

HIV and sexual and reproductive health in border districts affected by migration in Tanzania

J. Obel¹, M. Larsson¹

¹*Hvidovre Hospital, University of Copenhagen, Dept of Obstetrics and Gynaecology, Copenhagen, Denmark,*

²*Lund University, Division of Global Health and Social Medicine, Malmoe, Sweden*

Objectives: Overall HIV prevalence rate in Tanzania is 5.7%. The epidemic shows clear geographic disparities with high prevalence rates in border areas reaching 19%, making these areas hot-spot zones for HIV transmission and sexual and reproductive health (SRH) challenges. This study was conducted in collaboration between International Organization of Migration and the Tanzanian Government to inform relevant authorities about the planning and prioritisation of HIV and SRH interventions within border areas.

Methods: The target populations were border populations (transient or permanent) and uniformed staff working at borders aged 15 to 49 years. The study was conducted in three geographical areas with high border mobility. A combination of the following three techniques was employed; (1) A standardised questionnaire allowing comparison of results with the National HIV and Malaria Indicator Survey 2007/08 (total $n = 145$: 93 males (M), and 52 females (F)); (2) Gender segregated focus group discussions and social mapping exercises analysing mobility patterns, sexual networks and service delivery points (10 male groups $n = 47$ and 10 female groups $n = 51$); and (3) Semi-structured interviews with public and private service providers (total $n = 37$) to assess availability of SRH services.

Results: The mean number of sexual partners within the border community was 21.9(M)/4.2(F) compared with 6.8(M)/2.4(F) in the general Tanzanian population. A total of 56% of males reported currently having two or more sexual partners compared with 17.9% in the general population. Within the group of men practising multiple concurrent partnerships 58% did not use a condom at last sexual encounter. Transactional sex was common with 53% of male respondents claiming to ever have paid money for sex and 46% of women reporting to have ever received money for sex.

On all questions of knowledge about HIV prevention and transmission knowledge levels in the border population were comparable to the levels within the general population.

Access to SRH services (HIV testing and treatment; contraceptive; STD, ANC and delivery services) was consistently found to be limited with long distances, high direct and indirect costs for services and frequent stock-outs of contraceptives.

Conclusion: The study found that whereas HIV knowledge levels among border communities corresponded to those of the general population; sexual risk-taking behaviours were considerably higher. The study suggests that efforts to reduce HIV and improve SRH in the border areas should be directed towards gaps in service-provision rather than on traditional educational- and awareness-raising activities. Additionally, poverty alleviation and job creation are imperative for reducing poverty-driven unsafe transactional sex.