

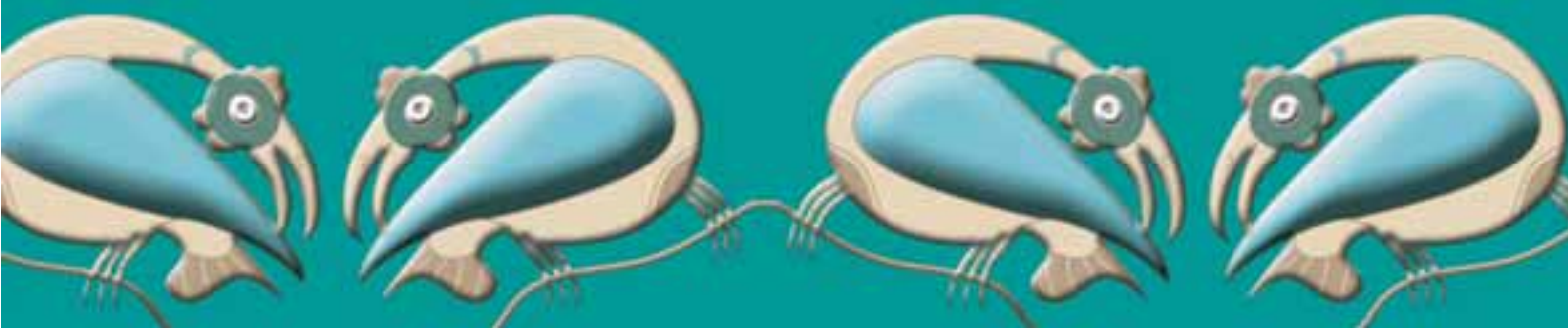
# Tanzania



Atlas Ya Viashiria vya VVU/UKIMWI  
Tanzania

Tanzania Atlas of  
HIV/AIDS Indicators

2003–04



# Atlas Ya Viashiria vya VVU/UKIMWI Tanzania

## Tanzania Atlas of HIV/AIDS Indicators

Tanzania Commission for AIDS (TACAIDS)

Dar es Salaam, Tanzania

National Bureau of Statistics

Dar es Salaam, Tanzania

National AIDS Control Programme

Dar es Salaam, Tanzania

ORC Macro

Calverton, Maryland, USA

January 2006



Additional information about the survey may be obtained from the Tanzania Commission for AIDS (TACAIDS), P.O. Box 76987, Dar es Salaam, Tanzania (Telephone: 255-22-212-2651; Fax: 255-22-212-2427; Email: [tacaids@raha.com](mailto:tacaids@raha.com)) and the National Bureau of Statistics, Mkwepu St., P.O. Box 796, Dar es Salaam, Tanzania (Telephone: 255-22-212-2722/3; Fax 255-22-213-0852; Email: [dg@nbs.go.tz](mailto:dg@nbs.go.tz)). Additional information about the DHS programme may be obtained by contacting: MEASURE DHS, ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, USA (Telephone 301-572-0200; Fax 301-572-0999; Email: [reports@orcmacro.com](mailto:reports@orcmacro.com); Internet: [www.measuredhs.com](http://www.measuredhs.com)).

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## Dibaji

Atlas hii inaonesha ramani za matokeo muhimu ya utafiti wa viashiria vya UKIMWI 2003-04. Utafiti huu ulifanywa na Ofisi ya Taifa ya Takwimu kwa niaba ya Tume ya Kudhibiti UKIMWI Tanzania. Huu ni utafiti wa aina yake kufanyika kwa kuhusisha kaya binafsi nchini Tanzania. Kabla ya Atlas hii, matokeo na taarifa zilitolewa na kuwasilishwa kwa njia ya majedwali na chati.

Atlas hii ina ramani za takwimu zilizokusanywa kutoka katika kaya binafsi zilizohusishwa na kuhojiwa katika utafiti huu. Utafiti huu ulilenga kutoa matokeo ki-mkoa. Ramani zinaonesha matokeo muhimu kwa ufupi kuhusiana na VVU/UKIMWI na yanaweza kutumiwa na watunga sera na maafisa wa programu ambao wanahitaji takwimu sahihi kwa wakati ili wafanye tathmini ya miradi na kupanga mipango ya afua kuhusiana na VVU/UKIMWI.

Lengo kuu la kutayarisha atlas hii ni kutoa vielelezo kwa njia ya ramani na maelezo ili watunga sera na wapanga mipango wanaojihusisha na UKIMWI kuwa na taarifa zinazohitajika katika kupanga na kutekeleza mipango mbali mbali na kugawanya rasilimali kwa ajili ya kufuatilia na kutathmini mipango iliyopo na kubuni mikakati mipya kwa ajili ya kupambana na UKIMWI.

## Foreword

This Atlas presents maps of the main findings of the 2003-04 Tanzania HIV Indicator Survey (THIS). The Tanzania Commission for AIDS (TACAIDS) commissioned the National Bureau of Statistics (NBS) to conduct the THIS. The THIS is the first household survey of its kind to be conducted in Tanzania. The survey covered the Tanzania Mainland only. The Atlas is the first of its kind for HIV indicators in Tanzania. Before this Atlas, the presentation of information has been entirely dependent on statistics presented in tables and charts.

The Atlas contains maps of the 2003-04 THIS data collected from the households visited. The survey was designed to produce regional estimates. The maps summarize the most important indicators related to HIV/AIDS and should be of use to policymakers and programme administrators who need up-to-date data for evaluating their activities and planning future interventions.

The main objective of the Atlas is to provide HIV/AIDS programme managers and policy-makers with visual information needed to guide planning and implementation of HIV/AIDS interventions, including resource mobilization and allocation, monitoring and evaluation of existing programmes, and designing new and effective strategies for combating the epidemic. The Atlas was designed to serve as a tool to aid these efforts.

Maj. General (Retired) Herman C. Lupogo  
Executive Chairman  
TACAIDS  
Dar es Salaam

Cletus P.B. Mkai  
Director General  
National Bureau of Statistics  
Dar es Salaam



## Shukrani

Kukamilika kwa Atlasi hii ya matokeo muhimu ya utafiti wa Viashiria vya UKIMWI, 2003-04 kumewezekana kutokana na juhudi za mashirika na watu mbali mbali ambao tungependa kuwashukuru. Shukrani za dhati ziwaendee Ofisi ya Taifa ya Takwimu (NBS), Tume ya Kudhibiti UKIMWI Tanzania (TACAIDS), Wizara ya Afya (MoH), Mpango wa Kudhibiti UKIMWI Tanzania (NACP) ambao kwa pamoja walitoa mchango katika kubuni na kuandaa Atlasi hii.

Utayarishaji wa Atlasi hii uliwezekana kwa msaada wa ufadhili kutoka serikali ya Tanzania na Shirika la Misaada ya Maendeleo la Marekani (USAID). Tungependa kuwashukuru pia programu ya demografia ya utafiti wa afya ya kampuni ya ORC Macro huko Marekani kwa ajili ya msaada wa utaalamu katika kufanikisha utengenezwaji wa Atlasi hii, hasa Livia Montana na Melissa Neuman.

Mwisho tungependa kutoa shukrani zetu kwa waandishi wa Atlasi hii; Joyce P. Chonjo, Dr. Aroldia Mulokozi, na Richard K.S. Ngirwa wa TACAIDS; Dr. Elias M. Kwesi wa Wizara ya Afya; Joel J. Ndayongeje wa Mpango wa Taifa wa Kudhibiti UKIMWI (NACP); Mr. Said Aboud, Emilian Karugendo, Benedict Mugambi, Athumani J. Msuya kutoka Ofisi ya Taifa ya Takwimu (NBS).



## Acknowledgements

The successful compilation of this Atlas on HIV/AIDS Indicator Survey 2003/04 was made possible by the joint efforts of a number of organizations and individuals, whose participation we would like to acknowledge with sincere gratitude. First thanks are due to the NBS, TACAIDS, the Ministry of Health and the National AIDS Control Programme (NACP), which provided the input for the design, content and scope of the Atlas.

The production of this atlas was made possible through funding from the Government of Tanzania and United States Agency for International Development/Tanzania. We would like also to thank the Demographic and Health Survey Programme of ORC Macro in Calverton, Maryland USA for providing technical assistance to produce the Atlas, particularly Livia Montana and Melissa Neuman.

Finally we would like to thank the authors of the Atlas: Joyce P. Chonjo, Dr. Aroldia D. Mulokozi and Richard K.S Ngirwa from TACAIDS; Dr. Elias M. Kwesi from the Ministry of Health; Joel J. Ndayongeje from NACP; and Mr. Said Aboud, Emilian Karugendo, Benedict Mugambi and Athuman J. Msuya from NBS.

## Utangulizi

Utafiti wa viashiria vya UKIMWI Tanzania Bara 2003-04 ni wa kwanza unaohusu kaya binafsi kufanyika. Dodoso binafsi lilitumika kukusanya taarifa za kina katika kaya 6,499. Dodoso hilo lilihusisha wanaume na wanawake walio na umri kati ya miaka 15 hadi 49. Dodoso lilihusu masuala yafuatayo;

- Taarifa binafsi (umri, elimu, n.k.)
- Historia ya uzazi
- Maisha ya ndoa na tendo la ndoa
- Ufahamu juu ya UKIMWI na mtazamo juu ya watu wanaoishi na virusi vya UKIMWI na wanaoougua UKIMWI
- Ufahamu na uzoefu juu ya upimaji wa VVU
- Ufahamu na dalili za magonjwa ya Ngoni

Wanawake na wanaume waliohojiwa waliombwa kwa hiari yao kutoa matone ya damu kwa ajili ya kupima maambukizi ya Virusi Vya UKIMWI.

### **Maelezo ya Kijiografia**

Mkakati wa uchaguzi wa maeneo ya kuhesabia ulilenga kutoa takwimu za kuaminika katika mikoa yote 21 ya Tanzania Bara; Dodoma, Arusha, Kilimanjaro, Tanga, Morogoro, Pwani, Dar es Salaam, Lindi, Mtwara, Ruvuma, Iringa, Mbeya, Singida, Tabora, Rukwa, Kigoma, Shinyanga, Kagera, Mwanza, Mara, na Manyara.

Sampuli ilihusisha maeneo madogo madogo ya kuhesabia watu 345 yaliyotokana na Sensa ya Watu na Makazi Tanzania ya mwaka 2002. Upimaji wa ramani wa maeneo ulifanywa kwa kutumia kipimo cha GPS, na taarifa binafsi za watu wote waliohojiwa katika utafiti huu zilifanywa kuwa siri na haiwezekani kabisa kufahamu taarifa za mtu mmoja mmoja.



## Introduction

The 2003-04 Tanzania HIV/AIDS Indicator Survey is the first population-based, comprehensive survey on HIV/AIDS to be carried out in Tanzania. The household questionnaire was administered to 6,499 households. This questionnaire identified men and women eligible for the individual questionnaire and collected information on dwelling condition. Individual questionnaires were administered to men and women aged 15-49. These questionnaires covered the following topics:

- Background characteristics (age, education, media exposure, employment, etc.)
- Reproductive history
- Marriage and sexual activity
- Knowledge about HIV/AIDS and attitudes toward people living with HIV/AIDS
- Knowledge of and experience with HIV testing
- Knowledge and symptoms of other sexually transmitted infections.

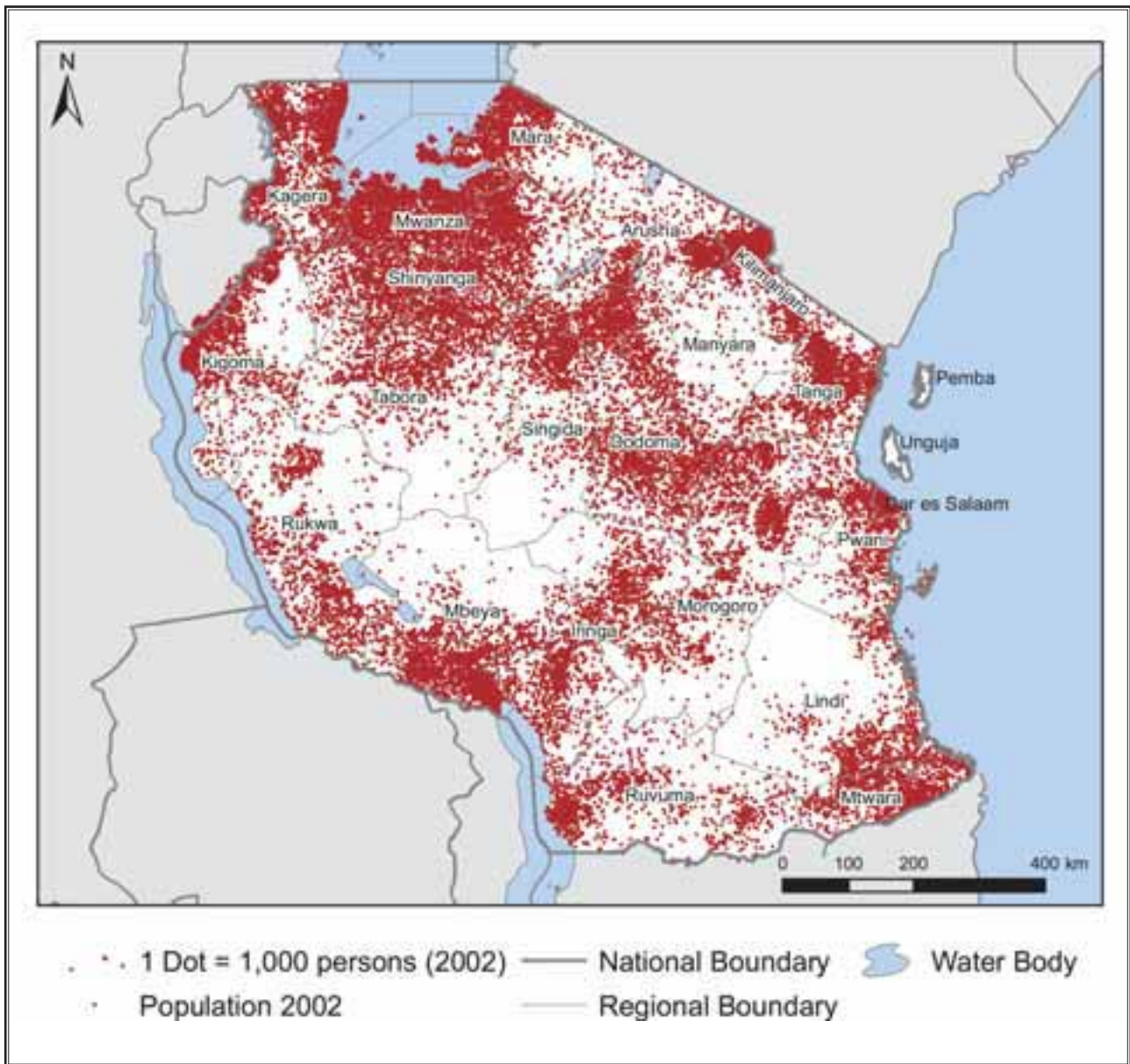
All women and men who were interviewed were asked to voluntarily provide some drops of blood for HIV testing.

### **Geographic Information**

The THIS sampling strategy was designed to provide reliable estimates for 21 Tanzania Mainland regions: Arusha, Dar es Salaam, Dodoma, Iringa, Kagera, Kigoma, Kilimanjaro, Lindi, Manyara, Mara, Mbeya, Morogoro, Mtwara, Mwanza, Pwani, Rukwa, Ruvuma, Shinyanga, Singida, Tabora, and Tanga. Zanzibar was excluded from the survey. Weighted regional estimates are represented in this atlas.

The sample is composed of 345 enumeration areas from the 2002 Population and Housing Census. The center points of these sampling areas were recorded with GPS units, and the locations of these areas were slightly offset to protect the confidentiality of the respondents.



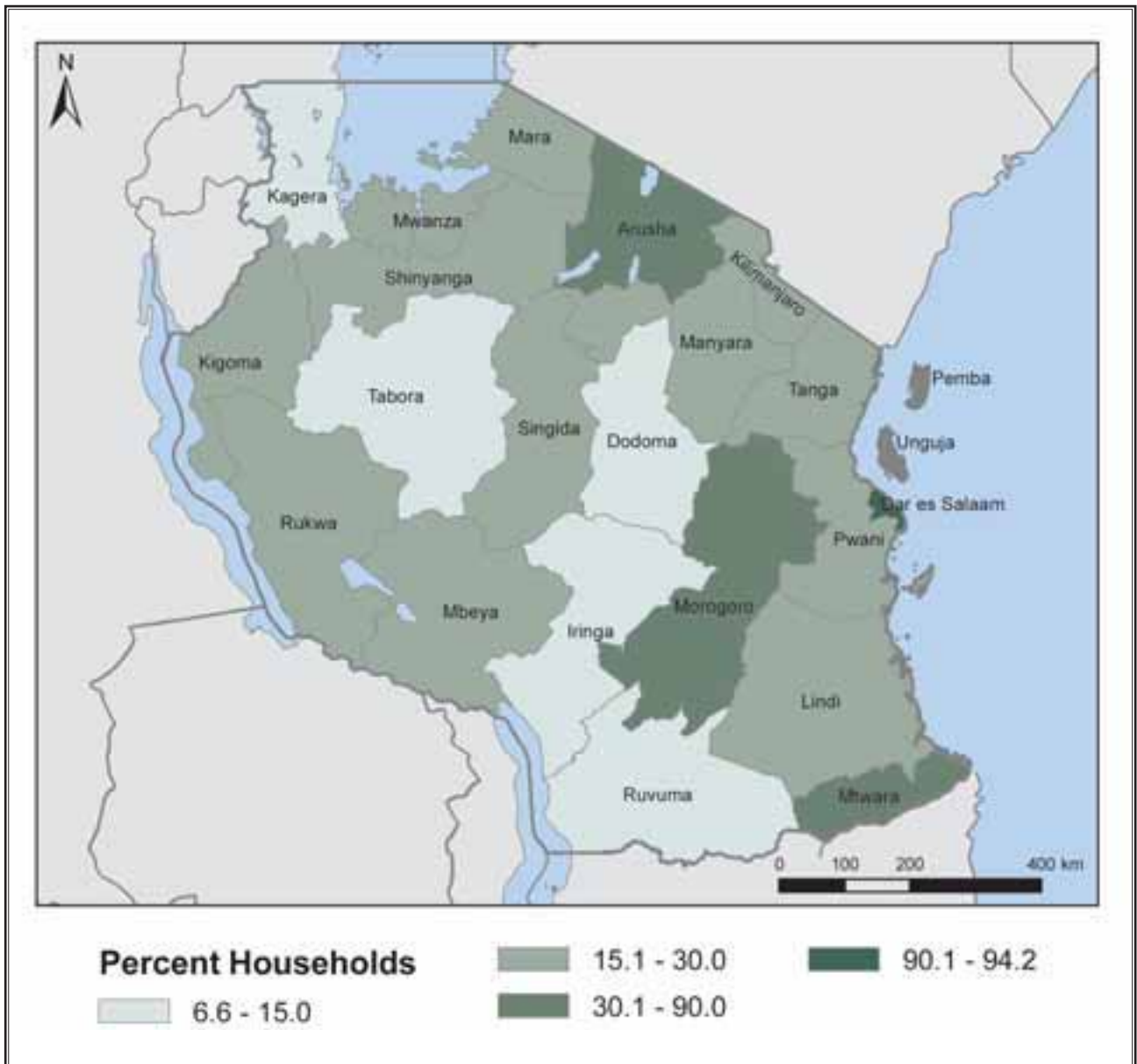


### Idadi ya watu kwa eneo

Kulingana na Sensa ya Watu na Makazi iliyofanyika Tanzania mwaka 2002, Tanzania Bara ilikuwa na watu wapatao milioni 33. Ramani hii inaonesha idadi ya watu Tanzania bara, ambapo kila kiduara kinawakilisha watu wanaokadiriwa kuwa 1,000. Idadi kubwa ya watu katika Tanzania, inapatikana katika mikoa ya Mwanza, Mara na Shinyanga kando ya ziwa Victoria, Dar es Salaam, na upande wa kusini wa mkoa wa Mbeya. Sehemu kubwa ya nchi ina watu waliotawanyika-tawanyika. Sehemu hizi zinajumuisha maeneo ya kaskazini mwa mkoa wa Mbeya, maeneo ya kusini mwa mkoa wa Tabora, na sehemu kubwa ya mkoa wa Lindi.

### Population Density

According to the Census of Population and Housing, the population of mainland Tanzania in 2002 was around 33,000,000. This map illustrates the distribution of population in Tanzania, with each dot representing the approximate location of 1,000 persons. Population in Tanzania is particularly concentrated in the provinces of Mwanza, Mara, and Shinyanga around Lake Victoria in the north, around Dar es Salaam, and in the southern part of Mbeya region. Large areas of the country are sparsely populated. These include the northern part of Mbeya, the southern part of Tabora region, and most of Lindi region.

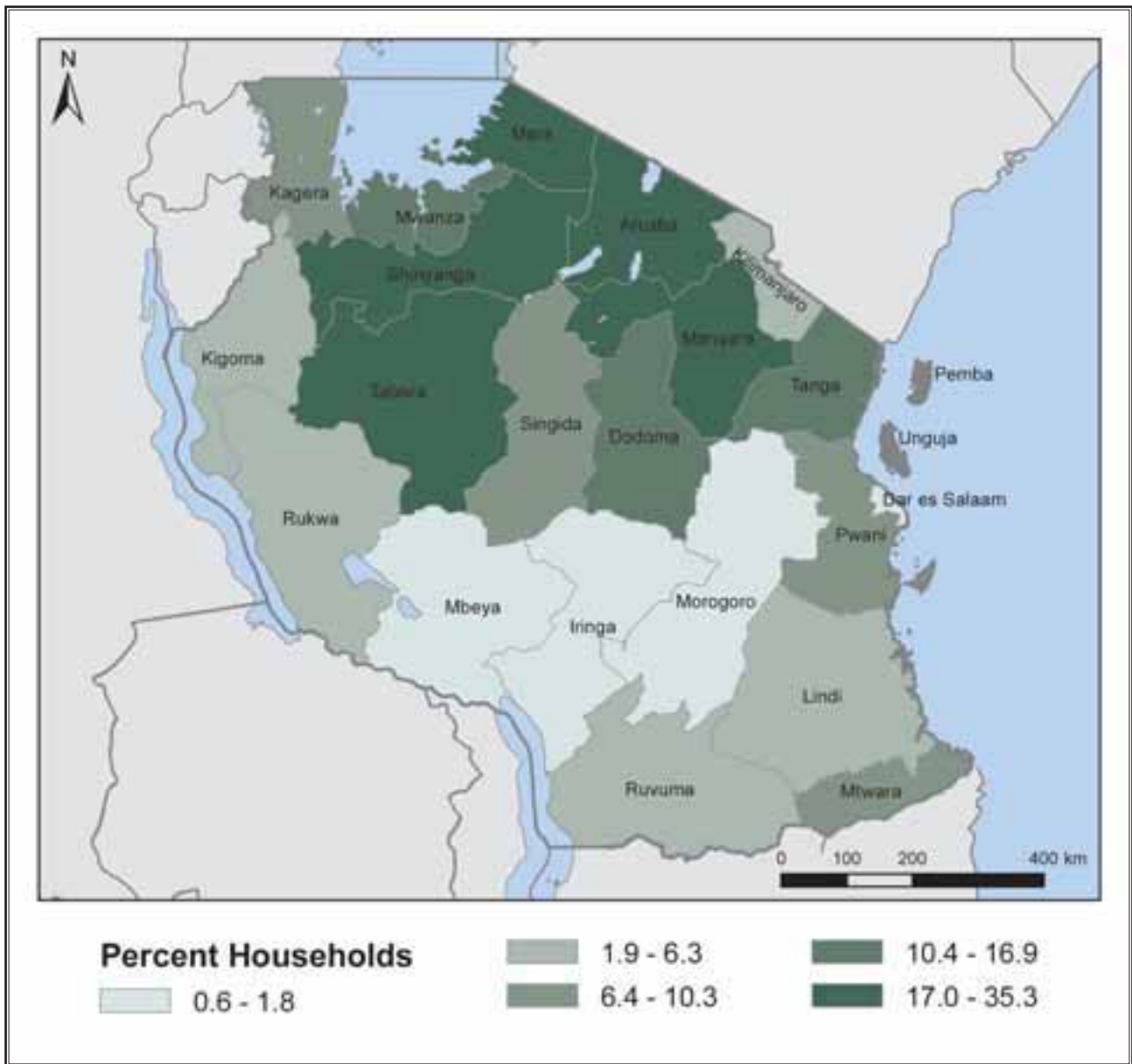


### Kaya katika maeneo ya mijini

Kwa mujibu wa utafiti huu, asilimia ipatayo 30 ya watazania wanaishi mijini. Dar es Salaam ndio mkoa ambao karibu maeneo yake yote yako mjini, ambapo zaidi ya asilimia 90 ya kaya zake ziko maeneo ya mijini. Mikoa mingine yenye idadi kubwa ya wakazi katika maeneo ya mijini ni pamoja na Arusha, Morogoro, na Mtwara, ambapo ina hadi asilimia 30 ya wakazi wanaoishi maeneo ya mijini. Mikoa yenye idadi ndogo ya wakazi wanaoishi mijini ni pamoja na Kagera, Dodoma, Ruvuma, Iringa, na Tabora ambapo chini ya asilimia 15 ya wakazi wake ndio waishio mijini.

### Households in Urban Areas

According to the survey, about 30 percent of Tanzanians live in urban areas. Dar es Salaam is the most urbanized area in Tanzania, with over 90 percent of households located in urban areas. Other regions with high concentrations of people living in towns are Arusha, Morogoro and Mtwara, with around 30 percent of the population living in urban areas. The least urbanised regions include Kagera, Dodoma, Ruvuma, Iringa and Tabora, where less than 15 percent of households are in urban areas.



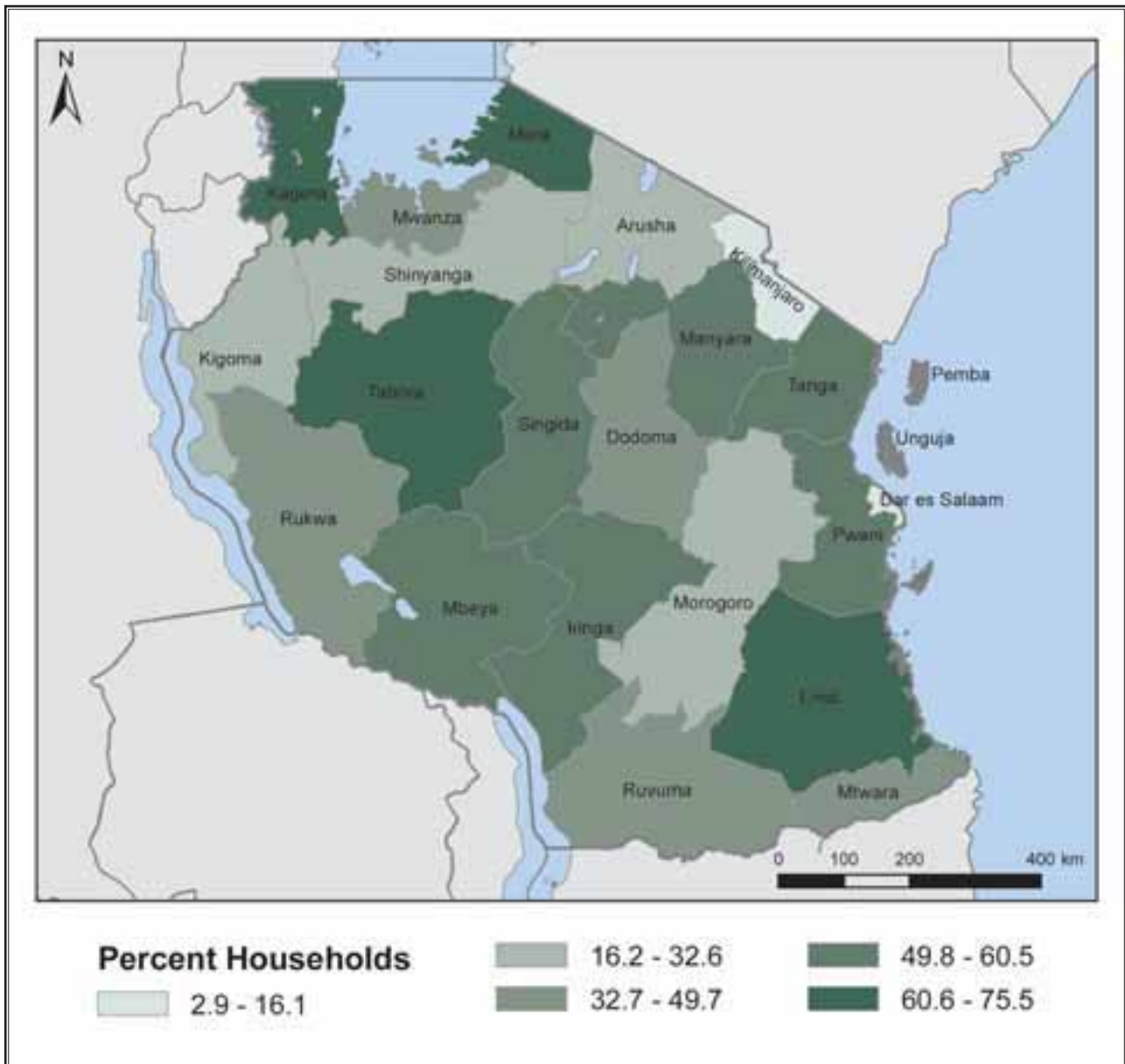
### Kaya ambazo hazina huduma ya vyoo

Kitaifa, asilimia 11 ya kaya hazina aina yoyote ya choo, iwe ni cha kuvuta, au cha shimo. Idadi kubwa ya kaya za namna hii inapatikana katika mikoa ya Tabora, Shinyanga, Mara, Arusha, na Manyara. Watu wanaoishi katika kaya zisizo na huduma ya vyoo, wako katika hatari kubwa ya kushambuliwa na magonjwa ya kuambukiza

### Households With No Access to Toilet Facilities

Nationwide, around 11 percent of households have no access to any flush or pit toilet facility. The highest proportions of households without access to toilet facilities are concentrated in the north, including Tabora, Shinyanga, Mara, Arusha and Manyara regions. In other areas, households are more likely to have access to a flush or pit toilet. People without access to toilet facilities are at greater risk of contracting communicable diseases.



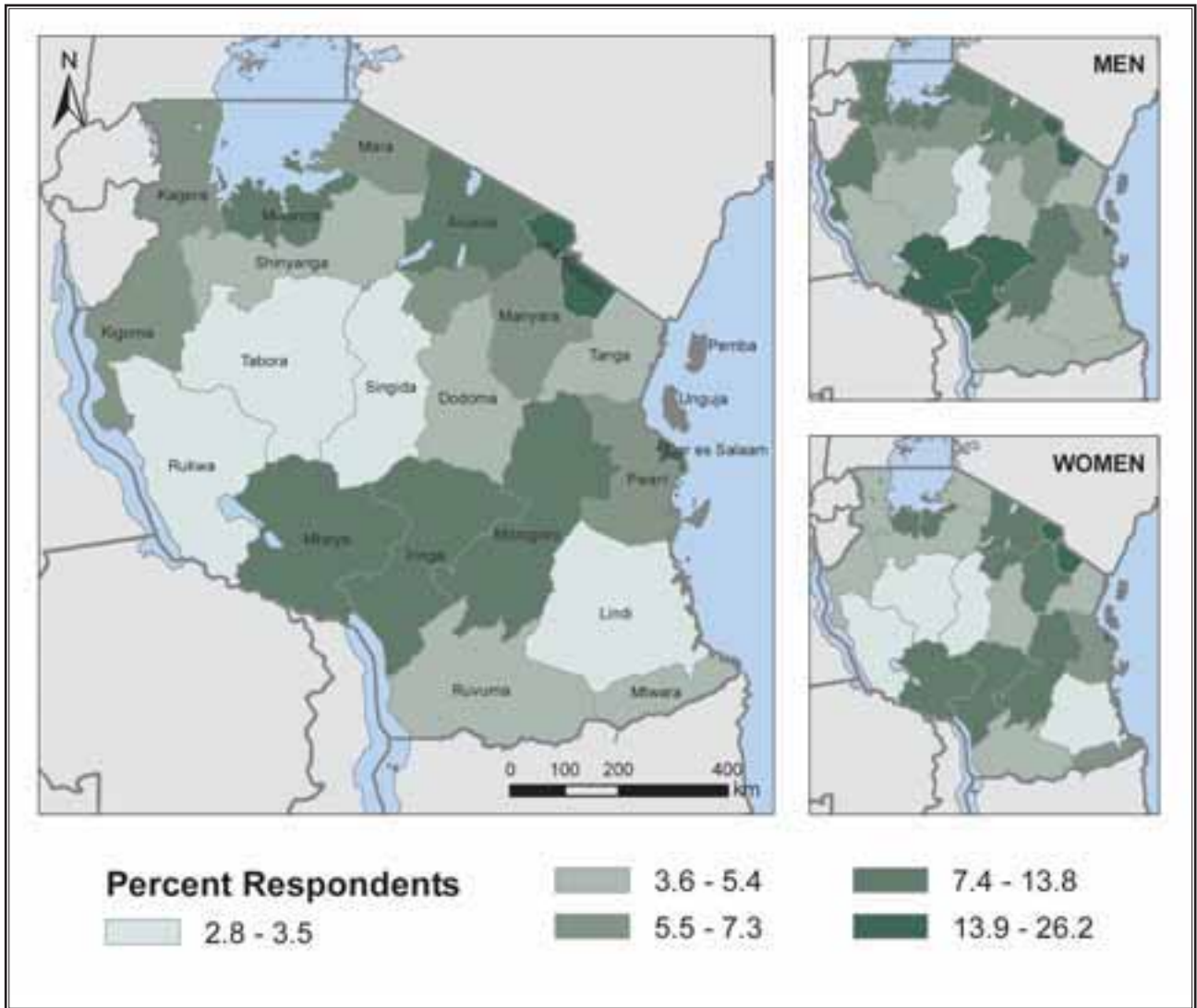


### Kaya zinazotumia vyanzo vya maji visivyo salama

Vyanzo vya maji visivyo salama vinajumuisha maji yanayotiririka kama vile ya mito, maziwa, mabwawa, na hata visima pamoja na chemichemi zilizo wazi. Katika Tanzania Bara, takribani asilimia 40 ya kaya hutumia vyanzo vya maji visivyo salama. Mikoa ya Kagera, Mara, Tabora na Lindi ina asilimia kubwa ya kaya zinazotegemea vyanzo vya maji visivyo salama. Kaya katika mikoa ya Kagera na Mara, ina kiasi kikubwa cha maji yanayotiririka ingawa maji haya si salama. Katika mkoa wa Lindi, kaya nyingi hutumia maji ya visima ambayo hata hivyo hayatoshelezi mahitaji. Matumizi ya maji yasiyo salama huchochea kuenea kwa magonjwa ya kuambukiza kama kuhara na kuhara damu.

### Households Using Unprotected Water Sources

Unprotected water sources include surface water sources, such as rivers, lakes, and ponds, as well as uncovered wells and springs. In Tanzania overall, around 40 percent of households use an unprotected source for their drinking water. Kagera and Mara regions near Lake Victoria, as well as Tabora and Lindi, have the highest percentage of households relying on unprotected water sources. Households in Kagera and Mara have access to surface water though it is unprotected. In Lindi region, most households use well water, yet the supply is inadequate. Using unsafe water increases the risk of infectious diseases such as diarrhoea and dysentery.

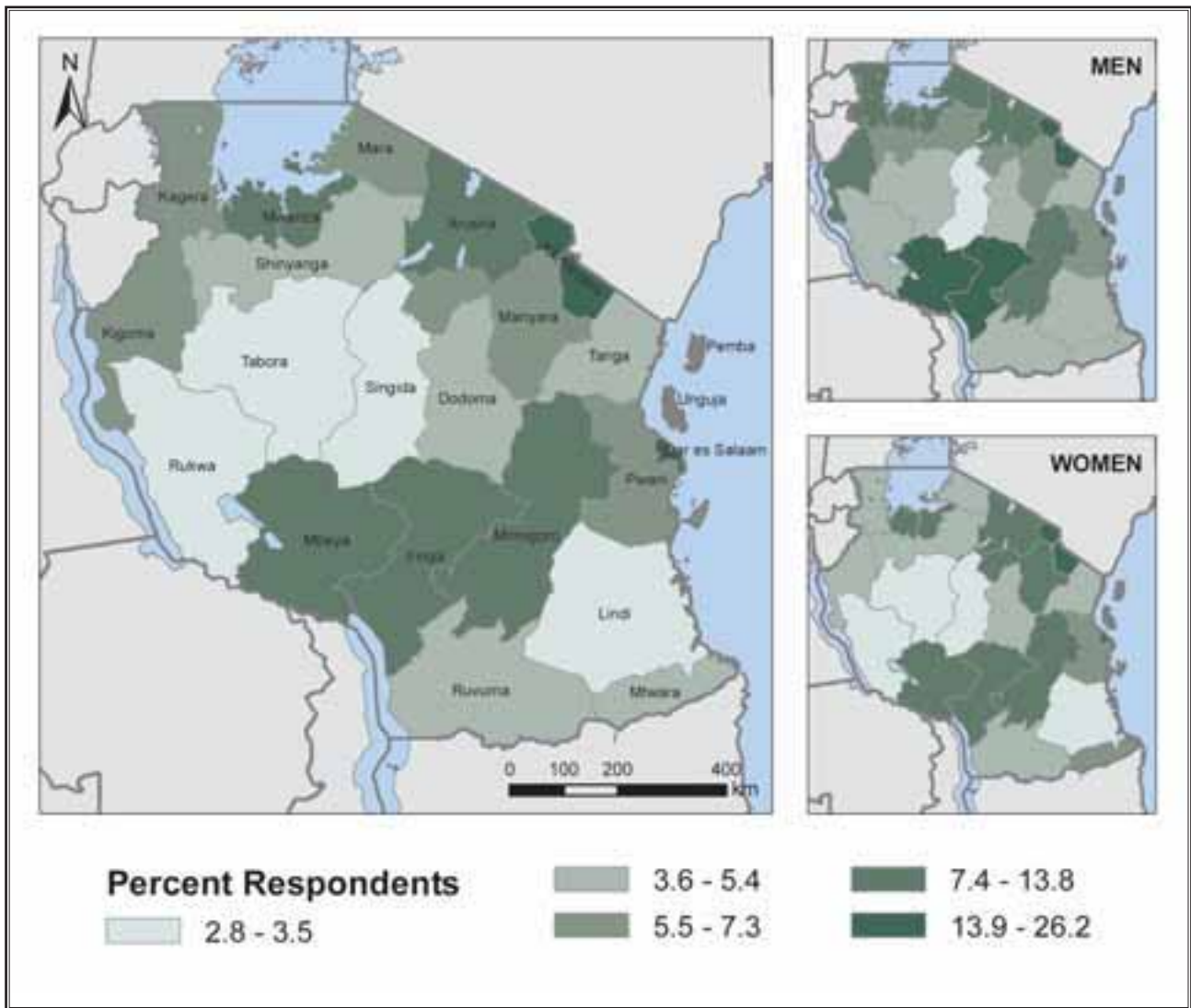


### Wahojiwa wenye elimu ya Sekondari au zaidi

Matokeo ya utafiti wa Viashiria vya UKIMWI Tanzania Bara yanaonesha kuwa asilimia zipatazo 8 ya wanawake na asilimia 11 ya wanaume wana elimu ya sekondari au zaidi. Mikoa yenye wakazi wengi maeneo ya mijini kama Kilimanjaro na Dar es Salaam ina asilimia kubwa ya wakazi wake wenye elimu ya sekondari au zaidi. Mikoa hii inafuatiwa na Mbeya, Iringa, Morogoro, Arusha na Mwanza. Mikoa yenye idadi ndogo ya watu wenye elimu ya sekondari au zaidi wanaishi katika mikoa ya Rukwa, Tabora, Singida na Lindi.

Kuna tofauti baina ya kiwango cha elimu kati ya wanawake na wanaume. Kwa ujumla wanaume wana elimu kubwa zaidi ya wanawake.

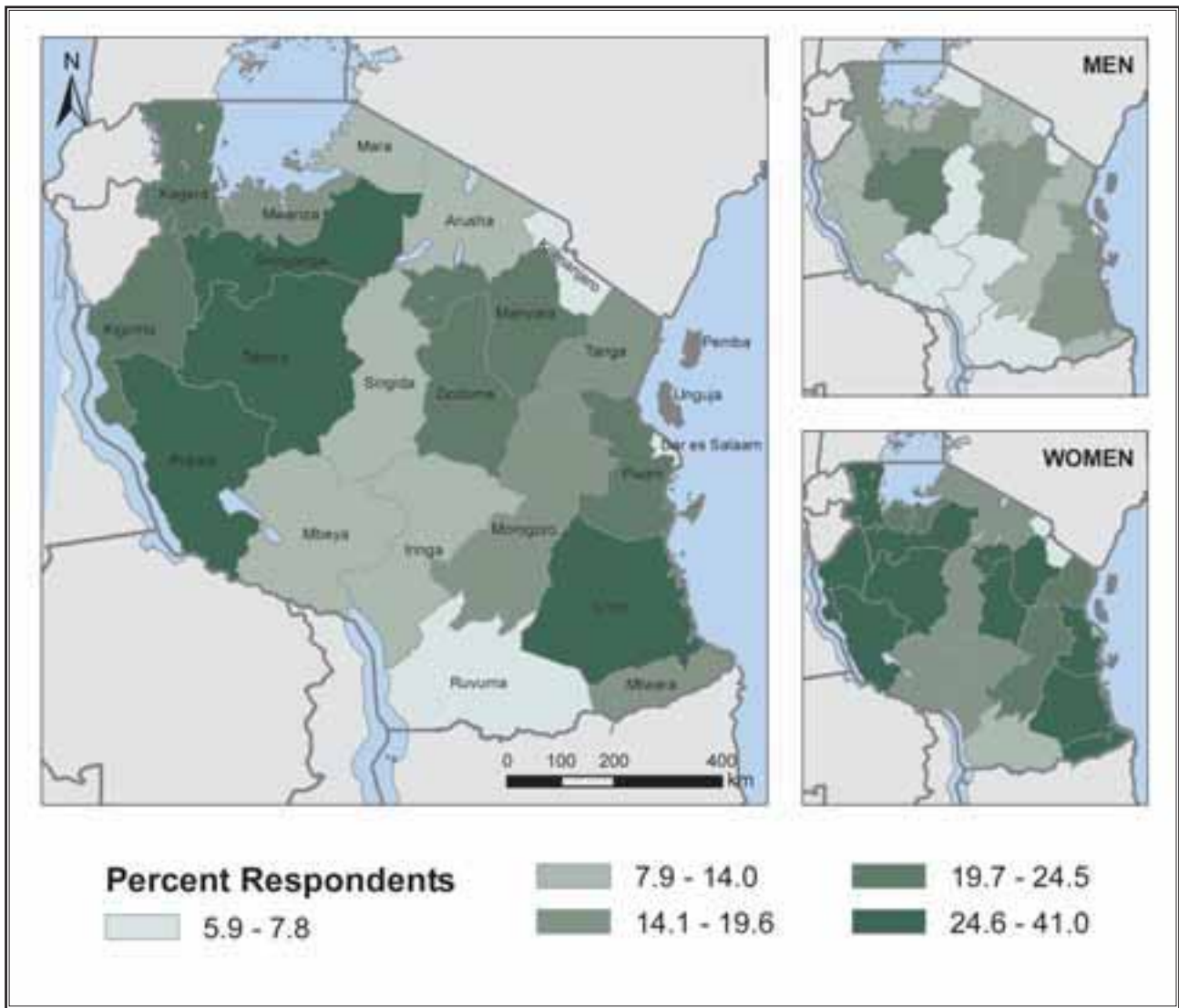
Asilimia 14 au zaidi ya wanawake katika mikoa ya Kilimanjaro na Dar es Salaam, na asilimia 14 ya wanaume katika mikoa ya Dar es Salaam, Mbeya, Iringa na Kilimanjaro, wana elimu ya sekondari au zaidi.



### Respondents With Secondary or Higher Education

According to the THIS, around 8 percent of women and around 11 percent of men have some secondary or higher education. The most urbanized regions, Kilimanjaro and Dar es Salaam, have the highest percentage of the population with some secondary or higher education. These regions are followed by Mbeya, Iringa, Morogoro, Arusha and Mwanza. The lowest proportion of the population with secondary or higher education reside in the western regions of Rukwa, Tabora, Singida and the coastal region of Lindi.

There are distinct differences in educational attainment among women and men. Overall, men have more education than women. In Kilimanjaro and Dar es Salaam, 14 percent or more women have some secondary or higher education. In Dar es Salaam, Mbeya, Iringa and Kilimanjaro, 14 percent or more men have some secondary or higher education.



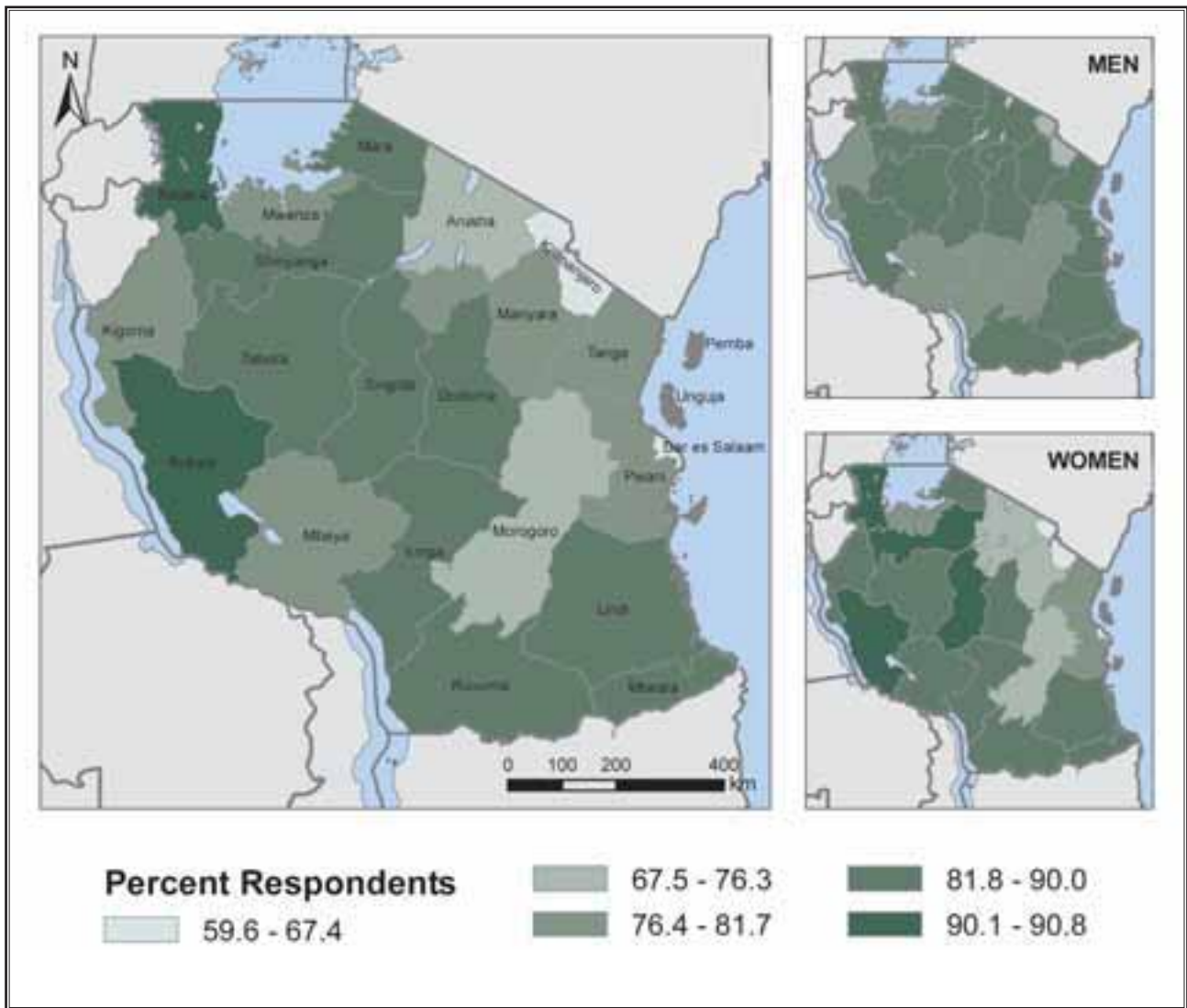
### Wahojiwa wasio na elimu

Katika Tanzania, Asilimia 22 ya wanawake na asilimia 11 ya wanaume hawajawahi kuhudhuria shule. Kiwango kikubwa cha watu ambao hawajasoma (kiasi cha kati ya asilimia 25 na 30) hupatikana katika mikoa ya Tabora, Rukwa na Lindi.

### Respondents With No Education

In Tanzania overall, around 22 percent of women and 11 percent of men have never been to school. Shinyanga, Tabora, Rukwa and Lindi are the regions with the largest population of uneducated people, ranging between 25 and 30 percent.





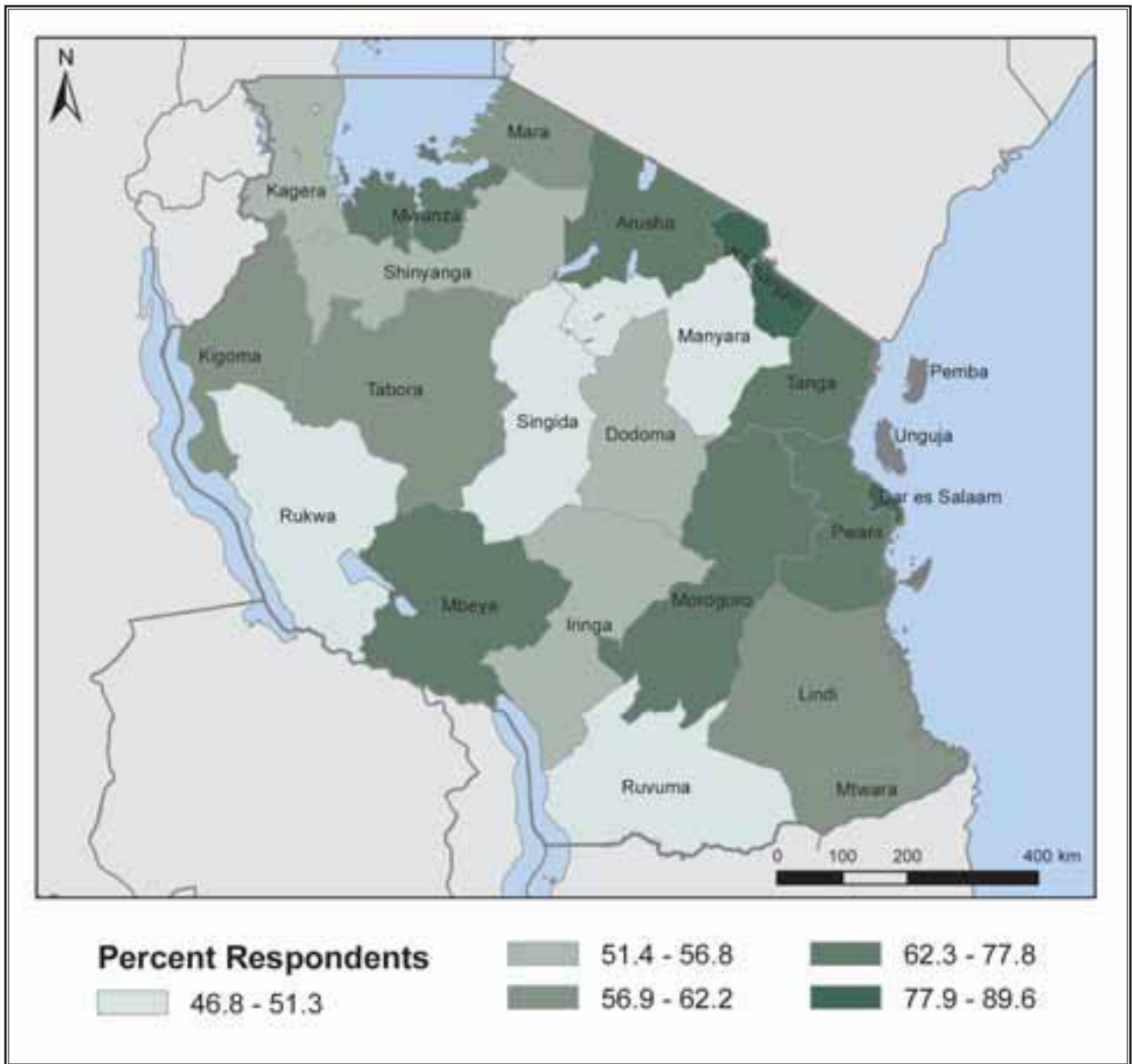
### Wahojiwa ambao kwa sasa wameajiriwa

Kiashiria hiki huonyesha asilimia ya wahojiwa ambao kwa sasa wanafanya kazi katika shughuli zinazoongeza kipato. Matokeo yanaonesha kuwa asilimia 78 ya wanawake na asilimia 80 ya wanaume wanafanya kazi mahali ambapo wanalipwa pesa au malipo mengine. Mikoa ya Kagera na Rukwa ina idadi kubwa ya watu wanaofanya kazi kwa kiasi cha asilimia 90. Mikoa ya Dar es Salaam na Kilimanjaro ndiyo yenye kiasi cha chini ya wahojiwa wanaofanya kazi za kipato (Kwa wanawake ambao hawakufanya kazi katika kipindi cha miezi 12 iliyopita, kazi walizokuwa wakifanya ni za nyumbani, kulea watoto na kusoma wakati kwa wanume sehemu kubwa ni kusoma).

### Respondents Who Are Currently Employed

The survey asked whether respondents were employed for cash or in-kind payment. Overall, around 78 percent of men and around 80 percent of women are currently working in income generating activities. Kagera and Rukwa regions have the highest percentage — 90 percent or more — of the population who are paid for work. Among both women and men, Dar es Salaam and Kilimanjaro have the highest unemployment. Compared to men, a slightly higher proportion of women are working for pay in Kagera, Rukwa, Shinyanga and Singida regions.



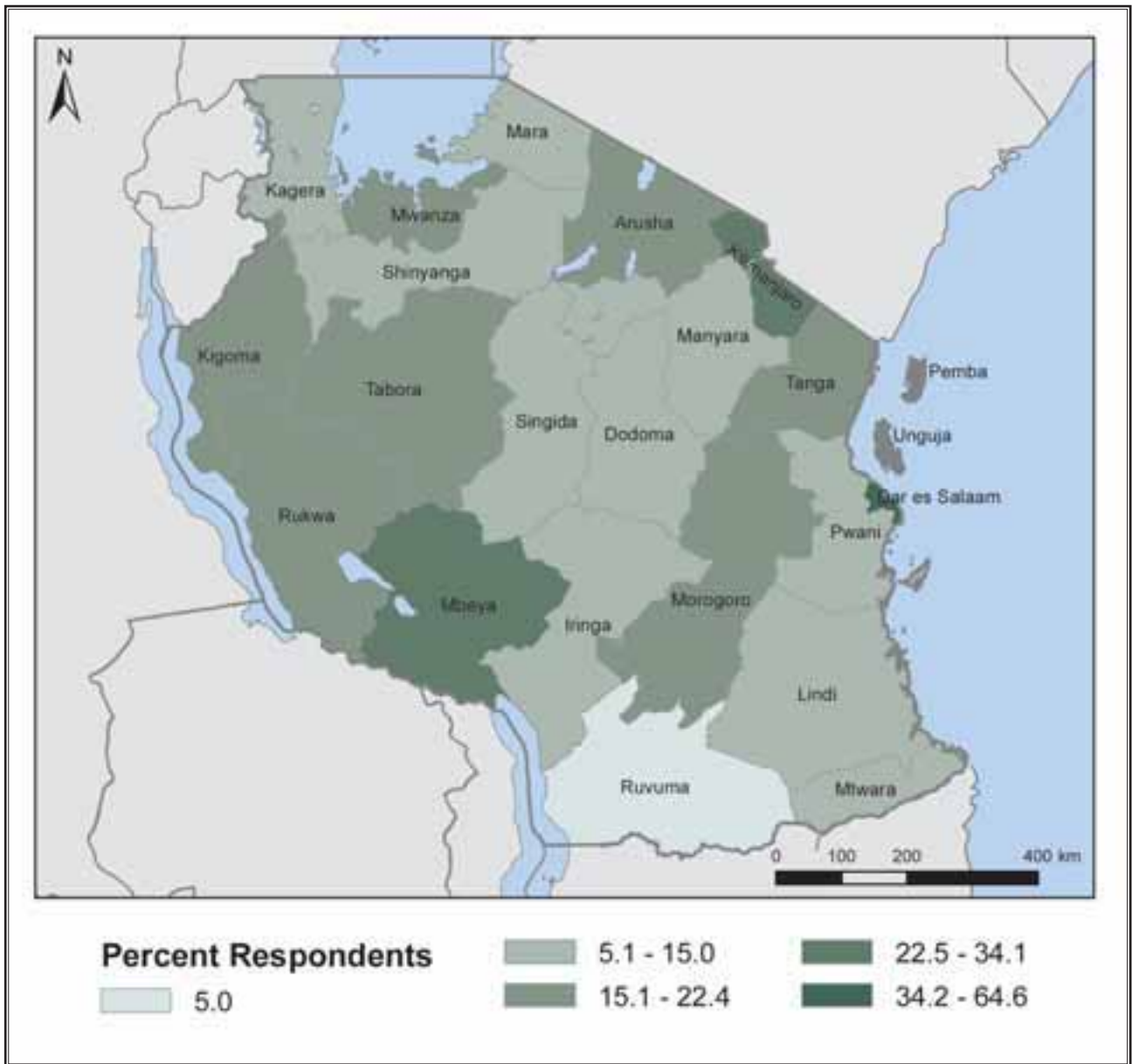


### Wahojiwa wanaosikiliza Radio angalau mara moja kwa wiki

Utafiti umebaini kuwa asilimia 66 ya watazania husikiliza redio angalau mara moja kwa wiki. Hata hivyo utafiti umeonesha kuwa mikoa ya Rukwa, Singida, Manyara na Ruvuma ina asilimia ndogo ya watu wanaosikiliza redio angalau mara moja kwa wiki.

### Respondents Who Listen to the Radio at Least Once a Week

Overall 66 percent of Tanzanians listen to a radio at least once a week. People living in Rukwa, Singida, Manyara and Ruvuma regions listen to the radio less frequently than people in other regions.

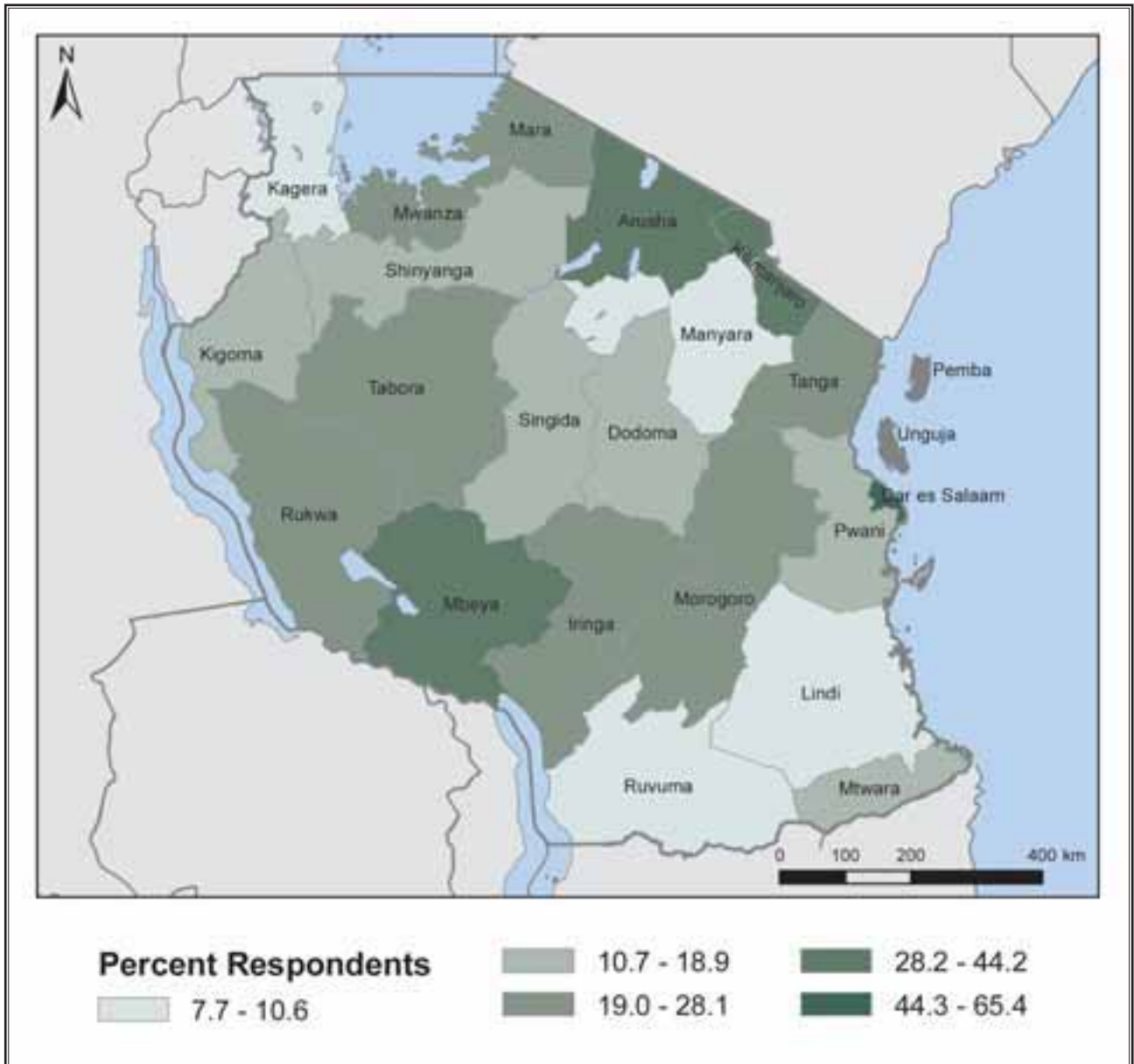


### Wahojiwa wanaoangalia Runinga angalau mara moja kwa wiki

Kiasi cha asilimia 22 ya wahojiwa huangalia runinga angalau mara moja kwa wiki. Idadi kubwa ya watu wanaoangalia runinga inapatikana katika mkoa wa Dar es Salaam, ikifuatiwa na Mbeya na Kilimanjaro. Katika mkoa wa Ruvuma ni asilimia 5 tu ya waliohojiwa huangalia runinga angalau mara moja kwa wiki.

### Respondents Who Watch Television at Least Once a Week

About 22 percent of respondents watch television at least once a week. The highest proportion is found in Dar es Salaam, followed by Mbeya and Kilimanjaro. In Ruvuma region, only about 5 percent of the population watches television at least once a week.

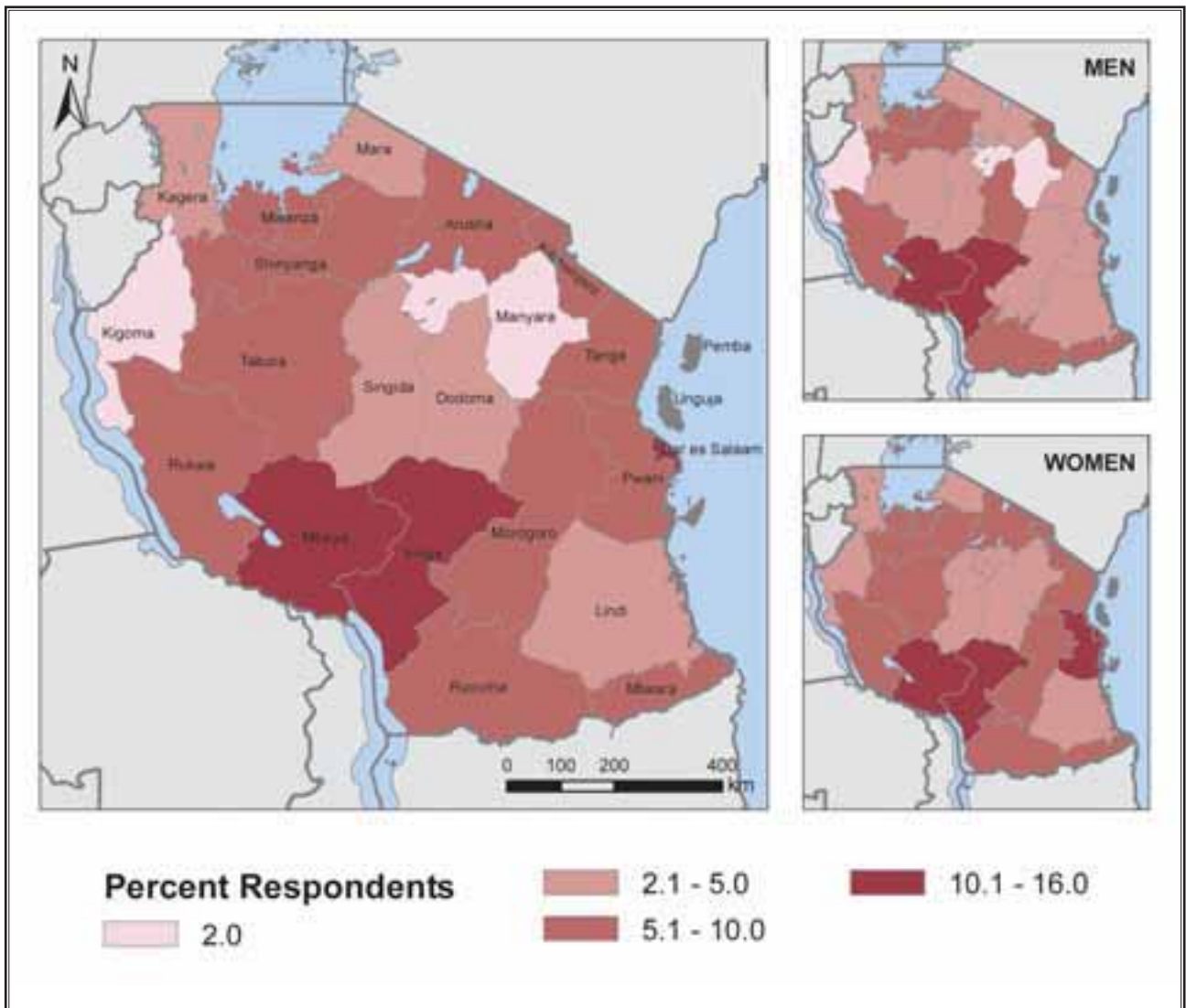


**Asilimia ya wahojijaji ambao husoma magazeti na majarida angalau mara moja kwa wiki**

Takriban asilimia 25 ya wahojiwa, husoma magazeti na majarida angalau mara moja kwa wiki. Kama ilivyotegemewa katika mikoa ya Dar es Saalam, Arusha, Kilimanjagro na Mbeya, nusu ya wahojiwa husoma gazeti au jarida mara moja kwa wiki.

**Respondents Who Read a Newspaper or Magazine at Least Once a Week**

Overall, about 25 percent of Tanzanians read a newspaper or a magazine once a week. In Dar es Salaam, about half of the respondents read a newspaper or magazine once a week.



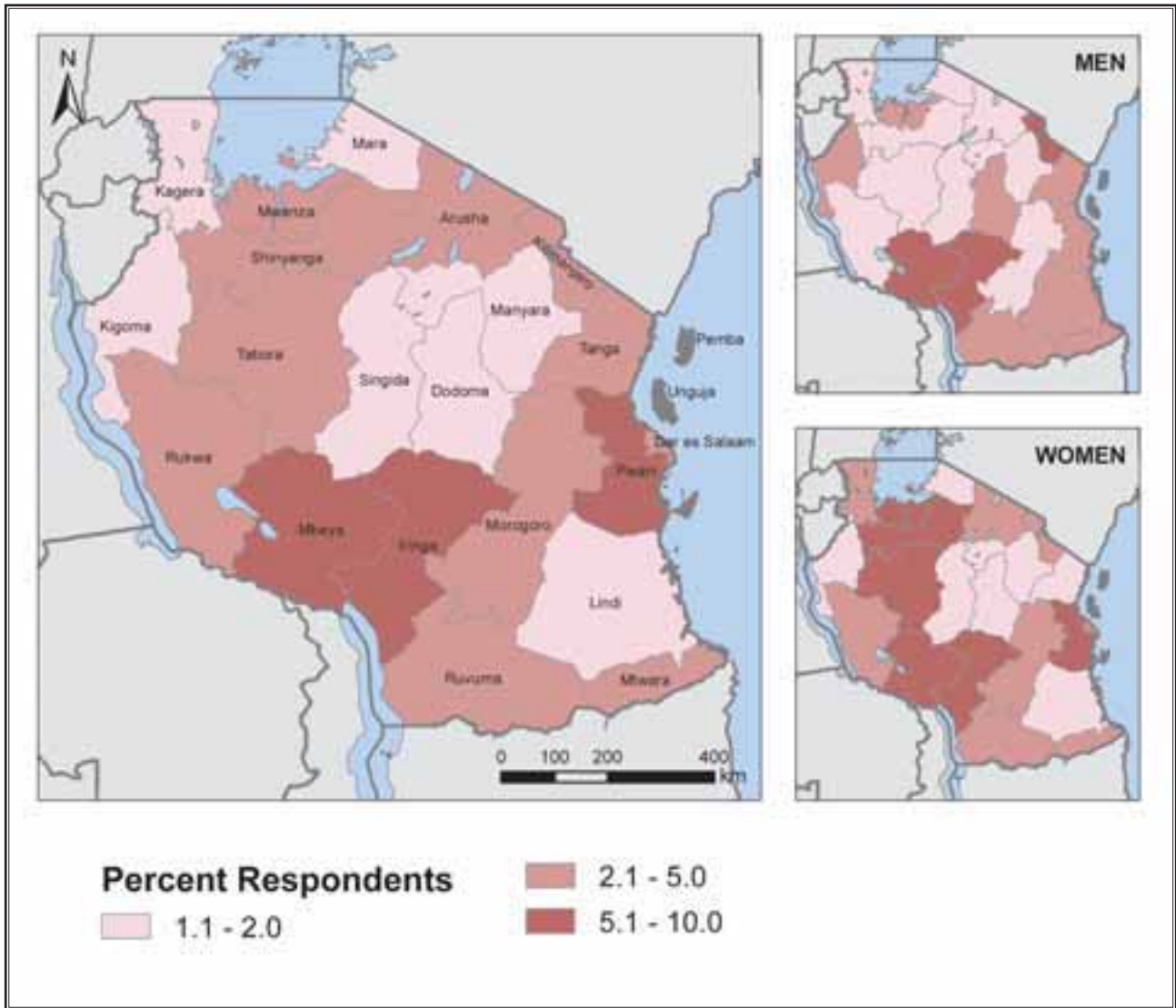
**Kiwango cha maambukizi ya VVU kwa watu wa umri wa miaka 15-49**

Kuna tofauti kubwa ya kiwango cha maambukizi ya VVU kati ya mikoa ya Tanzania. Kiwango kikubwa cha maambukizi ya VVU (asilimia 10 mpaka 16) imeonekana katika mikoa ya Mbeya, Iringa na Dar es Salaam, wakati kiwango kidogo cha maambukizi ya VVU (asilimia 2) kimeonekana katika mikoa ya Manyara na Kigoma. Kujumla, kwa mikoa yote kiwango cha maambukizi ya virusi vya UKIMWI kiko juu kwa wanawake kuliko wanaume isipo kuwa kwa mkoa wa Dodoma ambao kiwango cha maambukizi ya virusi vya UKIMWI kwa wanaume kipo juu kidogo kuliko wanawake

**HIV Prevalence Among Population Aged 15-49**

In Tanzania, 7.7 percent of women and 6.3 percent of men are infected with HIV. HIV prevalence varies substantially by region. The highest HIV prevalence, from 10 to 16 percent, occurs in Mbeya, Iringa and Dar es Salaam. The lowest is in Manyara and Kigoma, where HIV prevalence is around 2 percent. In general, the prevalence of HIV among women is higher than among men, with the exception of Dodoma where prevalence is slightly higher among men.



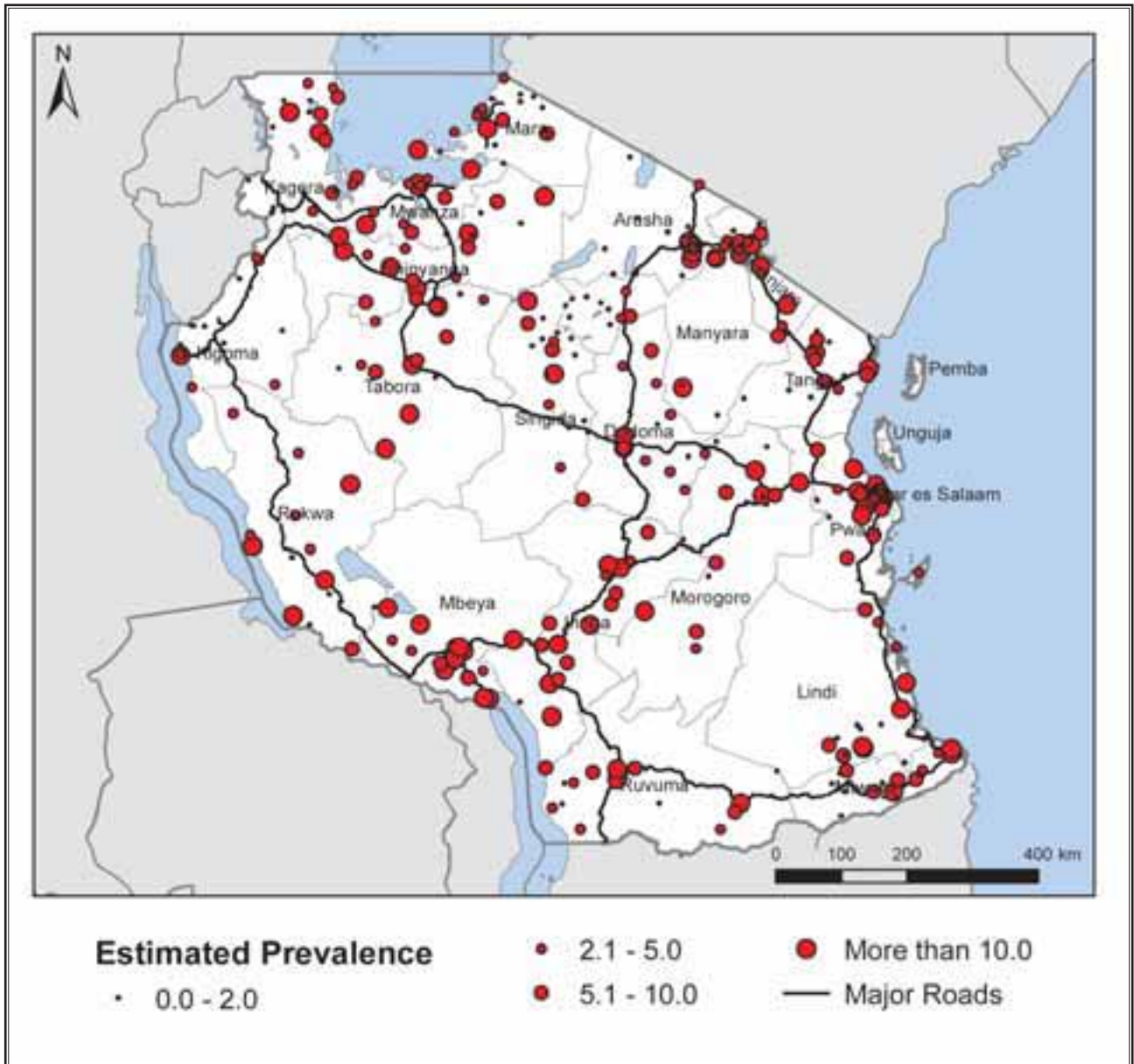


### Kiwango cha maambukizi ya VVU kwa watu wa umri wa miaka 15-24

Kwa ujumla kiwango kikubwa cha maambukizi ya VVU (asilimia 5 mpaka 10) kati ya vijana yalipatikana mikoa ya Mbeya, Pwani na Iringa. Kati ya vijana wa kiume, karibu nusu ya mikoa yote inaonesha kiwango cha maambukizi ya VVU ni chini ya asilimia 2. Katika mikoa sita kiwango cha maambukizi ya VVU katika kundi la wanawake vijana ni kati ya asilimia 5 na 10

### HIV Prevalence Among Youth Aged 15-24

Around 4 percent of young women and around 3 percent of young men in Tanzania are HIV positive. The highest prevalence of HIV among youth, ranging from 5 to 10 percent, is found in Mbeya, Iringa and Pwani. Among young men, HIV prevalence is highest in Kilimanjaro, Iringa, and Mbeya. In almost half of the regions, HIV prevalence among young men is less than 2 percent. In six regions, HIV prevalence among young women ranges between 5 and 10 percent. The prevalence of HIV is higher among young women in all regions but Dodoma, where prevalence is higher for young men.

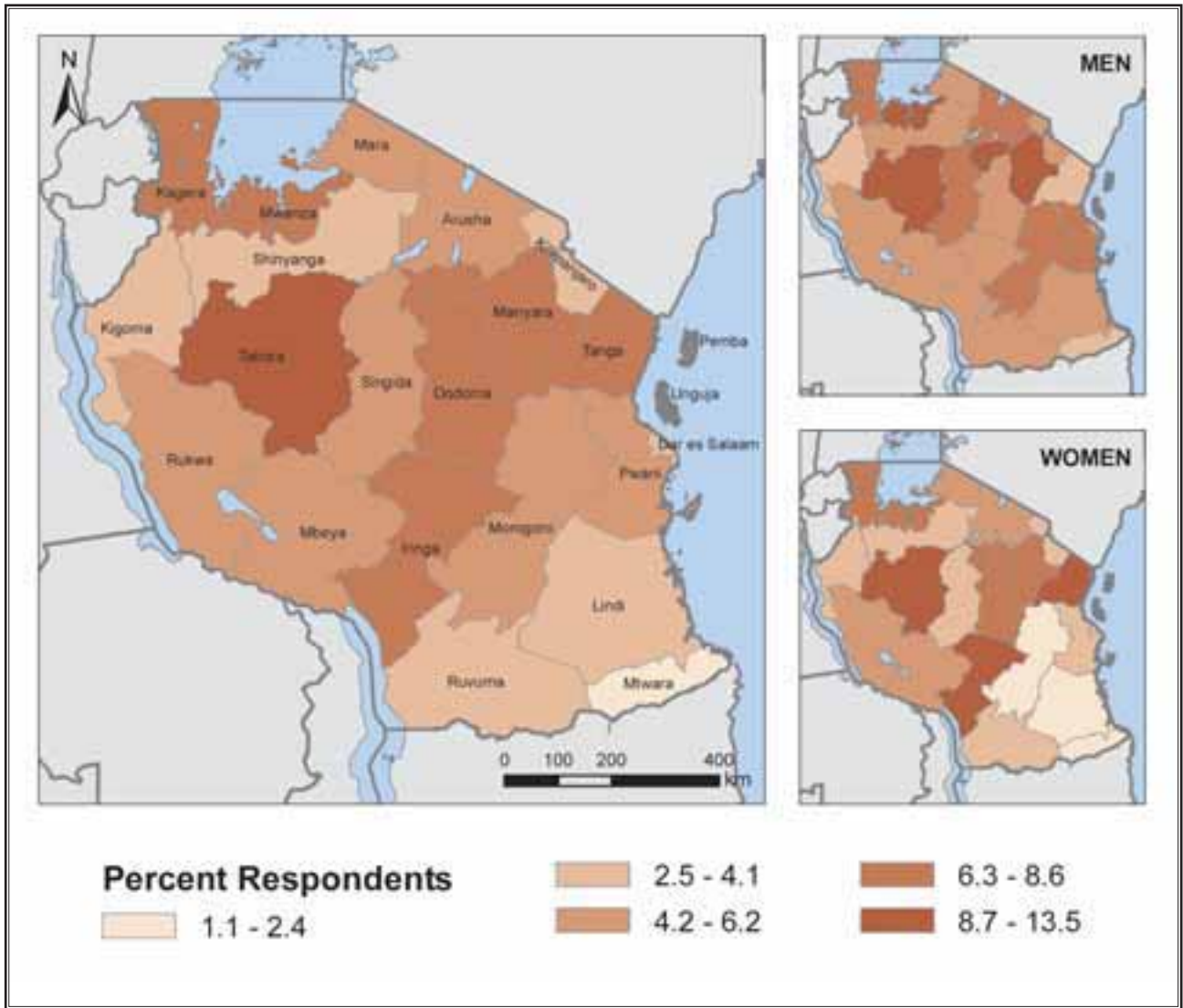


### Kiwango cha maambukizi kwa maeneo yaliyofanyiwa utafiti

Ramani hii inaonesha kiwango cha maambukizi ya VVU/UKIMWI katika mikoa. Ramani hii inaonesha kiwango cha maambukizi ya Virusi Vya UKIMWI (VVU) katika mikoa kulingana na maeneo ya sampuli zilizhusika katika utafiti wa viashiria vya UKIMWI. Kila kipengele kinawakilisha sehemu ya jumua iliyofanyiwa utafiti wa viashiria. Kuna tofauti za msingi za kiwango cha maambukizi ya VVU/UKIMWI katika mikoa. Kiwango cha maambukizi kiko juu katika maeneo ya mijini na maeneo ya barabara kuu.

### HIV Prevalence in Sample Areas

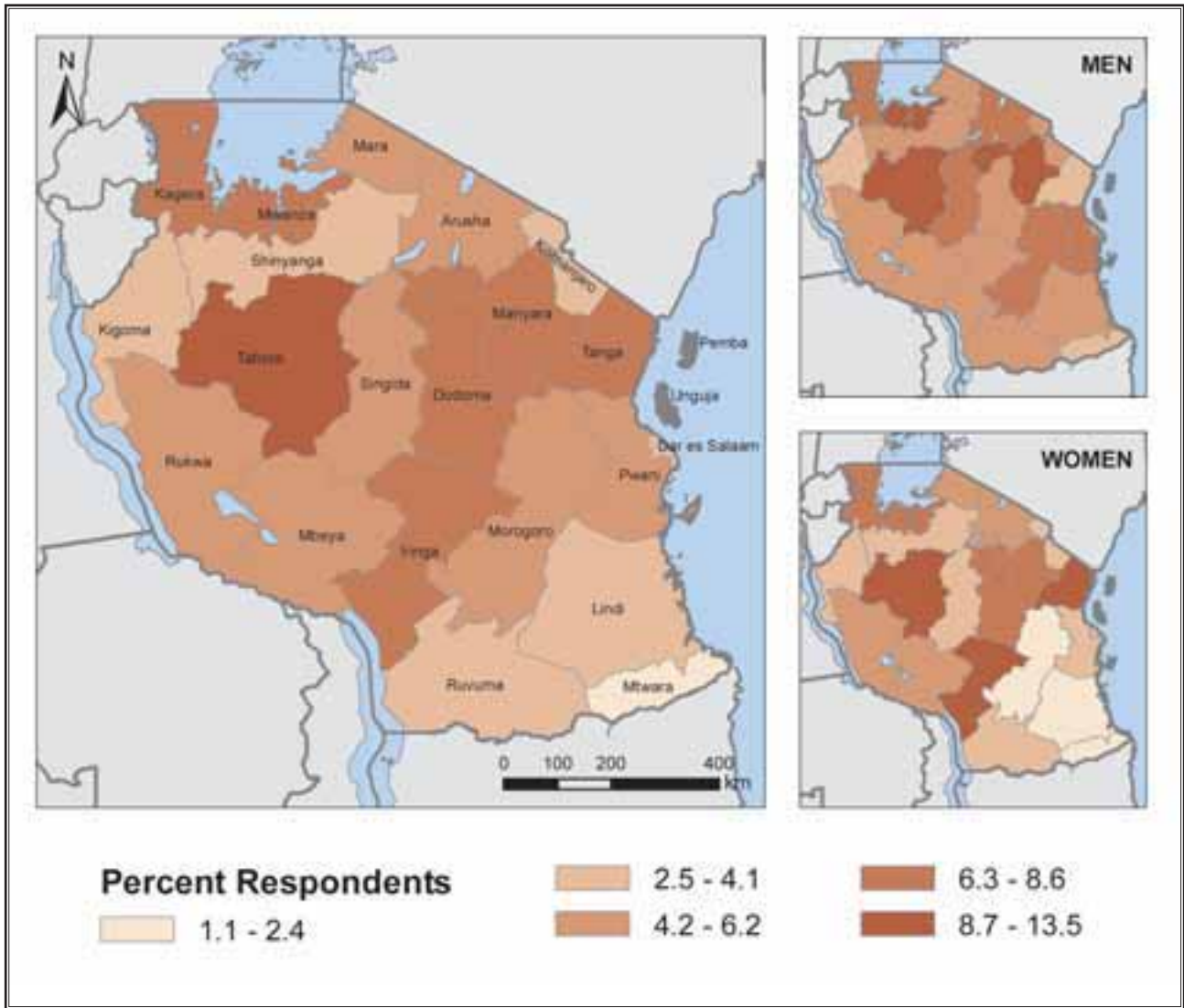
As is evident from previous maps, there is significant regional variation in HIV prevalence. This map depicts concentration of HIV within regions according to the sampled areas in the Tanzania HIV/AIDS Indicator Survey. Each point represents the approximate location of a community that was included in the THIS. The HIV prevalence value shown at each location is not statistically reliable but is useful in showing variation within regions. Clustering of HIV prevalence is evident in the major urban areas as well as along the major road network.



### Kiwango cha magonjwa ya ngono kwa wahojiwa walioripoti wenyewe kati ya umri wa miaka 15 - 49

Kitaifa, asilimia 13 ya wanawake na asilimia 17 ya wanaume waliripoti wenyewe kuwa waliugua magonjwa ya ngono au dalili zake. Mkoa wa Tabora una asilimia kubwa ya watu walioripoti wenyewe kuwa na magonjwa ya ngono au dalili zake. Kwa ujumla wanaume wanaripoti mapema magonjwa ya ngono na dalili zake kuliko wanawake. Hii inatokana na ukweli kwamba, kimaumbile, dalili za magonjwa ya ngono kwa wanawake zinachelewa kujitokeza ikilinganishwa na wanaume. Mikoa 11 kati yamikoa 21, chini ya asilimia 4 ya wanawake ndio walioripoti wenyewe kuwa na magonjwa ya ngono au dalili zake. Mkoa wa Manyara una kiwango cha chini (asilimia 2) cha maambukizi ya VVU ukilinganisha na mikoa mingine lakini, pia mkoa huu ni kati ya mikoa yenye asilimia kubwa ya watu wanaoripoti wenyewe wakiwa na magonjwa ya ngono au dalili zake.

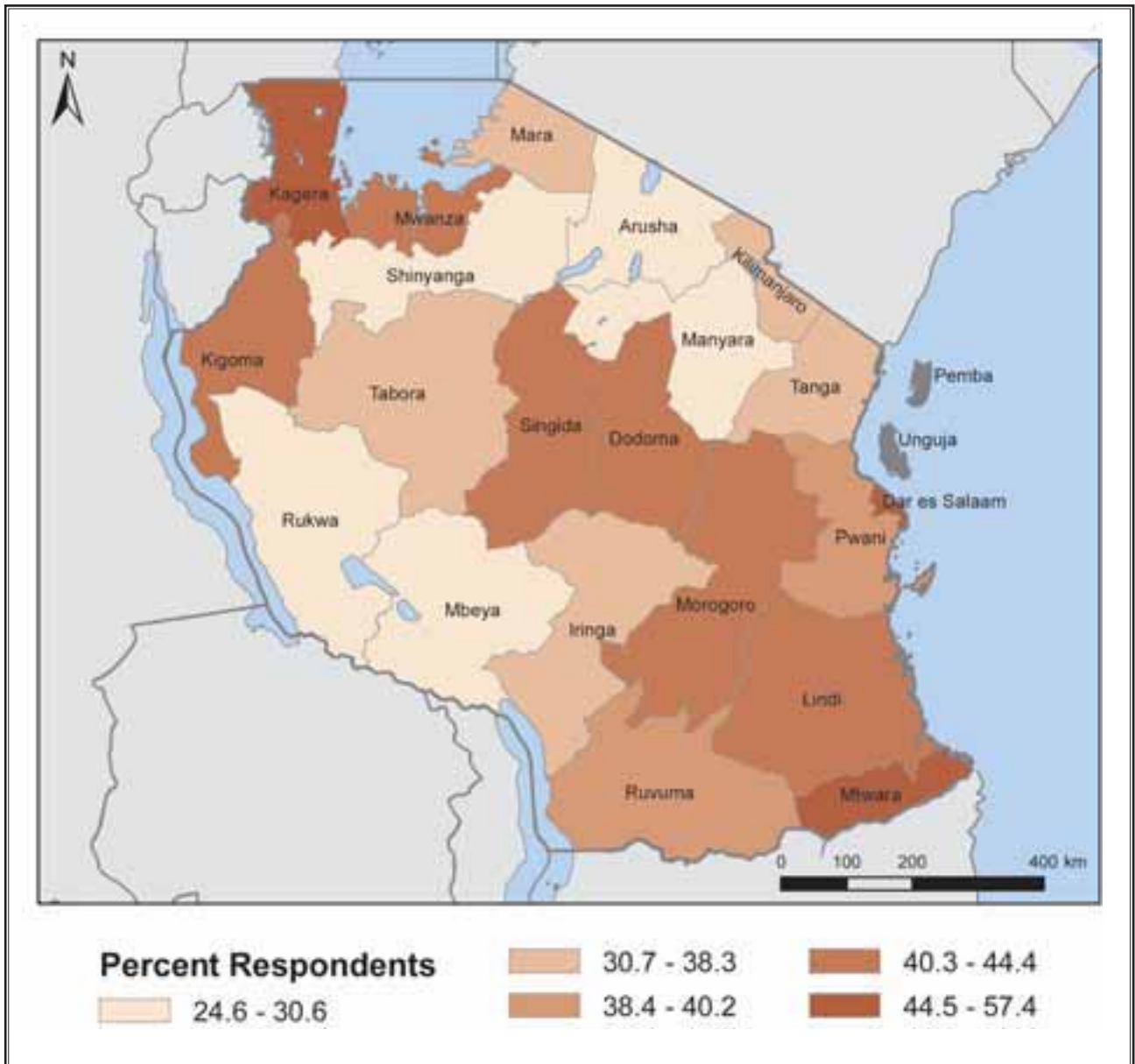




### Prevalence of Self-Reported STIs Among Population Aged 15-49

Nationwide, around 13 percent of women and around 17 percent of men report having a sexually transmitted infection or a symptom of a sexually transmitted infection (abnormal discharge or genital sore). Tabora has the highest self reporting of STIs or STI symptoms for both women and men. Men are more likely to report STIs or STI symptoms than women, as expected since women are biologically more likely to be asymptomatic. In over half of the regions, less than 4 percent of women report STIs or STI symptoms. Surprisingly, Manyara has one of the lowest HIV prevalence rates, yet the proportion of the population who reported STIs or STI symptoms is among the highest of all regions.



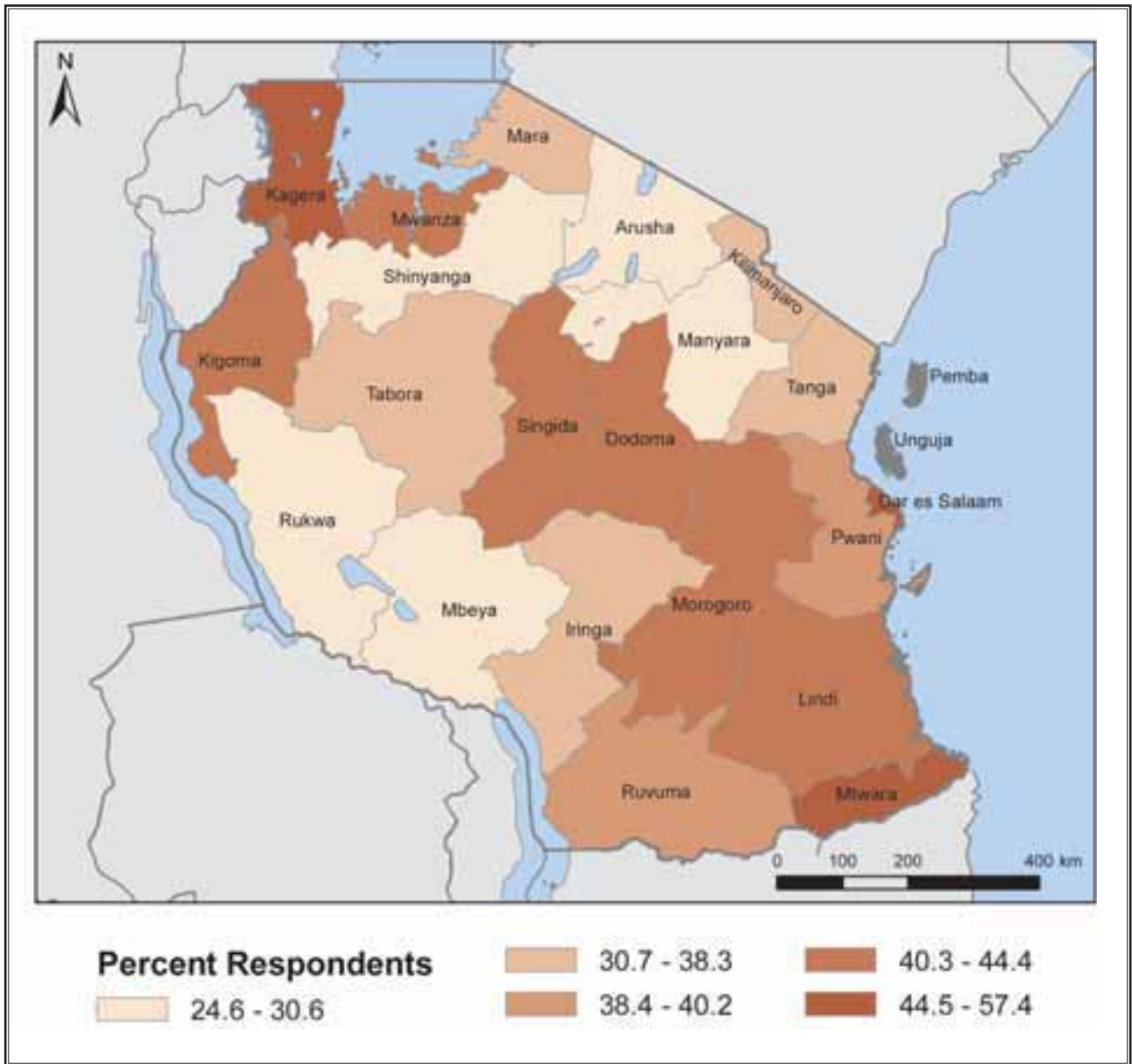


## Ufahamu sahihi wa ugonjwa wa UKIMWI

Asilimia ya waliohojiwa wanaotambua angalau njia 2 za kuzuia maambukizi ya VVU kwa (kutumia kondomu na kuwa na mpenzi mmoja mwaminifu ambaye hajaambukizwa) na wale wanaokataa imani potufu kwamba UKIMWI unaambukizwa kwa uchawi na kwamba mtu anayeonekana kuwa mwenye afya hawezi kuwa na virusi vya UKIMWI.

Ingawa watu wengi wamewahi kusikia UKIMWI, lakini ufahamu sahihi wa VVU/UKIMWI kwa ujumla uko chini. Kitaifa, asilimia 46 ya wanawake na 54 ya wanaume wana ufahamu sahihi wa VVU/UKIMWI. Katika mikoa ya Mtwara, Kagera na Dar es Salaam karibu nusu ya watu wote waliohojiwa wana ufahamu sahihi.

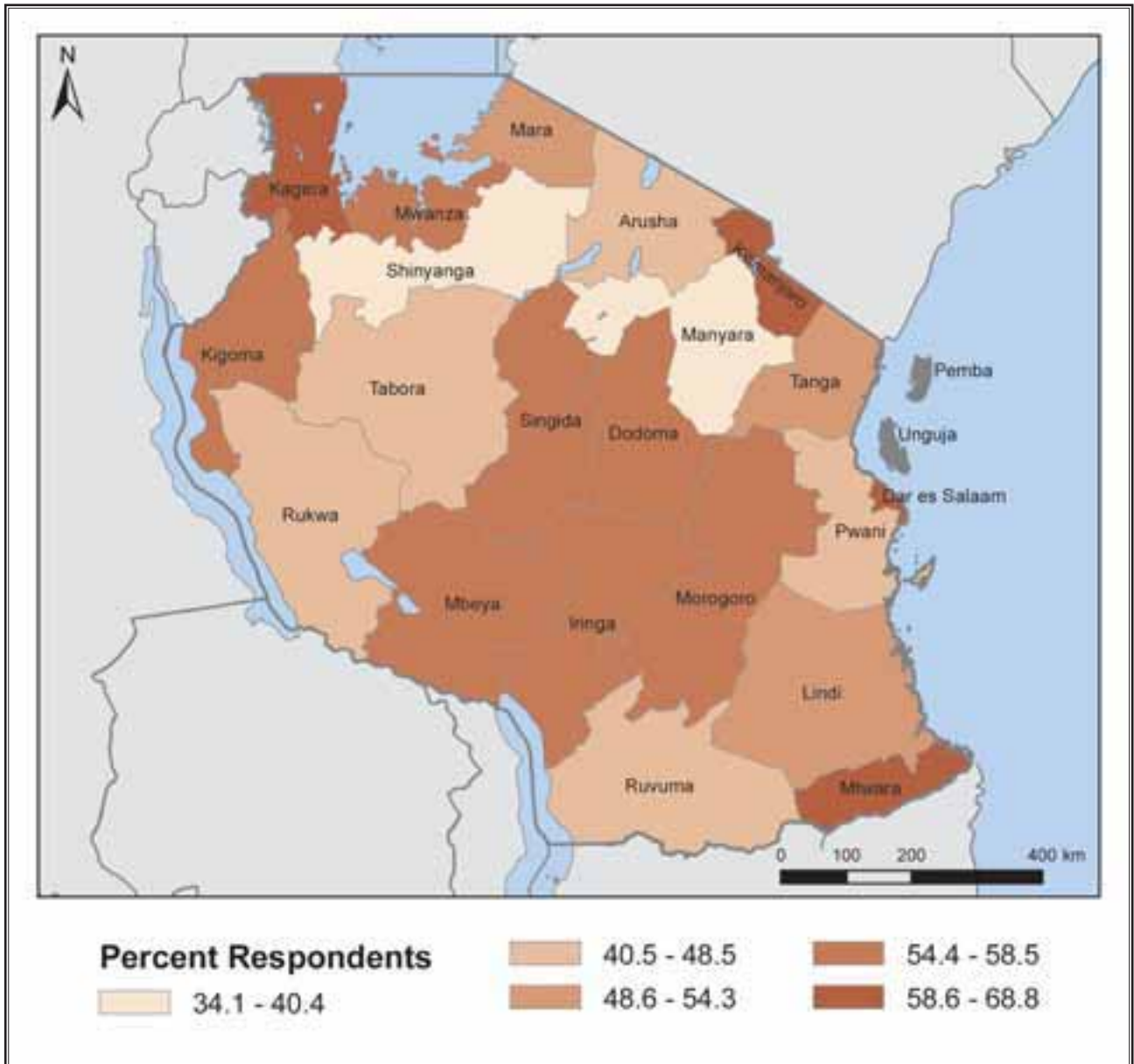
Mkoa wa Mbeya ambao una kiwango cha juu kabisa cha maambukizi ya VVU ni kati ya mikoa yenye kiwango kidogo (asilimia 31) cha ufahamu sahihi wa VVU/UKIMWI.



**Comprehensive Knowledge About HIV**

*Percent of respondents who correctly identify the two major ways of preventing sexual transmission of HIV (using condoms and limiting sex to one faithful uninfected partner), and who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can have HIV.*

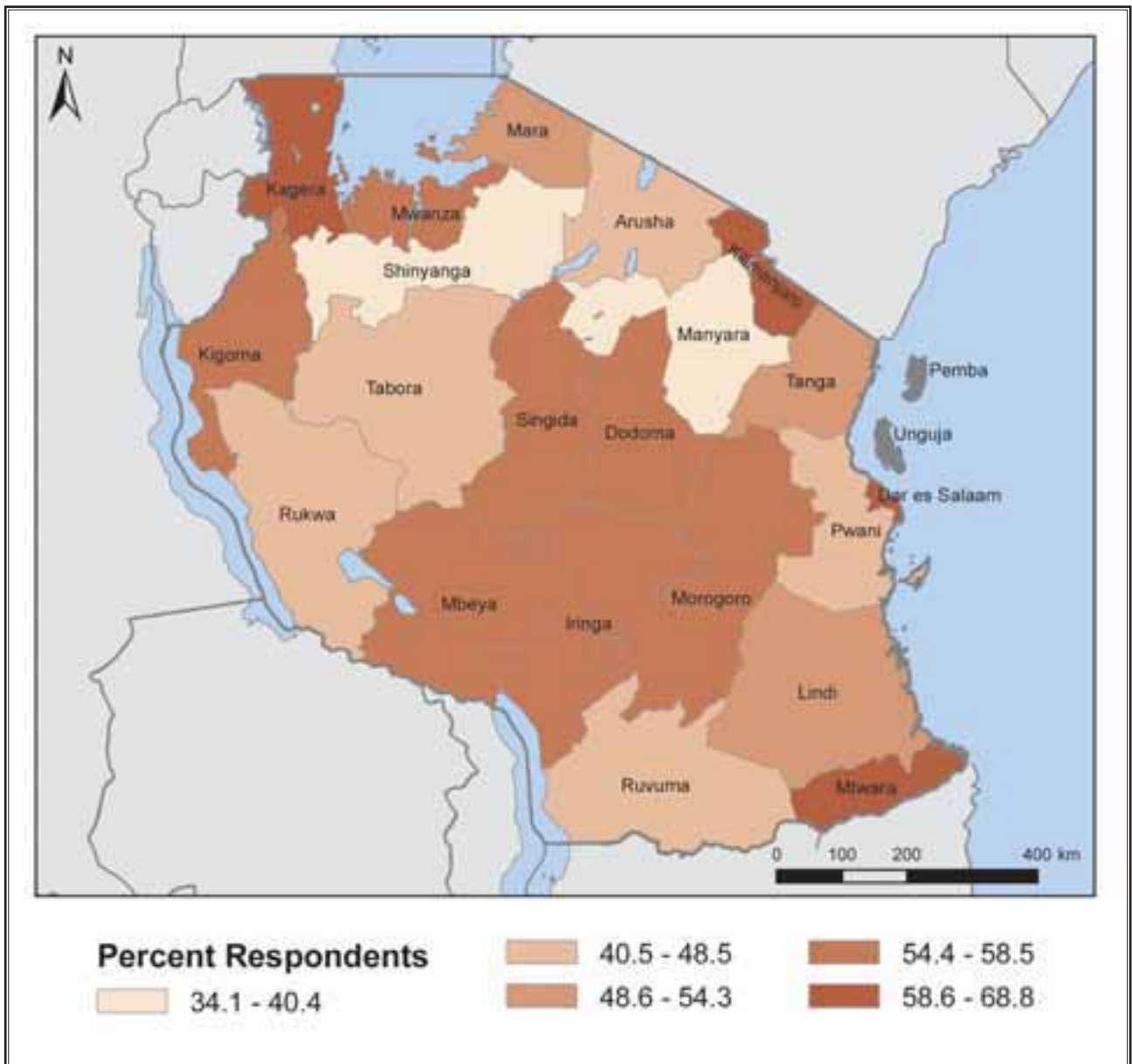
Though most people have heard of HIV, comprehensive correct knowledge is still low. Nationally, 46 percent of women and 54 percent of men have comprehensive knowledge about HIV. Comprehensive correct knowledge is highest in Mtwara, Kagera and Dar es Salaam, where about half of the population have such knowledge. Mbeya, one of the regions with the highest HIV prevalence, is among the regions with the lowest level of comprehensive correct knowledge of HIV, less than 31 percent.



### Kukataa mawazo potofu kuhusu VVU/UKIMWI

*Asilimia ya waliohojiwa wanaokubali kuwa mtu anayeonekana kuwa mwenye afya anaweza kuwa na VVU, kwamba VVU haviambukizwi na mbu na kuwa VVU haviambukizwi kwa njia za uchawi.*

Asilimia 74 ya wanaume na 66 ya wanawake waliohojiwa wanakataa imani zote tatu kuhusu VVU. Kati ya asilimia 34 na 40 ya waliohojiwa katika mikoa ya Manyara na Shinyanga hawakubaliani na mawazo potofu kuhusiana na jinsi VVU/UKIMWI unavyoambukizwa. Hii ina maana kuwa zaidi ya asilimia 60 ya watu waliohojiwa katika mikoa hiyo, wanaamini kuwa VVU/UKIMWI unaweza kuenezwa kwa njia kama vile kuumwa na mbu, kulogwa, na kwamba, mtu mnene na mwenye afya nzuri hawezi kuwa na VVU/UKIMWI.

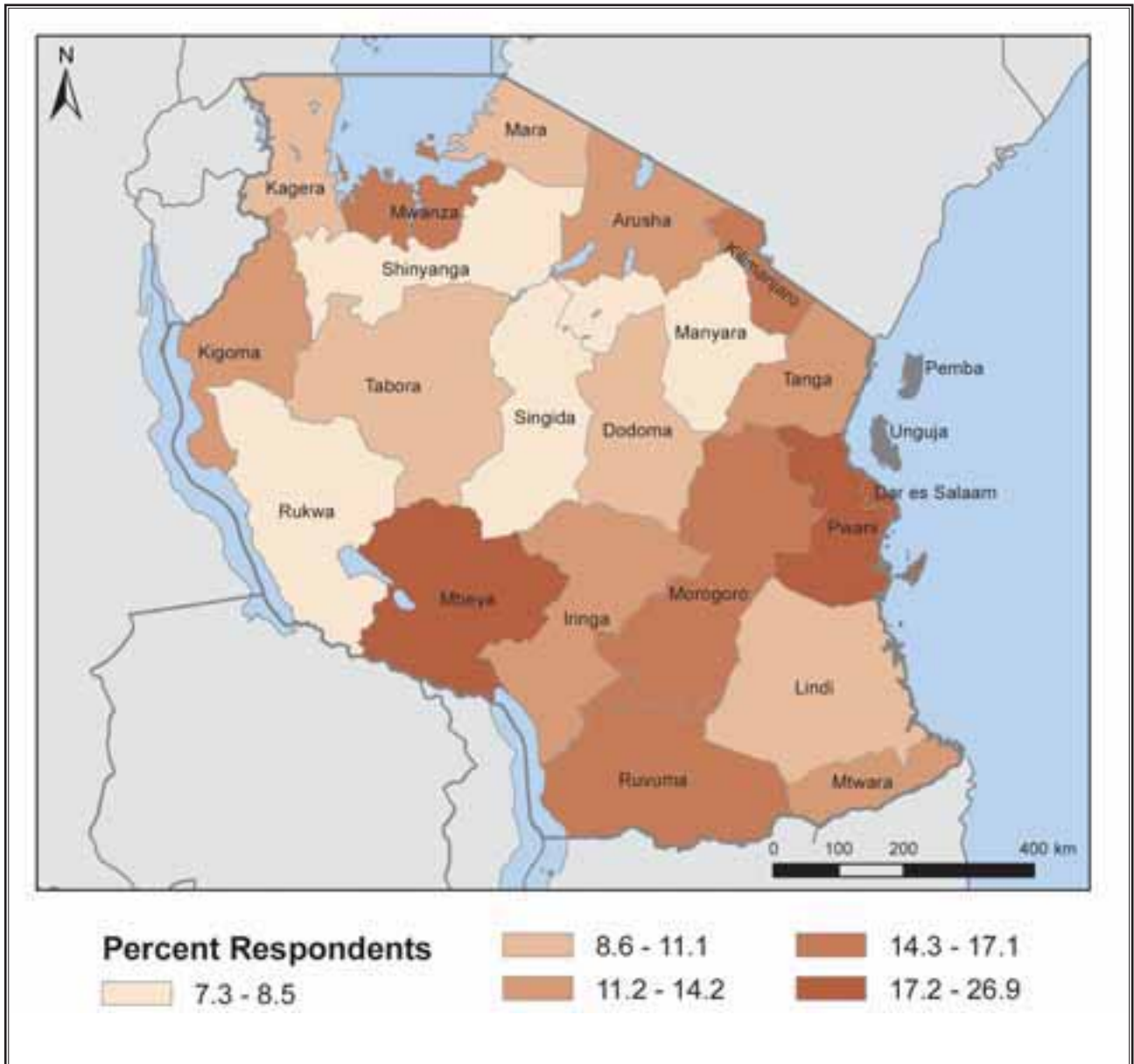


## Rejecting Common Misconceptions About HIV/AIDS

*The percent of respondents who correctly reported that a healthy looking person can have HIV or AIDS, that HIV cannot be transmitted by mosquito bites and that HIV cannot be transmitted through supernatural means or witchcraft.*

Overall, around 74 percent of men and around 66 percent of women reject all three common misconceptions about HIV. In Manyara and Shinyanga regions, only 34 to 40 percent of respondents reject the common misconceptions about HIV transmission, indicating that over 60 percent of the respondents still have misconceptions about HIV transmission. In Kagera, Kilimanjaro, Dar es Salaam and Mtwara, 59 to 69 percent of the population don't believe the most common misconceptions about HIV transmission and know that a healthy looking person can have HIV or AIDS.





### Ufahamu wa kinga ya maambukizi ya VVU toka kwa mama kwenda kwa mtoto

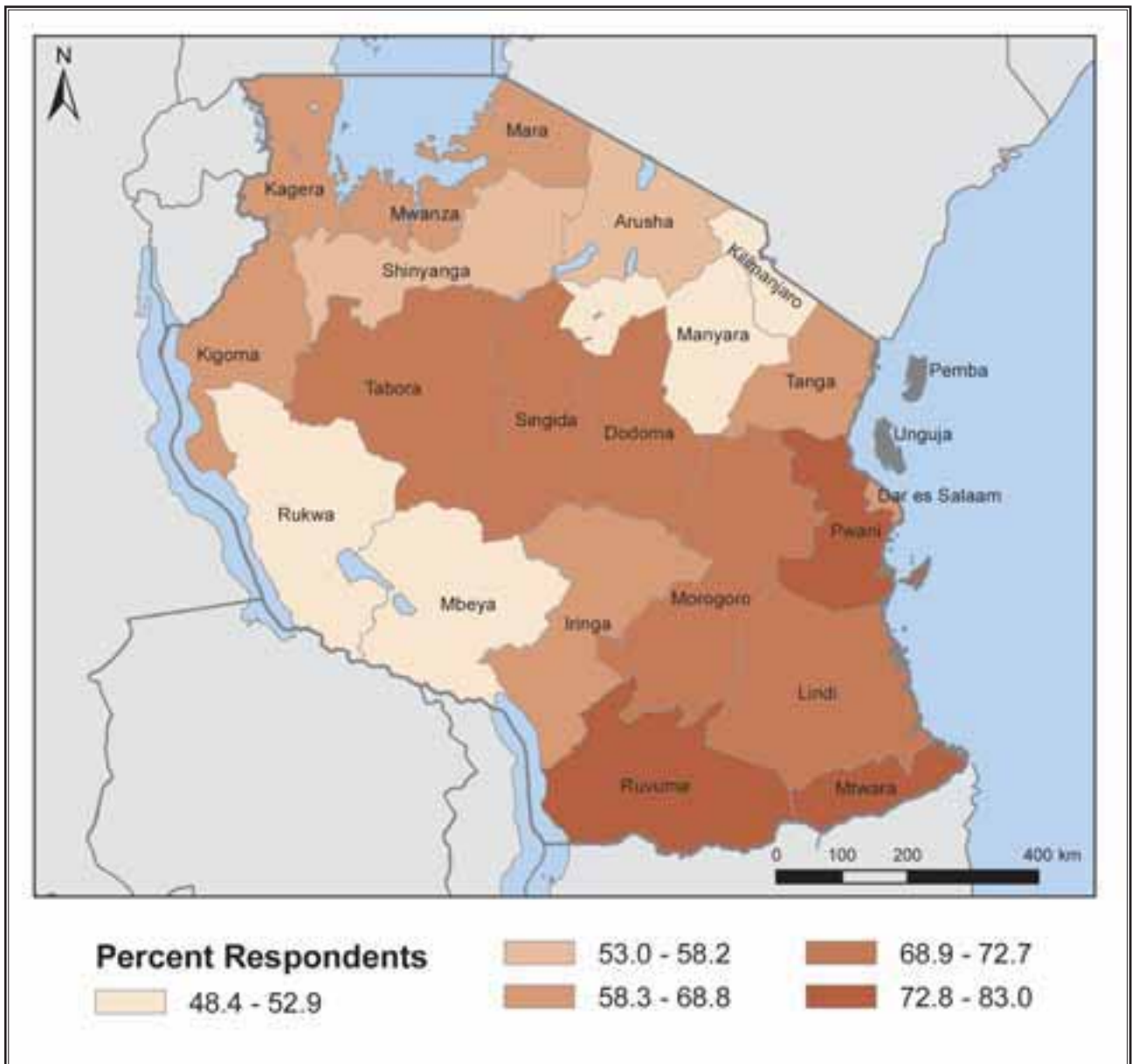
*Asilimia ya wahojiwa waliripoti kuwa maambukizi ya VVU toka kwa mama kwenda kwa mtoto yanaweza kuzuiwa kwa kutumia dawa za kupunguza makali ya UKIMWI (ARV) na kutokunyonyesha kabisa.*

Kitaifa, ufahamu wa kinga ya maambukizi ya VVU toka kwa mama kwenda kwa mtoto uko chini (asilimia 17). Kati ya asilimia 17 na 27 ya waliohojiwa katika mikoa ya Mbeya, Pwani na Dar es Salaam wana ufahamu wa jinsi ya kuinga maambukizi ya VVU toka kwa mama kwenda kwa mtoto

### Knowledge of Preventing Mother-to-Child Transmission of HIV

*The percent of respondents who report that maternal-to-child transmission of HIV can be prevented through antiretroviral therapy during pregnancy and avoiding breast feeding.*

Nationwide, the knowledge of prevention of mother-to-child transmission of HIV is very low, around 17 percent. In Mbeya, Pwani and Dar es Salaam, 17 to 27 percent of respondents know how to prevent mother-to-child transmission of HIV.



### Ufahamu wa njia za kujikinga dhidi ya VVU

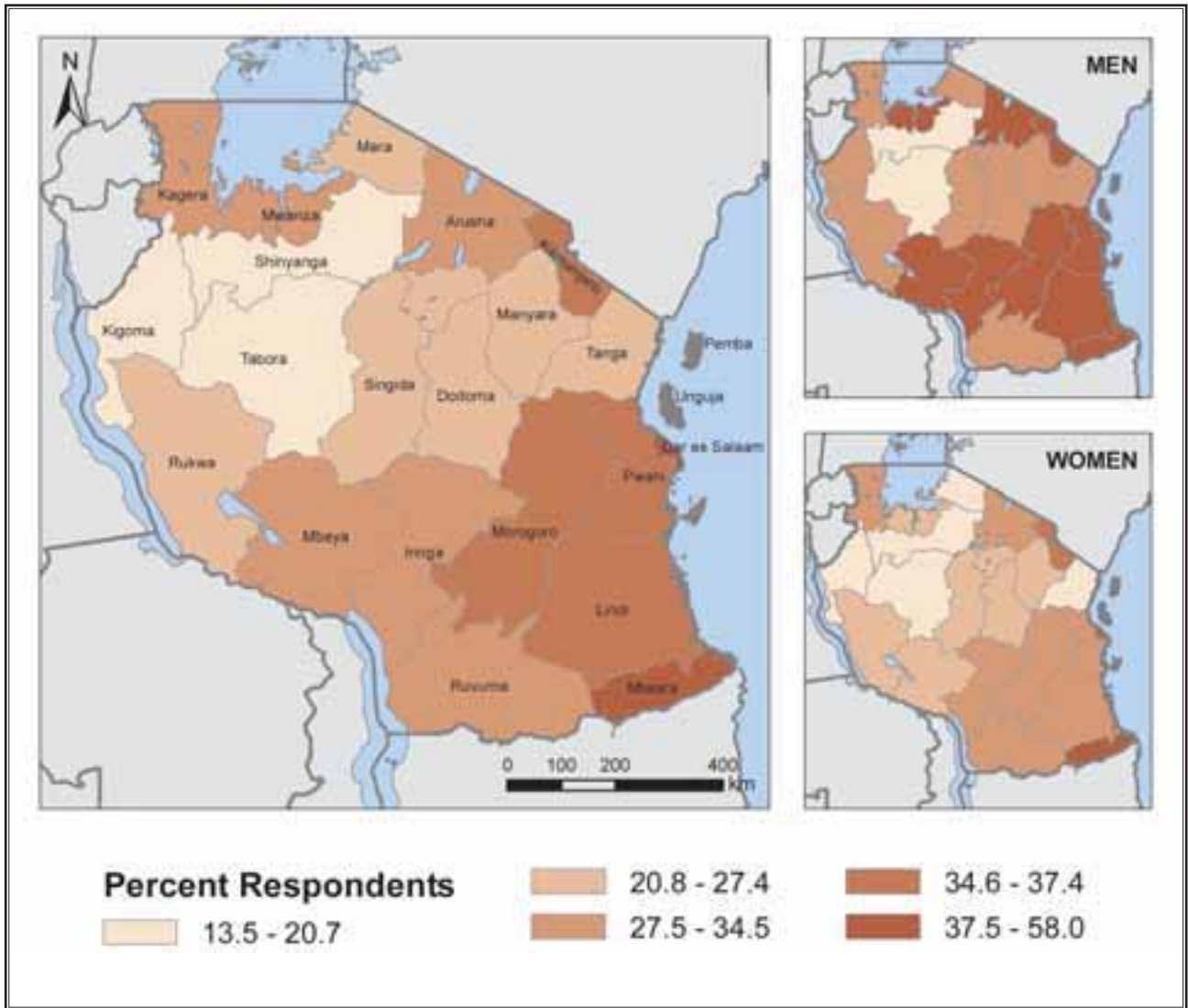
*Asilimia ya waliohojiwa walioweza kufahamu kuwa wanaweza kujikinga dhidi ya VVU kwa kutumia kondomu au kuwa na mpenzi mwaminifu ambaye hajaambukizwa VVU.*

Takriban watazania wawili katika kila watatu, wanafahamu njia kuu mbili za kujikinga dhidi ya VVU. Hata hivyo, mikoa ya Rukwa, Mbeya, Manyara na Kilimanjaro karibu nusu ya watu hawafahamu njia hizi za kujikinga dhidi ya VVU.

### Knowledge of HIV Prevention Methods

*Percent of respondents who, in response to a prompted question, said that people can protect themselves from contracting HIV by using condoms or having sex only with one faithful uninfected partner.*

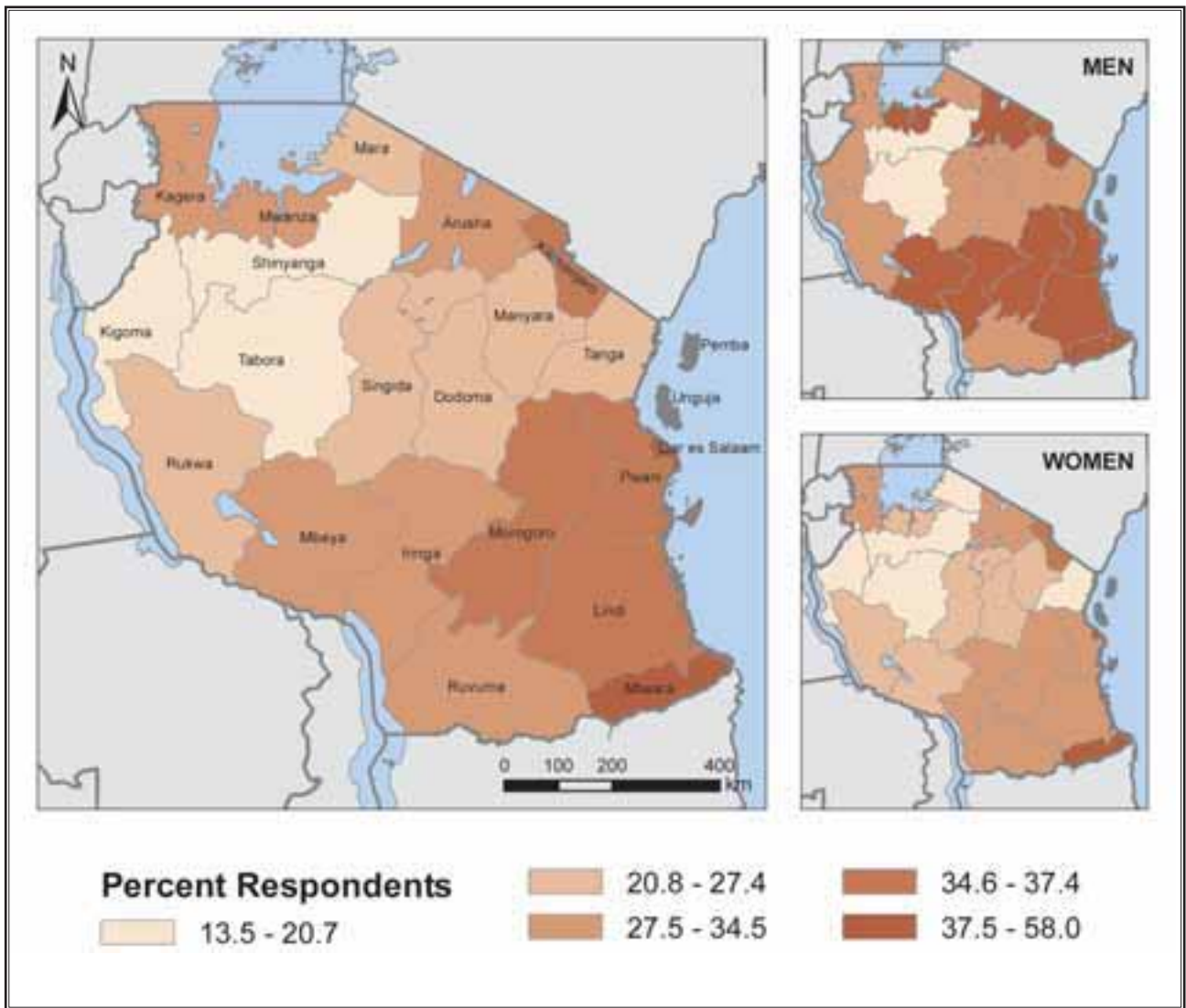
Around two-thirds of Tanzanians know the two main HIV prevention methods. However, in Rukwa, Mbeya, Manyara and Kilimanjaro regions, only about half of the population have knowledge of these two HIV prevention methods.



### Mtazamo kuhusiana na watu wanaoishi na virusi vya UKIMWI

Asilimia ya wahojiwa walionesha mtizamo wa kuwakubali watu wanaoishi na virusi vya UKIMWI (WAVIU), walio tayari kutunza ndugu zao walioathirika na VVU, kununua mboga za majani kutoka kwa muuzaji anayefahamika kuwa na VVU, wanao amini kuwa mwalimu wa kike ambaye ameeathirika na VVU na si mgonjwa aendelee kufundisha na hawangependa kuficha mwana familia aliyeathirika na VVU.

Kiwango cha kukubalika kwa WAVIU kiko chini ya asilimia 50. Unyanyapaa upo zaidi katika mikoa ya Kigoma, Shinyanga na Tabora. Wanawake wachache zaidi ya wanaume ndio wanaokubali WAVIU. Asilimia kubwa ya wanawake katika mikoa ya Dar esSalaam Mtwara na Kilimanjaro wanawakubali WAVIU.

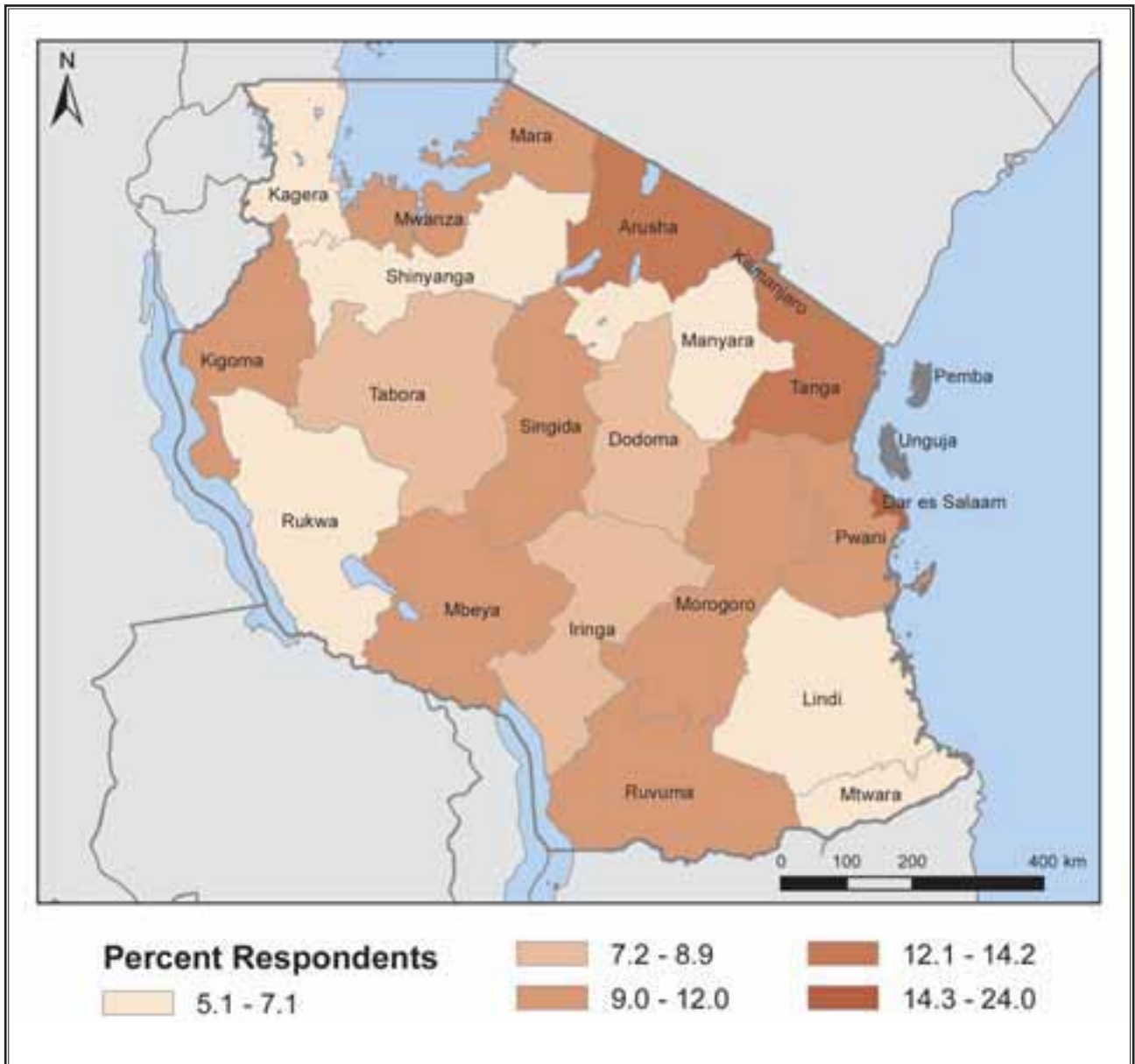


### Accepting Attitudes Towards People Living With HIV/AIDS

*Percent of respondents expressing accepting attitudes towards people with HIV: willing to care for family member sick with HIV/AIDS, buy fresh vegetables from vendor whom they know is HIV positive, believe that a female teacher who is HIV positive but not sick should be allowed to continue teaching in school, and would not want to keep the HIV status of a family member a secret.*

The level of acceptance towards people living with HIV/AIDS is low. Less than 50 percent of Tanzanians have accepting attitudes towards people living with HIV/AIDS. Acceptance is lowest in Kigoma, Shinyanga and Tabora. Acceptance is consistently lower among women than among men. The highest percentages of women who express accepting attitudes are found in Dar es Salaam and Mtwara.



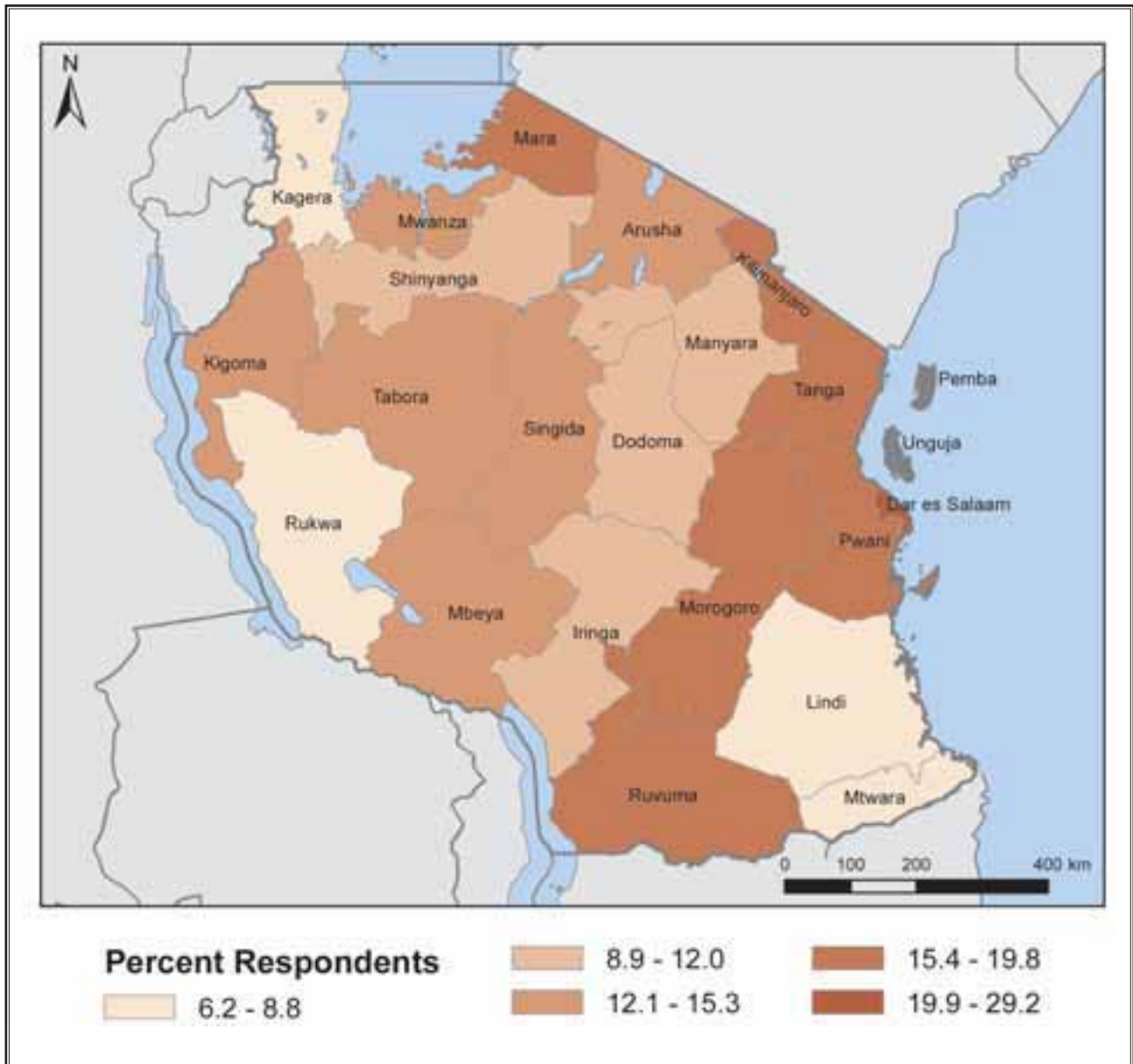


**Wahojiwa walioomba kupima, wakapima na kupokea majibu ya vipimo vya VVU**

Kwa ujumla ni watu wachache sana (karibu asilimia 9) waliotaka kupima VVU kwa hiari, wakapimwa, na baadaye kufuata majibu ya vipimo vyao. Kiwango cha juu cha waliotaka kupima kwa hiari, wakapima na kuchukua majibu ya vipimo vyao wako Mkoa wa Dar es Salaam.

**Respondents Requesting an HIV Test, Receiving the Test, and Receiving Test Results**

Less than one adult in 10 nationwide has received HIV test and test results. In Dar es Salaam, Tanga, Kilimanjaro and Arusha, 12 to 24 percent of the population has requested the test, received the test and the results.

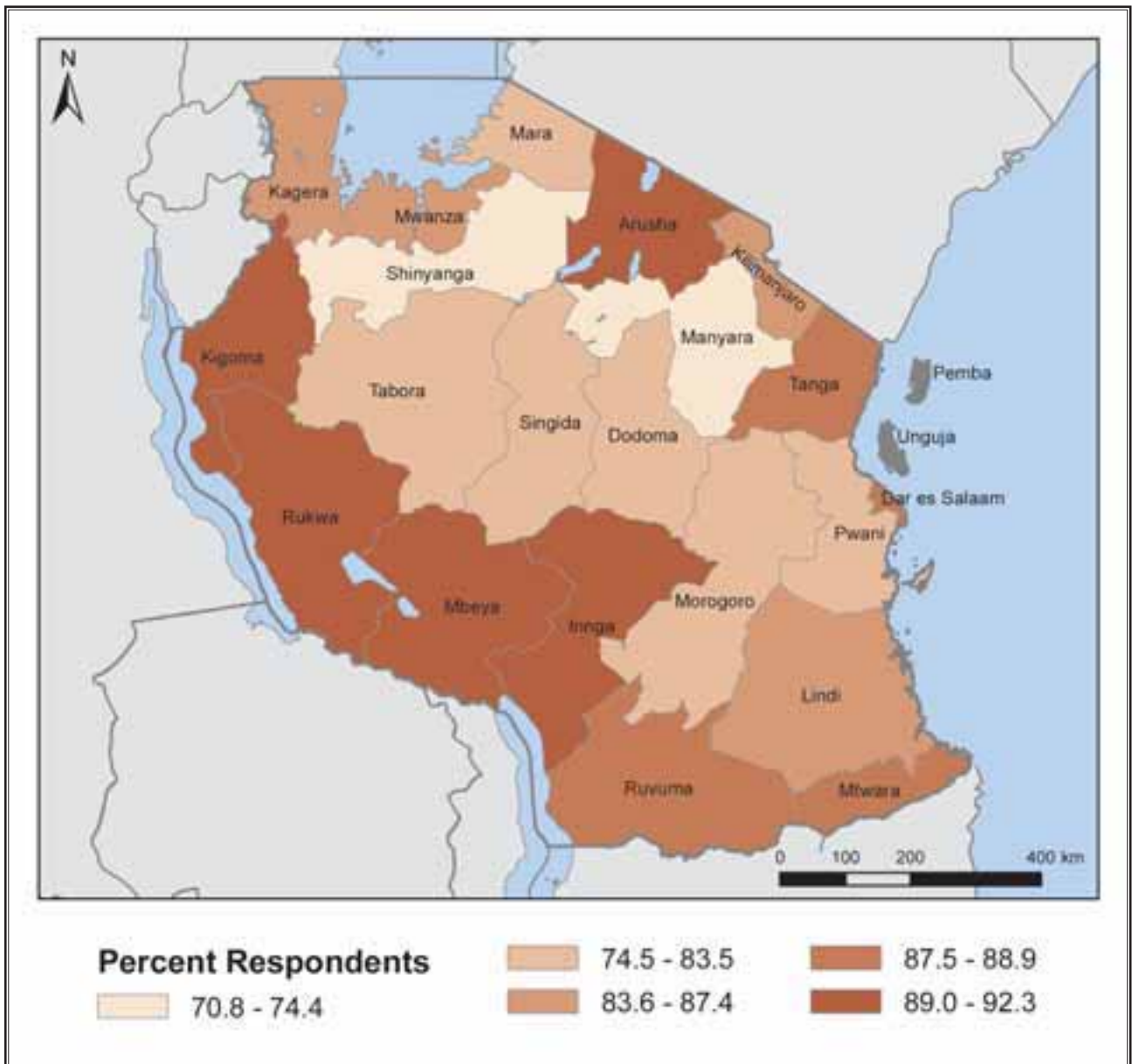


### Wahojiwa waliopima VVU

Karibu asilimia 15 ya wanaume na wanawake wamewahi kupima VVU. Asilimia kubwa ya waliohojiwa na waliowahi kupima wanaishi mkoa wa Dar es Salaam, ambapo asilimia 29 ya waliohojiwa wamewahi kupima. Kiwango cha chini (chini ya asilimia 9) cha waliowahi kupima wako katika mikoa ya Mtwara, Lindi, Kagera na Rukwa.

### Respondents Who Have Ever Received an HIV Test

About 15 percent of men and women have ever received an HIV test. The highest percent of respondents who have received the test live in Dar es Salaam, where about 29 percent of respondents have been tested. The lowest percentages are in Mtwara, Lindi, Kagera and Rukwa, where less than 9 percent have ever been tested.

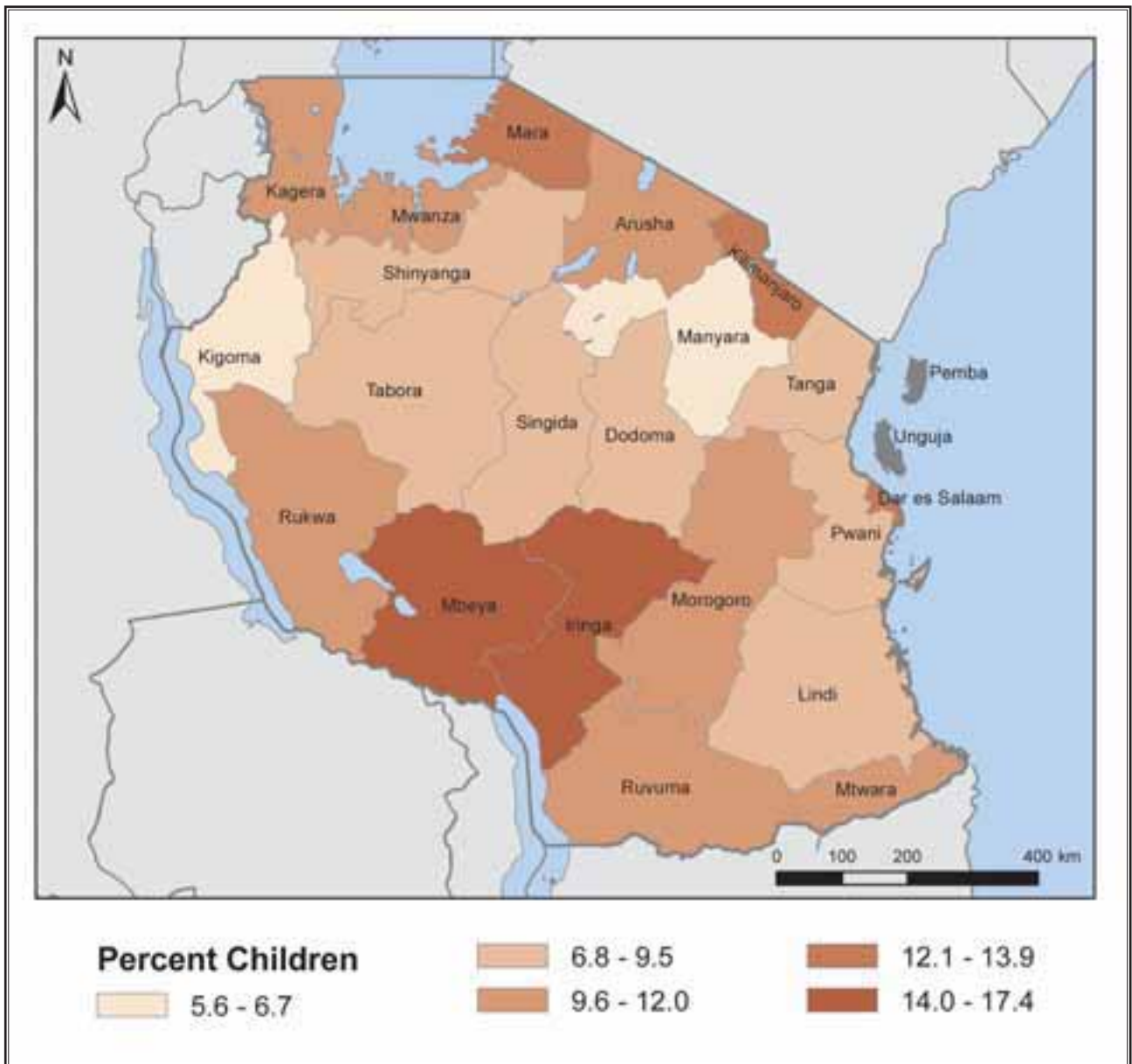


**Wahojiwa waliowahi kupima Virusi vya UKIMWI na kupokea majibu**

Ni asilimia ndogo ya watu waliowahi kupima virusi vya UKIMWI na kujua kama wameambukizwa au la. Asilimia ndogo ya watu ndio waliowahi kupima VVU kujua kama wameambukizwa. Kati ya waliowahi kupima, asilimia 80 walipokea majibu ya vipimo vyao. Asilimia kubwa ya waliopimwa na kuchukua majibu wapo katika mikoa ya Mbeya, Iringa, Kigoma, Rukwa na Arusha. Mikoa ya Manyara na Shinyanga wana kiwango cha chini.

**Respondents Tested for HIV Who Received Their Results**

A small percentage of people have ever been tested for the HIV virus. However, of those who are tested, about 80 percent have received the test results. The percentage of those who came back for their test results is highest in Mbeya, Iringa, Kigoma, Rukwa and Arusha regions. It is lowest in Manyara and Shinyanga regions.



### Watoto Chini ya miaka 18 ambao ni yatima

Kitaifa, asilimia 11 ya watoto wenye umri chini ya miaka 18 wamefiwa na aidha mzazi mmoja au wazazi wote wawili, hivyo watoto hao ni yatima. Mikoa ya Mbeya na Iringa ina asilimia kubwa ya watoto yatima ambapo kati ya asilimia 14 na 17 ya watoto chini ya miaka 18 ni watoto yatima. Mikoa mingine yenye kiwango hicho ni Dar es Salaam, Kilimanjaro na Mara. Mikoa yenye kiwango kidogo cha Watoto yatima ni Kigoma na Manyara, mikoa ambayo vilevile ina kiwango kidogo cha maambukizi ya VVU.

### Children Under 18 Who Are Orphans

Nationwide, around 11 percent of children under 18 have lost one or both parents, and are considered to be orphans. Mbeya and Iringa have the highest proportion of orphans; between 14 and 17 percent of children younger than 18 are orphans. These regions are followed by Dar es Salaam, Kilimanjaro and Mara. The lowest proportion of orphans are found in Kigoma and Manyara regions. The proportion of orphanhood is similar to the pattern of HIV prevalence in these regions.



