**MIGRANTS WITH HIV/AIDS: A CHALLENGE TO THE MEDIA**

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**INTRODUCTION**

Transmission of HIV/AIDS in Tanzania like in other African countries is mainly through heterosexual sex. The HIV virus transmission through blood donation and unsterilized medical instruments is becoming minimal as measures to ensure blood safety and general safety are taken by health workers. Any person from any race, nation or of any age can be infected, as the dreadful disease has no racial discrimination, geographical boundary or age limit.

According to the WHO fact sheet no. 97 revised August 1998, about 1.9 million AIDS cases have been reported by country authorities since the disease was discovered. Although there has not been any medical cure or vaccine, the disease can be controlled by an inexpensive method. Behavioural change is the only reliable preventive measure and the cheapest so far. Every human being can afford to change his/her behaviour without incurring much expense. However, concerted effort of individuals, governments, international organizations and others are needed towards achieving this goal of people changing their behaviour. At national and international levels, it becomes difficult to control the spread of HIV/AIDS because of the nature of the disease, as well as the social, economic and political factors which force a person to do things which may eventually make him/her become infected with the HIV virus.

In trying to escape social, economic and political hardships, people move from one place to another and thus migrate with HIV/AIDS. This tendency of migrating with AIDS within the boundaries of a country or from outside a country has made it difficult for governments and non-governmental organizations as well as bilateral and multilateral efforts to control the spread of HIV/AIDS in Tanzania. According to Lina Lengaki, a librarian at National Aids Control Programme (NACP), there are about 200 institutions in the country dealing with HIV/AIDS related issues.

The media have a role of sensitizing people to live “safely” wherever they are. Media organizations in Tanzania face the challenge of reporting AIDS as a major crisis of our time and, therefore, journalists must be knowledgeable about HIV/AIDS so that they can formulate appropriate programmes with appropriate messages for different groups of people on HIV/AIDS.

**MIGRANTS AND THE SPREAD OF HIV/AIDS IN TANZANIA**

“People who are away from their homes tend to do things they would not do while they are at home. In most cases they find themselves in circumstances which tempt them or force them to indulge in such things as prostitution and drug taking”, said Amina Alli, a well informed researcher at Irish Aid office on HIV/AIDS and the social impact of the disease.

With increasing poverty and unemployment, the spread of HIV/AIDS will continue as people, especially young girls and boys are forced to move from one place to another looking for means of survival. “Street girls you see during day time here in the city become sex workers at night and there is an organized network dealing with this illegal business here in Dar es Salaam,” she added.

It is almost 17 years since the first three AIDS cases were diagnosed in Tanzania. It was
in 1983 when at Kagera hospital in Kagera region for the first time Tanzania confirmed that the HIV virus had crossed the borders and entered the country. Since then, the disease has spread at a very high speed like bush fire during the dry season. “Thereafter, reported cases continued to rise rapidly. By 1986 all regions in Tanzania Mainland had reported AIDS cases. By the end of 1997, the number of cases had risen to 103,185. However, this is a considerable underestimation as many cases go unreported. The actual number is estimated to be four or five times the reported number. No one knows for sure when and how the HIV virus got into Tanzania, but people in Kagera region say the disease was there before 1983 as they had cases before presenting similar symptoms and had coined a name for it – “slim” or “Juliana”.

Although it is not known when and how the HIV virus crossed the borders into Tanzania, the Executive Director of WAMATA (People in Struggle Against AIDS) G. Tibakweitira, shed some light when interviewed by the author of this chapter. He recalled how business centres at the border area of Kakuyu on the Tanzania side and Mutukula on the Uganda side became centres of spreading HIV/AIDS in the early 1980’s.

He said immediately after the war with the Amin regime, Tanzania’s economy was heavily disrupted, followed by a period of immense scarcities. However, there were plenty of commodities on the Ugandan side. This situation where on one side there was scarcity and no money to buy those goods facilitated the set up of night bazaars at the two centres where people exchanged not only commodities but also pleasure. “There was a high level of intermingling of people from Uganda, Rwanda and Tanzania at Kakuyu and Mutukula where there was a lot of enjoyment”, he said.

The Director said that all business centres in Tanzania including fishing villages and mining centres were centres of attraction where people from different parts of the country visit. In this case, young people – girls and boys – are the ones most involved in looking for a better future. That is why AIDS in Tanzania at the moment is more prevalent in Dar es Salaam followed by Mbeya, Kagera and Kilimanjaro which are all border towns. The reason for Dar es Salaam being number one, according to Mr. Tibakweitira, is because it is also a business centre, apart from being an entry port. Most government head offices are here. It has a harbour serving neighbouring countries. Thus because of the diversity of activities, people from different parts of the country and even from outside find themselves in Dar es Salaam. This situation has created a conducive atmosphere for young girls to come to Dar es Salaam with the hope of getting employment. Unable to be employed they end up selling themselves. Evidence to prove this is at Mawenzi Hotel, the once Skyway Hotel and Ohio Street, to mention just few places where these girls are vividly seen during night time.

Long distance truck drivers from Dar es Salaam to Zambia and Malawi along the Tanzania-Zambia route and those from Dar es Salaam to Rwanda and Burundi have a tendency of having “short term lovers” at every stopover. Taking the Dar es Salaam/Zambia route for instance, the road passes through the coast, Morogoro, Iringa and Mbeya before entering Zambia at Tunduma. The drivers would park for the night, drink and be entertained by their lovers. Some of the women, however, confided that they were not permanent dwellers of any of the stations, but kept on changing stations along the route to “appear new” and attract new drivers. “Keeping track of these sex workers is not easy because most of them come from other parts of the country, and once they succumb to HIV/AIDS they go back to their home villages”, said Theophil Likangaga, the Iringa regional Health Officer. The African Medical Research Foundation (AMREF) has taken an initiative of educating the drivers in a manner that fits their life-style. The Foundation distributes a lot of literature at the stopovers, and has also trained people to provide AIDS education at these stopovers.

From Kakuyu in the Kagera region, HIV/AIDS has spread to almost every village in Tanzania. HIV/AIDS is present in colleges, prisons, big plantations, army camps, refugee
HIV/AIDS is also present in tourist attraction areas. Dr. Kateregga, who is in charge of the AIDS programme at UNICEF in Dar es Salaam, associates the rapid spread of HIV/AIDS in Tanzania with the opening of new transport facilities which enable quicker movement of people from one place to another. “The number of airlines coming and leaving Tanzania has increased more than ever before. Even local transport has been made easier. Think of the number of buses coming and leaving Dar es Salaam from up country daily”, she commented. All these allow interaction of people unknown to each other and, as Amina said, people who are away from their homes are tempted to do things they would not dare to do at home.

Schools in the past were considered as a “window of hope” with a less infected population. Today that hope is fading away as unsafe sex is being practised by primary school pupils. Songea Girls Secondary School Headmistress, Mrs. Anna Chiguro, says between January and December 1997, 12 students were expelled from her school and by the end of the first term in 1998 seven students had been expelled from the same school. “This implies that students are practising unsafe sex, although they are aware of the dangers of practising unsafe sex and despite efforts by teachers to counsel them,” the headmistress said.

Mrs. Chiguro’s statement reveals a similar problem expressed by the UNAIDS Country Programme Advisor, Mulunesh Tenagashaw, when she says: “there is a high degree of AIDS awareness among the people but they are failing to change behaviour because of a combination of different factors. People know what they should do but they are not doing what they are supposed to do”.

Almost every person interviewed was pessimistic about the possibility of controlling the spread of HIV/AIDS in Tanzania because of a number of factors. The major factor hindering campaigns against the spread of the disease is poverty. Tanzania is rated among the poorest countries of the world, with per capita income of 260$ US. Agriculture, which is the backbone of the country’s economy, has failed to provide employment to the youth in rural areas and sufficient income for survival. Thus, rural urban influx by young people with hope of getting employment has increased in recent years. Two decades ago, urban dwellers accounted for hardly 4% of the population. Of late there has been a rapid influx from the rural areas and now the urban population is estimated at 40% which is in itself a major developmental problem.

As stated by Tibakweitira and Amina, after failing to get employment, these young people involve themselves in prostitution. “So long as there are people who depend on prostitution for their survival it will become difficult to control the spread of the disease”, commented a worker at Kwetu Counselling Centre. Kwetu Counselling Centre is a home project for young girls who are in need of special protection measures after being deprived of family protection, love, shelter, care and support. There are also women who have been forced into commercial sex trade by poverty and broken marriages.

A lady who was being counselled at Kwetu Centre said she came to Dar es Salaam from Kagera when she was a young girl. She spent her life in Dar es Salaam as a sex worker but after being counselled she thought it was good to go back to Kagera and stop the sex business. “I have only one grown-up child and I always feel embarrassed when very young boys come to me and ask me to go bed with them. After all I am sick, I have AIDS,” she said. She made a plea that people with HIV/AIDS should be helped by government and people with good will, if people are serious about controlling the spreading of AIDS.

Other situations are the mining centres such as the Tunduru mining area. The acting regional mining engineer, Mr. Oforo Ngowi, says the new mining centres are not governed by law and are high risk areas as far as HIV/AIDS is concerned. Women know that is where money is, and go there to offer services to the men who pay for it. The Mbinga/Tunduru is just one among many in other regions of Tanzania. Other establishments with similar characteristics and life exist in Arusha, Mwanza, Shinyanga, Morogoro and Mbeya regions.
In these areas, the chances of spreading HIV/AIDS are there, and the situational factors encourage it. As migrants, after making money or after a short while, they go back to their traditional communities. In instances where they are already infected with HIV/AIDS, they pass it on to others whenever they have sex. This explains the high rate of HIV/AIDS being reported and the high percentage increases every year.

There are a considerable number of men who have left their families in search of employment. The majority of these are in big plantations of tea, sisal, tobacco and sugar. A typical case is in Makete District in Iringa. The number of orphans as a result of parents having died of HIV/AIDS is alarming. With a population of about 120,000, the number of orphans is 13,000 which is 10.5% of the whole population. This is revealed in a study done by LEDIAN Mfuru of Tanzania AIDS Programme (TAP). Makete district has the highest number of AIDS cases in the country. Because the district is very poor economically, men are forced to leave their homes and seek employment in tea plantations in the neighbouring district of Mufindi, also in the same region. Lack of good provisions like accommodation in these plantations, forces married men to leave their families behind in the care of their male friends. The labourers stay long in the plantations and most find other lovers around their area of work. Similarly, the wives who were left behind in the care of other men, find themselves temporary lovers. Finally, when they come home, the chances are that either one or both of them could have been infected by HIV/AIDS.

Cases abound of men having to look for work outside their home area, and leaving their wives behind. This encourages promiscuity, and high chances of contracting HIV/AIDS. One famous area for this practice is the Kilimanjaro region. Most Chagga men who are employed outside their villages leave their wives behind to tend the small coffee farms while they go to towns to look for employment. On coming back, anything could have gone wrong. But the practise is being discouraged as men and women are becoming conscious of the dangers of HIV/AIDS when married people stay in different locations for long.

In recent years, Tanzania has hosted hundreds of thousands of refugees from the neighbouring countries of Rwanda, Burundi and the Democratic Republic of Congo because of political instability in those countries. They have always been kept in camps. In Karagwe district, for instance, refugees were twice the number of the local inhabitants. In one of the camps (Bamako) the refugees numbered over half a million. Commenting on the situation in refugee camps, the coordinator of Red Cross activities in Kagera region, Mr. S. Ndyetabula, says women and children outnumbered men, and young girls who have lost their parents in the war take care of themselves. “These became vulnerable to rape as they have no protection. They miss sex education, and hence practice unprotected sex at an early age.” The coordinator adds that food provided is not preferred by the refugees as they are more used to potatoes and banana. Thus women venture to surrounding villages looking for food and firewood. In the process they interact and even may exchange sex for food. Sexual acts among refugees take place in alarming degrees because of idleness and psychological despair. The refugee camps were turned into big business centres attracting businessmen, women and prostitutes from other parts of the country and outside the country. It was during this time of the refugee influx in Kagera region that rape cases increased and in one of its districts, 250 rape cases were reported.

Indeed, people living away from their homes may be forced to do things they would not dare to do while they are at their homes. Quite often the media in the country have reported incidences where prisoners have complained of sodomy in the prisons. Prisons Assistant Commissioner of Songea region, Mr. L. Y. Yaunde, when interviewed would not agree with this allegation. Supported by his subordinates Lameck Mmbaga and Mkanda Hasseid Mkanda, they denied that sodomy took place in prisons. He says, “HIV/AIDS cases detected among prisoners does not mean
in any case that the infection takes place while those prisoners are in prison. It is because of poor food in prisons which accelerates the symptoms of AIDS, making people believe that there is a high rate of infection among prisoners”. Whether it is the prisoners or the prison officers who are telling the truth, one thing is obvious, that most prisoners are young, energetic and sexually active. They find themselves in a situation where they are denied their human rights. This being the case they become hostile and end up committing inhuman acts such as rape and sodomy.

A CHALLENGE TO THE MEDIA

“A feature story from an individual journalist aimed at stopping the spread of HIV/AIDS cannot bring a meaningful result towards this hazard” says Joys Mhavile, Deputy Managing Director of Independent Television. She believes that concerted efforts of all journalists aimed at formulating programmes against the spread of the disease is the best way journalists can contribute to the fight against the spread of HIV/AIDS. However, a retired senior information officer, Mr. Willie Mbunga, believes that HIV/AIDS problem is a big challenge to the journalists. He believes that journalists are not well equipped to deal with this dreadful disease.

Mbunga suggests that AIDS education should be introduced in journalism training institutions so that there will be no excuses of not being able to preach correct messages and be good example of HIV/AIDS prevention.

It is this a very big challenge facing journalists and media institutions which calls for a “spirit of working together between media, politicians, non governmental organizations as well as bilateral and multilateral bodies. This will enable journalists to be knowledgeable on social, political, cultural, economic and moral affairs which contribute to the spreading of HIV/AIDS in Tanzania and elsewhere. The experience of all the above people should therefore form a base for a resource book on combating the spread of HIV/AIDS by journalists.