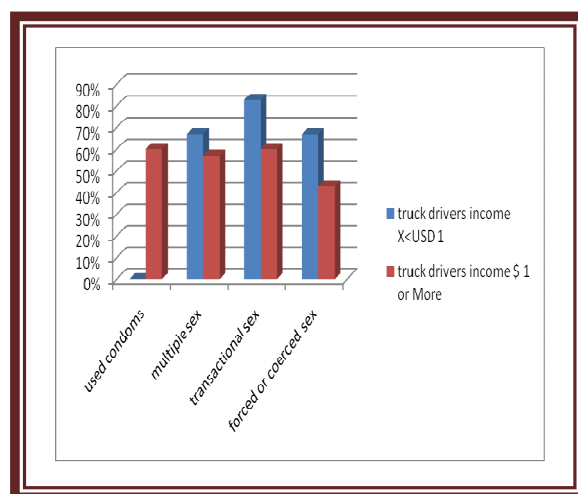
There was no significant difference in use of condoms among the traders in small-business who live below the poverty line reported at 40% compared to the 33% for those who live above the poverty line. They reported that their levels of awareness and access to condoms are similar without regard to their income status. It was also noted that proportions of traders in small business engaged in transactional sex is the same at 34% on either side of the poverty line. The traders in small-business who live on either side of the poverty line felt a need to access more working capital and expand their businesses. Only 11% of small traders who live below the poverty line have multiple sex partners compared to 26% who live above the poverty line. Those who engage in sex with more than one sex partner have higher income because they access working capital from these sex partners. In the same breath, because of their multiple sex engagements, they encounter SGBV more often at 40% compared to 14% among the group that lives below the poverty line.

Table 7: Income levels and HIV vulnerability or risk among small business traders

HIV vulnerability or risk	X<USD 1 N=65	\$ 1 or More N=64
%age used condoms during the last sex session	40%	33%
%age who had more than one sex partner	11%	26%
%age who were involved in transactional sex	34%	34%
%age who encountered forced or coerced sex	14%	40%

2.6 Comparison of HIV vulnerability and risk among truck drivers who live below and above poverty line

Overall the study found that truck drivers who live below the poverty line by earning less than 1\$ per day are more vulnerable to HIV compared to those who live above the poverty line. Use of condoms was at 0% among truck drivers who live below the poverty line yet for the ones above the poverty line but significantly higher at 60% above the poverty line. Drivers who live above the poverty line are capable of buying condoms and confident to negotiate and use



condom without fearing rejection by their sex partners. 67% of truck drivers who live below the poverty line engaged in sex multiple partners compared to 57% who live above the poverty line. Long-distance truck drivers are mobile and lonely regardless of their income status. They seek sexual favours from women en-route their destinations. 83% of truck drivers who live below the poverty line reported engagement in transactional sex compared to 60% who lived above the poverty line. It was reported that during difficulty, caused mainly when vehicle breakdown, cash outages or while awaiting clearance at the border, some truck drivers seek support from CSW and others in exchange for sex.

Table 8: Income levels and HIV vulnerability or risk among truck drivers

HIV vulnerability or risk	X<USD 1 N=6	\$ 1 or More N=40
%age used condoms during the last sex session	0%	60%
%age who had more than one sex partner	67%	57%
%age who were involved in transactional sex	83%	60%
%age who encountered forced or coerced sex	67%	43%

2.7 Comparison of HIV vulnerability and risk consolidated for all population groups based on income and poverty brackets

Overall the study found that those who earned more than \$ 1 but less than \$ 2 were engaged most in risky sexual behaviour. They also reported the highest percentage of 56% who used condoms. The bracket also reported the highest proportion of 37% who had more than one sex partner and highest proportion of 39% who were involved in forced or coerced sex and a high proportion of 42% involved in transactional sex. However, the highest proportion of 43% of those who were involved in transactional sex was reported among those who earn more than \$ 0.5 to \$ 1. It was found, through qualitative, discussions that while some may refrain from risky and harmful sex practices, this situation changes once they feel economically well-off. Some get excited, feel powerful and engage in risky sex because they feel they have an income. Often those who are very poor are too busy trying to make ends meet. Those who feel they have large income are selective and careful with their sexual relationships.

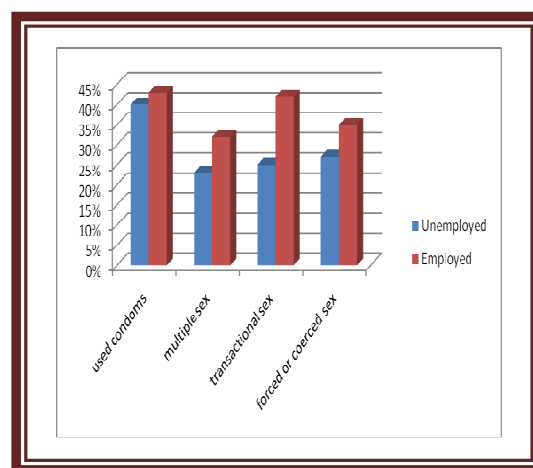
Table 9: Consolidated data on HIV vulnerability or risk by income bracket

	AVERAGE MONTHLY INCOME IN DOLLARS PER DAY	0<X<\$0.5	\$0.5<X<\$1	\$1<X<\$2	\$2<X<\$4	\$4<X
1	%age used condoms during the last sex session	31%	49%	56%	36%	35%
2	%age who had more than one sex partner	20%	31%	37%	29%	21%
3	%age who were involved in transactional sex	23%	43%	42%	29%	25%
4	%age who encountered forced or coerced sex	22%	36%	39%	32%	26%

2.8 Study findings on relationship between HIV vulnerability and employment

Overall the study found that people employed in lower unskilled cadres are more engaged in risky sexual behaviour like multiple and transactional sex; and they encounter forced or coerced sex more frequently. This renders them vulnerable to HIV compared to those who are unemployed. The study noted that those interviewed are employed in low paying jobs where they provide unskilled labour.

There was no significant difference in use of condoms at 40% among the employed compared to 43% among the unemployed. It was noted that levels of awareness and access to condoms are the same among the population groups regardless of their



employment status. The employed, however, have a slight advantage in terms of awareness. Higher proportions of employed persons at 32% engaged in sex with multiple sex partners compared to 23% among the unemployed. Higher proportions of employed persons at 42% engaged in transactional sex as compared to 25% among the unemployed.

It was reported that some seasonal migrant workers employed in onion, tomato, tea and timber farms pay for sex from women who come to sell them food and other services. 35% of employed people, compared to only 27% of unemployed people encountered forced or coerced sex. Some of those employed within bars, kilabus, seasonal farms and unskilled labourers also reported that they at times face sexual harassment and abuse from their supervisors or employers. Other times they are asked for sex as a precondition for their being employed.

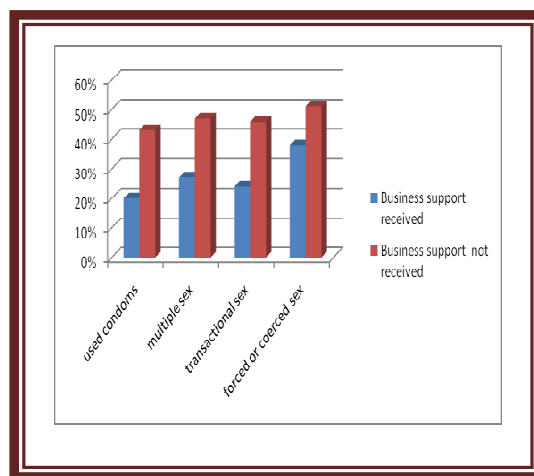
Table 10: HIV vulnerability or risk by employment status

EMPLOYMENT		UNEMPLOYED	EMPLOYED
HIV vulnerability or risk		N=268	N=225
1	%age used condoms during the last sex session	40%	43%
2	%age who had more than one sex partner	23%	32%
3	%age who were involved in transactional sex	25%	42%
4	%age who encountered forced or coerced sex	27%	35%

2.9 Study findings on relationship between HIV vulnerability and receipt of business support

Those who have not received business support included some traders in small-business. Some of them reported that they engage in risky sex in order to raise working capital and make their business survive.

43% of those who did not receive business support, compared to only 20% of those supported were engaged in sex with more than one sex partner. 47% of those who did not receive business support compared to 27% of those supported engaged in transactional sex. 46% of those who did not receive business support compared to 24% of those supported encountered forced or coerced sex. Those who received business support said they were more confident and also



selective with their sex partners; their condom use was however lower at 38% compared to 51% among those not supported.

Table 11: HIV vulnerability or risk by business support received

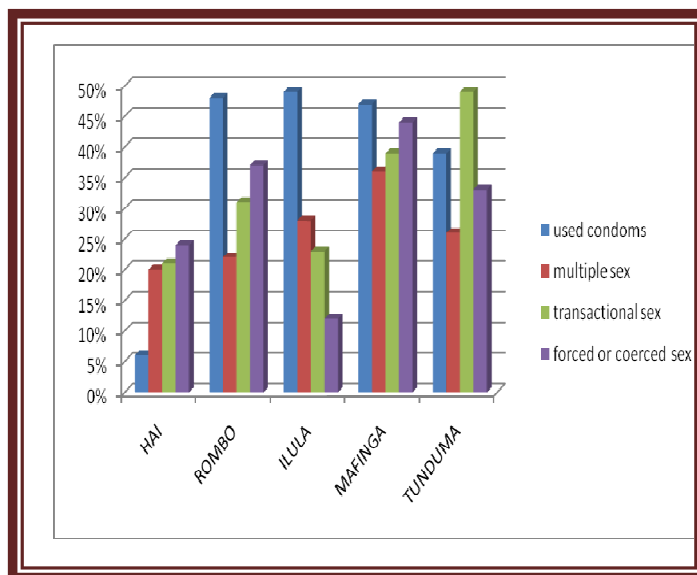
	BUSINESS SUPPORT	RECEIVED SUPPORT N=346	NOT SUPPORTED N=146
1	%age who had more than one sex partner	20%	43%
2	%age who were involved in transactional sex	27%	47%
3	%age who encountered forced or coerced sex	24%	46%
4	%age used condoms during the last sex session	38%	51%

3. STUDY FINDINGS ON HIV RISK AND VULNERABILITY FACTORS AT COMMUNITY AND HOUSEHOLD LEVELS

This section contains an overview of the study findings on factors that places the study population at risk and vulnerable to HIV within their communities. Variables that influence risk and vulnerability assessed by the study included the geographical location where study group lives, age bracket, marital status, size of the household and receipt of HIV education.

3.1 Study findings on HIV vulnerability by study sites

Overall the study found that the groups within the Southern Highlands are engaged in sexual behaviour that places them at higher risk compared to those in the Northern Zone. 36%, 28% and 26% of respondents in the Southern highlands of Mafinga, Ilula and Tunduma respectively had multiple sex partners. The proportion of those engaged in transactional sex was higher in the Southern highlands with Tunduma and Mafinga reporting 49% and 39% respectively. Southern highlands reported a higher incidence of encountering forced or coerced sex with Mafinga and Tunduma reporting 44% and 33% respectively. Usage of condoms was high in the Southern Highlands which reported higher levels of HIV education than the north; Ilula, Mafinga and Tunduma respectively reported 49%, 47% and 39% on use of condom.



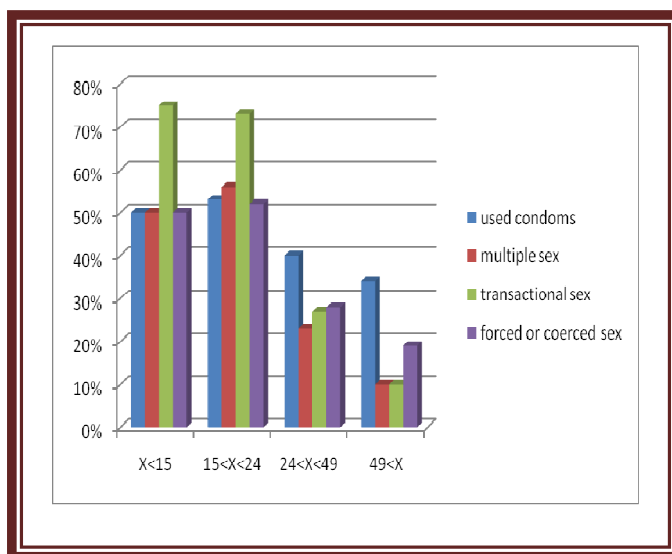
The Southern Highlands have seen many projects for educating them on HIV, but risky practices like multiple sex partners, transactional sex and encountering forced or coerced sex were still reported at higher proportions than the North. It was noted that the Southern highlands is home to mobile heterogeneous people from all places over Tanzania. They are there primarily for business, sex work being one of them, and economic reasons. However in the North these are general population groups of related people who know each other in a closely-knit society of relatives. These communities monitor sexual practices closely and maintain very tight traditional and cultural values amongst themselves.

Table 12: HIV vulnerability or risk by study sites

	HOT-SPOT	HAI	ROMBO	ILULA	MAFINGA	TUNDUMA
	HIV vulnerability or risk	N=100	N=100	N=106	N=96	N=91
1	%age used condoms during the last sex session	6%	48%	49%	47%	39%
2	%age who had more than one sex partner	20%	22%	28%	36%	26%
3	%age who were involved in transactional sex	21%	31%	23%	39%	49%
4	%age who encountered forced or coerced sex	24%	37%	12%	44%	33%

3.2 Study findings on HIV vulnerability by age bracket

Persons aged below 24 years were more engaged in risky sexual behaviour. This is mainly because they reported relatively high levels of engagement in transactional, multiple and encountering forced or coerced sex yet only half of them used condoms during the last sexual activity. This age is dogged with inadequate information about HIV&AIDS, under-unemployment, idleness, peer pressure and generally a desire to have a luxurious life yet they do not have a stable income. Although use of condoms was lower among ages above 24 years, these groups also reported relatively lower risky sex practices compared to the counterparts.



The study revealed that those below 24 are more vulnerable to HIV due to risky sexual encounters as compared to older persons. 56% of respondents aged 15 to below 24 years reported engagement in multiple sex partners, while 73% of in this same age bracket said they were engaged in transactional

sex, 52% of them reported having encountered forced or coerced sex. However larger proportions of them at 53% also reported having used condoms during their last sexual intercourse.

Table 13: HIV vulnerability or risk by age bracket

	BY AGE-BRACKETS	X<15	15<X<24	24<X<49	49<X
	HIV vulnerability or risk	N=4	N=80	N=336	N=68
1	%age used condoms during the last sex session	50%	53%	40%	34%
2	%age who had more than one sex partner	50%	56%	23%	10%
3	%age who were involved in transactional sex	75%	73%	27%	10%
4	%age who encountered forced or coerced sex	50%	52%	28%	19%

3.3 Study findings on HIV vulnerability by marital status

Unmarried persons are more engaged in risky sexual practices as compared to the married persons. Although a smaller proportion of 33% of married people uses condoms, this is mainly because they trust their spouses. They are also involved less in risky sexual encounters. This is compared to 59% of unmarried who use condoms.

46% of unmarried persons engaged in sex with multiple partners. 52% of them engaged in transactional while 40% of them encountered forced or coerced sex. The corresponding figure for married people is 16%, 22% and 26% respectively. Income related marital-absenteeism was also found to be common. Spouses are compelled to seek income far away from home; truck drivers travel for weeks, business women travel to sell goods in Zambia while men from Hai and Siha are employed in larger towns and leave their families behind. This situation prompts some married people to stray out of their unions as they seek sexual relationships with other people.

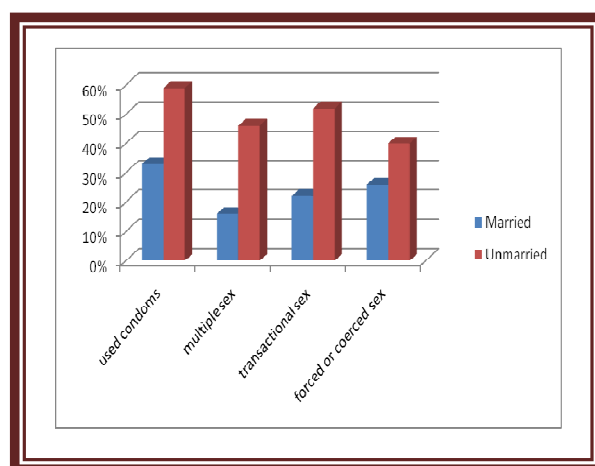


Table 14: HIV vulnerability or risk by marital status

	MARRIED	NOT MARRIED	
	N=321	N=159	
1	%age used condoms during the last sex session	33%	59%
2	%age who had more than one sex partner	16%	46%
3	%age who were involved in transactional sex	22%	52%

4	%age who encountered forced or coerced sex	26%	40%
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3.4 Study findings on HIV vulnerability by household size

Persons who live in small households of 5 or less persons are involved more in risky sexual behaviour like having multiple sex partners at 29%, transactional sex at 36% and encountering forced or coerced sex at 32%. The corresponding figures for households with more than 10 persons, is 0%, 0% and 14%. Households with 5 or less persons reported the highest levels of condom use at 48%.

'How do I put on a condom with my sex partner: that would be discrimination ...wouldn't that be an insult to her?' Truck driver, Mafinga

It was noted that small households are mainly composed of CSWs, migrant workers and mobile business people; they often engage in transactional and commercial sex. They do not live with family members and migrated in to earn income. They rent single rooms which serve for the commercial sex and also as a home. However people living in larger traditional family setting, which was mainly in the Northern Zone, live with many dependants – possibly living under the watchful eye of relatives. They therefore do not frequently engage in risky sex and if they do, they would be hesitant to report the truth.

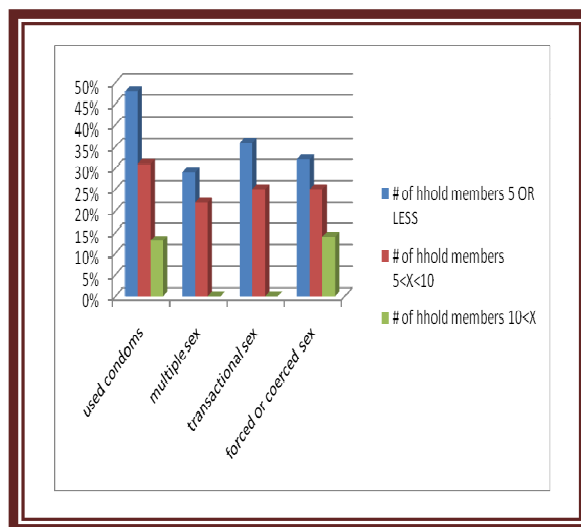


Table 15: HIV vulnerability or risk by size of household

	SIZE OF HOUSE-HOLD	5 OR LESS	5<X<10	10<X
	HIV vulnerability or risk	N=275	N=263	N=8
1	%age used condoms during the last sex session	48%	31%	13%
2	%age who had more than one sex partner	29%	22%	0%
3	%age who were involved in transactional sex	36%	25%	0%
4	%age who encountered forced or coerced sex	32%	25%	14%

3.5 Comparison of HIV vulnerability among those who have and have not received HIV education

Persons who have not received education on HIV were more vulnerable to HIV risk by engagement in risky sexual behaviour as compared to those who were educated on HIV. Of those not educated on HIV 38%, 46% and 50% have engaged in multiple sex, transactional sex, and encountering forced or coerced sex respectively. The corresponding figures for those who were trained on HIV are 25%, 30% and 26% respectively. 94% of those trained on HIV and 76% of those not trained on HIV support a woman’s right to insist on the use of condom where she fears the man may pass on infection as a result of sexual activity. The two groups more or less same percentages on the use of condom during the last sexual intercourse mainly because there are factors (such as approval by spouse) that influence use of condoms beyond just training. There study also encountered misconceptions such as; ‘Condoms are laced with bacteria, virus and cancer’, ‘Condoms reduce flavour of sex’, ‘To use condoms on one’s partner is stigmatizing’ and ‘Condoms hurt or come-off men who are not circumcised’.

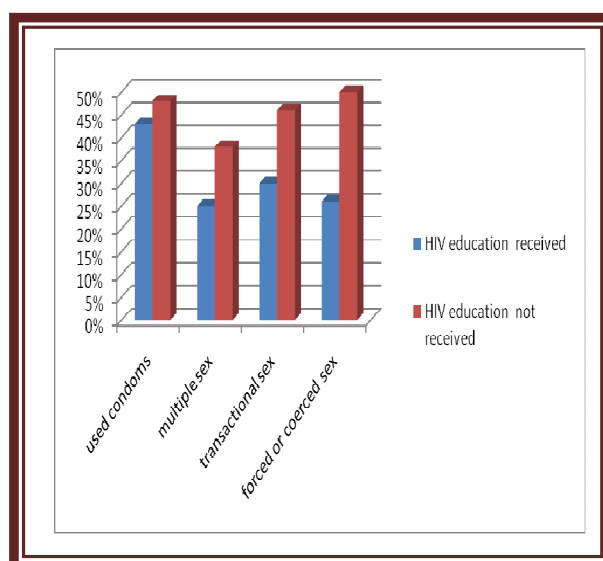


Table 16: HIV vulnerability or risk by access to HIV education

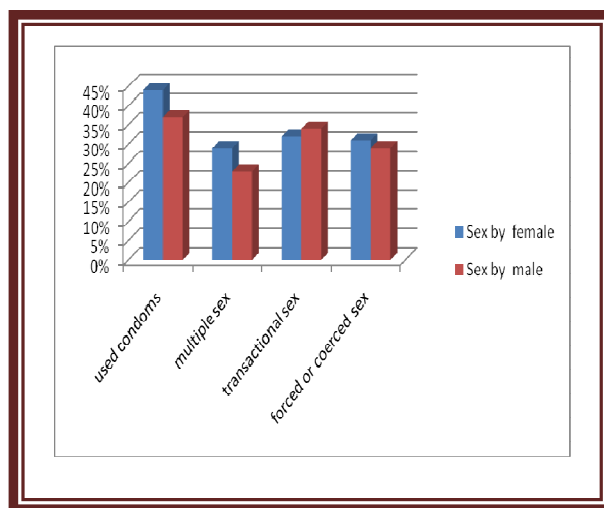
	EDUCATION ON HIV & AIDS	RECEIVED	NOT RECEIVED
	HIV vulnerability or risk	N=341	N=87
1	%age used condoms during the last sex session	43%	48%
2	%age who had more than one sex partner	25%	38%
3	%age who were involved in transactional sex	30%	46%
4	%age who encountered forced or coerced sex	26%	50%

4. STUDY FINDINGS ON GENDER INEQUALITY, ECONOMIC VULNERABILITY AND RISK FOR HIV&AIDS

This section contains an overview of the study findings on how gender inequality impacts on HIV vulnerability and risk. The gender variables assessed during the study included age, sex, gender sensitivity of respondents and socio-cultural factors.

4.1 Comparison of study findings on HIV risk and vulnerability among women and men interviewed

Women are marginally more vulnerable to and at risk of HIV compared to men. The proportion of women who are engaged in multiple sex, transactional sex, and encountered forced or coerced sex was 29%, 32% and 31% respectively. The corresponding data for men was 23%, 34% and 29%. There was also no significant difference in condom use between as women and men reported at 44% and 37% respectively.



It was noted in all 5 sites that self-esteem appears to be lower among the groups of women compared to men. Therefore even if they know their rights, it is not always the case that they will claim the rights to safe sex and protection from forced or coerced sex. This situation was demonstrated in Mafinga where the women reported that they do not qualify for timber logging and tree planting jobs. Women feel less valued than their male counterparts who have the physical strength required; therefore they opt for providing sex in exchange for income from the employed men.

Table 17: HIV vulnerability or risk sex

BY GENDER		FEMALE	MALE
HIV vulnerability or risk		N=308	N=176
1	%age used condoms during the last sex session	44%	37%
2	%age who had more than one sex partner	29%	23%
3	%age who were involved in transactional sex	32%	34%
4	%age encountered forced or coerced sex	31%	29%

4.2 Study findings on the main risk behaviour by sex

Qualitative discussions with FGDs in the study sites analysed the main behavioral factors and circumstances which lead individuals to engage in acts that can place them at the risk of contracting HIV. For each of these groups the listed behaviour and drivers of the behaviour differ considerably. The table below shows the most frequently reported behaviour and circumstances which make the genders and gender clusters engage in risky sexual encounters.

Table 18: The most commonly reported risky sexual behaviour of women, men, girls and boys in the study sites

Age and sex group	Behaviour that place them at risk or vulnerability to HIV
Women	<ul style="list-style-type: none"> ▪ Having low socio-economic status and therefore engaging in multiple or transactional sex in order to obtain food and basic needs for their children and family members ▪ Engaging in sex out of marriage to get consolation and feel appreciated when facing marital conflict, divorce or abandonment
Men	<ul style="list-style-type: none"> ▪ Feeling excited and demonstrating masculinity by having multiple sex partners, in order to prove to peers that one has a lot of money and power ▪ Engaging in sex with multiple sex partners under the influence alcohol or substances ▪ Engaging with CSWs in order to get physical bodily satisfaction especially in cases where confronted with marital conflict at home
Girls	<ul style="list-style-type: none"> ▪ Engaging in commercial and transactional sex after having an unplanned/ unwanted pregnancy and being disowned by parents for economic reasons ▪ Engaging in transactional sex because of a desire for luxurious lifestyle in order to match with perceived peers (for instance modern cell phones and air time)
Boys	<ul style="list-style-type: none"> ▪ Engaging in sex out of being idle and curiosity in order to know what it feels like ▪ Engaging in sex in order to live up to the images as promoted in some mass-media through internet, television and radio programs

4.3 Study findings on gender sensitive attitudes among study respondents

The study analysed extent to which the study population groups are gender sensitive. This was done by assessing extent to which respondents would support for a woman to demand condom use

'Ulanzi adds steam on the body and makes them want more sex.'
Individual interview, Iringa

if her husband has a Sexually Transmitted Infection (STI). Overall the study found high levels of gender sensitive beliefs as demonstrated by the levels of support for a woman to demand use of condom if her husband has a STI among the study groups. Largely all the groups recognize the woman's right to insist on her husband using a condom if she has reason to believe or fear that she could contract infection from him. The findings were as follows:

- In each study site, the following proportions of respondents supported for a woman to demand condom use of her husband who has an STI: Hai (81%); Rombo (89%); Ilula (95%); Mafinga (92%), and; Tunduma (93%)
- Among the study population groups, the following proportions supported that woman should demand condom use of her husband who has an STI: Cooperatives (92%); Bar workers (93%); Local brewers (87%); CSW (86%); Business persons (93%), and; Truck drivers (80%)
- Among the employed and unemployed among the study population groups, the following proportions supported that woman should demand condom use of her husband who has an STI: Unemployed (92%); Employed people (88%)

- Among the various income brackets within the study population groups, the following proportions supported that woman should demand condom use of her husband who has an STI: 0<X<\$0.5 (94%); \$0.5<X<\$1 (92%); \$1<X<\$2 (93%); \$2<X<\$4 (84%); \$4<X (87%)
- Among those who received and did not receive business support within the study population groups, the following proportions supported that woman should demand condom use of her husband who has an STI: Received business support (92%); did not receive business support (87%)
- Among various age brackets within the study population groups the following proportions supported that woman should demand condom use of her husband who has an STI: X<15 (50%); 15<X<24 (88%); 24<X<49 (92%); 49<X (85%)
- Among the married and unmarried people within the study population groups the following proportions supported that woman should demand condom use of her husband who has an STI: Married (90%); Unmarried (90%)
- Among those who received HIV education or did not receive education the following proportions supported that woman should demand condom use of her husband who has an STI: Received HIV education (94%); Did not receive HIV education (76%)

'In Tunduma today the best way in which bars and entertainment sports are advertised is by hiring beautiful rural girls who attract patrons who come to lure them off to sex for pay.' CSW, Tunduma

4.4 Study findings on the main socio-cultural factors which place women, men, girls and boys at risk of HIV

Through FGDs and the individual interviews, several gender and economic empowerment related factors facilitating the HIV epidemic were reported within the study sites. Among these practices include: women not negotiating safe sex in order to avoid conflict which could cause abandonment, disinheritance or denial of financial support; women engaging in sex work due to economic destitution; house girls and bar workers condoning sexual exploitation and abuse to maintain their employment and therefore income and stressful work which makes men, such as long-distance truck drivers, engage in sex in order to release pressure.

- 4.4.1** *Women subjected to forced widow inheritance in order to protect their property:* Some women reported that they have been pressured into sex due to widow inheritance. It was

found, in Iringa, that forced widow-inheritance is still practiced to ensure that wealth is retained in the extended family after the male earner passes on. The widow risks being disinherited with her orphaned children if she does not agree to this. Forced inheritance, does not entail testing for HIV, is fertile ground for transmission of HIV either way.

4.4.2 Women not negotiating safe sex to guarantee economic support: Some women reported that they did not negotiate safe sex in order to guarantee economic support. Furthermore some married women, in all the study sites, are not allowed or inclined to negotiate use of condom, safety or the general conduct of sex. In many communities, a woman has no right to own property or land; women who are firm over sexual matters risk being disowned, denied care and economic support. A number of women would rather not upset this balance to secure economic security for themselves and their children. The study noted that women in Tunduma are more assertive than in other study sites. This is attributed to the fact that they are engaged actively in economic activities. A number of them are not born, married or ready to settle in Tunduma.

4.4.3 Women opting for sex work due to economic destitution: In many cases unwanted and unplanned pregnancy was also reported to be a factor that places young girls at HIV risk. It was noted that more than half of the CSWs met indicated that they ended up in the trade after getting pregnant, dropping-off from school and being disowned by parents. This left them desperate and ready to go into any kind of business for mere economic survival. In some cases the desperate girls became CSWs or are employed as bar workers but then pimped out by the bar owners for a commission pay.

4.4.4 Women experiencing sexual abuse and exploitation in the workplace and not reporting the matter in order not to lose an income: Some women encountered sexual exploitation by their employers. In the general communities within Hai and Rombo, there are cases where domestic house helps are exploited and abused sexually by their employers or their sons. Similarly, in Iringa and Mbeya, there were cases of bar workers who reported being exploited sexually by their supervisors or employers. These women

reported that they feel they have to endure the abuse in order to continue having an income and avoid economic destitution.

4.4.5 *Men engaging in risky sex to release work-related stress:* Some truck drivers reported that work-related stress has led them to engage in risky sex. The truck drivers also reported that they face occupational hazards which place them at risk of contracting HIV. They encounter enormous stress if their vehicles break down or are parked for a long time in Mafinga as they await appropriate response from their organisations to raise support. Other moments they delay at the Tunduma border-post. These drivers get stressed and some seek consolation with CSWs. Once their money runs out, they are hosted by the CSWs until support from the organisation arrives.

'The truck drivers could offer to buy off the entire basket of goods being sold in order to have sex with me and I will agree.'
Hawker, Tunduma

5. STUDY FINDINGS ON MAGNITUDE AND DESCRIPTION OF TRANSACTIONAL SEX ALONG THE TRANSPORT CORRIDORS

This section contains an overview of the study findings on magnitude and description of transactional sex along the transport corridors. The section analyses the type and reasons for transactional sex which take place among various study groups.

Those interviewed in the Southern Highlands reported that they have high incidence of transactional sex because they are in urban centres and have large numbers of immigrants who have come in for the purpose of business and employment. Those interviewed in Hai and Rombo noted that they have lower levels of transactional sex mainly because they still are in a closely-knit community where people know each other and therefore are less inclined to exchange sex for favours.

Overall the study found that transactional sex is most common among CSWs. Among the groups interviewed 84% of CSWs reported that they have engaged in transactional sex. This was followed by 58% of truck drivers, 48% of bar workers, 29% of traditional brewers, 18% of traders in small-business and 7% of members of cooperatives. The study found that transactional sex takes place for

various reasons among different community groups. The main types of transactional sex reported during individual interviews and FGDs conducted in the study are as follows:

5.1 Some local brewers engage in sex for attracting more patrons or as a pay for brew consumed:

It was reported in Hai and Rombo, that there are traders in mbege, a local brew, who have sex with clients in order to make sure that they maintain or retain that custom. In Mafinga and Ilula it was reported that there are patrons who settle their debts for ulanzi, a local brew, through sex.

5.2 Some traders in small-business engage in transactional sex with patrons to buy off all their goods and boost working capital: In Ilula, Mafinga and Tunduma traders in small-business, like hawkers and fruit vendors, also engage in transactional sex in order to quickly sell off their goods or increase working capital.

5.3 Some CSWs engage in transactional sex to obtain a ride, accommodation and entertainment from long distance truck drivers: CSWs were also reported to be engaged in transactional sex in order to hike a lift from one stop to another and get free

'A patron might buy something for Tsh. 1, 000 but pay using a currency note of Tsh. 10,000 then tell you to keep change. That normally means I will have sex with him to pay for the change kept' bar worker, Mafinga.

accommodation in the process. They hang around truck drivers and travel with them until they reach their ultimate desired destination. CSWs reported that some truck drivers entertain, feed and buy them drinks but they expect, in turn, sexual favours.

5.4 Some bar workers engage in sex with their supervisors or bar owners in order to guarantee their employment: Some bar workers in Mafinga and Ilula are engaged in transactional sex with supervisors and owners in order to guarantee them a place to work in the bar. This way the bar workers are not only guaranteed employment but also easily hook patrons from the bar for the benefit of commercial sex.

5.5 Some community women engage in transactional sex with traders to provide them food and basic needs for their children's survival: In Hai and Rombo women were also reported to

be engaged in transactional sex with the local businessmen like shop keepers and butchers. These women often engage in sex in order to obtain food and basic necessities for the survival of their children. This is most common once they have missed the chance to till farms.

5.6 Some school girls engage in transactional sex to enjoy benefits like potato-chips, telephones and airtime: Some school girls especially in Rombo and Hai were reported to be engaged in transactional sex in order to obtain luxuries like potato-chips, cell phones and telephone air-time.

6. STUDY FINDINGS ON EXISTING INTERVENTIONS AND COVERAGE FOR HIV&AIDS AND ECONOMIC EMPOWERMENT

This section contains an overview of the HIV&AIDS and economic interventions which were known by the respondents to be taking place at the study sites. The study found that there are several organizations which support programs aimed at HIV&AIDS and economic empowerment within the study sites. The main interventions which could be remembered off-head by those interviewed were as follows:

Table 19: The main reported HIV&AIDS and economic empowerment interventions in the study areas

Study site	HIV&AIDS and economic empowerment intervention
Hai	<ul style="list-style-type: none"> ▪ The district Council has a fund for women and youth empowerment ▪ Brac provides loans for women ▪ Vicoba provides loans for all community groups ▪ Cooperatives provide loans for members
Rombo	<ul style="list-style-type: none"> ▪ The district Council has a fund for women and youth empowerment ▪ Brac provides loans for women ▪ Vicoba provides loans for all community groups ▪ Cooperatives provide loans for members ▪ Community groups have merry-go-round loan schemes for members
Ilula	<ul style="list-style-type: none"> ▪ The district Council has a fund for women and youth empowerment ▪ Cooperatives provide loans for members, Mazombe saccos ▪ ILO supports HIV and business education programs ▪ Mama Bahati Foundation provides loans for women ▪ Finca provides loans for communities ▪ Pride provides loans for communities ▪ FHI provides HIV education for communities
Mafinga	<ul style="list-style-type: none"> ▪ The district Council has a fund for women and youth empowerment ▪ Mucoba provides loans for all community groups ▪ Cooperatives provide loans for members

	<ul style="list-style-type: none"> ▪ Mama Bahati Foundation provides loans for women ▪ Brac provides loans for communities ▪ Finca provides loans for communities ▪ PSI provides HIV education ▪ EngenderHealth undertakes HIV education ▪ ILO supports HIV and business education programs ▪ PTF provides loans for communities ▪ Finca provides loans for communities ▪ FHI provides HIV education for communities ▪ PSI provides HIV education for communities ▪ IDYCDC provides HIV education for community groups
Tunduma	<ul style="list-style-type: none"> ▪ The district Council has a fund for women and youth empowerment ▪ Cooperatives provide loans for members ▪ ILO supports HIV and business education programs

7. STUDY FINDINGS ON VULNERABILITIES AND CONSTRAINTS FOR HIV&AIDS AND ECONOMIC EMPOWERMENT INTERVENTIONS

This section contains the findings of the study on vulnerability and constraints which face HIV&AIDS and economic empowerment interventions. The study found that although there are several economic empowerment and HIV&AIDS interventions in place. However, factors which tend to limit the effect and impact of these programs in stemming the spread of HIV still exist. Some of the main vulnerability and constraints of economic empowerment which were reported during the study are as follows:

7.1 Inadequate address of root and structural causes of economic dis-empowerment: The current interventions which address HIV&AIDS and economic empowerment, do not always address the root causes of economic dis-empowerment. As such the programs find themselves dealing with an ever increasing need for economic support that never gets met. Among the urgent root causes of economic disempowerment reported during the study included unplanned teenage pregnancy, family breakdown, abuse of alcohol and other substances, inadequate execution of laws to protect widows and orphans from disinheritance and others. In certain communities of the Southern Highlands, having unprotected and risky sex is seen just as a way of life for some; indeed refusal to engage in sex is frowned upon as antisocial behaviour. This culture and way of life is often not addressed in HIV education programs which assume that ignorance is the drawback which they address through HIV education.

7.2 *Inadequate loan amounts:* Those interviewed noted that there is a need explore options and expand economic empowerment initiatives further beyond microfinance for small business. In the Southern highlands they noted that the loan amounts are meagre and leave them in the vicious cycle of poverty. Loans that are provided are not comparable to the investment required or scale of business planned. There were concerns that interest rates on some loans are also excessive. This creates a challenge in loan-repayment. Therefore, some individuals merely give up and do not make much effort to sustain the businesses.

'Refusing to have sex with your partner is actually equivalent to sexual cruelty' Cooperative member, Ilula

7.3 *The sense of lost hope:* The study also found that in an area where HIV is prevalent, there are those who decide to give up even before testing for HIV. Economic empowerment and education to adopt safe sex behaviour would not work for them. Since they have given up, they continue to engage in high risk behaviour believing that they have already contracted HIV and if not then their destiny is already sealed.

7.4 *Mobile populations are hard to pin down long enough for them to manage a business:* The study also found that within the Southern Highlands, where communities are mostly mobile while travelling on business or employment, it is hard to pin them down long enough to establish and manage a business. These highly mobile groups include drivers, CSWs, traders in alcohol and traders in small-business who constantly move exploring business opportunities. Therefore the strategy of economic empowerment might not work for them.

7.5 *The lure of quick money out-shines the inadequate amounts and frequent demands of a business loan:* The lure of quick money coupled with unwillingness of community members to take or repay loans or grants is another major challenge facing the interventions of HIV&AIDS and economic empowerment. In Rombo and Hai those interviewed reported that people shy off from loans because they are given very little money compared to the value of their planned business investment. Their property is promptly auctioned upon default on the loan-repayment.

7.6 *Possibility of economic empowerment increasing risky sex behaviour among career based CSWs:*

In some cases if not properly targeted and closely monitored, economic empowerment could potentially enhance magnitude and scale of engagement in risky sexual behaviour among CSWs who are keen to expand and intensify their career in sex work. It was expressed, during FGDs with CSWs in Mafinga, that some CSWs would not stop risky sexual behaviour even if they were empowered economically. Others indicated, however, they would be able to expand, invite and mentor even more to their trade if empowered economically.

'If you were to give me a loan today, I would expand my business and get more clients.'
CSW Mafinga

8. STUDY FINDINGS ON OPPORTUNITIES TO ENHANCE HIV&AIDS AND ECONOMIC EMPOWERMENT INTERVENTIONS

This section contains the findings of the study on opportunities for enhancing HIV&AIDS and economic empowerment interventions. Community members interviewed noted that economic empowerment is indeed one of the strategies that should be used in order to build their economic resilience to HIV vulnerability. Through FGDs, KIIs and review of literature, the study found that the following main opportunities can be exploited for planning and implementation of HIV&AIDS and economic empowerment interventions.

'Why should I bother my head with a loan, when I can trade my body without working capital, yet the body still remains intact when the customer pays and goes? With a loan I have to report and account for too many things' CSW Tunduma

8.1 *Variety of HIV&AIDS actors:* There are a wide variety of organizations which are engaged in supporting or implementing HIV&AIDS or economic empowerment activities within the study communities. These organizations can easily maximize on synergy and plan, implement, monitor and report activities jointly at the most cost effective and efficient manner.

8.2 *HIV&AIDS knowledge among community members:* The study community members generally demonstrated increased awareness of the dangers of engaging in risky sexual behaviour. This presents an easy entry-point to work closely with the target groups in exploring how to address the economic factors which can predispose them to infection.

- 8.3 *Supportive Government staff and structures:* The decentralized Government structures are fully staffed, present and committed to addressing HIV&AIDS and economic vulnerability issues within the study area. This creates an opportunity to work and plan efficiently under Government support, monitoring and oversight functions.
- 8.4 *Organized community groups in place:* There are already well-organized community groups with leaders who represent most of the study groups. The general population and business people have one way or the other in which they are organized as a team and can be easily mobilized to jointly work on HIV&AIDS and economic empowerment interventions.
- 8.5 *Existence of SEOs:* Cooperatives and other SEOs could be a support structure in HIV&AIDS and economic empowerment programs. These SEOs already have mobilized individuals who are organized and can therefore easily be provided training and credit within the programs.

SECTION 4: STUDY RECOMMENDATIONS TO ENHANCE HIV&AIDS AND ECONOMIC EMPOWERMENT INTERVENTIONS

This section contains study recommendations on various actions and strategies which can be explored in order to enhance economic resilience against HIV&AIDS among the main study groups. The section suggests the role which may be played by economic empowerment in the overall HIV&AIDS response. It then proposes some key directions for effective and sustainable programming of HIV&AIDS and economic empowerment interventions which could be considered by ILO based on the study findings. The section goes further to propose areas in which ILO could support mainstreaming of economic empowerment into HIV&AIDS policies and strategies, as well as functional partnerships which could be forged to enhance economic resilience of population groups. In some cases, some information gaps exist which means there are areas where conclusions could not be made through the study. This section therefore also contains recommended hypothesis for future in-depth and larger studies.

1. ROLE THAT ECONOMIC STRATEGIES MAY PLAY AS PART OF AN OVERALL STRATEGY FOR HIV

Of those interviewed during the study 84% felt that economic empowerment is indeed one of the strategies that should be used in order to build their economic resilience to HIV vulnerability. Based on the main findings of the study, the study team suggests that perhaps economic empowerment could be a useful strategy only when well-targeted and carefully monitored. Economic empowerment could work well as a strategy to prevent risk taking behaviour among non-mobile target groups who: (a) are not engaged in sex work (b) are engaged in sex work for survival or (c) are engaged in sex work in order to access working capital.

1.1 Economic empowerment should be applied to selected groups in order to reinforce their resilience against HIV by refraining from engaging risky in commercial or transactional sex relationships. These are groups which, potentially due to economic challenges or difficulties, could engage in risk taking sexual behaviour. In addition to economic empowerment, they should also be provided an HIV&AIDS education package. They include:

- a) *Young girls who face unwanted pregnancy:* There is a need to urgently provide economic support for young girls who find themselves abandoned with unwanted and unplanned pregnancies. These girls, if left desperate for long, with infants to feed, could easily find themselves with no option but to engage in risky sex work for survival. That could place them at risk of HIV infection. The girls should be targeted with integrated HIV&AIDS, Sexual and Reproductive Health (SRH) as well as economic empowerment interventions.
- b) *Unemployed or underemployed women, both married and unmarried:* These women would need economic empowerment to ensure they obtain income to take care of basic needs of their children like food, clothing, education and treatment. Failure to receive this, they could easily become involved in sex work which could place them at higher HIV risk. It is also advisable that they are targeted with integrated HIV&AIDS&SRH services as a means

*'In my profession HIV is like malaria. How could one ever avoid contracting malaria? You mean you don't have it ... HIV?'
Truck driver Ilula*

to manage and control the sizes of their family in order to avoid pressure caused by child rearing responsibilities.

- c) *Unemployed school leavers*: Unemployed school leavers who, out of frustration, boredom, curiosity, peer pressure or need, may find themselves with little options but to engage in risky sexual practices should be targeted with HIV&AIDS and economic empowerment interventions. It is advisable to target these youth who graduate from form 4 and 6 as the window of opportunity for building economic resilience in order to reduce the spread of HIV. The interventions should be delivered early enough before some of them become engaged then addicted to transactional or commercial sex.
- d) *Alcohol sellers and small business people* who engage in sex for survival could also be provided economic empowerment and HIV education. This is because they are driven by poverty and challenges which lead them to sell alcohol and engage in risky sex in order to fulfill their financial obligations.

1.2 Through FGDs and KIIs, the study concluded that economic empowerment may not be effective to prevent engagement in risky sexual practices among (a) highly mobile groups (b) groups who practice commercial or transactional sex as work (c) groups who have fully adopted risk taking as their normal way of life, and (d) groups which engage in risky sexual behaviour for non-economic related reasons like peer pressure, revenge or others. The study team therefore recommends a comprehensive integrated workplace HIV&AIDS&SRH education and service-delivery program targeting these groups which include truck drivers and CSW.

- a. *Truck drivers*: Through discussions and observations, it was noted that truck drivers are far too busy and mobile to hang around in one place and run a business. The truck drivers also indicated that they generally are doing well and lack of money is not one of the reasons that drive them to engage in risky sex. On the contrary being economically empowered could be the reason for their engagement in risky sex.

b. *CSWs*: Through FGD discussions and observations the study team also noted that for most of the *CSWs*, economic empowerment might not prevent them from engaging in risky sex. This is mainly because the *CSWs* noted other factors, apart from basic economic pressure, which make them engage in risky sex including easy money and ambition. More than half of the *CSWs* indicated that they have become so used to their work that even if they were provided economic support they would simply refine and expand their sex trade. More than half of the *CSWs* indicated they are unable to cope with or unwilling to be subjected to the stringent demands and measures of control and accountability of economic empowerment programs.

2. POTENTIAL PROGRAMMING DIRECTIONS FOR HIV&AIDS AND ECONOMIC EMPOWERMENT

Considering the ILO commitment to improve safety and conditions at the work place as well as to improve income and employment for communities, the study team makes a few key recommendations below for ILO to program future interventions targeting key population groups within the hotspots in the Southern Highlands. In addition to the interventions that ILO is already undertaking within the general population targeting *SEO* members, ILO could also consider targeting the specific groups in the hot-spots with the following key interventions:

- 2.1 *Continue to provide a combined HIV&AIDS and economic empowerment package for SEOs, small business traders and alcohol sellers*: ILO should continue to provide HIV&AIDS and economic empowerment activities for members of cooperatives, community groups, alcohol sellers and business people. This would ensure that they are prevented from engaging in risky sex for survival. It would therefore reduce their possibility of contracting HIV.
- 2.2 *Support generation of employment through large loans to establish or expand private sector businesses in order to employ women, female and male youth*: The study team recommends that ILO could support generation of adequate employment opportunities for women, male and female youth. ILO could do this through provision of large-scale loans and not the current small loans, for establishing or scaling-up private sector businesses to employ at least 100

persons per business entity. These loans would be administered through an ILO grant managed by private commercial banks. The loan agreement would require the private businesses to establish a vibrant and meaningful HIV workplace programs and also to ring-fence a percentage of employment opportunities for women and youth. Those employed would be reached by their employer through an HIV&AIDS&SRH education, prevention and treatment interventions at their work place. For instance in Ilula ILO could support a tomato-processing plant, in Mafinga a timber-processing plant and for Tunduma a plant for processing sunflower oil. Previous research has proved that conditional cash transfers can be used to as incentives to safer sexual practices - a potentially promising new tool in prevention of HIV and sexually transmitted infections. However the team suggests employment as an approach which is more sustainable, affordable and does not nurture a dependency syndrome.

2.3 *Support establishment and implementation of comprehensive HIV&AIDS&SRH work place programs for hospitality and entertainment places targeting truck drivers, CSWs, traders in alcohol and traders in small-business in the hot spots:* ILO could provide grants to support the dissemination, adoption and implementation of the HIV workplace program policy in hospitality and entertainment spots in the hotspots. This could include support for training, education, condoms, testing, referrals and other HIV&AIDS&SRH services within bars, kilabus, eating places, restaurants, lodgings, guest-houses and night-clubs in the hot-spots. In these places the HIV interventions should target not only the employees but also patrons who include CSWs, truck drivers, long distance drivers IT vehicles and the business people. ILO could mobilize participation of local organizations and groups to participate in designing and implementing these activities. ILO could also mobilize peer educators among the target groups of CSWs, truck drivers, drivers of IT vehicles, traders in alcohol and traders in small-business to participate in education and monitoring risk behaviour.

2.4 *Support strengthening of an enabling legal and policy framework:* ILO could support umbrella organizations and Ministry of Trade to develop and execute by-laws addressing employment rights and safety at the work place for drivers and staff at entertainment and hospitality joints. This would entail working with local and national umbrella organizations of drivers, CSWs and workers in entertainment and hospitality joints through generating evidence, advocacy, review,

formulation, adoption and execution of labour laws and standard personnel contracts. These contracts would stipulate actions and conditions at workplace which ensure that HIV&AIDS&SRH issues are addressed sufficiently and the staff are not left vulnerable or at risk in any way.

3. OPTIONS FOR ENHANCING SUSTAINABILITY IN HIV&AIDS AND ECONOMIC EMPOWERMENT

Sustaining programs, financially and technically, is important in ensuring that the desired long term health outcomes are achieved. It is suggested that in order to enhance sustainability of its HIV&AIDS and economic empowerment, ILO could undertake the following main actions:

3.1 Channel business loans or credit through a reputable private commercial bank: ILO could channel its loans and credit to support economic empowerment of groups and business enterprises through a private commercial bank. This would allow the target populations to get used to obtaining, managing and servicing bank loans. Since the commercial banks are going-concerns, even after the ILO program ends, the target population will have established a relationship therefore could always approach banks for more loans needed in future.

3.2 Support establishment or expansion of large scale private investments to generate employment: ILO could support privately run large-scale investments with loans. These investments would also in turn provide employment for community members. It is likely that these private investments would still be in place as going concerns even after ILO program comes to an end.

3.3 Support adoption and implementation of laws: ILO should support formulation, adoption and implementation of laws and regulations which enhance the economic empowerment or workplace HIV&AIDS&SRH interventions. Once passed as laws, even after the end of ILO program, these standards and practices will continue to be upheld.

3.4 Transfer knowledge and skills in economic empowerment and HIV&AIDS: The strategy of systematically transferring knowledge and skills could be adopted by ILO targeting the population groups. The community support structures could be provided priority in knowledge and skills building since they are a sustainable means to maintain the capacity gained. This could mean that, even after ILO program comes to an end, the knowledge and skills to run businesses and control HIV transmission will still remain in the communities.

4. MAINSTREAMING ECONOMIC EMPOWERMENT INTO HIV&AIDS POLICIES AND STRATEGIES

The study team reiterates the need to sustain and catalyse interventions by mainstreaming economic empowerment into HIV&AIDS policies and strategies. It is therefore recommended that ILO provides technical and financial support in mainstreaming economic empowerment into HIV&AIDS policies and strategies in the following main ways:

- 4.1 *NMSF III:* ILO could support the NMSF drafting teams to highlight strategic issues of concern which relate to HIV and economic issues within the prevention and impact mitigation sections. It could also advice the development of key results for including economic empowerment as part of an HIV prevention approach for women and youth and including it as part of impact mitigation for PLHIV and affected households.
- 4.2 *National prevention strategy:* When the national prevention strategy will be updated to be realigned to NMSF III, ILO could support the drafting teams to highlight strategic issues of concern which relate to HIV and economic issues pertaining to key population groups within the transport corridors. It could advice the development of key results for including economic empowerment as part of an HIV prevention approach for SEO members, truck drivers, CSWs, traders in alcohol and traders in small-business.
- 4.3 *National HIV&AIDS M&E Plan:* During the updating of the National M&E system for HIV, ILO could support to develop sound indicators and set feasible targets for economic empowerment in HIV interventions. These could be in the sections which address prevention and impact mitigation using economic empowerment as a strategy.

- 4.4 *HIV Prevention and Control Act:* ILO could support advocacy efforts to amend the HIV prevention and control act and its related regulations. This could be in order to make firm commitments for design and implementation of workplace based HIV&AIDS&SRH and economic empowerment interventions.

5. ENGAGEMENT OF STAKEHOLDERS IN HIV&AIDS AND ECONOMIC EMPOWERMENT INTERVENTIONS

Effective functional partnerships to address economic empowerment and HIV&AIDS are feasible, can create new synergies and add value to current responses to the epidemic. In order to implement all the actions and strategies recommended in this report, it is important that key stakeholders are meaningfully engaged in HIV&AIDS and economic empowerment interventions which are supported by ILO. The strategic areas and levels of engagement for each stakeholder could be as follows:

- 5.1 *National Government:* It is suggested that ILO could continue partnering with national Government Ministries Departments and Agencies (MDAs) in planning and implementing various interventions as well as laws and policies. This includes working together with agencies like TACAIDS in formulating and implementing laws and policies which strengthen economic resilience in order to reduce HIV vulnerability.
- 5.2 *Decentralized Government structures including the district councils:* ILO could work closely with the district, ward and village councils in order to identify project targets, mobilize and organize the targets, coordinate, monitor and oversee their activities. This could include building their capacity and helping them to monitor and report on their interventions.
- 5.3 *SEOs:* The SEOs are already in place and a very important partner in the ILO program. SEO provide an opportunity of well organized groups within the general population who work well with an aim for economic empowerment. These groups can be exploited to implement HIV&AIDS and economic empowerment interventions.

- 5.4 *Private sector employers and investors:* Tanzania Federation of Employers and a selected commercial bank could be key partners of ILO in the interventions. ILO could work with the employers and banks in order to guide and support establishment or scale up of small scale industries in the hot spots. These industries could be supported to contribute to generating employment for women and youth as well as implementing the HIV&AIDS&SRH workplace programs targeting them.
- 5.5 *Other Non Governmental Organizations (NGOs) implementing projects in the hotspots:* ILO could also work closely with other NGOs implementing projects in the hotspots to share knowledge and effective strategies for refining interventions. They could also identify areas of synergy, allocate strategic roles and pool resources in an effort to optimize on available human and material resources for interventions and reach out to larger numbers of targets with fewer amounts of resources.
- 5.6 *Umbrella organizations:* There are various umbrella organizations which represent the study groups in the hotspots at national, regional, district and local community levels. These include various SEOs, Tanzania Drivers Association (TDA), Clearing and forwarding companies, Communication and Transport workers Union of Tanzania (COTWU), Tanzania Drivers Association (TDA), Tanzania Federation of Cooperatives (TFC), Tanzania Informal Economy Network on AIDS Initiatives (TIENAI) and possibly others. ILO could partner with these organizations to plan interventions, mobilize and organize target groups and then to monitor and oversee their activities.

6. HYPOTHESIS FOR FUTURE IN-DEPTH STUDIES ON HIV&AIDS AND ECONOMIC EMPOWERMENT

Based on the initial findings and observations of the study team, some hypotheses were developed which require future in-depth research of a larger scale. It is suggested that ILO could undertake research studies or operational research in order to seek answers to the hypothesis listed below and then make recommendations for specific interventions related to building economic resilience in order to reduce HIV vulnerability:

6.1 *Hypothesis 1: 'Providing economic empowerment for CSWs is not likely to reduce their engagement in risky sexual behaviour.'*

There is still relatively little programmatic experience to determine whether it is necessary or feasible to target CSWs with business financing schemes. Discussions with CSWs saw few of them reporting that they would refrain from risky sexual behaviour if financed. Many others contested this and said economic empowerment would not make them refrain from risky sexual behaviour. They said it would assist them to refine the trade which by now has become employment and way of life for them. It is suggested that ILO pilots some operational research project on economic empowerment and HIV among a selected group of CSWs. This would provide evidence based on practice with a definite conclusion and recommendations for programming.

6.2 *Hypothesis 2: 'If CSWs are empowered with knowledge and skills to negotiate condom use and educate clients on safe sex, then engagement of truck drivers in risky sexual behaviour will be reduced.'*

Some of those interviewed during the study reported that the main sexual partners who influence behaviour of truck drivers are the CSWs. While others felt that empowered CSWs could influence drivers to adopt safe sex practices, others thought that drivers are too patriarchal and stubborn to listen to what women have to tell them. It is suggested once again that ILO could pilot and undertake operational research on empowering CSWs then monitoring and reporting extent to which they have been able to in turn influence safe sex among the drivers. This too would generate evidence based on practice with a definite conclusion and recommendations for programming.

6.3 *'Hypothesis 3: A large majority of small business persons in the hot spots are actually CSWs under the guise of business persons, therefore intervention strategies applied for them should be similar to those of CSWs.'*

During the study small business persons reported that they have engaged in transactional sex mainly in order to increase their working capital. The study team however was sceptical because none of them indicated that their business had grown even after obtaining income from the sex work. Some CSWs

also felt that perhaps small businesses are used as a smokescreen while in reality they are simply undertaking sex work and causing them major competition with their clients. It is suggested that perhaps ILO could define sex work in the context of the hotspots, undertake an in-depth large-scale study to determine magnitude of sex work among small business people. The study could then recommend the most effective strategies to apply among the small business people.

6.4 *Hypothesis 4: 'Employment of women in the general population is likely to substantially reduce their levels of engagement in transactional sex.'*

Women who have engaged in transactional sex indicated that they did it mainly to put food on the table for their families. In some study sites it was noted that married people are a conservative group and extra marital sex could be shrouded in secrecy, therefore there needs to be a larger longer-term study to generate more data on sexual issues within marriages. It is therefore recommended that ILO undertakes operational research to determine if indeed if a woman is gainfully employed that would reduce their chances of engagement in transactional sex. This would generate evidence based on practice with a definite conclusion and recommendations for programming.

6.5 *'Hypothesis 5: Formulation and execution of by-laws is an effective way to ensure all hospitality and entertainment establishments put in place an HIV at the workplace program.'*

It was noted with concern that although HIV prevalence is high in the Southern Highlands, not all the recreational spots and hospitality places have condoms or educational materials in place. Others said the law may not be effective to ensure workplace interventions are in place for HIV. Yet some expressed that while national laws may not be effective, local by-laws are always adhered to with immediate effect. It is suggested that ILO could pilot and undertake operational research on extent to which local by laws could catalyze condoms and education being put in place in hospitality and recreational joints.

6.6 *Hypothesis 6: The economic middle class is most involved with multiple sex partners, because those who are wealthy are selective yet those who live in poverty are too busy trying to make ends meet.'*

Among those interviewed, it was found that the economic middle class are the ones who are more engaged with multiple sex partners. It is suggested that ILO could finance an in-depth and wide scale study to determine sexual behavioural determinants among a larger representative sample of various economic classes and then make recommendations for their interventions.

6.7 Hypothesis 7: *'Sex is readily available and frequently practiced in the hot spots.'*

Through discussions with persons in the hotspots of Iringa and Mbeya, a number of respondents expressed that they feel sex is a way of life that is frequently practiced in the hustle and bustle of these study areas. It is suggested that ILO undertakes a study of sexual networks in these hot spots. This would then assist to know how to target interventions for each group in a complementary and mutually reinforcing manner.

5. CONCLUSIONS AND WAY FORWARD

Findings from this study are useful for ILO and its partners in not only designing but also strengthening future interventions which enhance economic resilience against HIV&AIDS. The study report will therefore be disseminated widely among stakeholders who are involved in planning, implementing or financing HIV&AIDS and economic empowerment interventions. This dissemination will take place not only within Tanzania alone, but also at international platforms like meetings and conferences where people present and discuss such finding.

In sharing the study findings, ILO will also use the opportunity to identify and forge more strategic partnerships with other stakeholders within hotspots on the transport corridors. This includes reinforcing existing partnerships but also creating new ones with organizations like federation of employers, private investors, private commercial banks, drivers associations and clearing and forwarding firms. This will mean expansion into areas like working with private sector to address economic resilience and HIV&AIDS&SRH among targeted population groups in the hotspots.

Most immediately ILO will use the study findings to advice the currently ongoing process of developing the third generation of the Tanzania NMSF. This will entail applying the findings in suggesting strategic issues and anticipated results of the NMSF thematic areas which address

prevention of HIV transmission, mitigation of the negative impact of HIV and gender responsiveness. In that same way, the study results will be used to inform and advice the development and implementation of the next version of the UNDAF, guiding implementation of the ILO SIDA program on economic empowerment and HIV vulnerability reduction, National HIV Prevention Strategy and National HIV&AIDS M&E Plan for Tanzania.

ILO acknowledges that this was a small scale study meant to flag out the glaring and most significant issues pertaining to economic empowerment and HIV&AIDS. Therefore the study has also recommended some hypothesis for future research. ILO will work with various partners and collaborators to join efforts and undertake these studies in order to generate evidence for future refinement of programs aimed at reducing HIV vulnerability.

ANNEX A: LIST OF REFERENCES

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ANNEXES B: QUESTIONNAIRE FOR INDIVIDUAL INTERVIEWS

KIAMBATANISHO B: DODOSO LA USAILI/MASHOJIANO KWA MTU BINAFSI

Utangulizi:

Habari za asubuhi/jioni. Jina langu ni Kwa niaba ya Shirika la Kazi Duniani (ILO) kama mshauri elekezi toka (CADEM), tunafanya utafiti kuhusu uhusiano baina ya uwezeshwaji kiuchumi, usawa wa kijinsia, na athari za VVU na Ukimwi. Umechaguliwa kushiriki kwenye utafiti huu kwa sababu tunahisi maoni yako ni muhimu. Kwa hiyo nakusihi utoe maoni yako kwa uaminifu katika maswala tutakayokuwa tunayajadili. Ushiriki wako katika mahojiano haya ni kwa hiyari na uko huru kutojibu swali lolote utakaloliona hulifurahii, na hili halitakuathiri kwa njia yoyote ile. Ningependa kukuhakikishia kuwa taarifa unayotoa itabaki kuwa siri na itatumika kwenye huu utafiti tu. Haya mahojiano yatachukua takriban dakika 40. Hili dodoso ni ya siri na hatutaandika jina lako popote.

Je uko tayari kushiriki kwenye haya mahojiano? [*kama jibu ni hapana, simamisha mahojiano, kama jibu ni ndiyo chukua namba ya simu kama uthibitisho wa kukubali*]

Je, una swali lolote au maoni kabla hatujaendelea? [*Kama jibu ni ndiyo, tafadhali yashughulikie kabla ya kuendelea na mahojiano*]

Kwa matumizi ya ofisi tu

Mahala:

Anayehoji: Jina _____ Sahihi _____ Tarehe _____

Imekaguliwa na Msimamizi: Jina _____ Sahihi _____ Tarehe _____

Taarifa binafsi

1. Umri:
 - 1.1 Chini ya miaka 15
 - 1.2 Miaka 15-24
 - 1.3 Zaidi ya miaka 24 – 49
 - 1.4 Zaidi ya miaka 49

2. Jinsia:
 - 2.1 Ke
 - 2.2 Me

- 3 Taarifa ya ndoa:
 - 3.1 Ameoa/kuolewa
 - 3.2 Hajaoa/kuolewa

- 4 Shughuli ya anayehojiwa
 - 4.1 Mwanachama wa ushirika
 - 4.2 Mhudumu wa bar
 - 4.3 Mhudumu wa klabu
 - 4.4 Dada poa
 - 4.5 Mfanya biashara ndogondogo (Mmachinga)
 - 4.6 Madereva wa malori makubwa

- 5 Eneo la utafiti:
 - 5.1 Ilula
 - 5.2 Mafinga
 - 5.3 Tunduma
 - 5.4 Rombo
 - 5.5 Hai

- 6 Kata:

- 7 Wilaya:

- 8 Mkoa:

- 9 Jina la kikundi:

- 10 Jukumu/Hali ya mhojiwa kwenye kikundi:
 - 10.1 Kiongozi wa kikundi
 - 10.2 Mwanachama wa kikundi
 - 10.3 Mtu anayeishi na Virusi vya Ukimwi
 - 10.4 Mengine

Hali ya kiuchumi

- 11 Watu wangapi wanaishi ndani ya kaya yako?
- 12 Je, umefikia kiwango gani cha elimu?
 - 12.1 Sikuhudhuria shule
 - 12.2 Elimu ya Madrasa
 - 12.3 Shule ya awali
 - 12.4 Shule ya msingi
 - 12.5 Mafunzo baada ya shule ya msingi
 - 12.6 Elimu ya sekondari
 - 12.7 Mafunzo baada ya secondary
 - 12.8 Chuo kikuu
- 13 Unaelezeaje ajira yako kwa kipindi cha mwaka mmoja uliopita?
 - 13.1 Sikuwahi kuajiriwa
 - 13.2 Niliajiriwa kwa msimu
 - 13.3 Nilipata ajira za mara kwa mara
 - 13.4 Niliajiriwa mwaka mzima
- 14 Nani amekuajiri?
 - 14.1 Nimejajiri
 - 14.2 Ndugu au jamaa yangu
 - 14.3 Mtu siyekuwa ndugu wala jamaa yangu
 - 14.4 Kampuni
- 15 Kwa kipindi cha mwaka mmoja uliyopita, nini wastani wa kipato ulichokipata kwa mwezi?
 - 15.1 Pungufu ya Tshs 22,500
 - 15.2 Tshs 22,500 – chini ya 45,000
 - 15.3 Tshs 45,000 – chini ya 90,000
 - 15.4 Tshs 90,000 – chini ya 180,000
 - 15.5 Zaidi ya Tshs 180,000
- 16 Je, wanaoishi ndani ya kaya yako wanapata kipato chochote kutokana na haya yafuatayo?
 - 16.1 Mishahara: Ndiyo () Hapana ()
 - 16.2 Commission: Ndiyo () Hapana ()
 - 16.3 Ulizotumiwa toka kwa ndugu na jamaa: Ndiyo () Hapana ()
 - 16.4 Misaada kutoka vyanzo vingine- taja jina la chanzo: Ndiyo () Hapana ()
 - 16.5 Shughuli za biashara: Ndiyo () Hapana ()
 - 16.6 Vyanzo vingine, vitaje
- 17 Kwa kipindi cha mwaka mmoja uliopita, nini wastani wa kipato cha wanaoishi ndani ya kaya yako kwa mwezi?
 - 17.1 Pungufu ya Tshs 22,500
 - 17.2 Tshs 22,500 – chini ya 45,000
 - 17.3 Tshs 45,000 – chini ya 90,000
 - 17.4 Tshs 90,000 – chini ya 180,000
 - 17.5 Zaidi ya Tshs 180,000
- 18 Nini chanzo cha maji ya kunywa kwa ajili ya kaya yako?
 - 18.1 Maji ya bomba yalioko kwenye makazi
 - 18.2 Maji ya bomba yalioko jirani
 - 18.3 Bomba la umma
 - 18.4 Bomba la jirani
 - 18.5 Maji kutoka kwenye kisima cha wazi
 - 18.6 Maji kutoka kwenye kisima cha wazi cha umma
 - 18.7 Maji ya chemchemi
 - 18.8 Mto /vijito
 - 18.9 Dimbwi/ziwa/bwawa

- 18.10 Maji ya chupa
18.11 Maji ya mvua
- 19 Nini huduma ya choo kinachotumiwa na kaya yako?
19.1 Choo cha kusukuma maji
19.2 Choo cha shimo cha kienyeji
19.3 Choo cha shimo kilichoboreshwa
19.4 Kichakani
19.5 Hamna huduma
- 20 Je kaya yako au mwanakaya yako anamiliki:
20.1 Radio: Ndiyo () Hapana ()
20.2 Television: Ndiyo () Hapana ()
20.3 Simu ya mkononi: Ndiyo () Hapana ()
20.4 Ardhi ya malisho: Ndiyo () Hapana ()
20.5 Ardhi ya kilimo: Ndiyo () Hapana ()
20.6 Ardhi yenye madini: Ndiyo () Hapana ()
20.7 Nyumba ya biashara/Nyumba ya kukodi : Ndiyo () Hapana ()
20.8 Akaunti ya banki : Ndiyo () Hapana ()
20.9 Baiskeli: Ndiyo () Hapana ()
20.10 Pikipiki au guta / Bajaji/ : Ndiyo () Hapana ()
20.11 Gari ndogo, gari kubwa, lori au basi: Ndiyo () Hapana ()
- 21 Nini chanzo chako cha nishati kwa ajili ya kupikia?
21.1 Umeme
21.2 Gesi ya kwenye mitungi
21.3 Mafuta ya taa
21.4 Mkaa
21.5 Mabaki ya mazao, majani, magunzi ya mahindi, kinyesi cha wanyama
21.6 Vyanzo vingine, vitaje
- 22 Paa ya nyumba unayoishi imezekwa kwa?
22.1 Manyasi/matawi/tope/ kinyesi cha ngombe
22.2 Mabati
22.3 Vigaie /imemiminwa zege/ asbestos
22.4 Vingine
- 23 Je kaya yako inapata milo mitatu kwa siku? : Ndiyo () Hapana ()
- 24 Kama hapana ni kwa nini?
24.1 Ukosefu wa pesa
24.2 kukosa muda wa maandalizi
24.3 Uzembe wa kukiandaa chakula
24.4 Kunyimwa chakula
24.5 Mengine, eleza
- 25 Kama uko kwenye kikundi, umenufaika na nini kutoka kwenye hicho kikundi?
25.1 Elimu na misaada ya kiuchumi: Ndiyo () Hapana ()
25.2 Elimu na misaada ya kiafya: Ndiyo () Hapana ()
25.3 Misaada ya chakula: Ndiyo () Hapana ()
25.4 Ushauri, misaada ya kisaikolojia: Ndiyo () Hapana ()
25.5 Ubadilishanaji habari: Ndiyo () Hapana ()
25.6 Huduma nyingine, zitaje

Hatari ya VVU na maambukizi

- 26 Kwa maoni yako, endapo mwanamke atagundua kuwa mme wake ana ugonjwa ambao anaweza akaupata wakati wa kujamiana, je mwanamke atakuwa na haki na uhalali wa kuomba watumie kondom?
 26.1 Ndiyo
 26.2 Hapana
 26.3 Sijui
- 27 Ikiwa mwanamke anaomba matumizi ya kondom wakati akihisi mume wake ana ugonjwa, lipi kati ya haya linaweza kutokea?
 27.1 Mwanaume atatoa ushirikiano na kutumia kondom: Ndiyo () Hapana ()
 27.2 Mwanaume anaweza akampiga au kumtukana: Ndiyo () Hapana ()
 27.3 Mwanaume anaweza akamlazimisha kujamiana bila kondom: Ndiyo () Hapana ()
 27.4 Mwanaume anaweza kumuadhibu kwa kukataa kumsaidia kwa fedha na mali: Ndiyo () Hapana ()
 27.5 Mwanaume anaweza kumuacha : Ndiyo () Hapana ()
 27.6 Mwanaume anaweza kuachana naye tu
 27.7 Mambo mengine, yataje
- 28 Endapo mwanamke atagundua kuwa mume wake ana ugonjwa ambao anaweza akaupata wakijamiana bila kutumia kondom, na mwanaume analazimisha kujamiana bila kondom, je mwanamke achukue hatua gani?
 28.1 Akatae
 28.2 Akubali
 28.3 Aombe talaka
 28.4 Aende kwenye vyombo vya sheria
 28.5 Atafute ushauri
 28.6 Mengineyo, eleza
- 29 Ulikuwa na umri gani ulipofanya tendo la kujamiana kwa mara ya kwanza?
 29.1 Sijawahi kufanya
 29.2 Chini ya umri wa miaka 10
 29.3 Miaka 10-14
 29.4 Miaka 14-24
 29.5 Zaidi ya miaka 24 – 49
 29.6 Zaidi ya miaka 49
 29.7 Sijui
- 30 Je mlitumia kondom mlipojamiana kwa mara ya mwisho? Ndiyo () Hapana ()
- 31 Kama hapana, kwa nini hamkutumia kondom?
 31.1 Hamkua na pesa za kununua kondom: Ndiyo () Hapana ()
 31.2 Hamkuwahi kusikia habari kuhusu kondom: Ndiyo () Hapana ()
 31.3 Hamkuweza kupata kondom popote: Ndiyo () Hapana ()
 31.4 Ulisikia raha kufanya ngono bila kutumia kondom: Ndiyo () Hapana ()
 31.5 Hukupenda kutumia kondom: Ndiyo () Hapana ()
 31.6 Ulihofu mpenzi wako angekasirika: Ndiyo () Hapana ()
 31.7 Mpenzi alikataa kutumia kondom: Ndiyo () Hapana ()
 31.8 Kutokana na uzembe uliyosababishwa na matumizi ya pombe: Ndiyo () Hapana ()
 31.9 Kutokana na uzembe wa matumizi ya madawa ya kulevya: Ndiyo () Hapana ()
 31.10 Kutokana na uzembe wa mtu binafsi Ndiyo () Hapana ()
 31.11 Sababu nyingine, taja
- 32 Katika kipindi cha mwaka mmoja uliyopita umewahi kuwa na mahusiano wa kimapenzi na mpenzi zaidi ya mmoja?
 32.1 Kwa ajili ya kupata pesa, au zawadi au upendeleo?: Ndiyo () Hapana ()
 32.2 Kwa ajili ya kutimiza taratibu za kimila: Ndiyo () Hapana ()
 32.3 Kutokana na kulazimishwa kufanya ngono au kubakwa: Ndiyo () Hapana ()
 32.4 Kutokana na uzembe uliyosababishwa na matumizi ya pombe: Ndiyo () Hapana ()
 32.5 Kutokana na uzembe wa matumizi ya madawa ya kulevya: Ndiyo () Hapana ()
 32.6 Kutokana na uzembe wa mtu binafsi
 32.7 Hapana sijawahi kufanya:

32.8Mengine, taja

- 33 Katika kipindi cha mwaka mmoja uliyopita, umewahi kumlipa mtu pesa kwa kufanya naye mapenzi?
33.1Kama zawadi kwa kufanya naye mapenzi: Ndiyo () Haspana()
33.2Kama malipo ya kufanya naye mapenzi: Ndiyo () Hapana ()
33.3Kwa sababu ya kumridhisha : Ndiyo() Hapana ()
33.4Kwa sababu ya msukumo/ nguvu ya pesa () Hapana ()
33.5Kwa sababu ulisafiri ukawa mbali na mkeo au mpenzi wako: Ndiyo) Hapana ()
33.6Kutokana na uzembe uliyosababishwa na matumizi ya pombe: Ndiyo() Hapana ()
33.7Kutokana na uzembe wa matumizi ya madawa ya kulevya: Ndiyo () Hapana ()
33.8Hapana sijawahi kufanya
33.9Mengine, taja
- 34 Ndani ya kipindi cha mwaka mmoja uliyopita umewahi kulipwa au kupewa zawadi kufanya mapenzi : Ndiyo () Hapana()
- 35 Ndani ya kipindi cha mwaka mmoja uliyopita, ulifanya mapenzi bila kupenda?
35.1Kwa ajili ya kutimiza masharti ya kimila au maswala ya imani ya kijamii: Ndiyo () Hapana ()
35.2Kwa ajili ya kutimiza mswala ya kijinsia: Ndiyo () Hapana ()
35.3Kwa ajili ya kukidhi mahitaji ya kifedha au mali: Ndiyo () Hapana ()
35.4Kwa ajili ya kupata upendeleo au maslahi: Ndiyo() Hapana ()
35.5Kwa kuogopa kunyimwa msaada wa fedha au mali: Ndiyo () Hapana ()
35.6Kuogopa adhabu au bughudha: Ndiyo () Hapana ()
35.7Kwa sababu alisafiri ukawa mbali na mwenza wako wa ndoa: Ndiyo () Hapana()
35.8Kwa sababu ya upweke kutokana na nwenza wako wa ndoa kusafiri: Ndiyo () Hapana ()
35.9Kutokana na sababu za uzembe unaotokana na pombe: Ndiyo () Hapana ()
35.10 Kutokana na sababu za kizembe kutokana matumizi ya madawa ya kulevya: Ndiyo () Hapana ()
35.11 Kulazimishwa au kubakwa na mtu ambaye unamtegemea kwa fedha na mali: Ndiyo () Hapana ()
35.12 Sababu nyingine, taja

Kuhamahama

- 36 Umeishi katika eneo hili kwa muda gani?
36.1Chini ya mwezi mmoja
36.2Zaidi ya mwezi 1 hadi miezi 6
36.3Zaidi ya miezi 6 hadi mwaka 1
36.4Zaidi ya mwaka 1 hadi miaka 2
36.5Zaidi ya miaka 2
- 37 Kwa nini ulikuja kuishi katika eneo hili?
37.1Biashara
37.2Ajira
37.3Familia
37.4Sababu nyingine, taja

Msaada wa kiuchumi uliopokelewa

- 38 Msaada gani wa biashara uliopokea ndani ya mwaka uliyopita?
38.1Mafunzo ya ujasiriamali/kuendesha biashara
38.2Mkopo
38.3Mtaji
38.4Zana za kilimo au pembejeo
38.5Vifaa
38.6Taarifa/ushauri wa ujasiriamali na biashara
38.7Zingine, taja
- 39 Nani alikupa msaada ulioutaja wa kibiashara?

- 39.1 Shirika la Kazi Duniani ILO
- 39.2 Banki
- 39.3 Ushirika
- 39.4 Kundi la kijamii
- 39.5 Rafiki/ ndugu
- 39.6 Wengine, taja

- 40 Je, umekopa au kupokea fedha zozote kwa ajili ya biashara au uwekezaji ndani ya mwaka mmoja uliyopita? : Ndiyo () Hapana ()
- 41 Nini kilikuwa chanzo?
- 41.1 Ndugu
 - 41.2 Rafiki
 - 41.3 Kikundi cha kijamii
 - 41.4 Banki
 - 41.5 Uzaji wa samani au mali
 - 41.6 Chanzo kingine, taja
- 42 Kutokana na kuwezesha kiuchumi, uliweza:
- 42.1 Kupata kipato zaidi: Ndiyo () Hapana ()
 - 42.2 Kuweka akiba: Ndiyo () Hapana ()
 - 42.3 Kuwa na uwezo wa kununua kondom: Ndiyo () Hapana ()
 - 42.4 Kujiamini zaidi : Ndiyo () Hapana ()
 - 42.5 Kukataa ngono zembe: Ndiyo () Hapana ()
 - 42.6 Kuwa mwangalifu katika kuchagua mpenzi: Ndiyo () Hapana ()
 - 42.7 Kuwa huru kujadili ngono salama: Ndiyo () Hapana ()
 - 42.8 Kujiamini zaidi na huru kukataa mapenzi ya kulipia: Ndiyo () Hapana ()
 - 42.9 Nyingine, eleza
- 43 Kutokana na kuwezesha kiuchumi, yapi yalitokea?
- 43.1 Nimepata wapenzi wengi
 - 43.2 Idadi kubwa zaidi ya wanawake/wanaume wananitaka kimapenzi
 - 43.3 Mengine, eleza
- 44 Kama ulipata kipato zaidi, uligundua mabadiliko yafuatayo kwenye kaya yako au jamii?
- 44.1 Ulipendwa zaidi, walikushukuru na kuheshimiwa ndani ya kaya: Ndiyo () Hapana ()
 - 44.2 Walikushuku na kuheshimiwa ndani ya jamii : Ndiyo () Hapana ()
 - 44.3 Walitaka ushauri zaidi kutoka kwako na kuhushishwa katika kufanya maamuzi ndani ya kaya yako: Ndiyo () Hapana ()
 - 44.4 Nafasi nyingi zaidi ya uongozi zilitolewa kwako ndani ya jamii yenu: Ndiyo () Hapana ()
 - 44.5 Uliweza kununua au kupata kondom muda wowote: Ndiyo () Hapana ()
 - 44.6 Uliweza kupata taarifa zaidi kuhusu ukimwi kutoka kwa marafiki na ndugu: Ndiyo () Hapana ()
 - 44.7 Uliweza kupata taarifa nyingi kuhusu ukimwi kutoka kwenye magazeti, radio, televisheni au tovuti : Ndiyo () Hapana ()
 - 44.8 Uliomba na kupata huduma za kiafya wakati wowote ulipotaka: Ndiyo () Hapana ()
 - 44.9 Mengine, taja

Msaada wa Ukimwi na VVU uliopata

- 45 Aina gani ya huduma au msaada wa vvu uliopata ndani ya mwaka mmoja?
- 45.1 Mafunzo na elimu kuhusu ukimwi: Ndiyo () Hapana ()
 - 45.2 Kondom: Ndiyo () Hapana ()
 - 45.3 Machapisho, vipeperushi na karatasi zingine za kusoma: Ndiyo () Hapana ()
 - 45.4 Vipimo vya VVU: Ndiyo () Hapana ()
 - 45.5 Rufaa za huduma za VVU: Ndiyo () Hapana ()
 - 45.6 Kuzuia maambukizi ya virusi kutoka kwa mama kwenda kwa mtoto: (PMTCT) Ndiyo () Hapana ()
 - 45.7 Vipimo vya kifua kikuu TB : Ndiyo () Hapana ()

- 45.8 Matibabu ya kifua kikuu: Ndiyo() Hapana ()
- 45.9 ARV na mastibabu mengine: Ndiyo() Hapana ()
- 45.10 Ushauri nasaha, msaada wa kisaikologia au imani : Ndiyo () Hapana ()
- 45.11 Vyakula au lishe: Ndiyo() Hapana ()
- 45.12 Makazi: Ndiyo () Hapana ()
- 45.13 Mavazi: Ndiyo () Hapana ()
- 45.14 Msaada wa kielimu kama posho, fedha za kujiunga, vitabu na makabrasha: Ndiyo() Hapana ()
- 45.15 Mtaji au mkopo : Ndiyo() Hapana ()
- 45.16 Kutnda kazi za ndani au elimu kwa muangalizi/mtunzaji: Ndiyo() Hapana ()
- 45.17 Huduma za kisheria: Ndiyo () Hapana ()
- 45.18 Mengine, taja

46 Kama matokeo ya kupata huduma kwa ajili ya VVU na Ukimwi, uliweza:

- 46.1 Kupata kipato zaidi: Ndiyo () Hapana ()
- 46.2 Kuweka akiba: Ndiyo () Hapana ()
- 46.3 Kuwa na uwezo zaidi kununua kondom: Ndiyo() Hapana ()
- 46.4 Kujiamini zaidi: Ndiyo() Hapana ()
- 46.5 Kuwa na uchaguzi wa mpenzi: Ndiyo () Hapana ()
- 46.6 Kuwa huru kujadili ngono salama: Ndiyo () Hapana ()
- 46.7 Kuwapata wapenzi wengi zaidi: Ndiyo() Hapana ()
- 46.8 Kweza kulipia ngono: Ndiyo () Hapana ()
- 46.9 Kujiamini na kuwa huru kukataa kulipia ngono : Ndiyo () Hapana ()
- 46.10 Mengine, elezea

Msaada unaopendekezwa ili kujenga uwezo wa kujitegemea zaidi

47 Unahitaji msaada gani ili uweze kujenga uwezo wa kujitegemea dhidi ya VVU/Ukimwi?

- 47.1 Bima ya afya
- 47.2 Mkopo kwa ajili ya biashara
- 47.3 Mafunzo kuhusu biashara
- 47.4 Zana za kufanyia biashara
- 47.5 Usafiri kwenda kwenye kituo cha afya
- 47.6 Kupewa alimu zaidi kuhusu VVU/Ukimwi
- 47.7 Kuajiriwa
- 47.8 Taarifa, elimu na mawasiliano
- 47.9 Huduma bure za VVU/Ukimwi
- 47.10 Misaada mengine, taja

48 Utapata manufaa gani iwapo utapata huduma zote za VVU sehemu moja?

- 48.1 Ningeokoa garama ya usafiri: Ndiyo () Hapana ()
- 48.2 Ningeokoa muda: Ndiyo() Hapana ()
- 48.3 Nisingechoka: Ndiyo() Hapana ()
- 48.4 Ninge kuwa na nguvu zaidi za kufanya kazi : Ndiyo () Hapana ()
- 48.5 Mengine, taja

Jinsi gani athari za uchumi na kutokuwa na usawa wa kijinsia unaongeza uwezekano wa maambukizi ya VVU

49 Ukiwa kama mtu unayeishi au kufanya kazi maeneo ya utafiti ni kitu gani kinakufanya hasa uwe katika hatari ya kuambukizwa VVU?

- 49.1 Kutokuwa na ajira: Ndiyo () Hapana ()
- 49.2 Kutokuwa na kipato cha kutosha: Ndiyo() Hapana ()
- 49.3 Kutokidhi mahitaji yako ya msingi kama, chakula, mavazi na makazi: Ndiyo() Hapana ()
- 49.4 Kufanya kazi kwenye maeneo ambayo kuna uwezekano mkubwa kufanya ngongo na kuna unyanyasi wa kijinsia: Yes () No ()
- 49.5 Kushawishiwa kufanya mapenzi: Ndiyo () Hapana ()
- 49.6 Kusafiri na kuwa mpweke: Ndiyo() Hapana ()
- 49.7 Kutopata kondom zinapohitajika: Ndiyo() Hapana ()

- 49.8 Kutokupata elimu sahihi kuhusu VVU na kwa wakati: Ndiyo () Hapana ()
49.9 Kutumia vifaa duni
49.10 Zingine, taja

Vigezo vinavyoleta VVU katika ngazi ya kaya na ngazi ya jamii.

- 50 Kama msichana/mvulana/mwanamke/mwanaume ndani ya kaya au jamii yako, kipi kati ya vigezo vifuatavyo vitaongeza hatari ya uwezekano kuambukizwa VVU?
- 50.1 Kutokuwa na ajira
50.2 Uhusiano wa kijinsia usiokuwa sawa
50.3 Uelewa mdogo
50.4 Umaskini
50.5 Ndoa za kulazimisha
50.6 Tamaduni kandamizi za kimila
50.7 Ngono zinazotokana na udhalilishaji wa kijinsia
50.8 Kumuuguza mgonjwa bila zana
50.9 Kuchangia vitu vyenye nchi kali
50.10 Vingine, taja
- 51 Je umewahi kufanya mapenzi kwa lengo la kupata:
- 51.1 Pesa: Ndiyo () Hapana ()
51.2 Ajira: Ndiyo () Hapana ()
51.3 Kupandishwa cheo: Ndiyo () Hapana ()
51.4 Fursa ya biashara: Ndiyo () Hapana ()
51.5 Chakula: Ndiyo () Hapana ()
51.6 Mavazi: Ndiyo () Hapana ()
51.7 Makazi/hifandhi: Ndiyo () Hapana ()
51.8 Huduma za matibabu: Ndiyo () Hapana ()
51.9 Nyingine, taja
- 52 Je umewahi kumtunuku mtu fulani chochote kati ya hivi vifuatavyo kama malipo ya mapenzi?
- 52.1 Pesa: Ndiyo () Hapana ()
52.2 Ajira: Ndiyo () Hapana ()
52.3 Kupandishwa cheo: Ndiyo () Hapana ()
52.4 Fursa ya biashara: Ndiyo () Hapana ()
52.5 Chakula: Ndiyo () Hapana ()
52.6 Mavazi: Ndiyo () Hapana ()
52.7 Makazi/hifadhi: Ndiyo () Hapana ()
52.8 Huduma za matibabu: Ndiyo () Hapana ()
52.9 Kingine, taja

Mapendekezo

- 53 Tafadhali pendekeza hatua na ushauri jinsi gani tunaweza kutumia mkakati endelevu wa kusaidia kiuchumi ili kupunguza hatari za VVU na uwezekano wa maambukizi miongoni mwa watu walioko katika barabara kuu?