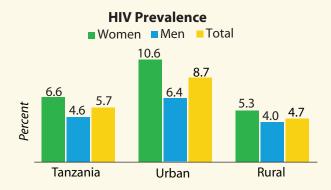
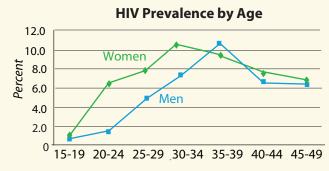
HIV/AIDS in the 2007-08 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS)

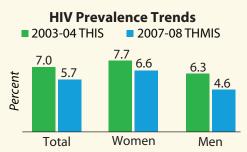
The 2007-08 Tanzania HIV and Malaria Indicator Survey (THMIS) included HIV testing of over 15,000 men and women. According to the survey, 5.7% of Tanzanians age 15-49 are HIV-positive.



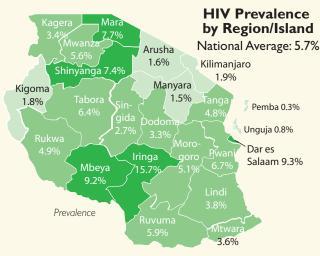
HIV prevalence is higher among women than men in both urban and rural areas. Urban residents are almost twice as likely as rural residents to be HIVpositive.



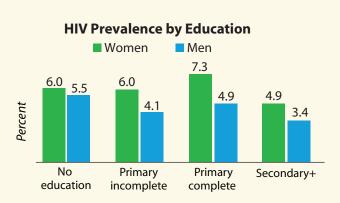
Women get infected earlier than men. For women, prevalence increases with age until it reaches a peak at age 30-34 (10.4%). The peak for men occurs between ages 35-39 (10.6%).



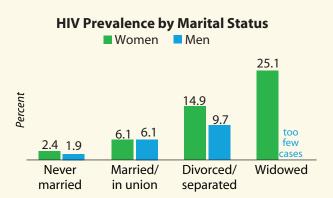
Tanzania's HIV prevalence has declined slightly in recent years. The current HIV prevalence rate is 5.7%, with 6.6% for women and 4.6% for men. By contrast, the 2003-04 Tanzania HIV Indicator Survey (THIS) found an overall HIV prevalence of 7.0%, with 7.7% for women (6,000 tested) and 6.3% for men (4,900 tested). These results show a statistically significant decline in HIV prevalence among men but not among women.



HIV prevalence is highest in Iringa (16%), Dar es Salaam, and Morogoro (9% each). Infection rates are lowest in Zanzibar (less than 1%).

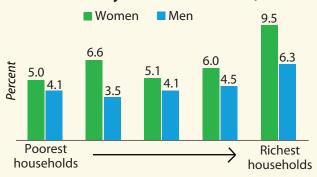


In Tanzania, HIV prevalence is lowest among women and men with secondary or higher education.



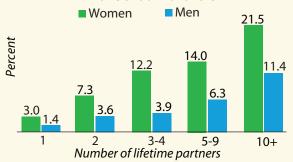
For both women and men, HIV infection rates are higher among those who are widowed or divorced/ separated than among those who are single or currently married. One in four widowed women is HIV-positive.

HIV Prevalence by Household Wealth Quintile



HIV prevalence is highest among women and men from the richest households.

HIV Prevalence by Lifetime Number of Sexual Partners



HIV prevalence increases as the number of lifetime sexual partners increases. Women with ten or more lifetime sexual partners are seven times as likely to be HIV-positive as women with only one lifetime sexual partner.

Response rates and methodology:

HIV prevalence data were obtained from fingerstick dried blood spots voluntarily provided by women age 15-49 and men age 15-49 who were interviewed in the 2007-08 THMIS. Of the 17,670 eligible subjects, 85% provided blood spots. Response rates were higher in rural areas than urban areas (87% vs. 79%).

For more information on the results of the 2007-08 Tanzania HIV and Malaria Indicator Survey, please contact:

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The THMIS was conducted by the National Bureau of Statistics (NBS) in collaboration with the Office of Chief Statistician (OCGS)- Zanzibar and the Tanzania Commission for AIDS (TACAIDS). Macro International Inc. provided technical assistance in the design, implementation and analysis of the survey as part of the Demographic and Health Surveys project (MEASURE DHS). Funding for MEASURE DHS's technical assistance was provided by the United States Agency for International Development (USAID). Other assistance was provided by the National AIDS Control Programme, the National Malaria Control Programme, the Ministry of Health and Social Welfare, the Zanzibar AIDS Control Programme, and the Muhimbili University College of Health Sciences.







2007-08 Tanzania HIV and Malaria Indicator Survey (THMIS)

HIV Prevalence